

more frequently in the mornings instead of the evenings, and are not induced by bringing heat or cold in contact with the teeth, as is the case when its origin is to be found in the dental pulp.

If there be uncertainty as to which tooth is affected, it may be definitely ascertained by isolating each tooth in succession with the rubber dam, and applying the cold test until the affected tooth is reached which will respond by very severe pain.

'Tis true that a pulp does sometimes become more or less hyperæmic even in a sound tooth, the pain being sharp and lancinating, paroxysmal in its character, especially in the earlier stages, but in the absence of a cavity it is not easy to mistake this for any other affection, and if the tooth be protected from excessive thermal changes for a day or two, with perhaps a little topical application to the gums, the trouble usually passes away without any serious complications.

Sometimes it may be ascertained whether a pulp be exposed or not by cleaning the cavity somewhat and plugging with cotton and gum sandarac. If the pulp be not exposed the pain will gradually subside, otherwise it will continue unabated.

Not unfrequently, I think, those cases which sometimes return to us paining severely after being filled, are due to their having been filled over an unexpected exposure of the pulp when we thought we were contending only with dentine of exalted sensibility.

The differentiation of apical pericementitis presents little difficulty if we remember that the peridental membrane is the organ of touch for the tooth. Pain on pressure, therefore, is a constant symptom that distinguishes pericementitis from hyperæmia or inflammation of the dental pulp.

In pericementitis pain is always referred definitely to the affected tooth. In pulpitis the patient is usually uncertain as to the exact location of the pain. Reflected pains are characteristic of pulp trouble. They are not present in pericementitis. The pulp, especially when diseased, is very sensitive to thermal changes. The peridental membrane is not. Swelling that is apparent is uniformly absent in affections of the dental pulp; while in diseases of the peridental membrane swelling is usually present either in slight degree or extensively. These symptoms are sufficiently antithetical to make it easy to decide as to which of these two organs is affected.

The indications of chronic apical pericementitis are similar to those of the acute variety, but in modified form. Pressure on the tooth causes pain which may be considerable or only sufficient to cause annoyance. This condition may remain stationary, or it may last two or three days, then disappear for a time. There is more or less congestion over the root of the affected tooth and no sensitiveness to thermal changes.

If the means employed for subduing the inflammation have