

gum round the root, and left there for a few minutes with advantage.

It is most necessary, of course, to see that the wire is adjusted all round the root, as there is generally a little bleeding; this is frequently difficult, and it is sometimes necessary to use a little cotton wool or lint to mop away the blood. Where the gum is exuberant, it is most conveniently removed by ethylate of sodium.

The wire is now taken to the workroom and given to the mechanical assistant who is to make the crown. We tell him the tooth to be crowned, and show him how the wire was removed from the mouth. The wire is now laid on a piece of soft wood and receives a smart blow with a hammer. The shape is left clearly marked on the wood.

The wire is now cut with scissors opposite the twisted end and straightened out. This gives the exact length of the circumference of the root.

A piece of twenty-two carat gold plate rolled out to No. 27 American gauge is now cut exactly the length of the wire—the two ends brought together and soldered. The parts of the band which correspond to the mesial and distal surfaces of the root are scalloped out, as the alveolar process rises higher there than on the buccal or palative (lingual) surface.

The whole of the lower margin is then bevelled so that it may adapt itself to any irregularities of the root. The band is then contoured with contouring pliers and shaped so that the margin next the gum corresponds to the imprint of the wire made previously on the wood. A little X is scratched to show the buccal surface.

This part of the process takes about half an hour. It is now taken to the operating room, where it is driven on the root by means of the crown-driver and a mallet, if these are necessary; generally it is easily placed on the root by means of hand pressure. If the band does not fit the root very tightly, we contour it a little and try it again, and so on until it has a firm hold of the root. I then ask the patient to occlude his teeth to see that the band is free from the opposing tooth or teeth, and take a piece of quite soft stent and place it into the hollow of the band and instruct the patient to close his teeth. I then mop it over with the edge of a napkin dipped in cold water to harden it quickly and remove the stent, and generally the band comes away embedded in it. If it does not, however, it can be afterwards removed and placed in position in the stent. A model and bite are now made, and when the band is in position in the model a piece of soft wax is placed in the centre, and when hard is carved into the shape of the grinding surface of a molar or bicuspid tooth, as the case may be, so that it articulates with the bite. It has, of course, to be the thickness (size) of the plate (twenty-seven gauge) that it will be when re-