

which they lived. When stricken with the saddest affliction which can befall humanity—the result often of causes entirely beyond their control, or born into the world with the tyranny of a bad organization, they have fallen by the wayside in the struggle of life and the very nature of their disease has made it necessary to separate them from home and friends. They should not be compared to the inmates of the ordinary poor's asylum who are too often paupers as the result of bad habits and vicious lives, and they are entitled to different care and treatment. The duty of the state to its insane wards has been very aptly defined, as "such provision as to accomplish the largest results in the restoration of the curable cases, the element of expense being here a subordinate one, and for the remainder such comfortable provision as shall ensure safety to the community and humane care to the sufferer."

What many of us are now pleading for in this day of medical unrest, is the realization of this definition. We feel that while comfortable provision has been made by the state for the incurable insane, the largest beneficial results cannot accrue to the curable under existing conditions.

Batley-Tuke says: "The subjects of most of the insanities are very sick people indeed, for in the first place they are in danger of their lives, and in the second they are in danger of lapsing into that living death, terminal dementia.

"Each case, under circumstances of curative rest and calm requires special hospital treatment, conducted on identically the same principles as those that regulate the practice in our general infirmaries and conducted under similar conditions as regards rest, nursing and therapeutic agents. The existing system of asylum structure, management and treatment makes this almost unattainable."

It seems to me strange that any

other idea than this should ever have been held.

Enormous sums of money have been expended in erecting palatial structures in which are placed all sorts and conditions of insane men and women. To these buildings of late the name of hospital is being applied: unfortunately calling a thing a name does not make it necessarily what that name implies. As a matter of fact, these institutions are Asylums, providing in excess for the needs of the incurable and more or less deficient in ability to perform the duties of hospitals for those afflicted with acute mental disease. The judicious association of certain kinds of curable and incurable insanities may be to some extent unobjectionable; may even be beneficial to both classes of patients; but the enforced companionship of all kinds of chronics with recent cases is distinctly, prejudicial to the recovery of the latter and is quite capable of converting them into incurables. Such an unfortunate result has a pecuniary as well as a professional value. It has been estimated that the average duration of life in the incurable insane is 12 years, and further, that the loss sustained by the community in cost of keep and loss of productiveness is about \$5,000 per capita.

To devise a means by which the chance of converting curable into incurable cases will be lessened if not abolished is surely a legitimate problem for the consideration of the social and political economist.

We all know what a wave of reform in hospital construction has spread over the land in recent years, no matter what the cause, the object of the changes has been to increase the chances of restoring the sick to health.

The state as guardian of the poor, erects hospitals replete in every remedial appliance for restoring to health the sufferers from the ordinary ills to which flesh is heir. The question of