

In the consideration of the present subject the principal aim will be to direct attention to some of the causes of failure in filling teeth, and to offer suggestions relative to possible improvement in methods of procedure. In doing this no originality of treatment is claimed. The thought of the profession in recent years has been too active along these lines for any one individual to claim much in the way of originality. But some of the recent advances in practice would seem to need systematizing, and most of them require emphasizing. This is the present aim.

The plan is to treat the various topics as nearly as practicable in the order of their performance in the mouth; to give in detail the consecutive steps of the operation, and to say something of the technique of the subject. This latter is considered to be of very great importance, but it is a matter quite difficult of intelligent treatment. The proper selection and use of instruments has much to do with the effectiveness of our work and the comfort of our patients, but the personal equation of each individual operator enters so prominently into the question that it is difficult to lay down rules for all to follow. Then, again, there is such a variation in patients with regard to their toleration of different instruments that it is not always judicious to use the same instruments in the same way on all patients. We must study carefully this susceptibility of our patients, and in all cases where it will not interfere with the perfection of our work we should respect their preference. Some individuals will submit to the use of hand instruments, such as excavators and chisels, with better grace than they will to the engine, while very many prefer the smooth, light touch of a rapidly-revolving bur to the grating, rasping sensation of an excavator. In the routine practice of operating there are some stages of the work where the engine is clearly indicated, and some where hand instruments must be used, but the predominance