

that aggravate this disagreeable and offensive malady. There are physicians—even those of prominence—who seem to fail to observe one symptom familiar to every dentist—that is, they do not appear to connect the local aspect with a systemic disorder. In both of these professions the lack of general knowledge concerning the intimacy of the systemic with the local (directly or indirectly) is something surprising. The present plan of medical teaching is far from being equal with that known to the educated dentist more familiar with oral diseases. The medical curriculum will not be effective until its students are better educated upon oral diseases. The etiology of Pyorrhea Alveolaris or Loculosis Alveolaris, to my mind, is best presented by Dr. Eugene S. Talbot, who attributes the principal cause to careless dentistry and degeneracy of some of the oral tissues.

The clinical features are best described by Dr. J. N. Farrar in his articles in the *Independent Practitioner*, April and September, 1886.

Among the local causes for which I believe careless dentists are responsible, is extraction of one or more teeth, leaving thereby imperfect antagonism, improper contour fillings, overlapping fillings between the teeth, ill-fitting root bands and plates, ligature, file and emery strip wounds; possibly too hard malleting is a factor; certainly bunglingly-made regulating machines, V-shaped spaces between the teeth, whether caused by file or wedge, allowing lodgment of food, salivary calculi and cheesy deposits. Any local condition that leads to degeneracy, or any medicine that causes salivation should not be overlooked in the diagnosis and treatment.

I regard rheumatism, gout, and syphilis as potent causes of this malady, but, of course, it does not necessarily follow that these affections always accompany pyorrhea alveolaris. I sometimes think that physicians do not always appreciate the importance of retaining the natural teeth, or substituting artificial ones where only one or more are lost. As the treatment of socket diseases more properly belongs to the dentist, and many of them do not thoroughly remove the deposits from the teeth, and a less number have a practical knowledge of the best principles in the treatment, I think more surgical and medical education should be taught in dental colleges, and more dental education taught in medical colleges. Most dentists are general practitioners in their calling, attempting all parts, and do not follow exclusively any one branch until they find that they excel in it. Instead of advising their patients to go to a specialist for treatment of that in which they do not excel, they too often skim over that, making a feint at treating the disease, or, what is more unpardonable, adopt the "do-nothing-plan," and tell their patients this trouble is incurable.

I believe pyorrhea alveolaris can be cured. This I feel I can