

ever, fill before the dentine is decayed enough to form a little undercut, as making grooves is painful work. The conditions of decay are generally favorable to the easy preparation of the cavity, the dentine being softer and the process of decay more rapid in it than in the enamel.

The object in filling a temporary tooth is to prolong its usefulness till it is time for it to be replaced by its permanent successor, and if decay begins at so late a period that the permanent tooth will replace it before the cavity is large enough to give trouble, I think it would be judicious to leave it without filling. If, however, the cavity is contiguous to a permanent tooth, and injury is likely to result from contagion or retention of food, fill it on that account. If the filling has been neglected until the pulp is slightly exposed and inflamed, excavate carefully, apply a creasote dressing, and seal up the cavity for a day or so. If, on a second examination, you find the conditions favorable, cap the pulp, and fill as you would a permanent tooth. If much pain has been experienced, or the pulp is suppurating, devitalize; allow it to stand a few days till you are sure all feeling is gone, then remove the dead pulp and fill as in any ordinary case.

If the pulp is dead, and periodontitis has begun, and no pus is formed in surrounding tissues, open the pulp chamber, remove all dead matter, and syringe out with warm water. Apply carbolic acid and iodine on cotton, being careful not to force any of the fluid through the apical foramen, then seal up for a few days. If the inflammation subsides before the next visit, it may be filled. If the conditions are not improved, the treatment may be continued a few days longer, according to your accustomed method, but do not keep a child suffering for weeks with a temporary tooth—better sacrifice the tooth.

As a filling material, I would say use oxyphosphate cement for incisors and the mesial surface of cuspids. For the distal surface of cuspids and in molars use amalgam, except where the cavity approaches the pulp chamber, then use cement, and if thought necessary the surface may be finished with amalgam. The use of gold is out of the question, on account of its being so tedious and difficult to insert for young patients.

2. When to extract. There are two reasons for extracting—constant pain, resulting from the condition of the tooth and the