

anterior border of the of the masseter muscle. A disfiguring scar often results if the abscess is allowed to open in this or any other facial region. Such abscesses may discharge anywhere below the region of the eye.

Occasionally, abscesses of the superior incisors discharge directly into the nasal cavity, and an abscess of an anterior tooth has been known to pass back beneath the mucous membrane of the hard palate, and discharge at the junction of the hard and soft palate.

The greater number of abscesses discharging on the face are in the lower jaw. This is probably due to gravitation. Frequently these abscesses open first on the gum, but during the healing process this opening becomes closed. Little pus perhaps remains as the abscess becomes chronic, but the slow burrowing of this, according to the law of gravitation, causes it finally to find exit through the lower jaw. There may be no pain nor other symptoms until this opening has occurred, much to the surprise and annoyance of the patient ; the pus in some cases passing directly downward through the bone, but more frequently passing outward into the soft tissues, and then following these downward to point at the lower margin of the jaw.

Blind abscesses may occur, the pus being small in quantity, and being apparently absorbed without any external opening being formed for its exit.

Occasionally, alveolar abscesses have been known to cause extensive necrosis of the bones of the face. This is more especially the case in strumous or syphilitic patients.

Abscesses may also form osseous cysts on the side of the jaw. The pus, instead of being absorbed, is provided for by the expansion of the outer plate of the bone. These cysts form some what rapidly, and are sometimes half the size of a hazelnut. The rapid growth of these cysts is an important point in diagnosis.

In persons with an abnormally small jaw, the eruption of the wisdom teeth often causes severe inflammation and abscess, the jaw being too small to accommodate the new tooth. These abscesses generally discharge at the margin of the gum, but the swelling is often so severe as to cause almost complete immobility of the jaw. In a recent case where it was impossible to open the jaw sufficiently to extract the offending wisdom tooth, the second molar was removed, and of course the third molar had now a chance to come forward and the inflammation soon subsided.

Imprisoned teeth may be a cause of alveolar abscess. The diagnosis of these forms is rather obscure. A probe passed into the sinus, if one has been formed—if not, a bistoury passed through the softer parts and bone—will often assist in the diagnosis of such cases. Abscesses of temporary teeth require especial care, and if they are not readily amenable to treatment the diseased tooth should be extracted.