

found the cause of this long and persistent neuralgia, and that, if I operate the patient will no longer have need of your services, as the orchitis will disappear with the healing of the wound."

The patient was not long away, for the wide-awake specialist sent him back with a note stating, "You cannot operate too quickly to suit me, you have awakened my curiosity. I am interested and will be pleased to follow the case with you."

Examination revealed a slight necrosis of the alveolar process immediately back of the inferior second molar, the pulp in the distal root of which was dead and abscessed, the pulp in the anterior root being vital and exposed. There was a large cavity in the distal surface of the tooth, below the enamel, concealed by the gum, hence the long continued soreness of the tooth. I extracted this tooth and removed the slight diseased condition made by the abscess.

The cavity in my opinion was caused by secretions forming between the second molar and the wisdom tooth, which abutted horizontally against it. There was no satisfactory evidence of the extraction of the root of the wisdom tooth, and the gum over it appeared normal. But, to be sure that all possible cause for the pain was removed, I laid open the gum, cut through the periosteum and bone, and suddenly struck upon the root which had so long been buried. In examining to ascertain its position in the jaw, I plunged my probe into the living pulp of the root. You can better imagine the result of this thrust than I can here tell it. The patient's actions reminded me of the antics of a jumping-jack when the string is pulled. Under an anæsthetic I dissected out and removed this root. The wound healed readily, all pain ceased with the operation and the patient made a complete recovery. There was no swelling of the testicle the day following the operation—all pains and soreness disappearing within forty-eight hours. It has not since returned, the patient being restored to perfect health.

It gives me great pleasure to mention here the praiseworthy attitude of Dr. Bangs in contra-distinction to that of the surgeon who handled the case of Mrs. M.

The next case is one in which the cause is so plainly discernible that it is liable to be overlooked. An old lady in her "sixties" had for many years suffered intensely from facial neuralgia. After repeated failures of medical skill, the patient was transferred to the general surgeon, who, in six years did several operations in the right superior and inferior maxillæ, resecting the nerves and deforming and disfiguring that side of the face. When I was called to see the patient all the teeth had been extracted from the right side of the mouth, but the pain remained incessant—less, however, at night, and when she lay upon her right side, or when her face was swathed in flannel and protected from cold blasts of air.