

It had doubtless been driven by the elevator up and back underneath the mucous membrane, and finally found lodgment between the internal pterygoid muscle and the jaw, where it was finally anchored. The patient commenced to recover at once, and in three months from the date of the operation was considered well, although there was at that time some considerable tenderness about the parts involved.

This is the second case that I know of, on record or otherwise, and I hope never to know of another. No person can get any idea of the real suffering induced by such a case, without having seen it in its various stages. I understand a law suit was the result of the case reported by Dr. Scott, the result of which I have not learned.

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## MECHANICAL DENTISTRY AT THE MEETING OF THE AMERICAN ASSOCIATION.

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BY L. P. HASKELL.

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A regular attendant upon the recent Annual Meeting of the American Dental Association, I was greatly interested in many of the papers presented, and in discussions which followed. Although not engaged in operative dentistry, I could fully appreciate the able presentations of the various subjects, showing, as many of them did, close study and research; and then coming, as some of the ablest of them did, from the younger members of the profession. It showed that the places sooner or later to be vacated by the older members, will be filled, and so research and investigation in Dental science will keep pace with that of the cognate sciences.

In common, however, with many others, after taking especial pains to be present when the subject of Mechanical Dentistry was reached, I was greatly disappointed to find that it was entirely ignored, and passed with just a few lines from the chair-

man of the committee, as a postscript to a letter upon another subject, and not a word from the other members of the same committee.

Well, I thought, after a little reflection, this is a complete reflex of the position of the profession generally upon this subject, and no wonder that mechanical dentistry is degraded to so low a position, and left to the tender mercies of the "\$8" tooth carpenters, now preying upon the public.

The cause of this unfortunate condition of things is very apparent to any one who gives the subject any consideration.

Twenty years ago, when only metal plates were used, it required skill to make a set or partial set of teeth. The introduction of vulcanized rubber has rendered that no longer necessary. It is now a simple mechanical operation, for one having but little knowledge of dentistry can put together the ready-made teeth and a piece of rubber. The use of moulded "gum sections" makes it impossible to display artistic taste in the arrangement of teeth, even though the aforesaid "tooth carpenters" had any, and they are as guiltless of it as they are of any correct knowledge of dentistry in general.

The very common representation among the profession that rubber is at least as good as anything for artificial dentures, has made it necessary for them to compete with these Ishmaelites, and as a result the best men in the profession, who have a good operative practice will not do it, and so allow that branch of their practice to go by default, except where they can get a remunerative price from some one who appreciates good work, so that they can use such methods and materials as will accomplish desired results.

The great mass of dental students, since the introduction of rubber, have had very limited instruction and practice in metal work, and as much practice is necessary to make it a success, it has fallen into very general disrepute among the new practitioners.

The profession should take hold of this subject in earnest, and educate their patients to see that it is impossible to secure such results without devoting time, skill, and other materials and methods, than rubber and celluloid.

In another article I will call attention to the mischievous effects of rubber in producing constant absorption of the alveolus.

I am glad to see that Dr. H. H. Keith, of St. Louis, one of the best mechanical dentists in the country, has been appointed chairman of the Committee on Mechanical Dentistry; and you may be sure that the next meeting of the Association will have a report upon this subject that will invite discussion and awaken new interest.

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ERUPTION OF THE TWO INFERIOR CENTRAL  
INCISOR TEETH, SECOND DAY AFTER BIRTH;  
THEIR EXTRACTION FOLLOWED BY HEMOR-  
RHAGE AND DEATH.

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BY M. TH. DAVID.

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[*Translated from the Gazette des Hopiteaux, for the Dental Register.*]

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The child at birth was possessed of an ordinarily good constitution. Two days after, it was noticed that the points of the two inferior central incisors were visible about the margin of the gums. These teeth continued to emerge during the following days, and gradually loosened until they seemed to be supported only by a kind of neck, which allowed free movement in every direction. As they seemed ready to fall out, and troubled the child in nursing, the family physician, who was one of the masters in the Paris Hospital, believing their removal necessary, extracted them on the 20th of January, that is, to say, three weeks after the birth of the child. The operation was soon followed by severe hemorrhage, which could only be stopped by digital compression which was continued during the whole night.