

some Boston prophet arise, who will tell us that it and all other oral troubles are due to the presence of amalgam, as in the middle ages, earthquakes, tempests and epidemics were ascribed to the devil or the Jews. With all this bewilderment in etiology, how can our treatment be based upon anything better than empiricism? If the etiology is obscure, how can treatment be scientific? We must just console ourselves by feeling our way in the dark, and taking the consequences until some one lets in the light. Something must be done for our patients. The true cause of many a disease is obscure, but physicians do not despair and let the patients die if they can help it. Neither are we to abandon to the forceps, if we can help it, conditions we cannot explain. Not even because we are sure of this much, that extraction always cures. So does the guillotine forever cure migraine.

Before leaving this part of the subject, I would like to ask you to obtain Dr. W. C. Barrett's "Oral Pathology and Practice," just issued, in which the question is carefully considered.

It is a well-known fact that there are general diseases successfully treated, the causes of which are as unknown as that of pyorrhœa. It is nothing to boast about that this has and can be done; it upsets our theories and teaching in the recognition of disease and its proper treatment.

I like Dr Barrett's division of the disease into three conditions: the first entirely local, due to local irritation; the second distinguished by the nodular deposits on the root, and the formation of pockets; the third, due to, or coincident with, a depraved constitutional condition. The first is an advanced condition, of simple gingivitis; slight periostitis confined to the gingival margin, and the edge of the alveolus, demanding gentle brushing, massage with the finger. As a regular mouth wash for this condition I prefer tincture of pyrethrum. The pyrethrum root may be left in the best alcohol for a week. It is, I think, the best astringent we possess. It is well to remember that there is a time in this disease when it may be easily arrested, and that there is a time when it is too late. It is well to remember also, that by over-treatment we may actually produce to order acute inflammation from the simple irritation. So far as instrumental treatment is concerned, if there is no salivary calculus, a good deal of wholesome neglect is advisable. There is nothing the matter, in this stage, with either the root or the alveoli.

I might repeat everything that has been suggested in the way of treatment where the disease has all the pathognomonic characteristics; but, to be as brief as possible, let me suggest a few aphorisms. Keep the mouth and your hands and whatever you use perfectly aseptic. Whatever drugs you use be sure they are pure. You must needs work a good deal in the dark, but get all the light