

and that, in its turn, is the result of some pathological condition or process, which may be active in any part of the system. Upon the general practitioner this conception of insanity lays new responsibilities, for it is he who first meets with these cases. It is his duty to consider the patient presenting symptoms of insanity, as one suffering from physical disease, and to proceed, as with cases in which no mental abnormality is present, to determine the nature and location of the lesion, and to resort to such means as he may deem necessary to restore the abnormal conditions and to remove the diseased structure. In many cases the cause will elude his skill, and in others the restraint of asylum life may be necessary, but in many cases the cause is not clouded in such a degree of obscurity as we had formerly thought and often is comparatively easily determined. Although we cannot say that a given pathological condition is causative, we know that not infrequently the removal of local disease is followed by restoration of the mental faculties, and the nearer the disease lies to the more sensitive sympathetic centres, the greater the probability that it is at least a factor in the production of mental derangement, for we must remember that insanity may be the result of the focusing of many morbid influences.

It is not expected that the general practitioner have the *tactus eruditus* of the specialist, but we do presume that he is able to diagnose, if not treat, the more frequent lesions, and should the case present unusual conditions, that he have the sincerity to associate himself with someone of greater experience than himself in these cases. If systematic examination were made of every case presenting indications of insanity, and appropriate treatment given,—treatment that would give a sane patient suffering from the same physical disease, our asylum commitments would appreciably diminish.

Of sixty cases of puerperal insanity, admitted into Royal Edinburgh Asylum, 43 had a temperature above 99, and 23 were above 100. Dr. Clouston says that in no other form of insanity is such a temperature result found. The causes of the rise of temperature was given as; "acute brain excitement," "inflammation of the womb," "meningeal inflammation," etc.

Dr. Clouston states that there is no doubt that the chief cause of death in cases that have been properly fed is septicæmia, and that there may be septicæmia in a puerperal case, with purulent peritonitis, metritis and phlebitis, and yet the patient never complain of local pain; and even on pressure there may be no uterine or peritoneal tenderness.

One point of very great importance regarding insanity and on upon which very many of our foremost authorities agree, is that "the presence of some physical disease, apart from the brain, the brain appears to take on a degenerative process, which is irreparable when the abnormal action has been present for some time with a permanency of the insanity, too often uninfluenced by the restoration of the afflicted organs."

Referring to the exciting cause of this form of insanity, Dr. Clouston say; that "the great physiological cataclysm itself, the pains of labour, the mental excitement and stress, the loss of blood, sepsis with the open blood vessels liable to absorb every particle, the sudden diversion of the stream of vital energy from the womb to the mammae, the reflex dis-