

consider that its treatment comprises a practical prevention of insanity, which would of itself alone be even a greater blessing to mankind than the prevention of tuberculosis. Not only from a humane but also from an economic point of view is this important, for where the Government must provide for the care of the poor in both these diseases, it has only to do so for the tubercular for a limited time, while for the insane it may be necessary for twenty or more years. Further, the loss of use of the intellect of the individual to the world during the period of insanity must be considered, as well as the fact that recovery from this disease sometimes leaves a liability to recurrence, or impaired intellectual faculties, which prevent, to a greater or less degree, the resumption of business or social life to an extent previously enjoyed. That the acute, idiopathic insanities (and it is to these only I here allude, and especially to mania and melancholia) can, in the large majority of cases, be prevented by suitable treatment, when such is undertaken sufficiently early, is now recognized by all authorities; hence, the importance of the study of this branch of neurology, as I believe the cultivation of this field will yield a more abundant harvest than any which have been reaped in this branch of medicine in the past, abundant as they undoubtedly have been. Further, the clinical study of these cases, which need not depend on the laboratory worker or the pathologist to the same extent as heretofore, will give an impetus to neurology which will produce even greater results than have been attained in the past.

One great difficulty has always been the lack of realization of the serious nature of these cases. Kraepelin, in his last work, says, "that even in the mildest forms of insanity, (of which this disease is but the initial stage) the suffering is greater than that of any other class of disease with which the physician has to deal." How often in every-day practice is a patient, suffering from neurasthenia who complains of psychic pain, told, "Oh, it's nothing, only nerves," etc., etc. The reality of the existence of these pains was strongly confirmed in my mind by an incident which arose in the following manner: A neurasthenic patient of mine was attacked with severe pains in his left shoulder during my absence in England some years ago. He consulted a surgeon, who carefully examined the shoulder without finding any evidence of local disease, and told the patient he found no cause for his pain, that it would soon be better. This improvement, however, did not take place, and the pain continued severe until my return. Some simple prescription was given him and the pain soon ceased. A short time afterwards he had the misfortune to fall and fracture his femur, from which, while it was being put up, he evidently suf-