

ent stage, when he recommends immediate root filling. This, in my humble opinion, is unwise, in view of the fact that certain bacteriological elements may still lurk at a greater depth than the acid has penetrated to, and may thus cause future trouble. I now dress the canal lightly with cotton and oil of cinnamon if a bicuspid or molar, cotton and oil of cloves if one of the six anterior teeth, and seal with cotton and sandarac. In twenty-four hours, if the tooth is comfortable, I again apply the dam, remove the old dressing, pack the cotton and oil firmly to the apex, and seal the crown with cement. At the next sitting, two weeks later, I fill the canal permanently.

In conclusion, I would strongly urge thorough asepticism throughout every stage of the operation, and would condemn the use of drills of all sorts, as by this method they are rendered unnecessary. I would further advise great caution in plunging a broach up an infected canal before thorough irrigation with water and listerine, as there is grave danger of forcing some of the putrescent material through the apical foramen.

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## FILLING ROOT-CANALS IN DEVITALIZED TEETH.

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BY DR. M. A. MORRISON, PETERBORO', ONT.

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Being somewhat of an amateur in the art of giving a paper at a convention such as this, I must beg your indulgence for a few moments while I endeavor to make clear to you my method of filling root-canals in recently devitalized teeth. First, I make this statement: That any non-irritating substance that can be introduced into the canals, with a reasonable amount of skill and labor, and when these do not disintegrate nor permit of the infiltration of fluids into the canal, has filled the chief office of a root filling material. It may not have all the desirable qualities, indeed it may have objectionable ones, but if it hermetically seals and permanently fills the canal it serves our chief purpose.

In my practice there are two materials in general use for canal filling, viz., oxychloride of zinc and gutta-percha.

Granted that the canals have been properly cleansed, the rubber dam in position, dry out the canals and sterilize them, as well as the pulp chamber and crown cavity. Wipe out with cotton any surplus medicine, and with hot air again dry out canals, continuing the blast until there is no possibility of any moisture being left. If the canals be in an upper tooth, try and get the force of gravity in your favor. (By tilting back the chair and elevating the patient's chin you can accomplish this in nearly all cases). Mix your