## 4 SHEPHERD, MANIA FOLLOWING OPERATIONS.

came painful and swollen, when relief was afforded by the discharge of pus through an old sinus in the inner side. At times, pieces of bone came away. In the summer of 1885, I placed patient under ether and removed a piece of dead bone. The wound was freely dusted with iodoform. In a couple of weeks he went home perfectly well. He came to me again on Dccember 3, 1886, suffering acute pain in the lower end of thigh and great tenderness on pressure at site of old sinus on the inner side. His temperature was 100°. Pulse 120. On December 7th, assisted by Dr. Roddick, I cut down on the outer side of the femur in search of the cause of the pain; no pus was found, but only thickened periosteum and a sinus leading to rough bone. The patient recovered well from the ether and said that the pain was much relieved. The wound, I should have said, was dusted over with iodoform and dressed with gauze and sublimated jute.

Next day patient was very nervous, excitable and irritable, and could not sleep. This condition continued till December 16th, when the kneejoint became swollen and was evidently full of fluid. His temperature rose to 105°. Pus was now coming freely from the wound. As his condition was unfavorable, he was again placed under ether and the knee-joint aspirated, but only serum was evacuated. An incision was made in the inner side of the thigh at the site of the old sinus; some pus was let out and a through drain was introduced between the two wounds. Soon after coming out of the ether the patient became very nervous, had tremors and delusions. In a day or two, the temperature fell and the knee became quite normal in appearance, but his mental condition became worse. He became morose, would not answer when spoken to, and fought whenever his thigh was dressed. He recognized everybody, but was in great fear, and was continually shrieking at the top of his voice. He shouted single words as "Doctor," etc., for hours together.

By the end of December his mania became furious, he was with difficulty kept in bed and tried to bite any one who came near him. He now failed to recognize his immediate relations. During all this time the wounds in the thigh were doing well, and his temperature was normal. He took nourishment fairly well, but having always been a strict teetotaler he persistently refused stimulants. He became weaker and weaker, and at last, on January 8, 1887, died of exhaustion. No autopsy was allowed.

The patient had been physically very strong, and a good foot-ball player and athlete. His temperament had always been most excitable. His (maternal) grandfather had had frequent attacks of insanity, and committed suicide in one of his paroxysms. The amount of iodoform used was very small, and was discontinued after the second day. In this case, in which the operation was very trifling, the insanity may have been induced by the anæsthetic.

CASE III.—James B., æt. seventy-two, butcher, was admitted into the Montreal General Hospital, July 10, 1888, suffering from a large strangulated inguinal hernia of the right side. The strangulation had lasted three days, and stercoraceous vomiting had set in. Patient had suffered from hernia for a number of years, and previously when it became strangulated had always been able to reduce it himself. The