

Failure in filling is not so common as success as defined at the beginning. Fillings which have been lost by accident or use of drugs as medicines are not failures so far as the operator is concerned. There are failures which the honest operator has to acknowledge. By unsuccessful fillings we mean those where, the conditions remaining constant and no accidents happening, the fillings did not endure as expected, did not prevent recurrence of decay for a reasonable length of time, did not restore comfort, usefulness, agreeable appearance, or fillings which in any way caused more harm than benefit to the teeth or surrounding tissues. On this part of our general subject we shall mention or speak of methods and cases most interesting from personal experience or observation.

Porcelain inlay fillings, both the baked and ready made, are interesting alone from observation. Some beautiful specimens of this work are occasionally seen giving enduring satisfaction. Those prepared in shades and standard sizes with corresponding sizes of drills, are most satisfactory. The line of cement between porcelain and cavity margin is very minute. Yet even it exposes some cement. Let us say this: From observation there has been a greater proportion of failures in porcelain fillings for the amount of work done, than in any other variety. We may say more and state that we believe of the porcelain fillings inserted there have been more failures than successes.

Amalgam and cement combination fillings frequently fail from the fact that the cement is not all covered, but is exposed to some extent at the margins, usually the cervical.

Cement is useful and is indispensable, but it has been and is sadly abused. Many a dental pulp is lost and the complete tooth sacrificed through it. We cannot say its proportion of failures is so great as with porcelain, for much less is expected from it. From its ready manipulation, and lowness of fee, it is more extensively employed than is for the best. More harm comes from it than from any other one filling material. Its uncertain solubility in the fluids of the mouth and its particular tendency to dissolve at the gingival margins while the remainder of the filling may remain almost intact, render it a very unreliable agent.

Copper amalgam is almost a dead subject as a filling for cavities. Nearly all know it, some of us from sorry experience. Others have seen it as our work, sometimes preserving the tooth faithfully but inky-black, disintegrating, and making a cringing noise as the explorer passes over it, at other times a black mass partially disappeared, about which is a large area of soft decay.

Gutta percha after a short while becomes softened and rough or adherent on the surface, which collects solid particles and fluids, producing an unwholesome condition.