

hypochondria. All these egoistic people are prone to insanity, but the diagnosis is difficult, for the insanity grows out of the inherited temperament, and it is not easy to say when the one begins and the other leaves off, or to fix the point where the normal may be said to have passed into the abnormal.

Far easier is the diagnosis when we find that instead of an exaggeration of the natural characteristics of the man a total change is observable in him. In many a certificate we read that the patient is "totally changed," and no better evidence of insanity can be adduced than such a change, if we are so circumstanced that we can mention it as a fact.

Whether the insanity be an exaggeration of the individual peculiarities or a total change of habits and character, if it only goes deep enough, we find sooner or later delusions, and these aid us much in clearing up the diagnosis, especially for the reason that they do not appear at the very commencement of the disorder, but indicate that it has existed for a certain time and proceeded to a certain depth. That is to say, for example, that mania and melancholia may both exist in mild form for a considerable time before they are marked by the presence of delusions, and during that time they are more difficult of diagnosis than afterwards.

It may be important not only to diagnose the existence of insanity, but if possible to ascertain the form we are dealing with in each case. To those general practitioners (and they seem to be in the majority) who agree that once fully developed insanity in any form is diagnosed the patient should be promptly removed to some place especially adapted to the care of such cases, it may matter little what form is present, since, so far as they are concerned, the treatment will be the same, namely, the removal of the patient. But for those who believe that certain forms are amenable to home treatment it is necessary that a fairly complete diagnosis, as well as prognosis, should be made as to the form of insanity present if they would avoid trouble, especially when a suicidal or homicidal tendency may be present. It is difficult to say just when a patient may be subject to such impulses. Some will commit suicide or attempt it when but a very moderate degree of depression is present and the friends will express the greatest surprise at their doing so. For this reason it is well to treat all cases of melancholia as suicidal and insist on the patient not being left alone even for a moment. This is most important, for it just so happens that it is usually cases of the quiet and melancholic type which the family physician will assay to treat at home, being beguiled by the fact that such patients are usually quiet and fairly tractable, and, moreover, often possess