

informed that I had hardly left the house the previous day when the patient was seized with a severe rigor, which was followed by fever and sweating—the mother asserting that the two last occurred at the same time. The appearance of the patient was better to-day, although he still complained of not feeling warm; the skin was more natural, but the tongue continued dirty, and the pulse was much about what it was the previous day.

7th June. To-day, when I made my visit, I found the patient in high fever, which had then lasted fully two hours, and had followed a distinct rigor; as on the 5th. I now felt sure that I had a case of Intermittent Fever, but to make assurance doubly sure I returned to the house between five and six o'clock p.m., when I found the patient about recovering from profuse perspiration. I was no longer in doubt as to my diagnosis, and inquired very particularly if he had ever been absent from Montreal, when his mother told me that he was born in the city, and had never been out of it even for a day. I ordered him two grains of quinine, three times a day, with a powder of eight grains of quinine, to be taken about ten o'clock on the forenoon of the 9th. Not to weary you with details, I may state that in spite of full doses of quinine, given just before the time of the expected paroxysm, he shook on the 9th, 11th and 13th of June. It was not till the 15th that there was any apparent benefit. On this date, all the stages of the disease were much shorter in duration, and not by any means so intense in character; and although on the 17th he had a threatening, no paroxysm occurred. From this date there was no return; but the patient became rapidly anemic, in fact, almost blanched—a very distinct functional murmur being heard over the heart. I then discontinued the quinine, and placed him on iron. His improvement was gradual, and about the middle of July he was able to resume his work. I have not seen him since that time, but know from other sources that there has not been any return of the disease.

Communication.

"POISONED BY MERCURY FROM A TOOTH FILLING."

DEAR SIR :—In the December number of your periodical you have inserted an extract from a Nebraska paper, with the above startling heading. As every dentist in the Dominion, excepting one, use amalgam, and as the case in question, in some measure, reflects upon all those who do; and more especially as the truth of the case appeared in the same

dental journal from which the extract was made, as far back as last April and May, it seems strange that it has not reached you before now. I beg you to give the other side a hearing. Instead of the deceased having been "poisoned by mercury from tooth filling" it was clearly proved that this statement was most intensely absurd; the filling being a single and small one. It was proved that the subject died "of phlegmonous erysipelas. The first symptoms noticed were toothache, with swelled face and neck, for the relief of which a physician? was called, who fanned the flame by applying poultices. The inflammation of the peridental membrane extended to the maxillary periosteum, thence to the gums and other soft tissues of the buccal cavity, passed on to the fauces, and perhaps to the glottis, and produced death by apnoea." There is probably not a dentist in this city but can cite cases in his own practice where, had similar treatment not been stopped, and teeth extracted or otherwise treated, would have ended in the same way, and in many instances where there was no filling of any kind in the teeth. *Ne sutor ultra crepidam.*

The direct administration of mercury in any form would not produce symptoms similar to those in so short a time, and to suppose that sufficient of the mercury contained in the filling could evaporate, oxidize, or be converted into a soluble salt by any influence within the mouth to produce fatal salivation is simply ridiculous.

The dentist who filled the tooth was *intoxicated* at the time. The tooth was, no doubt, plastered up with a huge daub of amalgam; the pulp may have been alive and largely exposed, or dead, it makes little difference which; but it is obvious that there was inflammation of the dental periosteum when the patient complained of toothache and swelling, and soreness of the face; and it is equally patent that the same thing would have resulted had the tooth been filled with gold, or any other filling that would hermetically seal the cavity, and prevent the escape of the gas arising from the decomposing pulp or its debris. The prompt extraction of the tooth would have obviated all danger. The true verdict of the coroner's jury should have been that "the deceased came to his death by phlegmonous erysipelas, brought about by the treatment of an inflamed tooth, by Drs. Sprague, Davis and Buffon,"—the three latter being ignorant physicians, who poulticed the patient to death. So far J. S. Rice, M.D.

Prof. Cutler, M.D., D.D.S., one of the keenest diagnosticians in the dental profession, and professor of chemistry, microscopy and histology in the New Orleans Dental College, writes in the May No. of