should be repeated. Of course my experience is limited, but in the cases where I have used it, the gums shrink beautifully under that treatment and come back to their natural color, and unless the alveolus is too far absorbed the result is satisfactory.

Dr. PIPER.—When in New York, some two weeks ago, I had the pleasure of calling upon Dr. Curtis at his house. As he was in the midst of a surgical operation he very kindly invited me into his operating room to witness the action of volacem as an antidote to cocain, both of which he had just administered. I was very much pleased with the results he was getting, both from the cocain and volacem. The pulse of the patient under operation was somewhat affected, as it naturally would be, but nothing alarming developed during the operation. The next day I witnessed his treatment of what was a severe case of pyorrhea alveolaris; but now, as I saw it, was well on to recovery. I do not remember how long the case had been under his care, but from his and the patient's description, it seemed to me that what he had accomplished was quite remarkable.

The cause of pyorrhea alveolaris has been under discussion by some of our best men since 1746, and in 1867 Magitot associated it with gout and rheumatism, considering it a very complex disease. From Magitot's close observation he thought its origin was to be found in other parts of the body besides the gums and teeth. Dr. Riggs, in a paper read before the American Academy Dental Surgery, in 1875, states that "This disease has nothing whatever to do with the system, but is due to accretions of whatever source derived. Purely local in its origin—the result of concretions near or under the free margin of the gums—the removal of which is followed by cure." Here we note that Dr. Riggs was one of the first to state positively that this disease could be cured.

Returning to Magitot, we find him making the statement that tartar is accidental and not the cause of this disease. And so we may go on reviewing the close observations of our best thinkers. One man says that it is wholly caused by concretion, or a secretion coming through the blood, working from the apex of the tooth to the gingival margin, while another claims that its origin is at, or near, the gingival margin, working down the side of the root, causing an irritation producing congestion, resulting in suppuration of the soft tissue down to the alveolar wall, causing an absorption or necrosis of the process and eventually loss of the tooth, when pyorrhea alveolaris disappears. To-night we have heard from one of the latest workers, who states that pyorrhea alveolaris is a symptom of a disease and not the disease itself. He believes the cause may be found in other parts of the body. Dr. Curtis states that, after the tooth is out, the alveolus should be well curetted. I cannot see the wisdom of doing this, as in my cases I have not