

turn the prescribed rules of their physician, and swallow advertised specifics, without regard to quantity, quality or cost. Occasionally we meet too, with people who pretend to know a thing or two about the nature and treatment of complaints they may have, and pooh-pooh whatever may be said by men who have made human disease and treatment their special study. Such people generally have the most implicit faith in some one remedy, which they would use internally and externally, as well for an in-growing toe-nail as an attack of rheumatism, as well for a corn as a cancer. The wonder is these people do not apply for a charter for a college, and add another branch to the great family of medical specialists.

In all respects, the case is identical in toothache. It is so common a complaint that there is no old nurse under the sun, but can recommend a specific, and the pain is so often severe, that the sufferer is willing to test any and every proposed means of relief. In the general ignorance of the best means for allaying the pain of toothache, there is, as I said before, no distinction made in very many cases, as to the nature and origin of the disease. The great majority of sufferers do not present themselves to us, upon the the first premonitions of pain. We find they have been using every known means to allay the aching, and extraction is often an absolute necessity, by reason of the aggravated state to which the disease has been brought by the local and constitutional irritants used by the patient. I have seen patients who had actually scarred the gum and adjacent soft tissues with a piece of iron, heated red hot, in some superstitious belief, or upon some recommendation of an old work on domestic medicine. We frequently see mouths and faces severely blistered and scarred by the use of creasote, applied without judgment or care to a cavity of decay. But more serious results ensue from the common custom of using hot fomentations and poultices to the outside of the face in incipient alveolar abscess. Cases are on record of abscess attracted to "point" at the side of the neck, under the chin, behind the ear, and at different other external places, producing fistulous openings that lasted for months, and sometimes years, and ugly cicatrices for life, after the abscess had healed.

No doubt many cases occur which are never known to the dentist, but any practitioner can refer to cases in his own practice, brought by the experimenting of the patients themselves, or the advice of some sympathizer.