Gold with Amalgam.—One of the very best for large cavities in teeth of ordinary structure, especially where cavities go far below the gum. The visible part of filling gold, the rest amalgam. If filled at one sitting, use matrix and press first few layers of gold with kid strip. If two sittings, first sitting, add amalgam; second, drill retaining pits in amalgam and thus anchor gold. Two sittings are needed for incisors. Utility: Better adaptation, dentine does not give way as in the use of each separately, saves time for both patient and operator, and is more economical and more permanent.

Gold with Oxyphosphate, or Oxychloride.—The acme filling for large crown cavities in such positions as may be properly reached by the operator. Press the foil into the soft cement for anchorage, or let cement harden, and drill pits or grooves into it for anchorage. Utility: Perfect adaptation, in better harmony with tooth structure than gold, economizes time, patience, tooth substance and gold, prevents thermal changes from causing injury to pulp.

Amalgam with Cement.—The most nearly perfect filling for deep cavities in posterior teeth where patient will not pay for gold or where cavity is difficult of access. Use as much cement as possible without covering margins of cavity, leaving sufficient anchorage for amalgam covering. Utility: Perfect adaptation, little or no effect from thermal changes; cement adheres to walls of cavity and retains filling with least amount of undercut; economy and comfort to patient; less amalgam used, therefore, less change of form.

Cement with Gutta Percha.—Where cavities extend under the gum margin, cover the bottom of the cavity and the cervical margin with gutta percha and prevent the possibility of a space being formed between the filling and the tooth, so frequently found when cement is used alone, owing to the disintegration of the cement at that point.

THE DENTAL PRECEPTOR.*

By R. E. SPARKS, M.D., D.D.S., L.D.S., Kingston, Ont.

At this time, upon the occasion of the opening of the new building of the Royal College of Dental Surgeons, it would seem opportune to read a paper upon any subject pertaining to education. Particularly is this the case if pertaining to dental education.

The dental student is discussed at the convention and in the journals, and forms an interesting subject. What shall we do with

^{*} Read at eighth annual meeting of Ontario Dental Society, Toronto, 1896.