

cases obeying a rhythmic law with an exactitude which is persistently psychogenesis in most, if not all, cases of manic depression, I see these cases of cyclothymia or early manic depression permanently cured by psychoanalysis. And yet, convinced though I am of a pure and mysteriously insusceptibility to external influences whether physical or psychic, favourable or unfavourable. I recall at this moment two cases in one of which there was an appreciable ten-days' cycle, while the other had a perfect four-year periodicity. Though I feel compelled to attribute the origin of the condition to mental and emotional factors, I can only interpret the periodicity as due to a physiological function. I believe that we are logically compelled to postulate a mechanism whereby the thought-life in repression and conflict becomes reflected in the endocrine system and so assumes that rhythmic fluctuation which we cannot easily attribute to purely psychical processes. Not long ago, in an address delivered in this hall, it was claimed that the familiar symptoms of dark rings round the eyes is, from the psychoanalytical point of view, a periodic physical function—as, for example, the psychic changes periodically accompanying menstruation. We are dealing with a condition in which the main aetiological factor is psychic. If anyone be in manifestation of exhibitionism. I do not quote this as an example of Freudian generalisations, but merely in order to point out that, being largely occupied with mental mechanisms, that school tends to ignore those links without which the chain from psychical repression to somatic symptom is incomplete. I wonder what connecting links the author of that statement would postulate if he were compelled to think in terms of psychophysical interaction! Would it be a vasomotor change due to the repressed exhibitionism of a stimulation of the gonads, or a temporary adrenal deficiency?

Enough has been said to indicate the vast field that lies at hand for patient research and thoughtful speculation, for though the literature of the ductless glands is already enormous its practical bearings are very scanty. Leonard Williams and one or two others, however, have led us on by a bold therapeutic empiricism to results far more notable than could have been achieved on more laboratory endings. We stand today between a moderately successful endocrine therapy on the one hand and a vast amount of unco-ordinated laboratory data on the other. In confirmation of this statement we need only reflect on the apparent incompatibility of hormone therapy based in the "stimulative" principle with that based on the "supplementary" theory, whereas now, more than ever, we need a scientific basis for endocrine treatment, especially in