

I state positively that each operation performed in the London Asylum was undoubtedly indicated by the disease present, irrespective of the insanity complication. Knowing that these diseases are not infrequent among these people, as will be shown, would it not be a grave dereliction of duty to deny to those unfortunates the benefits of decent surgical treatment? Would it not be degrading to our manhood and lowering to our professional self-esteem to leave undone those things that we ought to have done? It would be plain neglect of duty. The ridiculous sentimental cry of "mutilation" should not prevent true surgeons from doing their whole duty towards their patients.

Let not some alienists forget that they are living in modern times, and that every branch of scientific art is advancing. It will not suffice to hold up their hands and deplore the increase of insanity and the overcrowding of our asylums. The world will demand of them an account of what they are doing to increase efficiency in their methods of treatment and increase their ratio of recoveries. The percentages of fifty years ago will not satisfy the profession of to-day. Some evidence of practical improvement all along the line of treatment will be demanded of those who have care of the insane. Mediæval methods must give way to better and more rational therapeutics. Close incarceration and restraint must be relegated to the past. Massage, stomachic investigation, serum therapeutics, and scientific surgery will, in spite of the Rip Van Winkles, supersede ancient and crude modes of treatment. The axiom that there is no remedy for the cure of insanity other than through the prior restoration to bodily health of the deranged individual, will universally be assured by alienists. Let, then, our critics memorize a living principle, "*Mens sana in corpore sano*."

Subjective symptoms, as portrayed by the sane, indicative of internal disorders, are, as a rule, absent in the insane when afflicted with similar derangements. Their delusions, illusions and hallucinations, their restlessness and excitability, and their moroseness and secretiveness subvert ordinary physical sensations. Interrogation of the various bodily functions is, for the same reason, valueless. The suppression of subjective symptomatology among the insane is no proof of the absence of physical disease. Demonstration by practical investigation is the only reliable method to determine the presence or absence of disease in an insane person's system. Injuries to the skull, pneumonic lesions, cardiac murmurs, derangement of the alimentary tract, changes in renal secretion and diseases of the pelvic organs can only be discovered by actual examination. When any of these physical lesions are located in an insane