

of scene and association, etc.—time lost here. *Third*, an attempt at treatment at home, presisted in until the aggravation of the case, the domestic complications arising from its presence in the house, the utter break-down of all available help, and the general unbearableness of the situation generally, has forced upon the patient's family the conclusion that he *must* go to an asylum—more precious time lost. All this unfortunate temporizing may be credited to the following causes, viz., (1) to the dictates of mistaken affection; to an ignorance of the nature and proper functions of insane asylums; (3) not infrequently to a miserable pride, which rejects asylum treatment as involving disgrace to the patient and his family; (4) frequently, to lack of knowledge on the part of the attending physician, or to the lack of firmness in pointing out to the relatives the dangers arising from delay in dealing decisively with the case.

But, whatever its causes, the delay costs the patient the inestimable advantages which might otherwise have accrued to him by the adoption of a prompt and radical course of treatment. In what other formidable disease would the physician be excusable in a temporizing policy; or the patient's friends and family be warranted in resisting, or delaying, the adoption of a well-approved and energetic system of treatment? For, in mental, as in other diseases, the period of inception is that which should meet with the promptest attention; its earlier stages are those which offer the greatest chance of successful treatment.

In almost every case, the first question which has to be decided by the family of the patient, and by the medical adviser, is, *whether the case can be treated at home, or not.*

The general answer to this question is, that a patient *may*, and should be *treated at home, if the facilities and surroundings are favorable.*

These facilities are: 1. A doctor who understands mental diseases: 2. A house, or apartments, sufficiently *ample* for the accommodation of the patient and attendant; sufficiently *far removed* from noises and other disturbing causes; sufficiently *isolated*, so that the patient may not disturb or alarm the neighborhood; properly *ventilated* and *safe*. 3. Entire freedom from any causes of excitement con-

nected with local or domestic associations: 4. Kindness, firmness, courage and good sense in the attendant, or in such members of the family as are obliged to come in contact with the patient. 5. Entire subordination, on the part of every member of the family, to the dictates of common sense, or the expressed wishes of the attending physician, in all matters relating to the patient and their intercourse with him.

Now, a brief glance at these *absolute pre-requisites* for successful home treatment will show you that there are but very few cases which can command all these advantages. By this test, all cases occurring in hotels, tenement-houses, apartment houses, etc., are at once eliminated from the possibility of proper home-treatment.

*How many families will you find prepared and equipped to treat a case of insanity in its midst?*

As it generally happens, the moment insanity is declared in any member of a household, from that moment—between the dictates of misplaced affection, and an unreasoning dread of the disease—the *patient has the whole household under his thumb*. Every rule and observance of orderly family life is upturned and diverted from its ordinary course; and the *patient knows it*; and presumes upon it, and harrows the soul of that family, by his exactions and pranks, until it is a veritable hell upon earth.

If this, then, is the case, as it generally is, in greater or less degree—if there be no one stout heart that can keep the family moving along in its ordinary course, and can yet look after and control the patient—why! there is but other thing to do, *i.e.*, to send the patient to the asylum. *There*, he finds—what? Not a terrified family, to whom his whims are law, and upon whose affections and weakness he can play at will; but, a large, orderly family, moving with all the regularity of clock-work. In place of confusion, he finds quiet; in place of anxiety, ill-concealed alarm and sadness upon the face of his attendants, he finds naturalness and cheerfulness. The change itself is a momentary check to the wild current of his thoughts and delusions. If after awhile the novelty of the new surroundings having wore off, he undertakes to “boss” things as he has hitherto done at home, he gradually finds