

contend, that it is not taken into the circulation) it acts dynamically by being brought into sensible contact with the vital part, and the life is thereby destroyed. Whereas, pulps that have been exposed for a long time, the reparative process is established, which produces a granular surface, exuding new cells, serum or pus, and it may be elaborating ossific matter (secondary dentine). Now these form a barrier to the applied devitalizer. Instead of it being taken up or absorbed into the pulp, it is excluded or thrown away from the vital part by this continual exudation. This also prevents catalytic action, because the devitalizer is at a sensible distance from the vital part, and is kept so by the barrier before alluded to.

Consequently, no injury is done to the vitality of the pulp by the application of arsenious acid when this condition of the pulp exists.

Some one may ask, why is it that arsenious acid will devitalize a pulp through a wall of dentine of considerable thickness? The reason is obvious, there are hundreds of nerve fibrils passing through the dentine.

Now, if arsenious acid is placed in contact with the exposed ends of these nerve fibrils, in the cavity of decay, and they are in a condition to receive the devitalizing effect of the acid, it will be conveyed to the pulp, and death to it will ensue.

Now, if these conclusions are correct, what must be done to a pulp that refuses to give up its vitality? The answer is, remove the granular surface down to the vital part, and apply the devitalizer in the usual way. Very respectfully, M. McCARTY.—*Dental Register*.

MORPHIA IN SENSITIVE DENTINE.—*By James S. Snow, Madison, Florida.*—In the April number of the *Dental Cosmos*, Dr. Mowbray, of Warsaw, Ill., in descanting on the use of morphia as a remedy for sensitive dentine, recommends the use of it internally instead of applying it to the cavity to be operated on. While I agree with the doctor that (with the majority of patients) his plan will put us on the "safe side," so far as to obtain the desired end, I beg leave to differ with him as to the use of the remedy as indicated by him; and we are led to the inference by his statement that—his experience has been far more happy than that of any one else—he makes no exceptions to the use of the remedy in the manner indicated, but states that he "has no difficulty in filling sensitive cavities, and as many of them as circumstances may indicate."

Does he never meet with cases where the administration of morphia in doses of one-tenth to one-fourth of a grain, *internally*, will not obtund sensitiveness of the tooth? when, instead of having this effect, it makes