bottle. If this teat is properly adjusted, and the cup properly held so as to regulate the flow, there is no need for a shield, and the teat will not go down the baby's throat. Some of my little patients have taken quite readily to this method. Finger-stalls may be obtained in different sizes, are soft, flaccid, easily cleansed, and cost little more than the ordinary teats.

But a baby three months old can quite easily be taught to drink from a cup. At this age, then, I would recommend that all teats and bottles be thrown aside, and that we should revert to the old-fashioned metal pap-bowl with the long open lip. Our grandmothers for many generations back (before American ingenuity brought us the rubber teat) fed the children from such vessels in pewter. We can have handy-shaped, easily-cleansed, and unbreakable cups of this description in aluminium or silver. Of course, the baby "comforter" or "pacifier" must be abolished and forbidden; its use is injurious, and if after warning resorted to, should be deemed an indictable offence.

Lastly, every mother who can suckle her own child should do so. Much might be done by the State and philanthropy to encourage this ancient custom amongst the ignorant and illiterate of all classes of our population; for ignorance is accountable for much that is cruel. Many women might suckle their children, but will not; for any such neglect of this duty should be deemed a crime. If those who in past ages gave the sacred laws which rule our lives had foreseen! If He, the Friend of the little children, had imagined that such glorious women as ours—English women—could withhold their breasts from their babies, what denunciations, what protests, would have been recorded against this unnatural and unwomanly sin!

One may envy Meyer of Copenhagen his reputation, and the benefits which his discovery and treatment of adenoids has brought to thousands of suffering children; but "higher merit," as our Burmese friends would say, awaits those who, in the names of humanity and patriotism, will persuade our women to remember and to fulfil the first duty of a mother.

Postscript. London, September, 1906.

Returning to England for a brief holiday after many years of residence in Burmah, I am intensely interested to find that the subject of this paper is intimately connected with questions which are now deeply engaging the attention of the profession and practical philanthropists. I feel that the publication of the facts which I have collected, and the views here imperfectly set forth, may do a little to assist in solving some of the problems of our cruel infantile mortality, and the prevention of a group of diseases which is maiming and disfiguring so many of our people.

To one accustomed for years to the beautiful feature of healthy and regular teeth of many Asiatic races, the unconcealed evidence of disease which disfigures the smiling faces of so many men, women, and children in this country, is a distressing and painful experience.

I find that the museums of the dental and other hospitals contain numerous models such as I have collected, and am assured by London dentists of the widest practice that these cases are as common as blackberries in England.

I have lately visited many different parts of the country. Wherever I go the extraordinary prevalence of the use of the dummy teat has astonished me. In the streets or travelling by rail, I meet this thing; the children playing on the sands have it in their mouths. In tens of thousands the mischief has been done, they are shamefully disfigured for life. It seems to me that the arrest of this evil is as deserving of the attention of our legislators as many of the subjects to which they devote so much time and energy.

What great responsibility rests upon us as a profession in regard to all these matters! but now is our opportunity; never before have our countrymen been so willing to listen to the advice of those to whom they must look for guidance in all that concerns their health and physical well-being. Let us endeavour to act up to our responsibilities, and with a united and decided voice denounce the many preventable causes of disease, which are doing so much to sap the vigour and to impoverish the blood of the splendid race so envied of all the world.

COMBINED ANTRUM PLUG AND ARTIFICIAL DENTURE.

By A. S. HAYMAN, L.R.C.P. AND S.I., L.D.S.,
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In the practice of a surgeon there may occasionally arise cases of antral empyema, which are for some reason unsuited to the radical treatment. In these cases all that can be done is to trephine, and when that has been done the surgeon is confronted with the question of permanent drainage and of how occlusion of the opening may be prevented. Many methods have been tried with varying success, namely:

1. Frequent syringing without the use of any plug. This invariably ends in occlusion before very long, and the trouble recommences, leaving both patient and surgeon dissatisfied.

2. The spiral wire tube, which soon becomes septic from particles of food, is also liable to rust, and so is easily destroyed.

3. The gold, or other metal, cannula, which is permanently inserted, and into which passes a split wire attached to the plate. This method, however, is of limited application, owing to variation in the bite, where appearance has to be considered in supplying missing teeth.

4. In cases where the bite is close, and the lower teeth almost touch the upper gum, I employ the method which I will now describe, and which has given the greatest measure of comfort and satisfaction to many patients.

I prepare a gold plate, fitting absolutely closely to the palate and alveolar ridge, taking special care that the plate is closely applied to the buccal surface of the alveolar ridge, thus preventing access of food to the plug and antral opening. On the upper surface of

this closely-fitting gold plate (see cut) is soldered a solid gold pin, $\frac{1}{4}$ in. thick, of sufficient length to pass freely up into the antrum. On the lower surface of the antral bridge is fitted the necessary tooth to supply the place of the missing first or second molar, and such other teeth may be added to the plate as are required in the ordinary manner. The patient is instructed to syringe with the ordinary antiseptic lotions as may be prescribed by the surgeon, every time the plate is removed and replaced, at least three or four times a day.

Persons treated by me in this way report that the solid fixed gold pin is vastly superior in ease and comfort in wear, and the drainage opening is more easily found, than by any of the older methods described.

UNDER the will of the late Mr. William Henry Brown, of Alveston, Gloucester, the Royal Infirmary and the General Hospital, Bristol, each receive a sum of £200, and the United Hospital, Bath, the Mineral Water Hospital, Bath, and the Hospital for Women and Children at Bristol each a sum of £100.