

necessary that every hospital should have a well-equipped laboratory of experimental psychology; many experiments and valuable research can be done without apparatus; but there should be supplied men with the brains to carry on the investigations. Much of the apparent simplicity of our mental cases is due to the fact that we do not try to find out what is wrong with each individual but are content to make a diagnosis, pigeonhole the case and pass on to the next. It would be the object of careful physiological and psychological examinations to show how far we can pigeonhole certain cases and how far we cannot do so. From reading some text-books it might be assumed that all cases may be assigned to one division or another of our psychiatric classification, but we must remember that each individual mind differs from every other individual mind, and even when insanity intervenes the differences still hold, and are at times more marked. The greatest service that the psychologist or the physiologist or the clinical psychiatrist, or whatever else one wishes to call such a man, can do is to unravel the parts that are common to all types of what we call the same mental disease and those that are individual. It will be his opportunity also to determine the symptoms that mean in general a bad outlook, and those that indicate a mild attack.

For the proper estimation of the value of the different symptoms we need also to have at our command the opportunity of studying the borderland cases and especially those cases in which there have been what we may call aborted attacks. We need also the opportunity of examining the initial stages in those cases that become insane. In ordinary practice the last classes of cases are treated by the general practitioner, and the psychiatrist sees them, if at all, only after the insanity reaches its height. When the symptoms become severe and numerous the psychiatrist is almost unable to determine which is fundamental and which is not. He must make