

patients in a condition to be benefited by the study of psycho-pathology in its most obnoxious and varied forms, as illustrated by the aggregate of humanity making up the population of an asylum for the insane? Is this a form of diversion which would tend to turn the mind of the melancholiac from morbid introspection and subjective bad feeling, to a more normal contemplation of the outer world; or relieve the case of acute mania of the constant, changing and rapid perceptions of the outside world? Most assuredly not; the result, as experience teaches, is exactly the reverse. What alienist, connected with hospitals for the indigent insane, has not heard the despairing remonstrance of the acute insane, during periods of partial lucidity, against their insane surroundings? What asylum physician has not seen present delusions made stronger, and new ones developed, as a result of contact with other cases? Who has not seen cases of the curable forms of insanity become chronic, as a result of such associations, and cases too, who should have recovered? If there are any who have been so fortunate as to escape these sad occurrences, their experience has been different from mine.

The realization of the unhealthful character of his surroundings by the curable case, as expressed by his remonstrance, points out to us the first objection to the present form of treatment. It indicates what any observant person must appreciate, and what experience teaches, that the proper atmosphere for the treatment of the insane, is not an insane one, but one in which the sane influences predominate. The contact of the acute case with the paranoiac, with his fixed and systematized delusions of persecution, so correctly reasoned out and so plausible, will secure an influence over the patient and result in delusions of persecution and suspicion with regard to his friends, physicians, and attendants, the stronger as coming from a fellow sufferer in misfortune, which nothing can eradicate. The influence of a case of melancholia with delusions of self-degradation, will strengthen similar delusions in others, or give rise to them in melancholiacs from whom they are absent. The destructive, homicidal, and suicidal tendencies, and filthy habits, are intensified or developed, by contact with subjects of these propensities, and the natural tendency is from bad to worse.

The close contact and intimacy of patients with each other is seen in every asylum for the insane, and often a strong influence is gained by the stronger over the weaker mind. The attendants, numbering perhaps one to eight in the disturbed wards, and one to sixteen in those more quiet, form but a small part of the influence to which the curable cases are subjected, and even this is neutralized by the abnormal influences. Insanity everywhere, in its varied forms, predominates; the insane atmosphere has almost undisputed sway.

Regardless of the already unfavorable character of these surroundings, some of those who have apparently lost sight of the primary object in the treatment of the insane, the restoration of the curable cases, have sought to introduce the congregate dining hall. This custom, undoubtedly well suited to the needs of the chronic cases, is totally unfit for the curable insane. Bringing them, as it must, in contact with all of the objectionable cases, instead of a part of them, it nullifies whatever advantage may have been gained by our necessarily imperfect classification, makes classification useless, and is an outrage upon the rights of these cases. Fortunately, however, this plan has few followers, and its adoption is not sufficiently general to demand much attention.

My first objection to the present system, is, therefore, forcing the patient into surroundings which are totally unfit for his treatment; surroundings which are unhygienic and opposed to his restoration to mental health.

(2) The duties placed upon the superintendent of an institution, under its present organization, are so extensive as necessarily to deprive the curable cases of the immediate attention of the chief medical officer, presumably an able and experienced alienist. While objecting to the large amount of non-medical work imposed upon him, by the financial and business management for the care of hundreds of patients, yet I believe that the superintendent of an institution for the treatment of the insane should have complete control of every department, even in the minutest details, in order that everything may work together to accomplish the one purpose in view. Without this recognized head the best work cannot be done.

(3) Under the present system the medical staff is inadequate, and necessarily appointed without