

So far as I know, every one who has been connected with this case is of the opinion that the cause of the antral trouble was chronic nasal catarrh of many years' standing, and that there was empyema of the antrum for a long time before it was suspected that it was involved. It is not necessary to go into the minute anatomy of the antral cavity. You will readily recall the fact that it is only one of a series of accessory cavities and that the orifices by which the frontal, anterior ethmoid and antral cavities communicate with the nasal chambers are close together, and that pus or a purulent discharge from one of these sinuses might easily find its way into the antrum, infecting that.

Empyema of the antrum is usually preceded by a catarrhal inflammation, and with the access of micro-organisms assumes a purulent character. In this case there was a general impairment of the vitality of the patient. There was very marked anemia; lips, ears, eyelids were bloodless. You could almost look through the hands, and the liver and kidneys were inactive. This condition of active toxemia was very marked for two years before trouble with the antrum was discovered, and so grave was the condition of the patient at the time of the opening into the antrum that there was great anxiety lest general systemic infection should follow the operation.

About two years before trouble with the antrum was discovered, the right superior bicuspid tooth had been crowned with a Logan crown. It was an excellent piece of work in every respect, and had done good service for something like eight years when the post of the crown broke. I drilled out the broken post and put on a new Logan crown. This was worn with entire comfort for something over a year, when the root split. The patient was at this time ill at the Fanny Allen Hospital, and as the root began to abscess, it was taken out at the Hospital. The root was taken out Christmas day, 1896. This healed without any trouble.

For many years the patient had been troubled with severe headaches, the pain being in the frontal region. The usual symptoms of antral trouble were absent, and the teeth and gums were in a healthy condition, no alveolar enlargement. About August of 1897 there was a sense of distention and weight in the upper jaw. He went to Montreal and placed himself under the care of Dr. Chretien Zaugg. August 10, 1897, Dr. J. H. Bourdon of Montreal extracted the right superior first molar, and Dr. Zaugg opened into the antrum, following the socket of the palatine root of the first molar. Cocaine was used in this operation, the patient not desiring to take an anesthetic. The condition of the patient was such that it was thought best to pursue a conser-