

the deposits that we would find on teeth that we have extracted in our own practice, even when we have felt certain that they were thoroughly cleansed. Don't understand me that all forms of pyorrhea have deposits.

You urge in your paper a nearer contact, being more in touch, the physician to the dental treatment, and the dentist to the physician. There was a lecture delivered by one of our prominent surgeons before hospital nurses regarding the care of their teeth, touching on pyorrhea, and urging absolute cleanliness in regard to their mouths, recommending them to go to a skilful dentists and have all deposits removed, that they might not spread disease. This I consider an indication that physicians do realize the necessity of recommending to their patients and nurses the care of their teeth.

You know that it has been written concerning this disease in which it was treated under three heads, the gingival, the nodular, and the cachetic form. The cachetic is in common with the constitutional forms which you spoke of.

In my treatment of this disease, I have always been in the habit of using the acid treatment. After the most thorough removal of deposits that I am able to accomplish, I treat the pockets and diseased tissues with a fifty per cent., and even as high as seventy-five per cent. solution of sulphuric acid, taking every care not to come in contact with healthy tissue. With proper care, everything that will eschar can be avoided. I might mention, however, that the antidote to sulphuric acid is Phillips' milk of magnesia, if you ever found it necessary to use it. I then syringe out the pockets thoroughly by the aid of the water syringe.

Then follows stimulation with quinia.

Dr. Darby, of Philadelphia, in one of his treatises, recommends in the treatment of pyorrhea alveolaris the use of strong solutions of sulphuric acid, even as high as fifty to seventy per cent. When you know that the aromatic is twenty per cent., you will say that seventy-five per cent. is a pretty strong solution; nevertheless it does not burn deeper than the diseased tissue if proper care is taken.

There are writers to tell us that it is proper to cut the gums to enable us to remove the deposits. I would ask you to save them—never cut them. If you cut that constrictor muscle you have a soft, flabby tissue, which is incapable of giving the tooth any support. It is the constrictor muscle which hugs and gives the tooth its support, and a tooth supported from one-third will be a lasting tooth for years. I feel confident that I am right when I say that muscle should never be severed, although it is recommended in dental literature to do so.