

in two of the three observed cases of epilepsy, also reported upon, there was a leucocytosis, one slight, the other quite marked, 18,000. The eosinophiles were present to an extent of one per cent. in two of the cases, and five per cent. in the third, a case with a leucocytosis of 10,500 and associated with incipient senile dementia. Burr and Murphy, separately, in chorea, have shown that an anemia is usually present. Murphy believes that chorea is the cause, the blood changes being the effect.

Krainsky considers the blood in epilepsy to be increased as to its toxicity. Herter holds divergent views. Jenks believes there is a marked increase of large mononuclears, prior to the epileptiform seizures, while Capps and Burrows have found that a leucocytosis, often of a very marked degree, is associated with convulsions, whatever the cause.

Kappert, as a rule, in organic and functional nervous disease, found a moderate eosinophilia. Neusser describes a similar condition in various nervous disorders
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POST-OPERATIVE INSANITY. Alex. Pilcz (Wien. klin. Woch., Sept. 4, 1902).

Of the small number of cases of insanity following surgical operation, some may be referred to a previous syphilitic infection, others to alcoholic poisoning, or suddenly enforced abstinence from alcohol. Chloroform or iodoform are possible causal agents. Senile patients sometimes develop mental disturbances as a result of loss of blood, narcosis, antiseptics and other irritations. Among children, except in cases of sepsis, insanity is practically unknown. Among cases with definite degenerate disposition or bad heredity, insanity not infrequently develops. Hysteria is especially liable to give trouble. The general condition at the time of operation is the most important question in the production of acute post-operative insanity. Cachexia of any sort, malnutrition, gastro-intestinal disorders have definite influence. Psychical factors are important, such as fear of operation, excitement, or mental depression.

After certain operations, such as castration, the loss of an "internal secretion" has been held to be the cause of mental disturbance. The author believes that the cause is more probably reflex psychoses, such as might have occurred from other circumstances. In most cases iodoform poisoning or slight or severe sepsis is the cause of mental disturbance. In a fatal case of Voisin, after ovariectomy with wild delirium, an acute hemorrhagic meningo-encephalitis was found at autopsy, though the wound was in good condition. A case of Seeligman, of acute delirium following a gynecological operation, large doses of opium had caused constipation and secondary auto-intoxication. Auto-intoxication and uremia are active and not infrequent causes. Excessive pain sometimes causes transitory psychosis. The clinical type of the insanity may vary from mania to paranoia. Iodoform poisoning simulates acute delirium. The hysterical cases develop hysterical delirium, "folie des dégénérés." Old people develop typical senile insanity.
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