

tion to declare that the wisest dentist is not the one who never makes mistakes, but he who rarely makes the same mistakes the second time. Error and failure are necessary stimuli to fact and truth. The men who say they never err are men who, perhaps, do not know that they do not tell the truth. There are occasions when we find ourselves overlooking, and perhaps interloping upon territory not our own; and yet we should be ashamed of our ignorance if we do not possess sufficient knowledge to discriminate between the simple and the complicated, between that which demands our attention and the signs and symptoms which rebuke our meddling. Diagnosis may be as simple as direct, yet entirely devoid of the least pretence to the scientific. Any one can distinguish a case of severe odontalgia of an exposed pulp from a case of pericementitis without understanding the scientific procedure by which the conclusion is arrived at. I think, that as a science in dentistry, the art of diagnosis is overshadowed by the fascinations of its practice. I doubt if, as a profession, we systematically adopt that precise and methodical examination, direct and differential, of obscure cases which is exacted in medical diagnosis. This is due to our circumscribed methods of education as well as of practice. As a rule, the diseases of the teeth are not alarming enough to prognosticate death, or even dangerous illness, and when they involve serious complications they pass out of our observation and care. Since medical men have surrendered the care of the teeth, neither dentists nor physicians know as much about their pathology in a scientific way, as they would were all dentists medical men, and all medical men dentists. The latter lack the discipline and development of a medical and surgical curricula, and what they learn of either is but a disjointed smattering; the former treat the teeth with even more contempt than they treat corns,—that is, the teeth in health or after general illness may go to the dentist—or the devil, for all they care. The disabilities under which the dentist labors in diagnosis are apparent. Quite as much so if the educational methods and environment of the oculist had confined him as narrowly to the eyes as those of the dentist have confined him to the teeth. When we know that most of the diseased conditions of the teeth are but results of disease elsewhere; that they represent the same departures from normal physiological action as diseased conditions in other parts; that the boundaries of our pathology extend to the entire head and neck, the stomach, etc., we should recognize the important fact that while practically our art has its limitations dental diagnosis has none. The mouth has no more a fixed and unalterable standard of health than the lungs or the liver. There are the same variations and adjustments to varying circumstances in the oral cavity as in the bladder or the bowels. A diseased pulp is as