mit myself to be introduced to a patient, as a clergyman who had come to dine with him. He nearly upset me on the spot, by asking me to say grace, and, although I managed to get through that, he soon involved me in a doctrinal discussion, that exposed my imposture in short order. Since that time, I have seen my patients as a physician, or not at all, and I think it will be to your comfort to make this your rule. I can imagine cases where a little deceit might not only be justifiable but commendable. If, for instance, you go to visit a patient, and find that he has provided himself with a carving knife, and sworn to kill any doctor who comes near him, I think, I don't like to advise you strongly but I really think that it would perhaps be justifiable, under the circumstances, if you didn't let him know that you were a doctor. As a rule then, have yourself introduced as a physician, otherwise you will find it difficult to turn the discourse upon that topic with which you are most concerned, the question of the patient's health.

It may appear to you to be rather a superfluous precaution, but I advise you to make sure of being able at once to recognize your patient from those who may surround him, by learning before you enter the room some particulars as to his dress or appearance. It is not a little awkward and embarrassing to address yourself to a bystander, under the impression that he is the patient, but it is a mistake that has happened, and might happen again. While the introduction is being made, a hasty glance at the patient and his room, will often tell you much. His dress and the arrangement of the furniture and accessories, may reveal the disorder of his mind. From his countenance too, much may be learned, not so much, of course, as if you had known him in his ordinary condition, and could thus bring comparison to your aid. But nevertheless, the physiognomy is a valuable guide, and you will look to it for evidence of depression, excitement, cunning or rage,

Entering into conversation with your patient, you will endeavor to elicit from him evidence of the existence of insanity. You will remember what I have said to you in a former lecture about insanity, in any given individual, consisting in a departure from the normal condition of that individual, and not in any difference between himself and other individuals, or between him and any fixed standard. Hence, in your examination, you must compare him with his former self, taking into account his birth and breeding, the degree of his education, his occupation, habits and the like. What may be full proof of insanity in one, will be no proof at all in another. Say that you are looking for loss of memory, inability to repeat the multiplication table may reveal it in one, but another may never have learned it. So with loss of affection, loss of temper, loss of religious feeling, loss of anything else, make sure that there has been loss, not original absence. Remembering, also, what I have described as the characteristics of the two principal forms of insanity, you will expect the departure from the normal standard, in the maniac to be in the direction of exaltation, in the melancholic, in the opposite direction, towards depression. So you will select the topics of your conversation in either case, and having selected them, you will try to bring out delusions. I do not wish to be understood to imply that the presence of delusion is essential to the presence of insanity. A man may certainly be insane without holding any delusion, or at least any that becomes patent, under the most skilful and close observation and examination. I do think, though, that the want of evidence of delusion is more often due to our inability to elicit it, or the patient's cunning in concealing it, than to its absolute non-existence. Again delusions may be readily shown at one period in the progress of a case, and absent to all appearance at another. But a delusion is a very comfortable thing to get hold of when you sign a legal document, which may have to be defended in court, for judges and lawyers still cling to the idea, that there can be no insanity without delusion, and it may trouble you to convince them otherwise. Remembering what I have already said to you about delusions, that they are always connected in some direct relation with the person entertaining them, you will see that you will be unlikely to detect them by conversing on general and desultory matters. You must bring the subjects home to the patient himself, talk about his health, his business