tion of mental disease, and both this class of patients and the neurasthenic come without the least hesitation to these wards. Hence these patients will come *early*, a most important consideration in view of success in their treatment. The results of treatment are such as could only be obtained in a separate department, and under the charge of those specially interested in this branch of medicine. Not that I think for a moment that the treatment in the general wards of this hospital is in any way inferior to the best on this continent, but the details of treatment, so essential to success in these cases, cannot in general wards be properly carried out. The proof of this may be seen in the fact that during the past year, especially, a number of patients suffering from functional neuroses, who were treated for weeks and sometimes for months in the general wards, without any benefit, were, in a corresponding time, discharged well through treatment in the nervous wards.

In collecting these few and very imperfect notes on the functional neuroses I have endeavored to lay before you some views, both from a theoretical and a clinical standpoint. I would ask you, however, to remember that the theoretical views must and will change, while the clinical type of disease must ever remain the same, and consequently its treatment merits the greater attention. For example, because hysteria may theoretically be considered a mental malady, it does not follow, that clinically, it can be best treated in the same building as the insane. The attention now given by the profession the world over to the functional neuroses is most gratifying. Had this attention been given earlier, in all probability Christian Science, Dowieism, etc., would never have come into existence. A new era, however, has come, and let us hope that in Canada a careful consideration of all available information, derived from every source, will enable us to make each step in advance on a solid foundation.