

side of the jaw or follows the loose cellular tissue to a much lower point before it finds an opening. The discharges have a peculiarly fetid odor, and if they occur in the mouth the patient may have nausea and vomiting and digestive disturbances, followed by emaciation—septicemia or pyemia, not infrequently occurring when there is absorption of the discharges.

*Diagnosis.*—The diagnosis is usually simple and can be made out from the history. On inspection there is a thickening of the jaw, more or less swelling of the soft parts, one or more openings exuding a fetid pus. If the bone be struck with a steel instrument it emits a hard clinking sound, while carious diseased bone is soft. As necrosis occurs most frequently in children, there may be some difficulty in distinguishing dead bone from a permanent tooth not yet erupted. Inasmuch as the sequestrum is not removed until it is loose, a differential diagnosis can be made by delay, as shortly the tooth will erupt sufficiently to come into view.

*Treatment.*—General supporting treatment, good food, open air, tonics, cod-liver oil; in the acute stage free catharsis, and if the pain be severe opiates serve a good purpose. Locally, cold applications may be useful at first, while later heat will be of more service. Scarification, free blood letting, counter irritation, hot water bags, all serve a good purpose. If pus be present the indication is to give free and efficient drainage. After the acute symptoms have subsided the pus should be washed out frequently with a permanganate of potash solution. No attempt should be made to remove the dead bone until it has become separated from the living. In such minor cases as are the result of slight injuries or inflammations of the alveolus the dead bone may be very readily removed without a general anesthetic with the ordinary dental instruments, which seem to be admirably adapted for the removal of small pieces of bone. The teeth need not be lost, even if a considerable portion of the process be removed as they may be banded together and held until such time as repair has taken place. In those more extensive cases, where a considerable portion of the jaw is involved, it is well to wait until any support that the dead bone may have afforded is no longer needed before an operation for its removal is undertaken. After the bone is removed the cavity is washed out and packed with boracic gauze.

#### MAXILLARY CARIES.

Caries of bone is generally spoken of as a molecular death, while necrosis is described as molar death. Zeigler described necrosis as "a local death of single cells or groups of cells." This definition includes caries as it is generally understood. What is usually spoken of as caries of bone is really a necrosis, as the result of a chronic inflammation, *e.g.*, as occurs in the gradual increase in the size of an abscess cavity by a solution of its walls.