being merely an attempt to aid in the accumulation of evidence already digested by the average graduate dentist, combined with a few facts derived from my own practical experience.

Without going into the minutiæ of the etiology of orthodontia, of which you are all familiar, I have thought it advisable to edify my idea of a correction of a typical case, presented to me a few days since, of a young lady 15 years of age, a native of British Columbia, perfectly formed and well-developed, with no malformation other than that found in the maxillæ.

She has been, until quite recently, under the personal supervision of the family dentist, when she consulted me as to the best method of procedure to correct the long-standing difficulty, which, in my estimation, could have been advantageously treated at the early age of eight years, with a successful termination at this date.

The model of the superior maxillæ is a peculiar combination of the acquired saddle, with the inherited or hereditary V-shaped arch, which I have never heard of or met with before. Another characteristic is there is no superior protrusion or prognatism, as you will readily see by the occlusion, which is easily accounted for by the non-appearance of a number of the permanent teeth, viz., the two lateral incisors, right superior cuspid and first bicuspid, and the left superior, first and second bicuspids.

The absence from the arch, of the right superior cuspid is explained by the odontocele just to the right of the median raphe. The temporary cuspids are still intact, occupying the position normally filled by the permanent lateral incisors, the permanent central incisors being separated by a considerable space.

The model of the inferior maxillæ presents a better contour, and with the exception of a crowding of the left inferior incisor to the inside of the arch, with a slight forward movement of the cuspid and first bicuspid of the same side, and a space on each side between the first bicuspids and first molars, due to the non-eruption of the second bicuspids and the tardiness of eruption of the right inferior second molar, would have presented a normal appearance.

The method of procedure in this case is, first to remove the odontocele, being careful to preserve it without injury, for future consideration, and if in a normal condition, probable implantation to its proper place in the arch. The next step is to properly