and tapering to the cervical wall of the cavity—then filling the cavity flush with the walls thus formed.

The other has been to separate with a wedge or flat file, or both, and then removing as little as possible of the over-hanging comparatively sound enamel, to fill from the approximal surface and trim off flush with the veritical wall formed by the file. There are very strong objections to both these styles. In the first not only is the appearance of the teeth rendered unsightly, and an opening left which gives great annoyance in mastication, but the teeth will come in contact at precisely that point where the enamel is thinnest and least capable of resistance, and when in most cases it is further weakened by the cavity extending behind it, leaving but a thin wall intact. Under these circumstances further decay at this point sooner or later is inevitable. In the other the antagonizing surfaces of the teeth, with the fillings inserted being scientifically "trued up" with the file, approach each other and come together with a "perfect fit" over their whole surface. What is the consequence? Instead of a single point of contact, whence the decay originally spread, we have now the whole margin of the partially devitalized enamel surrounding the fillings in contact, under circumstances the most favorable for further decay, and the most perfectly inserted filling must in a comparatively short time become loosened and the cavity very naturally enlarged.

In some cases, it is true, that either from the extent of the separation or from a peculiarity of occlusion, the teeth thus filled do not come together. In these cases when the excavation has been thorough, and the filling skilfully inserted, the operation is durable, the only drawback being, that the opening thus formed between the teeth is a never ending source of annoyance to the patient, from the facility with which particles of food become lodged in it, giving pain and discomfort by their pressure on the gum.

The question arises how can a more hopeful operation be performed? We think by an essentially different course of practice. Accepting as true the theory advised by Dr. Garretson that the mucous membrane covering the primitive dental papillæ in a modified form, continues to exist after the teeth are fully formed between the enamel and the dentine, and that it is through this membrane that the enamel receives the nourishment which is conveyed from the pulp through the dental tubules, it follows that enamel deprived of the subjacent dentine and of course of its nutrient membrane, by caries, becomes exceedingly