among civilized nations. The patient, therefore, having this propensity, and the operator recognizing the fact, he is almost sure of a hearing in favor of this work. The argument would be something as follows: If there are natural teeth remaining in the mouth, a bridge can be secured to them without the necessity or possibility of removing it—and just here visions of loose plates and tooth-destroying clasps are made to pass before the unexperienced and anxious mind of the patient.

Are not the natural teeth a fixture? And here you have an artificial appliance equally secure. Again, no plate covering the roof of the mouth, and as the nerves of taste are popularly supposed to be in the roof of the mouth, this is a very important consideration. Again, the bridge can be cleansed as readily as the natural teeth, also the teeth can, in most cases, be made to imitate very closely in appearance the lost organs, with a generous display of gold crowns as well. But among the more important arguments is this: The work is so secure that mastication is as easy and successful as with the natural teeth.

About this stage the only consideration is a financial one, as such work must always of necessity be expensive. A natural question for the dentist to raise just here is, will this work stand the test of time and use? Is it destined to grow in favor with operator and patient? I have not seen any tabulated statistics of the permanent nature of the work, but it has been our lot to examine and repair, or, in very many cases, remove from the mouths of disappointed people work of this kind where they had received the assurance of the operator that their trouble was over in this respect, at least, for many years—this assurance, in many cases, from conscientious men and good operators. But we must believe that many such are caught in the popular current and overlook some very important anatomical obstacles to success in a large percentage of cases. For example, we will take a typical case, as follows: the loss of the second bicuspid and first molar, here we have only two teeth to replace. We will suppose the gold crowns on the first bicuspid and second molar to be accurately fitted and cemented in position, also that the connecting bridge is securely and strongly soldered to the same. The articulation or bite is all that can be desired for mastication. The question just here is, with all these favorable conditions is there any possibility for such an appliance to fail? We answer that we think there is, for the following anatomical reason: Let us remember that the relation between the alveolus and root of the tooth is that of a gomphosis joint, admitting, it is true, of but little motion, but nevertheless of motion. Now in mastication the patient bites, for example, on the crown of the first bicuspid, moving it laterally to some extent. We wish you to think of the connecting bridge as the handle of a wrench, the jaws of this wrench being the crown on the second molar.