

The first symptoms of inflammation of the pulp will be a sensation of uneasiness and pressure, which soon becomes a severe pain, of a throbbing paroxysmal character. It is frequently worse on assuming a recumbent position, or on muscular exertion. There is an increased vascular action, attended sometimes by redness and swelling of the gums. Thermal changes, if not too violent, frequently give momentary relief.

When such disturbances are caused by the filling in a tooth, the surest thing for its cure is the removal of the filling. But if this be deemed not advisable, cooling washes should be applied, the gums might be scarified, and an antiphlogistics treatment commenced. Local applications however, are less beneficial, from the fact that there are peculiar difficulties to encounter. The walls of the tooth, surrounding the pulp, are hard and unyielding; the pulp in its normal state fills its chamber; when therefore it becomes inflamed and swollen, it presses upon the walls of the cavity and the irritation is thereby increased, exacerbating the inflammation. The influence of local application must be either felt through the bony substance of the tooth, or it must be taken up by absorbents, carried into the system, mingled with the blood, and so sent to the place where it is needed. I prefer to give remedies internally, as the shortest route to the scene of action. I have prescribed arnica with very good, but not with uniform results. The course of treatment, will however, depend very much upon the predisposition of the dentist in favor of certain remedies, or schools of medical practice.

- If the inflammation be not stayed at this point, it attacks the periosteum. The symptoms accompanying this will be an increased soreness and irritability. The tooth seems to be in the way, is elongated, and strikes too soon in occlusion of the jaws. The pain becomes more constant, and has more of a gnawing sensation. There will also be signs of greater external inflammation, the membranes surrounding the tooth, and lining the socket, are thickened, and being serous, there is also doubtless an effusion of serum.

I have found that in this condition the symptoms will almost invariably yield to *mercurius vivus*. I use about the third decimal trituration, in doses of from $\frac{1}{4}$ to $\frac{1}{2}$ a grain every hour; if the pain be very violent, I would rather diminish the intervals than increase the doses. If the attack be not more than ordinarily severe, once in two