sion was left on our minds that this could not be satisfactorily undertaken with the staff on duty. If that is the case in Germany, what can be expected in Canada with staffs proportionately two-thirds smaller? Plainly, the inference is that hospitals and asylums can rarely, if ever, achieve the best results under the same roof. Everywhere we went this impression was forced home in such a way that we came away fully possessed of the indisputability of this conclusion. Such was the case at Daldorf, Buch, Eglfing and the British asylums, of which we shall speak later on.

At Daldorf and Buch, we had opportunity to observe and study the German method of dealing with the criminal insane and insane criminals. At Buch we were particularly interested in what is being done to make the best of these difficult classes. They are housed in an isolated building where there is no possibility of their coming in contact with the other patients. Their surroundings are comfortable and cheerful, but best of all is the earnest endeavor made to provide the most suitable employment for them, where, for obvious reasons, farming and gardening operations are excluded. It is difficult to find an outlet for the energies of a class which, above all, should be occupied. The ability shown in solving this problem was striking and it was possible to say at Buch that the criminals were just as thoughtfully cared for and treated as the patients in other parts of the asylum. The occupations developed were many and the bent of the individual was carefully studied. At last we had seen the crimnial insane doing something more than fretting out their souls in idleness.

Indeed, the whole conception of the status of the man who commits a criminal act as the result of disease receives a very different treatment in Germany from what it does in Canada, although better days are rapidly coming even here. If a man, who has committed a crime, is suspected of being insane, he is sent to a Psychiatric