

I don't know whether it is better or as good. [A member, "It is good, though expensive."] I use it because I thought it was not so expensive. A quire of this paper will last a good while. It is rather a delicate tissue paper, and not so rough to the mouth as supposed. It will contain a great deal of water. Formerly, in using it, I took and folded it closely, one layer over another, folding it compactly and rendering it hard, supposing that the more I got in the more water it would contain. The paper is capable of great expansion, and will contain water in proportion as you allow it to expand. Afterwards, I found that half the amount of paper would hold as much water, and folded more loosely, it was not so harsh or offensive to the soft velvet-like tissue it is laid upon.

Dr. BUFFETT : I can not tell you how to control the flow of saliva. I can tell how I attempt to do it. I confess I have not received very much benefit from the rubber dam. It has been a failure in my hands to a great extent. I use the holder sometimes for holding the cheek back, and in cases which I consider difficult, as the inferior teeth, sometimes have the strap to pass around the neck and head and held by the patient. That I consider an indispensable appliance, and on the inferior teeth I depend almost entirely on napkins, and occasionally on the tongue-holder. Instead of the napkin I use linen cloth, called diaper, containing considerable starch, so as to contain a certain amount of stiffness ; if it is washed it is sometimes too flimsy. I cut it into pieces from an inch to four inches square. Placing these small pieces and pressing them under the tongue, and the large napkin under the end folded in a strip. You can change either the larger or smaller napkins as many times as you wish.

The fewer things we put in the mouth the better we can operate, and with more ease to ourselves and patients. It depends a great deal on the firmness, as you may say, of the operator. If you determine to control the flow of saliva, and let the patient understand what you intend, you will be more likely to succeed. But if you go at it indifferently and undecided, your patient will think there is going to be a great deal of trouble, and they will get excited, so that you can not make a good operation. Even if I think there is danger I don't tell them. If I fail I try again.

Dr. HERRIOTT said he tried to control the condition of the patient. He applied something to the teeth after they were excavated, applied