

"4th. Where we find the filling material of a light or dull gray color softened, and in some cases to such an extent as to be easily removed with an excavator, while in others it simply is washed away, leaving a hard, glassy appearance, yet not hard enough to resist whatever the agent may be, and slowly the fillings cup. Yet this is not so dangerous to the welfare and preservation of the tooth as that class of fillings just mentioned which give way at the cervical edge, because in the one case no knowledge is had until great mischief is accomplished, while in the latter case it gives way from the outside surface, and the patient is conscious that something is radically wrong, and hence seeks relief."

Dr. Osmun thus classifies the different manifestations of copper amalgam in the mouth, as they have come under his personal observation. I would, I think, classify them a little differently. No. 1, and perhaps No. 2, we leave out of the list of failures, as these cases constitute the successful ones, and in my own practice the large majority. No. 3 I do not often notice, and I should place them under the same heading as the first cases in No. 4, namely, the cases of softening or disintegration. This class of failures I am satisfied is due to faulty manipulation, and think if care is taken it may easily be avoided, because the same tooth may be refilled with the same material and prove all right the second time.

The class of fillings mentioned in No. 4 which, although remaining hard, gradually and slowly waste away, is, as he says, the most frequent and the least dangerous. I do not know how the fillings become worn away. It cannot be simple attrition, as the material is much harder than ordinary amalgams, and I have seen fillings of both kinds in the same mouth equally exposed to the action of attrition—the alloy filling unchanged and the copper filling badly cupped, though the material remained hard and flinty. It cannot be due to acids, because no acid is ever found in the mouth strong enough to dissolve a copper amalgam filling. Some have claimed that it must be due to some constitutional peculiarity of the patient and suggest that we ought always to first make a trial filling, then if this filling proves successful, we can insert as many as we please in the same mouth with safety. Dr. Osmun says, "It does not seem plausible that all of these different conditions, from the 'very, very good,' to the 'horrid,' can exist sometimes in the same mouth