

pose, the more liable, we might almost say, the more certain they are to decay. And why?

We account for it on the theory that partial devitalization is either general or local. The former occurs in sympathy with an impaired condition of the vital force of the system, generally, as during, or after a prostrating illness. The latter is produced by pressure. In some way which, it is true, we cannot explain, but which observation nevertheless teaches us to be true, where teeth are firmly pressed together, a local devitalization of the enamel at the point of contact occurs which renders it pervious to the chemical action of the fluids of the mouth, and caries is the result. So much for our theory of carious teeth. How does dental science propose to effect a permanent cure?

1st. By arresting the decay at the point at which it has arrived.

2nd. By removing as far as possible the predisposing causes. Unfortunately the exciting and active cause, "vitiating oral fluids," is rarely within our control.

In those cases where decay has arisen from defects in calcification this is comparatively easy. The decay has obliterated predisposing causes, and it is only necessary thoroughly to remove all partially decalcified tooth tissue, and replace it with an indestructible filling of gold or other material. We cannot, however, too strongly impress upon young operators the necessity for thoroughness in excavating cavities in the grinding surfaces of molars. Very frequently, apparently fine fillings prove in a few months miserable failures, from the fact that decay extending from minute-fissures in the sulci of the teeth has been allowed to remain when the main cavity was filled.

In those cases where there is a marked deficiency of ability in the enamel of the teeth to resist chemical action, the best we can do is to insert as perfect a filling as possible, insist upon great attention to cleanliness, and advise such regimen or medical treatment as would seem to be favourable to a better condition of the teeth and fluids of the mouth, without being over sanguine in promising good results or holding ourselves for the failure of our operations.

It is in cavities occurring on the proximate surfaces of bicuspid and molars that by far the largest proportion of failures occur from inefficient treatment.

Two methods have been in practice in this country; one to make with a V shaped file a free opening between the teeth, wide at the cutting edge