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NEW YORK ODONTOLOGICAL SOCIETY.—Dr. S. P. Cutler read a paper on the transplantation and replantation of teeth, chiefly confined to the consideration of the transplantation of old, waste teeth lying about the office. Dr. C. gave six cases in point, some of teeth transplanted which had been out of the mouth for several years; also several cases of personal experience in replantation. The Dr. thus explains the rationale of the process of growth after transplantation: "When a tooth is removed from the socket there is a solution of continuity similar to that of a broken bone, and a process of restoration is then commenced. When a bone is fractured there is improvised from plastic lymph, within twelve or fourteen days, a connective-tissue matrix to serve as a cartilage for ossification, which begins about the time specified. In about a week after the callus becomes quite firm, and in 30 days from the time of the accident (generally) the bone has, if properly adjusted, become knit together, although perfect union cannot so soon take place; the time for such union varying from one to two years. The periosteum is mainly concerned in the above.

In the cavity whence a tooth has been drawn a similar process ensues, the cavity must fill up at the bottom, while the alveolar border must waste away—the process being a double one, in waste and reproduction. The process is chiefly accomplished by the alveolar membrane; first by improvising a matrix of plastic material at the bottom of the cavity, which in about two weeks begins to fill up with lime, and ossification goes on in about the same manner as in the case of fractured bone. An external table of bone is then formed over the point, when the process may be regarded as complete, the gum afterwards forming a true periosteum.

Dr. C. denies the possibility of any union of nerves, or blood vessels, in replantation; and holds that there is no difference, as regards the final results, whether a tooth has been out of the socket five minutes, or five years. The only circumstance that can affect those results is adaptation. If a transplanted tooth does not entirely fill the socket an extra filling must take place. From the 12th to the 30th day is the most critical period of the process, as in the case of a broken bone—absence of motion being essential to success.

Transplanted teeth, having no membrane left to experience subacute inflammation, are not as liable to after-trouble as dead teeth which remain in their sockets. Where failures occur no osteoplastic inflammation takes place, but the alveolar wastes and the transplanted tooth is