

prove by tabulated cases. Treating this disease, while practiced by dentists, belongs as much to surgery as the reduction of fracture of a bone. Of course, only the deft in skill can properly treat it. Dr. Dunlap truthfully said, "A doctor can be made in five years, but it requires twenty-five years to make a first-class physician."

A clear knowledge of the condition of the patient is an important matter. The surgeon generally tries to learn this, while the dentist too often overlooks it. The restoration of the general health is essentially the cure of pyorrhea alveolaris, but the general health cannot be accomplished so long as this particular disease exists in an aggravated form. The ordinary physicians rarely examine the mouth to ascertain whether there are sufficient teeth to masticate with, and overlook the common fact, that there are often pyorrhoeic pockets filled with bacteria and pus, daily being mixed with the food, and continually carried into the stomach. Nearly all persons affected with this disease have dyspeptic ailments, anemia, blood poisoning, and accompanying these there may be various forms of neuralgia and, occasionally, mania. A physician would not expect to cure dyspepsia, or to cure phthisis, until he had first cured nasal catarrh, if present. I believe that the nails and the teeth are among the best indicators in diagnosis of rheumatism. They show certain signs long before other symptoms appear, except those found in the blood. They may be regarded as an index showing when to cease treatment for rheumatism. When the abrasions on the teeth lose their hypersensitiveness, and the nails lose their corrugations and lines, returning to their normal smoothness and flexibility, we will know that the rheumatic poisons have been eliminated. Can not the ridges so frequently found in the teeth be accounted for through prenatal influences, such as rheumatism during gestation? Why should not the tooth germ become marked as well as the nails? The hardness of enamel retains the ridges, while the nails change about every three months, and the indicator may be lost.

The examination of the blood is important in diagnosis, as this pabulum shows the presence of existing diseases. The examination of the blood is, I think, the strongest basis in diagnosis. In many diseases such evidences may, in their early stages, be found in the blood. These are always found before the objective or subjective symptoms. They are the first to come and the last to leave. Dr. Robert L. Watkins claims that fibrin is present in the blood in advance of the general symptoms of rheumatism, apoplexy, organic heart disease, fevers, etc., and is as variable in form as are the diseases themselves. Dr. Watkins has found in the blood of patients suffering from pyorrhea alveolaris different varieties of fibrin, spores of syphilis, eczema, tubercular matter, and the bacillus itself. He found these even when the diseases were