Abscessed conditions of the oral cavity and their treatment / by A.D. Rosenthal and Wm.M. Rosenthal.

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ORAL CAVITY

AND THEIR TREATMENT

BY

DR. A. D. ROSENTHAL

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NEW YORK.

READ BEFORE THE AMERICAN MEDICAL ASSOCIATION,

AT ATLANTIC CITY, JUNE 6TH, 1900.

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Case 1.—W. D., aged 38, postmaster.— Upon examination found both superior central incisors abscessed, with fistula through the lips; moustache matted from the constant discharge of pus. This I found coming from the right superior central incisor. A hard lump, bluish in color, was found above the left central incisor, on the side of the wing of the nose. Alveolar Abscess.

The teeth had been discharging for three years prior to his visit to me, and treatment by both physicians and dentists without any improvement. History.

On his first visit to me I opened into the nerve canal of both teeth and injected three per cent. solution Pyrozone, following with fifty per cent. solution of Glyco-Thymoline (Kress) through the fistulous tract, then packed the canals with loose cotton, soaked in Glyco-Thymoline (Kress), full strength. Treatment.

In next visit, after the lapse of ten days,

found the abscesses cured. Continued Glyco-Thymoline in the root canals, and on the fourth visit filled the canals in the usual way and placed temporary fillings in the teeth. After four weeks patient returned, I removed the temporary fillings and inserted permanent fillings of gold.

Remarks.

I have seen the patient at regular intervals for three years now, and find his mouth and teeth continue in perfect health. He used and continues to use Glyco-Thymoline as a mouth wash, which is also used by his wife, and it is as successful in having cured an irritation in her mouth caused by an ill-fitting bridge, (now removed), as it was in the husband's case.

That Glyco-Thymoline deserves the praise bestowed upon it by these two patients is unquestionable, for to its efficacy as an antiseptic, healing and cooling wash, can be laid the curing of these two cases and the removal of what is always a distressing condition.

Pyorrhoea Alveolaris.

Case 2.—Mrs. B., age 30.—A superior right incisor; apparently healthy nerve, but a dis-

charge of pus from around the neck of tooth. The tooth was very sore to the touch.

History. The patient had been under treatment for several years, which consisted of scraping the tartar from the apex to the neck of the affected tooth, and then packed in the pockets around the root, cotton on which some antiseptic had been applied, with positively no relief.

Treatment. After thorough cleansing of all surrounding tissues, I placed cotton, saturated with Glyco-Thymoline, around the parts; also gave her a supply of Glyco-Thymoline, with instructions for home treatment.

Remarks. The patient returned in a week. I found soreness of tooth had entirely disappeared, and the discharge a minimum. I advised the continuation of the Glyco-Thymoline, full strength, and after six weeks had the pleasure of seeing a complete cure. She has discarded all but the Glyco-Thymoline which she uses now simply as a wash and finds that the looseness of tooth and surrounding tissues have given way to a firm tooth and healthy tissue adhesions, and can ascribe cure entirely to the Glyco-Thymoline.

Alveolar Abscess.

Case 3.—J. C., aged 5, female. In this case I found an abscess of the lower left three-year molar (Deciduous).

History.

The statement of the mother of the child was that the child had not spent a quiet, painless night in some time, crying and complaining of severe toothache, and on examination found the condition as above stated.

Treatment.

I opened up the abscess by lancing, and after allowing the pus to exude packed the pocket tightly with a solution of pure Glyco-Thymoline (Kress). The right inferior three-year molar (Deciduous) presenting a partially devitalized pulp; I also placed a pellet of cotton, saturated with full strength Glyco-Thymoline (Kress) in tooth, and gave her a sample bottle to use in sponging out the child's mouth (fifty per cent. Glyco-Thymoline). Upon examination next day I found the abscess fistula had closed on the outside. I reopened same and injected fifty per cent. solution of Glyco-Thymoline (Kress) through the nerve canals and fistulous tract, also packed the tract with cotton soaked in the Glyco-Thymoline and advised continued sponging of mouth with Glyco-

Thymoline. After the third visit, the abscess being healed, I filled tooth with Gutta Percha (temporary filling). The right molar was treated the same (with Glyco-Thymoline). At the week's end, finding no pain or soreness, I mixed thin solution of Oxy-chloride of Zinc Cement, flowing same over exposed nerve pulp and then filled tooth.

Remarks.

The mother informs me that the abscess has not returned, also no more pain, but as in all my cases I am continuing the Glyco-Thymoline as a wash for the mouth and feel that this has no equal in cases like the above, being both healing and antiseptic. I also find that my patients continue using Glyco-Thymoline even after any and all pathological conditions have disappeared, in fact it is a necessary adjunct to all hygienic toilet tables.

Perforation of the Autrum.

Case 4.—W. K., male, age 31. This case will I think, prove of great interest to both Physicians and Dentists and will certainly show the superiority of Glyco-Thymoline over all antiseptic as well as healing washes.

The patient, a great sufferer, called at my

office for treatment. I found on examining his mouth a condition both repellant to the practitioner as well as the patient. A necrosis of the superior maxillary bone, extending from the left wisdom to the second bi-cuspid teeth, with perforation through the floor of the antrum over the apex of the six year molar.

History. The patient having neglected to procure any attention to his teeth presented a condition of the mouth in which the teeth were broken off to the gums, and over these roots and parts of the teeth he wore a partial rubber plate, supplying the teeth which were missing.

The pressure against the gums, roots and surrounding tissues caused such inflammation that abscessing of the roots naturally followed, but more particularly on the superior left side of mouth, and necrosis with antrum perforation followed.

Great and unceasing pain finally placed him under my care.

Treatment. After removing all roots and broken teeth I burred out the necrosed bone and packed the parts with a twenty-five per cent. solution of Glyco-Thymoline (Kress). This packing and

syringing into the antrum of this greatest of all antiseptics (Glyco-Thymoline) continued daily, and with great pleasure I saw the parts were healing nicely.

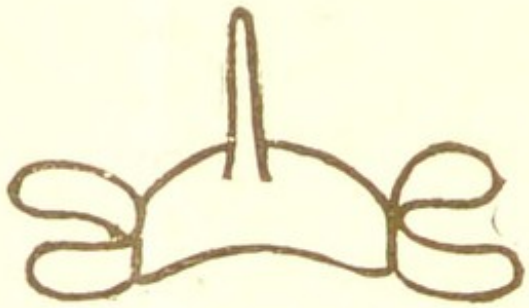
After having the mouth and remaining teeth in a healthy condition I turned the case over to my associate, Dr. W. M. Rosenthal, specialist in gold crown and bridge work, for mechanical treatment.

The condition of the patient's mouth at this time presented itself as follows: The superior right first and second bi-cuspid teeth and the superior left first and second bi-cuspid teeth all in perfect health. The gums all healed and the antrum perforation kept open by the daily injection of Glyco-Thymoline (Kress). A gold porcelain bridge of artificial teeth was swung from gold crowns over the superior right and left first and second bi-cuspids.

It then became apparent that the opening into the antrum must be kept open permanently in order to allow the antrum to be washed out.

To this end the following appliance was built, as shown in the diagram; and here I

wish to explain the difficulties to be overcome. A very tender mouth, inclined to inflammation, and besides a *careless patient*. However, after thoroughly impressing on the patient the necessity of care and attention, with later the promise of following instructions to the letter, and our great assistant Glyco-Thymoline, we certainly show a perfect condition of the mouth.



Exact size and form of appliance used in Antrum Perforation. Case 4.

And now as to the appliance, a gold clasp to fit the superior left first bi-cuspid and a gold clasp to fit the superior left wisdom teeth, were made, an impression with clasps on teeth and a small stick of orange wood to show position of the perforation in antrum, was taken; after making a model from this, a piece of gold plate was swedged to fit the gum from bi-cuspid

to molar teeth, this was then soldered to the clasps, a vertical gold pin was then soldered to the top of the gold plate fitted into the perforation and around this gold wire post was vulcanized a covering of rubber. We now had an appliance held firmly in position by the gold clasps, and being made of gold indestructible and cleanly.

Remarks.

This patient now removes his appliance, syringes out the antrum with his Glyco-Thymoline (Kress) and is free from all pain or soreness, is improved in every way. The efficacy of Glyco-Thymoline in cases of this kind as well as in all Pathological conditions of the mouth is certainly wonderful and my patients need no urging to continue its use, for not alone having such healing and antiseptic properties, but is also a pleasing addition to the tooth brush and mouth appliances and in the care of the mouth cannot be equaled.

Chronic Alveolar Abscess with Fistulous Openings.

Case 5—Miss V., aged 26. This case presented two conditions: A fistula the tract of which extended from the inferior wisdom tooth to the lower left angle of the jaw, also a second

fistula, seemingly from the roots of the six and the twelve year molars. Upon examining the bone, I found it very much pitted, but no necrosis, small scabs had formed on cheek and neck at the external opening of the fistulas.

History. Had been treated by Dentists who finally gave up and sent patient to her physician, became discouraged at the recurrence of pain and swelling and through recommendation came to me.

Treatment. Having advised the removal of the offending tooth and roots and being met with a strong objection to such procedure, I opened into teeth and roots, injected three per cent. Pyrozone, followed with fifty per cent. solution of Glyco-Thymoline (Kress).

I then ordered compresses saturated in pure Glyco-Thymoline to be used at opening on face and neck also a mouth wash of the same solution.

On her second visit I injected the Glyco-Thymoline full strength through the fistulas, also continued the wash and compresses. On third visit I stopped the injections but continued the wash.

Remarks.

The abscesses are now cured and the scars on face and neck are only slightly visible, so I ordered massage daily for a week and then semi-weekly.

At this writing she is completely cured, the scars are not visible to the naked eye. The Glyco-Thymoline she will continue to use as a wash—as I direct all my patients to do.