

many cases which would pass from one's supervision and control, as a poorly-done job, owing to distance and owing to inability to size up the levels from which the patient comes and to which he may be expected to be fitted again.

Within this plan the clinic has to meet its demand not only as an out-patient department with social services, but as a hospital. The first need in any hospital for mental disorders is a possibility of adequate segregation of incompatible types of patients. Owing to the inconceivably short-sighted unwillingness to face the effects of land speculation on the much-needed commodity called elbow-space, and the lack of appreciation of the value of a restful environment, and owing to the usual misplaced economy and lack of foresight in choosing large enough hospital grounds, protected against street cars and providing for growth, this problem can become very difficult. A hospital for mental cases needs a sufficient number of subdivisions. Some of our patients are apt to be noisy, and it would be poor policy to have to suppress the noise at any cost by means which would often do the patient more harm than one likes to be responsible for. From a certain point on, doing the best thing by the patient very often becomes inevitably irritating at its best, and any interference is apt to really make the patient worse and excitable for a time. This must be faced and must be made practicable without undue upsets. All avoidable repression and conflicts should be headed off by the organization of the clinic. A fair number of cases of mental ill-adaptation are best treated at home, while attending to their work, by showing them how to live and how to work and how to play, and how to rest and sleep; and they may at the most need a short stay at the clinic to be examined and started on a regime under the proper guidance of trained helpers. These are patients whom we do not want to shock with the sight of others who are much worse off. The note of helpfulness and not coercion must be uppermost, and it must become possible to reserve commitment to a small number in whom no doubt would arise.

The urgent point is then the creation of an environment which really suits as far as possible the needs of the patient, and especially also those who are obliged to stay for a somewhat longer time; rest for the one, amusement and distraction for the other, and a routine of simple, quiet occupation and play for the large body. We call here for provisions which are absolutely essential in our work; whereas in the average general hospital they can be neglected on the supposition that any normal person can stand forced rest or restrictions imposed by disease to a reasonable extent, and as soon as the period of actual sickness is over the patient can go and look out for his or her own needs.

Our cases usually present disorders which cannot be modified by such simple procedures as allow the surgeon to turn the fate by one operative interference. The readjustments which we have to strive for most take days, weeks, months, and often enough years of active treatment, or at least of protection; and the natural question becomes not only, what is the actual disturbance in the patient, but what will be the best situation in which to care for the disturbance. In some cases the average hospital methods, like rest in bed and feeding and drug-treatment, will do; for others a stay in a more home-like environment, or in an institution adapted for subacute and chronic care and habit-training; or at least a place where the patient can be in the open air easily, and away from the temptations of alluring attractions to his morbid appetite and longings and fancies.

Now the ultimate aims of the treatment and the work of the hospital! After everything is done that modern medicine and psychopathology put at our disposal, we must find out the level to which the person is suited, be it at large, in touch with