

Acquirements are obtained by the performance of work. With that in mind it can be seen that the amount of work performed per generation before reproducing by the different kinds of animals, is an accurate representation of their advancement in power capabilities. This is true for all kinds of animals, but is most easily seen in the higher animals. Man is intellectually superior to other animals simply and solely because he is mentally active more hours a day for more years before reproducing than any other animal. Increase the amount of work per generation and the race will advance. Decrease it and the race will degenerate.

Presidential Address (1): Our Work as Psychiatrists, and its Opportunities. By EDWARD N. BRUSH, M.D., Physician-in-Chief and Superintendent, Sheppard and Enoch Pratt Hospital; Professor of Psychiatry, University of Maryland, Baltimore, Md.; President of the American Medico-Psychological Association.

[We have received the following Address from Dr. Brush, who, knowing that we have had some difficulty in obtaining sufficient material for the Journal since the war began, kindly offered it for publication in our pages, while it will appear simultaneously in the July issue of the *American Journal of Insanity*, of which Dr. Brush is the Managing Editor. He is also the President of the *American Medico-Psychological Association* for the current year, and his views will no doubt be full of interest for his colleagues in the specialty on this side of the Atlantic.—EDITOR, *Journal of Mental Science*.]

FELLOW-MEMBERS OF THE AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION, LADIES AND GENTLEMEN,—The Constitution of the Association requires that the President shall prepare an inaugural address, which he shall deliver at the opening session of the meeting. Beyond that requirement it does not go. It gives to the anxious President during the term of his office no hint either as to subject, matter, or manner of that address. The necessity of its preparation haunts his waking hours and troubles his sleep—and there are betwixt his

induction into office and the delivery of that dread address "more pangs and fears than war or women have." The consciousness is always with him of the greatness of the occasion and his own insignificance.

Permit me primarily to welcome you to the deliberations of the Seventy-second Annual Session of this Association. I esteem it, as I have already attempted to tell you, the highest honour of my professional career that I have been called to this high office through your generous partiality. Your selection is to me, at this time, particularly gratifying because it marks a quarter of a century since I was called to the superintendency of a hospital, and thereby became entitled to membership in the "Association of Medical Superintendents of American Institutions for the Insane," by which name this organisation was formerly known. That Association, of which this is but a continuation, under a new and more appropriate name, was organised in 1844, and has been in continuous and active existence ever since. It is, therefore, the oldest national medical association on this continent.

One is tempted on an occasion like this to review its history, but that has been done by more than one of my predecessors, and you will have an opportunity to read that history in the opening chapter of the first volume of a monumental work undertaken by Dr. Hurd and his associates, *The Institutional Care of the Insane in the United States and Canada*, which has just been issued.

Far be it from my purpose to criticise the body over which I am chosen to preside. It is not in any spirit of criticism that I propose to point out the fact that this Association has not been as assertive as it might have been; that while its deliberations have been of great and lasting value to humanity, and to the advancement of the improved care and treatment of the insane, it has contented itself too often in registering its opinions or findings, without following up those findings by attempting to impress them upon public and professional opinion.

In short, while moulding the opinion and practice of its members, it has too often, except in purely local matters, neglected to use the weight of its influence in matters relating to the entire body politic.

The admirable address upon "Publicity and the Public Mind," to which we listened last year from a gentleman whose

profession it is to mould public opinion through the press, must have brought home to your minds, as it did to mine, the question, How much are we doing to train and inform the public mind?

Our predecessors in the early days of the history of this Association were confronted by certain problems which were of paramount importance at that time. These had reference largely to matters relating to providing suitable accommodation for the insane who were languishing in jails and almshouses, or wandering at large, and were local problems to be solved in accordance with local conditions. The problems which confronted different communities were, with rare exceptions, taken before legislative bodies rather than, by a campaign of education, brought before the whole community.

For obvious reasons this was necessary. Not only must the legislature make appropriations out of the public treasury for construction and maintenance of hospitals, but laws had to be enacted governing the commitment and detention of patients and the administration of the new institutions.

As the country developed, as new States were settled, and new demands made for provision for the mentally disordered, these new States took advantage of the experience of older communities, and this Association formed a general clearing-house for the exchange of such experiences.

In the matter of hospital construction and general management few things were imported from abroad, and those mainly related to architectural detail; and there grew up a distinctly American system of hospital construction and management, modified as to the latter by the varying views of different bodies of law-makers, but in the main receiving its directing and effective force from the membership of this body.

This work, great and valuable as it was, and lasting as its influence will be, did little toward educating the public mind, and came but little in contact with the minds of medical men working in general or special fields of practice.

Absorbed by the intensity of their own labours and the factors of their own problems, our predecessors took little pains to interest others in their labours, and as a consequence were looked upon as isolated from the great mass of the profession, and as having no interest in the work and aspirations of its members.

In the same degree the members of the general profession took little or no interest in the work of the psychiatrists, and either ignored it altogether, or had very warped and distorted views concerning it.

Gradually, partially as the result of influences within our own organisation, partially by reason of pressure from without, a *rapprochement* between the psychiatrist as a hospital doctor and the doctor in general practice is being brought about, to the manifest benefit of each. Much, however, remains to be done in this direction. We need to see more of what the extra-mural workers are doing, and we should give them more frequent and larger opportunity to observe our work and methods.

It may not, therefore, be considered out of place, though I confess I enter upon the task with much hesitancy and a very lively appreciation of my inadequacy to the occasion and of my own short-comings in some of the very matters to which I shall refer, that I ask your consideration of, and attention to, some details in which both the Association as an organisation for public good and its individual constituents can make their force more effective. Not only can this be done to the benefit of the members of the Association, but to the advancement of the science of psychiatry and to the general weal.

This is the age of workmen's insurance, pensions for widows and the aged. It is proper, I think, that a body such as this, composed of workers in a special field of endeavour, where often the workmen are poorly compensated when their stipend is measured by the income of professional men in general or special practice, should consider whether some steps ought not to be taken to secure for physicians who devote their best years to the care of the mentally disordered and defective a more secure tenure of office than is now found in many localities, and at the end of a certain period of service the right to retire upon an allowance, sufficiently liberal to secure them from the danger of want at a period of life when active and remunerative labour is no longer possible. I have before me as I write a letter from a physician who has given more than half a century of his life to public service, whose labours for the insane and for their better care have given him an international reputation, and have reflected credit upon his profession and particularly upon this Association, one whose name adds lustre

to our roll of members. He says: "Please do not from any motive of delicacy, or any other reason, fail to consider the subject of a retiring pension to Superintendents after certain years of service. I am not a sufferer under the present system, fortunately having some income (a modest one), yet the principle is almighty and right and just." He then refers to the work of one of the pioneers in psychiatry in the West, who was deposed by reason of political preference after years of service to his State and country, and left with little or no means to comfort his declining years. "No one," he goes on to say, "saves from a salary a competence." He urges, therefore, some provision for a "retiring allowance," a term which he prefers to the word "pension," in which preference all will, I think, concur.

I believe you will all admit that the subject is an important one, and one which deserves your careful consideration. It is difficult, however, to point out how, except in incorporated and endowed institutions and in public hospitals in a few States, a system could be inaugurated by which medical officers—for I would include in the list assistant physicians as well as medical superintendents—can be assured after a definite time of service and reaching a certain age, that they may retire upon an allowance sufficient in amount to materially assist in their maintenance for their remaining years of life.

At the McLean Hospital in Massachusetts there is a rule retiring the Medical Superintendent and the first and second assistant physicians at the age of sixty-four years with a salary, after serving not less than fourteen years, equal to 60 *per cent.* of the salary received at the time of retirement, to be continued "so long as the Trustees vote yearly to so pay."

The Board of Governors of the Society of the New York Hospital in May, 1914, adopted a pension system. The employees of the hospital are divided into two classes. In the first class is the Medical Superintendent of Bloomingdale Hospital, which is a department of the New York Hospital, together with certain other officials of the New York Hospital and of Bloomingdale. In the second class are all other employees of the hospital. All employees in the second class are retired on attaining the age of sixty-five years, and, if they have been for fifteen years preceding such retirement in the continuous service of the hospital, are eligible for pension.

All employees in the first class who have been for fifteen years or more in continuous service of the hospital at such time, may, at their own request or at discretion of the retirement committee, be retired and are eligible for pension.

There are certain other regulations and stipulations contained in the system adopted, which I do not think necessary to quote. I know of no other institutions in this country which have a pension system.

In Great Britain, or at least in England, medical officers have a retiring allowance after a certain period of service. I recall a visit to one institution near London several years ago where there were three Superintendents on the pay-roll—one active and two superannuated.

In the Presidential Address before the Medico-Psychological Association of Great Britain and Ireland, July, 1878, Dr. James Crichton-Browne said: "Independence of action, fixity of tenure, and security of pension, are what asylum medical officers are entitled to ask, not only with a view to their own comfort, but with an eye to the welfare of their patients and the claims of science. And the latter consideration, the claims of science, ought not certainly to be lost sight of in any advocacy of the interests of our specialty that may hereafter be necessary, for it is tolerably certain that the title of our specialty to public deference and acknowledgment must be founded henceforth mainly on its scientific character" (1).

What the President of our sister Association said thirty-eight years ago is to-day true of this Association.

If we expect the recognition of the public and its support in our just demands for adequate remuneration, and the assurance of a support for the years which remain to us after active duty is no longer possible or advisable, we must be able to show the fruits of our labours.

How is this possible, however, under the conditions which obtain in many States, and how are "fixity of tenure" or "independence of action" to be expected?

Some years ago I looked over the annual report of a hospital for the insane in a State, where from the general intelligence of its people better things would be expected, and found that in thirteen years nine Superintendents had been appointed to direct the destinies of the institution, and supervise the medical care of its patients.

In other States, Governors have asked and received the resignations of Superintendents of State hospitals, and have appointed or directed the appointment of men to their positions who had, as far as I can learn, no previous training in psychiatry —no experience in hospital management of any kind, and presumably no previous medical experience sufficient to obtain for them a private practice large enough to deter them from yielding to the tempting political plum held out for their acceptance. What independence of action could men holding such positions be expected to have? Is it not the rule of the political game that such appointees must give a *quid pro quo*? Can you imagine their ability to resist the appeals, or more often direct orders, to make minor appointments not because of fitness, but to help the party in power?

Under such conditions considerations of retiring allowances are useless and a waste of time. No officer remains long enough in office to earn one. I had almost said no officer taking position under such circumstances deserves one.

I have known men appointed through political influence who rose to the situation which confronted them through painful and painstaking effort, who, realising their limitations, set resolutely about the matter of correcting their deficiencies, and who, in the end, became an honour to their State and their specialty. These men possessed a force of character which compelled a recognition of their work and merit, and deterred future political interference. But even they were handicapped by the manner in which they obtained office, and much of their time which could have been given to more useful work was spent in convincing political hangers-on that the care of the insane, the nursing of the sick, the conduct of a hospital were matters above the grasp of the spoilman, and that there was no political "*open sesame*" to positions within their appointing power.

Such exceptions, and they are few, but prove the rule that appointments to positions requiring scientific ability, medical skill and judgment, and looking to the best interests of the hospital, its patients, and of the community at large, the taxpayers, should be made by reason of fitness and merit, and for no other reason under Heaven.

"There is no political alchemy," says Herbert Spencer, "by means of which you can get golden conduct out of leaden

instinct." What, therefore, is the remedy to the conditions which exist in too many communities in this land, conditions which stand squarely in the way of progress, which make some of our institutions a byword and a reproach?

The Association has again and again in one way or another put itself upon record as opposed to political control or interference through appointments to positions or purchase of supplies, in institutions for the insane. The history, *The Institutional Care of the Insane in the United States and Canada*, just issued, will be found to refer to many instances of flagrant abuse in this direction. Instances are given of Superintendents who, after years of faithful and most valuable service to the State, have been summarily removed because they were not supposed to be in "harmony" with the political dogma of the party in power.

There is no one acquainted with our political system but will admit that the evil is deep-seated and difficult to eradicate. The shibboleth "to the victors belong the spoils" would be expected from the mouths of bands of marauding bandits, but not from the lips of men who are supposed to be interested in working out the destinies of a people whose aspirations are for a "government of the people, for the people, and by the people," and not an exploitation of the people by the politician for his own interests and that of his supporters.

By slow educational development, by a steady and gratifying growth of a class who are independent of political affiliations, by the introduction of civil service laws in some States, the powers of the spoilsmen are being curbed, and their control over the destinies of public hospitals weakened. The good work can only be carried on by the education of public opinion, by teaching the people and their representatives the absurdity, to call it by no worse name, of selecting men for scientific work because of party loyalty and political influence.

Not until such education begins to show the development of more intelligent methods may we expect to meet with any success in an attempt to secure continuing tenure of office based upon good work, and after a reasonable period of such service the right to retire upon an allowance.

The President of the British Medico-Psychological Association, from whom I have quoted, said of our specialty in Great Britain: "With its past history science mingles, perhaps less.

than we could wish. It is not implied that science has ever been ignored in lunatic asylums since they passed under medical care, nor that fruitful, scientific researches have not been pursued in them; but it is argued that more engrossing occupations have hustled science into a subordinate place, and that non-scientific methods of studying insanity have prevailed." The speaker goes on to say: "In the literature of insanity to-day (referring to Great Britain) there is no attempt at mental analysis, and only the most perfunctory attempt at a classification of the expressions and products of the disordered mind. Half a dozen phrases such as 'excitement,' 'incoherence,' and 'depression' comprise our whole psychology, and even these are sometimes employed in a slipshod fashion" (2).

The address from which I quote was made thirty-eight years ago. During the entire period which has since passed my work has been in hospitals for the insane. I have endeavoured to keep myself posted as to what was being done, the methods pursued, and the results, as related to real contributions to psychiatry, which came from American hospitals, and while in many localities there has been a manifest and gratifying evidence of real advance, this has been in distinct and somewhat isolated institutions. There has been no general and marked improvement in all of our hospitals, such as has been seen in the same time in general hospital work. We are not alone in this respect; our English brethren have recently been taking stock of their position in the psychiatric world. In 1911 a Committee of the British Medico-Psychological Association was appointed to consider the "status of psychiatry as a profession in Great Britain and Ireland, and the reforms necessary in the education and conditions of service of assistant medical officers."

This Committee made a preliminary report in 1913, and its final report was presented in July, 1914.

I do not propose to go into the details of this report, but some of the findings so well apply to American psychiatry that I am forced to refer to them. The defects in Great Britain and Ireland in the status of psychiatric medicine are divided into three groups:

"(1) Absence of proper provision for the early treatment of incipient and undeveloped cases of mental disorder.

"(2) Few facilities for the study of psychiatry and for research.

"(3) The unsatisfactory position of assistant medical officers in respect of professional status, the prospects of a career, and the conditions of asylum service" (3).

To meet the first and second conditions it is proposed to establish at teaching centres clinics equipped for research work, and to bring into closer co-operation the general practitioner as represented by the teaching force in the general clinic, and the psychiatrist in the special clinic. In these clinics post-graduate work would be afforded to the assistant medical officers from the hospitals for mental disorders. To supplement the training in the special clinic better means and better methods of clinical work are suggested in these hospitals, with properly equipped laboratories and trained laboratory workers.

Various methods are proposed to improve the status of assistant physicians, to enlarge their professional horizon, and to attract a better class of men to the service.

Among the suggestions is one which is worthy of note: That assistants should be appointed on probation, and should not become established officers until they had passed an examination in psychiatry, the law as related to the insane, and in hospital administration; with, at the same time, on the part of the authorities, a larger use of the power of retiring medical officers who have shown themselves unsatisfactory.

How often, I wonder, are unsatisfactory assistants continued in office—men who have shown no ambition or no fitness for the work, or who have grown indifferent and stale—because of the disinclination on the part of their superiors to perform an unpleasant duty, or because a successor is difficult to find.

What American psychiatry needs to-day is that the institutions for mental disorders shall be, in function as well as in name, hospitals. The same pains in the study of all the aspects of each case should, and can, with an adequate and trained staff, be taken in our hospitals as in the better class of general hospitals. More pains, greater minuteness of study, indeed, are required in cases which come under our care than is the case in physical disorders, because we deal commonly with a physical disorder plus a mental disturbance, each often making and rendering difficult of elucidation the essential details of the other.

To accomplish this we need an influx of well-trained, enthusiastic, ambitious young men into our wards.

We need in all our large cities in connection with our medical schools, clinics of psychiatry for both teaching and research work ; for laboratory and ward work which cannot be undertaken in the isolated hospitals, but in which men from these hospitals can participate, as post-graduate workers, carrying back to their own work the ideals and the methods of the clinics. These clinics must be controlled by a power independent of State or municipal authority, otherwise there can be no certainty of proper appointments or of secure tenure of office.

Our hospitals should be centres of social service, especially in the way of instruction in mental hygiene. In the matter of prevention hospital medical officers have a large and inviting field of labour. They should take a lively interest in the matter of public education, because, to my mind, that lies very near to preventive work. I am in accord with Dr. Chambers in the Presidential Address before the British Medico-Psychological Association in 1913 : " When the prophylaxis of the psychoses is in question, it is necessary to insist on the cultivation of mental life and expansion ; on the creation of a mental atmosphere no less above suspicion than the physical ; on pure food for the mind as well as for the body " (4). Not only is this true and necessary as regards prevention of mental disorder, but we must remember the words of Huxley spoken at the opening of the Johns Hopkins University in 1876 : " Your sole safeguard is the moral worth and intellectual clearness of the individual citizen " (5).

Pauperism, crime, the alcohol question, all come within the purview of the physician to the hospital for mental disorders, and he should prepare himself by study, not only of his patients, but of their antecedents and surroundings, their work and their recreations and habits, to speak with authority. How many of us to-day can give the reasons for the opinions which we hold, more or less tenaciously, upon the influence of alcohol in the ætiology of the psychoses, and yet it is a question daily asked, and a question whose solution is in our hands.

The after-care of discharged patients is happily being undertaken by hospitals through their medical officers or special agents, trained social workers, trained in the needs of the mental patient. This work should be widely extended. We can take lesson from Timon of Athens, who taught that

" 'Tis not enough to help the feeble up,
But to support him after."

The hospital which is so situated that an out-patient service can be maintained will find here a rich mine for exploitation, and one which will aid materially in bringing cases promptly under care. If the hospital physician can fortunately engage in clinical teaching by reason of proximity to a medical school, he should take advantage of the opportunity. Nothing sharpens a man's wits so much as contact with a critical audience such as is found in a senior medical class. The hospital which is doing its full duty is itself a place of education, for the training of physicians in psychiatry as applied to medical science, and in medical science as applied to psychiatry; a place for the training of nurses, and a laboratory of psychology as well as of clinical medicine. The medical director who does not see opportunities for work beyond the restricted horizon of his hospital inclosure is short-sighted and misses his opportunities for the best work, and the Board of Directors which does not encourage him in making the best use of such opportunities does not appreciate the full value possible to the community in the institution which it supervises, nor the opportunity for making the institution do its full duty.

This is the day when efficiency in all departments of human endeavour is preached. The man, the machine, the institution which is not working to its full efficiency is a losing proposition.

It may be difficult sometimes to make those who hold the control, who govern the expenditures, see that some of the best returns from institutional activities can often be found in fields which at the first glance do not appear worth cultivating, or which appear to lie too remote.

No better method could, in my opinion, be devised for awakening public interest in, and public support and sympathy for the work of hospitals of our special kind, than showing the public that the medical officers of these hospitals have not only an interest in the welfare of the patients in the wards, but also in that of the people of the community, in their health, in their work, in their environment, in their cares and perplexities, in their social problems.

In the words of Lugaro, "All progress in knowledge and civilisation is a contribution to the solution of the problems which psychiatry brings forward and elucidates, but which it cannot resolve unaided. If the work which has to be done is gigantic, we can encourage ourselves with the thought that it

is to a certain extent the task of all good citizens. It is no mere medical work, but rather one of social regeneration" (6).

The annual report of a member and former President of this Association, for the year 1915, to the trustees of the hospital of which he is Superintendent, opens with this sentence: "The besetting weakness of a hospital superintendent is the complacency with which, when rendering the annual account of his stewardship, he reviews the operations of his particular institution" (7).

Is it not possible that too often that complacency is not only shown at the time of making our annual reports, but is a continuing condition of mind with many of us throughout the entire year? Are we sufficiently "alert with noble discontent"? Are we not too frequently satisfied if our patients are comfortably housed, our wards not too crowded, the routine of the day's work not interrupted by untoward accidents, and our statistical table up to the general average as to the percentage of recoveries, and possibly a little below as to the percentage of deaths? Are we content with keeping up with the procession, or are we ambitious to lead the van? Do we indeed keep up with the procession when we compare our work and results with what is being done in general hospitals all over the land?

I know that such queries are not always well received. I pray you, however, to remember, if anything I may say or have said appears to be in the line of criticism, that "faithful are the wounds of a friend."

A. C. Benson (*The Silent Isle*) has this to say of the critic who helps him: "I would welcome (him) even if he knew but little more than myself; while if my guide is infallible and disdainful, if he denies what he cannot see, and derides what he has never felt, then I feel that I have but one enemy the more, in a place where I am beset with foes."

I do not place myself in the category of those who know a little more than you, but, on the contrary, much less than many. Neither do I propose to deny what I cannot see nor deride what I have never felt, but for more years than I care to remember I have watched the progress of general medicine and surgery and that of psychiatry, and have longed for the time when, as a field of work for ambitious young men, psychiatry should come into its own. I believe the time is coming; it remains for us to hasten or hinder the day.

The mass of material that is at hand, the many most interesting but unsolved problems in our work should, it seems to me, attract, and will attract, a band of workers who in time will bring us answers to some of our questions, if we but show ourselves willing, not only to encourage, but to co-operate in the work.

The duty of the hospital is not alone to the patients of to-day, but to so mark, learn, and inwardly digest the conditions which led to their being patients, and the clinical manifestations both physical and psychical which they present, that it can better serve the patient of to-morrow. But some will answer: we are serving the patient of to-day far better than was served the patient of the yesterdays of the past. I gladly admit that, as far as material surroundings, nursing, greater liberty, and to some extent better medical care are concerned, we are doing far better by our patients than was thought possible when this Association was formed, and for a long time thereafter. But are we to stop here to rest with deadening complacency upon our few laurels?

Had that been the course pursued in general hospitals, what would have been the situation in general medicine and surgery to-day?

I do not read aright the purposes of this organisation, I seriously under-estimate the intelligence and capacity for real work of its members, if I am forced to admit that to them the present state of psychiatry is a satisfactory one. This very meeting, your presence here, at the sacrifice of time and comfort and money, indicates a purpose to confer together for the uplift of our special work, for the advancement of science, for the benefit of humanity.

Solomon wrote long ago: "I builded me houses, I planted me vineyards, I made me gardens and orchards, and planted trees in them of all kinds of fruits. Then I looked on all the works that my hands had wrought and on the labour that I had laboured to do; and, behold, all was vanity and vexation of spirit." In the same way in too many instances we have builded houses and planted gardens and orchards, and our reports tell with complacency to Governors and legislators and governing boards of the excellent condition of the buildings and the fine crops from the gardens, but all is vanity and vexation of spirit to him who looks for something in the way of scientific observation and carefully drawn deductions which shall throw

light upon the ætiology and treatment of mental disorders. You will recall, however, that Solomon, having found the vanity of the things which he had constructed with such pride, said : " I applied mine heart to know and to search, and to seek out wisdom and the reason of things . . . even of foolishness and madness."

At the meeting last year, in the discussion of certain papers many complimentary things were said of the work of the young men. One gentleman, one who but recently most acceptably filled the position in which I to-day find myself, made use of the following expression : " We must encourage these young men ; the future life of this Association depends upon it, and the future of psychiatry depends upon it." Another member said, and I wish to emphasise his statements because I consider them pregnant with ideas of the utmost importance in the development of psychiatry : " In the better managed hospitals of the present time there is an infinitely broader field for the ambitious young man than was the rule twenty years ago. State hospitals of to-day, which have developed a reasonable degree of medical activity, furnish a field for the better type of recent graduates that can be made as attractive as any other branch of medical activity. In order that this type of young physicians can be induced to take up hospital work seriously there must be some inducement offered other than board and salary. There must be added the promise of professional advancement.

" The development of medical work in our various state-institutions depends solely upon the type of men that can be interested in the work as a permanent vocation. The better the organisation, the greater the medical activity in any hospital, the better it will be for all concerned, but especially for the raising of medical standards. In the development of our medical work, and especially in the spreading of fuller knowledge concerning the prevention of insanity, there is a fertile field for the full expression of the best type of medical work."

" To accomplish the desired results in our medical work it must be so organised that men can enter the junior grades with the expectation that their experience will be such as to aid in their medical development, and that they can leave the service with an addition to their mental equipment if the work does not prove permanently satisfactory. The development of a

medical service that will make this possible assures to each patient the best possible protection against medical inefficiency" (8).

It is to the younger men, therefore, of this Association that we must turn for hope for the future. Let us see to it that nothing stands in the way of their work, let us encourage them by greater freedom of action, by increased privileges, by a more assured tenure of office, by such opportunities for study and investigation as shall broaden their medical knowledge, and be of sound value in any future field of work.

Osler urges the clinician to look well to his companions to see that they are not of his own age and generation. "He must walk with the 'boys' or else he is lost, irrevocably lost; not all at once, but by easy grades. . . . To keep his mind plastic and impressionable he must travel with men who are doing the work of the world, the men between the ages of twenty-five and forty" (9).

And so, my younger associates, you see what the task is, how we choose you as best fitted to undertake it. You will dream dreams and have visions, and if they are of your work, well. We, too, who have preceded you, have also had our visions; we, too, have caught glimpses, or at least thought we did, of results which should reward our labours, and redound to the benefit of the race, but sometimes, alas! the fruits of our labours, like the Dead Sea apples, have turned to ashes as we thought to pluck them. Such may, at times, be your experience; let it not dishearten you. For a time, perhaps, a mere sense of duty will keep your interest alive in your work. "Presently the quick, curious, restless spirit of science enlivens it, and then it becomes an excitement, and then a pleasure, and then the deliberate choice of the mind" (10).

Let me beg of you, however, to take for your motto, "*festina lente*." Remember the words of Pasteur at the opening of the Institute named in his honour: "For the investigator, it is the hardest ordeal which he can be asked to face—to believe that he has discovered a great scientific truth, to be possessed with a feverish desire to make it known, and yet to impose silence upon himself for days, for weeks, sometimes for years, whilst striving to destroy those very conclusions, and only permitting himself to proclaim his discovery when all the adverse hypotheses have been exhausted."

Do not, moreover, sink your humanity in the calm investigator, the silent looker-on in life's phenomena, which are also, too often, life's tragedies, which cry aloud as often for your sympathy as for your skill.

We are not, however, leaving the work to your hands alone. We beg to come now and again to light our torches anew at the fires which you have kindled, and to still hold them aloft until that inevitable time arrives when we must turn them over to you to bear alone along the course.

My Fellow-Members,—To all there come occasions in life which are great or important, which afford great opportunities. On such an occasion, and I view this as one, it is an unhappy circumstance which makes one fear that he shall not satisfactorily meet the occasion or worthily treat his subject; feeling, moreover, while he is speaking, how easily he may fail in explaining what have been the aspirations very close to one's self, and growing out of one's life-work. Much that I have said badly and haltingly and with poor grace you will forgive. Much that I would have said you will understand better than I could have expressed it. We are banded together in a good cause, and our hopes and prayers are to see:

“The good cause, despite venal friends
And base expedients, move to noble ends.”

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