

<p><b>Incipient—14.</b>                  Complications:                  4 Rheumatism and gastro intestinal.                  3 Gastro intestinal.                  2 Asthma.                  1 Rheumatism and asthma.                  1 Chronic catarrh.                  1 Secondary anaemia.                  All were relieved of systematic symptoms when under local treatment.</p>	<p><b>Mod. Advanced—16.</b>                  4 Rheum. and gastro intestinal.                  3 Gastro intestinal.                  2 Rheumatism.                  2 Chronic ferunculosis.                  1 Asthma.                  1 Chronic sore throat.                  1 Nervous breakdown.                  2 No gen. symptoms.                  In rheumatic cases pain responded to vaccine therapy.</p>	<p><b>Far Advanced—85.</b>                  45 Rheumatism.                  42 Gastro intestinal.                  4 Eczema.                  4 Post nasal catarrh, and chronic sore throat.                  3 Chronic ferunculosis.                  3 Nephritis.                  3 Urticaria.                  2 Diabetes.                  1 Purpura hemorrhagica.                  6 No general symptoms.</p>
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Of the far advanced most had a combination of two or more of the above named symptoms. Almost all gastro intestinal symptoms were relieved or cured by diet, lactic acid milk, or vaccine. Twenty-three of the rheumatic cases were cured, eleven improved, others discontinued or were beyond hope.

The more frequent complications were as follows:

	Rheum. disease	Gastro intest.	Skin affections	Chronic catarrh
Incipient . . . . .	35	50	14	7
Mod. advanced . . . . .	38	50	12	6
Far advanced . . . . .	53	50	13	5

These results speak for themselves. The last table is, I think, suggestive in showing the preponderance of gastro-intestinal symptoms over rheumatic in the incipient cases, and the marked increase of rheumatic symptoms in the far advanced. This seems most natural in that the intestinal is in direct line with infection, and would naturally suffer first.

In the condition first described, involving the teeth alone, to observe and remove the cause will often result in a cure. In the latter condition of pyorrhoea sufficient evidence is at hand to show it is a curable disease, but not without the skill and enthusiastic co-operation of the dental surgeon. With such recognition and co-operation not only are cures made possible, but what is infinitely more important is the prevention, the consequent saving of many from a life of suffering and invalidism, and not a few from homes for incurables. At the present time a large proportion of the inmates of such institutions are there as the results of rheumatism. Of fifteen such patients examined recently in one institution, eleven could have been due to mouth infection. He who has the power of preventing such disastrous results surely has a great mission to perform, far beyond the accumulation of wealth, and should be willing to make great sacrifices to that end. It is a combined responsibility. Are the professions willing to assume it?

In my own work on this subject I am indebted for their kindly and enthusiastic co-operation, to Dr. G. W. Ross, for his conduct of the