

will do this. Let us refer to one other class of cavities to be prepared for gold—compound approximal in molars or bicuspid. In these free cutting is especially indicated, in free opening, lateral preparation and at the seat. The walls should be cut away wherever they come in contact, and the cervical margins generally, but not always, carried up to or even under the gum. The undercut is obtained in the sides. The seat is usually better without a groove and should be so formed as to allow a good base for the filling. In preparing the seat, inverted cone burrs are best, and in finishing the margins of the walls the cuttle-fish disks are almost essential where they can at all be used.

Preparation for cement should be thorough, but less work will suffice. The main principles are the removal of all decay, especially at the margins, sufficient undercut, and clean edges.

For amalgam careful preparation is quite necessary. Rather more undercut is needed than for gold, certainly more than for cement. Thin walls coming to the margins are to be avoided so far as is possible. Overhanging walls are to be cut away. In occlusal molar cavities all lines of decay between the cusps extending from the cavities, are to be freely cut out, also any similar defective lines extending over to the buccal or lingual walls. In buccal marginal cavities free cutting laterally will add to the successful service of the filling.

The methods of inserting the filling materials will be thought of in regard to a few points only. Gold first. In anterior approximal cavities, the most common point liable to defect is at the junction of the cervical and lingual margins. The therapeutic action of tin salts is well known. When about to insert our filling, we take a small roll of tinfoil, place one end in the undercut just at this point, allowing the other end to run out over the margin, then fill over with gold, we have at this very weak point a thin and small amount of tin which will oxidize and prove of valuable service. Dr. Hibbert Woodbury, of Halifax, follows this practice and has found it very satisfactory. The only disadvantage is that when finished, a black marginal stain appears, which, on examination by a dentist unacquainted with the method, presents the appearance of a slight leak in the filling. For approximal cavities where the teeth are in contact, separation is often desirable or necessary. Perhaps the most common and best method is that of gradually separating by means of pellets of absorbent cotton pressed well in. For these cavities in bicuspid it is perhaps better to always have some separation to allow the teeth to come into contact after polishing. In labial or buccal cavities an assistant is particularly helpful all the way through, in changing burrs and plugger-points, using the chip-blow and in carrying pellets of gold to the cavities, allowing the operator free use of both hands and hastening the