

emphasized the fact that there is no distinct line between the disorders of a corpus morbosum and an animus morbosum. Hence, in accounting for the manifestations of insanity, not only is a study of the structure, function and nutrition of the brain necessary, but our inquiry must proceed further and include the entire nervous system and all the organs and functions of the body. For these must all act in harmony and as an entity with the brain and nerve centres. As a result, then, of this distinct relationship there is with every organ and structure a distinct connection with the brain and hence all physiological, as well as pathological conditions, possess and exercise an influence on that organ.

Griesinger, Boucharde and others have demonstrated the necessity of studying all diseases of the nervous system as one inseparable whole, of which insanity is only a portion. There is no doubt that the brain is involved like any other organ of the body in the general toxic or somatic diseases and many of the insanities are but the expression of the later disturbance of the functions of the brain, dependent upon changes in the nerve cells, secondary to abnormal conditions in other portions of the body. The relations of the dependence of changes in the nervous system upon general somatic diseases is often thoroughly masked, and the lapse of time between the events may be such that the relationship between the two is often overlooked. The importance of appreciating the fact that many sensory, vaso-motor symptoms may be prelude to an attack of insanity is now generally recognized. While the precise nature of the pathogenesis of the various insanities is far from being perfectly understood, we do know that the recognition of early symptoms may often enable us to anticipate and possibly prevent the later appearance of the phenomenon known as insanity. The experience of any neurologist can furnish examples of cases with an unusual form of headache, which if not arrested, might lead to an attack of mania. We are well acquainted with the change in disposition, the restlessness and irritation that occur in an individual affected by the slightest physiological disturbances, as witnessed in the depression of the dyspeptic or the exaltation of the intoxicated. We recognize that physiological disturbances, accompanied by pathological changes, as manifested in the menopause and puerperal conditions, stand as strong etiological factors in the production of insanity. Too often, I fear, cases are certified as insane, and the attack described as a sudden outburst, with cause quite unaccounted for, when if the real clinical history of the case could only be known there would be, though perhaps greatly disguised, a long train of symptoms, sensory and motor, sleeplessness, change in disposition, and other facts indicating in autointoxication, or some other physical disturbance, a causative relation to the symptoms of insanity.