These particles have the property of imparting a “glow” or “vitality” to the tooth, i.e., opalescence. It would be prudent at this stage to dispel one of the great myths of color matching in the natural tooth. Translucency is currently one of the “buzzwords” in aesthetic restorative dentistry and clinicians, in their search for the invisible restoration, demand more and more translucency from their ceramists. Understanding of the previous paragraph would surely indicate that the desire is not for more semi-transparency but rather for more glow and vitality effects, i.e., opalescence. A small point, but once grasped, the author submits that use of the term “opalescence” as opposed to “translucency” would convey a greater understanding (with significantly less confusion) as to the requirements of a particular restoration.

*Physiology of Natural Tooth Color* The observed color of a tooth results from the combined effects of the interaction of light with dentine and enamel. Dentine Effects The macro- and micro-anatomical structure of the dentine produces areas of high and low saturation of opaque color resulting in dentine being primarily responsible for the hue and chroma of the tooth. The scientific literature describes the predominant hue as being in the yellow-red range, but varies in quantification of this as being between 76% to 86%, with the remaining percentage leaning towards the yellow range. Using the Vitapan standard this would describe the hue of teeth as being predominately in the A range with a small percentage of B shades. Dentine tubular architecture, exhibiting varying diameter, frequency and an S-shaped distribution produces areas of dense and sparse mineralization. The various micro-anatomical structures, tubular architecture, combined with the overall gross anatomy of dentine result in areas of differing refractive indices resulting in a non-homogeneous reflection and scattering of light rays. This results in areas of dense opacity and saturation of color giving dentine...