

molar teeth. A transverse incision was then made from a point opposite the first bicuspid tooth inwards to the longitudinal incision. The walls of the cavity were then curetted, and the laminae of necrosed bone removed from the border of the alveolus, between the left lateral incisor and first bicuspid teeth; and also from a portion of the hard palate between the internal border of the alveolus and the median line of the superior maxilla. The cavity was then dressed as before described. The same day, at 5.30 p.m., the patient was seen at her home. She was unable to leave her bed, being very weak and subject to vomiting, probably due to the effects of the chloroform, and of the whiskey given before the administration of the anæsthetic. The iodid of iron and lactophosphate of lime was prescribed as a tonic and alterative. The cotton drain, when removed from the cavity in the palate, had a small quantity of pus adhering to it. The pledget which had been introduced into the root canal was almost free from putrescent odor. The dressing was repeated.

Wednesday, July 12th, 9 a.m. The patient came to the office for the first time since the operation. The swelling was very much reduced, the patient feeling quite comfortable. The cotton drain being removed, a small quantity of pus exuded on pressure of the sides of the wound. Opposite the cuspid tooth a small spicula of bone was detected adhering to the soft tissues lining the pus cavity. It was readily removed with a pair of small foil pliers. The root canal had every indication of being thoroughly aseptic. It was now filled with a pledget of cotton saturated with oil of cloves. The palatal pus cavity was syringed with peroxid of hydrogen and drained in the previous manner.

On Thursday, July 13th, there was detected, posterior to the left central and lateral incisor teeth, a small lamina of partly detached bone firmly adhering to the hard palate. In the evening, on the removal of the cotton drain, somewhat more pus than usual adhered to the cotton, and exuded on pressure of the external walls of the pus cavity. The cotton placed in the root canal twenty-four hours before was removed, and the canal was found to be in a normal condition.

Friday morning, July 14th. A slightly increased quantity of pus was present. The patient noticed on the two previous evenings a numbness of the palate just posterior to the left central and lateral