

## Root-Filling.

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I find the more experience I have in this special practice, the more I read of the subject, and the more I view it from the different standpoints, the more I am impressed with its practical importance to the dental profession; and in this short paper I cannot expect to do full justice to the subject, but hope only to point out a few landmarks, and, if possible, provoke you with whom I may differ, to a lively discussion on the matter, that we may all learn.

Certain it is, the first-essential in the treatment of these cases is a thorough understanding of the anatomy, the physiology and the various pathological conditions of the parts included.

By the title given the paper, I am freed from a discussion of the previous condition of these roots—whether or not they are the proper subjects for pulp-capping or the destruction of these pulps—and enter at once upon a consideration of the tooth with a dead nerve, whether recently or remotely made so.

Now, at the very beginning we must admit, that a rule can hardly be formulated for the treatment of this or any other pathological condition which is not subject to many exceptions; and you will agree, that the successful practitioner is the one who looks carefully over the whole field before deciding upon his mode of treatment.

To systematically discuss this subject, we must divide it into two parts: I. The varied conditions in which we find the roots and surrounding tissue; and II. Root filling proper, and the material therefor.

Under the first head we find, at least, four different classes: 1st, Freshly devitalized pulps; 2nd, Pulpless roots, causing no irritation; 3rd, A condition called blind abscess; 4th, Alveolar abscess with fistulous opening.

The first two classes will generally admit of the same treatment, and may, therefore, be discussed as one.