

FISTULOUS ABSOESSES.

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Having been requested to give a short paper on Fistulous Abscesses, I thought I could not do better than relate in detail an account of a case which recently occurred in my practice. About the first of November a patient came to my office complaining of a severe toothache, caused by an abscessed tooth.

On examination, I discovered a decided swelling directly above the second left superior bicuspid. It appeared at first glance that this tooth was the cause of the trouble; but on further examination I found it to be apparently healthy. It had a small amalgam filling in it, but was not at all sore to touch. I tested the first bicuspid and failed to find any symptoms of an abscessed tooth. The first molar was in the same condition, also appearing perfectly healthy. When I examined the cuspid, however, I found it sensitive to the touch. It contained a large amalgam filling. I decided that was the one that needed attention. First of all I lanced the abscess and removed as much pus as possible, without inflicting too much pain, by pressure on the gum. Then I removed the amalgam filling in the cuspid, and found that the pulp had died and was in a putrescent condition. I opened up the canal with a broach, and instantly there was a flow of pus down the root canal. I removed as much as possible of this with cotton on a smooth broach.

I then took a metal hypodermic syringe, placed a couple of rubber discs on the needle, and filling it with warm water, attempted to send the water up the root and through the abscess, to prepare the way for the medicines which I intended to use. It took considerable force, but finally it burst through. By this method I washed it out thoroughly with warm water. After that I sent through a solution of peroxide of hydrogen. Having given this a few minutes in which to do its work, I used in a similar manner a 25 per cent. solution of boralyptol. This I considered sufficient for the time, and after placing some cotton saturated with eucalyptus in the root and sealing it in with a temporary filling, I sent the patient away with instructions to call again in two days' time.

The next sitting I found the swelling and inflammation very much diminished, but there was still pus. I therefore repeated the former treatment, finishing this time with a 50 per cent. solution of aromatic sulphuric. In the fourth treatment, I found