

the first and second inferior molars is always or nearly so, at the point of attack.

Before dismissing this part of the subject I will mention a few cases met with in my own practice :

*First Case.*—A little boy about eight years of age—of a manifest scrofulous diathesis, was brought to my office for consultation. On examination, I found large abscesses (or an abscess,) situated at the first and second left superior temporary molars, ulcerated at the roots and discharging the pus over the posterior angle of the malar bone, just under the canthus of the eye. I inserted the probang, and could distinctly feel the permanent teeth.

*Second Case.*—A lady has an abscess at the apex of the root of the left superior lateral incisor, it discharged pus at the apex ; in a few days she called to have it further treated as it seemed somewhat indolent. After giving it such treatment as I considered necessary, she asked me to look at the other side of her mouth, where, to my astonishment, I found a lump as large as a hazel nut, which, on being opened, was found to contain pus ; a further examination showed that the latter proceeded from the left side of the mouth. Here were two points of discharge from one abscess, one at the point of the root affected, and the other at a point between the right lateral and cuspidatus, a distance of at least one inch from the first. Another feature in this case is, that the whole face swelled, and beneath the right angle of the inferior jaw was swollen more than any other part. At one time I feared that suppuration might possibly take place at that point. The cause of so much swelling and inflammation was, I think, the malarious condition of the system. I have failed to say that the external opening may be through the gum and into the mouth, or it may be through the cheek and skin, making its appearance on the face, and if it be a lower tooth the pus may be discharged through the jaw avoiding the mouth altogether. A very remarkable case of fistulous opening through the inferior maxillary is reported by Mr. Bell, and on account of its singularity, I give his report, believing that it will be of benefit to some who have not seen it. This had resulted from an abscess in the socket of a dens sapientiae of the inferior maxilla. The discharge had been kept up for two years previous to the time that the case was submitted to Dr. Bell for treatment. "At this time a funnel shaped depression existed in the skin, which could be seen to the depth of three-quarters of an inch, and a small probe could be passed through it into the sac