

completed and a perfect gold-filling is the result. We now ask ourselves, Has this hour's work been a success? In one sense, Yes; in a greater sense, No. The operator has certainly succeeded in inserting a beautiful gold-filling, and so saving from the ravages of decay that one tooth; but, at the same time, he has also succeeded in so worrying and terrifying that delicate patient that she will never again willingly enter a dental office, and consequently the remaining twenty-eight or thirty teeth may through the effects of that one operation be sacrificed. Now, the operator's first care in such a case should be to perform at that sitting as delicate and painless an operation as the present preservation of the tooth would permit. A temporary filling might answer the purpose fully as well for the time being, and in after months, when the patient had gained more courage and nerve-power, the gold work, if necessary, could be accomplished at a less sacrifice.

Let me say, in conclusion, that our whole aim in this matter should be to accomplish the highest class of work with the minimum amount of pain, and in this advanced age in dentistry our patients are beginning to expect from us, and to some extent properly so, that our operations should be, in general, if not absolutely painless, as nearly so as the circumstances will permit.

Filling Pulpless Teeth with Fistulous Opening.

By ANGUS D. CAMERON, L.D.S., Hanford, California.

In the May number of the *Items of Interest*, Dr. C. N. Johnson, of Chicago, tells how he does this operation. The busy practitioner may not have time to resort to this proceeding, as described by Dr. Johnson. Now let me tell you how to do the operation, and do it quickly.

After getting a direct opening into the pulp chamber, and thoroughly washing out its contents with warm water from a syringe, apply the rubber dam, and dry out the pulp chamber with cotton and hot air, then with Gates-Glidden drills of different sizes, enlarge the canals to the apex; now twist a few shreds of cotton around a Donaldson broach, and saturating in pure carbolic acid and iodoform, use as a piston until the medicament appears at the fistulous opening, and do not cease until it does appear.

Now your tooth is ready to fill; do not wait a day or a week, but go right ahead and fill solidly to the apex. I use shreds of cotton saturated with chlora-percha, and a touch of iodoform, and have yet to see the first case of this kind come back to me for treatment in a practice of fifteen years.