patient, but these crystals were not found until several hours after it had been drawn, and decomposition taken place, I had been unable to find uric acid crystals in the fresh blood.

I believe, in order to accurately study the blood, it should not be stained. In one of these photographs an arrowhead points to the tubercular baccilli. This blood was drawn from a tubercular subject. Dr. Watkins has frequently observed the baccilli in non-stained tuberculous blood, and has a number of photographs to verify this observation.

Fibrin, as a pathological condition is, comparatively speaking, a new proposition, and one on which later writings will treat more extensively.

Dr. FAXON—Perhaps the words of Dr. W. A. Allen, of Billings, Montana, would be appropriate here. He says: "For fifteen years, I have been collecting articles relating to this disease, and could the mass of contradictions and misconstrued terms be put before any intelligent dentist, he would go insane." I believe the uric acid diathesis is generally accepted by most writers on this subject —the only difference of opinion seems to be as to whether it is the primary cause of the deposits or a secondary influence to local manifestations. It seems to me of little import to dentists whether uric acid is the cause of gout or rheumatism, or the result, as Dr. Curtis states. The point that we have to consider is: Is uric acid a cause of deposits on the teeth, and how does it act in depositing? Is it, as Dr. Pierce, of Philadelphia, says, a plasma exudation from blood vessels freighted with salts, deposited near the apical extremity and working its way downward to the gingival margin of the gum? Or is it, as Dr. Cravens claims—and he pretends to have been successful in treating many cases—he claims the cause to be absolutely local, and that the aggravated cases are simply a sequence of the inflammation at the gingival margin. If we take Dr. Rhein's view, we will believe that all cases come from some specific disease in the system and that that disease must be cured before the pyorrhea alveolaris can be cured. If this is the case, then we, as dentists, must give up the treatment of pyorrhea alveolaris or take a thorough medical course before we attempt it. There is one point that I wish Dr. Curtis would make a little clearer, and that is, the relation of the constitutional to the local cause. He partially anticipated my remarks and told you of that in the diagrams that he passed around, but I do not understand fully the point where the two symptoms merge together and affect each other. Is the constitutional tendency ever the first cause of the deposit, before local irritation, or does the local cause progress to a certain extent before the constitutional cause exerts an influence? He says rheumatism, gout and syphilis are potent causes. Does he he mean that pyorrhea alveolaris may exist absolutely