

for mastication on that side of her mouth. Removing the tumefied, spongy gums, and all products of decomposition, and by means of the bur the ichorous contents of the roots, I adopted the most radical means of disinfection known to science, capped the roots with red gutta-percha, and dismissed the patient, satisfied in my belief of having aided her to the best of my ability.

The following day the patient's husband came to my office, hastily requesting a few moments' interview. "What have you put in the lower tooth of my wife? Was it iodoform, carbolic acid, creosote, or some such substance having a marked odor?" On being answered in the affirmative, he merely thanked me, stating that the family physician would call on me. In astonishment I waited the latter's call, who stated to me that the lady had had a slight discharge of pus for the last eight months, at a location about 1 cm. above the left nipple of the breast. There was no apparent disease of the breast. At first cold poultices were applied, these were succeeded by warm ones; later, a probe was introduced following the channel upward, and this was followed by the injection of astringent remedies, and finally by cauterization of the wound. The discharge, however, continues. To-day the patient claims that she discovers the odor of the medicines used in her tooth yesterday, in the discharge from the breast. He wished to know whether it was possible that the lady is in error, or whether it is possible that there is some connection between the breast wound and the roots.

I have had a case of pus inundation where the discharge took place in the neighbourhood of the shoulder. Many cases have been reported in our literature, among others by Carabelli, but no case of infiltration to the mammary gland. The connection, if any exists, can be ascertained with certainty. If it is true that the medicaments used have passed from the roots into the wound on the breast, a harmless colouring would also do so. A cochineal solution was injected into the root-canals, and the following day the discharge from the breast was coloured, thus positively establishing the connection. I concluded to extract the roots and thus, by removing the primary cause, cure the ailment. The examination made after the extraction of the roots proved that the pus had passed through the basilar portion of the lower maxilla, followed the border of the sternocleido-mastoid muscle, perforating the strong fascia of the platysma myoides, it followed the pectoral muscle and infiltrated the tissues of the mammary gland, discharging into the external world according to the laws of gravitation. Phenol water and boracic acid were afterward used. In about twelve days the wound on the breast was healed.—*The Dental Review*, February, 1889.