very wide range of application. By this plan a wide field is opened up for discussion while but little time is spent in presenting it. Again, a classification of cavities is given that may also serve as fruit for discussion. So that the society may be in a better position to discuss the principles upon which the technique to follow is based, copies of the classification of cavities and the rules for their preparation are distributed among you.

Classification of Cavities.

I. All cavities on surfaces other than proximate—
  (*a*) Cavities arising from structural defects in pits and fissures.
  (*b*) Cavities on labial, buccal or lingual surfaces caused by pathological secretions or products of fermentation.

II. All cavities on proximate surfaces of incisors and cuspids—
  (*a*) Cavities which do not involve the incisal angle.
  (*b*) Cavities which involve the incisal angle.

III. All cavities on the proximate surfaces of bicuspids and molars—
  (*a*) Cavities that do not involve the grinding surface.
  (*b*) Cavities that do involve the grinding surface.

If the different parts of any often-repeated operation are always performed in the same order, the movements of the operator become automatic and, as a consequence, may be more rapid. In no other department of operative dentistry is this more true than in the preparation of cavities. The time required to prepare any cavity may be lessened very much: first, by always following some systematic order of procedure; second, by completing each step in the operation as far as possible before beginning another; third, when an instrument is once taken in hand, to do all possible with it before it is laid down. Having the above points in view, and to further systematize the preparation of cavities, the following order of procedure is given, and may be followed with but little variation in the preparation of any cavity:

General Rules.

1. Break down all enamel not supported by dentine except where it may be left for esthetic reasons.

2. Remove the decay. (*a*) All softened or decayed dentine should be removed. (*b*) In certain rare cases a portion of hard, discolored dentine may be left in a cavity when its removal would expose a living pulp. In such cases a powerful non-irritating disinfectant should be used—for sufficient length of time to insure disinfection—before the filling is inserted.

3. Obtain the outline of the cavity. (*a*) Extend the cavity margins in every direction until sound enamel is reached, and, if