saturated with pyrozone and mercury bichloride 1 in 1,000 equal

parts and renew every 2 or 3 days until discharges cease.

Third: Acute alveolar abscess without fistula. These cases usually present with swollen faces and extreme soreness of the teeth. My first treatment is simply to secure an opening into the pulp chamber. I dismiss the patient then until soreness disappears, when I can operate comfortably for both of us. I know there is a great outery against this procedure, but I follow it nevertheless, deeming the treatment equally efficacious and considerably more human than any other that I know. After soreness has disappeared I treat as in former cases.

Fifth: Cases with fistulous opening are treated by opening fully into canals and cleaning them as well as can be with brooches and then forcing pyrozone through the fistula with a hypodermic syringe, using a washer of gutta-percha to dam up the canal to prevent return of liquid. This is followed by aromatic-sulphur e acid injected in the same manner and the roots dried and filled at once with chlora-percha and gutta-percha points as formerly. In some cases where it is deemed expedient to open into the canal from the tooth, I follow the track of the fistula with bars, scrape the end of the root, or as I think better still, extract and replant.

Fifth: Before inserting pins for any purpose after treating the root as in the former case I fill the apex with tin to prevent cement from being crowded through.

THE CHOICE OF A FILLING MATERIAL,*

. By Dr. DAVIS, London, Ont.

In the consideration of this stereotyped subject we shall not attempt the elucidation of anything original or new, but will endeavor very briefly to give a few personal impressions formed regarding the various filling materials, after a number of years of active practice. We shall not strive to treat of anything other than that demanded by our subject; we shall not speak of the great advances which have been made in the filling of teeth for two reasons: first, that our text does not require it; and, in the second place, in our humble opinion we have not progressed as a profession as we should have done in this all-important branch of our most noble calling. It is a deplorable fact that prejudice, in many cases, is more powerful in the influence exerted in our judgment, in the filling of teeth, than the great thought of toothconservation. I must fill this tooth with this or that material,

^{*} Read at London Dental Society.