

of the tooth or the gum, or a fistula may be established through the substance of the cheek. In the superior molar, the plate of bone between the ends of the fangs over the antrum, being in some cases very thin, the discharge may effect its escape into the antrum, or the sac itself may protrude into and lay upon the floor of this cavity. In such a case, the tooth should be extracted, and the antrum thoroughly cleansed by injecting tepid water through the alveolar opening, and this, in a majority of cases dependent upon the teeth, will be all the treatment necessary to insure a speedy return to health.

A patient, at present under my charge, of a marked serofulous diathesis, has suffered from diseased antrum for one year. In this case I extracted the tooth, and on entrance to the antrum, through the alveolar, easily effected through this opening, the antrum is treated with a solution of nitrate of silver, grs. iij. to ℥j. water. The case is daily improving, the offensive odor having nearly disappeared, and the discharge diminishing and becoming of a healthy character.

The formation of pus is indicated by the subsidence of acute pain, a dull throbbing ache being experienced instead. The gum also becomes red and tumefied, and upon pressing it with the finger, it will impart a peculiar fluctuating sensation. The abscess should now be freely opened and all the pus evacuated: upon the discharge of pus the swelling generally subsides, and though the patient may experience no inconvenience for a time, he is liable to a recurrence of the inflammatory action, when lymph will again be poured out and disintegrated, until the sac is refilled and discharged as before; or there may be a slight but continued discharge for years, unless some means for its prevention be employed. Strict attention is required from the commencement of inflammation; for when it terminates by suppuration, the formation of pus is sometimes very profuse, tunneling the bone from tooth to tooth, until an abscess of large extent is formed, resulting in death and exfoliation of more or less of the bone, according to the degree to which it is involved. The pus in such a case is generally of a dark color, and almost insupportable odor. Another result of suppuration is a fistula through the cheek, producing a troublesome sore, and when healed a deforming scar remains. The course of a fistula when healed will frequently feel hard like a cord when pressed by the finger. This should be divided by passing a lancet beneath the hardened portion, and cutting from below, upwards, completely severing it; and when the adhesion is considerable, a tent of cotton should be placed between the edges of the wound, thus preventing their approximation and partially relieving the deformity.