Respiration is rendered much slower by the inhalation of nitrous oxyd, being often reduced to six or seven, and even to three or four inspirations to the minute, and this usually without any sense of suffocation or approaching asphyxia. The retarded respiration sometimes continues a considerable time after the operation, causing the patient to feel a sense of prostration; but this is not commonly the case. When a second operation is necessary, it is best to wait till respiration has been re-established.

FILLING TEETH.

Dr. Taft suggested that perhaps one of the most common faults in practice in filling teeth, is a want of thoroughness in manipulation; too many points are passed over without sufficient attention. How often does the thought occur to all of us, "Oh, well that will do," and especially when we are hurried and fatigued. Failure will often enough ensue, when the highest skill exercises the greatest care. Let all things be done in the most thorough manner possible. I would not intimate that there is but one good way or efficient method of performing this operation in our practice, there will be differences here, as well as everywhere else. I will for a moment consider the operation of filling proximal cavities of the the teeth, and will direct attention to but one feature of this, viz: the separation. This in the molars and bicuspids is usually effected by cutting and filing from the proximal surfaces in which the cavity is situated, till a V shaped space is formed, cutting in this manner till ample space is secured through which to operate, and firm borders of the lateral walls obtained, and then filling the cavity only flush with its borders.

While in some cases this perhaps is the best method, there are others in which we think a different one preferable; for instance, when there are but small or medium sized cavities, the lateral walls thick and firm; it is better to make only separation enough between the teeth to make a good finish upon the proximal surface of the filling; space enough to receive a thin finishing file and tape will be sufficient, and this in the majority of cases, can be obtained by wedging. An entrance into the cavity for the introduction of the filling, should be made by cutting down through the masticating surface of the tooth, into the decayed cavity. This cutting should usually be made as far toward the center of the crown as the decay extends.

By this method the natural form of the tooth is restored, and the ability to masticate is not impaired, and the difficulties arising from