

permanent filling. Its use is perhaps most common with foreign dentists having foreign patients, and with itinerant practitioners, the selection appearing to be made owing to the readiness with which the cavity can be prepared and the filling inserted, at the same time commanding a very fair fee, also the unlikelihood of ever seeing the patient again. In some mouths cement will completely dissolve out in about six months, while in others it will continue in good preservation for as many years. Again, in some cases, while the lower part and body of the filling remain intact, the part just under the gum margin has completely dissolved out, forming a most favorable habitat for a colony of microbes which steadily advance in their operations until often the nerve-pulp chamber is penetrated, when an attack of acute pulpitis, or perhaps periostitis, sends the patient to the nearest dentist to find out why a tooth which was filled should ache. Henceforward his or her confidence in dentists is much weakened and accompanied with a constant suspicion. Last fall a lady, the wife of a sea-captain, just before starting on a voyage, had an upper molar extracted. A cavity on the posterior surface had been filled in Calcutta by an American dentist. Fee, four dollars. She wished a filling that would stand, and save the tooth. The material used was cement, which was completely dissolved away at the gingival margin. The nerve was exposed and partly dead, so that under the circumstances the loss of the tooth was necessary.

Many operators neglect to inform their patients that cement is but temporary, and may last only six months. On the other hand, patients who have been warned, very often wilfully neglect obtaining the required attention. How often have we all had patients come to us, especially from the country, with teeth of fairly good quality, but suffering from neglect, who, upon being advised to have them filled, state their intention of letting them go and getting plates some day, because fillings were not of any use, for they had several filled a year or so ago and they all came out, or So-and-So paid \$10 or \$20 a few years ago for fillings and is now wearing "false teeth." Upon inquiry, we have generally found these to have been the white fillings, and remark that they are only temporary and dissolve out, to which the reply often is, "Yes, that's the way they did, but the dentist didn't tell us that." In this manner good teeth are sacrificed, and the profession in general is injured.

A second abuse of oxyphosphate is in its manipulation, both in mixing and its insertion. By adding too much powder to the fluid at once its quality is lowered. If too stiff when applied to the cavity, it cannot be perfectly adapted, and the filling is granular, rough and defective. If too thin and soft when applied, it is not desirably tough, but crystalline and brittle. Applying to moist cavities, puncturing with small-pointed instruments when