REPLANTATION OF TEETH IN CHRONIC PERIODONTITIS.—There is nothing perhaps, so unsatisfactory to the dentist as the extraction, in the general run of cases, of teeth for the relief of periodontitis, though it is followed by the cessation of acute pain, especially about the gums and the like, since the teeth themselves are often almost perfect, or at least *per se* in a condition fit for doing good work for many years. The success, therefore, obtained by Mr. Coleman (the details of which will be found in the "Transactions of the Odontological Society" for the month of March) in replanting teeth in the disease in question will be received with unquestionable satisfaction, and the plan no doubt largely imitated. The method of procedure is to remove the diseased tooth; if carious, clean out its pulp and fang cavities, filling them up, after cleansing with carbolic acid, with cotton wool impregnated with the same; then to fill the pulp and carious cavities; next to scrape the fangs free from all diseased periosteum and cementum, but preserving the mucous membrane about the neck; and, after bathing in a solution of carbolic acid the tooth, as well as the alveolus, to return the former to its place. Mr. Lyons carried this out in fourteen cases for Mr. Coleman with success, in the case of bicuspids and molars, no mechanical appliances being used to keep the teeth supported until they had become firm. Mr. Coleman believes replantation will become the legitimate mode of treating chronic periodontitis—a mode in which medical practitioners can not fail to take an especial interest, and which harmonises well with the prevailing surgical conservation of the day. —*Lancet.*

THE CAUSE OF DEATH DURING INHALATIONS OF CHLOROFORM.—Dr. Jeannell considers that the fatal issue is principally owing to the terror felt by the patient before the operation, and advises the following precaution. When consent has been given to an operation, the patient should not be made acquainted with the precise day. Whilst he is quietly in his bed the chloroformist should pay him a visit, and say that he wishes to learn whether it will be possible to make him sleep when the day of the operation shall have come round. The patient without fear or apprehension submits to the trial, and, when he is narcotised, is carried into into the operating theatre where the operation is at once preformed. All this is done without exciting the least anxiety in the patient, and placidity removes the danger which arises from nervousness and trepidation.—*Lancet.*