lepsy in modern times, since intermittent hemicrania, scialorrhea and amnesia are now recognized as epilepsy. Many forms of monomania are but a guise of the disease, at the appearance of which all other pre-existent traces of epilepsy often disappear. It is enough to mention the number of geniuses of the first order who were taken with motoria epilepsy, vertigo or passionate anger, in which they lost themselves absolutely; besides Napoleon there were Moliere, Julius Cæsar, Musset, Petrarch, Peter the Great, Mahomet, Handel, Swift, Richelieu, Charles V., Flaubert, Dostoyewski, Guerazzi and St. Paul. Those who suffered from vertigo were Dickens, Swift, Herschell, Faraday and Marlborough. Vertigo is simply cortical epileptoid which is accompanied by loss of memory or paralysis, as in Dickens and Faraday, and by convulsions as in Marlborough. As to passionate anger, we recall Peter the Great, the parricide; and Byron, who from childhood fell into such paroxysms that it was sometimes feared he would die of suffocation.

For one who understands the binominal law, according to which no phenomenon is isolated, but always the expression of a series of less marked though analogous facts, such frequency of epileptic phenomena among the greatest men indicates that it is more extended among geniuses than any one would at first think, and that the nature of genius itself must be epileptic. It is important to note how seldom in their lives they have convulsions, and that in such cases the psychic equivalent (which creates genius) is more intense and frequent. Above all, the identity of the two great phenomena is proved in the analogy between the epileptic attack and the moment of inspiration; the unconscious and violent activity which creates in the latter, acts motorially in the former. Most convincing of all is the analyzation of the creative inspiration which is sudden, intermittent; frequently associated with unconsciousness, irregularity of the pulse and often somnambulism, and not seldom accompanied by convulsive movements of the limbs or followed by amnesia. It is often occasioned by conditions which provoke or increase cerebral hyperemia, and is followed by hallucinations.

The close connection between inspiration and the epileptic attack is pointed out more directly in the words of a great statesman, Beaconsfield: "It often comes into my mind that there is but a step between intense mental concentration and insanity; I cannot easily describe what I feel in that instant, it then seems to me that my senses wander and that I am no longer sure of existence. I recall often having been obliged to refer to a book to see my own name written to assure myself that I lived. During this state my sensations are incredibly acute and intense. Every object appears animated, and it seems to me that I am conscious of the rapid movements of the earth."

A modern novelist says: "It is a fatality that dictates the idea; an unknown force, a supernatural will, a sort of necessity to write which directs the pen and in such a way that when the book is written it no longer seems yours, and you wonder how such a thing could have existed in you and of which you had no consciousness; such is the feeling I had in creating 'La Sœur Philomine.'—Journal de Goncourt.

THE PULSE IN SEPSIS.

Do not place too much reliance upon the temperature in diagnosing septic infection, no matter whether it be puerpural or not. The pulse will be found to be a much safer guide, as while you almost never will see a case of sepsis without a quickened pulse, you will not rarely run across cases in which there is almost no noticeable rise in temperature: I, myself having seen several cases in which the temperature did not rise over 99.5° F. Where you have a rapid pulse, headache, foul tongue, and dry, hot skin in a puerpural woman, look out for septic infection, no matter what the temperature indicates.—*Dr. Lockhart, in Montreal Med. Jour.*