

There is but one further use for aqueous solutions of formaldehyd in dentistry that I am aware of. I refer to its employment in supplanting the older antiseptics in treatment designed to render aseptic the putrescent pulp-canal. If solutions have proven tolerable for the purpose of irrigation in or about the deeper pockets of pyorrhea or for syringing out a freshly-opened abscess, I should be glad to know. I have been thus far afraid to try, fearing unduly painful consequences. Two experiences which I have had resulting from its employment in pulp-canals have made me cautious to the point almost of abandonment. In both cases the solution used was 1 to 250.

*The Paraform Lozenge.*—Schering & Glatz, New York Agents for a German company, have extensively advertised the advantages to be derived from the employment of the paraform lozenge in generating formaldehyd. There are limitations to this method compared to others: first, because the cost of maintenance in commission is very considerably greater, and, second, because in order to generate the gas from lozenges in sufficient quantities to be really effective, a fresh lozenge must be placed in the heating receptacle for dissipation as often as every fifteen or twenty minutes. I believe these manufacturers make the claim, however, that one lozenge is sufficient to sterilize dental instruments in an oven which they furnish with their lamp for that purpose.

*Lamps that Generate the Gas Formaldehyd from Methyl Alcohol.*—Of this type of generators there are quite a number of manufacturers. The lamps, while differing very considerably in manner of construction, all depend in fact upon the same general principle—namely, the action by its presence merely, without entering into chemical combination, of glowing hot platinum upon the fumes of methyl alcohol.

The only use which a lamp of this construction can have in dentistry is to sterilize our instruments, or, better still, the whole instrument-containing cabinet, with its contents, including napkins, forceps, ligatures, dams, and whatever other appliances are likely to be used in or about the mouth, by means of turning in upon them while the case is closed the dry formaldehyd gas.

I have recently been conducting a series of experiments with apparatus here exhibited, in anticipation that results might be deemed of interest by this section of the National Dental Association. My findings are submitted with no little trepidation, principally because I am not competent either as microscopist or bacteriologist.

Experiments which are reported I could not have conducted but for the active co-operation of my friend Dr. Thomas B.