carbonate of soda is introduced into the mouth as the bulb of the ejector is withdrawn, the patient being told to take a mouthful of water and shake it well about before expectorating.

The properties of sulphate of copper are then considered. It is as a styptic for bleeding surfaces, a stimulant for ulcers, and an escharotic for warts. It is used as a lotion and as an injection to diminish excessive secretions from mucous membranes; ten or fifteen grains in two ounces of water forms a prompt emetic; half an ounce taken into the stomach would probably kill, so that the quantity employed in the treatment of pyorrhœa could hardly produce toxic symptoms, especially if carbonate of soda in solution be employed as is recommended above.

Mr. Whatford prefers sulphate of copper as the remedy to other caustics, because: (1.) Its action apparently involves less loss of tissues, while its curative power seems to equal any. (2.) It does not blacken the teeth as nitrate of silver does, nor act on their structure as acids do, nor spread over more surface than that intended, as chloride of zinc, caustic potash, and some others are liable to do. (3.) Its application, as a rule, causes little pain; its action as a caustic is so limited that the gum freely granulates under its use, and therefore it can, in most cases be applied daily till cure is apparent without checking these granulations as other caustics are liable to do. (4.) Its continued use leads to no detriment, and in most cases a feeling of relief and comfort arises shortly after its application. —*British Journal of Dental Science.*

ARTICLE VI.

BRIDGE-WORK.

DR. L. P. HASKELL'S OPINION OF IT.

(Written for the South Carolina Dental Society.)

While there are occasional cases where this method is advisable, they are the exceptions. I would instance the

case of the loss of a *single* tooth. It would be unfortunate for the patient, as is usually the case, to be compelled to wear a plate just to sustain that tooth; so that a tooth soldered to a bar, the ends of which could be inserted in the adjoining teeth, in gold or even cement fillings, would be perhaps the lesser evil.

But take the case of several teeth attached to two sound teeth, enclosed in gold bands—what results? The cement with which they are finally fastened in place, by constant use of the denture, is loosened and disintegrated, and works out; the secretions flow in, and the tooth is girdled with decay. Next follows the loosening of these teeth by the use of the teeth attached in mastication, so that they are found, in a few years, dangling, ready to fall out. Then there is a certain amount of uncleanliness, even in the best adjusted cases; parts that *cannot* be reached to cleanse—and finally, difficulty of repair.

The least objectionable are those cases where they are attached to roots; but here results, in a few years, at most, the loosening of the roots, in consequence of the strain upon them of an entire denture, in the act of mastication, and the patient has been to a heavy extra expense to secure the work (I have known of $500 being paid,) and now it is worthless, and must resort to the inevitable suction plate, which had better have been made at first, certainly as a matter of economy.

In a vast majority of cases where bridge-work is used, a narrow, nicely-fitting gold plate, secured by *properly-adjusted* clasps, upon the same teeth which had been permanently enclosed for bridge-work, would answer the same purpose, and could be readily removed for cleansing, and no harm done to the natural teeth. I have been in the habit of making such plates for forty years, and can testify from this long experience.

When I speak of *properly* adjusted clasps, I mean a narrow (platinum alloyed gold) clasp, nicely adjusted to the tooth, and arranged with wax upon the plate, *in the*

mouth (never by a plaster cast.) Then invest in the plaster and sand, and solder, attaching *only at one point*, one-eighth of an inch, or but little more, so that the clasp will be springy, and have free play. Then if this is kept clean, it will do no harm to the tooth.

The truth of the matter is, that bridge-work enables the dentist to secure large fees, regardless of the interests of patients—often twice or three times what would be charged for gold plates by the usual process.

The patient, of course, is pleased with the work, never suspecting what is in store in the near future—the loss of valuable teeth, and the final resort to a suction plate.—*Southern Dental Journal.*

Editorial, Etc.

THE UNIVERSITY OF MARYLAND.—The Dental Department of this old and reputable University began its regular session of 1886 87 with the largest dental class that has ever been South of the Delaware river. And for the first time in the history of dental schools in the Southern section of our country a class is present at the University of Maryland Dental Department numbering considerably over one hundred students.

Quite a number of the present class have passed one session at other dental schools--coming to this University for graduation.

Quite a large number of foreign students are members of the present class, Germany being largely represented, also Canada, S. America and Turkey, the latter country sending two students.