as creosote or campho-phenique clear through the track. Having accomplished this with satisfaction, the greatest difficulty in general cases is over, and nature will, in most cases, attend to the rest. I find the easiest and most effectual method of accomplishing this is first to insert a phosphate filling in the crown cavity, leaving a small opening leading directly to the pulp chamber, just large enough to admit the fine point of a hypodermic syringe, and through this opening inject forcibly the medicine used, till you find it coming out through the fistulus opening.

One of the most successful cases of the kind I have had, was in the case of a lady about fifty years of age. I injected the track with campho-phenique, and the second day afterwards followed with a strong solution of listerine. After a space of four days I examined the case again, and granulation had set up so rapidly as not only to fill up the entire track, but to fill up and bulge out the external sac as well, so that at the first glance I thought that the abscess had returned as violently as before, but you may be sure, was agreeably surprised to find the true state of things.

Now, we come to the second part of our subject, viz.: The material for the root-filling, and the operation thereof. On the choice of material for this purpose, there is, I venture to say, as great a diversity of opinion in the profession as in any other part of dentistry. Each one appears to have his own ideal, and is prepared to stick to it with all the tenacity and doggedness of a true-born Scotchman.

Before discussing the merits and demerits of the different materials, let us look for a moment at the qualifications required of an ideal root-filling.

1. It should be as indestructible as possible, so that for all time it may perfectly occupy the space taken up by it when first inserted.

2. It should be non-porous, so as not to form a receptacle for the accumulation of gases.

3. It should be a non-irritant, so that any portion that may accidentally be forced through the apex, will be tolerated by the tissue.

4. It should be an antiseptic material.

5. It should be penetrating in its action, so that it will go to the end and soak into the tubuli.

6. It should be of such a nature so as to admit of being worked into the canals without excessive drilling.