

Proceedings of Dental Societies.

ONTARIO DENTAL SOCIETY, TORONTO.—DR. MELOTTE'S CLINIC, JULY, 1897.

As I said before, this model represents a case, quite a common case, where bridges are attempted. The posterior anchorage is the second molar, and this case presents one of the difficulties hard to overcome. I had this model carved from a half section of the lower jaw. The carver has done his work well, and I believe it to be a beautiful specimen of work. You see that the occluding force of the upper teeth has worked upon the molar and tilted it forward, giving a dove-tailed space. I suggested at a meeting in Pittsburg, a year ago last January, that Dr. Angle could devise an apparatus to tilt a tooth back into its place, giving it somewhat that position, and after wearing an apparatus for a few days the difficulty would be overcome, certainly to a great extent. But, without such an apparatus, it is necessary to trim that tooth, and trim it even more than what I have done, as you see on this zinc tooth. An impression of this tooth was taken, zinc was poured in, and the tooth filed and trimmed, until we have gotten rid of considerable of the difficulty of the dove-tail space. I rather think that a bridge constructed on that would fit. I calculate, as far as I can, to construct a bridge for this large model.

Now, if there was an occluding tooth here about like that (indicating), the first thing I should do would be to take a wheel and grind off sufficient of the anterior cusps to admit of the crown of gold that I should want to have cover that portion of tooth to give strength and sufficient occluding surface to prevent the wearing. After doing that, my manner of making the crown would be to take and form a band of gold—I need not go into the detail of telling you how thick—but I should fit the band to the contour of the gum perfectly. Let it extend above the crown about as you see this. I will try it. There is nearly half an inch in this case, and proportionately the same in forming the crown.

Now, Doctor, if you will mix some plaster of paris as quickly as possible, I will show what I should do in the mouth.

I should fill in here with plaster, tamp it down, and by taking the thumb and pressing over the band producing a little pressure, which would drive the plaster about the tooth, and exclude the air.

Now, I will fill this just exactly as I would in the mouth. Suppose we have tamped it down well, and excluded all the air. Now, we will let that rest, and I will talk about it, and perhaps stop and