

Such results of oral and systemic acidity have always been discouragingly difficult to treat.

Of the cause of such acid conditions, I shall not further elaborate upon, leaving it for discussion, if anyone takes exception to the causes named.

I shall now have something to say regarding the several methods of dealing therewith:

A patient comes to your office, complaining of excessively sensitive teeth. You examine the mouth, and find one or more of several things. There may be an erosion of the enamel, or a recession of the gums, or unmistakable evidence of food particles undergoing fermentation, or again you may see teeth with or without cavities, but extremely sensitive. So the question arises, How are we to know positively that the saliva is of acid reaction?

In this work the chemist uses litmus paper to indicate the presence of acids in solution and the dentist must do likewise; and here I must emphasize: the application of a strip of litmus paper will often solve an otherwise very knotty problem. Of course, if we have an erosion we know there is acid present, and that we have to deal with acid sodium phosphate.

To combat and minimize the ravages of this acidity, the use of some *non-corrosive* alkali is naturally suggested, and chalk, calcined magnesia, bicarbonate of soda, lime water, etc., have been employed, but always with indifferent results. Their acid-neutralizing action is only transient and all have other objectionable features—the chalk and calcined magnesia being gritty and insoluble, while the soda bicarb. and lime water, though without grit, are even more transient in action, besides anything but pleasant to the taste.

In looking over the chemical field, among non-corrosive alkalies, our attention is attracted to magnesium hydrate, which is an exceedingly powerful antacid, but almost tasteless. Every progressive and conscientious practitioner is interested in anything possessing superior advantages and offering greater certainty of results than methods hitherto employed.

A careful examination, chemically, shows it to be pure  $Mg. H_2 O_2$  odorless, tasteless, barring the slightest astringency, in fluid form, and absolutely free from grit. A microscopic examination under 500 diameters shows a perfectly homogeneous field. It is not subject to precipitation, but maintains a milk-like consistency, and contains neither gum, starch, glycerine or other suspending or emulsifying agent; it is not even a chemical by-product, but simply and solely water and magnesia, representing 24 grains of the hydro-oxide of magnesium in each fluid ounce of distilled water. Inasmuch as there is present no odor, no grit and no unpleasant taste, the patient can not only use it without inconvenience, but,