

a day, summer and winter. In summer when the weather is fine the child should be out most of the time. Good fresh air is essential to good sleep and good digestion.

I think this plan of feeding, meeting, as it does, the essentials of *good quality, simplicity and accessibility* which I laid down as the requisites of an artificial food, deserves a trial. It is not by any means new. It is within reach of everybody, is not complicated, and, in my hands at least, has given good results.

Addenda.—In the criticism which followed, the proprietary foods, consisting as they do, chiefly of starch, which a child under seven months cannot digest, were strongly condemned. I cordially agree with this and advise that they never be used or prescribed.

The question was asked if pot barley or Robinson's barley flour would not do better than grain barley. I do not believe so since they do not contain that which is essential to a good barley-water, viz.: The mucilaginous material which lies immediately inside the hull of the grain. This is *gluten*, which is not starchy but a nitrogenous material composed of *fibrin casein gliadin* and *mucedin* (Foster's Dictionary).

Objection was taken to the quantity of food during first week, viz.: 4 drams of milk + 4 drams of barley-water. I think this may be excessive in some cases where child is small. My quantities are, however, not absolute but more to serve as a guide than anything else. This is necessary. The physician ought to be a better judge as to quantities than any one else, and it would, to my mind, be foolish to give a child all it wants or more, and allow it, as was suggested, to vomit the excess.

One gentleman objected to sterilization at the temperature of steam (212° F.) and said that extensive experiments in New York, showed that babies fed on sterilized milk did not thrive. This is new to me, for sterilization has long been lauded to the skies. My only answer to this question is, that sterilization alone will not suffice. Often milk will, I believe, agree well when sterilization is not pursued, the more especially when the milk is produced at home and not, as city milk frequently is, carted over miles and miles of dusty roads or railway. In winter, I may say that I have not insisted on sterilization, and I have had

good results. It has been suggested to me that the food and care of the cows should be looked after. This is an important point. The stable should be clean and airy and the food not too strong. Just as the variation of food or improper food taken by the mother may induce digestive troubles in the baby, it can be no less true with regard to the source of the milk wherewith we prepare the artificial nourishment. I may add that whether or not my plan is correct in theory I am amply satisfied that it is practically so. The best evidences of this is that babies thrive well on it; have few digestive troubles and are sure to attract attention by their hearty, lusty appearance.

EMPYÆMA OF THE MAXILLARY SINUS OR ANTRUM—A CASE.

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The following case in practice presents some interesting features, which vary from the usual clinical history of the disease, and therefore make them worthy of record.

A. C., gardener, æt. 31, came to my office March 6th, 1894, and related the following history:

On the 12th July, 1891, on account of severe neuralgia and dental caries, had all the teeth of the upper jaw removed, and was told by the dentist that one of the molars removed from the left side was ulcerated at the root. The dentist passed a probe into the cavity, but did not find any opening upwards. The plate was fitted in almost immediately and left in place.

Two weeks later Mr. C. noticed that in stooping low some watery fluid dropped from the left nostril, ceasing when he resumed the erect position. This occurred twice only. Some neuralgic pains were also experienced on the same side just above the temporal fossa and the outer angle of the eye. A few days later there was a sudden sensation at the point just referred to, as of something breaking, and a discharge followed from the left nostril, purulent in character.

This has continued up to the present, with exacerbations as regards the quantity. The discharge is white, and like fine curds—with a pronounced odor at times.

Since the onset of the discharge the patient has never been able to lie for more than a few minutes at a time on the left side, as any attempt to do so