

the contrary, attaches itself to the root of the tooth, or to that portion of the neck which is covered by the gum. The source of this deposit is therefore different from salivary calculus, and, as its name implies, it is supposed to be from the serum of the blood. In fact, it has sometimes on this account been termed *sanguinary calculus*, though it would appear that there are certain formations of this deposit which cannot well be considered as coming directly from the blood. In chronic alveolar abscess we often find upon the apex of a root which has been for some time constantly bathed in pus the characteristic serumal deposit. But it at least may safely be stated that serumal calculus is a deposit from the fluids which surround the root of the tooth, while salivary calculus is deposited from the fluids in contact with the crown.

Another point of distinction between the two is found in the relative bulk of the deposit. Salivary calculus, as we have seen, may assume extensive proportions, while serumal calculus, on account of its environment, is restricted in growth, and is usually found in the form of small nodules, narrow bands, or thin scales (Figs. 6 and 7). These are ordinarily attached quite firmly to

FIG. 6.



FIG. 7.



the surface of the root, and require considerable force to dislodge them. It is probable that the irritation produced by serumal calculus under the gums is accountable for many of the diseases to be found in the surrounding tissues, and which frequently lead to loss of the teeth, it being impossible to conceive of gums remaining healthy with any considerable deposit of serumal calculus under them.

The color of serumal calculus is usually darker than that of salivary calculus, and quite commonly has a greenish tinge run-