In these cases, the first effort naturally is to open freely into the pulp chamber, and remove as nearly as possible all parts of the contents. This is an operation which, in most cases, demands from the operator not only a considerable amount of skilful manipulating of instruments, but as well a great deal of downright, patient toil.

To do this effectually, the rubber dam should be applied whenever possible. The opening into the canal or canals should be made as liberal as the case will allow, so that a free use of the broach be made practical. Having removed whatever solid remnants there may be, I have always found it good practice to thoroughly syringe out the pulp chamber and larger canals with tepid water. This seems to thoroughly cleanse the parts, and washes away all the loose debris that otherwise is likely to be forced into the canals. Now, the next thing I aim at is, to put the canals and tubuli in a condition that they will readily absorb the antiseptic or disinfectants to be afterwards used. To this end, I dry out the canals by means of a few shreds of cotton wrapped round a broach. After wiping out all visible moisture in this way, aided sometimes by the use of absolute alcohol, I then make use of a hot-air syringe—driving the heated air right up into the canals, till the parts appear dry and hard. I now follow up with a thorough injection of my choice disinfectant—whether it be camphophenique, bichloride of mercury, or peroxide of hydrogen—I have used the first of these for some time, with a great deal of satisfaction. Dr. Atkinson thinks that the best disinfectant is produced from a grain of bichloride of mercury in an ounce of hydrogen peroxide. Now, the dental tubuli and parts having previously been so thoroughly dried out with the hot air, the disinfectant used will be readily absorbed, and all contents of the tubuli rendered perfectly harmless. Now dry out the parts once more, and the root is ready to receive the filling ; and this brings us to the subject of immediate root-filling.

Some would now say, "Seal up the crown cavity temporarily, and send the patient away for some weeks." Time will not permit me to discuss the subject in this paper, but I may be permitted to say, that so far, as a rule, I have practised immediate root-filling in such cases, and am satisfied with the results. Perhaps, in discussing this point, some of the older members can give us the necessity for