

dressers in the Richmond Hospital, and had charge and took notes of the case for him. Of this case Mr. Heath has observed that "it is the best example of the disease hitherto known as cystic sarcoma with which I am acquainted." The specimen was formerly in the museum of the Richmond Hospital, but is now in the possession of the Royal University of Ireland.

As these cases presented many features of analogy as regards appearance, history, and pathology to one that I recently operated on in the Meath Hospital, a brief record of it will probably not be deemed devoid of surgical interest.

M.B., aged 29, a domestic servant by occupation, was admitted into the Meath Hospital under my care on November 14th, 1898. She suffered from a large, and, it was stated, increasing tumor of the greater part of the left side of the lower jaw. The patient stated that the tumor was first observed in 1893. On March 20th, 1897, she presented herself at the Dental Hospital of Ireland, complaining of pain accompanied by swelling of the lower jaw on the left side. Mr. George Moore, one of the surgeons of that institution, saw her at this time, and has kindly furnished me with the following notes of the case which he took at the time :

Four years ago (1893) she suffered from excessive pain in this region, to relieve which a local practitioner extracted the left six-year lower molar. Two years now elapsed, during which time the patient was free from discomfort, but soon afterwards (in 1895) she noticed the jaw swelling in the region of the second left lower molar. This increasing, advice was sought at a general hospital, and as a result an opening was made into what appears to have been a cystic tumor. Some fluid was evacuated, and the cavity packed on several occasions with lint. The swelling subsided, but in some months returned. The patient then sought advice at the Dental Hospital again. On examination, the wisdom tooth on the affected side was found absent, and had never been erupted nor extracted, while the twelve-year molar was present and badly decayed. Much swelling was present around the lower tooth, principally affecting the buccal aspect, and running backwards and upwards upon the ramus, the bone being evidently thinned. It was considered expedient to remove the remaining molar which, along with all other decayed teeth and roots, was extracted under ether. The molar tooth, without any evidence of fracture, came away, but it had no fangs or roots, nor did a probe passed into the socket detect any. The probe could be passed into a cavity of some size, but from which apparently no fluid escaped. The case was then sent to the Meath Hospital, and placed under my care.

On her admission, the deformity caused by so large a growth was very striking, so much so that it is a source of regret to me that a photograph of the patient was not taken previously to the