

modation is necessary. Only under such circumstances can they receive that special care in the way of occupation, diet and moral treatment that their condition demands; only in that way can we spare our insane patients the annoyance arising from the paroxysms of their disease, their irritability and the violent outbursts of maniacal excitement to which many of them are subject. That the insane epileptic is properly a State charge, every person agrees, but the same cannot be said of those who are sane. Personally, however, I am of the opinion that all epileptics ought to be under proper care and treatment, and to a certain degree under control, and if these requirements cannot be supplied by the friends, then, both for the patient's sake and for that of the community in which he resides, provision should be made for him by the State. The boundary line between sanity and insanity in the case of most epileptics is a very narrow one, and our Provincial Governments would do well to follow the example of the United States, Germany and other countries where timely care of the epileptic often prevents his passing into the category of the insane.

According to the best modern authorities, employment is a *sine qua non* in the treatment of epilepsy. Those in touch with epileptics all maintain that the fits tend to disappear during working hours. Dr. Spratling, of Craig Colony, is strongly of this opinion, and states: "On holidays and on rainy days, when patients were compelled to stay indoors and could not engage in any occupation, the number of seizures was doubled." In this point of view the colony system undoubtedly offers the best mode of care for the victims of the "sacred disease." In colonies a variety of trades can be carried on to advantage, and, if a sufficiency of land be secured, floriculture, fruit-growing, and market-gardening, all of which are among the best forms of occupation for epileptics, both male and female, can be made sources of profit. In this way the colonists are enabled to contribute in some degree towards their own maintenance. Probably the most promising plan to meet all requirements, at least expense, is that advised by the Manchester and Chorlton Joint Asylums Committee, whereby one portion of a large estate is set apart for the accommodation of sane epileptics, another portion for those who are imbecile or insane.

The equity and wisdom of separating the criminal insane from those innocent of wrong-doing cannot be disputed. In Canada, however, we have no provision for such segregation, and the asylum authorities are obliged to receive not only all criminal lunatics, but all insane criminals on the expiration of their penal sentence. The former evil, bad as it is, is dwarfed by the latter, because patients of this type, as a rule, retain