

simple deviation. In the second period the teeth loosen with alveolar catarrh. In the third period the teeth fall out. There is sometimes a further state of osseous absorption, which may or may not have been preceded by gangrene of the gums. Besides these lesions the teeth themselves may be affected by caries. This happens often, and begins usually at the last molars. In time, only the roots remain to the patient. Arthritic, gouty and rheumatic subjects are predisposed to tartar. Other accidents are alveolar and alveolo-dental periostitis, dental necrosis and fall of the teeth; simple and aphthous gingivitis; alveolar absorption, caries and necrosis of the jaw. Gout is also said to produce wearing away of the teeth. Hereditary syphilis leads to micro-dontism, naivism, amorphism and vulnerability of the teeth. Tuberculosis may attack the gums. In rickets, dental anomalies are not constant; there may be alterations in the enamel, its prisms being disposed sinuously, with large interspaces. The dentine may be remarkable for its large canaliculæ. In locomotor ataxia the teeth often fall out without pain, hemorrhage or suppuration, and irrespective of previous decay. This process begins in the upper jaw, and is generally followed by alveolar resorption. Pregnancy is often accompanied by gingivitis. During menstruation, women, and especially young girls, are subject to attacks of alveolo-dental periostitis. In osteomalacia the teeth rarely are directly involved, but are loosened by changes in the alveoli. In scurvy, the teeth readily loosen and fall out, owing to the state of the gums. In morphinism the ivory suffers chiefly. There is no pain nor periostitis. The course is rapid, the hair often falling at the same time. May be due to central influence or altered saliva. In osteomyelitis of the jaw the pus may gain the alveoli and loosen the teeth, especially the wisdom teeth. The author finishes by alluding to actinomycosis and stomatitis. He fails to mention the effects of persistent nasal obstruction upon the upper teeth.—*Medical Review of Reviews, Feb. 25th, 1899.*

THE TEETH OF THE RECRUIT.

Many a man of good physique is rejected both by the army and navy Medical Examining Boards on account of defective teeth. It is, we believe, taken as a broad rule that when the teeth are lost or decayed there is no chance of the recruit being admitted to either service. Not only amongst the men, but also amongst those who wish to enter the service as officers, the question of good or bad teeth is an anxious one. For the recruit who wishes to join the ranks to be refused is not an actual monetary loss; but for a young man qualifying himself for a competitive examination, involving a considerable expenditure of time and money, to be