

you. (Here the doctor read an extract from a private letter from Dr. T. P. Hinman, in which he expressed the hope that he would some time meet his fellow countrymen who are in the profession of dentistry.)

No lesion of the oral cavity has engrossed the attention of the dental profession so much during the last few years as that condition commonly known as pyorrhea alveolaris. Barrett says that with the single exception of caries, pyorrhea is the cause of the loss of more teeth than any other disease. We think it a serious reflection on our skill to loose a tooth by caries, and yet we see sound teeth—as far as immunity from caries is concerned—loosen, elongate and ultimately drop out one by one, and this too, in the full dawn of the twentieth century, and with all the achievements of modern dental science.

Some attribute the prevalence of the disease to modern dentistry—the frequent use of clamps, rubber dam, etc. This theory is scarcely tenable, however, for it is often found in the mouths of people who never saw the inside of a dental office. But it is a condition too often overlooked by both patient and dentist. This may be why Professor Barrett says, “that to properly care for the disregarded condition of the mouths of the people of the United States, would more than employ all the time of the dentists now in existence.” Since Professor Miller, of Berlin, has demonstrated for all time the cause of caries of teeth, the pathology and etiology of alveolar pyorrhea is a fruitful subject of discussion. A proof of its importance is the fact that the most eminent men in the profession have contributed to the literature of the subject; men of national and international reputations have contributed their quota to the investigation and to a better understanding of the disease, and yet the etiology of pyorrhea is still shrouded in mystery. Men who are recognized the world over as eminent pathologists have arrived at different conclusions as to the etiological factors involved in this disease. There is more conflicting testimony among the teachers of dentistry on this subject than any other. This diversity of opinion and lack of authoritative teaching in the schools have been a serious handicap to graduates to grapple properly with this most stubborn of oral lesions.

A good deal of time has been spent in an endeavor to coin a name distinctive enough to meet the various characteristics of the disease. Many names have been suggested to take the place of pyorrhea alveolaris which has been generally used, but has never met with universal favor. The latest of these substitutes, viz.: “interstitial gingivitis,” and one, too, that comes from a source to give it considerable authority, has been endorsed by the Section of Stomatology at the recent meeting of the American Medical Association. Professor Black has designated it phagedenic pericementitis, as he believes the initial point to be in the