

is almost an invariable rule with me to fill these deciduous cavities with gutta percha. The force of mastication will cause the gutta percha to spread, and if there is any tendency to contraction there will be a little more room given by the space obtained in that way. My Boston friend says he does not believe in that at all. Sometimes we see a molar so far carious that something must be done to relieve suffering. I have not had one case yet where I could apply the new remedy, Formagen, to a deciduous tooth, but hope to use it soon. I have never hesitated, on occasion, to destroy the pulp of the tooth; but find the greatest difficulty in getting that tooth to remain as nice as a permanent tooth, for the reason I cannot fix the roots as successfully as the permanent teeth. I always encourage the parents to keep the roots there if they are not objectionable. If the root can be kept until the permanent tooth has grown sufficiently far to prevent the forward movement of the first molar, I do not think it would hurt at all to remove them, and should say if the child has reached the age of perhaps eight years and is pretty well developed, that would be a fair guide. Perhaps you would know by the eruption of the anterior teeth how the posterior are apt to come. One could tell if it was advisable to extract even earlier than that age. The extraction of these teeth I do not think will be followed by any ill effects or contraction. The extraction of the deciduous cuspid is more frequently resorted to for the correction of an irregularity in the lateral incisor than any other teeth, or it has been, so far as my experience goes; but it is the very worst tooth we could extract for that purpose, because the permanent tooth comes in later than the bicuspids, and the space almost invariably contracts.

Then we have the condition shown by the cast where both deciduous and permanent cuspids are in place. I believe the lateral incisors were taken out and the cuspids have taken their place. I save the teeth as long as I can, to allow for the proper eruption of the permanent teeth; but never hesitate to give relief if it is necessary.

I was called on some little time ago to extract a tooth for a little patient about ten months old. The physician said the teeth were aching and abscessed, the gums were all swollen and it was a bad case. The lips were pulled back, the gums were full and swollen and bled freely, and I only had to look at the case to recognize a case of scurvy. The teeth were discolored a little, with a brownish deposit on them, and they wanted me to extract. I recommended something else and, of course, would not extract the teeth; but had they been extracted, I think there would have been contraction in one so young as that. I may be mistaken about that; but I know that, posterior to the cuspids, contraction does take place.

Dr. BAGNALL.—There is just one point I should like to explain. In the matter of the child's teeth where my friends thought they would not come through, the trouble began when the child was