

Symptomatology of some Dental Lesions.

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Pain is undoubtedly one of the most dreaded accompaniments of physical ills, and, as special practitioners of dental surgery, we are frequently asked to afford relief from this troublesome condition in and about the teeth. These pains may result from any one or more of a number of different causes, hence it becomes us as dentists to consider well the methods of determining as to which cause may be operating in any particular case.

The object of this paper, therefore, is not to suggest treatment, but is an endeavor to bring more prominently before us some of the symptoms peculiar to the different conditions, in order that we may proceed in a rational manner to adopt such measures as will bring about the required result.

As it is desired to be as practical as possible, we will not take into consideration those cases which rarely come under our observation, such as extensive inflammation of the maxillæ, necrosis, tumors, etc, but will confine our attention to such as regularly appear at our offices from day to day.

By far the greater amount of suffering we are called upon to treat results from lesions of the dental pulp or the peridental membrane, these being the two sensory organs of a tooth. The peridental membrane is the organ of touch, while the principal office of a normal dental pulp seems to be that of resentment to extreme degrees of temperature, and so, when we are asked why a certain sound tooth is a little sore to bite upon, we know that it is the organ of touch that is affected, probably with a slight inflammation which, in the absence of persistent irritation will usually yield to a little mild antiphlogistic treatment.

The pulp may, and does under other conditions, give rise to sensations when irritated by other than degrees of heat or cold. Sometimes a patient calls upon us, complaining of quite severe paroxysms of pain, induced by something sweet or sour coming in contact with a tooth, that to the eye may appear quite intact, but the pain indicates that a change has taken place in the organic structure of the tooth that induces a separation of its organic and inorganic elements, which modification renders the former sensitive and the latter an easy prey to the acid secretions of the mouth.

We need not, therefore, be much surprised if after a few months our patient returns to us for further treatment, complaining, probably, of pain when masticating, or if particles of food becoming wedged between the teeth, and as these are difficult to remove, they are allowed to remain until fermentation increases their irritating properties, and pain is felt, though usually not