

seen at times and under adverse systemic influences to have had the little force which existed in them destroyed by the operation. This is the case with teeth where the pulp life, instead of reacting, succumbs to the irritation.

Appreciating these conditions influencing the use of the file, our study may lead to an observation of examples illustrative in the direction.

As a first of such examples, attention is to be directed to surfaces of contact between teeth of the two dentures. A permanent tooth manifesting expressions of approximal change and being adjoined by a tooth of the first set, which tooth exhibits itself in the relation to be a cause of offence, may, if such first tooth be not too sensitive, find relief by filing directed exclusively to the latter organ. The use of the file is here and there oftentimes made available as the approximal relations of the six-year molar and second deciduous are concerned, or as are related the temporary cuspis and a permanent bicuspis, or, still again, as the permanent superior incisores centrales and milk laterales are seen to be sources of mutual injury. Milk-teeth, it is to be recognized, may not, however, always be filed with impunity: in very irritable temperaments spasms might very readily be found to result from such an operation.

Referring now to the six superior anterior teeth of the permanent set, it is to be recognized that caries attacking the approximal surfaces is not an infrequent condition, being excited, in part at least, as has been suggested, not only by the lodgment of detritus, but by a motion attendant on the masticatory act, which motion abrades or cracks the enamel of these surfaces.

To discover incipient disease of the approximal faces of teeth in the very earliest stage is a matter of no difficulty, a waxed thread passed into the interspaces exhibiting roughness of the surface, or a sharp excavator demonstrating the existence of a process of softening. Teeth so conditioned, if reasonably hard and of such shape as to permit of self-sustaining separation, may be cut with the prospect of a permanent cure. If, on the contrary, the structure be soft, and if the relation be such that continued separation is not to be secured, then it must of necessity prove the better practice to depend, at a period somewhat later, on separation by means of wedges and the clearing out and filling of a cavity that may ensue. In the interim, however, the disease is to be held markedly in abeyance by means of waxed floss silk passed frequently, by polishing with soft powders used as for dressing fillings, and by attention to every condition which may be recognized as an agent of offence.

In filing or disking away incipient caries, inclined surfaces are always to be the aim. Such surfaces secured and maintained, the parts from necessity are made self-cleansing; the act of mastication itself is made a cleansing one. Especially is this so where the denuded surface has been burnished and polished with that care which is as indispensable as the plane itself.

To prevent separated teeth from falling together, it is requisite to secure at some position surfaces of abutment; such surfaces, when possible, are to be maintained at the necks of the teeth. An abutting surface is, however,

in itself an ill,—but it is the smallest part of a common ill combated. When the absence of abutment of the teeth at the neck does not allow of the sustaining points being here secured, it may be proper first to press the organs asunder by means of a wedge of wood as directed in the chapter on filling, and, having thus the enamel in front intact, cut, by means of a safe-edged separating file of convex face, a V-space the base of which looks into the oral cavity. The wedge removed, and the teeth coming together, it is plainly seen that only the enamel-covered edges left in front may impinge.

The objection to the employment of a file, prevalent among the community, has arisen from the fact of the instrument being used with so little judgment: perversions, both pathological and artistic, rather than good results being witnessed as too frequently the result of its employment: hence in reasonable data has this prejudice had its origin. Such ill, however, resides no more in the instrument of itself than does discord in the keys of a piano, and nothing is required but an intelligent touch to disabuse the minds of people of such prejudice.

That sensibility of dentine and irritation of the dental pulp are frequently witnessed in connection with filed teeth is a fact too common to be denied. Indeed, many sets of teeth have been rendered permanently useless from such results: but here error in judgment has influenced the operation. Another objection urged against separating has been thought to lie in chronic ulitis engendered by the pressure of ingesta. Teeth treated as exhibited in diagram, Fig. 73, could but result in such conditions; but the fault here, as in the example above, lies with the operator.

Fig. 74 represents four incisor teeth carious on the meso-approximal faces from which the disease has been cut. The diagram shows two ways of filing. *Q* is a space made directly between the teeth, affecting alike the front and back faces. *D* is done by means of a disk, a diamond reamer, or a pyramid of corundum, and concerns the palatal face alone. *C* is a form of separation sometimes found advisable: it removes the centre, leaving impinging points both at neck and cutting edge. In the filing *Q* the impinging point is observed at the base of the teeth.

FIG. 74.

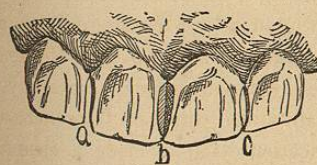


FIG. 75.

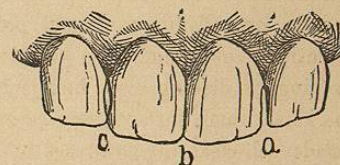


Fig. 75 shows the front faces of the same teeth figured in Fig. 74. It will be observed that, as the centrals are concerned, the front face remains untouched.

Bicuspid and molar teeth related as shown in Fig. 76, the impinging

points situated as exhibited by the cross-lines, are to find self-cleansing surfaces after the manner displayed in the succeeding cut (Fig. 77). To so alter the faces of these teeth, a disk of half inch diameter is used (see Fig. 78). Fig. 79, after T. T. Chupein, D.D.S., shows several teeth, molars and

FIG. 76.

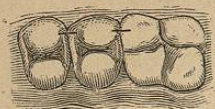


FIG. 77.



FIG. 78.



FIG. 79.



bicuspidati, which are filed in the treatment of approximal caries after a manner that is not too highly to be commended. When engaged in dental practice it was ever the habit of the author to place approximal faces in relation as here shown. It is the only proper way to prepare such teeth for the reception of plugs, as will surely be made evident to every practitioner by experience. The original relation of these cavities to each other is appreciated by a glance at the diagram.

A diamond reamer devised and presented to the profession by William G. A. Bonwill, D.D.S., has a large circle of admirers. This instrument does its work with thoroughness and rapidity. The pros and cons of separation claim large attention at the hands of the experienced. This book is to be understood as indorsing or condemning the practice according to the circumstances of its performance.

CHAPTER X.

DENTAL THERAPEUSIS.

A CARIOUS tooth is to be saved through the character rather than by the quality of a plug. The expression of gold is one of compatibility with dentine; that only. It is a substance wholly without therapeutic meaning, save as such meaning lies in an ability to protect an exposed weak surface against external agents of offence. Teeth made up of solid, resisting stroma are well treated if invariably filled with gold. Preference assuredly is to be given this metal in instance of every individual case, *cæteris paribus*, where a plug is to show. It is also to be given where elegance and purity of expression come at all into consideration. In a word, it is desired to have markedly understood that the teachings of this volume favor the employment of gold as a tooth-filling material whenever and wherever not contra-indicated. It is as well desired to have plainly expressed the view that fully one-half the operative dentistry of the day differs in no respect from a jeweller's work.

To be able to fill a tooth solidly and beautifully with gold, especially as contouring is concerned, is to have achieved a very creditable accomplishment; it is not, however, to have learned anything scientific. What is done is not half so difficult as things being accomplished every day by workmen who think nothing at all of what they do.

Operative dentistry is not special surgery: it is art, not science. In this respect Oral Surgery is of little relation with dentistry; that art being viewed as a profession whole in itself.

Whoever would treat and fill a carious tooth in relation with the laws of surgery is to treat and fill it in relation with indications. A filling of gold is an inert filling; it does nothing but stop a hole. Removal of a thoroughly well-made plug of gold, which has remained in relation with a cavity intact for many years, is not apt to exhibit change in the parietes of the cavity; the part remains as when brought in relation with the metal.

Other materials brought in contact with the parietes of a cavity in a vital tooth are found on removal to show changes; these have stopped holes, they have as well worked therapeutically.

A first consideration, as reference is had to selection of a tooth-filling material, may be instanced as referring to thermal conductivity. With some, with a great many teeth, such conductivity means nothing; with others, a great many others, it means inflammation of a pulp.

Gold is the most marked among the tooth-filling materials as a conductor. Where irritation is contra-indicated the metal is not judiciously to be used