

that they would seem to have no need to sigh for one outside its boundaries."

HOSPITALS FOR THE INSANE.—Dr. S. V. Clevenger (*American Journal of Neurology and Psychiatry*, August, 1884) concludes that the hospital for the insane is an important element in treatment. It should be constructed on the segregate plan with a predominance of associated dormitories. The attendants should be properly chosen, properly treated, and encouraged to take a *scientific* interest in their patients. Under certain restrictions female attendants should be placed in male wards. Restraint should be reduced to the greatest possible minimum and prescribed strictly as a remedy. Employment of a proper nature should be given the patient. Furloughs may be of service, but should be given with great care. A censorship should be kept over correspondence. Each hospital should have two sick wards. Visits of friends should be permitted only when beneficial to the patient. Schools should be established as a means of employment and treatment. Dr. C. H. Hughes (*Alienist and Neurologist*, April, '85) concludes that every insane community of mixed, recent, or long standing cases, or of chronic cases exclusively, should be a home and not a mere place of detention. It should be as unprison-like and attractive as any residence for the non-criminal. It should have at least 640 acres of ground. It should be in the country, but accessible to the supplies of a large city. It should have a central main building as architecturally beautiful and substantial as the State will erect, provided with places of security for such cases as are excited, with a chapel, amusement hall, and hospital in easy covered reach of the feeble and decrepit, and accessible without risk to health in bad weather. Out-houses should be built with rooms attached and set apart for the residence of trustworthy patients, for farmer, gardener, dairyman, shepherd, engineer. Cottages should be scattered about the ground for the use and benefit of such as might enjoy a segregate life. A perfect but not direct nor offensive surveillance should be exercised over all the patients, with a view to securing them the largest possible liberty compatible with the singular nature of their malady. The head of such a community should be a physician. The largest personal liberty should be best secured to them by provision for the sexes in widely separated establishments.

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e.—THERAPEUTICS OF THE NERVOUS SYSTEM.

SECONDARY NERVE SUTURE.—Though secondary suture of nerves is a well-recognized operation, one of the two cases reported by Dr. Thomas H. Markoe (*Medical News*, March 14, 1885) is so unique as to deserve recording. A little girl was admitted to the New York Hospital with a wound in the neck. After the disability of the shoulder from the wound had subsided,