

bleeding had lasted for several hours, and streamed from the alveolus of the right side of the upper jaw, from the third molar to the central. The bovist was cut into slices and packed along the gum margin and into the interproximal spaces. Bleeding was arrested almost immediately and no recurrence. Dr. Smith trusts that ere long he will be able to explain the theory of the effects of the bovist.—*Journal fur Zahnheilkunde.*

TREATMENT OF ROOT CANALS.—Dr. Schreier, of Vienna, uses a preparation of metallic potassium and iodine for removing the patrescent particles out of root canals and for cleansing them. He bases his theory on the saponifying of the contents of the canals, and thereby easily removed with warm water. He also considers it a good antiseptic treatment of the roots, and shortens the time considerably for treatment and filling.

SMALL wooden pincers are very easily made, and are convenient for handling medicines that effect steel instruments. Take two wooden tooth picks and place between them at one end a piece of a third, and bind together with thread; soften a little gutta percha and mould around the thread and you will have a simple pair of tweezers that will not corrode.—*Zahntechnische Reform.*

Calcification of Dental Pulp.

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The title of this paper as given in the programme would more accurately describe the subject if written, "Calcific deposits in the dental pulp chamber," because these deposits seldom assume the appearance of a calcified pulp.

Calcific deposits, as generally found in a pulp chamber of the human tooth by the dentist in ordinary practice, vary in quantity from a very thin incrustation adhering to the surface of the pulp, to a mass of semitranslucent substance usually resembling dentine in appearance and structure and completely filling the chamber and canal. They often occur in small granular particles or spiculæ through the pulp tissue, and also either attached to the walls of the chamber or to the sheath of the pulp, as minute pearls ranged along it. Many specimens, when removed from the chamber, appear to be cone-shaped, with the base spread out towards the opening in the dentine produced by the caries. Others show very irregular shapes.