Hemeralopia follows fasting and abstinence periods and disappears upon an adequate diet, as has been shown by many observers, the nutrition disturbance seeming to involve either the nervous or interstitial elements according to underlying principles as yet not worked out.

Bazy, L. Tetanus and the War. [Lancet, Oct. 19, 1918.]

Bazy concludes that the experiences of war with reference to tetanus warrant the following conclusions: 1. Antitetanic preventive serotherapy is efficacious in the immense majority of cases. 2. When it acts incompletely it so modifies the course of tetanus that it has created new forms of the disease, unknown before its use was general. 3. The study of the check to serotherapy ought to lead (a) to use the serum in a more rational way; and (b) to know how to complete its action by that of an antitetanic vaccination. The pathogenic medication is the injection of antitetanic serum. The intracerebral route, supported by Roux and Borrel, has been almost abandoned. The intrachondial route seems of little practical use.

Kraus, W. M. The Trigeminal Nerve. [J. A. M. A., May 18, 1918.]

Kraus describes the sensory distribution of the trigeminal nerve, pointing out the differences between it and the spinal nerves. The three distributions of the trigeminal nerve—segmental, radicular and peripheral—are shown. The terms "segmental" and "radicular" are often used interchangeably, and justly so when they apply to the spinal cord. This cannot be done in the case of the trigeminal. The paper is largely an explanation of the illustrations, though two cases are included, illustrating the segmental distribution and are reported to emphasize the necessity of having charts on which to indicate it. There are eleven illustrations, and without them the paper does not lend itself well to abstracting, as it is full of references to these.

Sicard, J. A. Treatment of "Essential" Facial Neuralgia by Local Alcoholization. [Boston Medical and Surgical Journal, September, 19, 1918.]

This paper states that the only effectual treatment of this disease is the destruction of the branches of the nerve, "local neurolysis," by chemical substances, particularly alcohol. He uses alcohol, varying in strength from seventy to ninety-five per cent., and injects not over 1.5 c.c. under local anesthesia produced by novocaine or stovocaine, into the nerve in the foramina where it can be reached. Some of these foramina are superficial, the supraorbital and infraorbital; the opening of the inferior dental canal at the spine of Spix is medium; the foramen ovale and foramen rotundum are deep. He prefers to make the deep injections four or five days after the others, but sometimes makes all five injections at the same sitting. Care must be taken not to inject the