

Operation for its removal.—A colored woman, æt. 41, ten years ago, noticed an enlargement of the lower jaw on the left side, near the angle, in the region usually occupied by the molar teeth. No permanent molars had ever appeared on that side, and it was the patient's conviction that there never had been any deciduous molars. The enlargement of the jaw was principally of the alveolar border, and this finally grew to such a degree as to prevent bringing the teeth together. Under these circumstances, five years ago a portion of the tumor, cartilaginous in density, was shaved off. A new growth gradually replaced what was removed, and there is now an enlargement of the entire bone, firm, dense, inelastic, slightly irregular in outline, sensitive on the inside to touch, whenever hard morsels are bitten upon. It is hardly of sufficient size to be visible from the outside, but can readily be felt, and it projects inwards about to the same extent. The jaw is perhaps double its natural thickness. For the last six months the tumor has been the centre of a radiating neuralgic pain constantly present, and so severe as to make the patient willing to undergo any operation likely to give her relief.

Removal of a portion of the continuity of the jaw being attended by disability and disfigurement, it was thought best to perform a temporizing operation, and excise so much of the tumor as could be from the inside of the mouth. In chiselling away the bone, which was dense and vascular, a well-formed wisdom tooth was found impacted in the jaw bone in a horizontal position. As this was deemed to have been the source of all the suffering as well as to constitute the tumor, no further steps were taken toward its more thorough extirpation. The operation was followed by complete disappearance of the pain. The wound rapidly granulated, and at the end of three weeks the patient was discharged at her own request.

The crown of the tooth removed was found to be enveloped by the membranous sac originally lined with enamel pulp, which having fulfilled its function had become detached from the surface of the enamel, and now remained as a capsular investment of that portion of the tooth. The sac thus formed was not distended with serous fluid into a "dentigerous cyst," as occasionally occurs, and an instance of which was reported in 1863,* but retained its original proportions. The case must therefore be looked upon merely as one of impacted

* Trans. Boston Soc. for Med. Improvement. Vol. V., p. 100