

right side was dilated. On cutting open the left bronchus the missing tooth was found. It was very tightly wedged in the bronchus, its point being downwards and the crown upwards, so that it had apparently acted as a "ball valve." It had almost ulcerated through the left bronchus, which above the situation of the tooth was congested and full of grumous fluid. On following the left bronchus into the lung there was found an irregular passage full of a brown foul-smelling fluid. The whole of the left lung was gangrenous and crepitating, and on squeezing the lung substance there exuded a fluid of the character described. The bronchial glands were enlarged, and there was also an enlarged gland at the root of the neck on the left side. Above the impacted tooth no bronchiole was given off, so that there must have been entire obstruction. The right lung was congested and edematous, showed commencing consolidation at the base. There were two cavities in the left lower jaw, and into the hinder one the tooth, which was carious, fitted exactly, its direction being forwards and inwards. This case seems to illustrate the effects of obstruction to a bronchus, as Dr. Sevestre has recently pointed out in the *British Medical Journal*, the early stage being collapse of the lung, and the later, inflammation, leading sometimes to the entire disorganization and gangrene of the lung. The tooth did not appear to have been tightly wedged in at first when the patient was seen, but seemed to have become so owing to the incessant attempts to expel the foreign body, and with each attempt the conditions must have been aggravated by the suction in during inspiration. The gangrene would be excited both by the retention of secretion, and by the introduction of septic material from the tooth.—James S. Warrack, M.A., M.D., *Demonstrator of Physiology in the University of Aberdeen*, in *British Medical Journal*, Feb. 18th, 1899.

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#### DENTISTS' FEES.

A dentist in practice in the provinces has again put to us the question, often raised in our columns, as to whether it is proper for dentists to charge medical men, and members of their families dependent upon them, fees for services rendered in the treatment of disorders of the teeth. We have made some further inquiries as to the custom upon this point, and a dentist of large experience, whom we have consulted, states that there cannot be said to be any accepted rule with regard to fees between medical men and dentists. He adds that some leading consultants have been in the habit of freely accepting fees from dentists, even when the latter have possessed full medical qualifications, whilst others with absolute firmness refuse to do so. Leaving personal friendship out of the question, the custom of waiving fees doubtless has its