cloves or of peppermint—and with suitable instrument carry in the amalgam, a little at a time, and with smooth, round or flat-faced burnisher, rub into undercuts; carry in more, and repeat the pressure, and continue until the cavity is full. I never carry amalgam to a cavity with pliers and seldom with a spoon. I prefer serrated-faced steel carrier to start with, and after the first is placed I use the burnisher, with which I condense it. By touching this to the moist surface of the lip or tongue (of the patient, not your own), it will pick up the amalgam in small quantities. Thus, no time is lost in changing instruments, and so it will not be necessary to work from 8 a.m. to 8 p.m. to accomplish enough to satisfy a reasonable man.

The filling should be built on the proximate surface to the original form of the tooth, being flat or concave at the cervix, and rounded outward to knuckle against the adjoining tooth near the grinding surface, and on the grinding surface, concaved so that the lowest point is not where the filling lies against the enamel, but is in the centre of the filling, so that the action of mastication will force the food away from the line of union, and thus make it self-cleansing. We cannot lay too much stress on the proper shaping of the filling. While fresh, it should be burnished over the whole surface, and trimmed so that it will not strike an occluding tooth, that it may not displace or crack it before it is hard. It is well to polish the filling after it is hard, that any overhanging or rough points may be made smooth. I find celluloid tape excellent for proximate surfaces, and a rubber or wood cone in the engine, with pumice for grinding surface. Never burnish, lest the edges be broken, keeping in mind that the object of filling is to restore the continuity of the enamel, and is of value only as this is accomplished. Some causes of failure are too much overhanging wall, making a deep undercut into which the amalgam is not closely packed, and in which is probably left a portion of the carious substance, which may renew the decay and undermine the filling. This weak ledge, being not well supported, is easily broken by pressure; not condensing the amalgam against the margins of the cavity, thus leaving a capillary opening; leaving amalgam projecting beyond the line of the enamel, or not filling it flush. In cavities lined with oxyphosphate, the cement may come on to the enamel, and not be entirely covered with the amalgam. This