

tion in the canal. I then apply the low heat to drive back the serum; then, if there is no complication outside the foramen, I close it and apply the oil of cloves to canal, then vaporize with heat, even to passing a hot root dryer into each canal, to vaporize that at the apex and drive it into the tubuli, or any particle of the tissue that may be left in the canal, and embalm it for all eternity. Where there are complications beyond the foramen I treat as suggested in intra-osseous suppuration, and after drill out the canal to remove the coagulum at the mouth of the tubuli that was caused also by the hyd. dioxid, as there may be some annerobic spores beyond it that the oil of cloves must reach and embalm.

As there are germs all about in all dental offices keep lead points for filling apex and bibulous points for drying out the oil in bottles of powdered boracic acid. The instruments should all be washed in tepid water and caustic soda, then wiped off with a cloth soaked in boro-glyceride, and that is all that is necessary. I do not advocate shoving my delicate edge tools in sterilized sand or gravel, or placing them in contact with corrosives.

Thus I close my germicidal and antiseptic treatise, gleaned from a successful practice of eighteen years of close observations and test, always looking for the best.

CONGENITAL TEETH.

Dr. J. W. Ballantyne gives particulars of three additional cases of this condition: (1) Mother, a multipara, who had nursed six cases of scarlet fever during her pregnancy. The presentation was a face, and the presence of the teeth rendered the diagnosis of this rather difficult. There was a "caul." The teeth were the upper central incisors, one well and the other poorly developed. The boy was now sixteen months of age, vigorous, healthy, had eight teeth, including the two above noted, which appeared likely to remain, as they were larger and stronger than the others. The child was reared on the bottle. The combination of face presentation and congenital teeth was rare. The congenital teeth neither dropped out nor required removal, and they were well formed. (2) This case occurred in South Jarra, Melbourne, but full details were wanting. The teeth dropped out, necrosis of the alveolar process followed, and the child died. Whether the death was due to the presence of the teeth or not is uncertain. (3) The father had syphilis twelve years before the birth, and was treated for two years with iodide of potassium. The mother was non-syphilitic. One previous child nine years before, who suffered from eruption and