Exposed pulp. When the history goes to show that the exposure is recent, and on examination the pulp seems to be in a healthy condition, it may often be successfully capped in deciduous teeth. In any case it is well to give it the benefit of the doubt, in order that, if successful, the absorption of the root may not be interfered with. In order to cap the pulp, excavate round the walls of the cavity and remove all loose debris near the pulp, leaving as much as possible covered by decalcified dentine. Mix some oxide of zinc with oil of clove and cover the exposure well; then flow in some creamy oxyphosphate, using the greatest care to avoid anything like pressure. After this has hardened, cover with cement of usual consistence. If the operation has been successful the tooth will not give pain: if it aches, remove the filling and insert a pledget of cotton, moistened with oil of clove and creasote, equal parts, cover this with a piece of cotton soaked in sandarac varnish, and let the tooth rest for a few days and then try again.

If the pulp is suppurating, or nearly dead, it may be destroyed by applying carbolic acid (90 ). Arsenious acid should not be used, as the apical foramina are apt to be enlarged, undergoing either calcification or absorption, and the escharotic effect of the arsenic may not be confined to the pulp. When dead the pulp should be carefully removed, the canals cleansed and disinfected, and filled with gutta percha or oxyphosphate cement.

In cases where the crown has decayed away and only the root remains in the jaw, it may be left, if causing no inflammation, until it is time for the permanent teeth to appear. It must be watched carefully, however, and if there is any indication of the permanent tooth erupting out of line, owing to the presence of the deciduous root it should be extracted at once.

Extraction of the deciduous teeth is in most cases easy, the roots being smaller than in the permanent teeth. Great care must be taken not to injure the permanent teeth, especially in extracting the molars, the roots of which embrace the crowns of the bicuspids. Extraction should not be resorted to unless the tooth is loose and painful, or is wedging one of the permanent teeth out of proper position, because premature extraction makes the eruption of the permanent teeth more difficult, on account of the cicatricial tissue which is formed, making the gum hard, and tending to contract the space between the remaining teeth.

Irregularities of the deciduous teeth are very rarely met with, and are not serious enough to require special treatment.

Difficult eruption of the deciduous teeth is apt to be accompanied by disorders of the alimentary canal, and, in some cases, by convulsions or death. Early eruption is more frequently attended with constitutional