tion. We entirely disagree with one of the luminaries of our profession, who claims to believe that a pulp may be saved even after ulcers have formed on its surface. The solid walls that protect it in a state of health, in its diseased condition, by confining and restricting its limits, ensure its destruction. The mass of arteries. veins and nerves takes on an inflamed condition, each separate nerve and blood vessel swells to its utmost limit, and is pressed and jammed into its neighbor until a partial or complete state of disintegration, which is synonomous with suppuration, takes place. We all know what an aggravation a ligature or tight bandage is to an inflamed limb, and that is precisely what the tooth is to the inflamed pulp. We must deal with the pulp before it reaches congestion, and therein lies our province as saviors; an irritation or inflammation can be met and subdued, a wounded vein may be healed, but beyond the primary or medium stages, very little can be accomplished.

With the primary treatment of the exposed or inflamed pulp, we come to the consideration of materials for filling, and appreciating the delicate nature of that organ, we must necessarily choose delicate substances, and those that can be adapted or will adapt themselves most perfectly and readily to the diseased surfaces, with the least irritation, and by the application of the least force. For this purpose we have as yet found nothing superior to Hill's Stopping, and oxy-chloride of zinc. Each has its peculiar merits and in special conditions there is a choice in their use. Hill's preparation being a non-conductor, effectually protects the pulp from thermal influences. and in cases of semi-exposure is, in our opinion, to be preferred for temporary fillings. For a wounded vein or other exposure, the oxychloride is far preferable. This can be adapted absolutely without the exertion of any pressure, thereby avoiding one of the principal dangers of the treatment. If we have a wounded vein, and there has been no previous irritation, as soon as the bleeding ceases and the cavity rinsed with warm water, we apply a little creosote from a pellet of cotton, just enough to moiston the parts immediately over and adjacent to the exposed place, and then fill with zinc. As soon as it is hard, say from ten to fifteen minutes, cut away, leaving enough in the bottom of the cavity to protect it, and fill the balance with If done carefully and thoroughly under these conditions, a gold. failure will be of rare occurrence. In cases of semi-exposure we rarely meet with one that has not been subject to more or less irritation, and there is very likely to be some lingering inflammation or