

The so-called critical periods of life are fraught with dangers to those predisposed to disordered action of the mind. For many years prominent psychiatrists have been urging the importance of toxic states in the production of mental disorder, and the age of the individual appears to have an influence in determining the effect of a toxic state. To instance this, it is necessary only to cite the distressing circumstances which often follow apparently trivial febrile processes in young children, the peculiar liability of adolescents to dementia praecox, the remarkable limitation of general paralysis of the insane to a fairly definite age period, and the likelihood of a psychosis developing at or just after the menopause assuming a depressive type. Our knowledge of the exact nature of the toxic states concerned in the production of these psychoses is still very indefinite, but we feel that they may often be prevented by careful attention to the general health. It would seem to be important that the various emunctories should be kept functioning properly and that the diet and habits of life should not overtax these organs. These precautionary measures are to be advised in all persons, but more particularly in the predisposed, and the advice of course applies with especial force to the years which constitute the critical periods. It is unnecessary to say that sepsis appearing in the parturient woman adds to the peril of mental developments at a time when many emotional and physical stresses have already subjected the patient to much danger, so that this is to be regarded as one of the reasons for doing everything possible to assure a normal labour and convalescence.

It might be observed, too, in this connection, that social conditions play a part, in association with other factors, in the epochal psychoses. A smaller proportion of private patients break down in adolescence or in old age than of pauper patients, while the reverse is to be said of climacteric cases. Pregnancy, the puerperal state (not septic), and lactation, too, are less prone to enter into the causation of mental disease in the well-to-do than in the poor. The inference to be drawn is obvious. All feasible efforts should be made to provide favourable living conditions for the predisposed, especially when the critical periods are being approached and passed through.

Any departure from the mental norm of an individual should cause his medical adviser the gravest concern and should lead to an immediate investigation, thorough and comprehensive, of the physical condition of the patient with the object of discovering a possible physical basis for the mental symptoms. No greater disaster could be conceived than a chronic mental derangement which might have been averted by careful and diligent attention to the first warning signs. Death itself is preferable to mental incompetency—especially when it is associated with the incomparable suffering of melancholia.