

Selections.

Caries of the Alveolus.

As a general rule, dentists have not in the past given as much attention to pathological studies as they should. Our best men have been ambitious to shine as operators, or as mechanics, and have neglected the first and most important of all studies, if we are to be considered in any sense as medical men. Beautiful fillings are too often inserted in teeth that are not in a physiological state, or which are in relation with diseased tissues, and the consequences are sometimes very serious. Many teeth are extracted simply because an otherwise excellent operator is not skilled in diagnosis and treatment. Diseases which, if properly treated at the outset, might be easily cured, are not promptly recognized, and are temporarized with, receiving only topical applications, until the general surgeon must be called in to remedy the effects of the lack of knowledge. Serious tumors have been dallied with until they have invaded tissues which should have been saved from their ravages.

Many of our schools have not given the attention to surgical pathology that is its due. In some, there is no real comprehensive course of lectures upon this subject, the usual diseases of the teeth themselves comprising the instruction in this department, surgery of the jaws and face being entirely relegated to the general practitioner. There is some excuse for this in the fact that our curriculum is already so broad that it is difficult in a term of six months to find time for the other lectures and demonstrations. Yet the dentist certainly should be able to diagnose any diseased condition, even though he should desire to turn it over to a specialist.

But there are some conditions requiring surgical interference that should never be allowed to go out of the dentist's hands. One of these is caries of the alveolus. This is a disease that is far more common than the average dentist is aware of. By it is meant the death and disintegration of the alveolar portions of the bone, cell by cell, and without any serious complications. It differs from necrosis in that there is not usually any formation of pus, or at least but little, no special tumefaction or inflammation of the soft tissues, and no tendency towards a sequestrum. In necrosis there is a stoppage of nutrition throughout a considerable portion of the osseous tissue, while in caries it is a slowly progressing ostitis that breaks down the bone one cell at a time.

Not infrequently, in the filling of cavities in proximate surfaces