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ORIGINAL.

THE TREATMENT OF DISEASED TEETH.

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There is no disease that has so baffled the skill of the most learned of the dental profession, as that one which we now have under consideration.

When we take a retrospective view of dentistry, from its very infancy until the present day, it is amazing to see the changes brought about. The changes that are going on at the present day keep the dentist burning midnight oil lest he falls into empiricism. The diversity of opinions that now exist in regard to the treatment of diseased teeth, will confound or perplex the mind of the young dentist so that frequently he is at a loss to know what to do. I believe I would be safe in saying that experience will only carry him through the trials and perplexed questions that arise in his mind, and frequently he will think that that itself will betray him.

Often we are mistaken in the diagnosis of our cases, and apply the remedy and fail to have the desired effect; for when a correct diagnosis of a case has been obtained, the treatment, in most all cases, presents itself.

I believe it is claimed by the most learned of the dental profession, and the medical also, that there is no such thing as a specific in medicine, perhaps, with two or three exceptions.

When a patient presents himself to me for the treatment of his teeth, the first question that arises to my mind is what is the cause? If that is beyond my comprehension, then the treatment

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may not be successful; for a correct diagnosis must be obtained, before there is any certainty as to the scientific treatment of a case.

If a sensitive tooth is presented to me and the pulp is not exposed, I first cleanse the cavity, and then saturate it thoroughly with carbolic acid (but I believe iodoform would be better if it were not for its offensive odor, as it acts as an antiseptic and disinfectant), then I line the cavity even up to the enamel with oxy-chloride of zinc, in order to keep down thermal changes. I then cut retaining points in the oxy-chloride of zinc, in order to hold whatever metallic filling I use, as it would not be good practice to cut them in the enamel. I line it up to the enamel, for the reason that, frequently, just where the enamel and dentine unite or join, is the most sensitive portion of the tooth, and the reason assigned by Prof. Taft. And it seems very plausible to the mind of the experienced dentist, that there is a plexus of nerves formed at the union of the enamel and dentine. I use the oxy-chloride of zinc in preference to gutta percha, as it acts as an antiseptic and disinfectant and is equal to gutta percha in being a non-conducting substance.

In the treatment of periodontitis, I have had excellent success in using equal parts of tincture iodine and aconite; apply it to the gums as often as may be necessary, or until inflammation subsides, and with this I sometimes make deep incissions, which assists in relieving congestion. Many a tooth has been sacrificed by the negligence of the patient not carrying out the treatment of the dentist, and often follows the surgical operation that is so much dreaded by the mass of people.

When I have a tooth presented to me, which is generally called "jumping toothache," but more properly called pulsative toothache, I most always destroy the pulp, and then fill or extract the tooth—generally the latter. If I destroy it, I generally use arsenious acid, gr. 1-30, with a small amount of carbolic acid. Some use sulphate morphine in order to allay the pain, but absorbtion is so small that it seems the small amount of morphine absorbed would do but little good.

When a patient presents himself, complaining of his gums "bleeding," I examine his gums and most always find some foreign matter, generally tartar. I remove it and instruct my patient to brush his teeth two or three times a day, and especially

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just before retiring at night, in order to prevent the accumulation of any more tartar, and to remove any foreign matter that would produce an acid. I instruct him to use a small brush so that it can have free access to all parts of the teeth, and, besides, not only to use it crosswise the teeth but with the axis of the teeth, in order that the hair may get between the teeth to remove any foreign matter. If this is not sufficient, I generally use the following prescription; Tincture myrrh, tincture capsicum, one-half dr. each; acid, carbolic, ten drops; water, two ounces; to be applied two or three times a day, or after brushing teeth.

With these remarks, fellow practitioners, let us all observe the words of Dr. T. W. Brophy: "If you would build a dental mansion that will shelter and protect you through your professional career, observe the following plan: Dig your cellar in physiology, lay the foundation in anatomy, upon this erect a structure of pathology, fasten and bind together with the cement of principle, and, save only in the failures of laws, such structure like the 'Rock of Ages' will withstand the storms and winds forever; without such foundation principles you will build only on drifting sands."

SELECTIONS.

THE DIAGNOSIS OF DENTAL CARIES AND ITS SEQUELÆ.

BY A. MORSMAN, M. D., D. D. S., OMAHA, NEB.

Correct diagnosis is conceded by all practitioners to be the initial step to success in therapeutics, and its importance being granted, it is surprising how little it is cultivated among dentists. I do not mean that there are not a great many good diagnosticians among dental practitioners, but that there are many who do not thoroughly appreciate the importance of this first step. It is of almost daily occurrence that we see cases and listen to tales of patients that indicate lack of perception as to what was the matter. Nor can this be accounted for always on the ground that "doctors disagree."

Two things are required in diagnosing a case: First, we must arrive at a correct conclusion; second, we must use such means as will be least unpleasant to the patient. Patients almost always

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