

the dentist should keep this end in view in regard to the permanent teeth which appear early, especially, he should endeavor to attain the greatest possible permanence in his work, with the idea ever in his mind that his object is the saving of these teeth for a lifetime.

THE TEMPORARY TEETH.

The impression so prevalent among parents that the temporary teeth may be neglected on the basis that they are eventually lost through natural processes should be corrected at every opportunity—beyond the fact of much suffering and the injury to the health of the patient, the habit of improper mastication and the bolting of the food, which may, and often does, cling to the patient through life.

The child should be brought to the dentist at stated times for examination, from the third and not later than the fourth year of age. The first operations should be performed without any pain to the patient and by this means the dread of the dental chair will be largely overcome and future operations will have a better prospect of success.

The materials used for filling deciduous teeth are generally limited to gutta-percha, cement and amalgam. For anterior teeth cement must be considered favorable on account of the cavities being mostly shallow and not well defined in outline, nor is it possible in many instances to establish a perfect outline or trim to a well-formed margin. After the removal more or less thoroughly of the decay, the filling must be plastered against the decayed surface and remain of its own adhesive properties. The care of the temporary molars is more trying to the patient and the operator, as they are retained four or five years longer than the incisors. The occlusal cavities are easily managed with either cement or amalgam. If the cavity can be well prepared and the pulp is not too nearly involved, amalgam may be used; but if the cavity is so sensitive that only the thin enamel walls can be broken down, remove the softer portions of the decay and force cement into the cavity with considerable pressure. It should also be used in such excess that the entire occlusal surface of the tooth is covered beyond the borders of the cavity. To do this the operator may bring down his index finger upon the cement as it lies on the tooth and the whole surface subject to pressure so that the cement will be forced into every groove and the excess squeezed out over the marginal ridges of the enamel. If the finger be held upon the cement a few minutes the result is a filling that not only includes the cavity itself but also protects the grooves and other vulnerable points radiating from it.

The occluso-approximal cavities in these teeth are more difficult