

cured by surgical and escharotic antiseptic treatment of the lesion, but it will possibly return to the same part at some future time as long as the systemic causes are present. Treatment, *cleanliness with extra care*, and the use of a good borated mouth wash. Deposits removed by surgical means, pockets and lesion washed out by hyd. dioxid. Then apply to the entire lesion a 12 per cent. tri. chlo. acetic acid.

5th. Intra-Osseous Suppuration—If the abscess or pus is at the apex of the tooth only, treat, if possible, by the excellent antiseptic properties of hyd. dioxid, through the canal, until the pus ceases to form. There is no other treatment or agent that gives the result that this does. If the pus has formed a fistulous track to the gum, force the hyd. dioxid through the canal out if open, until it bubbles out freely on the gum. This can be easily done by filling cavity with piece of soft dental red rubber and force hypodermic needle through into canal and inject. Chronic stubborn cases must be treated from the gum, and by burning off or excising end of root if necrosed, and the fistulous track often has to be washed out with diluted sulphuric acid to assist the expoliation of the dead bone.

6th. Dental Canal and Pulp Antiseptics, and Dental Canal Sepsis—So much has been written on this subject and so many various agents and methods of germicidal and antiseptic treatments are advocated, that I will only advocate that which I believe to be the best, and give the reason, which is thoroughly scientific and true, and why I deem it the best.

In pulp canal antiseptis, before entering or cleansing cavity, put on the rubber dam, *if possible*. Wash out the cavity now with either alcohol or chloroform, as it removes quickest all grease or mucous. Excavate cavity and extract devitalized pulp; enlarge the chamber to its dimensions so as to freely expose the canals, and remove every particle of tissue possible in them. Now apply warm air, not very hot. This must be done slowly, drying out all moisture from canals, and evaporating for some distance the serum in the tubuli, just as it does in a cavity when hot air is used for sensitive dentine. Now close your apical foramen. I am still advocating lead when possible to use it, on account of its germicidal properties as well as its non-irritating qualities, having thoroughly sterilized it before using it, or whatever I use, that it carries in no germs. Up to this time no antiseptic or wash of any order has entered the canal. I now flow the canal full of best quality of oil of cloves, and absorb the surplus with clean and carefully prepared bibulous points that are antiseptically kept bottled for this purpose. I now apply the hot air and vaporize the volatile oil remaining in the canal until apparently dry, then