

HOME TREATMENT.

We have thought, in this number of the Bulletin, that it would be well to offer to our Medical Confreres a few suggestions on the early care of incipient cases of Mental Disease, knowing well the difficulties they have to face in caring for these cases in private practice, and trusting that some details may be outlined, which, in conjunction with the family physician's skill, may be the means of cutting short attacks and avoiding the necessity for hospital treatment. For such cases as ultimately find their way to the hospitals these suggestions may aid in securing early such treatment as is more nearly in accordance with the practice of well-equipped hospitals than has often heretofore been practicable in home treatment. We fully appreciate the fact that the family physician comes in contact with cases of mental disease at a much earlier period than the hospital staff, who generally have no knowledge of the case until application for admission has been made and the patient has become troublesome or dangerous to himself or others.

The cases which cause the practitioner most trouble and anxiety are usually either those showing depression, with suicidal tendency and refusal of food, or those showing excitement with insomnia, and it is to those types that the following remarks are directed. In these days, when it is possible to obtain the services of a nurse who has had training in a Hospital for the Insane, many physicians, availing themselves of this facility, find the problem of home treatment much less difficult than it formerly was. It cannot be impressed too strongly that the patient must be in charge of some competent person, and that not a relative. A safe rule is to regard as suicidal all cases showing marked depression.

It is worthy of note that the suicidal impulse may be aroused to activity merely by the sight of any object by