

hands of many men in the past, due to the fact that many dentists who have attempted the operation have overlooked the anatomical conditions. The process labially is extremely thin, and in cutting a socket is frequently destroyed, so that there is nothing remaining but gum covering the root of the implanted tooth. This forms a pocket for infection, the formation of pus and ultimate failure of the operation.

After the extraction of a natural tooth or root, and the usual shrinkage of the alveolar process following, a full-sized normal root cannot be implanted; therefore, it is necessary to implant a small root or gold capsule one-half the size of the natural root, in order to have it completely surrounded by a bony tissue.

The capsules are made of 32-gauge pure gold in the following manner: Use an ordinary Morrison draw-plate, or any draw-plate for that matter. Reduce a small gold disk in cartridge form to the smallest hole. The capsule will yet be too large in diameter. Continue the reduction of the capsule through the Kienzle wire gauge draw-plate to No. 28 for the centrals and laterals. I had mandrels made for every other hole, and it will be necessary for you to do the same. The No. 28 hole you will require for centrals and laterals. For bicuspid, or where you have abundant tissue, you can use a slightly larger capsule, dependent upon the amount of hard tissue, after the extraction of the tooth and the absorption that follows.

I recommend two sizes of trephines, Nos. 2 and 4 Walker-Younger (S. S. White Co.), and Alport's C and D bone burs (S. S. White Co.). The D bur will cut down the spicula of bone at the bottom of the well after using a trephine, and the C bur will enlarge the opening at the bottom mesially and distally to receive the expanded cap. A heavy lance should be used, and I prefer the S. S. White Co.'s heavy straight blade, ground to a stub. With this I open the gum, and with it raise the periosteum, bring it forward before introducing the trephine to secure restoration and a bone deposit at the cervical margin.

DISCUSSION.

President Lewis.—The paper is now before the Association for discussion.

Dr. F. L. Platt—Mr. President, I think one or two things might be said in regard to this paper. It should be commended on one account, that is, that it presents something new. We are too much given to rehashing old subjects at our meetings. When something new is brought forward, regardless of its actual worth, I think that move should be commended. The paper states that the operation is a success. I do not think that has yet been proven. The fact that one of these capsules may be retained in the mouth for a time does not demonstrate that it has any par-