

presence of an unfavorable condition, but does it not seem very plausible that the fault lies not in the metal, but in its unnatural relation to the root and tissue by virtue of poor adaptation? Please bear this in mind, it will be answered farther on.

"It is an acknowledged fact that the tissues take very kindly to porcelain, and that a much greater proportion of crowns made of that material are worn with comfort and without the presence of inflammation and subsequent secession than are those made of gold; but it looks probable, and in fact seems evident to me, that that difference is due in main to the fact that a porcelain crown, when adapted and in position, presents always this favorable condition, a perfectly smooth vitrified, highly-polished surface, with a rounding edge. And as this is the most desirable and natural condition why then would not the tissues take kindly to it and remain normal and healthy? When, unless there is irritation from an improperly prepared root, a poor fitted band, or impingement upon the membranes caused by driving the band on too far there is absolutely nothing to prevent. We are impelled to maintain, without hesitancy, that this can be accomplished, and the same results secured in the use of a gold crown if we will but take the time, pains and precaution to properly prepare our roots," etc. The remainder of the article describes how it may be done.

In all my reading I have not had such an opportunity to explain the cause of crown work disturbances, as the above affords. The differences between gold plates and gold crown, between porcelain and gold banded crowns, the incompatibility of gold as a filling material for specific conditions of teeth, may all be answered under one head: The effect of gold crown upon gum tissue.

Early prejudices against the electro-chemical theory seems to have excluded it from our dental chemistry, and, with few exceptions, from being taught in dental colleges. As this journal reaches many readers who may not know the source from which the basal principles of our knowledge has been obtained we will repeat in substance what has several times been given in previous papers. In boyhood days fondness for the study of electro-chemistry by private study afforded considerable information.

In 1847 I commenced the study of dentistry, at the same time the wearing of a silver plate. Rubber was not then introduced, With that I commenced the study of oral electricity.

During fifty years a number of plates of various materials have been worn, each giving experience that could not have been gained by any other means. This information is of no account except as it may benefit some young practitioner by knowing points regarding metals worn in the mouth which are not recorded. I will briefly mention the peculiarities of each in turn. In early times silver was used for temporary work, also when gold could not be afforded.