

given without exception in the case of an infected "contact" who presents any, even slight, indication of faucial, nasal, or laryngeal inflammation.  
*Macleod Yearsley.*

---

### NOSE, Etc.

**Lautman.**—*The Rhinological Treatment of Dysmenorrhœa according to Fliess.* "Annales des Maladies de l'oreille, etc.," September, 1903.

Fliess has pointed out that the genital points in the nose are the tuberculum septi and the anterior head of the inferior turbinate. The application of cocaine to these points during menstruation in many cases is followed by an amelioration of pain; the pain in the sacrum is relieved by touching the tuberculum septi, that in the hypochondrium by touching the head of the inferior turbinate.

The author quotes several cases which confirm Fliess' deductions, and recommends in all cases to try the effect of cocaine before using the cautery.  
*Anthony McCall.*

**De Champeaux.**—*The Cure of Tic Douloureux.* "Archives Internationales de Laryngologie, etc.," July—August, 1903.

The author reports the case of a woman who had suffered from facial neuralgia for several years, and who had undergone several forms of treatment without success. From the presence of crusts in the nose, and the expression of the face, he suspected the presence of adenoids; on these being removed the rhinitis as well as the tic douloureux were cured.  
*Anthony McCall.*

---

### EAR.

**Kerrison, Philip D.**—*The Limits of Variation in the Depth of the Mastoid Antrum.* "Arch. of Otol.," vol. xxxii, No. 3.

The difference in the measurements given by various observers seems to depend mainly on the point from which they take these measurements. They are much less when taken directly inwards at the space just behind the suprameatal spine, and much greater at Broca's point of measurement, which is a full centimetre behind it, and the line of measurement has to run a long way forwards and inwards.

It will be remembered that the antrum runs from the tympanic attic obliquely backwards and outwards, and is therefore found at a lesser depth than the inner end of the posterior wall of the osseous meatus. The average length of this wall is, according to Kerrison, 14.7 millimetres, the average depth of the antrum about 11 millimetres, and never exceeding 15 millimetres. The author objects to Broca's point for operating on account of the additional depth of the bone to be chiselled through, and also on account of the risk of injuring the lateral sinus. He found that in two out of a series of fifty bones the groove was so placed that it would be impossible to operate by Broca's method without injuring the vessel. In operating from the triangle close behind the suprameatal spine, the extreme limit of safety should be regarded as 15 millimetres, or  $\frac{3}{4}$  inch.  
*Dundas Grant.*