rather a formidable undertaking. No wonder even a poor form of application is elaborate.

The physical examination cannot be too thorough, and even a simple system of psychological tests will reveal conditions of mind quite unsuspected by those not familiar with the results obtained by their use.

Blood pressure should, in suspected arteriosclerotic cases, be taken as well as in conditions of depression and excitement. In suspected cases of General Paresis the cerebro-spinal fluid should always be examined chemically and microscopically. A diagnosis which is doubtful when the physical and mental conditions are alone considered is at once made clear. However, I cannot give you a comprehensive outline of Psychiatry by any chain lightning method. All that is possible is to point out the significance of thoroughness. I speak of this particularly because the ordinary certificate, as we see it, is not a tribute to the painstaking methods of the physician, but rather a document inclined to make one suspect that general rather than particular lines of examination have been followed.

Now as to the classification of mental diseases: The safest foundation for a classification would, of course, be one offered by pathological anatomy. Unfortunately, in but a few of the forms can such a foundation be discovered. So, too, when we attempt to find an ætiological basis, we can only go so far with our intoxication and infectious disease groups. Then again as Kraepelin has well said: "Any single pathogenic factor may make itself known by a great variety of symptoms."

Again to quote Kraepelin: "Judging from our experience in internal medicine it is a fair assumption that similar disease processes will produce identical symptom pictures, identical pathological anatomy and an identical ætiology. If, therefore, we possessed a comprehensive knowledge of any one of these three fields—pathological anatomy, symptomatology or ætiology—we should at once have a uniform and standard