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sibility for capillary action, which is greater in contoured clasps and much harder to adapt uniformly to the tooth surface.

*Advantages of Clasped Dentures.* 1. Cheapness of construction as compared with other forms of attachment for removable bridge-work. 2. The absence of necessity for immediate destruction of tooth substance. 3. Less strain upon supporting natural teeth.

The principal objection to clasps, of course, lies in the possible future destruction of tooth substance, but, viewed from all aspects, is it not the manifest duty of prosthodontists to apply at least some of their talents to the improvement of a class of work and a type of denture which is less expensive and more generally useful? Can not we now construct a clasp with the minimum of risk to the tooth which it encircles, and would it not be equally as permissible to cut a cavity and protect it with gold filling or inlay the surface which the clasp is to touch, as it is to remove a pulp and destroy a quarter or a half of a tooth, as is done for some styles of bridge-work? Indeed, is it not time for a renaissance of clasp construction? I think it is!

After many years of keen observation, and after having utilized almost every form of attachment known to the profession, I now

and here want to make a plea for a more general use of clasps in the construction of all forms of partial dentures, and wish to support this plea with this statement: I believe that a good clasp used where indicated, and well adapted to the supporting tooth, will in the long run do less injury, both in the way of destructive influence upon tooth structure and in the subsequent loosening of the tooth, as a whole, from stress and strain, than any other form of attachment now at our command.

That the full scope of advantages and possibilities may obtain, however, it is of course necessary, first, that clasps should be used only when indicated; second, that all of the requirements of a clasp must be observed to the fullest extent; and third, that the form must be favorable, and the adaptation to the supporting tooth good. Hart J. Goslee, *DENTAL COSMOS, Periscope, May 1918.*

In conclusion, let me quote Dr. Tracy, who says, "Fixed bridgework will be used less and less as the rank and file of the dental profession become awakened to its inherent defects and devastating influences and there will be a renaissance of the removable denture." W. D. Tracy, *DENTAL COSMOS, Dec. 1918.*

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# Howe's Silver Nitrate.

By JOHN H. NESSON, D.M.D., Boston, Mass.,

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**A**MMONIACAL silver nitrate occupies a very important position in modern dental practice. Especially is this true in the care of children's teeth. Unfortunately, too little emphasis has hitherto been placed on this phase of dentistry. There are still too many dental practitioners who dread the sight of a child in their office. If they are compelled to work on a child with a toothache, rarely is the guardian asked to bring the child back in order that the necessary work may be completed. This

is not at all befitting professional men, and the ethics of this procedure is open to question.

Over thirty-five years ago Dr. Litch, in writing on the care of children's teeth, said:

Systematic and careful treatment of the deciduous teeth is a subject which rarely receives the attention which its importance requires.

Between the ignorance of the guardians of the child and the want of appreciation of the value of the first teeth to the comfort

DENTAL COSMOS, Vol. LXVI, January 1924.



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