CASE OF
NECROSIS OF THE LOWER JAW,

RECOVERED FROM, WITHOUT DEFORMITY.

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ESTHER WATSON, aged 20, consulted me on the 8th of September 1842, for an extensive necrosis of the lower jaw, with ulceration of the integuments under the chin. The mouth and lower part of the face, from the tumefaction, the ulcers, and the fœtid discharge, presented a very disagreeable appearance. It had commenced with toothache about six months before, the pain being followed by an inflamed swelling, the swelling by abscess, and the abscess by ulceration. No effectual treatment had been adopted to arrest the progress of a very painful disease.

It immediately occurred to me that a fungus arising out of the fang of the decaying tooth had been the origin of the mischief, and my first object was to remove this by extracting the tooth. The posterior bicuspid of the left side of the lower jaw was accordingly drawn, and a small fungous growth was found attached to one of its fangs. On examining the jaw with a probe through the ulcerated openings, a large extent of denuded bone was felt, but it

appeared to be very firmly attached. My further attempts were therefore limited to prescribing an alum gargle, to be freely used to cleanse the mouth, and the zinc ointment to be applied externally.

By these means the *comfort* of the patient was greatly promoted, and time was allowed for the process of separation to advance : they were continued, with the occasional application of a poultice, for three months.

On the 13th of December, it being evident that the dead bone was completely detached from the living, the existing openings under the chin were thrown into one, and somewhat enlarged, by two small incisions ; the bone was taken hold of by a pair of forceps, and immediately, without pain or hæmorrhage, extracted. The portion removed amounted to about two-thirds of the entire lower

jaw, and contained several of the alveolar processes, as may be seen in the annexed wood-cut, which

represents the sequestrum viewed from above and posteriorly. A, Socket of the posterior bicuspid tooth, which had been extracted. B, The symphysis. C, Portion of the socket of the anterior bicuspid of the right side.

A slight dressing was applied to the wound, and on desiring the patient to open her mouth, to my very agreeable surprise, I found the entire set of excellent teeth, (with the single exception of the one I had extracted,) perfectly fast, and in their proper places.

On the 5th of January 1843, (in three weeks,) the wound was very nearly healed, and the face had now recovered a perfectly natural appearance, having lost the swelling and inflammation which had disfigured it for so many months. She then returned into the country, and, as far as I have been able to learn, has since continued quite well.