

afterwards be dreaded, and most certainly will they complain of the roughness or the unskillfulness of the operator.

STAGE II. The disease having made great progress we will not only find the enamel discolored to a greater extent, but will also find that the disease has carried its ravages to a great depth. In most cases the dentine will be more or less involved; this being the case the tooth, as a general rule, is extremely sensitive to the touch. The disease presenting itself as above described, the enamel chisel and file will be the most appropriate instruments to perform the operation. The chisel, the first instrument brought into service, should be of fine quality, of excellent temper, decided sharpness and well adapted to the surface to be operated on. And here I wish to remark, that all of the above qualities are combined in the instruments known as Dr. B. F. Arrington's enamel chisels. These instruments may be approximated but not surpassed.

Grasping the chisel firmly, and in such a manner as to leave the thumb independent of the movements of the hand, this (the thumb) should rest on a neighboring tooth, in order that the operator may have perfect control over his instrument and avoid the slipping of the same, by which accident the soft tissue would be wounded. This precaution observed, the operator will proceed with a steady and decided movement of his hand, cutting from the edge of the tooth towards the gum, and thus separate the diseased from the healthy tissue.

In all cases the operation will be painful, but in many intolerable; for such, the writer has applied nit. argent (chrysalized) by slightly touching the sensitive dentine, and with the most happy results.

The chisel following each application of the caustic, the diseased tissue will be removed without much inconvenience to the patient, and before the caustic has time to discolor the dentine.

As a precaution against discoloration, it is advisable to apply a neutralizing agent, such as common salt.

By using the chisel carefully the use of file may be omitted, and I prefer to dispense with this latter instrument as the friction produced by it gives unnecessary pain, and does not aid any in the speedy accomplishment of the operation. Having thoroughly removed the diseased tissue the surface is now ready for final finishing, the process being the same as already described in the removal of salivary deposit. Of course, the above treatment is only advisable where the