neuralgia resists all other measures, it might be well to try a course of antidiabetic diet. With neuralgia in gout or rheumatism, tincture of colchicum or the salicylates are indicated; neuralgia caused by these conditions moves about from joint to joint and may alternate with psoriasis or hemorrhoids or with the joint attacks. When alcohol or tobacco is an important factor, benefit follows their disuse. The trigeminal neuralgia with hysteria does not yield to the ordinary measures, including hydrotherapy, bromids, valerian, psychotherapy or electricity, while organic neuralgia usually is more or less modified by these. In the exceptional cases in which benefit has followed operation for hysteric trigeminal neuralgia, there has usually been some slight lesion in one of the branches of the trigeminal nerve, and the removal of the latter favorably modified the neuralgia.

Gascard, E. INJECTION OF THE INFERIOR MAXILLARY NERVE AT THE FORAMEN OVALE. [Presse médicale, August 25, 1919.]

Gascard notes that in the procedures hitherto recommended for reaching the inferior maxillary nerve at the foramen ovale, *e.g.*, for alcohol injection, the point of entrance of the needle is always below the zygomatic arch. There is some risk of injuring the internal maxillary artery, and some experience is required to keep the needle precisely in the required direction, lest it miss the pterygoid process and thus fail to reach the second landmark necessary for reaching the foramen. He recommends instead the suprazygomatic route. The first landmark is the angle, opening upward, formed by the zygomatic arch and the malar bone. The needle rests on this bony angle and is introduced in a direction perpendicular to the plane of the angle. Having penetrated for two and a half centimeters, it reaches the vertical portion of the greater wing of the sphenoid. The needle point being then lowered a few millimeters, it passes beyond the angle which the vertical portion of the wing of the sphenoid forms with its horizontal portion. The needle is now pushed in further in the same direction, its point hugging the lower surface of the greater wing, until it reaches the foramen ovale exactly five centimeters from the superior zygomaticomalar angle. The lower surface of the greater wing forms in some degree a groove which conducts the needle to the foramen. Were the needle not introduced in the proper direction, it could not pass in five centimeters without striking either the pterygoid process anteriorly or the spine of the sphenoid posteriorly. The region traversed by the needle in this procedure is remote from any important artery or nerve.

Pleth, V. CERVICAL SYMPATHECTOMY IN THE CURE OF FACIAL NEURALGIA. [American Journal of Surgery, May, 1919.]

The author states that in the treatment for facial neuralgia deep injection of alcohol had given him the best results though pain re-