

tion ; indeed, I think it may truthfully be asserted that the majority of patients have these teeth at some stage of disease.

Now, admitting these to be facts, what would seem to be the proper course ? Certainly the whole duty of the operator has not been performed if he neglects to separate these teeth thoroughly, before leaving the case. This has been my practice for a long time, and one forced upon me by the observations of experience. Hence, whether the blue tinge be present or not, the teeth are filed freely, fully believing that if there be no decay, the separation will go far to prevent it, and if it be present, I am equally prepared to meet it.

The objections to filing the bicuspid, by those who admit their constant liability to decay, is based on the fact that it involves the destruction of so much good tissue, and that this cannot be done without injuring the shape of the tooth at the masticating surface, the mode usually adopted being to remove mainly from the lingual and palatine surfaces, and but little from the buccal. I do not see the force of the objection. That there will be a trifling disfigurement is admitted, but it is almost entirely hidden from view. The advantages derived more than counterbalance this objection.

The other and more important one is, that all filed surfaces are more liable to attacks of caries than those covered by enamel. This would perhaps, be true in practice, as it seems reasonable in theory, were it not that the fact is well known that an abraded surface of dentine never remains in the condition of a tissue with a series of open-mouthed tubes.

We see this beautifully illustrated in the deposition of secondary tissue in the pulp, as fast as attrition removes the crown, in its near approach to that organ. Here the constant but slight irritation renews the formative process, and a further deposition of calcareous particles and the formation of the irregular tissue, called osteo, or secondary dentine, takes place. This approximates dentine in its formation but has none of its regular tubular structure.

Another illustration may be found in the increased deposition of cementum in exostosis, produced by constant irritation. A better illustration may be seen on those masticating surfaces extensively worn by opposing teeth. The surface here presents almost the density and polish of the enamel. The same result is witnessed in the arrestation of caries by the consolidation of the tubes, with their contents, into one solid mass.