

An Appraisal of the Gold Foil Restoration[†]

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"In the handicraft of their trade is their prayer."

WHEN occasionally we come in out of the rush and bustle of life, and just sit down quietly to *think*, it is indeed a "pause that refreshes." We all realize the tremendous benefits derived from such a mental exercise, but we permit ourselves that luxury all too infrequently.

Perhaps an attempt to provide a brief respite from the pressure of our crowded professional activities would not be amiss. For a short time, then, let us philosophize and moralize rather than frenziedly seek some new short-cut in technique, or some new easy cure for all dental ills. What more suitable topic could we select than that concerned with the ever constant yardstick by which all operative dental skill is measured—gold foil?

In entering upon an appraisal of the gold foil restoration in operative dentistry, perhaps it would be well, at the outset, to establish a justification for the discourse.

At first serious doubt may be felt that any value might be possible from such a consideration. When one reviews the literature of operative dentistry for the past fifty years, it is apparent that the great leaders in the field have thoroughly, painstakingly and brilliant-

ly taught by word, picture and clinic all the fundamental principles, as well as the mechanical refinements to produce the ultimate in restorative dentistry. Beyond the purely technical presentations there are also any number of eloquent pleas for an increased use of foil, and for a keener perception of the obligation of the profession to perform restorative procedures more conscientiously and more universally. It would be impossible to add to those masterpieces and no such attempt will be made.

Why then should anyone take it upon himself to elaborate further on the same subject, when the response to the masterly appeals through the years has been so feeble? It would seem that the reasons are at least three:

First, because the continued and increased use of foil in dental practice is so tremendously important to the future security of dentistry as a truly scientific profession;

Second, the demoralizing effect of human lassitude constantly dims the brief light cast by the spasmodic though brilliant efforts of the great operators to guide our blundering footsteps to higher planes of success. Hence repetition in one form or another is essential to maintain on the scales of dental practice the current

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degree of balance of that which would save us in spite of ourselves, namely, adequate use of gold foil;

Third, it seems that for fear of seeming unethical, there has been an unfortunate reticence in emphasizing the economic soundness of fine operative procedure for a just remuneration.

Briefly, then, this is offered with the hope that it may serve in a measure to revitalize the present group of fine operative dentists; and also that it may possibly stimulate and guide a few new recruits into the ranks of the stalwarts.

Our thoughts might be directed primarily in four channels, in considering the merits of gold foil:

First, would be its value to the patient for the high degree of perfection with which it can be made to save teeth;

Second, the mental and technical discipline which becomes an integral part of the accomplished foil operator;

Third, the honest increase in monetary return through routine use of the material where indicated; and

Fourth, the dependence of the profession for its existence, as such, upon the survival and increased use of the one sure cure for incipient dental caries known up to the present time.

In many ways these several phases are distinct entities, but at the same time they are inexorably intertwined. We will find that the thoughts relative to one will largely apply to the others. However, as much as possible, for the sake of clarity and analysis, they will be considered separately.

FOIL, THE RESTORATIVE MATERIAL "PAR EXCELLENCE"

Anything which could be said in connection with the merits of gold foil in the armamentarium of the operative dentist, would be but a repetition of the facts presented ever since gold was first used to fill cavities. Yet a few reminders may be helpful.

Each and every one of us believes without equivocation that of all materials we have at our disposal, even in what we blandly call "this enlightened

age," there is no other one which comes within nodding distance of gold foil. The degree and permanence of the seal obtainable between a cavity wall and well condensed gold foil cannot be equalled with any other material. More than this, condensed gold wears evenly with the adjacent enamel and the support of the enamel rods is ever constant. The use of foil in incipient areas of decay permits a greater conservation of tooth structure, when adhering to accepted principles of cavity preparation, than does any other of the permanent filling materials. It is unquestionably the most permanent restorative means we have. What other type of restoration can we find rendering excellent service thirty, forty, and even fifty years after it was inserted?

However, we know all of these things, and many, many more reasons for its use. The great trouble is that it is human nature to be interested in the things which are new, the baubles that glitter, and to forget the fine durable things which one is apt to take for granted in life. The inspired writings of the great leaders in operative dentistry are so easily relegated to the stacks of dusty, unused magazines and texts. Those men gave unstintingly of their knowledge, but they had other things to do besides write. They also saved teeth. On the other hand, we are deluged in our periodicals and at our meetings with a continual spiel about a multitude of new products, new materials, new cure-alls. Advancement is most necessary, but would we not be wise to "cleave to the tried and proven" and cautiously investigate the new, rather than be stampeded into wild enthusiasms for each new method of prevention, or each pretty new filling material? Do not mistake me. In time the ultimate in prevention may be available; in time some completely ideal filling material may be had. Let us, however, first permit the properly qualified research workers to complete their job, or let the manufacturers present proof positive of the merits of their wares. Let us not make guinea pigs of our patients and fools of our-