

ambulance would have been sent for him, and he at once would have been given a bed in one of the public hospitals. When one considers that in 1854 (only fifty years ago) there were as many insane poor in chains, in the State of New York, as when Pinel removed the iron fetters in 1792, can one wonder that distrust and suspicion should still exist in the minds of the masses? In the light of these facts, is it astonishing that the laity, without any adequate knowledge of the modern treatment of insanity, should be prejudiced against asylums, and defer asylum treatment for a relative, until the last extremity is reached, when often, alas, it is too late?

But it is to the better education of the medical student, and as a necessary result, that of the future general practitioner, that I would like to direct your attention. As is well known by all examiners in medicine, the graduating student has a most imperfect knowledge of neurasthenia and insanity, a defect which is the more striking when compared to his present knowledge of disease of any other organ than the brain; as, for example, that of the heart. Why should this be so? The medical superintendents of asylums have, for many years, done all in their power to disseminate a knowledge of insanity. One reason is the belief on the part of the student, that there is a chasm of greater or less dimensions between the general practice of medicine and the treatment of insanity, and the impression that the latter must always be treated by an alienist and in an asylum; hence, no practical benefit will be derived from its study. Another is that there is a lack of *realization* on the part of the student that insanity is "brain disease with mental symptoms." Again, the situation of asylums is so frequently a long distance from the scene of the student's daily work, and the immense number of patients and the intricate classification of insanity tend rather, during his occasional visits to the asylum, to confuse his ideas and leave him with an ill-defined knowledge of the subject. But how about his instruction in those functional nervous troubles which often, for a long period, precede insanity, of which Krafft-Ebing (whose work as a neurologist lent a great aid to his success as an alienist), says in his last work, "Seldom does insanity come like a thunderbolt from a clear sky, much oftener its development requires months and even years"? Naturally the student has no such instruction in the asylum since he can see there only cases in which the boundary line of insanity has been passed. As I have already said, his instruction about them in the general hospitals is at best but scanty, owing to the lack of clinical subjects. From what has been said I hope I have made clear that the first step in the prevention of insanity must be taken by providing better facilities for clinical instruction in functional nervous diseases,