

lesion. At times such disease may be easily found, but frequently and unfortunately it will elude his grasp. To consign to the asylum without giving the patient the benefit of modern therapeutics is unjust to the patient and cruel to the friends. To be sick may be unfortunate, but it is not necessarily a disgrace, neither should the occurrence of insanity in one member of the family be the instance of casting reflection, but so long as such erroneous conception exists in the public mind we cannot be too careful in this matter. To those in whose family this affliction has fallen, and who live in perpetual dread lest through some mysterious visitation that they also may become victims, we can bring hope, assuring them that the conception of "mental disease" as distinct from physical lesion has passed away, that insanity is not the result of some vague demoniacal influence, nor the indication of disfavor upon the part of an offended Deity, but the direct result of physical disease, and only follows where physical degeneracy leads. And to our female patients who, under the burden of life's duties and oppressed by its sorrows, harassed by the customs of society and irritated by disease, whose mentality at times indicates the result of constant peripheral irritation, whose reflexes refuse to submit to the subjective guidance and become temporarily dominant, and who reasonably look to us for relief, what shall we say? Is asylum life with its unpleasant associations, its stone walls, iron bars and uniformed keepers, the atmosphere calculated to restore jaded nerves, to recuperate a wearied body and remove local disease. On the contrary, admitting the utmost kindness on the part of those in charge, is not such an environment comparatively as irritating to a sensitive nature as her local disease is abnormal? Only after all methods have been exhausted, and not until then, should we permit our patients to be removed to the care of the state. Let us look at this matter fairly and if necessary in the concrete. In view of what has been accomplished in the modern treatment of insanity, and in view of the true conception of insanity, how would you or I act with regard to those who are nearest to us in ties of affection? Let us consider such symptoms as formerly but fingerposts pointing to the asylum as indications for the necessity of closer examination and more skilful treatment, remembering that every case committed is a painful admission upon our part of inability to locate or remove the physical disease. If such care were habitually exercised, the asylum commitments would be appreciably less.

However satisfactory it may be to report recovery after the removal of physical disease, it is not to be compared to that experienced when we also have restoration of the mental. To remove physical disease and at the same time to minister to "minds deceased" is the highest ideal of surgery.

It has been urged that disease of the genital organs in women cannot be a prolific cause of insanity, and the reason offered for the statement is because the ratio between the male and female insane is about equal. Have the causes of insanity among the males been determined, and has it ever been shown that disease of these parts is not a factor in its production? Are not these organs undistinguishable in their early embryological developments? Are not the nerve and blood supply analagous?