Salter, who has observed that the cysts only arise "when the tooth or teeth associated with them are embedded in the substance of the jawbone"; but in another place we find his somewhat contradictory statement that "impaction of a tooth is not necessarily a cause of these serous collections, the former being common, the latter comparatively rare."

Mr. Coote[2] also holds the view as to the cysts being the result of irritation produced by decayed teeth; Magitot that they resulted from the fusion, and sometimes subdivision, of several dentigerous cysts, those, namely, connected with imperfectly developed teeth.

The view that they are due to an abnormal development of the enamel organ has also been advocated by Falkson,[3] and, lastly, the theories of Eve,[4] and endorsed by Malassez,[5] that these growths have not a dental origin, but that they are *neoplasms of a epitheliomatous nature.*

According to Ziegler[6] these "Zahncysten" may originate from cystic dilatation of a tooth socket of a developed tooth, as well as through a corresponding degeneration of buds "Sprossen" of enamel germ, or of the dentinal sac of a tooth in the course of development. In the latter case the cysts are lined with cylindrical epithelium. Orth[7] maintains that the jaw cysts originate from tooth germs, and part also are cystic fibromata.

The late Sir John Tomes has observed that "such cysts are tolerably frequently observed attached to the roots of extracted teeth. The process is probably identical with that resulting in the formation of alveolar abscess: but the process being less acute a serous cyst takes the place of a rapidly suppurating sac. As such cysts increase in size they produce absorption of the bony structures round them, and may in this way come to occupy the cavity of the antrum."[8] As regards unilocular cysts this view is, I should say, most likely the correct one.

An interesting pathological feature that is observable in the case I have drawn attention to is the condition of the molar tooth that was extracted by Mr. G. Moore previously to the removal of the tumors. I allude to the complete absence of the fangs and the under surface of the tooth not showing any evidence of ulceration, being smooth, cup-shaped, and polished. The cause of this partial absorption of a permanent tooth is, like the origin of the bone cysts, involved in much obscurity.

Sir J. Tomes[9] held that the cases of absorption of permanent teeth might be divided into two classes—first, "when the whole or part of the root of a permanent tooth is absorbed without reference to the growth of an adjoining tooth; and, secondly, when a portion of a permanent tooth is absorbed to make room for the eruption of a neighboring tooth. The mechanism of the absorp-