so-called acute functional insanities, the necessity for the most thorough investigation of the physical condition is apparent. This is, however, often entirely omitted, or made in such a manner as to be of little or no value; the mind of the physician, absorbed almost entirely by the mental aspect of the case, overlooks the probability of the physical basis for the disease. By this failure to recognize, at the very outset, the bodily affection if present, its constant action upon the nervous mechanism and the mind, renders strong the tendency of the disease to become chronic, and jeopardizes, or entirely destroys, the chance of recovery. I have myself seen recently two cases illustrating in a very forcible manner the necessity for the most careful physical examination. Both were cases of hypochondriacal melancholia, a most intractable affection, with an unfavorable prognosis. Both presented hypochondriacal delusions of the most varied character, and in neither instance was the part really affected brought out prominently in the symptomatology. One was a case of internal blind fistula in ano, and the other a case of chronic cystitis, in both of whom there was a rapid mental recovery after a recognition of the condition and appropriate treatment. In one of these cases I was assured by the attending physician, that no bodily disease existed, and both had been treated for insanity. Insanity, indeed! What they needed was treatment for the cause of a reflex psychosis. Had the causative condition continued unrecognized in these cases, they would have joined the great mass of the chronic insane, and, if very fortunate, might now be permitted to reside at a "Wernersville."

Again, the time of admission to a hospital is of the greatest importance. Laying aside the question of the so-called moral treatment, removal from the irritating circumstances and home surroundings, so often scoffed at by our critics, there still remains the indisputable fact of physical failure of the acute insane during home treatment, and an almost immediate bodily improvement after their commitment to a hospital. The restless and disturbed patient, exhausted by excitement, lack of sleep and proper nourishment, becomes quiet, and takes sufficient food and restful sleep. The question is naturally asked, why cannot this be done at home? It is not, however, a question of possibility, but of reality; it might be accomplished, but is not. When a case is admitted to a hospital after a period of two weeks without food or sleep, as has more than once occurred in my experience, there is something radically wrong.

The general physician, hoping against hope that the patient will show improvement, and influenced by the constant solicitations of the family, delays sending his patient, until finally improvement seems impossible, and then turns with weariness and distrust to the hospital for the insane as a last resort, after watching his patient's chances fade away, until he dares not hope for a restoration of the broken-down body and worn-out mind. It is a well-known fact, proved by hospital statistics, that of those who recover, the vast majority are from those in whom the duration before admission is very short, and that, *ceteris paribus*, that patient's chances of recovery are best, who is admitted very early in the course of his disease. The limitations which are to be attributed to the general physician are: (1) Too great a delay in sending the patient to the hospital. (2) Unsatisfactory condition of the patient at the time of admission. (3) Insufficient physical examination.

The second limitations are due to the family and the immediate friends. After making every effort to avoid sending the patient to an institution for treatment, they finally, like the physician, turn to it as a last resort. During the residence of the patient in the hospital, their constant solicitation brings them continually before the patient, which, together with injudicious letters, may perhaps be followed by new paroxysms of excitement, sleepless nights, refusal of food, suicidal attempts, and other manifestations of a disordered mind. When the patient has improved slightly, they constantly clamor for his discharge, both to the patient and to the officers, again giving rise to irritation of mind, and undoing whatever may have been accomplished. Finally they remove the patient, in many instances, long before the mind is sufficiently stable to encounter with safety old scenes and associations. The family and friends are, therefore, to be criticized for: (1) Late