the drill. In case the teeth be sound, then drilling between two of them is advisable, or let the antrum be opened in the canine fossa. Upon withdrawal of the drill, one must not be disappointed if pus do not flow out immediately, for it may not do so for two reasons: (1) The pus may be too thick and the tearing of the mucous membrane by the drill may form a valve to the opening, or (2) as shown by Giraldès, the antrum may be divided by septa of bone, and consequently a first attempt at reaching the pus might be ineffectual.

Having reached the cavity, it is next to be syringed out through the newly made opening. This may conveniently be done by Hartmann's canula or an ordinary Eustachian catheter. The solution to be used is preferably bi-chloride (1:5000), which when injected into the antrum will run out through the nostril.

The next step is the adjustment of a drainage tube, and upon the careful adjustment of the tube the successful issue of the case depends. The distance from the surface of the gum to just within the cavity of the antrum is to be carefully measured; this is well done by means of the dental excavator being passed just so far as to allow its point to be rotated within the antrum. This being ascertained, the tube should be about ½ in. longer, so that as readily as the pus collects it may be carried off. I regard this of some practical importance, for I have seen cases where the tube has been so long as even to touch the roof of the orbit, and although the cavity was flushed out, yet no drainage took place, and the pathological process continued for months—in one case for two years, and it was only on greatly shortening the tube the case got well. As to kind of drainage tube, I use the canula of a moderate sized trocar cut down to the required length. Through the shield two small openings are made, and by means of wire passed through these openings the tube is held in position by being fastened to the neighbouring teeth.

The treatment now consists in having the antrum washed out three times daily with an antiseptic solution, preferably Listerine (℥i–℥i), as with any stronger antiseptic, such as bi chloride or carbolic acid, toxic symptoms might be induced. Every other day in the chronic cases of empyæma, when we have to deal