

opportunities of seeing a wide range of mental phenomena." The slightest deviation from normal mentalisation, the expression of strange and eccentric ideas, or other offences against sentiment and society are primarily deposited with the family physician. To no other member of the profession are such opportunities afforded of studying disease in its simplest and most curable forms, of employing preventive measures, and, in this particular instance, of averting future wrecks of humanity.

No sooner does one recall the painful incidents of an anxious case than there seems to re-echo from every quarter the regretful but familiar phrase "had I only been called earlier." Now, I much fear there is loss of time, loss of opportunity, and waste of material, because of the widely spread notion that mental disease is of a different breed from other diseases, and therefore not likely to be dealt with except under strained conditions and after consideration. All this is very humiliating, and one cannot wonder at the efforts being made to impart and infuse a better knowledge of mental disease among the general body of the profession.

However, it is no part of my duty to-day to express any opinion on this subject, but rather to exhort you to show a greater readiness and to display a stouter individual confidence in your association with cases of mental disease in their earlier stages. I am quite prepared to be told that even the family physician is not always consulted as early as he should be in such cases, but, allowing for this, the field is wide and the opportunities vast.

I would here say I leave untouched any consideration of those cases where the symptoms are patent and of sudden onset, or where the symptoms have reached the stage of full development before you are consulted.

In considering the early symptoms of mental disease it would be a wearisome and profitless task to attempt anything like a clinical exposition. Each form or phase of mental disease has premonitory signs and symptoms, though perhaps not always observed nor looked for. This may result from two causes. First, the reluctance of the patient or relatives to make known direct or collateral facts; and, secondly, a studied consideration on the part of the doctor not to wound feelings by pronouncing the symptoms as mental. It is of very much greater importance that the earliest symptoms should be observed, studied, and treated in certain cases than others, and for this reason: When there is a pronounced insane neurosis, or when the symptoms betoken organic disease, there is neither the same difficulty in diagnosis nor the same hope of recovery as when the symptoms are simple and possibly functional. It is often possible to trace back the symptoms to a period

when no doubt surrounded the patient's mental powers, and when the subject was in full possession of social equality. I could not better illustrate the truth of this than by a short reference to two living examples from among many now in our wards.

CASE I.—A. F., aged 32, married, was admitted in October, 1886. It was stated that the mental symptoms were of three months' duration. She was suffering from open maniacal perversion, with mixed sensory aphasic symptoms. On further inquiry we learned that, six years previous to this woman being considered insane, her friends were wont to be angry and annoyed with her for strange acts of conduct and mistakes in writing and calculation. She was a schoolmistress, and also managed the books of a small business. She would write absurd answers to business letters, and in her own private letters would misplace words. She was constantly "doing wrong," and making mistakes, for which supposed acts of carelessness she was frequently abused and most unkindly treated. Such were no acts of carelessness, but the early symptoms of mental disease.

CASE II.—J. D., aged 42, married, was admitted in December, 1885, suffering from mania with delusions (general paralysis). We were informed that the symptoms were of twelve months' duration. This man was a small farmer, and at one time in very comfortable circumstances. Ten years previous to his admission into the asylum, he rode through the harvest field wearing "white kid gloves and patent leather boots," and said to his foreman, "I am going for a ride." For these acts he was laughed at, ridiculed—in short, considered a vain fool. They were the early symptoms of mental disease.

When you are consulted for a general state of mental uneasiness, it is usually to be observed that the patient is over-anxious, is worried and desponding, because he has convinced his own mind that business or other matters are not satisfactory. He is perfectly rational in conversation "in a way," yet his mind is not working normally. "Smalls" are "greats," and little blacks are large blacks. Should these abnormal currents of ideas be allowed to multiply and propagate, the next stage is soon reached, and he tells you that he is ruined; that his affairs are not correct or prospering, that he cannot settle to work, and so forth. And now, instead of simple mental perversion you have actual mental disease. At this stage a consultation might be suggested; but I wish you to think of the stage preceding these delusions, the period which unquestionably belongs to you, and during which wisely-directed treatment is of most avail.

Take, again, the case of the anxious mother, who, during the period of lactation, is too often unmindful of her own health, and falls into a state