

Following the discussions on Wednesday and Friday, papers contributed to the Section will be read.

All communications should be addressed to Mr. WESTMACOTT, 8, St. John Street, Manchester, and marked "Section of Otology."

The Section of Laryngology will be held under the Presidency of Dr. Alex. Hodgkinson.

The following subjects have been selected for special discussion :

1. "The Diagnosis and Treatment of Foreign Bodies in the Upper Air-Passages and Gullet." Introduced by Professor Killian (Freiburg) and Dr. John Macintyre (Glasgow).
2. "The Ultimate Results of Radical Operations on the Maxillary and Frontal Sinuses." Introduced by Dr. Lermoyez (Paris) and Dr. Herbert Tilley (London).
3. A Joint Discussion with the Section of Otology will take place on: "The Etiology, Diagnosis, and Treatment of Ethmoidal and Sphenoidal Suppuration." Introduced by Dr. Grünwald (Munich) and Dr. Lambert Lack (London).

Professor Killian has also kindly promised to give a Practical Demonstration of his Methods of Bronchoscopy and Œsophagoscopy.

All communications should be addressed to Dr. E. S. YONGE, 3, St. Peter's Square, Manchester, and marked "Section of Laryngology."

CORRESPONDENCE.

EMPYEMA OF MAXILLARY ANTRUM IN AN INFANT AGED NINE MONTHS.

SIRS,—There seems to be a doubt with some medical men respecting the occurrence of empyema of Highmore's antrum in infants, and very few cases have been recorded. In your December issue I see it mentioned that Dr. George Wallis believes the recorded cases to have been tuberculosis of the upper jaw. My case may, therefore, be of some interest.

Last year an infant (aged nine months) was brought to me with an inflamed swelling in the left cheek, said to have been forming there for two or three days. An examination showed free discharge of pus from nostril of same side. On looking in the mouth, a fistulous opening was discovered in the alveolar border of the upper jaw in

the position where the first molar tooth might be expected to appear. A probe passed through the opening impinged on what I thought to be bare bone and movable. As there was considerable difficulty experienced in examining properly, my colleague, Dr. Carruthers, kindly administered an anæsthetic. I enlarged the fistulous tract which led to the floor of the antrum, and in so doing dislodged the movable body above referred to; this was found to be the crown (perfect) of a molar tooth. An antiseptic wash was then syringed through the alveolar opening, and flowed freely from the nostril. With daily irrigations the patient made an uneventful recovery in a few weeks. As the above description shows, it was a typical case of empyema of maxillary antrum in an infant.

Yours faithfully,

S. STEWART SHIRLOW.

Darling Street, Balmain,

New South Wales.

March 12, 1902.

[See JOURNAL OF LARYNGOLOGY, vol. xvi., p. 716.—EDITOR.]

SOCIETIES' PROCEEDINGS.

PROCEEDINGS OF THE OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.

*Special Meeting, held at 11, Chandos Street, Cavendish Square, W., on
April 14, 1902.*

Professor URBAN PRITCHARD, *President, in the Chair.*

DISCUSSION ON DEAFNESS AND EAR DISEASE IN SCHOOL-CHILDREN.

THE PRESIDENT announced that the next meeting of the Society would be held in Dublin on May 31, and that that would be an ordinary meeting. He hoped that those Fellows who had communications to submit to the meeting which should have been held on the 5th would communicate them to the Dublin meeting.

Mr. ARTHUR CHEATLE, in opening the discussion upon his report, which will be found on p. 282, said :

In presenting this report to the Society, I wish to say that I have endeavoured to be accurate.

The objects of making the examination were twofold :