

pulp chamber assumes very much the shape of the individual tooth, and in excavating and removing the carious portion, we need to be cautious and on our guard never to uncover the pulp. It is much better to leave a small quantity of half decalcified dentine over it than to remove and substitute other artificial cappings.

Then, again, the character of the caries. In the black kind we do not expect it to extend to any great depth, and, as a rule, do not look for exposed pulps in this class as we do in the brown or white kind. Nor do we look for exposed pulps in superficial or middle, but in deep-seated caries—in the kind involving the deep structure of the dentine.

A patient presents himself or herself, as the case may be, and upon examination we find a carious tooth with exposed pulp, and the question presents itself, Shall we cap the pulp and fill, or shall we destroy and remove it and then fill?

It is advisable to destroy it when it is necessitated by uncontrollable irritation and exposure; when more and increased pain is given in the recumbent position; when there is congestion and throbbing and jumping pain; when it is intermittent with paroxysms of neuralgia; when the tooth is off color and loss of sensation in cavity; when a pulp stone is giving trouble, and when preparing the tooth for crown work requiring a pivot tooth, so called; also when the physical condition warrants, such as a continued state of fatigue, the period following the typhoid state, one subject to malaria, those employed in unhealthy occupations and exposed to great thermal changes.

Here, also, the different temperaments aid us greatly in deciding what pulps to destroy and what to try and keep alive. Experience teaches that with the lymphatics who have large, bulky teeth, with neither strength, density, or good quality, whose teeth are poor, the recuperative power is tardy and feeble, that it is almost impossible to save the pulp when exposed to any extent, and from prognostic results it is advisable to destroy and remove it before attempting to restore the tooth to usefulness.

When called upon to devitalize the pulp of a tooth the manner of procedure will depend upon conditions, whether the exposure be of long standing or of recent, for if of long standing there probably has been pathological change of the pulp, rendering a certain course of treatment necessary before that of devitalization; whether, if there be such change, it be in the form or state of congestion or hyperæmia; whether hypertrophy has resulted; whether a portion of the pulp be in putrescent condition; for while the condition will, to most practitioners, indicate that devitalization is best and for the most part will result, still there are other steps indicated as preliminary or preparatory.

We should make it our object to devitalize the pulp with the least possible pain to our patients, and with as little loss of time to