

system of burnishing platinum foil into the cavity (no matter what shape), and baking porcelain, not glass into it, is better and has a result just as good as Dr. Russel obtained.

While speaking of porcelain inlays, I will give an example of a case that came into my hands, sent by a dentist from a neighboring city, a few weeks ago.

The case of a lady, aged twenty-six, with excellent teeth, with exception of two large misial cavities in both centrals, running to the cutting edge, the edge was shortened by abrasion until the dentine was disclosed. She had them contoured with gold on four different occasions and each time breaking away; of course the gold should have showed the biting surface, which would have stopped the trouble. Being a lady of refined nature, she did not want the conspicuous gold, and asked if something to imitate the tooth could possibly be done. I resolved to try a combination of gold and porcelain. The cavities had decided undercuts at the gingival margin, and after preparing the cutting edge for gold, bevelling it back so as not to show gold, I took impression of cavity with platinum foil, burnishing it well into the undercut before mentioned. I then drew out a piece of platinum wire very fine and made a loop to lay in the bottom of the cavity on cutting edge, the free ends of the wire extending through the impression. I then removed the impression and wire together and backed my contour, cemented it into position and built gold over the loop of platinum wire in the cutting edge with the electric mallet, finishing with iridio-platinum and gold No. 60, having as a result an almost invisible operation which was gratifying to both.

The next to draw my attention was Dr. Emil Schrier, Vienna, Austria, who was excavating a right superior central with a putrescent pulp on which he demonstrated the use of his preparation of Kalium natrium (potassium of sodium) for cleansing and rendering such canals antiseptic. The theory upon which the uses of this preparation is based is that the potash coming in contact with the water in the root canals is turned into hydrate of potassium, and this mixing with the fats of putrescence forms soap which is antiseptic.

Now he removed this substance from the canal and dried it in the usual way, and filled it in immediately.

The whole operation occupied but a few minutes, and aside from a slight pain from heat, the result of chemical action in the root canals, it was devoid of feeling. I examined the canal and it was very clean. This same gentleman read a paper on this subject which I did not hear, and therefore cannot report further on the subject.

Dr. Bryan, of Basle, Switzerland, entertained a crowd about him in giving a clinic on immediately regulating a right superior lateral