

position they are likely to occupy under a plate, and the necessity for relieving the pressure of a plate on the roof of the mouth, so frequently referred to by dental writers, is removed. Then, too, its consistency is such that the loose tissues attached to the gum are pushed away, instead of imbedding themselves in the material and distorting the impression, as is often the case when a lower impression is taken in plaster. It is true an absolutely correct impression of a dovetailed space cannot be obtained by its use; and, judging from the emphasis which dental writers attach to this fact, one would suppose that the fitting of a plate to the bottom of a dovetailed space was a very important matter. To take an impression of a dovetailed space in plaster is no easy matter either, but supposing it is accomplished, what has been gained? The plate may be fitted to the floor of the space on the model, but it can never be inserted until it has been trimmed to the size of the opening, and then no longer fills the space at the bottom. If compound is used however, if removed at the proper time it will yield slightly by virtue of its elasticity, and the model, when made, will present a space to which a plate can be fitted, which in most cases will go into place in the mouth without trimming.

The absence of the air bubbles in the impression, the exactness with which the amount of material can be gauged, the ease with which the model can be separated from the impression, and the freedom from injury of the former in the process, might all be referred to, but are of little consequence compared with the comfort of the patient during the operation. While there is nothing disagreeable in the sight, taste, or smell of the compound, the use of plaster frequently produces nausea and loathing. The very sight of the white semi-fluid mass before it is put into the mouth is enough to turn a delicate patient sick, and when to this is added the insipid taste and the sensation of a creamy mixture gradually hardening in the mouth, with now and then an odd piece breaking off and dropping into the fauces, is it any wonder that many look upon taking the impression as worse than the extraction, and wear a temporary denture months longer than they ought sooner than submit to its repetition? The dentist who attends most closely to the wants and comforts of his patients will always be most successful, and the change from the use of disagreeable choking plaster of Paris, to the comparatively pleasant and cleanly modelling com-