ordinary mortals, like myself, whose professional careers are, by force of circumstances, more or less governed by financial considerations. If the canals are well opened, and there is a passage through the apex to the fistulous opening, so that medicine can be forced through, there is every hope of success. Thoroughly cleanse the canals, sac and fistula with peroxide of hydrogen until it comes out clear, then inject a solution of carbolic acid strong enough to cauterize the pyogenic surfaces, which result is indicated by a white margin around the fistulous opening. Then place a dressing of campho-phenique or 1, 2, 3 mixture in the canals, and seal with gutta-percha or cotton dipped in sandarac varnish.

For patients predisposed to inflammation I believe that campho-phenique will be found less irritating than 1, 2, 3 mixture. If the rubber dam can be used during treatment so much the better, but in most cases it is not possible. Leave alone for a week or ten days. If the trouble continues, repeat the treatment and try again, even two or three times, for sometimes everything cannot be reached at the first attempt. If the abscess breaks out a third or fourth time there is either serumal deposit, erosion, or else the tissues have been reduced in vitality beyond repair, which is generally due to constitutional weakness. In this case extract.

If the trouble leaves before the end of second or third treatment, treat sparingly, close up for a few days to make sure, and fill. For the canals use something that can be removed. If the dam be applied and the roots well dried before final antisepting and filling, the chances for success will be greatly increased.

For stubborn cases there is no cut and dried treatment except extraction. One always hopes that the tooth will come around, and yet it baffles every effort again and again.

It may be of greater benefit to the patient to be quickly rid of it than to spend weeks and dollars in a quest that may prove futile.

The following is the ordinary treatment for abscesses having a favorable prognosis: (1) Open pulp chamber and canals; (2) Secure passage through apex to fistulous opening; (3) Syringe thoroughly with H_2O_2; (4) Cauterize with carbolic acid solution; (5) Treat canals with suitable antiseptic; (6) Seal cavity; (7) Leave for one week (or 10 days if patient be not robust); (8) If favorable, fill; (9) If unfavorable, repeat treatment; (10) If again unfavorable, extract.

Choice of antiseptic agents and persistency of treatment after first failure would depend upon the individual opinion of the practitioner.

At some future time I hope to take up the question of abscesses presenting less favorable aspects, as, for instance, where the circuit from cavity to fistulous opening is obstructed.