

epithelial reticula formed by growth and branching of masses and cylinders, and forming small tumors attached to roots—epithelial root tumors ; (3) definite small cysts attached to roots, containing a semi-solid mass, and lined by epithelium, formed by degeneration of the central cells and growth at the periphery ; (4) a fully formed dental cyst, lined by growing epithelium and containing a translucent viscid fluid with crystals of cholesterin in suspension. Epithelial root tumors were of common occurrence, and in one case columnar ciliated epithelium was found lining a cleft. In the case of a large dental cyst ciliated epithelium was also found, and in the walls were numerous irregular acini. A cyst of the gums was described, and the name "gingival" cyst proposed. It occurred at the site of a chronic discharging sinus connected with a "dead" tooth. The cyst was epithelial, and due to the growth of one of the glands of Serres. It was pointed out that both in dental and gingival cysts the crusts, the irritant, and the tumor were demonstrable. A dental cyst was connected usually with the teeth most commonly found carious ; its growth was progressive, but never caused pressure-pain ; it might inflame and suppurate, even long after the extraction of a tooth. It was a smooth non-lobulated tumor, hard or tense, fluctuating in its most prominent part, with crackling around, or fluctuations all over, with an edge of bone at the periphery, according to the stage of growth. Its contents were serum albumen, serum globulin (abundant), nucleo-albumen (small amount), crystals of cholesterin, but no fats or fatty acids, no mucus or true mucoid, and no reducing body produced by boiling with acids. In either jaw the cyst hollowed out the body, expanded, thinned, and perforated the compact plate, presenting chiefly on the outer side. In the upper jaw it might present in or push up the antrum. Dental cyst had to be diagnosed in the early stage from solid tumor, from chronic abscess, chronic empyema, and cystic disease of the antrum, denticular cyst, and gingival cyst. Exploration was urged. Difficulty of diagnosis occurred chiefly in the early stage ; pain and signs of inflammation pointed to chronic abscess, but the two processes might go on side by side in connection with the same tooth. Gingival cysts occurred in the muco-periosteum of the gum, outside the bone. The paper was illustrated by lantern slides of microphotographs prepared by Mr. Douglass Gabell.—*British Med. Journal, June 4th, 1898.*

DRAINAGE IN EMPYEMA OF THE ANTRUM OF HIGHMORE.—E. W. Roughton (*The Laryngoscope*, March, 1898) tells us the antrum can be opened and drained through the nose, through an empty alveolus or through the canine fossa. With many rhinologists the nasal route is the favorite method of draining the antrum.