

cavity of the mouth and nose, and even involving the face to a great extent.

Caries, when well established in the maxilla, has one or more openings in the gum or neighboring parts. These canals or openings, in the majority of cases, are surrounded by fungus granulation. Harris states that in the early stage there is increased vascularity and congestion, which terminates in ulceration; the bone cells become enlarged by the breaking down of their walls, and filled with semi-organized lymph, the accumulation of which is attended with the rapid advance of the destructive process. While, according to Virchow the bone breaks up in its territories, the individual corpuscles undergo a new change (granulation and supuration), and remnants composed of the oldest basis substance remain in the form of small, thin shreds, in the midst of the soft substance.

However, the whole process is a degenerative osteitis, in which the osseous tissue changes its structure, loses its chemical and morphological character, and so becomes a soft tissue, which no longer contains lime.

In treating caries, where it is not very extensive, I would first make an incision, expose the diseased part, and, if need be, I would at once pack them with iodoform gauze, or, what I think better, the boracic acid gauze, if it can be obtained, thus getting its antiseptic effects, and obviating the disagreeable odor that comes from the iodoform. Pack it, and dismiss the patient for a day or so, and, on his return, wash it with a warm solution of Listerine, and make an examination of the parts, so as to see how far the disease has gone, whether it has involved several roots or one root of the tooth or teeth, as it may be; then we know how far to proceed intelligently with our operations. The sense of touch will enable us to determine whether the bone is softened; we may, without the aid of vision, be able to make proper surgical operations, and not go beyond the territory involved by the diseases. I prefer a long, sharp bur, passing it into the osseous cavity, excising the ends of the roots of the tooth, and the caries bone, if thought necessary. Never fail to open each nerve cavity, and clean out the remaining debris at the proper time.

Why should we cut these roots off? Simply because they stand up there, and do not serve any useful purpose, and are often a source of irritation; they interfere with the formation of new tissue, consequently it will be far better to dispose of them. Having done this, we cleanse the cavity, as before directed. When the boracic gauze is not obtainable, the iodoform I believe to be better, if used with crystals of boracic acid, as they are dissolved more slowly than pulverized acid; they are more constant in their action—in other words, we retain the antiseptic agent longer by using this crystal which dissolves more slowly than the other agent.