manently. A block of tin will flow from under a pressure of 15 lbs. The more silver put in it the less flow. Copper diminishes the flow. These are important points, particularly when we get patients, as well as students who will bite down 270 lbs.

Dr. CLARK—Have you anything to say upon the color keeping properties of amalgam?

Dr. BLACK—I have not made special investigations of that, but I have noted this fact prominently, and that is, mercury is the whitest of the metals that we put in alloys, and the more mercury required by the alloy the whiter the amalgam. Alloys containing zinc are whiter than the alloys not containing zinc. I would like to hear Dr. Johnson's views on this question of a perfect amalgam.

Dr. JOHNSON, Chicago—Dr. Clark raised the question and wished Dr. Black to answer it. What particular amalgam would uniformly give you the best results? I simply want to tell you that if he gave you that formula you would not use it. That may seem like a plain statement, but I make it based on the experience that we have had in Chicago. What is the condition in Chicago to-day? The men who are selling the most amalgam are the men who sell these soft amalgams, that go just like this amalgam under a pressure of 60 lbs. Why? Simply because it is hard work to insert a good amalgam. You can take this soft amalgam and slap it into the cavity, and it will not set too soon. You can probably read the newspaper and gossip with your neighbor while it is setting, and I tell you the majority of the dental profession are looking for soft snaps. Now, that is why men use these amalgams, and until they are forced to use better by virtue of keeping records of their own work, and studying their failures, they will not do so. I have been using in recent months this amalgam that has stood up under this enormous pressure of 400 lbs., but it is difficult to manipulate. We are not talking about gold to-day, but there is one thing about gold, and that is, it is uniform in its results; you take a piece of gold and put it against the walls of the cavity and condense it and it stays. Take the ordinary amalgam and put it into that cavity and condense it against one margin, and you pull it from the other. The more I see of this amalgam question the more I hate amalgam. We see the records of amalgam filling where it has been in for a great many years, but we don't see a record of the failures. I do hope this, that when an amalgam does come out with the endorsement of such a man as Dr. Black, that you will have the courage of your convictions, and use it even if it is harder work.

Dr. WILLMOTT—I don't propose to discuss this matter except one aspect of it. It is the relation of the percentages of the silver and tin to stability in an amalgam filling. It might be of interest to the members of the Society for me to read a few formulas that we