are so intense as to lead sometimes to suspicion of more serious trouble.

M. Forget in a criticism of M. Fort's remarks, says that it is very true that the evolution of wisdom teeth produces peculiar disturbances; and that the fact has already been pointed out by others. In a memoir published in 1828, on the various deviations of which the lower wisdom teeth are susceptible, Dr. Toirac, says M. Forget, reports six cases bearing on this point. In one of these cases the patient was subject to slight attacks of inflammation for a year after the left lower wisdom tooth began to appear. His cheek, not very much swollen, was extremely sensitive to the slightest pressure, while deglutition was almost impossible. The left tonsil was swollen, and the soft palate was very red. The posterior third of the crown of a wisdom tooth was found to be covered with a fleshy band, consisting of the gum, which was of a voilet color, painful and slightly ulcerated.

A worse case was reported by Dr. Desirabode, in 1851. A man of 25 years committed suicide, and it was supposed on account of violent dental neuralgia. At the autopsy it was found that the left lower wisdom tooth was directed horizontally from before backwards, the roots being in apposition with the base of the ramus, and its crown applied to the posterior molar, upon which it exerted strong pressure. The gum was greatly swollen. No other lesions existed in the dental apparatus.

M. Forget cites a still more aggravated case. A man 26 years old had been for a long time affected with neuralgia referred to the alveoli of the molar teeth on the right side of the lower jaw. The entire ramus was tumefied, and to a considerable degree. Impeded articulation; swelling of the whole *masseter* region, so to say; hyperostosis of the coronoid process. M. Maisonneuve, having exposed the bony tumor, applied the trephine in search of the tooth. The result not being satisfactory, resection of the jaw was done, at the alveolus of the first molar, and the condyle was disarticulated. The bone having been divided by a section parallel to its axis, M. Forget found several purulent cavities which had burrowed into its substance. It was an instance of medullary osteitis of the ramus of the jaw extending to the interior of the condyle, which was hollowed out, by a little purulent cyst opening close to the articular cartilage. The severe symptoms and the structural lesions had for their point of departure the abnormal enlargment of the wisdom tooth, which was shut up in