cought subsided the sac was excised. The child was all right a year later. Lithgrow also removed from a child twelve days old an encephalocele 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.

Rx Strychnin. sulph.	0.001 (gr. 1-60).
Quassinæ 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.

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THE TREATMENT OF THE DIGESTIVE ORGANS FOR MENTAL AND NERVOUS CONDITIONS. Franz Glénard (*Le Progrès Médical*, March 8, 1902).

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 combatting 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, sensitiveness, 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 uvula, 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