

pain on tapping the tooth the case is one of periodontitis, whereas if pain be set up by a sudden change of temperature—as by a mouthful of cold water—the case is one of pulpitis. Cases of dental caries can be diagnosed by inspection, but many apparently sound teeth are really diseased. Weski then gives details of two modern diagnostic methods: (1) the use of the induced current, and (2) the application of X rays to dental surgery. (1) The negative electrode is placed on the tooth under investigation while the patient holds the positive electrode in his hand. The normal sensitiveness of a tooth is about 3.5 cm. (Rollendeckung), whereas in early cases of pulp irritation it is reduced to 2 cm., and in the second stage of pulpitis (stage of exudation) the distance is only 1 cm. In the third stage the sensitiveness is diminished (5-6 cm.) If the disease is diagnosed the tooth may be saved by well-timed treatment. The author then gives an account of the anatomy of a tooth, and points out that each apical foramen only transmits one artery, so that in unicuspid teeth there is no collateral circulation if this vessel be occluded; the circulation in the teeth is a closed one like that in the brain or kidney. The diagnosis of "Dentikel" formation can now be confirmed by a radiograph. The author describes the method of dental radiography. Retained wisdom teeth may cause severe neuralgia, and even antral suppuration: here, again, a dental X-ray picture is of use. Traumatism, forgotten by the patient, may lead to dry gangrene of the tooth; secondary infection may set up moist gangrene, which may again pass through the apical foramen and cause periodontitis and granuloma. In all forms of inflammation of the root of the tooth epithelial cells of embryonic origin are seen in microscopic examination; these may lead to the formation of radicular cysts which somewhat resemble granulomata on the X-ray plate. Follicular cysts on the other hand arise from a tooth-follicle and surround the crown of a retained tooth. Suppuration in the antrum may be of dental origin even though the teeth in relation to the antral floor may appear perfect; for this reason it is important to test the electric sensibility of these teeth and to take a dental radiograph, which would show the presence of an alveolar recess—a condition favouring antral suppuration of dental origin. Weski allows that dental radiographs may be ambiguous like other X-ray pictures. Finally, the author calls attention to the fact that otalgia may be due to disease of the teeth. Cases due to pulpitis in which the tooth appears outwardly sound are especially difficult to diagnose.

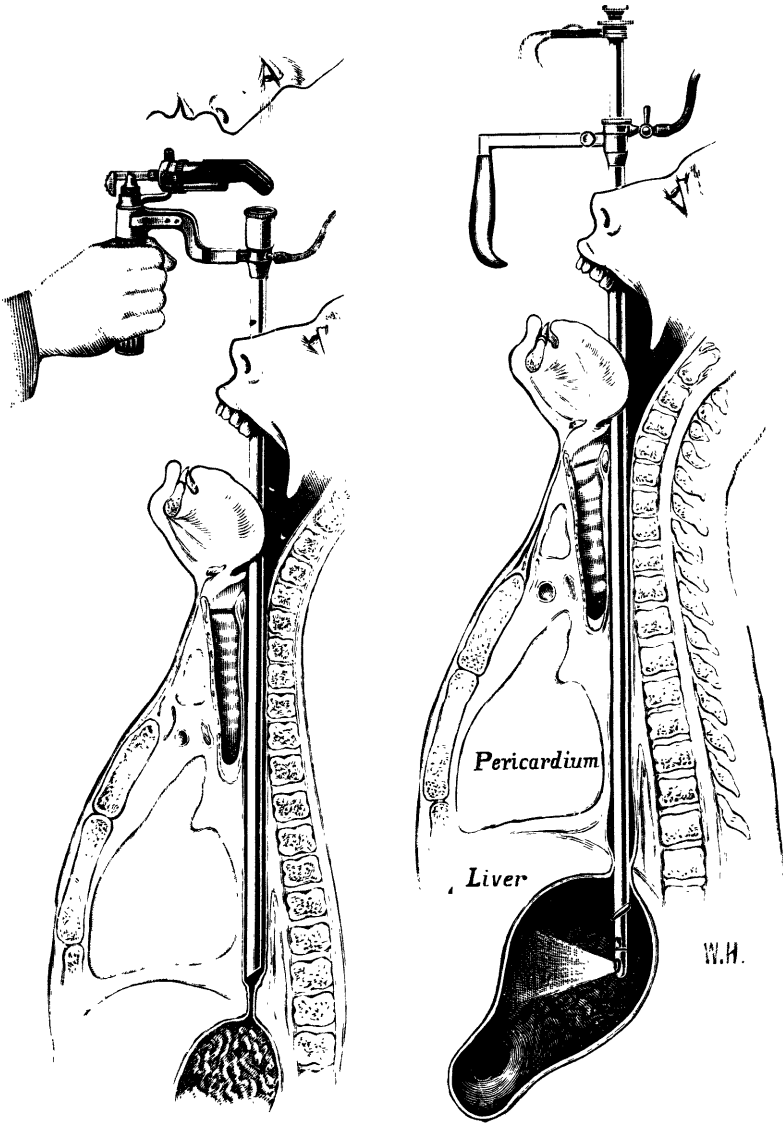
J. S. Fraser.

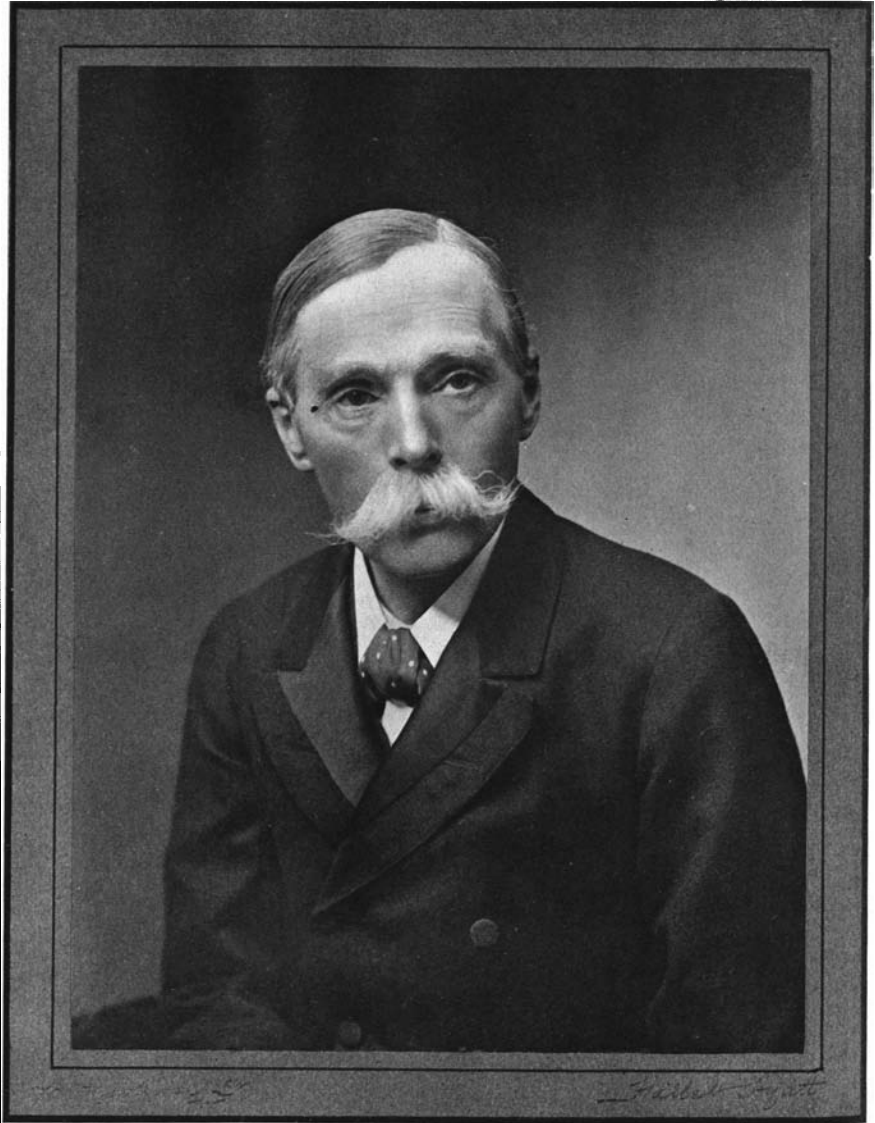
NEW INSTRUMENTS.

HILL'S ŒSOPHAGO-GASTROSCOPE: A MODIFICATION OF THE HILL-HERSCHELL GASTROSCOPE FOR COMBINING DIRECT AND INDIRECT VISION.

THE left-hand diagram shows Hill's direct-vision inflating œsophago-gastroscope, on the principle of the sigmoidoscope, approaching the phrenic constriction of the gullet. After the instrument has been passed into the stomach and the region of the cardia explored, with or without inflation, the Brünings' handle-lamp is removed and Killian's handle substituted;

the proximal window is also removed and the perforated cap with rubber valve inserted in its place. The indirect vision periscope can then be safely passed through the hole in the cap and down the outer direct tube into the stomach—as shown in the right-hand diagram. Inflation should be commenced before the distal end of the periscope enters the stomach to avoid soiling of the optical window and lamp.





SIR HENRY T. BUTLIN, BART., D.C.L., F.R.C.S.

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