

cant circumstances or conditions. This idea is to be antagonized and overcome by the efforts of the physician and attendant.

If the patient's mind can be concentrated so as to have full faith in some of the means used, this is additional help. This follows after a few days' treatment in most cases, and is often the basis of success. If the mind is unsteady and unable to retain confidence in the measures used, the physician must be resourceful enough to supply this deficiency and retain the confidence of the patient.

In some cases the morphinists are continuously casting about for some new means and measures superior to those used. No plan of treatment, however enthusiastically begun, is ever continued long. The mind seems to be continuously occupied in finding new and better methods. If the patient is a physician, the difficulty is increased, and the treatment is more uncertain. If he can be persuaded to trust implicitly to the physician and attendant, having no concern as to the means and methods of treatment, the recovery is far more certain.

The persons who are unable to repose confidence in any means or measures for their treatment, except for a brief time, and who are suspicious and egotistical, determined to trust their own judgment, and insist upon deciding questions of treatment, are very largely of the incurable class. This exaltation and delusional state is insanity, and not infrequently the first stage of general paresis. Such cases dread control, and are averse to following the uniform line of conduct planned by the physician. They insist on freedom to go and come and implicit trust in their promises to carry out the treatment. Such cases need, first of all, sharp restraint, with full control of the surroundings, and absolute conformity to all rules and regulations. Without this, successful treatment is always difficult.

To those who have this confidence in the means employed and show a disposition to trust implicitly to the physician and attendant, restraint of this kind is not necessary. Where they seem willing to bear pain and discomfort, and to make an effort to help themselves, recovery is rapid. The question of restraint is dependent largely on the condition of the individual. In some instances it is stimulating and helpful; in others, irritating and depressing. In all cases, a measure of espionage and control is absolutely necessary. This cannot be determined clearly at the beginning of the treatment, but will be ascertained from personal observation and study of the case. In some instances, the surroundings of an institution, and the fact of being at an asylum is a restraining power fully recognized; in others, the opposite condition obtains. To many, the personality and control of a physician or attendant is sufficiently stimulating, and persons are able to recover without further restraint.