

color of the upper left lateral incisor, which contained a large gold filling, attracted attention, and although not painful in any way, and the surrounding tissues being normal, a hazzard was made and the filling removed. Beneath the gold and covering the pulp was a cement capping, on removal of which a serous transudation was noticed issuing from the root canal. The canal was dried, and being plugged so as to allow effective use of the hypodermic syringe, peroxid of hydrogen was injected, with the result of an increased induration of the swelling and pain, inducing slight syncopal development. After the pain had continued for about five minutes the plug was removed from the root canal, but even this afforded no relief. An incision was then made through the swollen mucous membrane opposite the first bicuspid tooth, whence issued about a tablespoonful and a half of pus. The result of an examination proved the pus cavity to be about half an inch in depth, an inch in length, and half an inch in width. A slender probe on introduction into the cavity encountered a soft, cushion-like mass which was somewhat tender, probably granulating tissue.

Peroxid hydrogen was again forced into the root canal, and a drain established by the introduction of sterilized cotton, saturated with peroxid of hydrogen. The pus cavity was then dressed, being thoroughly syringed in the same manner as the root canal, and a similar drain established.

The patient was then dismissed, to return at five o'clock in the evening.

Wednesday, July 5th, 5 p.m. There was no abatement of pus formation. A fresh drain was established in both tooth and palate.

On Thursday and Friday the same treatment was continued with no improvement.

Saturday, July 8th. Close examination with a fine probe discovered several laminæ of dead bone firmly attached to the internal border of the alveolus. It was decided to remove the necrosed bone on Monday morning.

The usual dressings were made on Saturday and Sunday.

On Monday morning, July 10th, at nine o'clock, chloroform was administered, and the operation performed under strictly antiseptic conditions. The former incision was extended in an antero-posterior direction, from a point just posterior to the left lateral incisor to a point opposite that lying between the first and second