

mental diversion. Here are to be admitted only the cases of the curable forms of insanity, and since many of the so-called acute cases are essentially chronic from the beginning, the fitness of a case for admission is to be determined by a careful examination by one of the resident officers, and upon his judgment must rest the decision. The classification is to be one of individualization as far as possible, and may rest in part upon the following principles: First, a determination by constant examination, as to what cases may cause mental injury to each other by contact, and these to be always kept apart. Second, the social condition, habits of life and moral condition, are to be considered. The young of both sexes are to be carefully kept from contact with those, who by their former life and moral condition, would cause the development of impure thoughts and malicious habits, in order that, in the event of recovery, they may be returned to their friends as pure in thought, word and deed, as before their sickness. Third, while those cases which are intensely excited must of necessity be grouped in the same buildings, for the good of others, yet the moral classification should be strictly observed, and the number of attendants is to be sufficient to prevent harmful intercourse. Fourth, the depressed cases, especially those with similar delusions and feelings, are to be kept apart, and placed among the cases of mild exaltation. Fifth, the convalescents are to be kept apart, still observing our moral classification. Sixth, when a case becomes chronic and is considered incurable, he is to be removed to one of the asylums.

2. The head of this system, having complete control, is to be an educated and thoroughly competent alienist, who by his experience in the treatment of the acute insane, will be able to direct all parts in such a manner as to work in unity to serve the one great purpose, the cure of the acute insane. Friction here is to be avoided, for when this occurs, even in the least important matters, some injury is suffered by the patients, and this can be avoided only by a medical officer who is supreme. The superintendents of the hospitals under the present system, men who by their study of psychiatry, by their long practical experience in the treatment of the insane, and by their manifest fitness to accomplish the best work under the system here suggested, as they have

done under the present system, should be made superintendents and chief medical officers of the new institutions.

3. A staff of visiting specialists is to be appointed, the members of which are to be called upon to treat, in conjunction with the resident medical staff, those bodily troubles which naturally fall outside of general medical work into the field of the different specialties.

4. The resident staff is to consist of at least three physicians, fitted by their knowledge of general medicine, and experience in the treatment of the insane, to assume the duties of their positions, the senior of whom is to fill the position of assistant superintendent. They are to be appointed from the older members of the medical staffs of the asylums by promotion, length of service and ability to be the determining points. Upon them shall devolve the treatment of the patients, careful physical examinations, constant examinations of the morbid mental processes, and the keeping of the complete records of the original condition and progress of the case.

5. The body of attendants is to be made up of young men and women of good moral character, who, besides a sufficient general education, shall have a course of theoretical and practical instruction in the nursing of the sick and the care of the insane. These positions are to be filled from those attendants of the State asylums who have pursued a course in the training schools, either already established or to be established, in connection with their work in the asylums, and have received from these institutions certificates of proficiency as trained nurses and attendants upon the insane. The change from the asylum to the hospital is to be in the nature of promotion, with increased remuneration. They shall be sufficiently numerous to give a general predominance of the sane over the insane mind.

6. The increased cost of the care of the acute cases is to be shared by the State and the poor district from which the patients come. The per capita cost is not to be limited to any fixed sum, but is to be sufficient to accomplish the best results.

This is the system of treatment of the curable insane which I would suggest, described briefly, and necessarily in an imperfect manner. When, in the developmental process going on in the treat-