relations, the dilated blood vessels contract, the blood discs that had been dammed back and stagnated in the affected part, are loaded with the effete matter and pushed on, absorption which had before been dormant steps in and removes the *debris* and extravasated matters, and secretion helps to build up the waste places.

The termination by Metastasis is simply a change of location. Inflammation driven away from one point, seizes another. To induce this change we sometimes apply counter-irritants, that the inflammation may leave the proximity of vital organs, and locate itself upon the surface where we can thus more readily control it.

Failing to terminate in either of these ways, inflammation passes by regular gradation from the primary or simple condition of the disease, to some other form.

When lymph is thrown out, it has reached the adhesive stage.

When pus is secreted, we have suppurative inflammation.

When an ulcer is formed, it is called ulcerative inflammation.

When the part affected dies entirely, and commences rapid disintegration, the gangrenous inflammatory stage has been reached.

Inflammation may spread to other tissues, by proximity or contiguity, by meta tasis, or it may be carried by the blood, thus causing numerous centres of inflammation. Necrosis is frequently the effect of inflammation of the peridental membrane.

The treatment of inflammation may be either preventive, or curative. The preventive treatment may consist in the removal of all irritating or predisposing causes and the application of cold.

But to leave generalizing on one subject, and come to those matters more nearly connected with the dentist's speciality. We frequently find after filling a tooth, that from the concussion of the instruments used in filling, or from an undue pressure upon a thin layer of dentine intervening between the filling and the pulp, or for some other sufficient reason, inflammation of the pulp has supervened. If this be not checked, it will, from contiguity of parts proceed from the pulp chamber along the nerve to the periosteum, and will pass through its various forms of adhesive and suppurative, till it reaches the ulcerative stage. An opening for the discharge of pus will be formed, and there will be an extensive breaking down and disintegration of tissue. It will perhaps, spread to the osseous tissue, and we shall have necrosis with extensive sloughing.