

to endure them in his own home. You must impress these points upon them firmly and forcibly, and make them fully understand the great responsibility that will rest upon them, if, through their unwillingness to follow your advice, the patient passes, for want of prompt and energetic treatment, into a condition of permanent mental alienation. And yet more than likely, your advice and your warning will be disregarded. Of the thousands of hopeless lunatics who crowd our asylums a large proportion owe the incurability of their disorder to the procrastination of their friends.

If, instead of being the family physician, you are merely called in when the necessity of the patient's confinement can no longer be disputed, this duty and this trial will be saved you. If the call is to unite with the family physician in perfecting the necessary legal formalities, your task will be relatively easy, for from him you can obtain particulars which will simplify it. It is possible, however, that your associate may be as much a stranger to the patient as yourself, and as a case of this kind will present the greatest difficulties and require the greatest tact and caution, I shall suppose such an one in my description.

Your first encounter will be with the patient's relatives—and generally with his female relatives, who will tell you a great deal that bears upon the case, and a great deal more that does not. As a rule you may divide the relatives of an insane person into two classes, those who want to send him to an asylum at all hazards, and those who want to keep him out at all hazards. Those who have no predetermination in either direction, who simply wish to see what *you* think, and do what *you* advise, are very much in the minority. Fortunately, as a general thing, you are likely only to meet those of your way of thinking, in whichever direction their pre-conceived opinions may tend, but this is not always so. Now and again there will be two sides to the question, and then your difficulties will increase. Take, for instance, the case of a young wife who becomes insane; on the one hand you have the husband, on the other her family. Each side is perfectly convinced that the misfortune which has overtaken the beloved one is distinctly traceable to some ne-

glect or interference of the other, and there is as wide a difference in their views as to what is proper to be done under the circumstances.

It will be necessary for you, as I have said, to listen to a great deal of information, and to a great deal of theory and surmise. Much of what is told you will be useless, and much of it untrue. If you can manage it, it will be better to gain your information from one comparatively disinterested—say an inmate friend or an intelligent servant—than from a near relative of the patient. At any rate you will want to learn certain facts, and you must try to get your informant to simply answer your questions without being discursive. You will ask first, for instance, the patient's age—the sex you will already know—then his or her civil condition, whether single or married or widowed. The occupation which has been followed will sometimes be a guide to you, and it will be well to inquire as to the religious belief, and the habits with regard to church-going and such like. The general habits then are of great importance,—has the patient been temperate or intemperate, disposed to enjoyment or solitude, have there been venereal excesses or addiction to self-abuse? You may pass next to the bodily health—what has been the patient's history? Has there ever been a previous attack of insanity or any nervous disorder? What diseases has he or she had? And, if a female, what has there been of irregularity in menstruation, parturition, or at the climacteric? Another question, and a most important one, what is the family history? Have there been insane members or sufferers from epilepsy, paralysis, or other nervous disease? Have there been marriages of consanguinity? Were the patient's parents healthy? Were they intemperate? So you may pass to his present condition? Ask first how long he has been ailing, and receive the answer with a grain of allowance, for almost invariably the period assigned for the invasion of the disease will be much more recent than the real one. Ask next the supposed cause. Has the patient had business reverses, family troubles or afflictions, or has there been religious or political excitement? What recent illness or injuries have there been, or has there been prolonged dissipation? If the patient is a