

unprotected windows, yet the fact that two patients among 16,000 suicided in this manner is not considered sufficient reason for putting guards on their windows. Had any of these accidents occurred in Ontario public sentiment would have demanded the entire abandonment of the system which permitted them.

As a result of our observations in these and other foreign institutions, the following are some of the leaves which we think Ontario might profitably take from their book of example:—

1. The general condition of the patients was best in those institutions where hospital features were most prominent, and there is no doubt that Ontario is on the right course in introducing hospital features into its institutions.

2. An institution which accommodates chronic as well as acute cases can be conducted on hospital lines, with a minimum day staff of one nurse to ten patients, and the night staff should be not fewer than one to thirty.

3. The system of supervision in Ontario can be improved by elevating the qualifications and prestige of our ward supervisors. All of them should have both mental and general nursing training. If the comprehensive curriculum of the training schools for nurses of the Ontario asylums is conscientiously followed, then our own schools will produce, independent of the general hospital, suitably trained women for these positions; thus we will avoid, what appears to us, to be the one weak link in the Larbert system of organization.

4. As the natural result of No. 3, and depending upon it, the exclusion of women nurses from the male wards can no longer be justified; their superiority over men nurses has for years been recognized in general hospitals; our observations lead us to believe that they are relatively just as valuable in the treatment of insanity as in other diseases.

5. Ontario asylums, while not relinquishing any of their present methods of treatment of the acute insane,