

of magistrates and judges also before he fulfils all the requirements of law. In order to further humiliate him he may be forced to spend a few weeks in gaol in the company of criminals, not because he has committed any crime, but for safe keeping until the formalities of the law have been complied with. Again, the moment the poor victim enters the portals of an asylum he is divested of all civil and political rights, and becomes a dead man in the eyes of the law and a ward of the State. Is it any wonder, in view of the rigorous method of admission, that the people postpone the ordeal as long as possible, and only consent under the direst necessity?

There are many incipient cases not altogether *non compos mentis* who dread the idea of being examined and certified as lunatics. Many of this class would gladly avail themselves of institution treatment if they were spared the ordeal of certification and allowed to voluntarily enter a separate building or cottage for treatment.

We know that too often commitment to an asylum carries with it a badge of social degradation which haunts the poor victim through life, and too often the public are ready to endorse his morbid introspection and loss of social caste. He is looked upon as a dead branch of the family tree, and it may be evidence of further decay in other branches of the same tree.

In Great Britain this question is occupying a large amount of attention, and an agitation is on foot for further legislation looking to the relief of this class, by granting licenses to private houses, nursing homes, and private asylums, for the treatment of certain types of insanity, by voluntary admission. This is practically a boarding-out system for the well-to-do classes, in charge of physicians and nurses trained to the work. It is evidence of a desire to avoid going to a public institution, with all that it implies. It is further evidence of a desire to receive special treatment as against congregate treatment in the public wards of an institution.

Few of our large state institutions are sufficiently equipped with scientific apparatus for conducting the best therapeutic methods in the treatment of even the acute and curable cases. Newly admitted cases are thrust in among the common herd, and too often lose their mental identity amid the general throng. One has only to pass through the crowded wards and witness the mental and physical inertia to be convinced of the utter barrenness of the mental therapy employed for the implanting even the smallest germ of mental reconstruction. Surely it is a mockery of words to call this hospital treatment.

What is the remedy for this condition of things? How are we to cope with this surging mass of insanity? What methods should we adopt to increase the recovery rate, and at the same