

His opinion is not asked nor is he consulted in anything; the medical attendant never consults him, he does not know what the medical treatment is. He cannot control the classification of patients. He may see cases of acute mania in the same apartment with demented and imbeciles, and he is powerless to correct it. He may disapprove of straps and straight waistcoats, but he can do nothing but report. The Lady Superior controls all these things herself. From the foregoing facts we think our author will see how little use there is for his book in the Province of Quebec. We, however, take this opportunity of protesting against our unscientific system. It is different in the Province of Ontario—there our author's book will be a valuable contribution to the library of medical men.

Dr. Kirkbride writes from the standpoint of a medical superintendent, and, like all others who have written from the same standpoint, considers that, for the majority of insane persons, the best thing to be done with them is to have them treated in an insane asylum, but here we will let him speak for himself: "As the insane generally cannot be treated successfully nor be properly cared for in private houses, very clearly they cannot be in ordinary hospitals, almshouses, nor in penal institutions. The only mode, then, of taking proper care of this class in a community it is obvious, as all enlightened experience shows, is to provide in every State just as many special Hospitals as may be necessary to give prompt and proper accommodations for all its insane, to cure those that are curable, to give every reasonable comfort to those that are not curable, and to prevent their becoming worse." We entirely agree with our author in all the foregoing, but we maintain that, amongst the affluent, arrangements can be so made in private houses, where patients can be as successfully treated at home, by a well educated medical man, with the benefit of a consultation with a mental expert, just as successfully, if not more so, as in an insane asylum. We have had such in our own practice, and we are aware that such is the experience of many of our confrères. We confess, however, that there are many occasions where we would avail ourselves of a public institution, if there was one in our province that we had confidence in its management.

We quote one passage more, as bearing upon a very important matter in very many respects:

"There is no power to insure any case, or to

"say that there may never be another attack. No one has a right to assert that a combination of circumstances, like that which produced the first, may not cause another; that ill-health, and commercial revulsions, and family sorrows, and the many other causes that may have originally developed the disorder may not again bring on the return of the same symptoms, just as they may produce them in one who has never before been insane. Out of seven thousand eight hundred and sixty-seven consecutive cases in the author's observation, five thousand six hundred and ninety-five had never had an attack before. Whatever induced the disease in them certainly may induce it in those who have already suffered from the same malady, for we cannot expect one attack of insanity to act as a prophylactic, and, like measles or small-pox, to give immunity for the future. But this new attack is no evidence that the patient was not cured of the previous one. If the patient, then, is well in the sense in which he is considered well from an attack of typhoid fever, or dysentery, or rheumatism, or a score of other maladies, when another attack is developed, it is as much a new case and the recovery is a cure just as much as it would be if he suffered from any other form of illness, and it ought to be so recorded.

"If he does not recover, in the sense in which a recovery has already been described, he should not be recorded as cured."

Our author's experience, from length of years and number of patients treated by him, gives him the right to speak with authority, and in what he has said in the foregoing, we agree with him in every particular. But when it is such an established fact that the large majority of persons who have been once insane generally become insane again, we consider the term recovery is preferable to the term cure, and less likely to lead to error or misunderstanding. A man loses his sanity and recovers it again, no matter from what cause (and generally it is very difficult to pronounce to what cause his recovery is due) is a term quite explicit enough for all purposes. But when the term cure is made use of persons are liable to understand the term as meaning that the remote or latent cause of insanity has been removed from the patient by medical treatment, which gives him immunity for the future.