

deeds and not words our popularity must come. "By their fruits ye shall know them."

The ordinary citizen who visits one of our large State or Provincial institutions, with its hundreds of able-bodied men and women in the various stages of mental vacuity, is certainly not forcibly struck with the "hospital" idea. From the similarity of the patients, their dress, manner and general demeanor, the visitor is at once impressed with the pauper idea of custodial care and hopelessness of recovery. He is apt to regard them as simply the driftwood of society that have been wrecked on the ocean of life, that have failed to adjust themselves to social conditions, and become a burden, first, upon their friends, and secondly, upon the State. In general terms that is the way our institutions are viewed by the general public.

To the hospital physician the query presents itself, Why are these people not cured? The question is rather a puzzling one from the "hospital" standpoint. Then why call it a "hospital" if it is not discharging the function of a hospital? We may as well admit that the "hospital" function applies only to a small minority of the inmates, but is capable of much greater elaboration if conducted along scientific lines in the treatment of incipient and acute cases.

Speaking from the etiological standpoint there is really no parallel between abnormal mental phenomena and physical disease in a large proportion of cases. In the one there is a constant tendency to chronicity and recurrence, the result of hereditary transmission, while there may be no pathological cause whatever.

It is true we have the toxic or infective type, as in syphilis and alcohol, with a pathological, cellular degeneration, but these form a small minority of the whole. There may be anatomical or histological defects, but that is congenital and not amenable to treatment: and this is the reason why our institutions are crowded to the doors with chronic cases which require simply custodial care. Again, a large proportion of cases have reached the chronic stage before admission, with all hope of recovery gone. It becomes us then to educate the public to the necessity of early treatment. How is this to be done? We can, at least, simplify the method of admission in all incipient and acute cases.

VOLUNTARY ADMISSION.

Comparing the asylum with the hospital, a wide gulf separates them in the mode of admitting patients. In the one case the applicant has to undergo a medical examination by two physicians, and is lucky if he has not to appear before a bench