

order to get the best results from them, it is necessary to incorporate as much of the powder with the liquid as possible. Now, this cannot be done in the setting of an inlay. As I said before, the cement must be mixed somewhat thinner than for filling; we necessarily deprive it of an important part of constituency. Again, it is my firm belief that what is required is a cement that is clear in color. For no matter how perfect the color of the inlay, any cement with a semblance of color will act as a cloud coming between the tooth and inlay, thereby increasing the opaqueness. And it will not be until we can produce an inlay having the same translucency as the tooth itself that we shall attain the highest type of the art.

A CHRONIC CASE OF EMPYEMA OF THE ANTRUM.

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In regard to this case, which is that of a prominent clergyman, aged 56, of Burlington, Vt., I would like to say in the beginning, that while I have been connected with the case from the first surgical treatment of the antrum, the general direction of it has been under the care of Dr. Chretien Zaugg of Montreal, and the specialist of the Fanny Allen Hospital of Burlington. The antrum affected is on the right side,

There is one point in the etiology of diseases of the antrum on which there is unanimity of opinion; it is not an idiopathic affection. Most of the dental text-books give dental caries, periostitis, injury and abscess of the roots of the teeth as the cause. I think that most dental practitioners are of the opinion that nearly every case can be traced to these sources. On the other hand, most rhinologists of to-day, while giving diseases of the teeth as the cause of the majority of cases of antral trouble, are of the opinion that a good percentage of cases are of nasal origin.

Of the physiological function of the antrum, and the accessory frontal, ethmoid and sphenoidal sinuses little is absolutely known. A more careful and systematic study of the physiology and pathology of these sinuses, will, as in all other branches of medicine, clear up disputed points. The pathological phenomena of antral diseases do not differ from those that attend purulent processes of mucous membranes elsewhere.