

The provinces of Nova Scotia, New Brunswick, and Prince Edward Island are very much behind the times in caring for their mental patients. However, New Brunswick has asked for a survey to be made by the National Committee for Mental Hygiene and it is hoped that when this is completed, the province will assume the proper care of the mentally abnormal. Nova Scotia also has shown a desire to grapple with this problem and find some solution for it.

What we need in Canada is an up-to-date psychopathic hospital in every large city. Such a hospital, where possible, should be an entirely separate institution and not attached to a general hospital, but in many cases this may not be practicable on account of the difficulty of obtaining a sufficient number of nurses and attendants. The duty of this hospital would be to diagnose every case of mental abnormality and to decide on treatment. Many patients who become insane and have to be sent to the provincial asylums and there become chronic cases, could be cured in a psychopathic hospital and returned to private life. One has only to inspect the hospital at Cobourg for military insane patients and observe their results to be convinced that many cases of insanity are curable.—Editorial, *Canadian Medical Association Journal*, Jan., 1920.

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RED CROSS AIDS IN TREATMENT OF MENTAL PATIENTS.—For a long time it has been recognized that a knowledge of a patient's home life and family relations, as well as his family history, is necessary for the most effective treatment of a mental case. The American Red Cross, as a part of its activities in behalf of patients in the United States Public Health Service hospitals, is co-operating with the government in a special service for mental patients, by supplying this information to the hospital authorities.

Weekly lists of all cases of mental disease occurring among former army men under treatment in the Public Health hospitals, are sent to all divisions of the Red Cross. The division office in turn submits the names to the Red Cross Home Service secretaries in the soldiers' home towns. Information is gathered concerning each man's family connections, his surroundings before he joined the army, and the influence to which he was subjected.

This information is forwarded to division headquarters where the Bureau of After-care sends it to National Headquarters, and thence to the hospital, whose medical officers are thus enabled to obtain an insight into the man's previous life, and possibly his family history, and an understanding of the subjects most likely to