

man was placed under ether, and, taxis failing, an incision was made over the swelling; the sac, which contained a quantity of bloody serum, was opened, and the bowel, which was in fairly good condition, reduced. The sac was ligatured and cut off, and the canal closed with a couple of silk sutures. The parts were painted with a solution of iodoform in alcohol and dressed with washed gauze.

Patient recovered well from the operation, and next day passed flatus freely. It was noticed, however, that he was a little queer; he got up that night, wandered about, and helped himself freely to water from the tap; his temperature and pulse were normal and the abdomen was painless and flaccid. On the third day after operation he had a temperature of 103°, and was quite delirious. On examining his chest, the base of the right lung gave evidence of a commencing pneumonia. Next day his temperature was lower, but he had delusions, and could with difficulty be kept in bed. He insisted on tearing the dressings off his wound. His bowels moved freely on the third day, and he never developed any symptoms referable to his abdomen. He had some slight suppuration at the upper end of the wound, which was a large one; this was, no doubt, due to his constantly handling the parts and tearing off any dressings which were applied. When I saw him on the morning of the fourth day, he appeared fairly sensible, and agreed not to disturb the dressings any more; but in less than an hour they were all torn away. His mental condition kept getting worse, and on the tenth day after operation his delirium was distinctly maniacal; he kept continually shouting at the top of his voice and tried to bite anyone who came near him. His temperature was now normal and the pneumonia was resolving. At times the patient would refuse food, and again would drink milk eagerly. Gradually becoming weaker, he died July 29th.

At the post-mortem, the abdomen was found to be perfectly normal, and there was not the slightest trace of peritonitis. The inguinal canal was closed, showing that the cure of the hernia was a radical one. There was pneumonia at the bases of both lungs. Brain apparently normal. The portion of bowel which had been constricted was yet much discolored, but in good condition.

I could get no history of insanity in this case, as his wife knew nothing of his family, who lived in England. She said her husband was very queer at times and often very irascible; he occasionally indulged to excess in alcoholic liquors.

CASE IV.—Mary M., servant, unmarried, æt. fifty-one, was admitted into the Montreal General Hospital in May, 1885, with scirrhus of the left breast of eight months' duration. The axillary glands of that side were enlarged. She had not been in good health for some time, and on examining her urine, a large quantity of albumen and casts was found. The breast was removed May 18, 1885, and the axillary glands dissected out. She made a good recovery from the operation, the wound healing in ten or twelve days. Soon after the operation she was noticed to be a little queer in the head and had delusions, and these persisted after she left the hospital. She never recovered from the mild form of insanity then induced. Two years later, she died in the hospital of cerebral hemorrhage. The scirrhus did not return. I could get no