

fall into the cavity. In one of these ways, a response will be obtained, sufficient to guide the operator as to his subsequent course, and enable him to avoid inflicting unnecessary suffering on his patient.

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ULCERATED TEETH.

A CASE IN PRACTICE—BY A. C. COGSWELL, HALIFAX, N. S.

An officer in one of Her Royal Majesty's ships called to have the left second molar, upper maxillary, removed, having been the cause of considerable pain and uneasiness, beside the unpleasantness arising from a slight discharge, for several months. On examining, I found the tooth somewhat elongated, very black and discolored from a silver filling that had been placed there some months previous; tooth extremely sore to the touch, and the gum in the roof of the mouth directly opposite the apex of palatial root, very red and inflamed, quite soft, and spongy; so that a slight pressure with my finger not only produced severe pain, but caused a discharge of purulent matter; and on inserting a probe I found a free passage and actual sinus having been formed, and discharge having been kept up for several months past.

I must acknowledge I was very much inclined to remove it, but seeing a desire on the part of the patient to keep it a *little* longer, if it were possible to get rid of the *pain*, I remarked, "an empty house was better than a bad tenant," still, if he wished, I would try and see what could be done, feeling somewhat encouraged from the fact that the patient was a robust, healthy man, gums in good condition, and not *another diseased* tooth to be found among the entire number.

I at once removed the amalgam filling by drilling, which was rather painful, (but, thanks to a correspondent, I find his way of softening by using quicksilver, to act on the old filling the *best* and *easiest*), then taking a good sized barbed nerve extractor, succeeded in removing all the remaining portion of the dead nerve, about one-third of the whole, in the palatial fang, as well as a small portion in one of the facial roots—the third root cavity not sufficiently large to allow even the smallest barb to enter. I then used a solution of tannin and warm water, injecting it freely into the fangs, then with an untempered point (an old barb will answer if the barbs are filed smooth) carefully carried a thread of floss silk well saturated in creosote and iodine, far up to the apex of the roots, especially the palatial root, as that seemed to be the seat of disease,