

not active. We may, therefore, reasonably base our hope of ascertaining the etiology of the disease by the study of the blood.

Dr. Talbot regards that careless dentistry is the cause for the increase of pyorrhea alveolaris. Dr. Beers touched the key-note when he said: "The gingival margin should not be wounded." When the gum has been wounded, greatest care should be taken to heal the wound without infection, especially is this true in cases of inherited tendencies. While the neurotic patient is prone to pyorrhea alveolaris, exaggerated cases are not infrequent in the phlegmatic patient. Although no outward sign of lesion exists, it is often found that the pulps of some teeth involved are devitalized. Infected tissue from septic tooth canals is often classed as pyorrhea alveolaris, and treated without first removing the cause, and from this the teeth are often lost. Whenever such teeth are extracted (in order to prevent the continuation of the disease) the sockets should be curetted and treated as open wounds until filled in by granulation.

Patients naturally shrink from being hurt, but now that we can safely use a strong solution of cocaine, by first administering its antidote, volasem, the treatment of pyorrhea alveolaris is comparatively painless. I would not have it understood that I believe every tooth involved in this disease can be saved, or that an attempt should be made to save all teeth. To do the greatest amount of good, it is often necessary to make some sacrifice, but because a number of teeth are loose, it does not follow that they should be extracted. The patient's wishes should be consulted, and as they look to their doctor for guidance, they are generally willing to accept his advice. I was recently asked by a dentist to see with him a case of pyorrhea alveolaris that he had been treating for four years. He appeared satisfied with the results, for by the use of ligatures he had been able to hold in position several loose teeth; yet this was done to the detriment of those teeth to which they were fastened. The gums were hypertrophied, boggy and purple, with evidence of calculi beneath them. Four of the teeth which had not been opened contained septic pulps.

Medical treatment for the dissipation of degenerating causes should be given in conjunction with local treatment, and should be continued until the disease is eradicated—that is, the general health of the patient should receive careful attention. Septic canals should be cleansed and filled with a permanent material. Remove all the calcareous deposits, ulcers, abscess sacs, carious bone, irritating roots, and in fact every source of irritation. The greatest care must be observed in curetting and dissecting away every particle of diseased tissue, so as to leave a fresh and healthy wound, which should be treated as such and encouraged to heal as rapidly as possible. Next, boil out all remaining debris with