the following is quoted from the report of Dr. Ernest W. Jones, Inspector-General of the Insane, Melbourne, Victoria, Australia:

"Such training should be given by means of a unit in each of the larger teaching hospitals, which should include an out-patient clinic, as well as wards for the treatment of early cases of mental disorders, to be conducted by experienced specialists, who should be appointed as members of the ordinary hospital medical staff. These wards are not to be confounded with the refractory and isolation wards commonly in use in each large general hospital, but they are to be wards wherein the border-line cases, i.e., hysteria, neurasthenia and psychasthenia, are to be admitted and treated alongside mild and quiet and recent cases of genuine mental disorder. Such departments, called Psychiatric Clinics, are to be found in other countries, and the work done in them has proved to be of the very highest importance and value to the community. They become the centre in teaching in neurology and psychiatry, of post-graduate work, and of research in these subjects, and by their aid the knowledge and treatment of insanity is brought from the back of beyond into everyday association with the treatment of bodily disorders. In the correct elucidation of the cases coming to him in this clinic, the alienist physician has the assistance of the surgeon, the gynaecologist, the pathologist, and all the usual specialists at present to be found on the staff of a large hospital, and it follows that in turn his advice is sought by the other specialists."

In the third place we should probably have "Out-door Clinics" for patients who are "nervous" as people call it, and whether these are begun at our Mental Hospitals or our General Hospitals, or whether the two co-operate and have one "Out-door Clinic" at the General Hospital, which would be the best of all, there is no doubt that in any case these "Out-door Clinics" would do a great deal to educate public opinion.

In the fourth place, "After-Care" or "Family Care" is essential. It is the social re-establishment of former mental patients who have really recovered and are not a danger to themselves or anyone else,—(A recent tragedy in New York City is a stern warning against the crime of discharging patients who have not safely recovered, and, most of all, without any further supervision or skilled care). In suitable cases the re-establishment of cured patients in the community is the best of all means of educating the public as to our work and incidentally it saves money.

The Mental After-Care Association of England now cares for 1,074 patients. The Annual Meeting of the Mental After-Care Association was held on March 10th at the Clothworkers' Hall, E. C., under the Presidency of the Master of the Company, Mr. Walter Mews, who emphasized the