

different operators. The simplest method known to me is to place the patient under an anæsthetic, and then, with a small trephine revolving at a high rate of speed, to cut at once through the gum and the layer of compact bony tissue which forms the surface of the alveolar ridge. The cancellous and comparatively soft tissue underlying this can be cut away with a spiral knife, and enlarged by means of a reamer until approximately of the size, shape and depth required, and which can be ascertained by trying the tooth in the socket. The latter should preferably be slightly smaller than the root, so that when the tooth is driven to position it will be firmly retained. To secure the best results, teeth for implantation should be carefully selected. Abrasion or erosion of the crown, calcification of the pulp, or softening about the neck of a tooth, makes it unsuitable for this purpose, although even such teeth have been successfully implanted. The root should be carefully examined, preferably with a lens, and if there is any sign of exostosis or absorption, or if any deposits of calculus are found, it should be rejected. Very young teeth should also be avoided, because of their faulty structure and imperfect development. In short, only such teeth should be used as are fully developed, and which were at the time of extraction perfectly healthy. The tooth should be prepared by drilling into the pulp chamber, and thoroughly cleansing the pulp canal, which should afterwards be carefully filled, the apex of the root being filled with gold, and rounded off so as to be perfectly smooth. The tooth should be thoroughly disinfected by being allowed to remain for some hours, at least, in a solution of bichloride of mercury, 1 in 1000, and the socket itself should be washed out with some germicide before inserting the tooth. As bichloride of mercury solution has an injurious effect upon steel instruments, absolute alcohol may be used for the cleansing of the socket and the final disinfection of the tooth.

After the tooth is inserted, some means should be used to hold it firmly in position until union has taken place, and for this purpose various appliances may be used. Ligatures can be employed in nearly all cases; and, in the case of bicuspid, if the occlusion is favorable, nothing more may be necessary. In the case of incisors, a very good plan is to fit a thin platinum cap to the implanted tooth and the one on each side of it, and cement it