

seldom constant. In other words, we may find in one of our young patients the teeth breaking down at an alarming rate. Decay recurs around filling in a discouraging manner, and new cavities crop out on all sides. Usually a case like this is given up as hopeless and the teeth sacrificed, but if the operator will only have the courage and patience to vigorously fight back the outbreak, he will find in nine cases out of ten, that, when least expected, there will be a change in the susceptibility, and the carious process will practically cease. I have seen this occur so often that I am no longer daunted when the worst possible case presents itself, and I am the more encouraged to go on and do the best I can for my patients, in view of the experience of an old and reliable practitioner, who recently stated to me, that in all his career he had not met a dozen cases where the carious process had been continuously persistent. We owe it to our patients to take these cases vigorously in hand and do the best for them that the most advanced teaching will permit us.

But there is still another feature of this matter relating to the failure of fillings that I wish briefly to touch upon. I have said that the average practitioner does not study closely enough the relation of cause and effect when a filling fails. How many operators carefully consider why it is that a certain filling in a molar, or bicuspid, for instance, is forced out of place in a few months, when another filling anchored in precisely the same way remains secure for years? Did it ever occur to you that the force of mastication differs greatly in different individuals, and that in the one instance there was double the amount of pressure exerted on the filling to dislodge it* that there was in the other? I have just stated that some individuals are able to close the jaws with a force of 300 pounds. Others, even with their natural teeth, can scarcely reach half that amount, while it has been learned that in the natural process of mastication there is the widest variation in the force exerted. Would any intelligent man expect to anchor a filling in a mouth where there was the maximum force in the same way that he would where there was the minimum force and expect it to remain equally well? And yet dentists every day are inserting fillings without the slightest reference to the stress which is likely to come upon them. I commend a study of this matter to the members of the Ontario Society, with the belief that they shall thereby proceed more intelligently in the anchorage of their fillings.

If dentists would develop definite modes of thought, and would carefully search out the causes of each failure that presents itself so as to avoid a repetition in the future, it would soon immeasurably increase their usefulness and add materially to the permanency of their operations. It would then not be long before the