within recent memory, when British troops were exposed to the pitiless severity of the long winter in a climate much milder in its degree of cold than ever happens at the same season in either of the Canadas or in the adjacent provinces. In what measure success rewarded this benign care, and how far the troops in their dreary winter march succeeded in battling with the biting cold as they journeyed down in the frozen valleys and over the bleak hills, through a wide desert of snow—before, behind, and on every side—must be deferred to another, and I trust less tedious notice.

CONTRIBUTIONS TO DENTAL SURGERY.

By S. ADAMS PARKER, Esq.,

LICENTIATE IN DENTAL SURGERY; SURGEON-DENTIST TO THE QUEEN'S HOSPITAL, BIRMINGHAM, AND TO THE BIRMINGHAM DENTAL DISPENSARY.

No. II.

ON SOME OF THE EFFECTS PRODUCED BY THE RETENTION OF CARIOUS TEETH IN THE JAWS.

THE following cases have during the past ten years come under my notice, both in hospital and private practice, and will form a continuation of those published in THE LANCET in 1859.

CASE 7.—*Fistulous opening in the lower jaw, attended by swelling and inflammation of the submaxillary gland, caused by a diseased wisdom tooth; removal of the tooth, and cure of the disease.*—In December, 1859, a gentleman consulted me respecting a fistulous opening in the lower jaw, near the angle, which was accompanied by a considerable amount of inflammation in the submaxillary gland on the left side. He stated that this evil had been in existence during nearly eight weeks; that it had gradually become worse, and had yielded to none of the usual remedies. He complained that it had deprived him of rest night and day, that the pain had been incessant, and the discharge from the opening continuous. The jaw had become fixed, so that little or no food could be taken, and the patient, when I saw him, was reduced to a state of great weakness.

Having examined the mouth to the best of my ability under the circumstances, I found that the dens sapientiæ on the same side as that on which the disease was situated was considerably decayed, and very loose and tender to the touch. The patient, having an important engagement to fulfil on the day on which I saw him, deferred the extraction of the tooth till the morrow. In the meantime I recommended that he should use a fomentation of poppy-heads as frequently as possible until he should call the next day.

Dec. 11th.—The mouth could be opened with somewhat more ease, so that I was the better able to reach the tooth. Still the jaw was closed sufficiently to prevent the entrance of a pair of forceps. I, however, removed the tooth by means of an elevator, and a considerable quantity of discharge followed the operation. Renewed fomentations were then advised.

27th.—The fistulous opening had quite closed up, and the surrounding inflammation had abated. The patient could open his mouth as he had been accustomed to do before it became diseased.

This was a successful case, and one in which the cure was rapid.

CASE 8.—*Fistulous opening in the lower jaw, caused by a decayed molar stump; removal of the stump, and cure of the fistula.*—In February, 1861, Eliza P.—, aged twelve years, a patient at the Dental Dispensary, sought relief respecting a fistulous opening in the cheek, which had been discharging matter for nearly two years, and which was supposed to have originated from the stump of the first lower molar on the left side. The crown of this tooth had been fractured in an attempt to extract it. Some few days after it had been broken, the surrounding parts became swollen, inflammation of the periosteum of the gums set in, followed by suppuration, and this finally ended in the formation of an abscess, which had broken externally, and had continued to discharge up to the time when I saw her. She had been a patient at the General Hospital during a long time, and here the usual remedies had been resorted to without benefit.

I removed the stumps with Thompson's elevator. They had been broken in so low as to preclude all possibility of easy application of the forceps, and the operation was rendered somewhat difficult. By the aid, however, of the elevator, and by a moderate steady pressure, they were soon extracted; and

at the end of each fang I found a large sac, which proved beyond a doubt that the cause of the mischief had now been removed. A free discharge continued for about forty-eight hours after the operation, and in about three weeks the opening externally could scarcely be seen. The gums inside were nearly closed up.

In the month of April, the patient having occasion to come again to the dispensary to undergo some other operation, I had an opportunity of seeing her, and found that the external mark was entirely obliterated, and that the second molar was gradually filling up the space caused by the removal of the first molar.

CASE 9.—*Neuralgic affection of the face, caused by a number of decayed and loose stumps; removal of the stumps, and subsequent cure of the neuralgia.*—A young woman, thirty-one years of age, consulted me at the commencement of January, 1860, under the following circumstances:—For many months she had been suffering from pain in the jaws, face, ears, temples, and from great depression of spirits. She had no enjoyment in taking food, and suffered from constant indigestion and other unpleasant symptoms. She had been under medical treatment for a considerable length of time without any benefit, and the state of her mouth had never been inquired into; and thinking herself that the teeth might possibly give rise to some of her maladies, she consulted me upon the subject.

Upon examination, I found the teeth in such a state as to warrant me in concluding that the cause of her illness was to be attributed in a great measure to their condition. There was not one tooth that was not partially or wholly destroyed by caries, and but one alternative suggested itself, which was that she should have extracted all that could not by the usual means be restored to usefulness. The patient, however, was reluctant to have so formidable an operation performed; but feeling somewhat convinced on her own part that it might lead to her recovery, and being assured that the operation should extend over several sittings, she consented to a beginning.

In due course of time the stumps of the molar teeth, both superior and inferior, together with several others, were removed, and some of the front teeth that were not in so bad a condition were filled and rendered serviceable. The pain in the head, &c., have since the operation gradually diminished, and in the May following she was quite free from any inconvenience. Her appetite is good, she sleeps well, and her food, which she enjoys, although, for want of grinders, not masticated as it ought to be, does not produce that irritation in the stomach which it formerly did.

Nearly all the stumps had a bony deposit upon them, and one or two presented that condition mentioned by the late Mr. Sheely, in a paper read before the Odontological Society* in March, 1857.

CASE 10.—*Neuralgic affection of the face caused by decayed wisdom teeth; removal of the teeth, and cure of the disease.*—Harriet F.—, aged twenty-six, applied to the Dental Dispensary in April, 1860, for relief under the following circumstances:—She had suffered for a length of time from violent pains in the inferior maxilla, shooting through the ear, and up to the temples; had no sleep at night, nor rest by day; could take nothing but soft food, on account of the pain produced when eating anything hard. No pain could be detected in any one particular tooth; the gums were slightly inflamed, and upon the lower front teeth a small quantity of tartar was deposited. I found that stumps of several teeth remained in the jaws, and as both the wisdom teeth in the lower jaw were decayed to the edge of the gum, the pains in the ear were accounted for.

I recommended the stumps to be removed, to which the patient consented, and on the 26th I extracted the second bicuspid stumps, right and left side, in the lower jaw.

April 28th.—No improvement. Removed first superior molar, left side, decayed to the edge of the gum.

May 3rd.—Pain not quite so bad, but still sufficient to prevent the patient from following her daily occupation. Removed both the inferior wisdom stumps.

12th.—Pain entirely ceased upon the removal of the wisdom stumps.

29th.—Cured.

CASE 11.—*Painful affection of the right malar bone, produced by a carious wisdom tooth; removal of the tooth, and cure of the disease.*—On March 28th, 1861, a young man, a patient at the Dental Dispensary, applied for relief for what he thought

* Extract from Transactions of the Odontological Society, vol. i., p. 37:—"A very common appearance of exostosis, and one which is frequently ascribed to absorption is a nipple-like projection of the apex of the fang."

was a tumour in the mouth. For nearly twelve months he had suffered intense pain in the right malar bone, the cheek swelling at times to a considerable size, and the eye becoming quite black. Inside the mouth, between the cheek and the gums, was a hard substance, which was situated close to the right superior wisdom tooth. This was decayed to the edge of the gum, and painful when touched. I removed the tooth, and had the satisfaction of finding all the painful symptoms subside in the course of a fortnight, and the swelling in the mouth entirely gone.

Birmingham, March, 1862.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

SEQUEL TO THE CASE OF LITHOTOMY IN WHICH THE
STONE WEIGHED UPWARDS OF NINE OUNCES; FATAL
RESULT ON THE TWENTY-FIFTH DAY.

(Under the care of Mr. PAGET.)

THE subjoined notes, taken by Mr. George Wm. Southam, Mr. Paget's clinical clerk, detail the progress of the above case, with its fatal termination. It will be seen by a reference to our previous report (p. 198) that the patient, who was operated upon on the 1st February, went on remarkably well up to the 14th, and that there was every reason to anticipate a favourable recovery. After that date, however, he gradually got weaker, and died from disease of the kidneys, apparently of long standing, as revealed by the autopsy. The fatal result ensued on the twenty-fifth day after the operation.

Feb. 15th.—The patient was ordered ten minims of dilute nitric acid and a drachm of liquor cinchona in two ounces of infusion of buchu, thrice daily, because he appeared rather flagging.

17th.—Did not sleep so well last night; complains of having been gripped, but is not much purged; says he feels well this morning. Pulse 108; bowels open regularly; tongue moist; appetite good.

20th.—Complains of having a sore throat; sleeps pretty well; appetite good. Still complains of griping, for which the dilute nitric acid is to be discontinued. Aspect rather pinched; pulse 114; skin warm and moist; tongue moist. The urine still contains pus, and a little continues to pass by the wound. He sits up while his bed is made.

22nd.—Still has pain in his body; appetite not so good, and he is somewhat thirsty. Did not sleep so well last night. Pulse 120, small; he does not look quite so well.

24th.—Was in great pain yesterday, and refers it to the left lumbar region. Had a warm bath last night; a sixth of a grain of acetate of morphia was injected subcutaneously over the seat of the pain, and a linseed poultice was applied over the left lumbar region. Bowels were opened four times yesterday and twice to-day. Appetite bad; complexion more sallow; tongue coated with brownish fur. Complains of being thirsty, and of feeling sick after taking food or drink. Pulse 108, very feeble; respiration 20. Says he does not feel so well by a great deal as he did a week ago. Urine scanty and high-coloured, containing much pus. He slept tolerably. Wound looks healthy and is nearly healed. Ordered three bottles of soda-water daily.

25th.—Appears lower and drowsy, having been kept awake during the night by the pain in the loins. Was sick during the night, with constant retching, and is troubled with hiccough this morning. Refuses to take almost everything. Passes but little urine, which is very high-coloured. Pulse very frequent, small and irregular (cannot be counted); respirations 24; tongue slightly furred. Ordered some gin.

26th.—Passed a bad night. One-sixth of a grain of acetate of morphia was again injected, but it gave him no relief from the constant pain seated in the left lumbar region; twenty-five minims of the sedative liquor of opium were also given, but without effect. He is troubled with hiccough; pulse very small; respirations 20; skin perspiring; says he feels weaker; urine high-coloured and scanty; appetite bad; takes scarcely anything but gin and water; is weaker, and evidently sinking. He died about ten o'clock this evening.

27th.—A post-mortem examination was made about two o'clock to-day. His kidneys were first examined. The left was found greatly hypertrophied, weighing 10 oz., with the infundibulum, pelvis, and calices greatly dilated and extending up between the pyramids, forming considerable sacs, and filled with pus; the cortical portion was not much diseased: he had evidently been suffering from a fresh attack of pyelitis of this kidney. The right kidney was totally destroyed as to its proper structure, a pus-secreting bag being all that remained. The ureter was dilated at various intervals along its course, the dilatations as well as the remains of the kidney being filled with pus. The bladder was not more diseased than was capable of being recovered from. All the other organs were extremely healthy for a man of his years.

ST. GEORGE'S HOSPITAL.

GOOD RECOVERY OF THE RECENT CASE OF LITHOTOMY, IN
WHICH THE CALCULUS WEIGHED FOUR OUNCES.

(Under the care of Mr. JOHNSON.)

THIS case was reported on the same occasion as the preceding one. Our report closed on the 13th February, when the wound looked a little sloughy. The patient subsequently improved, and went on admirably; for the last ten days he has been up and about the ward. A few days before this he passed a piece of stone through the wound, since which time it has been healing rapidly. He now passes all his urine through the urethra; his appetite is excellent, and he is gaining flesh.

These particulars were kindly furnished by Mr. Thomas P. Pick, the surgical registrar, who further informs us that the fragments removed from the bladder at the time of the operation on the 6th February weighed twenty-three instead of eighteen drachms, and as a considerable quantity of *débris* was lost during the operation, the weight of the calculus may correctly be estimated at four ounces.

Curiously enough, the result in the present instance, from the constitutional predisposition to irritability of the bladder which was manifested by the patient, seemed at first very doubtful; nevertheless, as the kidneys are apparently uninvolved, and the source of irritation has been removed from the bladder, a tolerably good recovery has followed.

CHARING-CROSS HOSPITAL.

PARAPLEGIA IN AN ACROBAT, WITH FRACTURE AND
DISPLACEMENT OF THE SPINE, THE RESULT OF
A FALL; RECOVERY.

(Under the care of Mr. HANCOCK.)

THE nature of the injuries sustained, and that they should have ended in a recovery, render the following case a most remarkable one. Fractures of the vertebræ, with such an amount of compression of the spinal marrow as occurred in the present instance, are almost invariably fatal; for if a patient does not recover from the paralysis, even after union of the fracture, he is almost certain to die ultimately of disease of the cord. Fortunately, the paralysis had in great part disappeared, and the fracture had united when the patient left England for America. It would be interesting to know the ultimate result of this case:—

F. M.—, whilst performing on the trapèze at the Alhambra on the night of the 28th of March, 1861, missed his hold, and fell a distance of above twenty feet on to the stage with so much violence that he rebounded some two or three feet from the latter. Upon endeavouring to rise he found that he had lost the use of the lower half of his body. He was, therefore, taken to the Charing-cross Hospital, where Mr. Hancock saw him about an hour after the accident. At this time there was