

gums, such as is often caused by tartar. In the majority of cases tartar is actually present. Soon the suppuration of the membrane surrounding the tooth causes a separation of the tooth from the gums, and the gums appear swollen and dark red or bluish red in color. Pressure on the loose gums causes a discharge of pus. As the process advances the margin of the alveolar process becomes absorbed and decomposed, and the gums may recede, exposing the root of the tooth. A loosening of the teeth now becomes noticeable, which, if not properly treated, causes the teeth to drop out of their sockets, or to become so troublesome as to make removal necessary. The length of time required to produce such serious results varies from a few weeks to many years.

It is generally a disease of adult life, but not invariably so, and many claim that it is a systematic disease, and it has been frequently observed as a concomitant in rheumatoid arthritis, mollities ossium, scrofula, catarrh, rachitis, etc. Others claim that it is undoubtedly a local disease merely. This much is certain, that it is very much aggravated by local irritants such as particles of food wedged between the teeth, tartar, broken sharp edges of teeth, etc., and that the removal of all such untoward conditions are imperatively necessary for contending against the disease.

The prognosis is almost always unfavorable in the end. In the front teeth a marked improvement can be made, if not a perfect cure, but it is necessary to keep track of the case by appropriate treatment two or three times a year as there is a pronounced tendency to recur. The chance of preserving the molars is much less hopeful.

Many consider the prognosis of this disease as always unfavorable. Personally I do not agree with this view, and certainly in the cases which have come under my observation, the disease has been almost invariably arrested in its course. It is always well to employ systemic treatment if there is any general debility or signs of systemic disease.

The local treatment consists in a thorough cleansing of the roots of the teeth. Thoroughness in the removal of deposits is all important in treatment, and to secure perfect success smooth-edged scalers should be used. In advanced cases an incision should be made in the gums parallel to each root, and the root cleansed after which dilute nitric or sulphuric acid should be applied. Antiseptics and astringents are also of great importance and should be continuously used, and where there are pockets of pus between the gum and the root they should be syringed with an antiseptic solution after each meal.