

far down in the scale, structurally, and am sure that I save many teeth permanently, which I could only hope to temporarily repair with any other material. I am confident that many of the failures in using this material are due to the fact that it is not mixed thoroughly. There is generally enough mercury, and to spare, in the material as it comes from the depots. It is not enough to heat the amalgam until the mercury appears—the mortar and pestal should be thoroughly warmed. Amalgam so treated is plastic in a surprisingly short time.

Cement, as a tooth preserver, stands at the head of the list. As it lasts only from one to three years, it loses much of its value; still, we occasionally find fillings of this material that have lasted longer, many times in teeth below medium in structure outwearing gold fillings. Great care should be exercised in the use of the phosphoric acid to keep it pure, as it easily absorbs water and deteriorates. The powder, if long exposed, may bring about the same result. It absorbs moisture from the air, like plaster of Paris, and becomes unfit for use. Cement requires the most careful manipulation to obtain the best results; in fact, next to gold, it requires the most skill of any material used in dentistry. I find a six-sided mixing block very handy when in a hurry, six mixing surfaces instead of the two on the ordinary block.

It is a fact that a given amount of acid only can unite with a quantity of powder sufficient to satisfy its affinity, and if there is an excess of powder, the compound formed is brittle, crumbles and admits moisture freely. Apply the rubber dam, mix the powder and acid until you have a creamy mass, trim as much as possible before it sets, and if you are particular, let your patient read the paper for thirty minutes or more, before removing the dam. Many coat the filling with sandarach or shellac varnish; but the alcoholic constituent penetrates deeper than could the saliva and does more harm than good.

Dr. Bonwill has suggested coating the filling with heated paraffine which melts at a temperature lower than wax when heated. He claims to get very good results from its use, saying that it renders the filling and interstices around it impervious to the action of acids. Dr. Flagg suggests a mixture of one part white wax to five parts resin. This simply acts as a protective covering for twenty-four hours. I have tried Dr. Bonwill's method, but have not used it long enough to vouch for its preventing the decomposition of the oxyphosphate. Either method seems preferable to the varnishing process.

One of the most satisfactory methods of filling frail or soft teeth is found in gold inlays set with cement. The work requires time and considerable skill, and is necessarily expensive. By this means, contours can be restored, having all the appearances of gold, with the advantages of cement. For exposed positions, where