

treatment; and we seriously question, if the amount of harm it has been made to do in our specialty has not doubly counterbalanced its good, since the time of its discovery.

The destruction of the pulp of a tooth by arsenic or any other similar poison, has always seemed to me to be contrary to pure science and philosophy. I cannot understand the great merit of introducing a known deadly poison into the cavity of a tooth for the destruction of its pulp, which is so often followed by hours of intense pain, and subsequent irritation of the surrounding tissues, showing an unnecessary and undesirable extension of its effects. In every instance where it is applied, there is also a certain amount absorbed into the dentinal tubuli, with results which can certainly never be for the health and longevity of the tooth. The pulp, too, is reduced to a decomposed mass, like so much putrid meat, which in nine cases out of ten can hardly ever be as thoroughly removed as one alive. The presence in the canal of this decomposed mass, is followed by more or less generation of gases, and absorption of both into the tubuli and through the foramen, causing frequent irritation, inflammation and alveolar abscess. The poison once introduced, and the pulp once decomposed, there is always a possibility of future irritation, whether the tooth is filled or not. The broach or other instrument used to remove the dead mass forces portions of it towards the foramen; whereas by extirpation of the live pulp, it can often be removed entire at once. It is nothing very rare to take out a whole pulp hanging to the end of the broach like a minute worm on a hook, though we often meet with canals too small to admit the broach sufficiently far enough. I then extract all I can; dose the cavity with strong creasote and iodine for a day or two, cleanse the root and fill.

Extirpating a pulp is a delicate operation. It must be done knowingly and deliberately. Previous to attempting it, remove as much decayed dentine as possible in the vicinity of the pulp chamber, and obtain free access to the cavity of the tooth, and an uninterrupted view of the pulp. A good surgeon should not make a slip. Inject gently a little warm water into the cavity; with a small strip of punk absorb the moisture; apply carbolic acid and morphia for a few minutes, which will partly numb the head of the pulp and render it more tolerant of interference. Dip the broach in the preparation, and commence by *slowly* inserting it, proceeding according to the temper of the pulp. I believe the principal pain often caused at this