

disease, and proceeding thence to the more advanced stage, when the boundary-line of insanity is reached.

The question of the prevention of insanity has been discussed chiefly by the alienist, who, in spite of every effort to promote this good work, has been greatly handicapped by the existing condition of affairs, since the patient only comes under his care when actually insane, and, in consequence, the patient's state previous to admission must remain more or less a surmise to him. The average general practitioner, under whose care these cases must inevitably first come, has heretofore received an instruction in insanity, and these functional nervous diseases, which has been widely inadequate in proportion to their importance, and which, when added to the isolated treatment of the insane apart from general hospitals, has unfortunately led to the development of a chasm of considerable dimensions between alienation and general medicine. This chasm will, I trust, be bridged by the neurologist. The study of neurology heretofore has been largely confined to the organic nervous diseases, and the contributions to the elucidation of the problems of this class of disease in recent years by the neurologist has been most gratifying. The functional field, however, with its gates wide open, has admitted but comparatively few workers, and in consequence this fertile field has remained, for the most part, uncultivated.

A preliminary difficulty with which we are confronted in the consideration of these troubles, is their classification, since the nosology of both functional nervous diseases and insanity has been much changed in the past few years.

A discussion as to a line of demarcation between functional nervous disease and insanity is so broad a question as to be entirely beyond the scope of a short paper, and yet some more or less clear conception of what is intended to limit the former is essential. If we attempt to draw a line *pathologically*, it must, in the present state of our knowledge, end in confusion. While all admit that both these forms of disease are due to a lesion in the nervous system, and in many cases a purely functional lesion, yet, to describe an attack of mania as a functional nervous disease, while pathologically correct, would certainly lead to much misunderstanding. Hence, much as it is to be desired that these diseases might be classified on the basis of their pathological anatomy, and further, that the term "functional" as applied to nervous disease should become more restricted, such is at present impossible. We must, therefore, turn to-day to another basis of classification, which, while it presents many imperfections, is for the present the more practical one, viz., the *clinical* basis.

On this basis, the boundary-line forms the line of demarcation between functional nervous disease and insanity. While it is