

manent ones to come through ; sometimes there will be plenty of room, but oftener there will not. Dr. Bagnall has made a quite extensive study of the thing. The first cases he cites are of one class ; the last, of another. The first is where there is an inflammation from roots that have been left and the permanent teeth could not with comfort get through alone, and the other class is where deciduous teeth have been kept in the mouth much longer than their natural term of life. He says, "I always maintained they would come through," and in my own opinion he is perfectly right. They will come sooner or later, but because the deciduous teeth were extracted so early and the permanent teeth were so far down, the bone had become solid and it took nature a long time to push up that shell. We know a blade of grass will push up asphalt ; it is bound to grow, and an erupting tooth will also grow with any kind of a chance and will work up to its proper position sooner or later. In another case further down, he says, "If all means at my disposal fail to relieve the troubles, etc., to administer ether, if necessary, and remove the offending tooth or teeth." He is perfectly right in that. I don't think that is a question anyone should consider. If a patient cannot endure life, it is better to remove the cause of the trouble, even at the expense of an irregularity and perhaps the loss of a permanent tooth when it came through ; but I have in dozens of cases seen where there has been an extraction of a deciduous first molar before the time it would naturally be lost, the coming forward of the second molar almost invariably closes the space. I have not noticed the difference if there happened to be a front tooth lost. I have known deciduous cuspids to be taken out to allow space for a lateral to come up ; but of an incisor in so young a subject, I do not just now remember a case. If a second deciduous molar is removed before the age of five or six years, the first permanent molar invariably comes forward. I have never seen a case where it has failed to do that ; it always comes forward and closes the space somewhat. Then there is not room for the second bicuspid to come in the proper place, and as a consequence there is the crowding of the anterior permanent teeth. We often find a tooth crowded forward until, perhaps, a lateral is pushed out of its proper place. There is always that forward movement ; but I don't think any question should be raised on the extraction of teeth where a child cannot get relief in any other way. As to the absorption of the deciduous teeth : Wherever a permanent tooth comes in contact with a live deciduous tooth, there is bound to be absorption, if it comes in a proper place between the roots. A deciduous molar molar will have a bicuspid in among its roots, and very gradually absorption takes place until eventually we will find nothing but the top of the deciduous tooth left. This will have a little red spot in it that nature has placed there to absorb the tooth. I think the reason that that bicuspid shown in the