

keep my patients along in a comfortable condition would be comparatively a long story. The line of treatment after devitalization, or of a tooth with a dead pulp, is a question of more importance, apparently, as borne upon by this paper, than any other.

For a number of years I have had a practice that seems from what has been said in reference to it, to be rather unique. I never depend upon the application of an antiseptic in the roots of teeth, but upon a material which I force in and around such, with which is combined an antiseptic strong enough to answer the purpose, and virtually mummify all the material that is left in the canals of the tooth by its action. It surrounds and covers it over, and whatever portion of the pulp is left behind is penetrated by the action of the chlorid of zinc and bichlorid of mercury that is mixed with it. Of course, if the pulps die, they die of their own accord. I have many dead teeth to handle and many to treat in my practice, as everyone has who is in full practice, and I treat them all in one general way. That way is to open the pulp-chamber as carefully as I can, so that I may cleanse it thoroughly of every particle and get thoroughly into all the root-canals. I then, with a very fine gold-pointed syringe, use a 1 in 10,000 solution of bichlorid of mercury—a grain of bichlorid of mercury in twenty ounces of water—and syringe out these canals just as thoroughly as I can; I then, with a broach or small instrument, penetrate into the canals as far as I can go, stir up the contents, and then wash again, repeating this until I am pretty sure that everything is clean, so that the substance coming out of the tooth as it strikes a white napkin will show a white, clean color instead of staining, as when the canal is filled with dead material. When it is washed thoroughly clean, I fill with oxychlorid of zinc, in which I put a drop of a solution of 1 in 2000 of bichlorid of mercury, thus combining the antiseptic properties of the bichlorid of mercury and the penetrating and antiseptic properties of the chlorid of zinc and oxid of zinc.

This is the material that mummifies or holds this substance that is left in the roots of the teeth, leaving it in a condition to give no trouble; and it may astonish some of you to know that instead of opening a tooth and treating it day after day for a week or more, I open a tooth and fill it at the same sitting always, unless I have periosteal irritation—soreness of the tooth as I touch it. The crown of the tooth is filled with gold, or any substance that I choose to use, of course, and I dismiss the patient after painting the gums carefully over with a solution of concentrated tincture of aconite root and tincture of iodine. That I always do before my patient leaves the chair. It is a powerful counter-irritant, and does the work of relieving the pressure around the root of the tooth. This, to me, is the simplest, easiest, and most quiet way of getting along with that kind of teeth.