where such a cavity has ordinary fair play, and where the act of mastication does not bear directly upon the frailty, the shell may nearly always be well filled and preserved, for a sufficient length of time at least, to merit the undertaking. In cases of approximal cavities in the eight teeth particularized, where the walls near the orifice are mere enamel, and the movement of the excavator can be seen through one of the walls, we deem the majority of such cases worth our best efforts to save intact. There are very few patients who prefer losing any angle or part of a natural tooth if it can be saved, even for an indefinite time; and while there are cases of frailty where parts of the enamel are so entirely cracked and jagged that they cannot possibly last out the easiest pressure, we prefer removing any such pieces, and filling out flush, rather than removing the entire wall to get a straight border. Any border, however diagonal, can always be made smooth.

The first principle in filling very frail cavities, after the tooth is prepared, is to adapt a temporary shell of plaster of Paris, or gutta percha; or in particularly thin cases an impression of the tooth and adjacent parts may be taken and a shield made of cheoplastic metal, as suggested by Prof. Taft, to the natural walls, as a support against pressure, allowing it to extend to the adjoining teeth so as to be immovable during the operation, and so as not to interfere with free access and light. By covering the gum above and behind the teeth, it helps to prevent exudation of saliva. If gutta percha is used, the kind sold for pattern plates for models will not answer as well as the grayish white or brown material used for bougies and catheters, and which while pliable in hot water, and easy of adaptation, is as hard as wood on cooling, and may be removed from around the frail walls by a heated plugger.

Smooth margins are as necessary for frail as for firm borders; indeed more so. Sharp edges should be bevelled off.

We recently saw a case in point which we successfully filled ten months ago, and which may afford some suggestions for particular cases, though not for all. The case was a superior right cuspid, decayed so extensively on the posterior approximal side as to leave a mere lamina of enamel entirely deprived of dentine on the labial and palatal walls. The patient was averse to extraction, or excision and pivoting, but preferred either to partial excision and building out with gold. A small cavity, the size of a pin's head, had almost worked its way through a natural indentation in the left side of the cusp, into the cavity proper. The nerve was healthy and comparatively well protected. The orifice was larger than the cavity within.

A straight and smooth border was first obtained, and following the