

thought of what has been written regarding the extraction of teeth and thus curing pyorrhea, but I do not agree with that idea at all. There is every evidence that the trouble continues; for instance, the form of disease that is accompanied by a large white soft deposit will, in many cases, extend to still other teeth after one tooth has been extracted. Should there be an artificial plate in the mouth you will often find this deposit covering portions of that; thus do the symptoms continue even after the teeth have been removed. Some operators are very skillful and perhaps remove all the deposit, but in such cases I don't see how the tooth is in any better condition than it was before any deposit took place. When the tooth was in its normal condition something started this deposit in the first place, and what is to prevent its recurring again from the same cause? I understand, not only from the paper but from others, that pyorrhea can be cured, and that gout, rheumatism and syphilis are potent causes. In that case we must first cure rheumatism, gout, or syphilis in order to cure the pyorrhea; or have we come to that state of knowledge by which we can remove the disease without removing the cause? That seems to dwell in my mind as an obstacle.

This subject claims a good deal of my attention, and for many years I have taken quite a complete history of cases, inquiring into local and constitutional symptoms, including the family history. In this way I hope, with others, to throw some light upon the more remote etiological factors in so-called pyorrhea alveolari. One remark made here to-night caught my attention, it was: "She had no rheumatism." I do not take it for granted that the patient had no rheumatism because she said she had not. A physician, capable of making a microscopical examination of the blood and excretions, might decide that there was a rheumatic diathesis present and the patient not know it. Regarding the statement that uric acid is the cause of pyorrhea alveolaris, I have always understood it to be one of the symptoms accompanying certain forms of this disease, but what the primal cause of it is, I think we are yet in the dark, therefore, I must say I am unable to remove the cause or cure the disease in these cases.

DR. HARRIMAN—The treatment that I use is different from any that has been mentioned from the fact that, in addition to the sulphuric acid treatment, I use pure carbolic acid. In the first place, I thoroughly cleanse the teeth of all deposits as far as I can—I can't do it all at one sitting, it sometimes takes three or four. Then I take a long fine needle, wind it with cotton, dip it into sulphuric acid and put it up into these pockets. Then I give them a full, solid treatment of carbolic acid in the same way.

DR. FORBES—I believe the cause is largely due to the patient's excesses and lack of care of the teeth. Even in cases where the