

case of the mouth. As to the tinct. of myrrh, which is so commonly used, I positively repudiate it, in fact have found it did more injury by leaving an insoluble deposit under the gum border, between the teeth and protected places, and frequently causing gingival irritation or increasing it. Its astringent antiseptic or germicidal properties are far surpassed by other agents. I do not advocate the use of alcoholic tinctures or extracts that lose their integrity, as it were, on coming in contact with the saliva and precipitate a gum or resin. There are many antiseptic lotions presented to us that the manufacturers claim contain such drugs for therapeutical action, such as benzoic acid, myrrh, etc., but when analyzed I fail to find any or but a trace of such drugs, as they are usually left in the filter, having lost their officinal integrity by precipitation on coming in contact with too much water. And again this slight antiseptic action or astringent power amounts to nothing on the pathological conditions found in the mouth that need the most powerful effect to cure. The antiseptic that takes the place of these many popular agents is eucalyptus. Eucalyptol is, I believe, most frequently used, but experience and close observation has caused me to use eucalyptus, and I advise it as the best general antiseptic for a mouth lotion, as its effect is lasting and stable in the mouth, with no injurious qualities.

No. 3. In Calcic Inflammation or Gingivitis—Cleanliness and the removal of all deposits is often all that is needed. If pockets are found wash out with hydrogen dioxid and use general antiseptic lotion given. Stubborn places that will not heal, often caused by the presence of some imbedded parasite, use 12 per cent. tri. chlor. acetic acid or sulphuric acid. Frequently this disease is constitutional and the mucus follicles seem to poison themselves with their own extreme acid excretion. The cause to my mind seems to be fermentations in the large intestines, and good results can be had by giving salol, beechwood creosote, or, best of all, boro-glyceride as an intestinal antiseptic and anti-ferment, and continue the treatment until the patient has taken plenty of special out-door physical exercise to give the system the proper tone, more perfect digestion and the intestines the natural movement. The pleasant effect of boric acid and borax on the mucus follicles should not be passed here without a special line to their value. This therapeutical effect is noticed not only in the mouth, but on all excretory small glands and follicles, particularly in the ear, eye, nose and mouth. In acute gingivitis where an antiseptic mouth lotion is indicated, one should be used that contains largely of boric acid, and I prefer one that has a surplus of the floating salt that will lodge around and give more lasting effect.

4th. Phragedemic Pericementitis—or Pyorrhœa Alveolaris, as we all know it. A constitutional symptom and positively can be