

parts, but in my opinion, a common rubber bulb syringe is superior to either. In the treatment we are apt to do too much than not enough. Nature is frequently the best physician, and treating intelligently, so as to assist nature, is generally sufficient, and in cases of this kind you will be astonished to see how favorable the symptoms become, and the artificial opening closing with healthy granulations until the whole trouble passes away.

I will now relate the history of two of the most important cases that I have met with. In each instance the first upper molar was the exciting cause of the trouble, and both on the left side of the face. My observation of this disease leads me to think that this trouble is more apt to occur on the left than on the right side of the face. Why this should be so I will leave older heads to determine.

#### AN ACUTE CASE OF ABSCESS OF ANTRUM.

About two years ago a laborer in the car-shops of London came to consult me about a discharge that was coming from the inner canthus of the eye, and for which he had been under treatment by a physician for some weeks, who was treating it locally. The discharge was very profuse, and exceedingly offensive, so much so, that I had no desire to treat it. After hearing the history of the case, and establishing a true diagnosis of the disease, by examining the teeth on the affected side, I found that the first superior molar had a dead pulp, and was painful on percussion. I removed this tooth, and found a direct opening into the antrum. I then sent him to his physician with instructions to treat through the opening thus made. I saw him a short time afterwards, and he had made a rapid recovery, but with an ugly scar at the corner of the eye, where the pus had forced its way out. Timely treatment would have prevented this, and saved weeks of suffering as well as expense, as he was not able to attend to his work in the meantime.

*Case No. 2, Chronic.*—Miss B., of London, aged 19, suffered from this disease, for which she had been under treatment for more than six years previous, with four different physicians, who failed to bring about a cure, owing to a wrong diagnosis of the case. True diagnosis, as we all know, is the first requisite in the treatment of any disease. She had been treated for nasal catarrh symptoms. Offensive breath, appetite gone, languid and despondent, and had almost given up hope of being cured. Necrosis had also set in, and the spongy bones around the natural opening from the antrum were softened and coming away. This tended to make the treatment much more tedious than it would have been otherwise. When I first saw her there was a profuse discharge of mucous from the nostril on the affected side. The lower eyelid