

but this has given place to the trocar and canula of Krause. The opening is made from the inferior meatus, underneath the natural opening, and it is usually large enough to remain open without a tube. This method I have not employed because I consider it impossible to properly explore the cavity from an opening. When the cavity is first opened it should be thoroughly explored with a suitable tube to detect any necrosis that may be present, or bony septa, which are frequently found thrown across the cavity, or the presence of a supernumerary tooth. This is out of the question with such an opening through the nose. Another objection is that the opening is not at the lowest portion of the antrum.

The second method, that of opening through from an alveolus, has long been known as Hunter's method. Usually one of the molars was removed and the thin layer of bone between the alveolus and the cavity above broken down with a drill, trochar, or director. This is the plan which is most frequently adopted. If a root or diseased tooth is found it should be selected for removal and in my own experience I have sometimes found pus in the alveolus and have been able to pass a small probe at once into the antrum. The opening should be large enough to permit free drainage and the introduction of a tube. Objection is made to this plan because an opening in this position permits particles of food to enter the antrum. It is usual, however, to have a denture made with the drainage tube attached to it, the opening being closed by a plug, which is removed only when washing out the cavity. Excellent results follow this method, but I have found the same objection to it that I have expressed in regard to the German method. It does not permit complete exploration of the antrum. When the teeth are all present and apparently sound, those who advocate this plan to the exclusion of any other, select one of the molars; or if there is a vacant space where a tooth has been lost a gum lancet is used to get into the alveolus.

The third plan, opening through the canine fossa, is that which has given me the most satisfactory results, and which I always adopt if there is no root or tooth to be pulled. Mollinetti, in 1675, opened the antrum by making a crucial incision in the cheek and then perforating through the canine fossa; but such