

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-

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selves by jumping at every tempting morsel dangled before us.

There is no need to review at this time the technical procedures in the manipulation of foil. That phase of the work, too, has been thoroughly covered in the literature. However, it is suggested that it invariably proves a revelation and a stimulus to reread and re-study the fine papers on foil technique which have been published in the past fifty years. Always the material contained therein is refreshing, it is new, it is challenging. You will turn back to your daily work from these treatises with a deeper sense of security and earnest confidence that by using gold foil you are best serving the dental needs of your patients.

From a purely operative point of view, may I remind you that foil takes second place to nothing else in the incipient stages of decay or erosion. We realize that it is impractical to use foil in large cavities as was done formerly. That early super-enthusiasm did more perhaps to put foil in disrepute than any other single thing. Men naturally turned from the operation which killed off its exuberant advocates. However, in the small areas of decay, foil can be placed readily and permanently.

It is of particular value in the small pit and fissure cavities; in the gingival third cavities of the incisor, cuspid and bicuspid teeth; in the mesial and especially the distal surfaces of the incisors and cuspids when incisal angles are not involved; in the proximal surfaces of some posteriors, especially the upper and lower first bicuspid; and finally, but by no means least, in the Class 6 cavity or the cupped-out depression in the dentine where the enamel of a cusp tip has worn through. Foil can be used more extensively, of course, but if we would use it consistently in these areas, or even in any *one* of these areas, dentistry would take a mighty step forward overnight.

A comprehensive evaluation of the relative merits of foil as compared with the other filling materials could be made here, but it seems superfluous.

Suffice it to remind ourselves that the deficiencies of the cast restoration are well known. In spite of the perfection of techniques, the definite weak link is the quality of the cementing medium. There are very definite indications for the cast restoration, of course, in spite of its shortcoming, but in the classification of cavities just listed, it cannot touch gold foil.

Amalgam correctly handled is a fine filling medium. The great difficulty is to so govern the personal equation of the operator that the material can be said to be used properly. To adequately control its variables actually requires more care than does the use of foil, once a sensible technique for the use of the latter is acquired.

With baked porcelain there is no quarrel. Those who can and do handle it properly are too few in number. Carefully used it fills a very definite need. However, even its strongest advocates would not say that one can obtain the same degree of marginal perfection with baked porcelain as is every day procedure with gold foil.

The silicate cements should not be mentioned in the same breath with foil. Yet, the vast use of the material justifies a word regarding it. As a permanent filling it is impossible; as a temporary expedient for aesthetics or economy it does have some indication. In the main, though, we are being dishonest with our patients and ourselves if we place it in the name of some kind of "porcelain". For temporary fillings there are other materials which do the work as well and with less of the silicate's characteristic dehydration of tooth structure which necessitates greater cutting for the cavity for the permanent restoration. In all sincerity and honesty the silicate cements should be used very sparingly, unless we are content to temporize with our patients' teeth.

The latest craze to flash across the dental firmament is the use of plastics, first in one form and then in another. The current products are admittedly experimental. They have

not been proved to be adequate; they do not measure up to the requirements of the permanent filling material. Perhaps some day something really worthwhile will come out of these first developments. At present it seems lamentable to see the profession and their patients being taken on such a toboggan ride. The slide is steep and the course unknown, yet many guilelessly offer their services as a proving ground with little heed for the welfare of their patients or the preservation of respect for the profession. Let us be a little more cautious before we gulp down everything that is offered us. Up to the present, gold foil most nearly satisfies the requirements of the ideal filling material. We will be wise to continue to utilize it as the measuring stick in evaluating other materials.

FOIL AS AN AGENT FOR DISCIPLINE

Let us turn now briefly to think of the intrinsic advantages that accrue to the man who uses gold foil.

The great majority of dentists were exposed to varying concentrations of instruction in foil during college years. After graduation the majority have turned from the use of the material. Why?

There is, of course, the definite percentage of pupils whose minds seem to be immunized against acceptance of the best concepts of any subject; they are the misfits in our profession. However, it would seem that the discontinuance of the use of foil has been largely the fault of the teachers. Where there has been such fault, it has been for one or more of several reasons. Perhaps they were not sufficiently adept themselves to have easy self-assurance while teaching foil techniques; perhaps they in turn had received inadequate training, and the techniques they taught were too laborious and time consuming; perhaps some were not sufficiently idealistic to make the effort to fire their pupils with the desire to perform the finest possible service for their patients; perhaps on the other hand they were so

intensely prejudiced against anything else but foil, that their very intolerance established a barrier in the minds of their students. Whatever the reason, at least they were successful in sending too many of the new graduates out into the world mentally conditioned in such a way as to be easy prey for the smooth promoter of the easy dollar and the shortcut technique. It is unfortunate, for dentistry thereby has lost and is losing each day the service of many thousands of competent men, who with a little guidance and stimulus could utilize foil and really save teeth.

It is interesting to study the characteristics of foil men. They seem among the finest examples of those described in the selection from the *Apocrypha*, which was quoted at the beginning of this paper—"In the handicraft of their trade is their prayer". They are typical idealists; they know the material which they can handle is supreme; yet they are not content to use it themselves and be satisfied. Some at least continue through the years to spread the message of the finest in restorative dentistry. Always they exhibit the radiant optimism that their message will reach the ears of those who are so earnestly interested in performing the best service for their patients that they will make the effort to learn an exacting technique; those who wish to experience the justifiable pride in one's own best handiwork.

Besides being idealistic, users of gold foil are patient workers. They will work in small groups or study clubs for long years. They diligently practise their art and submit the results for critical analysis by their fellows. By so doing, they train their hands and eyes to do fine things. More important, perhaps, they train their minds to be able to accept criticism and benefit from it; they become more practical and more idealistic, and practical ideals are one of the greatest needs in all corners of our troubled world today.

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Beyond these advantages the foil operator has received one truly great reward from his "Aladdin's Lamp." He has been forced to acquire an adequate technique for the application of the rubber dam, and by virtue of that one thing alone, he has become cognizant of the pleasure of working in a saliva-free field; he has become alert to the advantages of the use of the dam to such an extent that he uses it for all operative procedures; and he is rightly proud of the fact that through that one measure in operative technique he can with confidence "place restorations in properly prepared cavities", rather than "plug holes in teeth". If foil did nothing more than stimulate the use of the rubber dam, all the papers and clinics on foil which have ever been presented would have been well worthwhile.

However, it does even more. The placing of a beautiful foil restoration brings greater joy and pleasure to the operator than does any other procedure in dentistry. What can be more stimulating than to complete such a restoration where it is indicated? There is a tooth which a short time before was on the road to the exodontist's door. Now its diseased portion is removed; its original contour and function is restored with a material which has sealed the break in continuity of structure more positively and permanently than can any other material known to man; and if it is placed where and as indicated, it is relatively inconspicuous, and completely harmonious with the tooth from the aesthetic point of view. What indeed can be finer! The inspirations to the operator from the consistent use of foil could be listed on and on, but these few should serve as a stimulus to open our eyes to the possibilities.

Yet in the midst of the fanfare, let there be one word of caution to those who do use the material. You are "on the gold standard" it is true, but be ever alert to avoid any tendency to feel or exhibit a "holier than thou"

attitude. Foil is the ultimate in restorative dentistry, it is granted, but that is no reason to permit oneself indulgence in arrogance, rudeness, intolerance, or bigotry. Remember that there is much to be gained from an open-minded study of the other branches of dentistry; there are sound data in the fields of prevention, and nutrition, and dental medicine which, when properly employed, can improve the service rendered by restorative dentistry. Keep in mind that the truly great man is humble, no matter what his field of endeavour may be. He is confident, yes, but not conceited. With so much to know and to learn there is no room or time for haughty, bloated self-esteem.

FOIL, AN ECONOMIC BOON

Mention has been made of the rewards which come to those skilled in the use of gold foil. Some of the more intangible gains have been briefly covered. However, the word "reward" seems naturally to call to mind a material gain. Is there a financial reward through the use of foil?

It may seem improper to discuss remuneration in the same breath with ideals, yet the current trend of men's thought is toward worldly goods. Has foil anything to offer? It has indeed, and it bears mention.

Many surveys of fee schedules prevalent in dental practice have shown that in general the fees for operative dentistry are so abnormally low compared with those for other services in the profession that restorative dentistry becomes almost a subject of ridicule. Proportionately for the time and effort expended, the product of the operative dentist in general has brought the least return. What will remedy the situation?

The testimony of men who have put in some effort to acquire dexterity, speed and judgment in any phase of operative dentistry, sounds almost like the playing of a cracked record. In respect to the study of gold foil particularly, the operators invariably

find that as they acquire skill they develop self-confidence. When by study, they realize the merits of the procedure they are practising they feel no compunction about receiving an adequate fee for that service. When they appreciate the incalculable degree to which they can stop caries by properly eradicating the lesion and permanently immunizing that surface of the tooth against further decay, they have no hesitation in demanding a just fee. Their material wellbeing will be honestly enhanced beyond measure, for the acquisition of an adequate foil technique will pay off better, dollar for dollar, for the time and effort put in it, than will any other study in the practice of dentistry.

Considered on a strictly time-service basis foil, where indicated, is unquestionably the most economically sound restorative material. In one appointment, with one anaesthetic, with one rubber dam, and with less waste of time in extraneous talk by the patient, a sterile permanent filling can be placed in an aseptic field, with a positive joint between cavo-surface margin and restorative material, the margin of which can be properly finished with a clear view and without damage to the periodontal tissues from instrumentation. With what other material can operative dentistry as well meet the demands for a permanent tooth saving medium which, when properly manipulated, reduces operative time to the minimum and is, therefore, of top rank when considering financial return? Not one.

THE RELATIONSHIP OF FOIL TO THE PROFESSION

Finally we come to a consideration of the value of the use of foil to dentistry as a profession.

There is a definite crisis facing the profession today. Of course, it is usual for people of each day and age to feel that their generation is so important in the scheme of things that they must be living in the midst of earth shaking events, and to feel that the control of

destiny is in their hands. The curbing effect of humility is earnestly to be sought after.

In a sense though, we are at or are nearing a crossroads in the history of dentistry. On the one hand there is the splendid record of a young profession "winning its place in the sun." In a comparatively few years dentistry has left the ranks of a mechanical, empirical trade. It has elevated itself to the position of a respected profession whose members strive to institute the most conservative measures possible to protect teeth, and to safeguard and enhance the health of the people.

This has been achieved, first by dint of much effort and labour and application of sound principles by those who practised dentistry, and second, as a result of the scientific contributions made by the somewhat retiring, sincere research workers within our ranks. There have been lapses, of course, and there have been a certain few always who through their unprofessional attitude have hampered progress. However, the general curve has always been upward. There has been steady progress in improving materials, and there have been advances in determining the aetiology, and from that the prevention of the two great enemies of oral health—caries and periodontal disease.

Now, however, there is a change apparent. In all of human endeavour at present there is evident an altered sense of values. It is no longer commonplace to find people who like to work for the sheer pleasure of accomplishing a task. The former loyalties toward fellow man and country are not as frequently in evidence in recent years. There is a general distrust of everything and everyone. Selfishness is rampant. Indeed, the too common individual, national, and international creed has become, as one of the leaders of the legal profession expressed it, "Me, now!" What an indictment!

How is that philosophy finding expression within the ranks of dentistry?

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It is manifest everywhere. Many show no desire to *earn* their fees. It is hard work by current standards to perform restorative dentistry properly. It is easier to daub first one thing and then another on the teeth than it is to apply a rubber dam and place a small gold foil. It is easier to sit at the feet of the true scientists and bask in the glory of their works, unfinished though they may be, than it is to engage in study club activity and really learn how to prepare a cavity worthy of the name by actually doing it over and over again under critical supervision. It is easier to talk prevention and then later permit a technician to construct an expensive prosthetic appliance than it is to save pulps and save teeth by minutely examining the teeth, and by halting rampant destruction through the placing of permanent restorations, be they of gold foil, gold inlay, baked porcelain or amalgam, as early as possible. It is easier, far easier!

One of the most dangerous signs of the times is that even some of the State Dental Boards are questioning the advisability of retaining a foil restoration as a part of their practical examinations. It is to be hoped that these guardians of the standards of the profession will not fall prey to the current trend. Let them stand fast. Let them still use the surest gauge by which to determine a candidate's understanding and ability to execute the fundamental principles of operative dentistry. Restorative dentistry will be required for a long time to come, even if the quest of the preventionists should be successful tomorrow.

Such are the general problems. What confronts operative dentistry specifically? Basically it is the abnormal emphasis currently placed on prevention as though it were a new idea; also the inadequate publicizing of the merits of fine operative procedures; and finally, insufficient thought to the acquisition of enough new operators to expand the sphere of

service of restorative dentistry.

Research and studies for prevention are essential. However, it should be left to the properly trained research personnel to conduct these studies quietly until some definite information is available; they should not be needled into publishing encouraging prospects before the ideas have been adequately tested.

In the meantime, the foil operators know from their years of experience that foil properly placed adequately immunizes that area of a tooth from further caries, but what are they doing about it? They remain mute before the garrulous pseudo-scientists. Operative dentists are delinquent in discharging their obligations to their profession. They owe it to dentistry to continue to report the success of proper restorative measures. New techniques are not needed nearly as much as is a more accurate utilization of those already available.

So it is necessary that operative dentists take their rightful position. They must defend themselves against the ridicule of those who consider it almost undignified for a professional man to use his hands. They must be proud of the fact that they can and do save teeth; that they do *cure* caries by properly eradicating the early lesion and restoring the tooth to its original form and function with gold foil wherever that is practical.

It would seem that the greatest single need of those who use foil, is to overcome an air of aloofness. If the finest procedure in dentistry is to survive and grow, new operators must be trained and inspired. How can that be done? First, of course, by revitalizing the teaching of gold foil in the schools. Second, by opening our doors to those in the profession who are seeking the opportunity to learn this challenging, lucrative, highly serviceable procedure.

A great many of the foil operators see the black danger ahead. If we do not grant entry to those serious practical students whose enthusiasm

can carry the good work along to greater heights, they will be forced to divert their energies to other fields and the vitality of restorative dentistry will gradually fade and die. We owe too much to our profession to permit such a thing to happen.

In one of his many fine contributions to operative literature, Prime¹ exhorted the profession not to let its glorious banners drag. As one of the proposals to uplift and further the service which the dental profession could offer, he urged the formation of more gold foil study clubs, even a national organization. Since his plea in 1931, a few more study clubs have been formed, but not enough.

Men have asked repeatedly for guidance in this phase of dentistry, yet so often they have been put off. Why? Are the leaders not aware of their responsibility? Do they not see the urgency of inculcating the concepts of truly fine dentistry in the minds of these new recruits? Shall we fall into the quagmire which has extinguished the spirit of other groups? Shall we bicker over petty details of technique and not see the tremendous need for a united front? No! Corrective measures must be taken!

Concretely, there must be aroused a renewed interest in proper operative procedures. To do so, it must be re-emphasized that to date there is but one sure way to cure caries, and that is by substituting the carious surface with a metallic surface which is immune to caries. Of all the restorative materials, which one has proved the most reliable from the standpoint of permanence, perfection of margins, freedom from recurrence of the carious process? There is only one answer—the yardstick by which all other materials available to operative dentistry is measured, namely, gold foil.

Very well then, pending the discovery by the true research workers

¹Prime, J.M., *Gold Foil*, J.A.D.A., 18:1477-1484, (Aug.) 1931.

of the real aetiology of caries, and a very positive and well-proven method of prevention and of cure, the profession must be reawakened to its duties. It would be well to remind ourselves that many of us have placed the cart before the horse. The public is not here to be exploited out of its money to pay for first one and then another highly touted preparation to prevent decay; nor is it right to mishandle that public to the extent of ruthlessly extracting teeth to make way for some flashy pieces of dental jewelry. Rather, we as a profession owe it to our profession and to ourselves to be keenly aware of the fact that we are servants of the public; not fawning slaves, and not penurious dollar-seekers either. Let us forsake the concept of getting the most money with the least effort. Let us restore public health service to its proper place, and let us proudly go forth and practise operative dentistry sanely, conservatively, judiciously; and as the keystone of that renewed effort may we place at the top of our armamentarium the ability to efficiently utilize the peer of all restorative materials—gold foil!

SUMMARY

Further discourse on a subject thoroughly covered in the literature is justified to keep before the profession the sterling merits of its oldest filling material.

With the advent of materials and procedures whose values have not been proved, it is imperative that cautious good judgment be applied in their evaluation. Ability to use gold foil with care helps to develop a sound basis for comparative analysis of the panaceas; it is a buffer, a steadying influence.

It is of great value to the profession not only as the best of the permanent restorative materials, but also as an instrument which develops the hand and eye and mind of the one skilled in its use. Foil still remains the gauge whereby the public, as well as licens-

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ing boards can evaluate a dentist's technical dexterity.

This material, when manipulated by refined techniques, and when its prime indications are observed, provides one of the most honestly remunerative practices in dentistry.

Those who possess the ability to use foil should not only continue its use, but must also remember that it is a part of their obligation to the profession to help promulgate that knowledge to the best of their ability to the eager newcomers in dentistry. Foil work should be taught with a careful avoidance of any self-glorification by the instructor; it should be presented in its true perspective as the one truly scientific method of arresting caries which is available today. It would be suicidal to the profession as a health service if the use of this fine procedure

became limited to any group whose numbers were static.

Dentistry seriously needs more and better operative dentists.

Those who have not as yet acquired a ready facility in the use of this yardstick of restorative dentistry are urged to seek out the qualified teachers, with the assurance that the result will be a greater joy from rendering the ultimate in service, a more positively satisfied clientele, and a more adequate monetary provision for self and family.

Gold foil is a mighty weapon in the fight against dental decay. It must be used with conviction and wisdom.

Gold foil is the perfect taskmaster. It serves peerlessly, yet simultaneously teaches, encourages, chastens and inspires its disciples.

Résumé

Il est bon parfois de revoir un domaine dont la littérature a couvert tous les aspects, quand bien même ce ne serait que pour rappeler à la profession les mérites sans équivoque de la plus vieille substance à obturation.

La mise de l'avant de nouveaux matériaux et de techniques récentes (dont la preuve est d'ailleurs encore à faire) nous porte à être circonspects et à faire preuve de jugement pour en évaluer les mérites. L'utilisation de l'or malléable à bon escient et d'une façon correcte nous fournit une assise solide pour juger de la valeur des panacées; cette substance obturatrice nous est un point de repère et nous aide à jauger les autres.

L'or adhésif a bien rendu service à la profession en tant que matériel permanent pour les obturations; il a en outre amélioré le jugement, l'oeil et le doigté de ses adeptes. L'or malléable demeure le barème qui permet au public et aux examinateurs de juger de la dextérité d'un dentiste.

Cette substance, bien employée et manipulée correctement, donne à celui qui l'emploie une honnête rémunération, l'une des plus intéressantes de la dentisterie.

Ceux qui savent manipuler l'or adhésif doivent non seulement continuer à s'en servir mais aussi doivent se rappeler qu'ils ont un devoir envers la profession: celui de répandre leurs connaissances au sein des nouveaux venus, qui veulent apprendre. Les techniques de l'or adhésif doivent être enseignés sans orgueil de la part du professeur; elles doivent être présentées sous leur vrai jour, à savoir que l'emploi de l'or adhésif représente encore aujourd'hui la seule façon réellement scientifique de combattre la carie dentaire. La profession faillirait à sa fonction dans le domaine de la santé publique en laissant à quelques petits groupes de praticiens isolés l'apanage de cette technique raffiné.

La dentisterie a sérieusement besoin de dentistes, tant en quantité qu'en qualité.

Les dentistes qui ne sont pas familiers avec la manipulation du meilleur atout de la dentisterie opératoire, devraient se grouper autour de maîtres qualifiés; ils peuvent être assurés d'un grand plaisir à réaliser des obturations les plus parfaites qui soient, d'une clientèle réellement plus satisfaite et de revenus plus équitables pour leur famille et eux-mêmes.

L'or adhésif est une arme précieuse contre la carie dentaire; on doit s'en servir avec sagesse et conviction.

L'or adhésif est un ouvrier parfait; il est sans cesse sur la brèche, et en même temps il sert de leçon, il stimule, il épure et enthousiasme ses adhérents.