condition can therefore be considered a strictly localized disease readily cured by the removal of its cause. 2. Cases in which necrotic conditions prevail and the tooth becomes gradually loosened in its socket as it loses more and more of its peridental attachment. The condition here is the result of some form of malnutrition and is less amenable to treatment. The importance of ascertaining the cause in each case, therefore, is plain. Gingival pockets should be looked for and their extent ascertained. If they extend all round the apex of the root the pulp is probably dead and should be removed. If of slight extent, the question is more difficult and the pulp condition must be tested in various ways. The condition of the occlusion of the tooth must also be considered. Rhein speaks highly of the value of the X-ray in the diagnosis, but points out the need of care in the interpretation of the radiographs. In the second class of cases the general opinion is that the pulp has lost its physiologic characteristics, and its thorough removal when feasible is a well-recognized and satisfactory treatment. The X-ray has been suggested in these cases as a therapeutic method, but its real value is yet undetermined. The high frequency current in its various forms has also been used, and has, at least, the advantage of apparently lacking the dangerous qualities of the X-ray. In the treatment of these cases every possible pus focus must be removed, and one that frequently escapes observation is a root of multirooted tooth that has lost its entire attachment and remains as a necrotic appendage. Such a root must be removed without fail, and the best results can only be obtained by replacing it with a porcelain substitute, the technic of which Rhein has elsewhere described. About 85 per cent. of his cases thus treated have resulted favorably. When all other means have failed there remains the last resource of uniting loosened teeth together, or to healthy teeth. In all cases of loosened teeth of the second class, after the mouth has been brought into a comfortable condition this can only be maintained if it is followed once every month by careful prophylactic treatment by the dentist and dental nurse.

Opium in the Laryngeal Stenosis of Diphtheria (Therap. Monats.

Rudolph observes in the treatment of severe cases of laryngeal stenosis in diphtheria by serum that the addition of opium is of benefit. Tracheotomy and intubation are often performed which might have been obviated. He quotes three cases in support of his contention. First, he was called to a child two years old after the usual medical attendant had advised that tracheotomy