a satisfactory sleep can generally be secured by the use of mild hypnotics. A small number of patients whose suffering is so intense and prolonged that further steps must be taken have shown most gratifying results from the injection of alcohol into the injured nerve on the proximal side of the injury. A few drops of 80 per cent. alcohol in acute cases of causalgia of the median or popliteal nerves will often altogether relieve the pain.

Mackenzie, Kenneth A. J. THE REPAIR OF LARGE GAPS IN PERIPHERAL NERVES BY NEUROPLASTY. [Surgery, Gynæcol. and Obstetrics, 1918, XXVII, p. 353.]

From a study of three cases the writer concludes:

- (1) That regeneration and recovery of function is promoted by the use of nerve flaps.
- (2) That both central and peripheral flaps can be used for such purposes.
- (3) That a peripheral flap, by laying down a nerve path, may promote regeneration over a great gap; in one case quoted regeneration occurred over a gap ten and three quarter inches in length.
- (4) That the approximation of nerves and their repair should be done in all cases with the least possible delay. (This would apply as well to cases which are infected as to clean cases.)
- (5) That the arrest of trophic shock can be promoted by early closure of large gaps by flaps.
- (6) That unimpaired nerve tissue should always be utilized for the effective repair of damaged nerves.
- (7) That in their repair, nerves can be successfully sequestered in muscular tissue so as to promote their own regeneration and that of the muscles in which they are embedded.
- (8) That the principle of sequestration can be utilized in proper cases so as to avoid infected zones in wounds and also scars and other obstacles to nerve repair. [Leonard J. Kidd (London, England).]

Alquier, L. NERVE DISTURBANCE AND LYMPHATIC ENGAGEMENT. [Rev. Neur., 24, No. 1, Jan., 1917.]

The engorgement of the lymphatics is determined by the presence of small nodules, either soft or hard, and generally tender to pressure. They may be made to disappear. Their presence causes pain of atypical character, a pseudo-neuralgia, or contractures or vasomotor disturbances. [C. D. Camp (Ann Arbor).]

Langley, N. J. STRETCHING OF MUSCLES AND NERVES AFTER NERVE SEVERANCE. [British Medical Journal, Feb. 2, 1918.]

The author calls attention to the commonly accepted dictum that all stretching of a paralyzed muscle after severance of its nerve must be