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Medicinal Aids in Conservative Periodontal Treatment

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DESPITE the frequent additions to dental practice of drugs to be used in periodontal disease, dentists following a proved method of conservative treatment have found the use of medicines superfluous. In fact, the most forceful argument against the use of drugs is the consistent success that follows treatment by conservative measures. As adjuncts to treatment, however, the occasional use of drugs is permitted. The proper medicaments, carefully applied in selected cases, facilitate the progress of the work and enable us to carry it on with the least amount of discomfort to the patient. The drugs are so chosen as to accomplish their purpose with as little chemical irritation to the tissues as possible.

The following outline is made up of

sary to complete the relief of occlusion at once:

(1) Formalin solution, 40 per cent. Apply to the sensitive area with a cotton pledget two or three times and follow each application by a blast of warm air. It is most effective when completely dried in.

(2) Silver nitrate solution, 50 per cent. Apply with a cotton pledget and reduce the salt to metallic silver with eugenol. Because of the stain created, the use of this drug is limited to posterior teeth.

(3) Howe's silver nitrate solution. Apply with a cotton pledget and reduce with eugenol. The reduction by eugenol is preferred over the formalin reduction usually used.

these drugs and their combinations which have been found useful in periodontal treatment, and lists them under the phases of the work as followed out in the routine advocated by Stillman and McCall.

BALANCE OF OCCLUSION

True-running mounted points moistened with water do not, as a rule, cause pain when carefully applied to the tooth surfaces and kept moving across them. However, sensitiveness may sometimes be encountered during grinding, especially if the pulp is inflamed and the tooth has been subjected for a long time previously to traumatic occlusion. Slight relief of the occlusion and a period of rest usually permit the painless completion of grinding at a subsequent sitting. One of the following may be used when it is neces-

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B—Silver nitrate	3.0
Dist. water	1.0
Ammonia water, 28 per cent	2.5
M. Sig. Howe's solution.	

(4) Zinc chlorid solution, 50 per cent. Burnish into the tooth structure with a warm burnisher or with a wood point in a porte-polisher.

(5) Thymol crystals. Warm a ball burnisher slightly, pick up a small thymol crystal which will melt on the instrument and rub it into the tooth structure.

(6) Infiltration or conduction anesthesia. For upper teeth injection into the mucobuccal fold mesial to the tooth to be ground, as advocated by Posner, will produce sufficient anesthesia; for operating on lower teeth, inferior dental anesthesia is advised.

(7) Obtundent paste. This is carried onto the tooth surface with the grinding

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