

circulation. It is sometimes advisable to enlarge the root opening in such cases to facilitate freedom of discharge, but not usually so, and better to be avoided, if possible, the natural opening as a rule being sufficient.

In the superior teeth, in which the discharge is escaping by gravitation from a sac, the case is much easier, and we may look for happier response to treatment by fewer external openings, and in either case the apex may be closed as soon as the discharge ceases to moisten or wet the cotton left in the root, usually from three to six days.

The great point to be observed is not to create such a disturbance as to bring about a periostitis that will lead to an external pointing. This cannot always be avoided, and is sometimes the only way, in fact, to end the trouble; and unfortunately it is the most frequent in such constitutions as are least able to bear with the infliction that the worst happens, for with a robust, vigorous and strong constitution the circulation is quite equal to the call, and avoids the worst features of the case.

In case of recent periosteal disturbance by swelling and soreness, and indications point to external discharge, the application of ice at one stage may, if persisted in, overcome the trouble; free opening of the bowels is of great assistance, alterations may be given, such as phytolacca, ammonium, chloride or sulphide and counter-irritants may be used with benefit, also hot foot-bath, but nothing can be relied upon in such case as much as removing the cause and restoring the natural equilibrium.

In case of abscess with an opening we have the simplest form to deal with, and it will usually yield to a simple treatment of aseptic washing out and root-filling. I have in common with many—with the majority, perhaps—been long of the opinion that it was necessary to create an inflammation inside of the sac in order to excite granulations; but since the general use of hydrogen peroxide, I believe that unless there is mechanical irritation from sharp points of the root or alveolar, the case will respond to thorough cleansing and closing of the foramen and root canal. If I have any reason to suspect such irritation as from long standing abscess and erosion of the end of root leading to enlargement of foramen, by measuring the distance to the end and using a small bit of rubber dam on the instrument, I know just how long the canal is, and urge a little softened percha to the end and slightly beyond, with the idea of removing or displacing the soft tissue or covering the sharp points causing the irritation. Another way of coming at it would be to use an instrument with a turn at a right angle, which would follow the canal to the apex, and by twisting wear down the wall end and then wipe out and apply the percha as before stated.

This is not always accomplished, of course, as in some canals it is impossible, but is one of the means sometimes employed.