dupes that all untoward social and physical conditions are only imaginary evils, "figments of the mind." Accept their dogmas, all social evils vanish, earth becomes a paradise. They exhort their followers to disregard many obligations that state, church and medicine impose, *e.g.,* the calling in of a physician in case of illness, the acceptance of a creed, or the taking of drugs—and all will be well socially, spiritually and physically. They proclaim antiquated the church's doctrines and the practice of medicine; their own teachings are all new and their healing powers the latest product of science. The wealth, notoriety and adulation some of these imposters receive make an irresistible appeal to these cults. Nations, churches, and the physicians' *clientele* are depleted by appeals (from one source or another) to these psychic impulses and emotions. Statesmen, clergymen, and physicians fail to take proper cognizance of them, and therefore provide no efficient measures to prevent such disastrous consequences as often follow these "treks."

We pass over the duties of the statesmen and clergymen, as regards the welfare of the state and church, to allow time to discuss the relationship of medicine to this exodus of the laity. This brings us to consider sick-room psychology. Evidently this receives much more attention now than formerly, judging by the number of articles appearing in current medical literature on psychology. We see further evidence also of the growing importance of the psychic factor in the sick-room by the breaking away from that fetich—the writing of a prescription for medicine for the relief of real or imaginary illness in every form and degree. The number of physicians constantly increases who tell patients whether or not they need medicine. The cowardice and dishonesty of those who use placebos for fear of losing patients are now looked on as disreputable.

The psychology of the sick-room could be discussed from many standpoints. It will answer our purpose quite as well if we consider the psychic factors in the order in which we meet them, instead of some more scientific method.

The psychic factors incident to the sick-room are markedly influenced by the onset of the illness, acuteness or latency, time of day or night, and character. Acute illness occurring at night is usually attended with much greater mental perturbation. The psychic impressions and emotions made by the onset, time and character of the illness on patient, family, nurse and physician vary greatly in number and intensity. In regard to the patient, the sensation and emotions engendered by sudden onset of illness, *e.g.,* pain, rigors, fever and nausea,