

mended. I examined his teeth carefully, and found no defect, no sensitiveness on tapping each tooth on every side. There were a few small gold fillings, but none that would indicate the cause. I asked him if he could locate the starting point; he said he could not. "Probably," I remarked, "you did not think of it." "No," he said, "it begins slightly and increases in intensity until it becomes unbearable." "Will you be kind enough to give this your attention, and let me know to-morrow the slightest indication of the locality from which it starts?"

The following day he came by appointment, and said he had discovered the pain to begin in the left cheek. This is all I had to go by. The small gold filling on the buccal surface of the first left molar attracted my attention. With the idea that it might be deeper than it looked, I took it out; the cavity was not at all sensitive. I again tapped the tooth; no sensitiveness. I was attracted by the shining appearance of the cavity and the hardness of the tooth bone, also that some of the other teeth had small portions of their edges broken off, which indicated high crystallization of the tooth bone. I began to suspect that the fine nerves of the teeth and teeth might be pinched by the rapid ossification of the serum that nourish them. Accordingly, I began to drill in the cavity in the direction of the pulp, and asked my patient to let me know at the slightest indication of sensitiveness. I soon got into the pulp cavity, and found it a small pearl. I continued to drill in the palatine root; when about a quarter its length my patient said, I feel that. I went no further in that direction, and inserted a drop of paste on a broach and stopped it up. Then the buccal roots were drilled into; the nerve canal in both was solid bone, and but slightly sensitive near the apex. They were treated in the same manner, the cavity filled with gutta percha, and my patient dismissed to call the following day and report. The hour brought my patient, and he told me he had a most comfortable night, and not the slightest pain had been felt since he had left my chair. The small but highly sensitive portion of the nerves of what had been left were now without life. The roots and the cavity were filled, when I told my patient if he ever again suffered from neuralgia to come to me. This he promised and thanked me.

This was a clear case of nerve ossification, as it has been termed, but only partially correct; it is more correct to say the ossification.