

more particularly when the patient blows the nose, this being the natural way of evacuation; or in the morning, when the patient wakes, he will find this discharge, particularly after lying on the opposite side of the head, affected. When those symptoms appear, the case should be immediately attended to. My mode of treatment has been, to remove, if decayed, the first molar; if this should not be decayed, then, with a view of not sacrificing any sound teeth, I remove any that may be diseased, whether bicuspid or molars; but, all things being equal, I prefer the one first mentioned. This being done, the next thing is to perforate the floor of the socket of the palatine root. If there should be a discharge, which is generally the case, I use a mild disinfectant and detergent; syringe the cavity once a day, usually, in the first stages of the disease. After the opening is made and the cavity is cleared, the local pain ceases. This, although being a good sign, should not prevent further attention and treatment. The cavity should be kept open, and regularly attended to. I have used tincture of myrrh, chloride of soda, *nitric* and *carbolic acid*. The latter, I think the most effectual of any yet used. It would be dangerous to use any of these without diluting them; for the strength of which you must use your own discretion. Of *nitric acid* I have used one drop to thirty of water; while of *carbolic* I have never used more than from one to forty. Constitutional remedies are also necessary; for, although the disease may not have arisen from constitutional defects, still there is always a derangement of the system, that will prevent so speedy and effectual a cure as desired. The best recommended is *syrupus iodi feri* (syrup of iodide of iron), and the compound extract of *sarsaparilla*, in doses three times per day. I also use those for caries and merasis of the maxillary bones, as well as for diseased antra.

*Case 1.*—About seven years ago, a man of robust health and strong constitution, called on me to get a tooth extracted. He complained of a severe pain, but said it was not like toothache. I examined his mouth, but could not find any diseased teeth. He pointed to the second superior bicuspid, left side. I found that this was perfectly sound, and refused to extract it. It was my impression, from what little information I could get from him, that he had diseased antra. Upon further enquiry he informed me that an engine wheel flew to pieces while grinding some instrument; one of the large pieces striking him on the side of the nose, about a year previous. Further, the pain was the same as already described; that, generally in the morning, there was a putrid discharge from one of his nostrils. He allowed me to remove my favorite tooth. I then inserted a trochar, making the cavity about one-eighth of an inch in diameter. The pus was dark blue, and of a most purulent nature;