walls of the cavity than any other form, but its difficult manipulation has given cohesive gold, which is more easily worked, the preference.

The failures in gold fillings are generally caused by want of proper adaption of gold to the walls of the cavity, thereby allowing leakage, or by jarring or chipping of the edges of the cavity by the plugger, or by improper finish on the filling; in the latter case it may either overlap the edge of the cavity or be deficient, exposing the edge of the tooth tissue, either of which would be a source of danger. If the gold is not properly condensed it is liable to scale off and thus expose the tooth substance.

Some practitioners are too apt to treat all cases alike, thereby multiplying the number of failures. In a case where gold would be the best filling, if properly introduced, under existing circumstances, it might prove useless in preserving the tooth. Take, for instance, a cavity on the distal surface of a second superior molar, in that position it would be next to impossible to make a perfect gold filling while a good amalgam filling could be inserted successfully. In this instance I would say, use amalgam, a good amalgam being better than a bad gold one.

Another position in which I would not recommend gold is on the buccal surface of inferior molars, when spreading, superficial caries exists, as it would require frequent renewing. Here I would recommend Hill's stopping or some other preparation of gutta percha.

Under the following circumstances I would recommend gold: Where the patient is over fifteen years of age, the composition of the tooth hard and dense, the organic and inorganic constituents well proportioned, and the cavity easy of access so that a compact filling can be inserted and properly finished off.

In contour filling cohesive gold is the only material which can be used successfully. The best manner in which to prepare gold to make a strong filling, is to fold the leaf fan-shaped.

Gold has no therapeutical action on tooth tissue, therefore will not cause nature to exert any recuperative power, but acts simply as a mechanical plug by which the injurious agents are excluded.

Some operators advocate the lining of cavities with soft foil previous to filling with cohesive gold; this cannot always be carried into practice as the shape of the cavity will not permit it. The objection of this style of work is that no union takes place between