

my mind very essential as to what may be used to occupy the space, except a little common sense. I would strongly condemn arsenic or iodoform, carbolic acid or creasote, wood, lead, tin, gold or amalgam; I would recommend oxychloride of zinc or oxyphosphate of zinc, though I seldom use the latter, and gutta-percha.

The next case I would notice is such as would not be treated as in the first, where it is necessary to use a devitalizer and fill the root after the lapse of a few days.

My idea is that a devitalizer enhances the prospect of future trouble (not necessarily so) by—first, the chances of inflammatory action, and, secondly, by neglect of the patient to come promptly back again.

In using the devitalizer very great care is necessary as to quantity and leakage. If we use it with a free hand there may be more than a mere destruction of vitality in the pulp, and an inflammatory action produced bordering on periostitis or pericementitis, and in fact I am not begging the question when I say that very frequently I have seen such action produced which was hard to control, and indeed ending in loss of the tooth. A very common mistake made by young men, who have been under my own supervision, has been a tendency to overdo the devitalizing act, and afterwards to pile on the agony by the use of styptics and antiphylogistics, cauterants, counter-irritants and such stuff, enough to make a well tooth sick, when all that was required was time and nature and protection. After applying a devitalizing agent, which ought always to be done, with the dam on and the cavity sealed with very soft, almost flowing oxysulphate of zinc, it may remain from two to ten days, and after the removal of the pulp there is no advantage to be gained by the application of any remedy except the roots need sterilizing, in which case a wiping out with oil of cinnamon of required strength, eucalyptus or mercury bichloride, generally speaking, the thorough drying by heat will be found sufficient, and proceed to fill as in the first instance.

The third class of roots I shall bring to your notice is such as have putrescent or decomposed pulps, and have caused more or less periosteal irritation from being sealed up by natural or artificial causes. These usually respond to treatment by removing the cause and antiseptic applications, if presented at a reasonably early stage and a favorable constitution to rely upon. In such cases immediate root-filling is not wise, but by the use of peroxide of hydrogen and absolute alcohol or chloride of zinc, very sparingly applied, oil of cinnamon or some such germicide and antiseptic, along with heat and thorough drying, in a few days the canal can be filled; and here I will take the opportunity to say that after sealing up the foramen, as mentioned in the first instance, I have been for a long time in the habit of continuing the filling process by saturating in chloro-percha cotton fibre and covering this with