

premonitory symptoms of paralysis is surely more available for good, than the knowledge of the symptoms and treatment after the disease has fully manifested itself.

And we have acquired that knowledge not by observing paralysis, but by patient investigation of preceeding symptoms. So it is equally true of insanity. If the early symptoms of melancholia were as well understood by general practitioners as the premonitory symptoms of phthisis how many suicides would be prevented, and how many advancing to that sad form of cerebral disease, might be restored before its full invasion.

"It has happened when I have advised persons to apply to their family physician, stating that their case is only one of general loss of tone and may be successfully managed out of an asylum, that the persons have returned with the answer that the physician was unwilling to undertake the case.

"To attempt even to analyse the study and treatment of insanity here, would be an endeavor to embrace the ordinary routine of medical practice. Causation alone indeed embraces the most careful study of general medicine, as the disorder of any one organ may directly or indirectly affect the brain, and induce the mental disturbance. And the therapeutical treatment is but the application of well recognized principles. If insanity is caused by the vital depression following overwork, this state must be corrected. If it originates in the defective nutrition often associated with tuberculosis, then the remedies for tuberculosis are mainly to be relied upon. If in consequence of the functional impairment called dyspepsia, then that condition must be met. It is to medicine proper, therefore, that we are to look for relief, and the

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