

knew—that, “with a conservative statement, he could claim for his gold fillings an average service of at least fifteen years.” That may appear astounding, and even ridiculous to those who did not know this man, and who are viewing every day the work of the average operator, but I knew him well enough to be assured of his sincerity in making the statement, and I have seen sufficient of his work to convince me that he was not over sanguine in his estimate.

The other man, in discussing this subject with me on one occasion, made the assertion that, “with the exception of those occasional cases, where there seems to be an intensely active tendency to caries, that gold fillings inserted under favorable conditions, and with a full observance of the most approved principles, will last practically a lifetime.”

Here we have in these two examples an inspiration toward the accomplishment of all that is greatest and best in our profession, and these men, with others of their ilk, have stamped the seal of professional stability on the records of the past, and pointed out the future possibilities of the highest class of dental service.

The chief difficulty with the average practitioner of dentistry is, that, in his daily work, he does not look carefully enough into the relation of cause and effect. He sees that a filling has failed in a tooth, but he does not stop to study the reason for that particular failure. He knows that, in one case a filling will do good service, where in another, with apparently equal care and similar conditions, his work seems to go for naught. His usual explanation is, that “in the one case, he is dealing with ‘hard teeth,’ and in the other, with ‘soft teeth,’” but recent investigation has proved that there is little intrinsic difference in the structure of teeth of different individuals, and that even where there is a slight variation it seems to have little or no effect on the carious process. The fact is that we must cease hedging ourselves behind this story of “soft teeth,” and must no longer offer it as an excuse for the failure of our operation. There are other causes at work which render it more difficult to save some teeth than others—causes which require careful study, but which cannot be considered in the present paper. Incidentally, however, it may be proper to state that the question is one of immunity from caries, or susceptibility to caries, much the same as we find immunity or susceptibility in other diseases. And, while on this subject, let me pause long enough to call attention to one feature in connection with it which seems to me to be of paramount interest, and to offer us the greatest possible encouragement in the management of those especially difficult cases, where the process of decay seems so rampant as to dishearten the most persistent and painstaking operator. Clinical experience goes to prove that in the vast majority of patients this intense susceptibility to caries is