

long time ; the lower arch was absorbed very much, until the lower piece would not fit at all. The lady dated the movement round to the left side from the time of her having a new spring on the right, and Mr. Vice thought that she was probably correct ; there certainly was some difference in the strength of the springs, the old one on the left being much weaker than the new one on the opposite side.

Mr. S. J. Hutchinson said that Mr. Hepburn had spoken of the loose membrane which was sometimes the cause of trouble in fixing a lower denture. His usual plan was to snip off the membrane with a pair of scissors, allowing the wound to cicatrize, and in this way the difficulty was overcome most satisfactorily.

Mr. H. Baldwin narrated particulars of a case in his own practice, presenting some very interesting features. It was an instance in which an artificial denture, fitted to an edentulous mouth, hurt the patient, not because it slipped forward, but because it moved about so much. But little remained of the lower alveolar process. The attachments of genio hyoglossus and mylohyoid muscles stood up from the general level of the lower jaw. It was an interesting point, Mr. Baldwin thought, that these muscles were preserved when there had been the greatest possible removal of the rest of the alveolar process. To make the plate more comfortable, vellum rubber was tried as a lining, but it had to be given up, as the patient, a man aged sixty, found it induced a tendency to clamp his jaws together. The greatest success in treating this case was ultimately obtained by setting up the teeth on a Bonwill articulator, paying great attention to the practical hints upon which Dr. Bonwill laid stress, that was to say, taking care to have the line of articulation of the two rows of back teeth bending decidedly upwards, and further, providing that in all possible movements of the lower jaw the lower denture would strike the upper one at *three points* at once. Considerable care and trouble was necessary in order that this requirement should be fulfilled, but it could be done.

Mr. W. A. Maggs thought that perhaps Mr. Hepburn laid too much stress upon the mandible ; personally he had always regarded the articulation as responsible for the forward movement. The fact that the *eminentia articularis* in aged skulls was so much diminished would tend, of course, to the free movement of the mandible. No doubt the articulation became very lax, and if it were possible to examine a sufficient number of skulls, a considerable difference in the neck of the condyle, and probably in the condyle itself, would be found. He thought that the cases just mentioned by Mr. Baldwin were probably aggravated by the continuous wearing of the denture. While it was difficult to do without the teeth, yet they knew that continuous pressure produced absorption, and he thought that if the denture were not so constantly worn, the tendency to wasting of the jaw would be diminished.