itself to local or circumscribed swelling, the gums become congested and swollen over considerable area, unhealthy purulent pus oozes from the margin of the gums, detaching them from the bone, the teeth loosen, and in a few weeks the maxillary and alveolar plates also become disintegrated by the necrosed process. These pieces of bone lie dead and sequestrated, bathed in pus.

In all cases of necrosis the ingenuity of the operator must be depended upon to overcome the difficulties that may present themselves. Consequently, no set rules can be given to accomplish

their treatment.

I, in the first place, generally remove the loose roots or teeth that are past redemption, then make free incisions into the swollen area to give relief to the blood-pressure, and give free vent to the past that may be collected under the periosteum. Syringe the parts out with a warm solution of Listerine, peroxide of hydrogen and carbolic acid.

Too much stress cannot be placed on the remarkable value of

Listerine in these affections.

When the patient is suffering great pain, instruct the use of heavy doses of antipyrine and Dover's powders, also call attention to the

importance of keeping the bowels active.

Dismiss for further development. My method of treatment thus far will aid to stop periostitis and ostitis, and prevent necrosis, which is generally the result of continuous inflammation. But, in cases that are so far advanced, giving signs of disintegrated necrosed bone substance, I find the absorption and extrusion of the dead bone may usually be effected by the use of a ten per cent. solution of aromatic sulphuric acid, brought directly in contact with the area of the diseased part.

My method of using it is to inject through the fistulous openings, and directly in contact with the diseased bone, by means of a hypodermic with a blunt point, keeping it there for several

minutes, followed by a washing of  $H_2$  O<sub>2</sub>.

But, in extreme cases, where large sequestra are exfoliated and honey-combed carious bone is formed, I give assistance for their immediate relief by the use of the knife, aided by a four or a six per cent. solution of cocaine. Follow this by the weak sulphuric acid injections and mild washes, and in a short time we may generally dismiss our patient, cured.

But, before concluding the treatment of necrosis, and going to that of caries of the jaw, I wish to state that, after consulting many of our best authors as to the best treatment, I find that of Dr. J. T. Martin, to my opinion, a very good one. It is as follows:—

If seen in the early, active stage, give a good cathartic, say six to ten grains of calomel, followed in from four to eight hours by a large dose of saline cathartic, well diluted; follow this by ten to