

It will be the same in private home care, except, perhaps, in very mild and harmless cases. To my mind the whole situation sums itself up as follows: Insanity can only be treated successfully in institutions appointed for the purpose, and officered by physicians and nurses specially trained for the work. All other methods are mere makeshifts, and will end in disappointment, and perhaps disaster.

In conclusion, we should make a strong effort to popularize our institutions by convincing the public that we can do much for them: that mental disease may be cured like physical disease, and the one may be concurrent with the other; that successful treatment will be largely in proportion to the early opportunity of dealing with it.

Many of the mental disorders are functional rather than organic, but with delay in treatment there is always a danger of the formation of a morbid brain habit, which tends to chronicity. Early removal from home environment is a *sine qua non* to successful treatment, where morbid habits of thought can be counteracted under the discipline of institutional life. There is little doubt that delay in early treatment is the chief reason why all our institutions for the insane are loaded up with such a mass of chronic cases that have passed beyond the region of hope.

Ample provision should be made for all ranks and conditions, with sufficient isolation and other comforts to meet the social requirements of each. The pathway to the institution should be made inviting, and all red tape formalities and other consumers of valuable time should be abolished. The doors should stand wide open for the admission of all incipient and acute cases, and no case should be allowed to reach the chronic stage until science and skill shall have exhausted their best resources.