

esting discussion. He had advocated immediate root-filling in 1886, at the British Dental Association. In 1884, Prof. Hesse, of Leipzig University Dental Institute, was the first to recommend this, as opposed to the Dressing method, and gave statistics of his own experience, and after Dr. Cunningham's paper in Washington, he wrote a letter stating he was in complete accord with his views, and that "Method rather than medicine, had a great deal to do with results." On this continent, Dr. Ottosy, of Chicago, is one of the most ardent advocates of immediate treatment, though he emphasizes the objection to its application in the cases of patients of lymphatic, anæmic, or otherwise sluggish constitutions.

Dr. Cunningham's method may be briefly described. 1. Free access to all roots, without any compunctions as to the crowns. 2. The use of the rubber-dam. 3. Reaming out the root canals with nerve drills in the dental engine, as far toward the apex as is deemed safe, and he recommends the "Morey" flame-headed drill, as supplied by the inventor only. 4. Ingestion or application of mercuric chloride chloroform as a cleanser. 5. Zinc oxychloride for filling the roots, carried on cotton shreds into the finest parts of the canals, leaving the canals wet to facilitate penetration of the material.

The author classifies the cases in which immediate root-filling is applicable as follows:

Class I. Where the pulp is removed by extirpation or devitalization.

Class II. Where a fistulous opening indicates with certainty the presence of an apical abscess.

Class III. Where the pulp is dead without an actual or obtainable sinus
∴ *e.* all cases belonging to Classes I. and II.

Contrasting the relative advantages of the Dressing method as compared with the immediate method of treatment, the author forms the following conclusions:

1st. That under the immediate method, there were fewer extractions and failures.

2nd. That there were fewer subsequent attacks, accompanied by swellings, and acute abscess, and therefore the immediate treatment was attended with less pain.

3rd. That it required a considerably less expenditure of time, on the part of both the patient and operator, the average time of treating and filling such teeth, being considerably under an hour.

4th. That in consequence of these considerations, we were able to treat, and able to save more desperate cases, many of the cases mentioned in the record having large perforations of the roots, while others had been already condemned by other practitioners as utterly hopeless.