

provided that adjuvant factors (general ill-health, etc.) are also in action. The specific causes of the neuroses are widespread, and we have all had to contend, more or less successfully, with some of them; with many persons their harmful effect can be averted only so long as no other noxious factor intervenes. Dealing with the accessory factors, which have evoked the outbreak of symptoms, is in most cases merely a temporary postponement of the trouble; on the other hand, satisfactorily dealing with the specific factors means making the patient free, strong and independent, so that he is in a position to resist the action of any of the accessory influences. Organic nervous disease is one of the accessory factors; it alone can produce no neurosis, but it can favour the outbreak of neurotic symptoms in a patient with whom the specific causes of neurosis are acting.

In regard to the differential diagnosis of the neuroses, I wish to lay down one principal thesis: one should never make such a diagnosis on merely negative grounds, but only when the characteristic features of neurotic symptoms are present. It is an only too common practice to examine for certain signs that are generally considered pathognomonic of organic changes in the nervous system, and, when these are not found, to declare the case one of "functional disease." A little consideration shows that in many cases this procedure must inevitably lead the observer into error, for, on the one hand, many cases of organic nervous disease do not show in their early stage the particular signs just referred to, and so would incorrectly be labelled "functional," while, on the other hand, when a neurosis co-exists with an organic affection, it will necessarily be overlooked. When a patient complains of headache and fatigue, one does not make the diagnosis of Bright's disease merely by excluding other diseases; one looks for the characteristic evidences of this affection. In spite of the obviousness of this truth, it is remarkable how frequently it is ignored when it is a question of recognising a neurosis. I must insist that the features of neurotic symptoms are as typical and clearly defined as those of most other diseases, so that, in the absence of these features, one should refuse to pronounce a given case one of neurosis.

It is only possible here to select a few of the commonest errors in diagnosis, and thus to illustrate the principles on which such diagnosis should be founded. In the case of the actual neuroses, the mistakes made are commonly due, not to errors in judgement, but to ignorance of the cardinal features of each form. For instance, the mistake of confounding the early stage of a general