

danger to the mind-health were observed, and the first symptoms of disease noticed, and their true significance apprehended, everyone knows that their further onset and progress could often be arrested." All the talk and writing about the treatment of mental disease in special hospitals by an array of departmental specialists is glittering, but unsound: It is not therapeutics or special hospitals that we require, but the aid of the general practitioner, and if he could be induced to be more of a specialist in his work generally, the benefit to scientific medicine would be immense.

The unique position of the family physician may be described as a sacred trust in regard to his patients and a solemn bond in regard to the social world. He is consulted on all matters, he is confided in, he is trusted, and his powers of influence exceed those of any other living being. I speak now generally, not caring to dwell on those instances when we are thwarted in good intentions and cruelly treated by ungrateful patients.

What above all else has delayed the recognition of insanity as a disease, and therefore the treatment of the earliest symptoms of mental disease has been public prejudice on the one side and a want of knowledge of the true significance and importance of first symptoms on the other. The one cause has been the means of fostering the shameful opinion that mental disease is a disgrace, and the other has been the instigator of classifying the early symptoms as eccentricities or foolish freaks of human nature.

I would not willingly, even in words, encroach or impose upon your sacred hours, but remembering your exceptional opportunities and your unlimited powers of influence, I am constrained to make an appeal for a better share of your working day in the cause of mental disease, and to express the hope that more attention will be paid and more consideration given to the study and treatment of the first signs of mental troubles.

I believe we are severally doing our part in the field of preventive medicine, and as regards the special department of psychology, the general practitioner would seem to stand forth as the public pillar and keystone towards the prevention of insanity.

These and similar exertions on his part will accomplish much in diffusing better and more humane ideas respecting the insane. The progress in this direction has been slow, still great advances have been made, and it is only for one reason that I allude to the subject.

Attempts are being made to rivet the public mind on the feebleness and lassitude of those entrusted with the care and treatment of the insane, and we have actually been asked to believe that with special hospitals the average rate of recovery could be increased by 10 per cent., to be followed by a corresponding decrease in the number

of the insane. I can only say I do not accept these views, and I attach more importance to the efforts of the family physician in the prevention and reduction of insanity than to any supposed increase in the recovery rate by means of special hospitals and therapeutics.

I do not think that anyone engaged in the treatment of the insane would advise the removal of a patient to an institution if the case could be treated at home. The early symptoms can and should be treated by the family physician, but when open and pronounced there should be no delay in obtaining special treatment. Whether early or late you will fail if you rely on therapeutics.

Do not be discomforted because of the varied and varying character of the symptoms. Seldom will you find two cases alike in the initial stage. But the more closely you study the variations of normal mind, the more easily will you detect mental deviation. Guard against labelling the primary element of mental disease as eccentricities, or painting moral insanity as hysteria.

In no department within the whole range of medical science is there more need for the practice of specialism by the general practitioner than in the treatment of the early symptoms of mental disease. We admire, respect, and follow the teaching or consulting room opinion of ripe experience, sound learning, and wide culture, but in every branch of the profession there is a great desire for more general specialism and a great cry against the increase of special specialism. The experience gained in the wards of any institution for the treatment of disease fosters and propagates individual and general confidence. It is one of the regrets of my life as an asylum physician that my brother practitioners so seldom evince a desire to gain knowledge in the special department of mental disease. I am confident that, if you were to visit our wards—and few there are amongst you who could do not do so several times in the course of twelve months—the gain would more than compensate you for the time and trouble.

Let it not be said that the fault is ours, for I am constantly asking individual members of the profession to visit us, and I now bid one and all an open welcome at all reasonable hours. I can assure you it will be a real pleasure to us, and no effort will be spared to make your visits profitable and interesting. I cannot do more than refer to this important subject; but I could not allow the opportunity to pass without mentioning how desirous I am that the richly-stored wards of our asylum should be utilised for the benefit of and taken advantage by the profession generally.

What is possible elsewhere is not impossible within the area of this branch. We may lack in public distinction and repute, but not in earnestness and devotion to duty. There are as able and