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THE SCOPE OF THE ACTIVITIES OF THE ALIENIST.*

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By your preferment I have the honor of being your President for the term of a year. Though unworthy, I am grateful indeed to my friends who saw fit to confer upon me this badge of distinction. I shall endeavor to acquit myself in a manner that may merit a fair degree of approval of even those whom Sheridan would call "my d—d good-natured friends."

The selection of an appropriate subject for this address was, of course, my first cause of tribulation. I thought of telling of the brilliant achievements of our forefathers—their history—but that had been done, time and again, by abler essayists, so, concluded I, what's the use of repeating

"A little knowledge of the ways of men,
A little reading of their deeds and fates,
A little guessing at their thoughts and then
A quick forgetting of their names and deeds—
That's history."

Next, it occurred to me that literature might perchance be a profitable theme—a review of the writings and opinions of some of the masters in psychiatry—

"A little delving in the tomes they penned,
A little conning of the verse they writ,
A feeble grasping of their aims and trend,
A shadow mem'ry of their mirth and wit—
That's literature."

But soon I corrected the delusion that I could pen anything in this line of interest to you.

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Then, something pertaining to science—that branch which appeals to us as its apostles—suggested itself, but could I fail to be discouraged by what the rhymer has said?—

“A little daubing with a salt or two,
A little mussing with a sticky mess,
A few experiments half blundered through,
A twilight testing of a groping guess—
That's science.”

Lest I be charged with the exhibition of symptoms of logorrhœa in getting ready to bear you the simple message I have, I waste no more time in platitudes and excuses; but, without effort at well-turned phrases or rhetorical elegance, I shall make some rather rambling remarks on *The Scope of the Activities of the Alienist*.

I shall not essay to do more than present in a cursory manner some of the important offices incumbent upon us who are actually engaged in hospital work, and upon those who are in sympathy with efforts in behalf of the insane. I cannot hope to say anything that is new. I do not belong in the class known as originals, except original sinners. I am only a dispenser, if you please, of the products of other men's brains. As no man, however, has a copyright, or mortgage, on all he thinks, I may at least be exonerated from the charge of literary piracy. If no less a personage than the immortal bard of Avon could, with impunity, borrow ideas, not words, from Boccaccio, surely a lesser light in the new science of psychiatry can, with propriety, be guided by the footprints of brilliant exemplars.

A distinguished Southern surgeon used in his presidential address before a society of medical gentlemen this forceful language:

Rigid self-inspection is the surest method of keeping sound, whether in theology or in medicine, and it can but be to our advantage to overhaul ourselves now and then and find out what we really are, what our motives and our purposes are, and what we are doing to attain the things we stand for.

What does it mean to be a well-qualified alienist? He must be a well-rounded physician, a searcher after causes of mental disease, a discriminating diagnostician and a clear-headed clinician, know and appreciate the difference in the workings of a normal and an abnormal mind, must be free from all taint of quackery,

charlatanry and fads, a good judge of human nature, and, like other good doctors, he should be altruistic. Particularly if he is the director or superintendent of an institution he must possess those qualities which a distinguished American, now much in the lime-light abroad, says are essential to good citizenship: "He must have those qualities which make for efficiency; and he must also have those qualities which direct the efficiency into channels for the public good"—for the good of others, as well as for the advancement of science.

The work before us, gentlemen, touches the humanities and the sciences at so many points that one is at a loss in selecting those matters for discussion which seem to be of the most vital importance. This Association has a definite purpose in that it has constituted itself the exponent of those broad principles which underlie a universal uplifting and healthfulness of the body and mind of members of the human race. Its chief aims are for an individual as well as a community cause. To be more explicit, it asks for the insane all the rights that are theirs as involuntary victims of disease and adverse circumstances, and for the people generally the protection that, in all fairness and justice, is their due. It also strives for a comprehensive understanding of the etiology, course, pathology and successful treatment of mental alienation. It does more. It tries, in a measure, to ascertain and point out the best and most rational way in which both the living and the yet unborn may be saved from brain disease and degeneracy, and a consequent life of suffering, dependence and unhappiness.

Have we translated into full action the principles which we have boldly and persistently advocated? Looking backward one can but be impressed that it has been an upward struggle of heroic effort and much sacrifice to reach the present status in the humane care and treatment of the insane and to acquire a fair degree of knowledge of psychiatry. Betterment in all conditions which go toward helping to make possible the higher character of institutional life, with the view of curing, or at least improving the condition of, the brain-sick, has been, for many years past, one of the main objects of those engaged in this great field of human activity. It has been especially of note that in recent years the

scientific has been taking its proper place alongside of the humane part of institutional work. This harmonious union and correlation of essential elements of success can but produce in time effective results. Those of us who have long been in the hospital service can bear witness that the apathy which was formerly largely prevalent in our ranks is giving way to a livelier interest and an increased activity. The observant student of history can but be impressed that it is a far cry from the purely custodial asylum of former times to the hospital of to-day.

Whatever may be attempted towards a purely high scientific standard, or however much we may insist upon grouping certain cases into "a clinical entity" or a "pathological entity" and labeling them with a distinctive name, we should not lose sight of the great fundamental importance of the purely practical side, embodied in kindly care, nursing and attention to the personal needs, comfort and happiness of the individual patients. Furthermore, we must remember that without an efficient and concordant adjustment of the administrative, executive, nursing and medical machinery, little can be accomplished either for the benefit of the patients or to the credit of those who direct and control the policy of an institution. Briefly stated, there must be a thorough blending and fusion of the scientific, the humane and the business factors.

Speaking of the improved conditions in the institutional care of the insane, it seems to me that in at least one particular, some in this country still entertain ideas and follow a practice that are not in accord with the modern humane trend. I refer to the use of those obsolete measures known as mechanical restraints, solitary confinement, etc. It matters not what an institution has done in the way of putting itself in the front ranks in the field of research work, in architectural beauty, in dazzling equipments, or in the establishment of a training school for nurses, etc., it is not entirely in harmony with modern ideas, if it forces insane persons under its care and protection to submit to the application of such brutalizing methods of control. Connolly, whose life was so crowded "with successful and generous labor for the advancement of science and its beneficent application to humanity," gave to the world an opinion about the non-restraint method which certainly is as applicable to-day as it was in his time. He said that such

kindly measures "tended to remove as far as possible all causes of excitement from the irritable, to soothe, encourage and comfort the depressed, to repress the violent, by methods that leave no ill effect on the temper, no painful recollection in the memory. Hope takes the place of fear, serenity is substituted for discontent, and the mind is left in a condition favorable to every impression likely to call forth salutary efforts."

Surely, with proper hydro-therapeutic means, a sufficient supply of trained and sympathetic attendants, quiet tact, discretion, attractive surroundings, a judicious application of psycho-therapy, employment and recreation, combined with rational medical and dietetic treatment, physical restraints and their like are not necessary to the proper management of an insane person who has lost his power of self-control. Experience of many years without restraint in any form and the minimum of confinement has fully satisfied me that they have no proper place in an institution for the insane.

For the despondent states of the melancholic there is much in the beautiful yearnings of these lines of poor Percy Shelly:

"Methinks there were a cure for these, with patience and care;
Twas perhaps an idle thought,
But I imagined that, if day by day,
I watched him and seldom went away,
And studied all the beatings of his heart,
With zeal as men study some stubborn art,
For their own good, and could by patience find,
An entrance to the caverns of his mind,
I might reclaim him from his dark estate."

It is well established that without proper classification of the acute, the chronic, the demented, the disturbed, the sick, the tubercular, the epileptic, the criminal and vicious, etc., it is impossible to carry into effect those measures that are known to be of most value in caring for and treating these respective classes. Fortunately we have seen in recent years the growth at the more modern institutions, of the cottage or pavilion and the farm-colony plans, which afford facilities for a desirable differentiation.

In successfully dealing with the acute, or recent and curable cases, work of the best quality is especially called for. Here should be the storm center, so to speak, of the medical and nursing

activities of an institution. We see in several of the States signs which point to brighter prospects for the insane, in the way of observation or psychopathic hospitals, or separate pavilions in connection with existing institutions. The better equipped and the more convenient are such departments for the prompt and efficient study and treatment of incipient cases, the better the results. To further enlarge the usefulness of a public institution there should be an out-door department to which threatening cases may go for examination, advice and treatment, in order that an impending attack may be averted. If every case of incipient insanity could have prompt scientific treatment, the crowds of chronic and incurable cases congregated in the hospitals would be decidedly smaller, and the cry for more room would seldom be heard. In the psychiatric hospital and clinic lies the greatest hope for the future.

Another matter has not received the attention it deserves: The after-care of the insane, strange to say, has been practically passed by in all but a few States, notably New York. No forward movement can be complete without this feature, which is one of the most effectual prophylactic measures yet suggested. It should constitute an important feature of the public service.

"Tis not enough to help the fallen up
But to support him after."

It will hardly be denied that, for one reason or other, there are also other conditions prevailing in many of our institutions and in our dealings with the insane, that do not approach the ideal, and probably never will until there is a more general professional and public awakening and a creation of a demand for higher standards everywhere. It is our duty then to continue to strive at every institution to put into operation whatever study and experience have proven to be most profitable. The modern spirit of advancement calls for the following: Larger means, better equipments, more and better qualified physicians and nurses, and sufficient compensation to justify their remaining in the service, elimination of politics and in lieu thereof the civil service or merit system in appointments, better means of classifying and separating the various types of patients, so that each may receive proper treatment and care, closer clinical study and more exact

observation of the bodily symptoms and diseases of individual patients, and the mental disorders of the various physical conditions. In place of restraints, sedative or doping drugs, simply housing and feeding and clothing, and the like, there needs to be more systematic recreation, and suitable and healthful physical and mental occupation. The medical treatment should be supplemented by surgical whenever the physical condition is of a nature to demand it. There should be maintained in every institution a laboratory for physiological, chemical, pathological and bacteriological investigations, and a systematic study of the patient in both a physical and mental aspect. By this means we can learn much respecting the part bacterial toxins and morbid ferments have in the causation of the insanities.

There are many things in our minds we want to do, many questions to be answered that call for systematic and energetic study "under favorable conditions in a well-staffed and well-equipped hospital," as well as outside of institutions. To quote from an address by Dr. Edwin A. Alderman, the distinguished president of the University of Virginia:

We are having many visions. Perhaps they are sometimes a little crude, perhaps we are occasionally hysterical in our visions, but it is a sublime sort of hysteria. Perhaps we sometimes think of too many things to do without staying long enough with the things we are already doing. We are busy with new problems, instead of coolly setting into eternal forms the concepts we are making. But we are learning. We will cool off some day and leave the next generation something to do. Each age has its dreams, which change with the mood of the centuries.

Economy in the construction and administration of public hospitals should, of course, be required. Those who manage such institutions owe it to the taxpayers to guard against extravagance, but too often there is an enforced penury which cripples or destroys utility. A parsimonious policy is responsible for the retardation of many of our institutions and the blocking of much good scientific work. It is a little trying on our nerves to go to the legislature and face the many obstacles in the way of advancement, or have a deaf ear turned to us when we are trying to bring about desired and needed reforms, or advocating what is known to be for the best interest of both the insane and the State.

The responsibility for the existence of causes of complaint and

of investigations of some of our institutions, must often rest upon the people who, as a general thing, give scant credit to those in charge for what they accomplish under unfavorable conditions, but are ready to condemn them for failing to do what is impossible with the means allowed by the legislature. Yet primarily the reason we don't accomplish all we desire is largely to be laid at our door. We often stand back and do not pursue a progressive policy in our relation with the legislature. The advance movement must start with us. Each of us is a part of the machinery which brings about achievement of effective results or failure.

True, in many instances the financial condition of the state does not admit of adopting a high standard of provision for the insane; but, nevertheless, we should present our arguments as strongly as possible, and then rest the case with the powers that be. In the language of Dr. Isaac Ray, we should be bold enough to say to these representatives of the people:

The insane within your borders require your aid; you are bound by the great law of humanity and by every sense of obligation to give it, as cheaply as you can consistently with the perfect accomplishment of the object, but cheap or dear, it must be given to the utmost extent which the progress of improvement has shown to be possible.

It is a regrettable fact that in practically every State the indigent insane receive first care in a jail—a prison—where they are often totally neglected, harshly treated and shamefully abused. There is a moral obligation upon every State to see that no citizen, either during the critical and trying time when the question of his insanity is under consideration, or pending his transfer to a hospital, is subjected to any such degradation and neglect.

We cannot repeat too frequently that the care and treatment of an insane person is no less a medical matter before than after he enters a hospital. Therefore, it should be a statutory requirement that the health officers, or some other authorized medical board or local medical officers, have preliminary control of all cases of alleged insanity until they are transferred to a proper institution. The neglect and abuse of the insane prior to commitment to a hospital are unquestionably the weakest points in our American system of dealing with these unfortunates. No one advanced step would be more far-reaching as a curative or a preventive measure

than the abolition of the cell in jail or public station as a place of detention of the insane. Here again we see the need of psychiatric hospitals or special wards in general hospitals.

I would suggest that this Association appoint a committee to ascertain the laws of commitment in the several States and to recommend whatever seems most in keeping with modern progress and conception of insanity. Such a committee might also do some other profitable work by making abstracts and reporting to the Association, of all the important new laws in the various States, which have to do with the care and supervision of the insane or any change in systems of management.

I would, furthermore, recommend that a strong committee be appointed to ascertain and report on the status of the medical and scientific work in the hospitals of the several States. If each of us knew more about what others were doing to advance psychiatry there would be given an impetus to better work throughout the country.

It cannot be too often nor too strongly emphasized that one of the greatest needs of the hour in advancing the cause of the insane, is the adding to the curriculum of every medical school an adequate course of systematic, didactic and clinical lectures in psychiatry, supplemented by a laboratory for experimental psychology. No up-to-date medical school can afford, in these times of advanced medical education, to be without its well-equipped chair of psychiatry, yet there are many that are not so equipped. Until this progressive step is taken this department of medicine must remain behind other specialties. It is a regrettable fact that, with few exceptions, the young medical graduates who are appointed to positions in the hospitals for the insane, have had little or no previous knowledge or training to fit them to intelligently diagnose or treat insanity.

Nothing goes farther in giving the general public false conceptions of insanity than the display of gross ignorance of many general practitioners. Frequently we are called in consultation to find an unfortunate brain-sick patient absolutely stupefied by opiates or other narcotics, or bound hand and foot, or otherwise improperly treated, simply because the physician had not had sufficient experience or instruction to qualify him to properly deal with cases of insanity in the early stages.

Furthermore, the average general practitioner often fails to recognize important mental symptoms until they have become chronic and probably incurable. When he becomes more familiar with mental diseases he will be a powerful factor not only in curing cases in the early stages, but in the application of preventive measures. Through him more than through any other agency can the "exaggerated apprehension of danger and the common notion of insanity as a disgrace, to be concealed or put out of sight, rather than a disease to be soon and wisely dealt with," be allayed.

To return to the young medical officer in the hospital—after he enters the service, he should be given every possible opportunity and incentive to pursue clinical and research work, instead of having practically his entire time taken up, as is usually the case in many of the institutions, with the daily routine ward-rounds oftentimes performed in a perfunctory manner. The really scientific study of the patients and their diseases cannot, under such conditions, receive the attention they deserve. The medical spirit needs more encouragement. The assistant physicians need to be more progressive and to have a broader conception of their field of activity.

The British Medico-Psychological Association has recently taken up consideration of means of promoting a more efficient medical service and encouraging scientific study by requiring a post-graduate diploma in psychiatry. Whether our hospital physicians, including superintendents, procure special diplomas or not, they should be given, from time to time, an opportunity of becoming familiar with what is being done in the best institutions and medical centers, and otherwise encouraged to keep fresh the interest in their specialty and in medicine generally to prevent routine of thought, and to become familiar with the best methods of practice.

There continue to be considerable criticism and comment in the lay as well as the medical press respecting expert testimony. It is especially the employment of alleged unscrupulous experts to assist lawyers in establishing insanity as a plea to secure a verdict of acquittal in criminal cases, that is condemned. How much truth there is in the charge that frequently such experts have been employed to help defendant attorneys in the construction and in

the conducting of cases so that somehow or other they fit in with some psychosis, and befuddle the jury, I do not know. At all events, dishonest experts when discovered should be promptly exposed and condemned by the medical profession. There should be a determination to discountenance any expert who is not guided, as far as can be ascertained, by a clear conscience, for after all, this, with competency, constitutes our tower of strength.

Then again, sympathy for the accused, or prejudice against him, or the persuasive and plausible statement of a shrewd attorney, sometimes leads an expert of small mental caliber and less firmness, and maybe a flexible conscience, to give an opinion desired by, or in the interest of, one side or the other. He unconsciously, perhaps, becomes a partizan, which fact, of course, makes him incompetent as an impartial witness, and for that reason he should be excluded from the witness chair. He is to be pitied rather than condemned.

Every right-thinking man is in sympathy with the man who defends the purity and sanctity of his home, or protects the good name of virtuous womanhood. The rights and protection of such a man should be amply safeguarded by law, and there should be no need of "proving him insane" as an excuse for doing what is sanctioned by the best elements of society. Even in these so-called unwritten law cases an alienist cannot be justified in prostituting the high science of medicine to supply what the law has failed to supply to give protection to the man whose cause is a just one.

What is and what is not insanity, more especially when the question of responsibility for crime is involved, is a serious matter and cannot be settled except by the most profound and conscientious students of mental medicine. For this and other obvious reasons the partizan and dishonest witness should go under the scorn of a high-minded and honorable profession. That reforms are needed to meet the present state of medical advancement, to alleviate the strained relations between the professions of law and medicine concerning expert testimony, and to put forensic medicine upon a higher plane, no impartial or capable alienist, I believe, will deny. I trust then that this Association will put itself on record as advocating some feasible plan that will perhaps set at rest and put upon sure and high ground the attitude of American psychiatry in this important phase of our work, that so deeply

concerns the public and the medical profession. I have no doubt that your able committee on expert testimony will offer most valuable suggestions.

The highest object in any field of medicine is prophylaxis. Preventive medicine is indeed the watchword of the times. It is then in this special field of professional and public service that the alienist should be aroused to a greater appreciation of his opportunities and of the influence he is capable of exercising for the common good.

Believing that in inherited instability we have a most potent etiological factor in insanity, epilepsy and degeneracy, much has been written in recent years as to who should be parents. "What is bred in the bone will out in the flesh" is a truism that few have attempted to refute. Yet we know little about the complex subject of heredity. We should strive by systematic and prolonged investigation to know more. For instance, how can it be explained satisfactorily that in a group of children with the same parentage, same environment, etc., one child will become insane, another an epileptic, another a degenerate or a criminal, and another develop into vigorous, intellectual and moral manhood? We cannot understand, in the light of observation and experience, how so distinguished a philosopher as Locke could support the strange theory that all persons came into the world with equal mental endowments, and that solely to education and training was due the development of the variation or difference in mental capacities.

Restriction of the marriage of the unfit, prenuptial examination of the male, segregation, sterilization and other measures having as their objects the checking of ancestral weakness and disease, continue to be live topics in scientific and sociological circles, yet none of these have been received with very much popular favor. This is due mainly to indifference and ignorance regarding the terrible effects of a bad heredity. A few states, however, have taken an advanced stand. The whole subject is still open to discussion and further suggestion on many interesting points, and it may be years before definite conclusions are reached. In the meantime it is especially incumbent upon psychiatrists to give most careful study, without prejudice, to every proposed rational means that gives any promise of improvement of the race by lessening the number of mental wrecks and degenerates that come into the world.

With the purpose of checking the procreation of the offspring of confirmed criminals and certain defectives, several States have, as you know, enacted laws authorizing vasectomy. To be productive, however, of appreciable benefit, it would have to be applied to all, or a large proportion of, confirmed criminals, habitual drunkards, and to defectives, such as epileptics, imbeciles, as well as to the chronic insane and to those manic-depressive cases who spend their time, during the intervals between attacks, away from the restraining influences of the hospital. There is certainly much that may be said in justification of even so radical a means of trying to protect succeeding generations. Of course whenever such measures are adopted there should be proper legal safe-guards and competent medical advice.

Pertinent to this important subject, Dr. Albert G. Keller, Professor of the Science of Society, Yale University, has this to say, in part, concerning the "limits of eugenics":

What eugenists can do, in this "age of reason," is to combat the grosser manifestations of counter-selection or breeding from the unfit, through the means of legislation and education. . . . Sympathy for the unfortunate unfit should not extend to the granting of the right of procreation, by which the parental unfitness is perpetuated at the expense of the fit who, at the very least, are taxed to afford the relief given. Here, too, any hurried or radical enterprise (e. g., the abrupt enforcement of premarital physical examination) is sure to run afoul of the folkways (e. g., the sense of modesty). But there is yet another way to work for eugenics; and that is to expand, so far as possible, the limits set for it by ignorance; to invoke an actual fear of consequences. This is the province of the medical man, who is in the position to know the dangers and to some extent to enforce what he knows on a number of people. Laws forbidding the most frequent cases of counter-selection (e. g., marriage of idiots) can be passed by the educated minority, and enforced by the machinery of the State on the ignorant or careless. There can be no grand overturning of what has existed time out of mind, but there can be a skillful elimination of certain gross extremes of man-breeding.

Whatever innovations we may advocate in efforts at prophylaxis, it cannot be too strongly urged that it is a part of our professional life to give practical advice and instruction to those who bear the responsibility of rearing and educating children, so that they may be competent to train the parents of the future to a reasonable understanding and appreciation of the advantages of proper environment, good habits, self-control and the value of

physical and mental hygiene. This is the most important part of the new work of all earnest and patriotic physicians.

As a close second to heredity, as a potent etiological factor in mental and nervous diseases and degeneracy, comes alcohol. Kraepelin says that over 33 per cent of insanity, idiocy and prostitution shows alcohol in parents. It is then not only the inebriate himself, but his descendants, that have to be considered. How to stop inebriety and its baneful effects is yet an unsolved problem. Prohibitionists see in the abolition of the saloon a remedy. Others view the situation entirely from a moral standpoint.

Some say that since American people are going to drink whether or no, the government should place the strictest possible regulations on the quality, the age, etc., of alcoholic beverages before they are put upon the market. As long as the manufacture of ardent spirits is permitted we shall have to contend against the many-sided evils of intemperance. At all events, we, as physicians, have a duty to perform in suggesting the best and most practical method of dealing with the inebriate, who is such not always from his own choosing. He constitutes a public problem the solution of which will probably come, at least to a great extent, through the medical profession and conservative social reformers.

The opinion that inebriety is due to psychic defect as well as moral delinquency is gaining ground, and that treatment to be effective must be based not upon emotional prejudice, but on scientific determinations of the nature of the defect, and the best methods of its correction. Therefore, it would seem that in special institutional treatment and proper legal control, confirmed drunkards, as well as drug habitues, have the greatest hope of relief and the best chance of restoration to useful and productive citizenship.

In this paper I have time simply to mention that the people, particularly the younger, should be taught more of the far-reaching effect of certain so-called social diseases. It is not appreciated what terrible results to both body and mind follow such loathsome affections. A distinguished English alienist says: "If only the evils of alcohol and venereal diseases were disposed of, then half the problem of insanity would disappear with them."

The eagerness with which the medical profession is being supported in whatever it undertakes for the common good, should give encouragement to us to enlarge our scope of usefulness and to join other physicians and reformers in taking advantage of every opportunity to benefit our fellow creatures. Witness the anti-tuberculosis movement, which is continually gathering strength and becoming more and more effective in the conquest of that dread disease which has slayed its victims by the millions.

The world owes to Dr. Trudeau, the pioneer in the modern effective methods of cure of tuberculosis, a debt of gratitude it can never pay. We observe, too, with what vigor the cancer problem is being studied, what efforts are being made to eradicate hookworm, and the investigations going on looking to an understanding of the causes, treatment, etc., of pellagra. It is a significant sign of progress and public philanthropy that great institutions are established and maintained and great movements are promulgated through the beneficence of wealthy men, for the purpose of searching for means of preventing and curing disease, preserving and strengthening life and protecting it from its enemies.

Were educational campaigns set on foot throughout this country in respect to insanity, epilepsy and allied conditions, their prevention, causes and treatment, the effect would in time be far-reaching in its influence upon the physical and intellectual life of the entire nation. This educational movement should be conducted largely through the medical press, medical societies, popular lectures and by the personal instruction by well-qualified specialists.

We, my colleagues, should be skilled alienists and scientific physicians, but something more. We should be publicists as well. This country is looking to us, the general medical profession demands of us, and the mentally afflicted are appealing to us, to use every possible opportunity within the range of our high calling to advance science and to help the weak and the sick. Success or failure in the advance of psychiatry, and in preventing the continued increase in insanity and in the cure of those already insane, will depend largely upon how each of us uses his opportunities and does his duty. To us much has been given, of us much is expected.

Let us emulate the life and works of such a man as Connolly, a man of "broad and generous sympathies with the world," ever active in "measures for the general improvement of the people," giving his time and influence for their purpose, "lending his effective pen to their support." We, like him, should be associated with the benevolent, the high-toned, the progressive, and those who believe in the onward march of civilization, and in their duty to contribute what they can to aid it.

He who looks into the past and sees what progress has been made and contemplates the ever-broadening views of the present, must appreciate the great possibilities of the future. Indeed we have acquired a wider vision and there looms up a broader horizon. This generation is to be congratulated on the creative work it is doing. Never before has there been displayed more energy of a constructive nature than is found in almost every department of activity.

The evolution in psychiatry has been of slow growth, nevertheless, in view of the obstacles constantly in the way, this department of human endeavor has made creditable advance; but we need to go further—much further. Let the scope of our activities be such that we shall keep well abreast in the procession of progressive medical science, philanthropy and national reforms, and in all things that have for their purpose health, happiness and usefulness of the people.

Let each of us, ladies and gentlemen, strive earnestly and diligently to carry forward the work in hand, fully realizing this maxim of the Talmud: "The day is short and work is great—the reward is also great—and the master presses. It is not incumbent on thee to complete the work, but thou must not therefore cease from it."