

one of the zinc preparations, and finishing with a metal on the exposed surface. Not that this has any special bearing on the durability, sanitary or scientific aspect of the question. I am quite satisfied that my results were as good when I used oxychloride of zinc (which I did for years), but it has one advantage, which is that you can empty the root at any time and overhaul the work if necessary very much easier than with other agents. Another plan which I have found quite as satisfactory has been to use the percha solution after moistening the walls with eucalyptus or some solvent, and the solid percha cone or Gilbert's temporary stopping. So much for root-fillings.

Now, as to the abscess. Without going into the history of the production of it, which we have all heard time and again, and with the mere mention of the latest discussed point as to how the bacteria gets there, whether it is always in the blood, always with us and in the circulation, or insinuates itself into the parts after the inflammation is set up, and from the atmosphere or oral secretions, I find a difference of opinion among experts. I held the opinion—for argument sake, at all events—that no bacilli could be found in an abscess upon a tooth where no opening existed, until one higher in authority attempted to prove that a bacillus held the same relation in size to the tubuli of the dentine as a blood corpuscle held to my little finger, and I ceased to argue the point with him. If this is the case, then bacilli may be found in an abscess and present in pus at any stage, and the cause of much of our trouble. I am not going to engage in any bacilli argument, nor prove that they are the cause of abscesses such as we are called upon to treat.

If they are the cause, or the necessary outcome of a cause, we are generally called upon to treat the abscess after its formation by a destruction of the pus-producing surface. This we do by the application of styptics and stimulants, by germicides or parasitocides, by rendering the parts aseptic, and then inducing healthy granulation of new tissue to take the place of lost tissue. In doing this various remedies are resorted to, and to give the different treatments would fill a book, or nearly so. The most difficult case I find to treat is, perhaps, the one in which no external or alveolar opening exists, and on an inferior tooth.

In such a case, if of long standing, and the apical opening has proved of sufficient magnitude to accommodate the exudation by isolating the tooth and working a little hydrogen peroxide down to the seat of the trouble, and following with zinc chloride or mercury bichloride, using care in the quantity and strength, I am able to fill permanently in three or four days.

These cases require the utmost care, as too much medication will set up an irritation that is very hard to control, particularly so with a small foramen, and end in an external pointing or a constitutional derangement of no small degree, until carried off by the