

form the cutting edge of each normal upper middle incisor. There is an antero-posterior valley where this hillock should be. There are several modifications of the Hutchinson's tooth of less importance. The diagnosis of syphilis founded upon the presence of Hutchinson's teeth can be certainly made only when rachitis is positively excluded, and this is sometimes difficult, because Hutchinson's are unfamiliar. In thirteen children hereditarily syphilitic Dr. Neumann found only four Hutchinson's teeth. Dr. Neumann then referred to the superficial caries of the milk-teeth which may begin with the very first glimpse of the erupting tooth, and which is often associated with nervous diseases; and closed with a description of the grey-green, or brown "circular caries" which attacks the milk-teeth very soon after their eruption and may attack even the bone below. He thought it was most frequently associated with "scrofula" or tuberculosis. In the discussion, Dr. Ewald stated that the staff of the Augusta Hospital Polyclinic, were, after long investigation, still doubtful whether a positive diagnosis of syphilis ought to be made from the presence of Hutchinson's teeth without other symptoms or history. To these reports, taken from the *Deutsche medicinische Wochenschrift* of March 18th, the writer would add that a prominent Baltimore dentist advises all of his patients who have had enteric fever to submit their teeth frequently to his inspection during the year following convalescence, because even the finest sets of teeth are apt to decay badly after that great fever.—*Amer. Med. Surg. Bull.*, Aug. 25th, 1897.

EMPYEMA OF THE ANTRUM IN A CHILD AGED EIGHT WEEKS.—Mr. D'Arcy Power reports the following interesting case: A wasting boy, aged eight weeks, was admitted under my care at the Victoria Hospital for Children on account of an abscess which had pointed and was discharging at the lower part of the right lower eyelid. The right side of the face was somewhat fuller than the left, and the skin of the lower eyelid and cheek was red and hot. A considerable quantity of pus could be squeezed out by pressure upon the cheek, and on looking into the mouth a small quantity of pus could be seen exuding from the alveolar, back of the upper jaw. A probe passed along the sinus in the cheek showed that the upper part of the superior maxilla was bare. I enlarged this sinus, scraped away some granulation tissue, and made an opening through the floor of the antrum, so that a drainage tube could be passed from the eyelid into the mouth. About a drachm of thick pus came away at the time of the operation, but the child died ten days after the operation. The child's attendant said that forceps had been used at its birth, and that after delivery both sides of the face were badly bruised, the right