

teeth is the most frequent cause of maxillary necrosis. In such cases the inflammation may be so severe that the pulp, the tooth and quite an area of the alveolus will die. Rarely does necrosis occur in this way in the upper jaw, even when quite an area of the periosteum of the palate is dissected up by the burrowing of pus from an infected tooth ; but let such a condition exist in the lower jaw and there will certainly be a necrosis more or less extensive depending upon the condition of resistance and recuperation. The necrotic process does not necessarily extend through the entire thickness of the bone, but may be confined to the outer layers of the alveolus. Often the disease is so extensive that the entire bone is involved, but even in such cases the periosteum does not die, and if the case be properly treated the entire jaw will be reproduced. Necrosis of the jaws is not an infrequent occurrence. During the past four months six or seven minor cases have been met with in the college infirmary. While at the same time there are four cases of necrosis of the lower jaw with a history somewhat as follows : Girl, eight years old, first lower molar decayed, pulp dead, tooth became sore and elongated, severe pain, some swelling, chills, fever, loss of appetite and sleep, constipation, rise of temperature ; tooth extracted, swelling, pain and pus formation continued. Patient gradually became more and more exhausted until sent to the hospital. On examination there is found a thickening of the lower jaw from the ramus to the cuspid on one side. Gums over the area involved much inflamed, with one or two openings exuding a very fetid pus. One or two pieces of alveolus are easily removed, while the body of the bone produces a clinky sound and a peculiar hardness when tapped with an instrument, but cannot be moved. The pus is washed out of the sinuses twice a day with peroxide of hydrogen and boracic acid solutions until such time as nature separates the dead from the living tissue, then the sequestrum is removed and the cavity washed out with chloride of zinc solution and packed with boracic gauze. This separation of the dead from the living bone may not take place for months, and even when this has occurred it may not be wise to remove the sequestrum if it be needed as a support to the jaw while the new bone is forming. Acute osteo-myelitis of the jaws not having its origin in the teeth may occur as the result of an infection from some other focus in the body.

*Symptoms.*—The early symptoms of a necrosis are : chill, elevation of temperature, loss of appetite and sleep, and a general malaise, accompanied by acute, intense, bursting pain, soreness of the teeth in the region ; swelling is later and may extend down the neck or almost close the eye, according to location and influence of gravity. After the acute symptoms have subsided the pus burrows its way out around the loosened and swollen gums in the upper jaw, while in the lower it very frequently escapes from the under