

this condition. After this, an injection of any of the above agents, may be used to break down the sac. The directions for the use of which see CREOSOTE.

Here let me remark, that the young and inexperienced may be easily deceived in their cure. Either of the local remedies used will soon impart a very healthy appearance, and often cause the external opening to heal almost immediately, causing the operator to think he has cured the disease, when really he has hardly checked it. It is frequently the case that the therapeutic treatment alone will not affect a cure, but surgical aid is required. In the treatment of abscess in the inferior Maxilla, there are serious difficulties, which are not met with in the superior. One is, the situation being at the bottom, instead of at the top of the socket, the secretions rest on the diseased parts, while in the superior it is drained off. The presence of this matter is a serious obstacle in the treatment of abscess unless it can be drained off and kept free. Again, the size and shape of the jaw, is such that an opening through the gums can not be well made. Therapeutic treatment, in cases of this kind, is not very efficient unless it be vigorous. The treatment of abscess in the inferior jaw is not generally so successful as that of the superior.

(TO BE CONTINUED.)

NOTES FROM DENTAL PRACTICE.

FILLING TEETH.—Cavity in the grinding surface of a superior molar. Nature of Case.—Cavity crucial in form, the decay extending from a central cavity along the crown fissures very nearly to the approximal surfaces on the one hand, and to the buccal and palatine surfaces on the other—very thin walls remained between the decayed fissures, which terminated in acute angles, and at the surfaces named.

Preparation of Cavity.—By means of a cone-shaped drill the central cavity, from which the fissure cavities in the first place proceeded, was enlarged, and the sharp, irregular projections of enamel forming angles at the points of union, together with the overhanging portions, partly removed.

By means of enamel chisels, the fissure cavities were then enlarged for some distance from the central cavity towards their extremities.

When this was accomplished, a flat file, cut upon both sides, was applied by means of a file-carrier, first to the fissure extending very