having it used, because it can be done quickly and does not require much mallet or hand force to condense a single or double layer of No. 10. Up to the age of fourteen, or longer, we find many teeth which are quite chalky, with the oral fluids in such a condition that oxychlorid and oxyphosphate do not last long, and for some reason amalgam and gutta-percha soon fail. In all such cases we recommend tin, even in the incisors, for as the patient advances in years the tooth-structure generally becomes more dense, and if desirable the filling can be removed, and good saving operations made with gold. Approximal cavities in young teeth, filled with cohesive gold by good operators, often fail in one or two years, but refilled with tin the teeth are preserved. In approximal cavities attacked by white decay, the most formidable variety known, we would separate freely from the palatal or lingual side and fill carefully with tin.

It is invaluable when you are limited for time or means, and also for filling the first molars where we so often find poor calcification. Dr. S. B. Palmer says, "Tin not only arrests decay mechanically, but in frail, chalky structure acts as an anti-acid element in arresting the electric current set up between the tooth-structure and the filling-material." We *often* find the dentine beneath fillings which have been removed, considerably discolored, and greatly solidified as compared to its former condition, and we believe this condensation, or calcification, is more frequent under tin than gold. We have seen cases where the pulps had calcified under tin, and it has been known for years that tin would be tolerated in large cavities very near the pulp without causing any trouble. In many mouths tin does not oxidize, but retains a clean gray color. The objectionable color assumed where it does oxidize, is offset by the fact that the oxid fills the ends of the tubuli and often arrests further decay. Where fillings are subject to great attrition, they wear away sooner or later, but they can easily be replaced, and, as the portion against the walls is the last removed, further decay is prevented as long as there is any reasonable amount of tin left, and if the tooth-structure has become sufficiently solidified, you can cut proper anchorage and cover the tin completely with gold. It may be driven into or onto the tubuli, so as to completely close them from outside moisture, and often the tin takes such a hold that it requires a cutting instrument to remove it.

The extra tough foil now manufactured retains a bright surface, and does not lose its good qualities even after considerable exposure to the atmosphere, but we prefer to prepare only what is needed for each case, keeping the rest in the book placed in an envelope. Tin of this kind, well condensed by mallet or hand force, stays up against the walls of a cavity and makes a tight filling, and ought to be called perfect, because it preserves the tooth, probably expanding