

acute cases, and, firmly as I believe that the worthy efforts of alienists will certainly be rewarded in time, I do not think this solution offers most advantages for the initial step. How would such a hospital be filled with such cases as we are discussing? By voluntary patients, without certification? One can at once see how inadequate would be the supply, if only on account of the prejudice which now exists in regard to asylums. By cases from the general profession? But how is the general profession to recognize the urgent need of treatment in these cases without further opportunity for observation than has been given it in the past? Or, granted that these hospitals were filled with a sufficient number of these neurasthenic patients, would not the distance at which asylums are so often placed form a tremendous barrier to the instruction of the average student, whose time is already so full, occupied? Moreover, that this distance has to be travelled to see only one class of disease is also an important consideration.

In regard to the establishment of psychopathic hospitals I do not think the suggestion is at present the most useful or practicable one for this country, as the initial expense alone would delay their construction for an indefinite number of years.

It is rather to the third suggestion above mentioned that I think we must turn for an immediate and practical solution of the difficulty, a solution which I advocated at the annual meeting of the Ontario Medical Association in June, 1904, viz., the establishment of wards or a separate pavilion in connection with general hospitals, and, especially at first, in connection with those general hospitals where clinical instruction is constantly given. Has this plan been tried, and with what success?

In a recent paper on "Wards in General Hospitals for Acute Nervous and Mental Diseases," I endeavored to show the results obtained by this means of treatment. In Germany it has been in operation more than thirty years, with most gratifying results, both in regard to clinical instruction and the prevention of insanity. In Great Britain and the United States, while the plan has not been so long in operation, the results are equally gratifying, the proportion of those discharged, recovered or relieved, being over 60 per cent. Two weeks ago I visited the General Hospital of St. Francis at Pittsburgh, Pa., on the kind invitation of Dr. Theodore Diller. Here I learned that cases of mental disease were first received about fifteen years ago in a small wooden building which served as an annex to the hospital. This branch of the work steadily increased, until the present brick pavilion, containing about one hundred beds, was constructed three years ago. I was also most interested to see among the general medical wards of the hospital certain wards in which screens were placed outside