

Question No. 3—"Can alveolar abscess arise after complete sterilization and filling of canal? If so, from what cause?"

My answer to the question, as it stands, is yes, most assuredly. And, moreover, it will certainly arise if at the time of filling the alveolus is not in a perfectly healthy and normal condition. In case the filling is inserted before any septic matter has entered the canal or inflammatory conditions surround the root, that is, if left in a perfectly ideal state, an alveolar abscess cannot arise except from external causes, such as a blow, mal-occlusion, overwork, or possibly, as some assert, in cases where patients are of a gouty or rheumatic diathesis, or in anæmic patients there may possibly be a "reflex sympathetic expression of a disordered function of some remote organ." Lastly, in case an alveolar abscess has previously existed, the root been subjected to the usual course of treatment and filled as stated, when apparently the tooth and all its surroundings are in a desirable condition, and months, sometimes years, after show no indications of unrest or disorder, an alveolar abscess may still arise from any one of the following causes: Irritation of the peridental membrane from a slight projection of the filling, a rough margin round the apical foramen, several deposits of calculus on the root, injected pus pockets the remains of previous abscesses, root denuded through chronic abscess, absorption of root, chronic apical pericementitis, where the bone of the peridental membrane has been previously irretrievably lost. Any of these conditions may exist for months or years in health, but when the patient becomes anæmic, debilitated, or even at any time when the excretory organs fail to do their proper work an abscess may follow from this alteration of the nutrition functions. In this case there may also be irritation from overwork, blow, mal-occlusion, exposure, irritation from adjoining tooth. DR. MOYER.

Dr. Allen said no restoration is complete and that trouble is at an end.

Dr. Willmott opened the discussion very ably and asked that Dr. Teskey give his views on pus formation. This proved to be very interesting and lively, the principal participants being Drs. Butler, Johnston, Willmott and Teskey, whose views were not exactly in accord with those of Drs. Butler and Johnston. These three plunged into the depths of the question from its inception, and although some admitted that the water was dangerously deep still they waded manfully through.

The session adjourned till 8 p.m.

"Pyorrhœa Alveolaris," the next paper, by J. A. Marshall, was characterized by observation and study of the subject. The essayist expressed doubts about the wonderful cures professed to have been made by some even in advanced conditions, but