

abscessed teeth, and the removal of the offending tooth, or teeth, will usually be the cure of the trouble.

In examining a human skull, properly divided for this purpose, we find this sinus presents great variations in individual cases. In some cases there is a heavy lamina of bone between the roots of the teeth and the cavity, but occasionally a case is met with in which the roots of the teeth actually project into it, covered, however, with a thin lamina of bone, in addition to the mucous membrane. Is it any wonder, therefore, that serious consequences will often arise from this, especially if the pus is not fully discharged by way of the nostril on the affected side? The pus may also find its way into the cavity, even when there is a considerable thickness of bone between it and the root of the tooth.

The disease may be either acute or chronic. In the acute forms of abscess the general law is, that the burrowing of the pus will go on in the direction in which there is the least resistance; on the other hand, the movement in chronic forms is very gradual, and is largely guided by gravitation, and therefore sinks to the lowest point. The rule is, that we will find the point of discharge below the source of the pus, and this is the reason that we find that by far the larger number of alveolar abscesses that discharge on the face are situated on the lower jaw. The burrowing of pus in the chronic forms of abscess form a very important element in their history. This presents the widest variations, and is sometimes the source of much perplexity to the physician or dentist. The diagnosis and treatment of the disease, although plain, are in many instances wholly misunderstood, and too frequently are we called upon to treat chronic cases that might have been cured at a much earlier stage of the disease, and it is a matter of regret, that some medical men (and even dentists) have so little knowledge on this subject; hence the need of specialists in this line.

The treatment of the alveolar abscess, in a vast majority of cases, presents but little difficulty. It consists in a thorough evacuation of the pus from the cavity, and cleaning and disinfecting it, and relates more especially to the removal of the cause perpetuating the discharge of the pus. Among the many antiseptics in use, there are none which answer all the requirements better than carbolic acid and peroxide of hydrogen.

The medication should take place through the opening, which will generally be found through one or more of the sockets from which the teeth have been taken, and these may easily be enlarged if necessary, and not through the natural opening from the antrum through the middle meatus of the nose, as I have seen it done, without beneficial results. It is said by some, that we obtain better results by using an atomizer than from the syringe, in applying our remedies, the spray more thoroughly reaching the