

question supposes, would passively tolerate the presence of a foreign body like a stopping wedged into its substance? One consideration like this is alone almost enough, to show the falsity of the views upon which you have asked my opinion: but there are many more equally cogent. The amount of organic matter in enamel is so minute as to be indistinguishable by the microscope, and we are justified in affirming that enamel is devoid of those tissue elements without which physiological action is impossible. An American observer states that he has stained enamel with chloride of gold, but if this observation were correct — as to which there are grave doubts — the organic matter must be in a state of almost inconceivable tenuity. You will see from my book that Mr. Charters White, one of the most distinguished living dental histologists, agrees with me that there is probably some error in the observation. But if it were true, can we imagine the passage to and fro of nutritive and effete material via the dental fibrils to the surface of the enamel; and can we imagine their assimilation and rejection by a quartz-like inert mass such as composes almost the entire bulk of enamel? And furthermore, if in some systemic states teeth were to undergo degeneration, owing to abstraction of their solid constituents through the vascular system, surely the morbid process would begin, if not always, at least very often in the surfaces nearest the vessels in the cementum and the dentine forming the walls of the pulp cavity? Does any one allege that he has observed such a phenomenon? and can any one produce a single specimen of enamel in process of softening or disintegration, displaying any appearance not equally visible in a carious dead tooth. Indeed, with the exception of pain, the single subjective symptom of caries, all the phenomena of this malady, whether as regards appearances visible to the naked eye or disclosed by the microscope, are to be observed not only in dead human teeth replaced in the mouth as artificial substitutes, but in blocks of ivory used for the same purpose. And the remote as well as direct causes of decay in these dead substances when worn in the mouth, are precisely the same as govern the onset of caries in living teeth — teeth with living pulps and living periosteum. Dead teeth and ivory blocks are under similar conditions neither more nor less liable to decay in the mouth than their neighbors implanted in the alveoli. Some few years ago, before the general use of vulcanite, artificial teeth were much more frequently constructed of gold plates with human teeth mounted upon them, and it was a fact of common observation — one which I was able fully to verify — that the durability of this kind of work varied much in different individuals and under changing circumstances in the same individual. Every dentist recognized that their durability depended very largely upon the quality of the teeth and blocks employed: if these were of the most solid structure