

dioxide, a few fibrils of cotton dipped in some antiseptic, such as one of the essential oils (for front teeth preferably oil of cloves, as it will not discolor), may be carried as near the apex of the tooth as possible, and sealed up in the cavity. If there is much pain, an anodyne, like tincture of opium, may be introduced into the canal on a very few fibrils of cotton.

This treatment, both local and general, should be continued until the inflammation with its soreness and pain shall have passed away, when operative measures for the preservation of the tooth and its protection from further attacks may be instituted.

If it is impossible to pass a flexible broach through the foraminal opening, or to establish communication between the inside and the outside of the apex of the tooth, after the cleansing of the canal and the use of the general remedies, the antiseptic may be introduced on a few fibrils of cotton as near the apex as possible, and sealed up within the tooth. The agent used should be one of as penetrating a character as possible, and in this respect carbolic acid is probably the best. It should be changed as often as necessary, sometimes every hour, until the pulp canal is thoroughly and completely sterilized. Then by slow infiltration and absorption it will be carried beyond the apex of the tooth, and sterilize the investing tissues.

There are instances in which none of the usual curative measures are effectual. It is impossible to get through the foraminal opening; perhaps the root of the tooth contains a filling that is difficult to remove, or there may be some deposit or other irritation, such as a point of a broach or end of gutta-percha point at the apex of the root.

For such cases during the last six years I have had recourse to a measure that has given my patients relief and myself the satisfaction of restoring to service teeth that were badly diseased. The tooth is carefully extracted, so as not to injure the pericementum, and the end of the root dressed down about one-sixteenth of an inch; the root-canal reamed out from both ends, the tooth immersed in a ten per cent. solution of carbolic acid, and the alveolus irrigated with a similar solution. The root-canal is filled with oxychloride of zinc, and the tooth, grasped firmly in the same instrument used in the extraction, is then thrust back into its former resting place and ligated with dental floss. My first case treated in this way was a lateral incisor, done over six years ago for a middle-aged gentleman. The patient has since come under my personal care, and less than two months ago, when I did some more work for him, I found it doing excellent service and in every respect a good tooth.