chlorosis treated by bleeding, and he concludes that the more nearly the chlorosis approaches the typical form the stronger is the indication for the operation, and the more striking the results. Schultz has, for a score of years, employed diaphoretics in the treatment of chlorosis, combined with laxatives and blood-letting. After the bleeding the patient should rest in bed for twenty-four or forty-eight hours, and be given acidulous drinks, and be allowed to eat at will. The consecutive effects are, according to Schubert, abundant perspiration, a feeling of hunger, sleep, and a sense of well-being. At the time of bleeding the patient should be lying down in bed; immediately after, favor the diaphoresis.

GYNÆCOLOGICAL WORK AMONG INSANE WOMEN.—Dr. George H. Rohe of Catonsville, Md., read a paper upon "The relations of Pelvic disease to Physical Disturbances in woman." The author pointed out the frequency with which bodily conditions influenced mental states. Thus a torpid condition of the intestines, Bright's disease, putrefactive processes in the intestinal canal, etc., might give rise to melancholia and other disorders of the mental functions. It is not irrational to suppose likewise that diseases of the femal sexual apparatus would have a not inconsiderable influence in the production or perpetuation of mental disorders as a contribution to the knowledge of the subject the following report was submitted. In a hospital containing 200 insane women, 35 were subjected to vaginal examination and 26 found with evidences of pelvic diseases. In 18 of these the uterine appendages were removed with the following results: Sixteen recovered from the operation and two died. Of the sixteen recovered, three have been discharged from the hospital completely restored, both physically and mentally. In 10, considerable improvement followed the operation in both physical and mental conditions, and in three the operation was of too recent a date to allow any definite expression of opinion. The mental disorder present in the 18 cases was melancholia in six cases, simple mania in one, puerperal mania in four, hysterical mania in one, periodic mania in two, hysterro-epilepsy with mania in one, and epilepsy with mania in three. The author basing his opinion upon his experience, concludes as follows: "The facts recorded demonstrate, first, that there is a fruitful field for gynæcological work among insane women; second, that this work is as practicable and can be persued with as much success in an insane hospital as elsewhere; and, third, that the results obtained not only encourage us to continue in the work, but require us, in the name of science and humanity, to give to an insane woman the same chance of relief from disease of the ovaries and uterus that a sane woman has."

PUERPERAL INSANITY.—In closing an article upon this important theme (*Jour. Am. Med. Assoc.*) Dr. Rohe, of Baltimore, says:

Time is lacking to review here in the unsatisfactory theories that have been propounded to account for the origin of puerperal insanity. I offer here no theory, but submit the cases which I believe justify the following conclusions:

1. Puerperal insanity is, in at least the large majority of cases, an infection psychosis.

2. Without rejecting the influence of other factors, such as heredity, anæmia, exhaustion, mental shock and distress, careful observation will show that few cases of puerperal insanity occur without preceding or coincident puerperal infection.

The reasons for this opinion may be briefly summed up as follows:

1. Puerperal insanity occurs in the great majority of cases within the first ten days after delivery—about one-half in the first five days—the same period during which puerperal infection usually occurs.

2. It is usually accompanied by elevation of temperature and other evidences of febrile disturbance.

3. The clinical form in which puerperal insanity manifests itself is, in the majority of cases, that of acute, delirious, or confusional mania. Depressive states are rare except as secondary forms. In other words, the most frequent condition is one most closely resembling febrile delirium.

4. The death-rate is much higher than in simple mania. Death occurs from exhaustion, usually with high temperature and rapid pulse.

5. Post mortem examinations, though apparently infrequent in these cases, have shown grave involvment of the pelvic viscera.

6. Examinations of the pelvic organs during life