the exterior must, sooner or later, give evidence of the true state of things.

I have tried in the paper to show what hygiene means as applied to dentistry, as viewed from my standpoint. Much more might profitably be said, but if I have awakened sufficient interest to provoke a lively discussion, I shall feel amply repaid for my trouble.—Dental Review.

GINGIVITIS.*

By L. L. DAVIS, D.D.S., Chicago, Ill.

In selecting this subject as a topic for discussion this evening I had in mind a paper by Dr. W. A. Mills, of New York, read by him at the union meeting of the Washington City Dental Society and the Maryland State Dental Association in April, 1895, on "The Toxic Effect of Quinine on Gum Tissue," in which he says: "The first condition to attract my attention was the peculiar anæmic and frozen-like appearance of the gum, especially that portion filling the gingivial spaces." He proceeds to state that on close examination no attachment whatever of the gums to the teeth from the cervix down to the alveolar ridge could be found, although apparently there was no separation, owing to the gum hugging the teeth closely.

The general condition of the mouth in the primary stages of this disease is the cleanly and apparently healthy state of the teeth and surrounding parts; but as the disease progresses there is a wasting and contraction of the tissues surrounding the teeth which eventually terminates at the alveolar border. All signs of wasting then disappear, leaving the teeth clean and apparently elongated. During the entire progress of the disease there is at no time any pus formation, as in pyorrhæa, no congestion of the tissues, no calcareous deposit of any kind; no sense of pain or tenderness in teeth or gums, the patient being unaware of any

abnormal condition.

He thus calls our attention to a new dental lesion not heretofore described in dental literature, and then as the result of his observation advances the theory, "the habitual use of quinine without the advice of physician or dentist" as the cause. He says all the well-defined cases were found in mouths of patients of nervo-bilious temperament, ages ranging from eighteen to thirty years, and that all were chronic sufferers from neuralgia, colds, malaria and general debility.

^{*} Read before the Odontological Society of Chicago.