calculus was present; gums hard and white, tongue also white, except where the fungiform papillæ showed; pyorrhæa present at inferior left central lateral and cuspid, also marked on palatal and proximate side of superior lateral and cuspid; buccal surface of roots of molars on right side decayed and blackened; smoked considerably, holding cigar or pipe on left side of the mouth; chewed when not smoking, and usually held quid on right side; took quinine when he thought he needed it, but not frequently, usually in 3-grain doses at intervals for twenty-four hours.

These, together with observations made other times, has led the writer to infer that the wasting of gum tissue or recession was probably due to the extreme use of tobacco, with possibly an inherited tendency to gum absorption. It is evident that there is no pain or inconvenience attendant upon the disease, for as a rule the patient comes for services in the nature of filling, and is not suspecting a new disease to be sprung upon him. The total absence of malaria, general debility, etc., in these cases, and the sparing use of quinine, certainly cannot warrant the assumption of quinine poisoning; and from close questioning nothing can be deduced that would lead one to suspect mercurial poisoning, for, as Dr. Mills has observed, there is no wasting of bone tissue or loosening of the teeth (except the one case cited with pyorrhæa present). Many times the patient may be wrongly suspected of mercurial poisoning, when other causes prevail. One patient, at present under treatment for gingivitis, a neurasthenic female, age, twenty-nine, recently presented with mucous membrane of both upper and lower jaw a brilliant red; the slightest touch caused the blood to flow, and hence the disease was aggravated by the presence of decomposing food particles and mucus upon the adjacent teeth, through the patient's unwillingness to thoroughly cleanse the teeth; the gingivæ between the lower cuspid and lateral on left side swollen considerably, and detached from the teeth; only very little calculus was present, and the disease not present on the lingual aspect, nor were the gingivæ detached or swollen to any great extent on the other lower teeth; pyorrhœa was present at the palatal and proximate sides of the superior incisors and cuspids; ptyalism is quite marked. The cause in this case is undoubtedly pregnancy.

Before closing, one other case, the cause not so clearly defined, in a male; age, twenty-one; of fine physique: good habits; his family physician a personal friend of mine, so that I could have readily obtained any history of taint—presented with gums apparently normal with the exception of those of the eight anterior teeth of upper and lower jaws; slight deposit of calculus, but not sufficient to warrant my ascribing the disease present to this cause. The gingivæ between each of these teeth had sloughed,