

should be recognized that when they are used with the confidence, skill and devotion that characterizes the work of the few best men the results obtained are far better than those which follow their employment in a simply routine fashion. If time allowed I should describe and praise also the team-work of the neurologist and the internist, the surgeon, the orthopedist or the gynecologist. Nevertheless, there are some forms of the psychoneuroses that these various measures do not touch and others where their use is often really mischievous because in securing temporary improvements they blind the patient and the doctor to the real diagnosis and the really needed treatment. The justice of this criticism becomes clearer when the question is no longer one of treatment by a neurologist with the aid of some skilful colleague but of treatment by an orthopedist or a gynecologist or a specialist for the digestion, acting by himself. A good share of the practice of such specialists is among patients with strictly neurological affections. The practical outcome of their treatment is often very good and in many a given case, taken by itself, there is no room for anything but congratulation. But, often, too, patients are treated in these ways, perhaps with temporary or partial gains, who ought to have their illnesses studied on far different lines. It is a foolish and ignorant sentiment which one often hears, that "neurasthenia is a surgical affection" or that "mental treatment should not be restored to until other means have failed." Surgical measures are indeed sometimes of service and mental measures may be ignorantly used, but it is not an indication of advance in the general comprehension of these disorders that views like these should seriously be held. Good neurology may be rare, but it would be for the benefit of all physicians and of medical theory and practice as a whole if the responsibility and the confidence should be thrown there where they ought to lie and eventually must lie. So, too, the immense importance attached in some quarters to "eye-strain" as a real cause of fundamental defects of character and of grave psychoneurotic symptoms, may be characterized as a truly child-like hypothesis, in view of what we know to be the facts. I say this in full appreciation of the favourable practical outcome, in some cases, of the eye-strain treatment. But far too much importance has been attached to the argument from success of treatment in the assignment of real causes. When a patient gets better under a certain treatment it is natural to think that the difficulty which the treatment removed was the essential cause of the illness. But in fact we all know that this is false reasoning and in place of arguing the point I will quote the closing paragraph from Emerson's fine essay on Self Reliance. "A political victory, a rise of rents, the recovery of your sick or the return of your absent friend, or some other favorable event raises your spirits,