

first somewhat confusing, and to understand them involves a perfect knowledge of the anatomy of the part affected, and in none more so than in connection with the Trifacial nerve; also one must possess a complete knowledge of the physiological action and then he is prepared to grasp the pathological facts referred to. The practicing dentist daily meets with cases of morbid action, direct and reflex. So while he has to possess particular mechanical knowledge in connection with the science of surgery, he is by right, called upon to make himself familiar with some of the more complex principles of physiology and pathology. It is not only his privilege; it is his duty. The earnest and successful efforts which the dentists of Ontario have made to elevate themselves by organization, and by securing Legislation which raises them to the position of a profession, and obtains security thereby to the public, against incompetent men, indicates the fact that they recognize at once their privilege and their duty.

The following appended case is taken from the *London Lancet* of a recent date. It was read before the Royal Chirurgical and Medical Society by Dr. Althaus. The case occurred in an otherwise healthy Australian. There were at first symptoms of inflammation, and afterwards compression and atrophy of the nerve. The case came under the authors care about two years after the commencement of the affection. There was then, total loss of muscular sensibility about the face, and a peculiar expression of the features in consequence of it. Vision was obstructed by leucoma of both cornea; yet the patient suffered much from photophobia, although little light could penetrate to the retina. An ophthalmoscopic examination of the fundus oculi showed optic disc, as far as it could be seen, quite normal. The common sensation of the face and scalp, was entirely lost on both sides. The sense of temperature was completely absent, and the senses of touch and locality were also lost: the conjunctiva was anæsthetic; the secretion of tears arrested, but there were pathological hypersecretion of conjunctival mucous. The mucous membrane of the nose was quite insensible, and its secretion much augmented; the sense of smell was in no way impaired. The mucous membrane of the mouth, including the tongue, was also anæsthetic. The secretion of saliva was arrested, but the flow of buccal mucous increased. The tongue had been severely bitten, as the patient was not at all aware of biting whenever he did so. The sense of taste was preserved. The muscles of mastication were paralysed; and the patient complained