

exit through the soft tissues. The pain now lessens, and the symptoms abate somewhat. This may, however, be only a temporary cessation. The whole side of the face may swell up, the eye be distorted, or the jaws be so stiffened or swollen that they cannot be separated sufficiently for feeding purposes.

An examination will show a large swelling over the affected root. The swelling will usually show signs of fluctuation, and if left to itself will generally open just above the root. It is better, however, to anticipate nature by opening with a bistoury. After the discharge of pus, the swelling and pain usually subside.

Unless the affected tooth is removed, or the diseased pulp removed from the interior of the tooth by a dentist and the pulp cavity rendered aseptic a chronic source of irritation is kept up, and the abscess assumes the chronic type.

In acute alveolar abscess there may be seen, occasionally, a considerable elevation of temperature, even as high as 103° or 104° . During abscess formation, and before the pus has found exit, a peculiar dull, throbbing pain is often present, and the lymphatics at the angle of the jaw are sometimes sore and swollen.

An abscess, if left to itself, usually assumes the chronic form, the pus continuing to be discharged, but in lessened volume. In the chronic form of alveolar abscess the burrowing of pus may cause a fistulous opening in the cheek, chin, or neck, though the most usual place for the abscess to discharge is on the gum over the roof of the affected tooth.

Abscesses associated with the wisdom teeth, or third molars, sometimes pass in the direction of the parotid region. In these cases it is not uncommon to find the orifice of the fistula as low down as the clavicle. This is due to the unyielding character of the parotid fascia, which is a continuation of the deep cervical.

On account of the close relation of the roots of the teeth of the upper jaw to the antrum abscesses may open in the maxillary sinus, and thence be discharged through the nares. These cases are frequently mistaken for a diseased condition of the nasal passages, and treated accordingly, and, of course, invariably without success. The relation of the roots of teeth to the antrum is variable. In some cases the floor of the antrum is perforated by the first and second molars, so you can readily see how an abscess can open in this way.

The habit of applying hot fomentations, poultices, and counter-irritants to the cheek and face is often to blame for abscesses pointing on the face and neck.

One of the most common places for abscessed teeth of the upper jaw to open on the face is just beneath the malar bone, and just in front of the