

ARTICLE IV.

Neuralgia. Case of Miss E. R. L. By J. LEE, M. D., of Camden, S. C.

MISS L. spent the winter of 1836-'7 in Mobile and New Orleans; prolonged her residence until June, '37. Returning to South Carolina she was much exposed; several times wet; took severe cold; was attacked with neuralgic pains in the face; referred principally to the dens sapientiæ, inferior maxilla, right side. On examination I found two cavities not deep; I excavated and filled them; pain continued a week or ten days; I extracted the tooth; it came away easily; the tooth was not considered the cause of the pain, but it was crowded and could be well spared. The pain in the jaw increased. It was treated through the general system, and locally, by stimulants, galvanism, emollients, and as it manifested a periodicity of pain from bad to worse, it was treated with quinine, &c., &c. Nothing left undone from which hopes of benefit could be derived.

From November to January, 1838, scarce a night's rest was obtained; the whole system seemed to be giving way under intense suffering; the pain commenced at the right central incisor, and extended back to the angle of the jaw; the middle and upper branch of the nerve were only occasionally painful. At this stage of the disease she earnestly solicited the extraction of the teeth; this, of course, was refused. I proposed the examination of the first molar of that side which I had plugged with gold in 1832; removing the filling, I found the bottom of the cavity clean and white. I then drilled into the pulp, causing but little additional pain; the pulp was perfectly healthy. One-eighth grain of arsenic was placed in the cavity and covered with wax. At the expiration of two hours the pain began to diminish. That night she slept well. I renewed the arsenic, putting in half a grain and covered it with a tin filling. At the expiration of ten days I took out the tin, most of the arsenic had disappeared. The capsule of the tooth was very tender, being inflamed, as I suppose, from the absorption of the ar-

senic ; this soreness continued more than a month. Three months have now elapsed since the operation. The neuralgic pain has not returned ; the tooth has no sensibility. At present it has a tin filling.

ARTICLE V.

On the Management of Irregular Dentition. By J. B. MITCHELL, M. D., Surgeon Dentist.

IRREGULARITY of the second dentition, viewed in regard to its causes, is of two kinds: the one arising from a want of harmony between the development of the permanent set, and the decadence of the milk teeth, the other depending on a defect in the correspondence which ought to exist between the growth of the jaws and the increased volume of the second series of teeth.

Little difference of opinion at present prevails on the subject of the first kind of irregularity, the interference of the dentist being now usually limited to assisting the ordinary course of dentition, when it is tardy or over active, but in no way anticipating the operations of nature. The profession is much indebted to M. Delabarre and Mr. Thomas Bell, for the improved views now so generally entertained in regard to the management of this particular defect of dentition. The same unanimity, with the exception of some matters of detail, may also be said to exist in respect to the regulation of the teeth, in cases where either kind of irregularity has been allowed to become permanent.

That species of irregular dentition, however, which depends on disproportion between the capacity of the jaws and the size of the teeth, forms the subject of several conflicting opinions. Two principal views have been taken by dentists, the distinguishing features of which are, on the one side, a tendency to