

In suitable cases, if the process is carefully gone about, success is almost certain, and many cases of roots, which not so very long ago would have been victims to the forceps, can now be made serviceable for years.

I will give you an idea to what extent we have carried on this practice for the last year, as showing our confidence in this method of practice. During 1893 we put in fifty-five gold crowns, and during the ten months of the present year we have put in seventy-three gold crowns. Of these we know of no failures.

When suggesting this subject to the Secretary, my father had nothing new to offer, but he believed that a conversation on this subject would be almost certain to elicit some valuable suggestions.

I will state first how we proceed with regard to treating devitalized pulps.

Let us take a typical case: A patient comes to us with a molar or bicuspid tooth, which has been filled with a large amalgam filling, and, owing to decay or from other causes, the filling has come out and the walls of the crown of the tooth have crumbled away, so that it would be impossible to insert another amalgam filling. Very likely the pulp has been inflamed, and is causing considerable pain. Of course, in such a case, the first thing to do is to apply arsenic, which I invariably use in the form supplied by the S. S. White Co., and described by them as the "devitalizing fibre." It contains arsenious acid, creosote, tannic acid, and morphia, incorporated in fibre, and we find it the most suitable form of using the drug. After drying the cavity a small shred is laid on the dentine nearest the pulp, and a sufficient quantity of thoroughly mixed oxyphosphate of zinc (about the consistency of cream) laid over the whole surface of the tooth. After forty-eight hours this filling can be removed, and if the pulp is sufficiently destroyed it can be removed at once and the root filled.

Generally, however, I find it better to remove the dentine over the pulp and apply a small dressing of mixture of tannin and glycerine in the pulp chamber, and again seal with oxyphosphate of zinc or gutta-percha.

A week afterwards the pulp can be extracted with less pain, and much more easily, as it generally comes away *en masse*.

In the case, however, of a pulp, which has been devitalized from natural causes (such as exposure, owing to carious dentine, etc.), and become septic, one must proceed in a very different manner.

We have tried several methods, but the one with which we have had best results is the process described by Dr. Emil Schreier, of Vienna, at the World's Columbian Dental Congress, held in Chicago last year, in his paper on the Kalium Natrium