

bridge. No anchorage into a cavity can be relied on to endure for any length of time. The tooth so anchored into will move on pressure being applied, independently of the other abutment, and of necessity must either loosen the filling in the tooth or loosen the anchorage in the filling. In the case specified, cap or band first molar and cuspid, or, what is probably very much better, make no bridge for the case.

J. B. WILLMOTT, Toronto.

(b) I have very little faith in the open-face or three-quarter cap for anchoring a bridge. Would prefer, for stability, cutting off the cuspid and proceeding with the band and pin plan.

N. P., Toronto.

(c) Half cap cuspid with clasp-metal, cutting band on labial surface up to margin of gum, so as to have as little gold show as possible.

GEO. F. HORSEY, Utica, N.Y.

(d) Before mutilating any perfect tooth, consider first the demands upon the bridge; secondly, the strength of abutments necessary to sustain the life of the bridge, and thus sustain your reputation. I cannot see that it would ever be necessary to amputate a perfect tooth for such a bridge. Rather than do it, it would be better to immediately extirpate the pulp, which, if properly done, gives slight or no discoloration to tooth; and then utilize the pulp canal for a solid irido-platinum post, dovetailing it so when filled with gold and nicely finished makes a neat and strong abutment. It can also be inconspicuously done by burnishing an apron of pure gold or platinum over the palatine surface of cuspid, making small cavity to receive the head of a platinum pin taken from a tooth, attach to apron by flowing solder over full surface of apron. This makes a good attachment for lady if not too heavy work is placed upon bridge. If the patient is a man and cares little for the appearance of gold, the abutment is good and safe with a well-fitted shell crown or open face cuspid. It is a difficult place for a removable piece. Can see no advantage in this particular case, but where preference can be given it should be given towards adjustable pieces.

FRED. J. CAPON, Toronto.

The following are answers to questions 1, 2, 3, which were too late for publication in January number.—ED. Q. D.

1. Q.—(a) First, with composition, using a specially-prepared cup; or, secondly, with beeswax, removing thin portion, spreading creamy plaster over impression thus prepared, and reinserting.

D. V. BEACOCK, Brockville, Ont.

(b) After having selected a cup as near the shape of the alveolar ridge as is possible, take an impression with beeswax, not too soft, in order that pressure may be produced upon the soft parts in so doing. With a sharp knife or scraper remove a film of the wax;