An Address

ON

THE BORDERLAND OF INSANITY.

DELIVERED BEFORE THE TUNBRIDGE WELLS, HASTINGS,
AND SEVENOAKS DIVISIONS OF THE SOUTH-EASTERN
BRANCH OF THE BRITISH MEDICAL
ASSOCIATION.

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GENTLEMEN,—I find it more and more difficult when called upon to address meetings of my professional brothers to say anything which is new. I have now been teaching and talking for so many years, that the originality has passed. With age, however, as from a lofty peak, one sees more plainly the adjacent country and into far distances, lands of promise in some cases. It is to-day my intention to arrange what I have to say under several heads. First I wish to point out that the address has an object. I am convinced that when the turmoil of parties is over, and when a new Lord Chancellor has time, there will be new lunacy legislation, and I am certain that already you will all have recognized the marvellous changes which are passing over the treatment of the insane. The idea of an asylum as the only possible place of treatment for those of unsound mind has passed, and now we are on the verge, I believe, of a greater extension of treatment. It is comparatively a new thing for every large surgical operation to be performed in nursing homes instead of in the patient's home, and it will have to be recognized that similar homes, run on different but parallel lines, will have to be provided for the sufferers from acute unsoundness of mind. Already something is being done, but much of it is done in a wrong way. The doctor now is the person who is being unduly restrained instead of the patient.

That those who are actively dangerous to themselves or to society must be controlled and must be kept in asylums is certain, but there are large numbers of dwellers in the borderlands of sanity who need care, but not control. Borderlands, whether to principles or states, are ever the centres of conflict; it has been so in the past, and I fancy will be so for the future, for it is the borderland cases which, having much liberty, take licence and cause legal troubles. I shall point out the borders, and then refer to the kinds of dwellers therein, and later I must be practical, and do my best to suggest modes of handling these persons.

INSANITY AND UNSOUNDNESS OF MIND.

In the first place, once more I must insist that there is an essential difference between insanity and unsoundness of mind. The insane are of unsound mind, but I maintain that there are very many persons who are of unsound mind but who have no right to be treated as lunatics. Yet the Commissioners in Lunacy still maintain that the statement of unsoundness of mind connotes insanity. There is ever a great danger in definition.

Sanity, after all, is only a relative term. There are certain laws, rules, and conventions which slowly grow around men as they advance in civilization, and the breach of these places men in different categories: those who break the laws which are essential, and do this knowingly, are looked upon as being criminal; while those who break the lesser ones or the graver ones unconsciously or without power of self-direction may fall into the insane class, while those who neglect the simpler conventions of society are considered eccentric, and may be dwellers in the borderlands.

We have, then, to consider those persons who, not being insane, tend to be criminal as the result of some nervous defect in one class; in another we have those who tend to vice, which may be looked upon as crime rather against the individual than against society. These in the vicious borders vary, as I shall point out, according to the vicious course which they tend to follow.

Lastly, I shall have to consider the cases which most frequently come before me in which the real question is,

Are they insane or are they not? This question may be literally a vital one, for on it may depend the legal responsibility of certain acts. We have, then, the criminal border, the vicious border, and the insane border to consider.

I shall also have to consider that the patients may be temporary or permanent dwellers in the borderlands. Some persons pass most of their lives in health, yet have recurring nerve-storms and have to be sent to asylums. In many of these there are periods when they are not insane, but when they are eccentric and behave oddly. It is interesting to recognize that many of these persons have in each recurrence exactly the same ideas with exactly the same actions. They have, as it were, mental auræ before the outbreaks of insanity. I speak of such as moths about the candle, for among these patients I have a good many who show their instability first by visiting me.

There are, then, these transient visitors who, like the swallows, return time after time, but there are others who pass through the borderland on the road to profound decay. Such may often be seen in persons suffering from general paralysis of the insane.

There are others who are dwellers in the borderland; from the very first they come into the world ill fitted for their posts, and they fail in one way or another. Probably one of the widest borders is the hysterical one. We most of us doctors recognize that a very large amount of nonsense is talked about hysteria; and just as the mother of every idiot wishes it to be looked upon as only a little backward, so most relations of the actively-insane woman wish us to believe that they are only suffering from nerves or hysteria. I have never been able to satisfy myself with the definition of hysteria. In Nature and in disease there are no definite lines; vitality is always indefinite, and, as Sutton said many years ago, the only definite things he knew were dead, whether they were definitions of disease or of other things.

Notwithstanding this protest, I admit there are many nervous and mental states which fully deserve to be considered as hysterical and those suffering from them to be looked upon as dwellers in the borderlands. Though there are many forms of hysterical symptoms, I do not allow the existence of a definite disease hysteria. I have seen the same symptoms present in acutely fatal cases, and in others in which there was danger neither to life nor reason.

THE EMOTIONAL HYSTERIC.

Now as to examples of the cases to which I would specially refer: A girl has a love disappointment, then grows restless and *distracted*; she becomes anaemic, takes her food badly, and has restless, disturbed nights; slowly she becomes more and more self-contained and indolent, lying in bed and taking long to dress herself; still there are no delusions of any kind, only emotional disorder. All these symptoms may with care pass off, but in many other cases there develop some more active symptoms; there may be complete silence or there may be aphonia, some defect of motor power, some form of paraplegia. Such and similar symptoms may last for long periods or may suddenly pass off, but it does not do to say that such cases are bound to get well. Some die of simple anorexia nervosa with cardiac failure, while others pass from the borderland and develop acute mania of one form or another. The hysterical border is chiefly inhabited by women, but both in boys and men I meet with true hysteria, and in them the prognosis is worse; the boys generally being on the road to mental weakness and the men probably in the early stages of general paralysis.

There is an interesting group in which the patients pass from the interesting hysterical paralytic into the acute maniac. I have described such cases in Bethlem where suddenly the maniacal symptoms have left the patient, who at once has become paraplegic.

Beside the ordinary emotional hysteric, we have to consider a much more difficult class of disturbers of social order. Wilks long enough ago pointed out the duty, whenever ghosts appeared or when supernatural phenomena occurred in small houses or country rectories, to *chercher la femme*, and you would find the cause to be a hysterical one. Beside this, and one in which there is considerable danger, we have the women who make accusations against men. I have come to the conclusion that though there

are evil men there are more evilly-minded hysterical women, and I have not only to consider false accusations but equally false confessions. I have come across several, of which the following is an example:

A girl of good education—in fact, educated above her social position—goes into a family as governess. She is accomplished, ladylike, and is admitted to a good deal of the family life, yet she feels that she is not really in it. She dreams of the might-have-beens, and fixes her affections on the son of the family, who, happening to be otherwise engaged, takes no notice of her. Soon there is trouble, for the girl to whom the son is engaged receives anonymous postcards, nothing very startling at first on them, but later there are insinuations that the man has other loves of a lighter type, then comes a card with a coffin lid on it with the words, “dead the mother, dead the child.” All this was the outcome of a hysterical imagination, and fairly demands to be placed near the criminal border. In such cases discovery and some social punishment is the best thing. In the above case marriage, I believe, has ended the troubles. Although most of the so-called hysterics have some sexual disorder, yet it does not do to say that they all have this, and there are other disorders which have direct connexion with some derangement of the sexual functions which have to be considered as distinctly beyond the border.

THE SEXUALLY DERANGED.

I now must refer to the cases in which sexual passion overrides all the restraints of convention. That a young fellow should lose control in one way or another is common enough, and is overlooked if it is checked in time, but in the other sex things are different. Some of these cases are constantly coming before me, and I will give one or two examples. A girl of neurotic family, highly educated and brought up in luxury, but in what would be called a refined English home; she is sent to a boarding, or, more likely, to a so-called finishing school, where she hears a good deal of social scandal and develops ideas, but with little knowledge as to the relations of the sexes. In some of these girls a most overmastering lust develops—nothing will stand in the way of its gratification, and the girl escapes from home with or without a paramour. I have now in my mind's eye two cases of such girls who are under control; both have been certified, though I must admit the words of the certificates are weak enough, for all I could say was that they had given way to lust, and that in my opinion they were suffering from moral insanity, as they said that, if free, they should return to a vicious life on the first opportunity.

These girls are certainly in the borderland, and I fear that in none of them can you exercise any true control. I have seen the effect of sending them to convents, but the experiments have not been successes. I think it is justifiable to place them in country homes under the strictest supervision, but they ought to be certified, and this may be the practical difficulty.

More sad and equally difficult to manage are the cases in which there is in women a revival of sexual passion with the climacteric, and I might say that I have seen a good many of these women in whom it is reported that their earlier married life was apparently without any strong sexual desire. Anyway, in some of these cases a late child is the result, in others illicit attachments, and these may be of the most irregular type, so that the wife runs away with a groom or a coachman; and I have met with women who, on the pretext of reforming some drunken scoundrel, have ruined their domestic happiness.

THE SOCIAL MISFITS.

I have already this year, and not very far from here, held forth on the “social misfits” due to mental disorder, and here I must refer to some of these conditions, because they come naturally under this sexual group.

There is the unreasonably jealous woman, and, mind you, many of these are at the climacteric. They think their husbands, who are no longer young, are frigid, and they misinterpret this. They think the husband has a mistress or two, and they begin by reading the impressions on his blotting-pads. They spy on him, they empty his pockets, and even follow him to his office unexpectedly, thinking to convict him. All these symptoms may be but perverted affection, and if the wife can be got away well and good; but in many cases this is all but impossible,

because the instant he is away she thinks he is with some other woman.

I saw a lady once who had taken the hotel bills which her husband brought home from the Continent, he having been advised to leave her for a time, and finding a dinner bill for four, when the husband's party consisted only of himself and his two sons, at once invented a lady friend as the fourth of the party. In similar cases the unreasonable jealousy of the wife induces the husband to consult a specialist as to the sanity of his wife, and I can only say from experience that the specialist runs considerable danger if he in any way supports this contention, for though the lady may be unreasonable, no court will admit that she is mad.

A more serious complication may arise from this lust, in leading to adultery and later to the Divorce Court. I believe so far no case has been tried in which the plea of irresponsibility on account of early mental disorder has been raised, but I have seen several cases in which women who had hitherto led perfectly honest lives, have under special conditions, such as absence of husband abroad and want of true friends, fallen, and who later have passed the border and become insane, it being perfectly clear that their lapses from virtue were symptoms of early mental disorder.

DIFFICULT CASES.

It seems right here to refer to some of the cases in which we all have difficulty to decide as to our line of action. An elderly man of refined habit and surrounding is to our astonishment taken up by the police for indecent exposure or indecent conduct, or even criminal assault.

I have seen a good many of these cases, and in nearly all I have felt that, whatever was pleaded on their behalf, they were guilty of the acts, though in nearly all they were not really morally responsible.

A man's morality depends greatly on his arteries—that is, on his normal healthy self-control, which follows from a natural circulation and healthy blood through his brain. That these elderly men require special control I admit; but I cannot think that prison is the place—nor is an asylum, if we mean only criminal or lunatic asylums.

Still more difficult and still nearer the criminal line, we have to consider the very unpleasant class of sexual pervers: the clergyman who is guilty with his choir boys, the retired officer who is guilty with his servants or with someone in uniform—for, oddly enough, uniform, whether that of the soldier or the post-office official, has a special attraction. That this is generally due to some defect or disease of the higher nervous tissues I must admit; but equally I have to admit the difficulty in giving a certificate presenting any facts observed by oneself. I have on one occasion at least given as the insane acts the fact that the patient insisted on his footman sleeping with him and that I had seen obscene letters from servant to master. In these cases the lawyer will say, as with kleptomania: “You doctors go too far when you claim the criminal act as the grounds for a certificate of insanity.”

THE SELF-MUTILATOR.

Among the cases allied to the hysterical I must place those who mutilate themselves or cause factitious disease. In some of these one would think that true hysterical anaesthesia plays a part, otherwise one can hardly understand the girl who introduced pins between the upper and lower eyelids and accused others of doing it, or the girl whom I saw some years since with a skin specialist who had for months produced the most extraordinary worm-like sloughs, which her relations thought were worms being extruded from the skin, by means of the application of liquor potassae.

THE HYPOCHONDRIAC.

The next group leads insensibly to the melancholic or apathetic group. I have seen several middle-aged women who had not left their beds for years; they were to be seen with the appropriate stage setting of hysteria—good books, pretty flowers, and suitable ribbons; no disorder of any bodily function was to be discovered. Yet any attempt to rouse them to do anything was resented and another doctor was sent for. Nothing is more irritating to these patients than sending for a mental specialist such as myself; in fact, I have been known to be a useful counter-irritant.

How is one to treat such persons? You have the choice of answering a fool according to his folly or not answering him. I am inclined to fear that no reasoning is of any good, and in many cases even rather rude awakening to changed and less pleasant surroundings has little effect. In many of these cases there is said to be some uterine or ovarian trouble, but I do not recall recovery following its correction. From simple defect of will and exaggerated self-consciousness it is easy to pass to hypochondriasis; as with hysteria, this may be but a stage leading to some more definite mental affection.

But the instances to which I would now refer resemble in many ways the patients last described. There is a persistent mental disorder which prevents the patient following his calling, but which may persist for years without in any way producing mental decay or without spreading, as it were, to the other mental functions. A typical case is that of a middle-aged man who ought to work for his living, yet who does nothing but consider his bodily feelings. He notes everything, from his pulse to his urine and his stools. He is inclined to weigh all his food, and he guards himself against every change in the weather; he exacts the utmost care and attention from wife and family, leading them a life of misery. This state of things, as I say, may go on for years.

Besides these general hypochondriacs we meet with others who have some limitation to their ideas. Thus one man believed that he had malignant disease of his throat, and explained his gaining weight to cancerous infiltration and not to normal fat. Such persons also soon get established ideas, and neither get better nor worse. They really require a land for themselves, for while perfectly able to understand the nature of things, they are unwilling or unable to do them. These men are, as a rule, not dangerous to themselves or to others.

Wilks pointed out the danger which Englishmen run of thinking that as the earth's rotation took twenty-four hours, so man's bowels should act just once each day. This tendency of bowel observation is a dangerous one.

THE YOUTHFUL FAILURE.

The next class to which I wish to refer is that of the youthful failure. In recent times a good deal has been written about the so-called dementia praecox. Whether this is a new or only a more rapidly-developing form of disorder I hardly like to say, but the fact is that there are many young people seen nowadays who, like certain clocks, are wound up to go a certain time and no longer; and unfortunately in many cases we have not been able to wind them up again. This part of my subject is a very practical one, for I am certain that every one here could point to these failures.

Most of these persons come into the world apparently normal, and they may grow up pleasing and bright children till the onset of maturity, till the reproductive organs begin to influence feeling and thought, then instead of developing, they are arrested in development or they may go back. These cases, or many of them, have been considered as depending on masturbation. I have no doubt that the onset of the masturbation and the coming on of the symptoms often coincide, but I do not look upon one as the necessary cause of the other. It is hardly necessary for me to say that these patients may fail in different lines; while one passes through a stage of hypochondriacal self-consciousness or religious depression, another becomes extravagant and boastful, and another may simply pass into apathy and mental weakness. In any case a very large number of them never get into asylums; they are looked upon as only failures, and many are in the earlier stages sent to the colonies. They used to be sent to cavalry regiments, but I fancy the army has got to recognize them now, and declines to have them or to retain them.

Now what is to be done for these fellows? We have heard a good deal of colonies associated with Church or Salvation Army, of epileptic colonies, and in Scotland and on the Continent of colonies or district homes for the quiet insane. I am certain that some such plan is the best for these patients. They need healthy simple life and steady occupation; they need little or no emotional excitement. I have visited such a colony not far from here, and though I fear it is no more popular than a small-pox hospital or a fever ship, yet if it is doing good it has to be considered.

THE PRODIGAL.

Allied in some degree with the above we have a class which you all know well—the prodigal. That a father should make a heap, and that his son should dissipate it, may appear to be a natural reaction, but the dissipating does not injure the dissipator so much as it does others. Therefore we ought to consider the prodigals as persons who ought in some way to be under control. It is certain that the majority cannot be certified as insane, though their friends come to me constantly, and abuse the law directly and me indirectly because I will not make or break a law for their benefit.

Whether the youth be a Jubilee Plunger or a young nobleman who spends thousands of pounds on fancy waistcoats, there is no power of restraining him in English law.

Here, I assert, is one of the objects of this address: Why should the only method at present in force be the Court of Chancery, which is cumbersome? Why should we not go back to the old Roman law for the restraint of prodigals? This has been incorporated in the French law, which enables a family council to tie up the capital, and also renders it illegal to advance money to the waster, or to allow him to get into debt. I know this may appear a counsel of perfection, yet it is a thing to be aimed at. What can be more futile than starting a costly inquiry before a special jury, who consider only the appearance of the youth? In many cases they find him to be fit to manage his affairs, and thus they enable him to ruin himself and his family.

THE INEBRIATE.

You will notice as I advance with this address my measures are becoming more drastic, and this will be confirmed when I refer to inebriates. Surely there are no cases which need more control and for which such inadequate provision is made. I do not want to be too lenient with them, and say that most of them suffer from the tyranny of their organizations. I feel for their relations, who object both to suffer from and to have to sympathize with the same person. First, we have inebriate Acts, but these are of little use to your patients, who if they admit that they drink have always reformed; so they say when you see them, and are full of the best intentions. Unless they will go into an institution voluntarily they cannot be compelled unless they have fallen into the hands of the law. Surely something like a family council, under the advice of family doctor and lawyer and the necessary specialist, ought to be able to place the patient under control, but in any legislation for this purpose the doctor must be most carefully and specially safeguarded against legal proceedings, for, of all patients, the inebriate is the most ungrateful and the most litigious.

I would go one step further, and make it possible when any person had been sent to an asylum, or placed under certificates for any form of mental disorder which depended upon drink, that instead of allowing him to be discharged when well he ought to be retained for at least a year. This would give a chance of recovery, and reduce the number of recurrences, and would, I think, also act as a special deterrent to the drunkard. This suggestion, I fear, will not be accepted by the Commissioners in Lunacy, who I find are quite ready to recommend the discharge of a patient who has been under certificates if apparently sane at the time of their inspection. This is logically correct on their part, but socially and medically it is wrong.

THE SPECIALIST GROUP.

One group of cases is perhaps more interesting to me than to any of you here, for it is a specialist group. The first question before speaking of them which I would propound is, Will you be prepared to certify every patient who admits having hallucinations of his senses? Certainly in my earlier asylum experience I should without any hesitation have said if a man hears "voices" he is not safe to be at large, and if he believes that he is being influenced by others in some occult way he is a dangerous lunatic. Yet you may be surprised to hear that I have now several examples of men suffering from these subjective nervous disorders who are earning their livings, and are as free as you or I. I am free to admit that these persons are so near the borderland that I think the majority will have to be considered as insane, but it is

interesting to have to note that there are some who, being hallucinated, still are capable citizens.

In another part of the country is to be met a group which contains collectors, misers, kleptomaniacs—I was going to add philanthropists, but perhaps I had better leave them out, though in some, I might say many, cases the so-called benevolent philanthropist is a crank, and may be only a collector of another kind; in fact, one who is chiefly concerned with the self-glorification which is said to be associated with mineral-water drinking and teetotalism. Any way, there are certain persons who cannot refrain from stealing. There are always in society a few with the reputation that after a visit their servants return the purloined goods. There are certain persons who collect like magpies—never using what they take, just collecting. I think that with the climacteric we have a very large number of temporary dwellers in the Bethlem. Some take to drink and may for a time appear lost and yet with time may be all right again; there are others who develop sexual tendencies, and there are others who take to stealing. They have a not unnatural tendency to steal articles of clothing from Stores. In fact, I at one time thought there was a special class always to be met with there. Perhaps the openness of many of the Stores is a temptation too great to be resisted.

CONCLUSION.

And now to sum up the whole matter. First I recognize that I have taken too large a field to till satisfactorily, but anyway I have been able to lay before you some of my views in relationship to those persons who, being nervously or mentally disordered, yet in my mind should not be looked upon or treated as lunatics. I have pleaded for a much greater freedom for the treatment of the insane who are not dangerous to themselves or society by doctors in general practice, and I have urged here as elsewhere the utility of having some system of notification as well as of certification. No one would wish more urgently than I that the places to which the insane are sent should be in some way supervised, but one does not want the unbending regulations which at present exist. I have pointed out that for some patients greater control is needed, while in others much more freedom and a natural return to simpler life is to be preached; not the simple life of which we hear so much, but a real consistent simple life, with plainer food and more regular occupation. I for one fear the Education Acts are at least as potent of evil as certain other more frequently supposed causes of mental decay.

I have placed before you my views and I thank you for your attention.

THE TREATMENT OF NEURASTHENIA.

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THERE is probably no human disorder which so doggedly shadows the advance of civilization as neurasthenia. It exacts its relentless toll from those who by their untiring energy and painstaking perseverance mould the history of the world no less than from those whose ineptitude, luxurious indifference, and negligent idleness hinder the development of its progress.

Though it is generally regarded as a modern disorder, and though we owe our first accurate description of its leading characteristics to Beard, whose work on *The Nature and Diagnosis of Neurasthenia* was published in New York as recently as 1879, there can be little doubt that, like other disorders of the nervous system, it has occupied its place as one of the ills to which flesh is heir in all ages. Its recognition as a distinctive disorder is due to our improved powers of clinical observation, and its greater frequency to the increased strain involved in the present-day pressure of life. It is widespread in its distribution and has invaded every civilized country where ambition and the struggle for existence compels an incessant activity of the nervous mechanism. "To-day," says Proust, "every one endeavours to raise himself higher than his ancestors; competition has increased; conflicts of interests and persons have multiplied in all conditions of life; free course is given to ambitions that are often little justified; a crowd of individuals impose on

their brains a work beyond their strength; then come cares and reverses of fortune, and the nervous system under the wear and tear of incessant excitation at last becomes exhausted."

The symptoms by which we recognize neurasthenia are many and diverse. As with most other disorders, few cases are met with presenting every feature of the classical malady, but the broad outlines by which the condition may be differentiated are sufficiently conspicuous to make it easy of diagnosis. It is true that it often occurs as a complicating factor in other diseases, and also that its affinities for hysteria on the one hand and hypochondriasis on the other are so close as to make it difficult to draw a definite line of demarcation between them, but in the majority of instances there is no greater obscurity about its identity than exists in the case of many other maladies which we unhesitatingly label with a name. The various neuroses with which we are familiar may all be regarded as neurasthenic manifestations, and it would perhaps tend to simplify nomenclature if they were grouped together and classified under the common title of psychasthenia which has been suggested by Contet.

The name would at least possess the advantage of being to some extent descriptive, because the one feature they possess in common is undoubtedly mental instability. Classifications of subordinate varieties are useful, but those which have been adopted are either clumsy or inadequate. What does it matter if in one instance the symptoms are for the most part spinal, in another cardiac, or in yet another gastro-intestinal? Behind them all there is a mental twist which, if it does not portray the whole picture, at least fills in either the foreground or the perspective, and links together the bewildering diversity of neurasthenic manifestations.

We have no accurate knowledge of the morbid anatomy of the disease. It has been attributed to vaso-motor inadequacy, resulting in such low blood pressure that the portal circulation becomes abnormally loaded and the heart imperfectly filled; its frequent association with the menopause, Graves's disease, osteo-arthritis, and other disorders in which vaso-motor disturbance plays a prominent part lends some likelihood to such a hypothesis. Bouchard regards it as a result of abnormal fermentations in the stomach, with the consequent formation of soluble toxins, which, when absorbed, impair the anatomical elements of the different organs, and notably those of the nervous centres. Glénard suggests as a possible explanation the sinking of the viscera in the abdominal cavity, but this is more probably an effect than a cause.

We are not now concerned with the details of symptomatology, but the following points may be enumerated as landmarks:

Constant sense of weariedness, intensified by the least exertion.

Impaired digestion: anorexia, eructations, flatulent distension, constipation.

Change of temperament: fickleness, restlessness, irritability.

Headaches—occipital or vertical—made worse by stooping or effort.

Unrefreshing sleep, unpleasant dreams.

Sensory disturbances: neuralgic pains, muscular tremors, active deep reflexes.

Vaso-motor phenomena: flushings, sweatings, palpitations, vertigo.

Impairment of special senses: photophobia, tinnitus aurium, subjective sensations of taste and smell.

Intellectual phenomena: mental depression, loss of memory, feebleness of volition, vacillation of purpose, loss of self-confidence.

Emaciation; cardiac irritability; paroxysmal polyuria.

In many instances, floating kidney; enteroptosis. Such a widespread symptom-group bears witness to a central or constitutional origin, and, when considered in relationship to the circumstances and habits of life to which the disease is commonly sequential, it seems possible, and even probable, that a toxæmia is the essential etiological factor, and that some form of primordial alteration in the nerve cells ensues whereby cerebral control is disturbed and vital energy inhibited. Even if theoretical, such a conception possesses at least the virtue of furnishing a working basis upon which to found a reasonable system of management. And it is important that the question of treatment should be seriously con-