

The pulp in a state of congestion or stasis in the circulation, and inflammation presents a red engorged appearance, similar to all other tissues in a similar condition.

It is believed by many authors that the red corpuscles leave the circulation, or pass bodily through the weakened walls of the capillary vessels in inflammation.

At all events, they aggregate in those vessels by retarded motion and distention, in consequence presenting an injected appearance, as in ecchymosis. I heard from this tooth several weeks afterwards not the slightest difficulty. I have since filled a great many similar teeth in the same way, with gold, amalgam and os artificial; all successful so far, not the slightest trouble in any case.

DENTAL PERIOSTITIS.

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Periostitis is frequently induced by the disintegration of a pulp; in which case the nerve cavity should be opened and thoroughly cleansed to the apex of the fang, after which a treatment of creasote, or a solution of creasote and iodine, may be used effectively, or local depletion may be resorted to. When periostitis is induced in a sound tooth by pressure, or the presence of a foreign body, the irritating substance should first be removed, then the gums contiguous to the affected tooth freely scarified; or counter irritation may be induced by making an incision through the gum near the apex of the fang, and inserting a pledget of cotton and allowing it to remain. In periostitis caused by pressure in inserting a fang filling, either of the previous methods may be employed, or the application of one or two Spanish leeches to the gum will prove effective, the hemorrhage from the least bite being very profuse, owing, it is said, to a peculiar secretion left in the wound by the leech, which prevents the coagulation of the blood. Local depletion is the most effective remedy, the efficacy of the leech being due to the quantity of blood abstracted. If the inflammatory action be allowed to progress, alveolar abscess, or termination by suppuration will ensue, when the periosteum will separate from the end of the fang, forming a sac; coagulable lymph will be thrown out, the sac will enlarge, and the bony walls of the alveolus be removed by absorption for its accommodation.

Pus is first developed in the centre of the mass of lymph by the disintegration of exudation corpuscles. As inflammation progresses, lymph continues to be thrown out and degenerated until an opening for the discharge of the pus is effected, which may be either through the canal