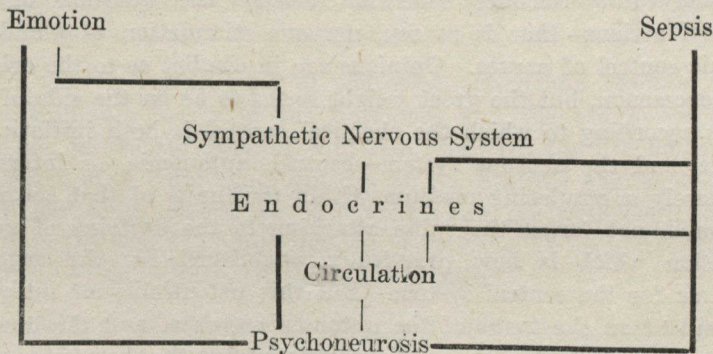


relation to mental disorder. For the endocrine link is obviously accessible to treatment and therefore this is the link which, as medical knowledge advances, will be less and less frequently involved. I mean that the internal secretory system will not be so often attacked when we have manned the outpost and learned to forestall endocrine disorders by dealing promptly and effectively with (a) early psychopathic states, and (b) septic conditions. Seeing, however, that, as yet, we deal so with neither of these things—seeing that we allow about ninety-nine per cent. of curable psychopathic states to run their course—seeing that we tolerate in all classes of patients an intolerable amount of chronic sepsis—oral and otherwise, seeing that, in short, the outposts are *not* manned, we need now, more urgently than we shall ever need in the future, to be able to deal directly with the endocrine situation.

By way of attempting to convey a mental impression of this endocrine relationship, I submit in a very tentative way the following diagram:—



Here it will be seen that, as I have already suggested, the endocrine link may be attacked from either the physical or the mental side. It is, of course, clear that a psychoneurosis may be purely psychogenic and involve no somatic factor whatever, but everyone will admit that the involvement of the physical factor is extremely common. Presumably the emotional disturbance influences the endocrines through the sympathetic nervous system, but since this system is a link which is inaccessible to direct treatment, its importance is secondary. The endocrine factor may act directly in producing the neurosis (for example, hyperthyroidism causing tremor) or indirectly through the circulation (for example, hypoadrenia causing a lowering of the cerebral blood-pressure, this in its turn producing headache, irritability, and so on). At the same time it must not be forgotten that the