

edge just up to the wax mark ; the rubber is nipped off just the same way as the surplus is nipped off any piece of vulcanite made in a mould, as, for instance, a rubber ball.

A third item of demonstration was the assistance one can obtain in setting a bridge with an open-face crown or a band in a regulating case, by the use of modelling compound.

In addition to the two demonstrators the genial W. H. Towne, of the S. S. White Dental Manufacturing Co's. Boston house, gave an address on hypnotism. with practical illustrations.

At the evening session, after discussing the matter of the joint meeting of the New Brunswick and Nova Scotia Societies in St. John, in 1900, Dr. Partridge read a paper entitled "Oxyphosphate Cement and its Uses in Practice." (See pages 366).

Dr. LASKEY opened the discussion by commending the method which, while it differed slightly from that followed by himself, was excellent. He lines the cavity with soft cement and, flattening his amalgam, packs it tightly against the walls and floor of the cavity, completing the filling with amalgam. His experience with the cement and amalgam in combination was not so favorable as when mixed separately ; but when used together one must work quickly.

Dr. MOORE said that his experience with the mixture was that, unless you have a solid amalgam covering, you soon have the edges giving out and disagreeable "ditches" are formed.

Dr. McAVENNEY has followed the method of placing cement under amalgam for fifteen years, ever since he got the idea from Dr. Buckland, of Rhode Island.

Dr. MAGEE said he knew Dr. McAvenney had done that kind of work as long ago as fifteen years, for he had occasion once to remove two amalgam fillings, inserted by him, from a patient's mouth, and both were anchored in the cement. His methods of procedure are the same as those elaborated in a paper written by him and published in *Items of Interest* for September, 1897. Other things being equal, a lining of cement is always to be recommended.

Dr. BARBOUR agreed entirely with the plan of using a lining of soft cement and finishing with amalgam. He is at the present time experimenting with various cements, testing them in the same mouth under the same conditions, but as yet has no definite results, as the time is too short. His sheet anchor is Ash's cement, although in his hands Harvard cement gives good results, though he objects to it only on account of its slowness in setting. To obviate the liability of pulp dying where there is deep-seated caries he latterly followed the practice of using formagen or odoformagen, which he likes rather better because it sets more quickly. This may be hastened by mixing it over hot water. His experience is that more pulps die under phosphate cements than under metals. He had read that there was arsenic in nearly all the cements. If