

the ducts of Steno and Wharton and the sublingual gland, and collecting the secretion that came from the mucous membrane. Dalton obtained the parotid saliva of the human subject by inserting into Steno's duct a silver canula one twenty-fifth to one twentieth of an inch in diameter, and letting the saliva run out of the mouth into a receptacle. The reaction of these four distinct fluids in almost every case of pregnancy I have examined has been of an acid character; making every allowance for causes I have mentioned, as well as for food fermentation.

In the conservative or destructive treatment of the pulp, these conditions of pregnancy are frequently obstructive, especially where nutrition is imperfect. I believe I have seen many proofs of the direct benefit derived in depraved nutrition from the previous and continued use of chemical foods, where for some reason those of nature were not assimilated, because perhaps idiosyncrasies of taste repelled them, or digestion was impaired. The pulp is a resentful monopolist, and allows no intrusion into its cavity with impunity. There are conditions of the blood in pregnancy when the tendency to inflammation is increased when it is exposed; when, also, the possibility of its preservation is diminished.

There is a frequent symptomatic odontalgia in the third or fourth month of pregnancy, owing, I suppose, to the same nervous sympathy between the uterus and the mouth that exists between the uterus and the stomach. I have often read discussions as to the propriety of extracting such teeth at such a time; but it seems to me that this is a round-about way to treat the trouble. Associated with pregnancy we have frequent migraine, facial neuralgia. These reflex actions, like the nausea and vomiting of pregnancy, are owing not to the teeth or the head, but to the uterine mucous membrane; and in extracting one tooth the pain often passes to another, unless there is such local periosteal disease as to warrant no alternative. In the ordinary "toothache of pregnancy," I remember long ago using bi-meconate of morphia, hypodermically injected over the affected tooth. Leeches would be frequently useful.

In one or two words, I may add the observation familiar to us all that during pregnancy the dentine is generally abnormally sensitive, consequent again upon that reflex action which is at the root of the trouble we have in treating these organs at that time. Temporizing with tender touch and soft temporary fillings, carefully avoiding pain or disagreeable impressions, advising special hygienic precautions,—this ought to be all we should do.

Litmus-paper ought to be in the hands of every dentist, and ought to be used in every case at every visit of every patient, and a tabulated record kept of results. True science goes before as well as behind the merely operative. It is not enough for the permanency of our operations to know the predisposing causes of decay. It