cought subsided the sac was excised. The child was all right a year later. Lithgrow also removed from a child twelve days old an encephaloecele as big as the child's head and attached by a pedicle to the occipital region. The child did well after operation, but fourteen days later, when all danger was considered to be past, death suddenly resulted after some convulsive seizures. The tumor was lined throughout with brain substance and was filled with fluid.

W. A. BASTEDO (New York).

The Treatment of Toxic Amblyopia. Dr. Terrien (Le Progrès Médical, April 19, 1902).

In toxic amblyopia the treatment is symptomatic after stoppage of tobacco or other poison. For insomnia or nervousness small doses of opium and bromide of potassium may be given for a few days, and then strychnine begun. This is best given in one milligram doses subcutaneously, once a day, but if this treatment is inconvenient it may be given in pills.

R. Strychnin. sulph. 0.001 (gr. 1-60).
Quassinae amorph. 0.01 (gr. 1-6).
Pulv. rhei. q. s. ad pil. No. 1.

Take one such three times a day. At the same time electricity, the continuous current in strength just short of being painful, should be employed once a day. One sponge-electrode may be placed on the forehead and the other stroked alternately beneath the eyes.

W. A. BASTEDO (New York).


The abuse of castration, trephining, sympathectomies, etc., owing to false theories of the causation of disease, has tended to retard truly indicated surgical measures. There is undoubtedly an enteroptotic neurosis, a hepatic neurasthenia and a hepatic agoraphobia, which require for treatment regulation of the diet and laxatives, instead of bromides, hydrotherapy and tonics. In the neuroses, after an alimentary régime, no medication is better than purgatives and chologogues for combating insomnia, debility, dyspepsia and moral depression. In every neurosis or psychosis the digestive apparatus should be explored, including the liver, intestine, stomach, kidney and spleen as to their size, consistency, sensiveness, location, relation and degree of fixity. The organ most frequently at the bottom of a neurasthenia is the liver, and who would deny that the mental functions become sluggish when the digestive tract is working poorly. Macpherson, at the Stirling insane asylum, submits all the patients to lavage of the stomach, laxatives, intestinal antiseptics and strict diet. Glénard cites several cases, as follows: A young woman with enteroptosis who had eaten some forbidden food, wept and became highly neurotic, but soon after the administration of sodium bicarbonate became quite herself again. A young man of sedentary habits was attacked with neurasthenic anxiety and digestive cachexia with vomiting, so that it was feared that he would die. He recognized nobody and talked as if insane, but after vomiting excessively following tickling of the uvulva, he became rational, slept well, and the next morning was in his usual health. Therefore there do exist in digestive pathology conditions in which the effect on the nervous system is undeniable. Piqué says that digestive intervention is especially efficacious in the psychoses of depression, as melancholia. The author had such a case with gastro-hepatic crises, in which stenosis of the hepatic flexure of the colon was
made. An operation found the colon in this region tightly bound by adhe-
sions, and left them broken up; now there are no more psychical man-
ifestations. The author believes that in psychic states as well as in
neurasthenia a cure results not from direct treatment of the nervous
system, but from medical or surgical treatment of one or other of the
viscera. W. A. BASTEDO.

TREATMENT OF INSANITY BY CONTINUOUS BATHS. P. Keraval (Le Pro-
grès Médical, May 3, 1902).

The baths at Heidelberg used by Kraepelin and W. Alter are con-
tinued day and night for weeks and months, the patients eating from ta-
bles placed over the bath, and being allowed to smoke, read, crochet,
etc. At night a rubber air-pillow is supported beneath the head. The
water is kept at 34 deg. C. (93 deg. F.)

Such baths are specific in mania, agitation and the acute delirium of
general paralysis. By suspension in water in a hammock the feeble
and paralytic escape injuries and bed-sores. Almost without exception
the patients accept the treatment, though in some cases it must be begun
in short seances. The ordinary functions of urination and defacation
make the most trouble, but not more than they do in a cell. The pa-
tient is quickly calmed and rapidly gains an appetite. It is not of much
use in epilepsy, but for delirium tremens it is valuable, combined with
caffeine in large doses. Alzheimer reports success with these baths
at Frankfort, twelve bathers being constantly employed. Bieberbach has
used them for a year at Heppenheim with very favorable results. In
periodical insanity the subsequent attacks are especially mild. Insom-
nia is never persistent. W. A. BASTEDO (New York).

INFANTILE CONVULSIONS. Prof. Déspine (La Méd. Moderne, April 9,
1902).

Infantile convulsions may be divided into two main groups, symp-
tomatic convulsions, due to disease of the cerebral nervous system
(meningo-encephalitis, tumors, hemorrhages, etc.), and idiopathic or es-
tential. The latter group includes three main forms, external convul-
sions ( eclampsia), internal convulsions (spasm of the glottis), and
contractions of the extremities (tetany). The idiopathic forms are here
studied as to etiology and symptomatology. Heredity plays an import-
ant part in causation. The influence of rickets is that of an auto-
intoxication. Dentition is of no importance. In the newborn convul-
sions are usually due to organic lesion, and the prognosis is grave. Of-
ten asphyxia is a cause, and is due to congenital cyanosis, whooping-
cough, bronchopneumonia. Many cases are attributed to poisoning by
lead, alcohol, opium, santonin, etc., The most frequent cause is auto-
intoxication (uremia, athyroidism, hypertrophy of the thymus, gastro-
intestinal disease). Reflex eclampsia may be due to irritation of the skin,
ears or digestive tract. Clinically, eclampsia in infants is preceded by a
stage of hyperexcitability of the nervous centers, manifested by hyper-
esthesia, exaggerated reflexes, electrical hyperexcitability. As to form,
the convulsion is neither purely tonic nor clonic; exceptionally a purely
tonic convulsion may occur. Commonly the spasm begins at the eye-
ball, extending to the face, neck, extremities and trunk; if localized, the
face is usually the part involved. Bilateral symmetry is the rule; excep-
tionally the spasm is exaggerated on one side. Spasm of the glottis is
characterized by a series of inspiratory or expiratory sounds;
the paroxysm may end fatally by syncope, but typical cases
are described which were saved by tracheotomy or by interbation. Spasm
of the glottis is characteristically a disease of the first year of life;