

is possible to do. In case I open a tooth into the pulp chamber which is occupied by a decomposing or dead pulp, or even where the tooth is abscessed, I do not look for the cause of the trouble in the buccal or small roots, but expect to find it in the larger ones, although I do not go so far as a distinguished Indiana dentist, who says that in that state teeth do not abscess on the buccal roots, and such a thing was never known to occur; for I believe that I have seen teeth with a pea c<sup>c</sup> abscess on every root it had. In case I found it necessary to pursue a canal to the foramen for treatment of abscess or sterilizing, and the canal was too small or too crooked for instrumentation, I have found that aromatic sulphuric acid works surprisingly well. In lower molars I address my attention to the distal root principally, and, if the anterior root does not admit of a free use of the broach to extirpate, I try to enlarge it to the extent possible, and occupy the space with gutta percha and chloroform or encalyptus. Now, in conclusion, I will answer the question asked by saying that, if a nerve canal is of a size that will not admit a broach, it is a very innocent canal, and the chances are that no trouble will ever arise with ordinary anti-septic treatment. If it is of a shape to exclude a broach, and still large enough to contain elements of danger by decomposition, it would be unwise to fill the tooth while this remained. I would either wait the decomposing process to remove the soft tissue, or render it harmless by tannic acid and cloves or chloride of zinc, or digest it with a solvent, wash with pyrozone and follow with alcohol, dry it thoroughly and fill as usual.

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Question No. 2.—“What is the best method of diagnosing a case of exostosis without the aid of forceps?”

The diagnosis of exostosis without extraction is a difficult matter to the ordinary practitioner. One would require to have numerous cases to which special attention and close observation be given, so that approximate accuracy might be obtained.

Exostosis, an excrescence or morbid enlargement of a bone. (Medical Dictionary.) This abnormality consists in an excessive development of the cemental tissue of the roots of the teeth. The condition has been treated of by various authors under the title of exostosis, dental exostosis, hyperostosis, excementosis, dental ostoma, etc. But the term hypercementosis defines the condition more exactly, according to the opinion of S. H. Guilford, A.M., D.D.S., in “American System of Dentistry.” (See the latter work for an explicit definition of the cause.) For the present purpose I may be allowed to use another extract, which I think will help to make the subject more intelligent. Tomes says: “If the extremities of the fangs of a tooth be but slightly increased in size, either by hypertrophy of the cementum or by the growth of any other tumor, the dental nerve may be thereby disturbed, and hence symp-