dura-mater may be involved, where the nerve pierces it. The petrous portion of the temperal bone is perhaps the site of inflammation; there may be caries, or necroris of the bone, by which the Gasserian gaugion becomes affected.

Again, at the sphenoidal fissure a tumour is found encroaching upon the ophthalmic branch. The foramen rotundum, perchance, is partially closed so as to injure the superior maxillary branch; or this branch may be disturbed in its bed along the infra-orbital canal; or instead of either of those nerves, it is perhaps the inferior maxillary nerve which is found, upon examination, to be the subject of morbid action. Perhaps the inferior maxillary bone is inflamed or necrosed, that is dead; or it is the alveolus. Caries exists, or a tumour has become developed. Inflammation has resulted in an abscess, alveolar, or otherwise. There may be what is called a gum boil, Spasmodic contraction of the muscles, especially the masseter, a result of irritation of the nerve, will sometimes be followed by suppuration. The abscess opens upon the surface, and a fistula remains, which the constant motion of the part will not permit to close. Sometimes the abscess is within the antrum, which cavity may have become, larger, or smaller, by disease. Again, the dental foramen at some point, is partially obstructed, or the site of some other disease; there is often impaction of teeth, which, as they grow, create serious disturbance of the nerves by which they are supplied. Dentigerous cysts may have arisen from this impaction, " consisting of collections of serum or its modifications confined within the bone. Upon this subject I would respectfully recommend every Dentist to make himself acquainted with the teachings of S. James A. Salter, Esq., Surgeon-Dentist to Guy's Hospital, London.

Continuing to follow the several branches of the trifacial to their various periphery in the teeth, we learn of many further morbid changes. These morbid conditions are, in many respects, peculiar from the nature of the tissue involved; morbid action within the bone and the teeth, although analogous to that witnessed in the soft part, is nevertheless peculiar—and the tooth being more compact in structure, disease in it differs more widely than in the bone; in the same ratio as wear and tear, and nutrition in bone and teeth differ from that in the soft structures.

Disease, involving the several component parts of the teeth, is of the first importance to the scientific Dentist. Inflammatory action