

was freed, the tubes resected and the perineum repaired. After a few days lavage of the bowel was begun and neuroleceithin given internally. Within ten days her delusions had disappeared. She has gained strength and up to the present is wholly normal.

Case 2. Miss H. Age 25.

Anemic, overworked, no hereditary insanity. For several weeks had exhibited well marked religious mania, cut her hair off, and once attempted suicide. Menstruation came on at fourteen. Not knowing what it meant, she bathed in cold water, with suppression for one year, and was subsequently very irregular and constipated. Digestion was imperfect, flatulence, constipation, and ill defined, right sided pain, suggestive of chronic appendicitis.

Section showed appendix thickened; it was removed with the proximal ends of both tubes; also dilatation of cervix.

Mental condition was normal one week after the operation.

This latter case gave no organic disease, but a chronic appendicitis, which no doubt was a factor in the production of the indigestion, with malnutrition, resulting in starvation of the nervous system.

The two greatest factors in the causation of mental disease, according to Clouston, are heredity and strain. An analysis of "strain" shows it to be autointoxication and irritation, which becomes abnormal sensation, the delusions being frequently the rational interpretations of these abnormal sensations, the patient preferring to believe her own sensations rather than the statements of others. This opinion I know is somewhat at variance with that of many authorities, but it is the result of my observations covering some twelve years of work in this direction.

When gastro-intestinal diseases are sufficiently severe as to seriously diminish the quality of the blood, and also to furnish toxins which are specially injurious to the nervous system, mental aberration may result. This is rendered all the more probable if it is accompanied by irritation.

The treatment of these cases comprises the removal of all