

The writer, however, uses the alveolar method of drainage almost exclusively. Even when the canine-fossa operation is likely to become necessary, it is advisable to establish an alveolar drain, because an opening in the canine fossa, although well adapted for cleansing out the antrum, is unsuitable for drainage. Should the teeth be sound, the drainage should be provided through the inferior meatus of the nose. The alveolar opening may be made with one of the different forms of perforator, or by means of a burr worked with the dental engine. The anterior buccal socket should be selected. It is possible to open the antrum through the inner or palatine socket, but it is also possible to perforate the floor of the nose by mistake. When the opening has been made, an efficient drainage-tube must be fitted and attached to the adjacent teeth. To be efficient, an alveolar tube should have a lumen of not less than an eighth of an inch, should be the proper length and should have a plug which can be inserted at meal-times. The tube should be of such a length that its upper opening is flush with the floor of the antrum. The length of the alveolar perforation (and therefore of the tube that is to be fitted) can be measured by means of a small *bougie à bouc*. The head of the bougie should be just small enough to pass easily into the antrum; on withdrawing it, the finger at once detects when the head impinges on the upper end of the canal. The thumb-nail being then placed on the bougie opposite the margin of the gum, the instrument is withdrawn and the length from the nail to the neck of the bougie carefully measured. The author concludes his paper, remarking that it is well to remember that all cases of empyema antri are not alike. In some the lining membrane secretes pus, but is not otherwise altered. These cases will be cured by drainage. In others the antral lining is so altered that it is incapable of being restored to the normal condition. For these curettement is necessary. There is yet another class of cases in which the antrum is not a producer, but simply a receiver, of pus, which has been generated in the frontal sinus or fronto-ethmoidal cells. In these cases recovery cannot be expected until the source of pus has been detected and efficiently treated.—*American Medico-Surgical Bulletin, April 25th, 1898.*

PERFORATING ULCER OF THE MOUTH.—Letulle (*La Presse Medicale, April 2nd, 1898*) records an instance of this rare condition in an alcoholic man, aged fifty-one, who presented fairly well-marked symptoms of tabes. The teeth in the left half of the lower jaw were all wanting except the central incisor, those on the right side being healthy. In the upper jaw there were only three teeth left, and apart from the persisting teeth the alveolar border was atrophied; on the right side of the upper jaw there was a cavity