

white wax and sealed up the cavity, and delayed the filling a day or two. Had this engagement arranged beforehand, then, when the patient returned, there was no excited condition of the patient, as immediately after the excavation of the teeth, when the flow of saliva would be greater than if the patient had been quiet for a day or two.

Dr. N. W. WILLIAMS, for the last few weeks, had been using the new duct compressor—Smith's—the part that passes under the chin has a lateral motion, also that which passes inside. His way of using it is, to cut out a piece of spunk something in the shape of a half moon and place on the ducts, and then a small napkin laid round inside of the teeth under the tongue, placing the duct compressor on that, and pressing down as tightly as it would admit of without irritating the muscles. He had succeeded better in controlling the flow of saliva with that apparatus than anything he has tried before.

Before he got that, he had succeeded pretty well by the use of the napkin and spunk. He had, by directing the patient to crook the finger and place the napkin in the mouth and hold it, succeeded in cases where he had failed before.

He thought spunk controlled the flow of saliva better even than the use of napkins, for, as Dr. Spellman says, we can, by using it, generally tell when there is approaching danger. He had often succeeded by having a piece of spunk near at hand and applying it. But by applying the spunk under the tongue over the saliva ducts he had found particular advantage.

TAKING IMPRESSIONS

DR. SPELLMAN: The experience of every one present will bear me witness that a ring upon a finger at some times, in some conditions of the flesh or tissue, is such that it will slip off easily, and at other times it can hardly be removed. Now, what is the difference? Cold shrinks or diminishes animal tissue, and heat expands it. When you put into the mouth the plaster of Paris, the very moment that same result commences to take place, heat is evolved that acts upon the membrane of the mouth and expands it. You get an impression of the mouth that is not an exact counterpart of what the mouth was before you put the plaster into it. It is very true that it is with great difficulty that you can remove that impression, and a great many argue that the impression must be a good one, because it adheres so tightly to the mouth, and is removed with great difficulty. This