



Fig. 1.

Abscess existing four years in Tibia. Illustrating Chronic Process.

These instances also help us, supposing we had not abundant objective evidence, to conceive of the possibility of similar infection in the jaw-bones in connection with the teeth, which when decayed afford a much more direct mode of infection.

These conditions also force us to consider the question of relative chronicity or relative virulence of infection. If we leave out such infections as syphilis and tuberculosis in which relative chronicity or virulence is well demonstrated, in that the disease may be latent for years, and we consider pus-producing organisms, our minds naturally portray something acute, which must express itself in quite a definite fashion. It is in this regard I believe we must remodel our mental picture, and be ready to conceive of pus-producing, or, if you like, toxine-producing organisms of very low virulence, or very chronic action, which may produce systemic effects in the absence of marked local symptoms. Admitting this, however, we cannot separate the infection from its host, and consequently, the relative resistance, immunity, is part of the consideration, and may be the chief determining factor as to when any infection may demonstrate itself as disease.

Now to consider a definite case of alveolar abscess. Fig. 5 illustrates the mouth condition of a patient with the following history: