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

Macleod Yearsley.

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NOSE, Etc.

Lautman.—The Rhinological Treatment of Dysmenorrhoea 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 touch-
ing 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 l’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.

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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 measure-
ment, 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 milli-
metres, the average depth of the antrum about 11 millimetres, and never
exceeding 15 millimetres. The author objects to Broca’s point for operat-
ing 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 ½ inch.

Dundas Grant.