

warrant the creation of a special asylum for them. In 1899 there were in asylums of that province no less than 77 criminal lunatics guilty of offences but acquitted by the courts on the ground of insanity; the number of criminal lunatics would probably equal this, and there must be a large number of like cases in the other provinces. For the Federal Government to erect an institution for the reception of these cases, taxing the various provinces in proportion to the patients they send, would seem to me the best and most economical way to meet the requirements. Failing this, all such patients should be kept in the penitentiary asylums, which should be open not only to insane criminals whether their sentences have expired or not, but to the criminal insane as well. Criminality alone should be the criterion for the separation of these people from the ordinary insane.

For some years a conviction has been steadily growing in the minds of physicians and the general public that Canada is behindhand in the provision for the care and control of inebriates belonging to the lower ranks of society. In 1875 the province of Ontario took steps toward providing for these unfortunates but the good intention was abandoned. To my mind there is no doubt that the custodial care and treatment of inebriates is a question of the gravest importance, and that the establishment and maintenance of a hospital for this purpose fall within the true sphere of the Government. The great barrier to the creation of such an institution has been the thread-bare cry, the "liberty of the subject," but the rights of the individual should be subordinate to the rights of society. We are told that the inebriate by his drunkenness violates no law, and this may be so. But are we, therefore, justified in allowing him to continue his debauchery until he commits a crime, as so many of them do, while many more are only by the merest accident kept from so doing? If a lunatic threatens suicide or the life of a fellow-citizen, we put the law in force and confine him, without, as a rule, waiting until he has made an attempt on his own life or committed a homicide. It should be the same with an inebriate.

The distinction between drunkenness and insanity has frequently been the subject of forensic investigation, but it is daily becoming more and more evident to the profession and to some extent to the laity, that inebriety and dipsomania are diseases of the brain, resembling, if not in some cases constituting, true insanity. That an individual should in all other matters appear to be of sound mind, but that at certain times he should be subject to a morbid desire to reduce himself below the level of the beast by means of drink, is hard to grasp, but none the less true. Equally true is it, as shown by recent German studies, that the continuous