are very good, and in the neighboring Provinces of New Brunswick and Nova Scotia the people are moving in the matter of securing better protection for both dentists and patients. Perhaps Prince Edward Island will shortly make a move. Here also, I may add, the click of an electric mallet has never been heard, neither has the thorough examination of a set of teeth with the electric light ever been made. It is true the dental engine, the automatic mallet and all standard anæsthetics are used. The principal inducements offered are cheaper work in one office than another, some special kind of gas, rubber or other material used and some wonderful office secret?

But as the world moves on so must dentistry in this Province. Even now the horizon seems to be brightening up, indicating better days to come.

Alveolar Abscess.

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An alveolar abscess is a cavity containing pus, with or without a fistulous opening, having its incipiency between the external and internal plates of the alveolus.

CAUSES.

(1) Putrescent pulp; (2) tartar accumulations; (3) necrosed tooth or root; (4) carious bone; (5) necrosed bone; (6) foreign materials, as broaches, fillings, or perforations, etc.

Alveolar abscesses are most likely to occur in those persons of a manifestly inflammatory diathesis, or where there is a local inflammation from some local exciting cause. In cases of constitutional predisposition the abscess in time assumes a chronic character, secreting and discharging pus continually, generally accompanied with little pain, though soreness is usually felt around the tooth affected.

Abscesses may be either acute or chronic, according to length of duration.

Symptoms of acute abscess: Violent throbbing pain, redness,

Synopsis of paper read at London, Ont., June 28th, 1889.