

possible, both in diagnosis and in operating. A drug that is useful may be abused by over-use so as to become a positive irritant. Iodine and aconite in the incipient stage of inflammation will retard the circulation and stimulate lymphatic action, but used to excess, as it commonly is, it is a destructive poison. Alkalies in any form should not be used, either by the patient or the operator, because they precipitate the salts of common tartars. In secondary treatment, and, in fact, all through, be careful not to disturb granulations which you have been trying to produce. Do not operate oftener, as a risk, than three days of each week ; some rest is as necessary as some operating.

Before beginning the removal of serumal calculus, be as sure as possible just where it lies. There may not be any. I have seen acid conditions, in pregnancy, etc., when salivary calculus for the time is dissolved and disappears. As to whether or not this occurs where the calculus is serumal, I do not know. Massage the gum with the finger to make it bleed, if it will ; sometimes lance ; sometimes use a leech. Relieve venous congestion as much as possible before scaling. There is an object in manipulating the gum margins so as not to wound them any more than they are already wounded. I begin my diagnosis for the nodules of calculus by explorers I have made for the purpose, using a diagram of the roots to mark the parts upon which it is deposited. My pocket-hoes and scrapers I have had made so as to adapt them as nearly as possible to the contour of the roots. Square hoes and scrapers are not the best. I have had these made in duplicate of platinum-iridium so as to use them when the sulphuric acid is injected into the pockets. Some authorities object to the use of chemical agents to dissolve the deposits, and favor trichloroacetic acid to soften them. I venture to believe what is considered an objection, viz., that they may cause a slight dissolution of the surrounding bone, to be advantageous, within proper limitations. Pure sulphuric acid is less destructive than dilute. Dip a wooden point in pure concentrated sulphuric acid ; fill the pockets. You can see the advantage here of having the concave platinum-iridium instrument. Aromatic sulphuric acid dissolves dead, not live bone, but I believe we overlook the condition of the contiguous alveolar wall, which I always scrape more or less. The dental engine, to my mind, is risky, unless to curette the alveolar border where it is necrosed. If it is necrosed, the surgeon's maxim should be remembered—"cut beyond the dead line." I have had some opportunities to examine the alveolus and teeth *post mortem*, and hope to report later. If anyone else has had a like opportunity, I hope they will report before I do. I think the condition of the porous alveolar wall in pyorrhœa alveolaris has been somewhat overlooked. The nodules