in sufficient quantities, and is assimilated, this result may be averted. As much care should be given the hair, teeth, and mouth of the patient as if he were suffering from a fever delirium, and this will add greatly to his comfort and appreciation on recovery. There is but little danger of suicide in maniacal cases.

As to his moral treatment, there is no use in arguing with him in regard to his delusions, though these may be gently but firmly contradicted or else disregarded, and while it is best in the acute stages never to discuss these hallucinations and delusions, still they should not be acted upon or agreed with. During convalescence brief but positive denials of the imaginings of the patient may be beneficial, but it should always be done in the kindest spirit and manner. As the patient improves there will be a gradual subsidence of this exalted state toward the normal condition, possibly accompanied by a "tearful irritability," and gradually the mental balance will be restored. There are instances where this restoration takes place very suddenly upon awakening from a normal sleep, but this is not usual.

The course of an attack of acute mania usually extends over a period of from three to six months, though some cases appear to run their course in a much shorter time. Occasionally this disorder takes the form of an inflammatory condition of the brain, in which all the before-mentioned symptoms will be greatly intensified and death may result from exhaustion. More frequently death is the result of some complication, as nephritis or pneumonia. About 5 per cent. of these cases die, and 10 per cent. result in dementia. Seventy-five per cent. show hereditary taint, which, while it is not considered an essential factor in producing mental disorders, is regarded as rendering the nervous organism unstable, and therefore more liable to collapse when it meets any severe strain, either physical or mental.

Cases of chronic mania are very rare and consist of a continuance of maniacal disturbance, extending over a long period, perhaps for years. As a rule the physical condition of the patient will remain good, the mental state one of elation, reason and judgment will be much impaired. There is no tendency to suicide and the habits may be most untidy. Recovery from chronic mania is very unusual.

The second class of insane which we will consider are those of mental depression, or cases of melancholia. This form of insanity is characterised by "constant depression, retarded flow of thought and fixed delusions." These are certainly the most miserable of all this great body of people. Some sit for days with drooping figures and sad faces, absorbed by the contemplation of their own misery, believing most firmly that they have committed an unpardonable sin, or that they are responsible for the sins of the world, or that they have brought want and trouble upon their families. Others constantly walk about, moaning, wringing their hands, while still others complain they have no feeling at all, seeming unable to appreciate any sensation of either pain or pleasure. When hallucinations are present they are of a depressing and terrifying nature, and the patient is often troubled by "hearing voices" which constantly reprove or threaten him.

The physical condition is most uncomfortable, the skin being pallid and cold, the circulation slow, digestion retarded, headache almost constant, urine often profuse because of intense emotion, bowels constipated, food refused because of distaste for it or from troublesome delusions, as a belief of unworthiness to eat, a fear of poisoning, or dread of bringing want upon others—altogether they present a most pathetic condition when in the acute stage. As in mania, there is no known anatomical cause, though it is supposed to be the effect of cerebral anæmia or of autotoxæmia. It is not yet known how far the absorption of intestinal poisonings is an agent in producing insanity, but it is believed it is a more frequent agent than is generally recognised, and it is certainly a most important factor in retarding the recovery or in increasing the intensity of melancholia. Ill-health, business or love troubles, grief, over-work, shock from fright, or religious troubles are among the alleged moral causes in bringing about this unhappy condition, and as in mania, hereditary taint is found in more than one-half of the histories, which weaken their power of resistance.

From this picture you can understand how natural it is that the most serious danger to guard against is that of suicide, even in the mild cases, and the newspapers furnish us almost daily evidence that this fact is not generally understood and practised. Knives, scissors, cords, door-keys, anything that could be made an agent in ending one's life should be carefully removed, the windows arranged to open but a little way, and constant oversight may be needed to prevent the patient from strangling himself with a strip of bedding or clothing. Removal from his friends and usual environments is often found of great benefit; even the change to a State hospital may be a relief. With familiar faces and objects about him he only realises more keenly how he has changed, and this adds to his depression. Moderate travel—always guarding against a tendency to suicide—a short visit to the country, or going to the house of some physician, or to a sanitarium, may produce very good results. As in cases of mania, food is one of the most important remedial agents, but it must be selected and

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