

deep dive into a dark sea, knowing nothing of the bottom, and uncertain of rescue; and while the regulation "twenty minutes" ought to suffice to tell all I know of my own experience in treatment, it would take hours to relate explorations in the realms of pathological speculation, and the many discoveries made of one's own etiological ignorance. We make a step towards knowledge when we discover and confess our ignorance, and perhaps one's frankness in this direction may be a little inspired by the feeling that his friends are in the same plight. Somebody said that while caries is the most prevalent disease in existence, there are more teeth lost by pyorrhœa alveolaris; but we have no statistical proof that this is true, and I am disposed to accept it as one of those hasty and epigrammatic statements, which pass too current entirely because of their catching phraseology. We cannot assume that all teeth that are "lost" are lost legitimately. There are more illegitimate deaths than births. It is quite safe to suggest that thousands of teeth are "lost" by ignorance on the part of the patient or malpractice on the part of the dentist. It needs no extensive experience to assert, that the large proportion of "lost" teeth in the establishment of the quack dentist, are like lost souls that have none but themselves to blame for their damnation.

We need no statistical proof to declare that the diseases which attack the soft and adjacent structures of the mouth, especially those intimately connected with the alveoli, are more difficult to treat, and more likely to recur, than those which attack the teeth themselves. The force of resistance (*vis medicatrix naturæ*) aid the soft structures; it is entirely absent in the hard, unless in the very exceptional and limited cases of arrested caries. Yet there is a limit to the tolerance which the soft structures exhibit, and when that limit is passed we observe irretrievable recession of gum, alveolar margins, entire destruction of the sockets and pericementum. There are a hundred questions which might be referred to, but however we may speculate on the etiology of this disease, I venture to express my belief, that if we can take care of the gingival line, where the enamel and cementum join, or, in brief, of the gum tissue at the immediate neck of the tooth, the rest of the gum will largely take care of itself. In modern dental practice the abuses of the free margin of the gum are as daring as they are dangerous. It was not so in the olden time. The wisdom which only comes by experience, is entirely absent in the army of young enthusiasts who revel in rubber dam, ligatures, clamp wedges, and who rush into the operating arena with all the devices of the dental engine, with its rapidity of movement and the many abuses with which it is charged. Overhanging fillings, the nidus they make for debris pressing on the interproximate spaces; the numerous mechanical injuries inflicted on the gingival line by clasps, un-