

near approach of the permanent tooth which is to replace it. Either extracting too soon or leaving too long will cause evil results. By passing the tip of the index finger along the alveolus, the prominence produced by the approaching tooth can be felt. Generally, the temporary tooth should be left till the permanent successor is near the surface, and the extracting confined, if possible, to the tooth or teeth being immediately replaced. I have extracted temporary cuspids, and the permanent ones failed to appear in their places ; I now wait for unmistakable signs.

If the force of development of the permanent tooth is greater than the resistance offered by the deciduous tooth, the latter will be turned over and lie on the gum, but if not, the permanent tooth will be forced out of the arch. The time of eruption is so varied in different individuals that we have to be guided by the condition of each particular case.

The too early extraction of a number of temporary teeth side by side is a hindrance to the expansion of the arch. For instance, suppose the four upper temporary incisors are extracted a year before the proper time, when the permanent centrals come into place there is quite a space between them. When the laterals are erupted they have not sufficient room, and are forced forward out of the arch or sometimes turned mesial surface forward. This condition can be improved by drawing the centrals together and securing them until the laterals are nearly in place. The permanent cuspids being larger than their predecessors, they are also forced out of position. There is in nature a help for this, as a gain of space is made by losing the deciduous molars and getting the bicuspid. If the laterals are allowed to remain till the permanent centrals are in place, they act mechanically on each other as wedges, or as the staves of a barrel, keeping up a continual pressure.

The general health is sometimes seriously affected by leaving badly diseased teeth too long. I have among my patients a young lady whose eyes were affected in this way, strabismus resulting therefrom. Necrosis of the maxilla is sometimes produced by neglecting to extract in time. A large abscess at the root of a temporary molar may envelop the crown of the bicuspid beneath it, and in extracting the molar the half-developed bicuspid is very likely to come with it.