for the most part they receive committed or certified cases of what we might term "judge-made" insanity, since not the medical profession alone but the judge of probate (or his equivalent) has the actual decision in his mind and hand concerning the institutional fate of these patients. The majority of them eventually die in the district institutions or return thence after various periods of extramural life.

The picture should not be painted too black as several (or shall we say many?) of these district institutions contain modern laboratories for diagnostic and therapeutic work, proper occupational therapy, and staff members who are stimulated by teaching internes and students, and the like. The *receiving wards* of these district hospitals are sometimes adapted to demands upon the highest level; and their differentiated per capita (that is, if budgets were so constructed that one could tell in detail how much these receiving wards comparatively cost) would make a very respectable showing alongside the per capita cost of good general hospitals. In short, there is evidently a striving on the part of district institutions to keep up with the times and treat their insane wards upon the best medical lines.

Pari passu with these idealized receiving ward developments, one finds that more and more patients resort to these district hospitals under the *voluntary relation* (for by this time in communities of so high a degree of civilization, the laws governing the resort of voluntary patients to the state institutions have become revamped and liberalized, perhaps even so devised as to permit indigent persons to put themselves voluntarily under the charge of the state—a potentiality which causes unwarranted theoretical fear on the part of certain guardians of the state purse, lest an impoverished crowd of shiftless persons be saddled on the state).

Nevertheless, concerning these district institutions, except in a very few regions, it cannot be said that the up-striving in mental hygiene is thoroughly successful.

But (3) we find that some of the district institutions develop *out-patient departments* for mental cases. Massachusetts and New York have accomplished much by this plan, largely because the mental hygiene level of these states (to mention for the moment no others) is high enough so that the citizens, the social workers and the patients themselves are more or less willing that the "nervousness" and "nervous prostration" and "nervous breakdown" problems shall be given, at least in part, to state officials. These out-patient departments, although now and then more closely connected, are for the most part (and this is as it should be) very