

found this necessary for a healthy recovery of the parts involved. So far as removing all sources of irritation which he has spoken of, I concur. He says that most of us do not have the privilege of experimental work. This may be so, but I think our essayist is a trifle too charitable, and that it is more indisposition than privilege. If the disposition were good, plenty of material could be found.

In regard to general treatment again I agree with Dr. Curtis; but why do we not give attention to systemic treatment? I think the solution of this is very simple. Most of us are not sufficiently educated in the action of drugs and systemic symptoms to intelligently use the drugs and treat the symptoms. However, this may be obviated, in a measure, by close observation and a careful course in reading. I consider systemic treatment many times of great value to both patient and operator.

What is our relation to-day to the physician? Our essayist has said in his paper that the relation between the medical and dental profession is not what it should be. If we compare the relation to-day with what it was twenty-five years ago, we find no longer the doors closed to consultation with us. It has been my experience when a physician finds an obstinate case of facial neuralgia, one of the first things he does is to advise his patient to go to his dentist and have his teeth put in a thoroughly hygienic condition. On the other hand, when the dentist finds an obstinate case of neuralgia, he returns the compliment by sending the patient to the oculist, aurist or the nerve specialist. Our societies are thrown open to each other for a free and impartial discussion of complicated cases. Is not this in the line of advancement? Let us keep on and, as Dr. Curtis says, teach more medicine in our dental colleges and more dentistry in the medical college.

Some years ago I remember hearing it said, among the older dentists of Boston, that Dr. B. was very uncleanly in his habits with his patients and about his chair; when he grew so old that his patients distrusted him in his work and went elsewhere for the care of their teeth. Dr. C. says, "I have just been treating another of Dr. B.'s pyorrhea cases;" and I think it was confidentially believed that the disease in many of Dr. B.'s patients' mouths was transmitted, by his use of uncared for instruments, from one patient's mouth to another. This seems to be good evidence that the disease may be, and many times is, transmitted from one mouth to another.

Dr. Hart, of California, has advanced a good idea in saying that a mouth should be carefully studied for artistic prophylactic purposes. He removes all sharp corners, adjusts the articulation; and, in fact, makes it an ideal dentine, as much as it is in the power of man to do so.

Dr. Curtis speaks of the case in which he goes between the