

and masseter muscles so strong, and the cheeks so fat, that I could not by any means in my power, keep the rubber on the teeth. In such cases, I formerly used small napkins, made from linen birds-eye diaper, which I placed under the tongue and in the cavity of the cheek. By renewing the napkins as they became wet, I could almost always succeed in inserting very large fillings without trouble from the saliva, but the harsh nature of the diaper, frequently irritated the mouth so much as to be exceedingly unpleasant to the patient,

Recently, at the suggestion of a friend, I have been using strips of well worn cotton cloth, instead of linen napkins, with the happiest results. I tear the cotton into strips, from two to three inches in width, according to the size of the mouth to be operated upon, and roll them into rolls as thick as the circumstances of the case demand. I have several of these rolls at hand, so that I can change them from time to time should they become saturated with the saliva. When I am ready to commence filling, I take a *roll* of the size required and bend it into the shape of the letter U, and ask the patient to raise the tongue to the roof of the mouth, when I place the *bevel* of the roll under the tongue, covering the ducts of the sublingual and sub-maxillary glands, and then push the ends of the roll back, and down, by the side of the tongue, thus elevating it into the centre of the mouth and forcing it away from the teeth. If the roll of cotton is properly put into the position indicated, and the ends of the U extended back far enough, the tongue and the salivary ducts under it, can be controlled almost perfectly, by getting the patient to hold the roll in position, with two of his fingers, one on each side. Then I take a small square pad of the cotton and place over the duct of Parotid gland, which will absorb most of the discharge from it, after which I place another roll between the alveolus and the cheek, to take up any excess of saliva from the Parotid gland, which the *pad* covering the duct of that gland may not retain, and then having turned the head over to the side opposite to the one on which I intend to operate, so that the saliva from the Parotid duct on the opposite side will not run across the mouth, I proceed to my operation of filling. If I find that the rolls have become saturated with saliva, I first see that my thumb and fore-finger are perfectly dry, when, clasping the tooth which I am filling between them, I remove the roll or rolls of cotton and put others in their place and proceed with my filling. In nineteen cases out of twenty there will be no necessity for changing the rolls, during a long operation.