diagnosis and the taking of careful case histories with the modern x-ray pictures, should be the foundation stones upon which conservative or destructive dentistry should be determined.

If the dental and medical professions will get together on all cases in which extraction is advocated, and will gather and weigh the evidence each case presents, it seems altogether likely to me that we can arrive at such a sane and reasonable judgment of the conditions that justice will be done to all.

A CASE OF IRITIS DUE TO THIRD MOLAR IMPACTION*

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THE case history of Mr. C. P., Age 42. In Aug., 1917, the patient had a severe attack of iritis and neuralgia of the left side of the face, head, neck and shoulder.

Oculist's treatment: Sodium salicylate, atropine in eye—2 injections of strepto-staphylococcus vaccine. The attack lasted three weeks. He then suffered a nervous breakdown, and was sent to the country for two months to recuperate. He recovered slowly.

In Feb., 1918, a second attack occurred which commenced after he had been exposed to cold. The attack lasted a week. Treatment as in first attack, but instead of vaccine he was given intravenous injection of some other remedy.

He had no history of lues. Two Wassermann tests were made, both negative.

At this time he was referred to the writer. Skiagrams were taken of both dental arches. This revealed an impacted third molar in the upper left arch.

He was advised to have it removed, but refused such treatment. In Sept., 1918, he again suffered an attack. After having been in bed about a week he presented himself to have the impacted tooth removed.

It was decided to remove both the second and third molars under infiltration anesthesia.

Within 12 hours afterwards the iritis subsided and in a week the neuralgia had disappeared.

To date there has been no recurrence of the disorder.

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