

sincerely hoped that this boundary-line will in the future be eliminated, except for medico-legal purposes, and, as I advocated in an earlier paper, that it will no longer form a barrier in the treatment of these diseases as at present, still, for another generation at least, it must exist and will meanwhile serve a useful end. If we regard the boundary-line of insanity as indicating a more or less advanced stage of functional nervous disease, we will, I think, have a practical basis on which to proceed.

I would now desire to direct your attention to a modest beginning which has been made in the Toronto General Hospital, where neuropathic wards were established now nearly two years ago. A building which was semi-detached from the hospital, and had been formerly the residence of the medical superintendent, was kindly offered by the trustees of the hospital, and the Ontario government made a grant sufficient to cover the alterations necessary. By this means, accommodation for twelve beds was provided—six for male and six for female patients. Two floors were thus occupied, and the beds so arranged that four on each floor were in a large ward, while the remaining four (two on each floor) were in separate wards, and were thus utilized for isolation. At first wire screens were placed on the outside of the windows, but later these were found unnecessary and an objection in regard to fire escapes, and they were discarded, the windows being fastened by a simple lock in doubtful cases. On each floor a room was fitted up with hydro-therapeutic apparatus, and these, with a diet kitchen on each floor, consumed all the available space in the main part of the building. I may add that the upper story was used as a dormitory for the nurses, and that in the basement a strong room was made for the *temporary* detention of a violent or dangerous patient, until he could be transferred to an asylum, which was done as speedily as possible. On the exterior of the building, two large open balconies were made on the south and east sides, thus allowing provision for plenty of fresh air and sunshine to the patients, who utilize them both in winter and summer with excellent results. While the general conformation of the building and its limited accommodation presented several defects which could not be overcome, still the broad-mindedness of the trustees in offering the building and in establishing a separate department in the hospital more than compensated for these defects, and I very willingly assumed charge of it at their request.

While the object of these wards was the *treatment* of acute nervous disease, it was soon found that a certain proportion of cases admitted did not belong to this category, and consequently they could only be admitted for observation. After being under observation for a sufficient length of time to determine the diagnosis, they were, if found insane, at once transferred to an asylum