ment of the simpler forms of alveolar abscesses, as they belong to the domain of the dentist and not of the surgeon. I would also strongly recommend that in all cases of doubtful diagnosis a competent dentist or oral specialist be called into consultation. These abscesses respond speedily to proper treatment, and the diagnosis, too, is, as a rule, simple to the dentist or oral specialist; and yet there are innumerable cases where the patient has been disfigured or inconvenienced for years by this disease simply through the ignorance of their family physician, who has failed to make a correct diagnosis. Later on, perhaps, a correct diagnosis is made by a dentist, or some one who is familiar with the disease, and the patient is cured in a few days or a week. Naturally, the patient is much embittered against the medical man whose ignorance allowed such a foul ulcer to remain on their face for such a long time.

Prophylaxis is of importance in the prevention of alveolar abscesses, but this belongs largely to the domain of the dentist. It should, however, be the duty of every physician, whenever he finds decayed or offensive teeth present in any patient, to impress on them the importance of visiting their dentist and having their teeth attended to.

RADICAL CURE OF STRICTURE OF THE NASAL DUCT.*

By Samuel Theobald, M.D., Baltimore.

FIFTEEN years ago I called attention to the ineffectual use of small probes in the treatment of lachrymal stricture. Dr. Williams and Dr. Noyes also spoke about it at the same time. To-day, while using larger probes than formerly, the majority of the profession are not using as large ones as myself. Some of my first critics said that it was impracticable to insert such probes, and that I must have overlooked the anatomical arrangement of the canal. The fact was that anatomical observation was the foundation of my theory. I examined a number of skulls and cadavers, and I measured the duct by seeing how large a probe I could pass. In experiments on dry skulls I found that in 70 ducts probed, the average size was 4.7 mm. in diameter. I have in my hand a pamphlet of recent date, in which it is claimed that the probes cannot be passed even in the bony canals. As a matter of fact, it is really easier to pass the large probes on the cadaver, because there is more give to the tissues, and you can use more force than is possible in the dry skull without breaking the bones.

*Read at a meeting of the Clinical Society of Maryland, April 7.