ther he was certain the whole of the stump had come away. Of this he was positive. Yet I could not help coming to the conclusion that the irritation was owing to a splinter of some kind. In carefully probing the wound in the gum the walls of the socket were plainly felt and found intact, but deep down the point of the probe came upon a hard substance, which I knew to be tooth substance, and which I thought at the time was a root of the second molar. The diagnosis of the case now seemed to me determined—the irritation of this substance set up inflammatory action in the bone, extending to the dental canal, and so causing compression of the nerve therein contained. The patient was now so reduced as to be obliged to temporarily relinquish practice, but he was willing to submit to any operation likely to secure relief. I proposed an attempt to extract the splinter supposed to remain in the jaw. Before the attempt, which was consented to by the patient, I again explored with the probe, and found, as before, a distinct indication of tooth substance deep down. The patient being steady I employed a pair of fine long beaked lower stump forceps, and was able to nibble at the object sought after in a tempting way, but I could secure no grip and was equally unsuccessful with an elevator. Subsequent general medical treatment was as powerless for good as the operative attempt just mentioned. The pain increased and relief could only be obtained by the almost constant use of chloroform, and in the course of one night no less than three ounces were inhaled. So the pain went on for a fortnight, at the end of which it somewhat subsided. There was considerable thickening of the parts, symptoms of inflammation became apparent, and the mouth could only be opened to a trifling extent. An abscess having formed, pus exuded from the unhealed wound, as also from a minute opening which shewed itself posteriorly. The discharge gradually increased, and as the inflammatory action appeared to be travelling forward, the first molar was extracted, and some days afterwards the second bicusped, to allay inflammation. These teeth had become loosened, and the removal of the first was followed by a discharge of pus through the socket. By this time the patient was terribly reduced, for in addition to the exhaustion caused by the discharge, he became subject to profuse sweatings at night and was unable to take solid food. Strong beef tea and stimulants were employed to keep up the system, and a change of air for a few days, was attended with benefit, as on his return home the general health was better and the pain had ceased, but paralysis of the dental nerve had set in, there being about its extremities an almost total insensibility—so that the right side of the chin could be pinched or punctured with little or no sensation. The disease was, nevertheless going on, and as the bone