

When mixed moderately thick it hardens quite rapidly, in fact as soon as it is in the cavity it is hard enough to undergo the necessary trimming. The time required for its setting can, however, be increased *ad libitum* by mixing it sufficiently thin. Like other preparations of its kind, it rapidly deteriorates in quality if any impurities obtain access to it, or if the bottles are not kept perfectly corked.

When fully hardened it has not quite the hardness of plaster of Paris, but is a little tougher. In positions where it is not affected by mastication, I have known it to last as long as two years, though it is solely for temporary purposes that I use or recommend it. It is practically non-irritant; a quantity of the material mixed, being taken upon the tongue, produces about the sensation of a half per cent. solution of carbolic acid. I use it in my private practice and at the dental institute of the University :

1. For capping exposed pulps. When the pulp has been fully prepared for capping I mix a small quantity of the cement to such a consistency that, when it is taken upon the point of an excavator, it does not flow off from it but still is sufficiently thin to hang down in the shape of a minute drop. If a drop of cement of this consistency a little larger than a pin head is brought into contact with the point of exposure, it spreads itself out over the surface of the pulp, adapting itself perfectly to its irregularities and forming a much more perfect covering than can be obtained with asbestos, pieces of paper, gutta percha or any other material which cannot be applied in a semi-fluid state; besides, what is of greatest importance, it may be applied without a trace of pressure.

Those who for certain cases favor an antiseptic capping may easily produce the desired action by incorporating the antiseptic into the capping material, though some substances interfere with the hardening. As soon as the cap has hardened which requires about two minutes (more if the cement was mixed very thin), the filling may be completed. If it is a doubtful case, I finish the operation with *oxysulphate* and wait three or four weeks. If it is a fresh exposure and the pulp healthy, I finish with *oxyphosphate*. If finally I have every reason to exclude the possibility of a failure, I place a layer of oxyphosphate, over the cap of oxysulphate, and complete the operation with a permanent filling material at once. The directions for use accompanying the material appear to me to