

successful attempt at self-destruction or threats to do so. The result in these cases was that eighty-three out of one hundred and five cases could be allowed to return to their homes."

I have quoted this Report at some length, as the Psychiatric Clinic in Munich is considered. I believe, the best or one of the best in Germany, and a consideration of the type of functional neuroses which are admitted there, as well as the results of treatment, would enable you to judge, from a practical standpoint, whether such a solution, for the treatment of the functional neuroses in Canada would be satisfactory or the reverse. I hold such a solution would be a fatal mistake.

I would now desire to direct your attention to a General Hospital in which mental and nervous diseases are treated in one of its pavilions. I refer to Pavilion F. of the Albany General Hospital. Here, in an up-to-date building, insanity has been treated with marked success for the past seven years. If, however, we examine into the last report we find that during this whole period less than 3% of neurasthenia and less than 2% of either hysteria or epilepsy were admitted. The other functional neuroses were admitted in even fewer numbers. As this is the result, where treatment takes place in a General Hospital, how much greater would the difficulty be in persuading persons suffering from the functional neuroses to go to a separate institution, in which the insane are treated. The above are the definite results of endeavoring to treat mental and nervous diseases in the same building, and surely these results are convincing proof, that the attempt to do so must end in failure. Then why begin it in Toronto? There is, on the other hand, a clinical method of treating the functional neuroses, which I believe is the most applicable to Canada to-day, viz., their treatment as a separate department of internal medicine. It is now nearly four years since this method was inaugurated by the formation of Nervous Wards for the treatment of the functional neuroses at the Toronto General Hospital. While only a small beginning has been made here, the results demonstrate that the principle is eminently satisfactory. The insane are not admitted for treatment, any doubtful cases of insanity being transferred to the asylum as soon as sufficient observation has confirmed that diagnosis. The study of these cases in which the *borderland stage* of their disease has been reached is most interesting, and often fills one with regret that suitable active measures had not been taken earlier to avert, when possible, this already advanced stage of their disease. The absence of the insane in the building allows the treatment of the hysteria, without the constant sugges-