

was evidently affected, the opinion of an eminent hospital surgeon was taken. He could discover no "tooth substance," but easily detected the existence of diseased bone, and advised an immediate operation for its removal. The patient with, I think, good reason was averse to being operated upon then, as the diseased portion of bone was not all loose.

In April following, a fistulous opening through the cheek took place, which communicated directly with the seat of mischief;—i. e., about the bottom of the socket of the second molar. The discharge from this opening was continuous and excessive. The patient, at this instance consulted another hospital surgeon. He advised patience, in order to see what nature would do for him; at any rate he regarded an operation as premature. In July following, a piece of necrosed bone came away through the opening in the cheek, the exfoliation being about the size of a broad bean.

From this time a great and general improvement took place, and it was hoped that all would be better by and by—but not so, altogether, as the discharge through the opening in the cheek continued in a diminished degree for a year afterwards, at the end of which, the patient called upon me with the desire that I should examine his mouth, as, he said, the splinter of bone substance I had declared at the onset, was working its way through the gum. Upon examination I found, to my surprise, that a *wisdom tooth* was rising, and this was the "tooth substance" I had touched by the probe and which had been imprisoned within the jaw for so long a time, and which had been the cause of so much trouble. The tooth had become fully erupted in September, 1866, occupying nearly the position of the second molar, and as it occasioned no great amount of inconvenience, it was allowed to remain for a time; although the discharge from the cheek continued. From the period just named, September 1866, to the present, June, 1868, the patient has enjoyed pretty good health. The discharge through the cheek has been continuous, without further indication of diseased bone. As his teeth generally had become loose I extracted ten of them, under chloroform, on the 16th instant, the wisdom tooth being included. This tooth is large and the roots necrosed—portions shewing indications of absorption.

The discharge ceased immediately upon its removal, and the mouth generally, presents at this date a healthy appearance. I hope to be enabled to put in a new set of teeth shortly, and have the pleasure of seeing my friend and patient restored to his wonted health and strength.

This case is interesting, I think, as an example of difficulty in diagnosis in affections of the kind, and it calls to mind an observation of Mr. Tomes, namely,—“It is desirable that it should be borne in mind, when