

me and with thousands of other dentists to treat alveolar abscess successfully and make the teeth useful and comfortable. There are failures of course, as in everything else, but they are not more than one in ten, and of these half at least are failures only so far as this, that the abscess has established a sinus, and that for some time after the tooth has been filled there is an occasional discharge of pus from this sinus; but the cause of the diseased condition is removed, there is little if any pain, and the discharge ceases after a time. The first treatment is a very simple matter. Percussion indicates a diseased condition outside the tooth—that is, in the periodontal membrane, and the cause is a decomposing pulp or some other putrescent matter in the pulp cavity. The tooth is generally decayed, so that a very slight excavation will open the pulp cavity and give vent to the poisonous gases and pus which are confined there, and when these find an outlet the pain ceases. Recognising the fact that alveolar abscess does not, and cannot, arise from a tooth which has a healthy pulp, it is obvious that an opening into the pulp cavity will be a painless operation, which, of course, extraction would not be, nor will extraction give relief so quickly as the simple treatment I have suggested. I do not mean to say that the soreness which was felt on pressure will immediately disappear; it will take time for that; but the intensity of the pain will be mitigated, the contents of the abscess will be evacuated through the roots of the tooth, and very quickly the tooth will be in a condition for further treatment, which will in most cases result in a radical cure of the tendency to abscess, and the tooth will be made useful and comfortable. The course of treatment is a series of antiseptic dressings in the roots to cleanse them from all putrescent matter, and then, as in the other case, filling them to the apex, for while abscess is first caused by toxic matter from the decomposing pulp, it is maintained and renewed by the filling up of the pulp cavity with pus and lymph, which in their turn pass through the same course of decomposition. This root treatment, however, is not available in temporary teeth after the sixth year,

as the process of absorption which is going on in the roots of these teeth will have so widened the apical foramina that a solid filling cannot be made, and is therefore worse than useless; but it is better to open the pulp cavity freely and leave it open, so as to allow free evacuation into the mouth and allow the tooth to decay gradually, as it will of course do, until nothing but the roots remain, than to deprive the child of a masticator at once.

The child needs masticators quite as much as the adult; but, more than this, I am certain that it is almost an impossibility to extract the temporary molar when it is in anything like full development without more or less displacement of the partially developed bicuspid which lies between the roots of the temporary molar. I am well aware that it has been said over and over again by writers who are recognised as authorities that the development of the alveolus of the bicuspids does not depend on the retention of the temporary teeth; but what does that matter if the partially calcified crown of the bicuspid is so displaced that the further development goes on with the tooth in a transverse or a horizontal position? I have in my possession models, of the upper and lower jaws of a boy of ten years and a half of age, whose temporary molars and two canines were all taken out while in almost perfect development, and the gums are shrunken like those of an old man, with not the slightest indication of a bicuspid appearing for the next five years. I often see cases where some of the temporary molars have been removed, but I confess I do not often see cases of such wholesale premature extraction.

Alveolar abscess may arise from a putrescent pulp in a tooth which is not decayed at all, but which has some time been displaced by accident so as to sever the nerve and bloodvessels at the apical foramen. This happens, especially with front teeth, from a fall, from a blow, from many chances in athletic games; and often enough the tooth may be comfortable for months after the accident, so that no one thinks of connecting the present pain with what happened so long ago, but by drilling into the pulp cavity the poisonous gases and the pus are evacuated, and