

remained logically and humanitarily paramount over the interest of the unstigmatized general hospital victim of pneumonia or typhoid fever. Perhaps this gradual lapse of the insanity problem from the minds of the humanitarian community groups mentioned and the greater interest taken in the easier problems of general medicine are stages in our progress only to be expected. Out of sight, out of mind—and for the most part these institutions with all their beauty of rural surroundings and excellent upkeep have not hewn close to the line as could have been hoped.

It is safe to say that in instance after instance these privately endowed departments for the insane have been allowed to help financially the general hospital portions of their institutions. Perhaps I am wrong in making this claim; but one can go so far as to say that it is the general impression that departments for the insane in these privately endowed institutions have been allowed either to pay for themselves by high rates of charge or else to make good deficiencies in the budgets of general institutions.

I should not dwell on this matter so long, did I not believe that the situation is not at all irreparable. Many of the community groups which stand back of these endowed institutions with their left hands are pouring out money for university developments with their right hands. They are groups which have simply not been properly instructed in what ways the interest of the insane can be subserved other than by heat, light and power in their more obvious combinations. As one humanitarian belonging to such a group once said to me, "Of course, doctor, you can give the insane *more* treatment, but you cannot give the insane *better* treatment." It was to this man's mind an axiom that all that was ever to be known concerning the treatment of the insane was already in hand. Just as it is said that, if we added up all the knowledge in the world about the game of checkers (or let me say for Canadian readers, draughts!) we should find that all possible checker knowledge was already in some human book or mind, so, according to these humanitarians, we already know all that can possibly be known about the treatment of the insane. We are simply not applying all we know in the most intensive way to the insane all over the world. That the situation is quite unlike that in the case of draughts but is more like that in the instance of chess—namely, that no one yet knows or has ever known all there is to be known concerning chess or perhaps ever will know, such is the initial complexity of the game, and the infinite that is knowable about chess—is an idea rather difficult to put across the mental hygiene stage for many of our most humanitarian persons. Yet it is clear that many of the