

as there are different points of attack. As a general rule, the pus will find an opening through the most yielding part involved. If an incisor is affected, it is usually at the apex of the root; especially if it is an inferior tooth; but here we will remark that the six anterior inferior teeth, are rarely ever affected with abscess. Should such be the case it will be at the apex of the root. Not so with the superior incisors; they may be affected very often, and at various points. If abscess be produced from a dead or decaying nerve it will be at the apex of the root, and the opening will be at that point, but not always, though usually through the external wall of the alveolus. If the tooth thus affected be a central incisor, the opening may take a central or anterior course; in that event, when the pus reaches the suture, it will take its course along that suture, and find an escape at the posterior border of the hard palate. There are cases on record where the pus passed over the floor of the nasal cavity, and was discharged at the soft palate. Such cases, however, are seldom met with. The cases most usually met with, are those that discharge through the anterior wall of the alveolar process, at the apex of the root. There is very little difference in points of attack, as well as of discharge, in any of the ten anterior teeth. They have single roots, except occasionally the first bicuspid, which are sometimes double. If a molar of the superior maxilla be the seat of an abscess, it may be at the point of the roots, at the bifurcation, or on one side of the root; if the apex of the palatine root, the pus will usually be discharged through the process at the point of the root, or it may traverse the alveolus for some distance before it is discharged; the most usual is at the point opposite the apex. Abscesses of the buccal roots discharge their contents through the outer wall and usually at the nearest points. If the anterior buccal root has an abscess at the apex, it is sometimes the case that the discharge is into the maxillary sinus. When this is the case the treatment is complicated. The discharge from a third molar may be an inch or two from the seat of the disease, owing to its situation. There have been cases where the discharge was on the angle of the jaw, or on the side of the neck, and one or two cases where the pus escaped on the back part of the shoulder. A case of this kind was described to me, by an old and experienced Dentist some time since. In the inferior third molars, the discharge may be on the inner side, of the jaw, or at the lower edge, and is sometimes mistaken for scrofula, especially if the patient be of a scrofulous diathesis. The discharge from