not so serious but what it can be overcome by the exercise of a little care. If the apical foramen is large, there is danger of the filling material, while it is still in a plastic condition, setting up, sometimes, a very serious irritation. To avoid this it is always well -especially in large canals—to pack a small pledget of medicated cotton into the apex of the canal. The zinc chloride will thus be unable to reach the soft tissues, and will cause nothing but beneficial effects, for, when it comes in contact with the cotton, it changes the cotton into an amyloid, thus rendering it impervious to the action of fluids and unchangeable. Owing to the fact that cotton is changed into an unchangeable amyloid by the action of oxychloride, it is invariably used as a vehicle to carry the cement into place. In filling a canal with oxy-chloride cement, the cement should be mixed to a creamy consistency. A whisp of cotton should now be matted on to a broach similarly as when filling with cotton. Catch some of the cement on the cotton and carry it to the anex of the canal and pack the cotton and the cement into place. The cement does not harden very rapidly, so there is ample opportunity of filling the canal carefully. If the canal is very fine it is often a good plan to pump some of the fluid into the canal first and then work some of the powder into the fluid. It is a strong antiseptic while it is in a plastic state, but it does not exert any such influence after it has fully set, at least not to any appreciable extent.

Gold, tin and amalgam are sometimes used as root canal fillings, but the extreme difficulty of their proper insertion and the almost impossibility of their removal, if such an emergency should present itself, has almost completely banished them from the list of root filling materials. Gentlemen, I have only very briefly introduced this subject; I hope you will heartily enter into the discussion. It is a subject that will stand any amount of discussion, and yet not be exhausted. Every time I go to fill a canal I say to myself: "Oh, that I knew of a method or a material that would perfectly restore the tooth to the position it had when it contained a healthy pulp." Thanking you, gentlemen, for your patient hearing, I will

leave the subject open to discussion.

## ALVEOLAR ABSCESS OF FAVORABLE PROGNOSIS.\*

By M. G. McElhinney, D.D.S., Ottawa.

Your forbearance is asked for the handling of a much discussed subject—much discussed because important. The treatment of alveolar abscess is important because it is a great factor in the saving of teeth. It is a common and frequently a stubborn lesion.

<sup>\*</sup>Read at Eastern Ontario Dental Association Meeting.