

R E P O R T

OF THE

INSPECTORS

AND THE

MEDICAL SUPERINTENDENT

OF THE

Provincial Lunatic Asylum,

TORONTO,

FOR THE YEAR 1865.

---

TORONTO :

HENRY ROWSELL, PRINTER, KING STREET EAST:

1866.

**INSPECTORS OF THE ASYLUM :**

E. A. MEREDITH, Esq., CHAIRMAN.

J. M. FERRES, Esq.

T. J. O'NEIL, Esq.

FR. Z. TASSÉ, M.D.

---

**OFFICERS:**

JOSEPH WORKMAN, M.D., MEDICAL SUPERINTENDENT.

BENJAMIN WORKMAN, M.D., ASSISTANT PHYSICIAN.

JOHN E. KENNEDY, A.B., M.B., CLINICAL ASSISTANT.

JAMES MCKIRDY, BURSAR.

JAMES HENRY, STEWARD.

MARY PARKES, MATRON.

ROBERT BLAIR, STEWARD, UNIVERSITY BRANCH.

ELIZA BLAIR, MATRON.

J. ARDAGH. M.D., MEDICAL SUPERINTENDENT, ORILLIA  
BRANCH.

REPORT  
OF THE  
INSPECTORS OF ASYLUMS, &c.  
FOR THE YEAR 1865.

---

PROVINCIAL LUNATIC ASYLUM, TORONTO.

This institution was visited and thoroughly inspected by the Board in the months of February, May, and October; several days being on each occasion devoted to the work of inspection. In the intervals between these inspections the Asylum was frequently visited by one or more of the Inspectors.

The Inspectors have much pleasure in once more recording their entire satisfaction with the manner in which the affairs of this vast Institution continue to be conducted, under its able, zealous and experienced Medical Superintendent.

The general Tabular Statement which accompanies this Report shews that the rate of mortality in this Asylum and its Branch at Toronto was unusually low during the year; a result which appears very extraordinary, when taken in connection with the fact that the principal Institution was visited during the year with three formidable epidemic diseases—small pox, typhus fever, and measles. The first made its appearance in the parent Institution in March, the second in August, and the third in December. Happily, there was not a single death from any of these epidemics, generally so fatal in Institutions of this kind. The total mortality, out of 568 patients, was only 25 patients, or 4.4 per cent. nearly.

When we bear in mind that the parent Institution and the Branch were both crowded when these epidemics presented themselves, we must join heartily with the Superintendent in a feeling

of thankfulness to Providence for having dealt so mercifully with the inmates ; and they feel it due to the Superintendent to state that they ascribe, under Providence, the checking of these serious epidemics in the Asylum to the prompt, energetic and judicious measures adopted by him on their appearance.

When making their visits in May, the Inspectors observed with regret the enfeebled state of health of the Superintendent, and urged upon him the necessity of taking some relaxation from his anxious, incessant, and laborious duties. The Superintendent accordingly, with the strong recommendation of the Board, applied to your Excellency to be allowed to absent himself from time to time, for short periods, from the Institution. The permission was cheerfully accorded, and, although the Superintendent has availed himself but sparingly of the discretionary power granted him, the Inspectors are much gratified at being able to state that the health of this valuable officer was materially improved before the close of the year.

Later in the year, the admirable Matron, Miss Parkes, was induced, at the earnest request of the Medical Superintendent, to take leave of absence, for the benefit of her health, for about a fortnight. This, it may be remarked in passing, was the first holiday which Miss Parkes had permitted herself to take since 1854.

During the year the subject of improving the ventilation of the building was much considered by the Board and the Superintendent. The result of their joint deliberations was the establishing of ventilating flues in several of the wards and corridors, and the placing of two of Griffith's Archimedian Screw Ventilators over the main ventilating shafts of the building ; the ventilation of the whole building has been thus, at a very trifling cost, materially improved.

The Superintendent has devoted a large portion of his interesting Report to the discussion of a comprehensive system of providing for the wants of our curable and incurable insane. As this part of the Superintendent's Report will be noticed at length in a subsequent part of this document, it is unnecessary to do more than allude to this matter here.

The Superintendent treats in his Report, at considerable length,

the subject of the causes of insanity. He points out many errors which generally prevail in reference to this deeply interesting question, and repeats what, on former occasions, he has asserted in other words, that "certain of the causes supposed to be the most powerfully operative, and especially those of a mental form, have not much or probably very little to do with the production of insanity." He contends that an "intimate acquaintance with the disease (insanity) on a large scale, can hardly fail to draw us constantly towards the conclusion that it (insanity) seldom springs from any other than physical causes," and that the first step towards restoring the mind to reason is to restore the impaired bodily health. "In truth," he adds, "the best part of the secret of success in the treatment of insanity, is found in good beef and a good supply of other nutritious substances."

Under the head of the General Causes of Insanity, the Superintendent has dwelt earnestly and powerfully on one cause of a physical character, of the frightful and increasing prevalence of which none but those who are at the head of Lunatic Asylums can form any adequate conception, and of the very existence of which, or of its connection with insanity, many persons are entirely ignorant. The cause of insanity to which we refer, is what the Medical Superintendent styles that "enshrouded moral pestilence"—secret vice! We shrink from polluting our pages with the words, but when we read that half the beds in one division of the Toronto Asylum, and a certain number in the remainder, are filled with loathsome incurables, who have reduced themselves to this deplorable state by the practice of this disgusting vice, we cannot but commend the moral courage with which the Superintendent has addressed himself to the task of laying bare this moral and physical pestilence; one, be it observed, which finds its most numerous victims, not amongst the rude and ignorant, but among the more respectable and educated classes.

The remarks of the Medical Superintendent in connection with this deeply important social question, will be found well worthy of careful perusal, and we would more particularly commend them to the earnest consideration of those who are in any way connected with the education and training of youth, whether as parents, guardians or teachers. It will be for them well to consider whether

the growth of this frightful vice may not be due, as the Medical Superintendent inclines to believe, to the too severe exactions and restraints of modern training and modern society.

The Inspectors congratulate the country that effectual steps have at length been taken towards the completion of this important Provincial Institution, in accordance with the original design, at least so far as the general plan of the Asylum is concerned.

The Medical Superintendent and the Inspectors, in their respective Reports, have again and again represented the urgent necessity of erecting the wings of this fine building, not only for the purpose of providing additional Asylum accommodation for the insane, (which all admit to be necessary,) but also with a view to complete the Asylum, which, wanting the wings, did not possess the means of classifying the inmates,—a provision now universally admitted to be essential to the full efficiency of a curative hospital for the insane.

The Legislature having appropriated the sum of \$25,000 during the last session for the proposed wings of the Toronto Asylum, the Inspectors lost no time in making, in concert with the Medical Superintendent, the necessary preliminary arrangements for commencing the works.

The Inspectors accordingly spent several days at the Asylum in discussing with the Medical Superintendent and the Asylum Architect the original plans, prepared by Mr. Howard, of Toronto. For these plans, be it observed in passing, Mr. Howard is entitled, in the opinion of the Board, to no slight praise, as they were evidently prepared with great care and after a thorough study of Asylum Architecture. It seemed, however, desirable to modify the plans for the proposed wings in several minor details, and to add to the original design two detached Hospitals, one for males, the other for females. The frequent appearance in the Asylum, during the last few years, of alarming contagious diseases, had made the necessity of detached hospitals for such cases painfully evident. Let us pray that we may not have, during the present year, a further illustration of their necessity.

Before determining upon the precise modifications and changes to be adopted in the plans, the Inspectors deemed it advisable to send the Asylum Architect, Mr. Tully, to visit some of the Model

Asylums in the adjoining States, in order to obtain accurate information as to the improvements which have been made during the last few years in the details of Asylum Architecture. This task was executed by the Architect, to the entire satisfaction of the Inspectors, and at a very trifling cost. The information obtained by Mr. Tully, on his visit to the Asylums in the States, greatly assisted him in the work of elaborating the new plans for the wings and hospital. Every care was taken by the Inspectors, the Medical Superintendent and the Architect, to make these plans, in all respects, as perfect as possible, and to have them completed at the earliest possible day, so that no unnecessary delay should take place in proceeding with the work of building. In the month of October the Architect was able to invite tenders for the work, and the Inspectors need only add that everything was arranged for the commencement of the works at the earliest moment in the present year.

---

### ASYLUM ACCOMMODATION.

The Inspectors have frequently taken occasion, in former Reports, to point out the pressing need of increased accommodation for the insane in both Upper and Lower Canada. In their Report for 1864, they devoted a special memorandum\* to this very important topic. In reverting to the matter this year, the Inspectors have great pleasure in calling special attention to the remarks contained in the Report of the Superintendent of the Provincial Lunatic Asylum. Dr. Workman discusses this large and difficult question in all its bearings—social, medical, and economic—with his accustomed force and practical ability.

It will be seen, on referring to the accompanying Schedule (A), that the number of lunatics in the Asylums of Upper Canada at the close of the year 1865 was 860, and (assuming the approximate correctness of the estimate made by the Inspectors in their Report for 1864) the number of lunatics in that section of the Province, *not* provided with accommodation at the close of the

---

\* See Special Appendix of Report for 1864.

year, may be set down at about 550. To this number, however, must be added the whole of those, say 76, now occupying the building in the Queen's Park, Toronto, used as a temporary Asylum, and known in the Reports as the "University Branch Asylum."\* We have thus an aggregate of 626 lunatics in Upper Canada for whom Asylum accommodation of some kind has still to be found.

In Lower Canada, again, the total number of lunatics in the two Lunatic Asylums, that at Beauport and that at St. Johns, at the close of 1865, was 633, and assuming as before the approximate correctness of the figures given in the Inspectors' Report for 1864, the number of lunatics in that section of the Province, not provided with accommodation at the close of the past year, may be estimated at the large number of 717. The aggregate number of lunatics in both sections of the Province, for whom Asylum accommodation has yet to be found, may therefore be set down in round numbers at 1,343.

These are startling figures, and it may probably be thought, by some, that any scheme sufficiently comprehensive in its character to meet the exigency of the case, must involve so heavy a demand upon the public exchequer as to preclude the possibility of securing for it the sanction of the legislature. The scheme, however, submitted by Dr. Workman, and which appears to the Inspectors to afford the best practical solution of the difficult problem under consideration, will not be found to necessitate the heavy public expenditure which, at first sight, might be expected.

The plan submitted by Dr. Workman will be fully considered in the observations which follow. It may suffice here to say, generally, that Dr. Workman contemplates the establishment of two distinct classes of institutions—one for the curable and the other for the incurable Insane—the former to be supported by the General, and the latter by the Local Government, *i.e.*, by the Municipalities for whose insane they are intended,

---

\* The University authorities, to whom this building belongs, and the Municipal authorities of the City of Toronto, to whom the Park belongs, have for years past been urging the Government to remove the lunatics to some other place.



It may be remembered that in their Report for 1864 the Inspectors strongly recommended—

*For Upper Canada—*

1. The completion of the Provincial Lunatic Asylum at Toronto, by the construction of the wings, etc., as proposed in the original design ;
2. The completion of the Rockwood Asylum, with the exception of certain wings not then commenced ; and—

*For Lower Canada—*

3. The building of a new and large Asylum for the western portion of Lower Canada, in place of the miserable temporary makeshift at St. Johns.

Were this amount of additional Asylum accommodation provided, it is believed, that if the proposed system of dealing with incurable lunatics could be brought at once into operation, and our present large Asylums at Toronto, Quebec, Kingston and Malden reserved for curable cases exclusively, it would not be found necessary for the Government to expend any further public moneys on the construction of Asylums for many years to come. And it must be borne in mind, that of the three important works above recommended, the two former, the extension of the Toronto Asylum and the completion of the Asylum at Rockwood, are now in progress, and that both are likely, within the next two or three years, to be finished.

It is indeed more than likely that Dr. Workman is warranted in stating, that by the time the wings of the Toronto Asylum are finished, the additional 230 or 240 beds thus provided will have applicants to fill them, as one-third of the beds will be immediately required for the patients in the University Branch, and “the remaining 150 or 160 beds will not be more than sufficient for the accumulated number of applicants who during the next three years will have been unable to obtain admission in the chief Asylum ;” and it is also likely that the Medical Superintendent may be right when he predicts that the Rockwood Asylum, when finished, will not be found much more than adequate for the number of claimants for lodgment in it, from the Eastern Counties of Upper Canada—in addition, of course, to those sent

to it from the Penitentiary, and as criminal lunatics from the Gaols.

It is truly a most discouraging reflection that, after the expenditure of the large sums required to complete the extensive Asylums at Toronto and Kingston, we should, at the end of four or five years, find ourselves just where we are now, looking round in vain for room to lodge the unhappy claimants for admission into our Asylums, and compelled by force of circumstances to allow many of these unfortunate creatures to linger in our Gaols until their cases have become hopeless.

What, then, is the cause of this choking up of our larger institutions for the insane? Whence comes it that we are compelled almost invariably to refuse admission to patients whose cases are recent and curable, and only open our doors to admit them when they have become imbecile or hopelessly incurable? Dr. Workman answers—"They (the insane) are denied early admission because we have no room for them, and we have no room for them because three-fourths or seven-eighths of our beds are held for life by persons who cannot recover." "*The retention of these incurables is the cause of this evil.*" In other words, by retaining our incurables permanently in our Asylums, we go on indefinitely multiplying the incurables outside. The problem, then, to be solved, is this: "How shall we reconcile the interests of the curable and the incurable insane?" To do justice to the former, we must see that our curative Asylums are open to receive them as soon as the necessary formalities required by law have been complied with. To do justice to the latter, we must see that even where their recovery is hopeless, and there is no longer any sufficient reason for permitting them to occupy room in the chief Asylums *to the exclusion of curable patients*, they are not turned adrift upon the world in their utterly helpless state without any provision being made for their shelter or protection. If, indeed, we were unhappily compelled to weigh the relative claims upon the state of the curable and incurable insane, and altogether to reject either one class or the other, there can be no doubt that the unfortunate incurables would be the sufferers. Society and the state may justify, even on the most selfish and economic grounds, the expenditure of public moneys in providing

buildings and everything else necessary to aid in the work of restoring its insane members to reason. It is thus adding to the number of *workers* and diminishing the number of *non-workers* in the community. Again, society may, upon the yet stronger grounds of self-protection, call for the erection of buildings intended for the safe keeping of dangerous lunatics; but the state cannot, *on these grounds*, justify any expenditure on account of the quiet, incurable, and chronic insane. This is an expenditure from which society derives no pecuniary advantages, however justifiable and commendable it may be on the higher grounds of philanthropy and charity. It is indeed true that the first and paramount objects to which our efforts on behalf of our insane should be directed, are to protect its members against dangerous lunatics, and to restore as many of the insane as possible to the possession of their reason. The dangerous and curable insane should doubtless occupy our first attention, but the quiet incurables must not on that account be altogether overlooked.

To meet the wants of both these classes of lunatics, Dr. Workman submits, therefore, that two distinct classes of Asylums are required. One class might be styled "Primary Asylums," or "Curative Hospitals for the Insane;" and the other, "Secondary Asylums," or "Asylums for Chronic and Incurable Lunatics." The former class of Asylums, the Curative Hospitals, should be built and maintained entirely at the cost of the State, and the latter class of Asylums, those for incurable cases, should be built and maintained by unions of counties or districts, but should be subject to Government Inspection, and have their principal Medical Officers selected and paid by the Government. The Secondary Asylums should not receive any patients who had not passed a certain stated time in the Primary Institution. The necessary consequence of the adoption of such a scheme as this would be *to increase to a very high degree the efficiency of the Primary Asylums as curative Institutions*—to increase very largely every year the proportion of the insane who would be restored to reason, or, in other words, to check to a very large extent the wholesale *manufacture of incurable* lunatics, which, under the present erroneous system, must be every year thrown as a burthen for life upon the country.

It is not necessary here to repeat the facts and arguments adduced by Dr. Workman to prove that the important consequences above mentioned would follow from the establishment of the two classes of institutions as proposed by him. The great value of the system arises from the fact that it recognises and acts upon the now well understood truth that the hopes of recovery for the lunatic, the chance of his being restored to reason, depend, more than anything else, upon his being immediately placed under proper treatment in a well-appointed Curative Hospital. And this is only possible when there is always in these Asylums ample room to receive all claimants, especially acute and violent cases, the very moment they require attention.

It is due to our Canadian Government, which, in this as in other matters connected with legislative provisions for the insane, is far in advance of the majority of the British Colonies, to state that they have already admitted and acted upon the principle. The Asylum at Orillia was erected for the express purpose of receiving the *chronic and incurable insane* from the Provincial Lunatic Asylum. It was, however, very soon filled to its utmost capacity, and can now only take annually from the parent institution a very small quota of patients to fill the places of the few who are discharged or die in the institution.

The grounds upon which Dr. Workman justifies throwing the support of the Secondary Asylums upon the Municipalities rather than upon the community at large appear to the Inspectors entirely conclusive. This principle has indeed, so far at least as Upper Canada is concerned, already received the direct sanction of the legislature. The Act respecting the support of insane destitute persons, cap. 122, Con. Stat. U. C., distinctly declares, that provision shall be made for their maintenance and support, either in the Gaol, or some other place within the County, *by the County authorities.*

The establishment of two distinct classes of Asylums for the insane, as proposed in the scheme now under consideration, would be attended with many incidental advantages, two or three of which may be referred to briefly.

1. The cost of maintenance of the insane, individually, would be reduced, in consequence of the fact that the Secondary Asylums

could be constructed and maintained much more economically than Institutions which are designed for the treatment of violent and dangerous lunatics.

2. It is generally admitted that it is not conducive to the improvement or cure of the curable insane, that they should be treated in the same Institution with numbers of hopeless incurables, and on this ground alone, the proposed separation of the two classes of lunatics has been, by many, strongly insisted on.

3. Were the two classes of Asylums established, the idiots, who, in spite of every effort to exclude them, crowd our principal Asylums, would find shelter in the Secondary Asylums, to the great comfort and benefit of themselves and of the patients in the Primary Institutions ; for it is now well understood that when idiots and violent lunatics are associated together in one building, both suffer from the unnatural neighbourhood. The idiots, being imitative, acquire the mischievous and dangerous propensities of the violent lunatics, and the lunatics, on the other hand, are aggravated and annoyed by the presence of the unhappy idiots.

In confirmation of the views above expressed, it may be noted that in the suggestions respecting Asylums, contained in the printed circulars on Colonial Hospitals and Asylums, communicated by the Imperial Government to all Governors of Colonies, and referred to at length in last year's Report, the importance of excluding idiots from General Asylums and of having separate establishments for incurable patients, is specially noticed ; and the same views are also urged in the Report of the Medical Superintendent of the St. John's Asylum for the past year.

E. A. MEREDITH, *Chairman.*

J. M. FERRES,

T. J. O'NEILL,

F. ZÉPHIRIN TASSÉ.

Ottawa, 12th May, 1865.

---

# SEPARATE REPORTS

OF THE

## INSPECTORS.

---

### PROVINCIAL LUNATIC ASYLUM, TORONTO.

I visited this Institution with the Board on the 28th February, 18th, 19th and 20th May, 2nd and 3rd October, and 5th and 6th December. I also visited with my colleague, Mr. O'Neill, on the 23rd November, and alone on the 11th March, 15th October, and 10th November.

There is no department connected with this Asylum, depending upon the Medical Superintendent, which is not carried on with never-ceasing care and attention. The utmost order and cleanliness prevail within the building and without, and whatever science can do in the treatment of the patients for their recovery, and if incurable, for their comfort, is here done.

The erection of the wings to the chief Asylum having been authorized by the legislature at the last session of parliament, plans were made for them by Mr. Tully, the Asylum Architect, without loss of time, and the work will be prosecuted with vigor in 1866.

---

### UNIVERSITY BRANCH ASYLUM, TORONTO.

The University Branch is visited, generally, at the same time as the chief Asylum. Under Mr. Blair, the Steward, and Miss Blair, the Matron, it also exhibits extreme cleanliness and most attentive management.

JAMES M. FERRES,  
*Inspector.*

## PROVINCIAL LUNATIC ASYLUM, TORONTO.

I have visited this large Institution several times during the year. Little more need be stated regarding its condition and management than that the same scrupulous observance of extreme cleanliness, regularity and careful treatment which has uniformly marked its administration during the long incumbency of its present Medical Superintendent, is strictly maintained.

Whilst the most untiring devotion is bestowed to the material wants of his patients, their recreation and amusements are not less the objects of that devoted officer's paternal solicitude. Such enjoyments as conduce most to their health and pleasure, and as they can best appreciate, are liberally provided for them. The flower grounds are beautiful, the pleasure walks improved, the delicacies of the fruit and vegetable gardens cultivated with but the single object—the happiness and improvement of the afflicted ones committed to his care.

It is no wonder, then, that Dr. Workman should gain that beneficial influence over his patients which he possesses in so marvellous a degree, and which, aided by a benign Providence, has produced results hardly inferior to those recorded of the most successful institutions of the old world.

The want of accommodation for the many distressing cases for which applications are incessantly being made, has been the cause, for several years, of much pain and anxious consideration to the Medical Superintendent. This want is at length about being supplied through the liberal spirit of the Government in ordering the erection of the wings designed in the original plan to form the completion of this noble structure, and which, when finished, besides yielding accommodation to some two hundred additional patients, will afford means of classification never hitherto practicable, and place it in the front rank of the benevolent institutions of the entire continent.

---

## BRANCH ASYLUM, UNIVERSITY GROUNDS.

The opportune vacancy of this building (designed originally to form a portion of the University,) a few years ago, was the means of relieving the parent Institution at a moment of unprecedented pressure. By judicious temporary arrangements the building was made to accommodate, advantageously, between seventy and eighty patients, thereby leaving an equal number of beds available in the Provincial Asylum for the most pressing cases.

This Institution is attended principally by Dr. Benjamin Workman, Assistant Superintendent of the "Provincial," whose daily visits are performed with exemplary punctuality. The soothing and indulgent manners of their humane physician have obtained for him the reverential love of this (his especial) family of bereaved ones; his visit, therefore, is watched for daily by them with a child-like anxiety, which is usually rewarded by some smile from him, or pat on the head, or word of loving-kindness to each.

The Steward and Matron, placed in charge of the Institution at its first opening, continue still in office, winning the approval of their medical superiors, and the affections of the patients, by their judicious and humane administration.

The occupation of these premises will, of course, be abandoned when the wings about being added to the parent Asylum are completed.

At my several visits of the year, I found the whole establishment in the most perfect state of cleanliness and regularity.

T. J. O'NEILL, *Inspector.*

---

## PROVINCIAL LUNATIC ASYLUM, TORONTO.

This Asylum was visited by me on the 28th February and the 1st March, the 18th and 19th May, and the 2nd and 3rd October, in company with Mr. Inspector Ferres and Mr. Inspector O'Neill. The Institution still continues to be conducted by its Superintendent, Dr. Workman, with that zeal and skill which every one takes pleasure in attributing to him. For remarks, see General Report.

FR. ZÉP. TASSÉ, *Inspector.*



# ANNUAL REPORT

OF THE

## MEDICAL SUPERINTENDENT

OF THE

### PROVINCIAL LUNATIC ASYLUM,

TORONTO, FOR 1865.

*To the Inspectors of Asylums, &c., &c., of Canada.*

GENTLEMEN,—Once more the duty devolves upon me of presenting to your Board the Annual Report of the Provincial Lunatic Asylum at Toronto, being for the twenty-fifth year of the existence of the Institution. It has pleased Divine Providence to spare me in administration throughout the latter half of the above period, whilst of the five medical gentlemen who preceded me, four are no longer in life. It well, therefore, behoves me, in acknowledging the continued blessings of the Almighty on this valuable Public Institution, to consider how large a share of the general gratitude is due by myself; and I would humbly trust that the efforts which have been made by me, and my valuable and zealous assistants, have been graciously seconded by Divine aid, as indeed they have ever been undertaken with a submissive reliance on Him, in whose hands are the issues of life and death, and under whose immutable laws all events are guided with unerring wisdom.

The number of patients remaining in the chief Asylum and the University Branch, on the 1st January, 1865, was:

	Men.	Women.	Total.
In Chief Asylum .....	211	185	396
In University Branch .....	5	71	76
	—	—	—
Total .....	216	256	472
Admitted during 1865.....	34	62	96
	—	—	—
Total under treatment.....	250	318	568

	Men.	Women.			
Discharged .....	29	44			
Eloped.....	1	0			
Died.....	15	12	45	56	101
			—	—	—
			205	262	467

The total number of patients remaining at the end of 1865 is five less than at the end of 1864; but the average number for 1865 has been greater than for 1864, thus:

Average for 1864.....	464
Do. for 1865.....	469 $\frac{2}{5}$

These figures afford another illustration of the error of assuming the number accidentally resident on the last day of any year as the proper standard for comparison between various years.

The admissions in 1865 have fallen considerably under those of 1864, though they have exceeded the expectation expressed by me in the Annual Report for 1864. The gradual falling off in admissions, since the filling up of the Branch Asylums, is shewn by the following figures, viz.:

Admissions in 1861.....	204
“ 1862.....	177
“ 1863.....	168
“ 1864.....	136
“ 1865.....	96
	—
Total.....	781

Whenever an Asylum becomes filled to its utmost capacity, admissions can be made only as beds are vacated through discharges and deaths ; and when it is a rule of the Institution to retain all unrecovered patients for life, and as, on the general average, the proportion of recoveries to admissions falls under 50 per cent , it is manifest that unless death carries off annually the other 50 per cent., there must be a progressive annual decrease of vacancies. The death rate of this Asylum has not yet reached the proportions of 50 per cent. on the admissions, but it must come nearer to it every year, not by a positive increase of deaths, but decrease in admissions.

The admissions, discharges and deaths for the last five years have been as follows :

	Admissions.	Discharges.	Deaths.
1861 .....	204	91	45
1862.....	177	78	27
1863 (including 2 clopers).....	168	87	25
1864 " 1 "	..... 136	77	35
1865 " 1 "	..... 96	74	27
	-----	-----	-----
	781	407	159

The total discharges and deaths in the above five years amount to 566. The admissions were 781 ; the difference, 215, has been provided for by the transfer of patients to the branches, and by overcrowding in the chief Asylum. The proportion of deaths to admissions, above shewn, for five years, is about 20 per cent. The proportion of discharges is over 52 per cent. on admissions ; but as a certain number of patients were taken home by their friends, unrecovered, but improved, or so far advanced towards death as to render the friends unapprehensive of danger in taking care of them, and as there is no certain rule of conduct directing the proportion of such discharges, we must put the actual proportion of regular discharges as under 50 per cent.

The average death number for the last five years has been 32 per annum. Unless we are visited by some fatal epidemic, this average will probably obtain in the next five years.

Until the proposed new wings are completed, and ready for reception of patients, our means of admission will be equal merely to the annual number of deaths, *plus* say one-half of a constantly decreasing number of admissions—that is to say, *plus* the constantly decreasing number of discharges. In other words, whilst the general population of the country will be constantly increasing, and the want of Asylum lodgment correspondingly increasing, the means of meeting this want will be constantly decreasing. The new wings will accommodate 230 or 240 patients. The University authorities are most urgent in their endeavours to have the building in the Queen's Park emptied of lunatics; so that nearly one-third of the beds in the new wing will be wanted for the patients of the branch Asylum. The remaining 150 or 160 new beds will not be sufficient for the accumulated number of applicants, who will have been unable in the next three years to obtain admission to the chief Asylum; and, still worse, a very large proportion of these unsuccessful applicants—indeed I might say almost the whole of them—will be found incurable; for I think the figures given in my last yearly report, shewing the proportion of recoveries in insanity, after the disease has existed for nine months, or a year, are abundantly convincing on this head.

Should the new Asylum at Kingston soon be ready for occupation, it will, of course, within its own assigned limits, afford relief. I am, however, very much mistaken in my belief if on its opening it will not be found that the number of claimants for lodgment, in the eastern portion of the province, will be much larger than has hitherto been manifested. I think it may be taken as a reliable fact, that the number of cases of lunacy sent into any Asylum depends more on proximity to the institution, and facility of transmission, than on the actual amount of insanity in the several counties.

With the view of illustrating this statement I have prepared the following table, shewing the number of lunatics sent to this Asylum from the various cities and counties of the Province in the last 12½ years, and their respective populations according to the last census; also their respective distances from Toronto, and

the rate per cent. of the number of lunatics sent in, on their respective populations :—

WESTERN COUNTIES AND CITIES,  
*Including Simcoe and York, and Toronto City.*

CITIES.	Population by Census, 1861.	Distance from Toronto.	No. of Lunatics Admitted.	Proportion on Population.
Toronto .....	44821	Nil .....	282	.631
Hamilton .....	19096	39	95	.497
London .....	11555	120	23	Separated in 1861.
<b>COUNTIES.</b>				
Brant .....	30838	35	36	.118
Bruce .....	27449	120	7	.025
Elgin .....	32050	150	38	Separated in 1861.
Essex .....	25211	250	16	Do.
Grey .....	37750	150	23	.061
Haldimand .....	23708	140	18	.076
Halton .....	44970	40	46	.102
Huron .....	51954	140	50	.096
Kent .....	31183	190	26	Separated in 1861.
Lambton .....	24916	170	25	Do.
Lincoln .....	27625	60	52	.188
Middlesex .....	48736	120	37	Separated in 1861.
Norfolk .....	28590	110	19	Do.
Oxford .....	46226	88	23	Do.
Peel .....	27240	25	58	.213
Perth.....	38083	88	43	.113
Simcoe .....	44720	63	49	.117
Waterloo.....	38750	62	31	.080
Welland .....	24988	100	34	.136
Wellington .....	49200	48	89	.180
Wentworth.....	31832	40	53	.166
York.....	59674	say 20	111	.186
Algoma District.....	4916	250	1	1st patient in '64.
			1285	

## EASTERN COUNTIES.

COUNTIES.	Population by Census, 1861.	Distance from Toronto.	No. of Lunatics Admitted.	Proportion on Population.
Carlton .....	29620	275	25	.084
Dundas .....	18777	240	7	.037
Durham .....	39115	60	72	.184
Frontenac .....	27347	160	18	.065
Glengarry.....	21187	265	18	.085
Grenville .....	24191	220	13	.050
Hastings.....	44970	112	37	.082
Lanark .....	31639	250	23	.072
Lennox and Addington...	28002	160	16	.057
Leeds .....	35700	207	24	.067
Northumberland .....	40592	70	71	.175
Ontario .....	41604	26	49	.117
Peterboro'.....	24651	90	39	.117
Prescott.....	15499	325	12	.077
Prince Edward.....	20869	115	19	.091
Renfrew .....	20325	300	6	.029
Russell .....	6824	290	1	.015
Stormont .....	18129	265	27	.149
Victoria .....	23039	106	11	.047
Ottawa City.....	14669	275	16	.180
Kingston " .....	13743	160	39	.284
Total East'n Counties, &c. ....			543	
" West'n Counties, &c. ....			1285	
			1828	

The very high figure exhibited in the preceding tables by the City of Toronto, indicates either a very large amount of insanity in the population, or a very undue share of the benefits of this institution. I apprehend both facts obtain; and both are very difficult to deal with.

It may be alleged, as I frequently have heard it alleged, that very many lunatics sent in by the city have not been regular residents. This is not the fact; for of the 282 mentioned, only 17 were not permanent residents. It appears to me indisputable that the undue proportion of Toronto admissions is ascribable to its close proximity to the Asylum.

The next highest rate is that of the city of Hamilton, which, compared with Kingston, is very high.

The four cities now in connection with this Asylum stand thus :

Toronto .....	631	in every	100,000.
Hamilton.....	497	“	“
Kingston .....	284	“	“
Ottawa.....	180	“	“

Ottawa city, 180 to 100,000, is lower than the rate of the western counties, Peel, Lincoln or York. I can see no reason why Ottawa should furnish a lower proportion of insanity than Toronto or Hamilton.

Fourteen eastern counties, from Hastings, inclusive, with the cities of Kingston and Ottawa added, have sent in 301 lunatics, out of an aggregate population of 376,401. The fair proportional number in the total 1,828 patients would have been 493.

If we take the city of Toronto quota as a standard from which to compute the whole insanity of the province, the entire number thus obtained would be 8,784 ; and if the entire province in the last 12½ years had sent in this number, the city of Toronto would have had no unjust share of Asylum benefits ; but as the entire number of lunatics sent to this Asylum, in the above period, has been only 1,828, it is manifest that this city has been unduly represented in the Asylum. Its fair proportional number would have been 59.

If we take the eight counties nearest to Toronto, viz., York, Peel, Ontario, Durham, Halton, Wentworth, Wellington and Simcoe, with an aggregate population of 338,555, in comparison with the fourteen eastern counties, having an aggregate of 347,989, it is found that the former have sent in 527, against 246 from the latter.

Why should there be a less proportion of insanity in the eastern counties than in the eight lying around Toronto ? If there has not been a less proportion, it must be clear that during the last 12½ years above 300 lunatics in the eastern counties have not secured Asylum lodgment. This number, however, is below the mark ; for in the eight counties around Toronto, I am aware there are many lunatics, chiefly chronic cases, who have failed to obtain admission here.

It must, then, be obvious that the new Asylum at Kingston will find abundant claimants for beds, between the Trent and the Ottawa.

The average admissions here, for the last 12½ years, from the city of Toronto, have been about 23 per annum.

The average of deaths has been nearly 32 annually. If our admissions continue, as I think they must, to fall off annually, our discharges also will be reduced. Suppose the average discharges for the next three years to be 40 per year, we should then have, from deaths and discharges, 72 vacancies per year, of which the city of Toronto will require, or at all events will demand (and not always very courteously), one-third. The people of Toronto appear to regard this Asylum as intended mainly for their benefit, and *secondarily* for that of the rest of the province. If a Toronto lunatic is not admitted the moment the application, or rather the demand, is made, something more than mere astonishment is manifested; and it is a fruitless work to endeavour to shew the applicant that patients cannot be admitted when vacancies for them do not exist, or that lunatics who have been waiting for admission for months, in distant parts, and often in the county gaols, should have prior consideration.

At the commencement of 1865 there were resident in the chief Asylum and the University Branch, 87 lunatics sent in by the city, and in the Malden and Orillia Asylums 29 more, making in all 116 persons, supported, nearly all, at the cost of the province. This number includes the patients admitted prior to July, 1853, some of whom have been Asylum residents over 20 years.

It is very doubtful if the citizens of Toronto entertain any adequate conception of the extent of benefit derived by them from the presence of the Asylum. It would be cruel to expect from them gratitude; for as that word, in reference to national benefactions, means a pleasing anticipation of future advantages, and these are unlikely to be so large as heretofore, it would be foolish to suppose that they will fall into any such indiscretion. Some of the more refined residents of the west end have complained of the Branch Asylum, in the University grounds, as a nuisance which Government ought to remove immediately. I wish, for my part, it was removed, or could be removed. If the city would assume the support of the 87 chronic cases belonging to Toronto, lodged in the chief Asylum and the branch, we might dispense at



once with the University building. It is not probable that the city will feel disposed to undertake this charge.

It is my belief, not based on very defective data, nor arrived at before mature consideration, that the extent of provision required for all the insane in Upper Canada is very large, and I am very doubtful if any increase of this provision, likely to be conceded by our government or legislature, will ever approximate the requirement. The number of lunatics at present provided *with Asylum lodgment is now nearly three times as great as it was eleven years ago, and yet I doubt if the number not in asylums is any less than it was then.*

The future provision for the insane in Western Canada is a question demanding serious and discreet consideration. Any one who believes that the whole problem finds solution in the erection of a new asylum, or the enlargement of an existing one, will in a very short time discover his error. I believe that were a new asylum provided for each of the old districts of Upper Canada—the Eastern, Midland, Prince Edward, Newcastle, Home, Gore, Wellington, London and Western—it would be found, in ten years after opening, that they would be all full. Suppose each of these nine asylums to contain 400 patients, which is a high number, the total would be only 3,600 patients; and supposing that in the next 12½ years the population of the province will increase as much as in the past 12½, and that the general incidence of insanity shall be equal only to one-half that of the city of Toronto, there would be in this period about 8,000 claimants for asylum lodgment, or 666 annually—or 74 for each of the nine asylums. For a few years, should all the asylums start simultaneously, and immediately, instant admission of all applicants could be awarded; but every year there would be left on hands a certain proportion of those admitted. Before twenty years further action would be called for; and if the present system of fiscal provision be continued, the provincial chest must again be drawn upon, until at length the amount required for annual maintenance and for new erections, would be so formidable as to awaken the inquisitive faculties of even the most benevolent Minister of Finance, slumbering over a plethoric public chest.

It was, no doubt, very right, at the initiation of a system of

provision for the treatment and care of the insane, that the government should assume the general charge, both of pecuniary support and administrative direction. By no other course, at that time, could the desired object have been so well attained as it has been ; but the introduction of a humane and efficient system having now been secured, and the extent of the future requisite provision for the insane being far greater than was primarily supposed, a reconsideration of the general subject seems hardly to be procrastinated.

It is a thoroughly established fact that lunatic asylums, in which patients, who do not recover are retained for life, very soon become ineffective, and the support of their inmates becomes a serious source of public expense, whilst the amount of benefit rendered by them to the country in the cure of insanity, which, though not the only, certainly is the paramount object of their establishment, is much less than it might or should be.

In some, if not nearly all the States of the neighbouring Union, this evil has been avoided, but by means of a most heartless and barbarous system, based on a total ignorance of the claims of mental affliction on national philanthropy. After a definite period of treatment in a well-ordered asylum, all patients who do not recover are discharged, in order to make way for new cases. This measure is a wise one, but as it has not been associated with any provision for the subsequent care of those thus discharged, and they are thrown back on municipal charity, the result has been that, in a country eminent for its superior civilization and distinguished for its advanced intellectual culture, an extent of human suffering and degradation, unparalleled perhaps in any other country calling itself *Christian*, has been found connected with the existence of these most unfortunate outcasts from human sympathy. The Report of the Commission of Enquiry, instituted recently by the Legislature of New York, for the purpose of discovering the condition of the insane non-resident in lunatic asylums, furnishes the most overwhelming and painful, if not disgusting evidence on this subject. After perusing this report, it is impossible not to feel at once grateful to God and gratified with our own condition in Canada, where, even when our Asylum had become almost inoperative from the presence of

the multitude of incurables, it was never dreamed of that they should be cast upon the tender mercies of the municipal corporations, whose ideas of provision for the destitute have yet in but a few instances risen above commitment to the county gaols.

Our Government then introduced the system of Branch Asylums for incurables, which, though perhaps not the best possible, was nevertheless a step in the right direction; and it must be in a form analogous to this that our future provision shall be made. The insane can never be comfortably and satisfactorily governed and provided for under any other regimen than that which obtains in all well-ordered and efficient *curative* institutions; and this regimen, I feel convinced, cannot be perpetuated in full integrity in establishments organized and conducted on almshouse principles. Affiliation with the parent institutions, from which the patients have been sent, should never be broken up. The same system of domestic management, the same system of mild and judicious though firm control, the same generous bodily support, the same general and strict cleanliness, and the same personal comfort in clothing, by night and day, should be perpetuated.

Is it possible to secure all this at a less expense, and to provide for a larger number, than under our present system?

It appears to me that *three Curative Asylums*, for the treatment of recent cases of insanity, are, in the first place, indispensable. Two already exist, one at Toronto, and the second at Kingston, both of which are capable of becoming first-class establishments of this sort. A third might be erected at London, as the most central and convenient point for the western counties, and a locality in every way well suited to such an institution.

These three Curative Asylums should be appropriated to the reception and treatment of recent acute cases, and, secondly, of those chronic cases of a dangerous and violent character, which, though not likely to be cured, may nevertheless be improved by the discipline of a curative asylum, and brought into such a condition of quietude and subordination as to fit them for residence in a less expensive institution. Indeed, it is my impression that, if possible, every case of insanity requiring asylum lodgment should be sent for a certain term to a curative institution, as the

training there received by lunatics could hardly be imparted elsewhere, and it would be most undesirable that the tranquillity of secondary establishments should be disturbed by undisciplined and turbulent inmates. Disregard of this consideration would, very probably, rapidly destroy the comfort, and impair the discipline of such institutions ; and thus lead to their abandonment as philanthropic failures.

The next consideration is as to the establishment and mode of support of these secondary residences of the insane. The constantly accumulating burthen of supporting for life all the insane can hardly, I apprehend, be contemplated by any government. Lunatics have no distinctive claim on national philanthropy. Free support in our asylums has been conceded to them, not because of their insanity, but because of their destitution. The law obliges all to pay for their support, who are able to do so. The national aid, then, is granted to poverty, not to lunacy *per se*. The *destitute* blind, deaf and dumb, and idiotic, have similar claims, and in all Christian countries their claims are recognised ; but under no government of free popular institutions is the support of the poor, or of any particular classes of them, defrayed from the national revenue. Under absolute monarchies, where the people have not been invested with the privilege of self-government and the control of their own local affairs, it is clearly the duty of the sovereign to do that which he withholds from his subjects the means of doing.

In Canada we require no such paternal alimentation. We are at liberty to support the poor as we may deem most proper. Our government and legislature will have done their part, when they have made such statutory provisions as will render it imperative on us to discharge this duty. All that can further be required will be the carrying out of a judicious system of governmental supervision.

The greatest benefit which can be conferred on the insane is their restoration to reason ; and this is also the greatest benefit that can be conferred on their friends and the community. Every measure of legislation purporting to be for the relief of the insane should have this primary reference. If ten insane persons can be cured at the same expense as one uncured insane person can

be supported for life, it is very clear that the public interests are best consulted by so administering our insane hospitals as to render them most efficient in the *cure* of insanity. Under our present system the very contrary of this result is secured. New cases of insanity either cannot be admitted whilst they are new, and therefore largely curable, or they are, from various erroneous motives, detained at home until they have become chronic, and consequently very largely, or almost entirely, incurable. They are denied early admission, because we have no room for them ; and we have no room for them because *three-fourths or seven-eighths of our beds are held for life by persons who cannot recover*. Is it not, then, manifest that the *retention of these incurables is the cause of this evil*, and that it would be removed, or very materially obviated, by the institution of some system, which, while it would secure to these adequate protection and comfort for the residue of life, would, by the consequent prompt admission of all recent cases, prevent, as far as possible, the increase of incurables ?

We have initiated the system of Branch Asylums, and in so doing I think our government has led the way towards a vast improvement in the condition of the *entire body* of the insane. Our system has since been initiated in England, and even our neighbours in the State of New York have not felt ashamed of receiving instruction on this head from us.

I do not say that I would advocate the system of Secondary Asylums for the residence of incurables, were it capable of demonstration that either in Canada, or in any other country, there ever has been, or will be, provided a sufficient extent of accommodation in primary Asylums. The State of Massachusetts probably occupies a higher position than any other community, not only in its provision for the insane, but for every other class of the destitute and afflicted. The population of the state in 1860 was only 1,221,464, or 147,630 less than that of Upper Canada. The aggregate expenditure of Massachusetts, in support of its public charities and reforms, is now half a million dollars annually. In the charities are included the three state Lunatic Asylums of Worcester, Taunton, and Northampton. Besides these institutions for the insane, there are the celebrated McLean Asylum at Somerville, and the City Asylum, in South Boston. Notwith-

standing this apparently large provision, recent enquiries into the condition of the insane generally throughout the state, shew that a very large number of lunatics are not lodged in asylums ; and the very important fact is brought to light, that the excluded are chiefly native Americans, whilst the asylum inmates are very largely foreigners. The same fact also obtains there, as in Canada, in relation to the larger proportion of patients sent in by contiguous than by distant localities. May not the low proportionate rates of insanity, shewn in my last report to have obtained, as furnished by our asylum figures, among native Canadians, be to some extent accounted for by a similar preponderance of foreigners in our Asylum. Those who *have* no home, and no friends, are most likely to be sent promptly to the Asylum, whilst it is well known that very many lunatics who have a home, or have friends, are detained there, too often with the sad result of incurability, from the withholding of efficient treatment when alone it might have been successful.

The longer and more thoroughly we investigate the subject of insanity and its wants, the greater will be found the number of its victims, and the larger the amount of required relief. I believe that our present system of providing that relief is based on an erroneous principle, and that so long as it continues so, the condition of the insane at large will continue as it is—deplorable ; and that it will gradually become worse.

*The great want seems to me to be the institution of a comprehensive and humane system of providing for the chronic and incurable.* This is now most inadequately attempted by their retention in our primary asylums, with the collateral aid, since 1856, of the three branch asylums. All are now full ; and the demand for further accommodation, instead of decreasing, is constantly augmenting. Multiplication of branch asylums, such as those hitherto established, is by no means desirable ; but even were the case otherwise, it is very doubtful if any government we may ever have in Canada, would feel disposed to augment the charge upon the provincial revenue for the support of the insane to the figure requisite ; and if it should retain the purpose of continuing in this responsibility, it is a fact requiring no demonstration, that the fiscal concessions would always lag many years behind the actual

requirements ; and would hardly ever be made until the evil resulting from its procrastination had assumed a magnitude and intensity no longer to be ignored.

If the provincial exchequer make provision for the primary treatment of insanity in curative hospitals, and afford to every case requiring asylum benefit the privilege of residence for a definite period—say two years—it appears to me it would have done all that should be expected from it. After this period, the support of the unrecovered should be devolved on the respective municipalities ; but the measure of support, and the mode of administering it, should not at all be left at the option of these corporations. Should this error be committed, we should, in a few years, find the condition of the incurable insane in Canada as disgraceful, and as indicative of public barbarity, as it has been shewn to be in the State of New York.

A system of unions of counties, under which a Secondary Asylum would be established for about every 250,000 inhabitants, would give us, in all, to commence with, six such Asylums, which might be, as concerned the respective districts, central or not so. It would, perhaps, be better to place them excentrally, so that when, from further requirement, additional buildings would be called for, the second would be central for one-half the district, and the first for the other half.

The ten eastern counties, Prescott, Glengarry, Stormont, Russell, Carleton, Dundas, Lanark, Renfrew, Grenville and Leeds, with Ottawa City added, have an aggregate population of 236,560. These ten counties are surely able, and no doubt would be willing to provide one of the proposed Secondary Asylums. Three very suitable localities, Cornwall, Ottawa, and Brockville or Prescott, each with railway facilities, present themselves.

The counties of Frontenac, Lennox and Addington, Hastings, Prince Edward, Northumberland, Durham, Peterboro' and Victoria, with the city of Kingston added, have an aggregate population of 262,328.

Napanee, Belleville, Cobourg and Peterboro', present to us excellent locations for this district.

The counties of Ontario, York, Simcoe, Peel and Halton, with the city of Toronto, have 263,029 inhabitants.

No doubt there would be several competing localities for the site of the Secondary Asylum for this district. The city of Toronto, having now a dislike for such establishments, would, of course, decline the honor.

The counties of Lincoln, Welland, Haldimand, Brant, Wentworth and Norfolk, with the city of Hamilton, have 186,177 inhabitants.

Wellington, Waterloo, Perth, Huron, Bruce and Grey, have 243,186.

Oxford, Middlesex, Elgin, Kent, Lambton and Essex, with the city of London, have 219,877.

It would be easy to name numerous suitable localities in the latter three districts; but they will be obvious to all persons acquainted with the country. The selection of a site for an Insane Asylum should never be in the hands of interested parties; consequently it should not be in those of the municipalities. All localities are sworn to be healthy by every one who has land for sale in them. Each Secondary Asylum should have a farm of not less than 100 acres—200 if possible. There should be an easily available and large supply of water; and the distance from some thriving town, affording supplies advantageously, should not be over three miles, nor under one.

Six Secondary Asylums, each built for 200 inmates, but capable of extension to 400, would be capable of accommodating those chronic cases which at present paralyze our Primary Asylums; and to each should be sent all the cases belonging to its own division. The several counties would be called on to pay for their own patients at such weekly rate as might be found sufficient. The staff of administration would not require to be numerous or expensive, nor would buildings of a costly nature be called for. The success of the system would depend mainly on judicious primary organization; and once it had made good start, it would not, under a careful governmental supervision, be found to retrograde. I cannot, however, withhold expression of my conviction, that the appointment of the heads of these institutions should be held by the government, and never entrusted to elective corporations; and every subordinate appointment should be in the hands of the respective heads. On no other plan could efficiency, perfect



subordination, and general harmony be secured. This opinion is not offered without the light afforded by long experience in my own sphere, and careful observation of those of other parties, in which the domestic government is not so wisely provided for as that of the Toronto Asylum.

I have thus hastily ventured to sketch out, and offer to your Board, a plan for the future management of the insane of Western Canada, not merely anticipating, but earnestly desiring, that it may be criticised ; but in the same spirit in which it is presented, and with the same anxious desire to promote the interests and comfort of the insane and their much to be pitied relatives. I do not believe that the project is unnecessarily large ; neither do I fear that it exceeds the measure of our provincial philanthropy. Whether this plan may ever command approval, it is not for me to forecast ; much less should I flatter myself with the hope that it may be carried out in my day. One thing, however, is certain ; there is in Upper Canada a very large amount of distress suffered by the unprovided-for insane, and this distress will not decrease because we may not choose to adopt adequate measures for its relief. The difficulty will be one of permanence, and whether my views be accepted or not, action will some day have to be taken in the same direction.

Having, I would trust not censurably, departed from the usual tenor of an Annual Report, by offering my views on the important question of enlarged provision for the insane—a question which I am well aware has engaged, and must continue to engage much serious consideration on the part of your Board—I would next venture to say a few words on another, invested with no less difficulty of solution, and hardly less general importance,—I mean the causes of insanity.

The result of much reading and careful thinking on this subject, aided by prolonged, and, I would trust, patient and impartial observation, has been to draw me to the belief that important errors have long prevailed on this deeply interesting question ; and I have been forced to the conclusion that the large masses of statistical records which have, in almost all insane asylums, been collected and recorded with a view of eliciting the truth, have but removed it farther and farther from light. Under this con-

viction I have, from time to time as occasion offered, endeavoured to draw public attention to the fallacies and incongruities of tables of causes, as they are presented in asylum reports, so that it cannot now be necessary to say much on this head. In former reports I have shewn that certain causes, supposed to be powerfully operative, and especially those of a *mental form*, have not much, or probably very little, to do with the production of insanity. Among the most prominent of the latter form is *Religion*; and first in general estimation among the physical supposed causes has been *Intemperance*.

It is of course understood that all I may here say is based merely on my own limited sphere of observation; but though limited, it has been a sphere of *facts*, and it has certainly been more extensive than that of a multitude of persons whom I have heard speak very dogmatically on the subject under consideration.

The figures furnished in my report for 1864, derived from a surface of 24 years, shewed very clearly that as to religion, it is either inoperative as a factor of insanity; or, if operative, its action has been least where it was always believed to be greatest, and greatest where believed to be least. The facts then given to light have been received, as might have been expected, with high gratification by one section of the community, and with mortification by others. With these feelings I have nothing to do. It was my duty to state the truth, and in whichever direction this might wound or gratify, it would have been told.

Religion, or peculiarities of religious belief, I think, have nothing to do in the causation of insanity. I would not, however, assert the converse, that insanity never has anything to do with the determination of religious peculiarities. I question if even the most tumultuous excitement of what are designated religious revivals ever suffices to upset the mind of a person in whom there is no prior taint of this malady. In other words, it may be concomitant to the development of insanity, as any other of the so-called mental causes, and even some of the physical causes, may be, and coincidences may be mistaken for consequence; but it is a matter almost beyond uncertainty that insanity, apparently evoked by religion, would not long remain undeveloped by some

other disturbing agency. It does not follow that it is not imprudent for any one thus predisposed to the disease, to expose himself to the disturbing agencies; but such persons are the very last either to seek advice or to follow it.

The same observation holds true, perhaps to a larger extent than is by many supposed, as to intemperance. It is impossible to imagine any more likely agency for the production of insanity than this; and yet, notwithstanding the shocking extent of the habit, its efficiency, in this country, in the production of insanity, is far below the extent which many have ascribed to it. For the last three years it has not exceeded ten per cent. in the *assigned* causes; and a careful examination of all the remaining cases convinces me that this has been its maximum. Nor is it very questionable whether, in a considerable proportion of the cases in which it had been present, it was not a mere concomitant, if not in some a result, of the insanity.

There is one cause of a physical form which I fear is very widely extended, but which I almost dread to mention, which all over this continent appears to be peopling our asylums with a loathsome, abject, and hopeless multitude of inmates. Its victims are not intemperate; nay, indeed, not unfrequently very temperate as to indulgence in alcoholic beverages—these are very modest, very shy, very (dare I say it?) pious—as such at least they often are sent here with sufficient credentials—very studious, very nervous, very everything save what they really are.

Would that one-tenth of all the zeal and intelligence and stirring eloquence, which has been expended on other not unimportant reforms, could be enlisted in the exposition and amelioration of this enshrouded moral pestilence! But who will venture on such a work? The subject is one which cannot even be named, without the painful conviction of offending social delicacy. If one could feel assured that what is written here, only with the sincere desire of benefitting society, and saving from ruin a multitude of fellow-beings, would be read only by those whom it concerns, or by those by whose co-operative exertions the evil might be prevented or mitigated, not only might it be treated of more explicitly and with better hopes, but also with exemption from that apprehension of unjust criticism, which our knowledge of the world and of certain classes of readers leads us to anticipate.

But the requirement for plain speaking on this subject has now become a matter of imperative duty, and however great may be the reluctance with which the subject is introduced into this report, it would be very wrong, under any apprehension of offending the fastidious, or the erroneously delicate, to evade the discharge of the duty.

In obeying this conviction, I am indeed not unfortified by the suffrage of many intelligent and benevolent persons, with whom I have conversed, or corresponded, on the subject. The entire body of the medical profession are anxious that public attention should be aroused to a recognition of the evil; very many of the ministers of religion are no less desirous of this result; and very recently a most earnest request was made to me by a high dignitary of one of our churches, that I would proclaim the evil, and "deal with it unsparingly."

I have several times, in my Quarterly Reports to your Board, and very frequently in oral communication, drawn attention to the extent to which the pernicious habit now under consideration obtains in the incurable class of patients in this Asylum; and I have expressed the belief that this complication of insanity, so long as it continues unsuppressed, renders nugatory all hope of recovery; and also that once the habit has been persisted in until it culminates in insanity, we are then almost powerless to contend with it; for, deprived of that co-operation on the part of the patient, which cannot be secured unless by appeal to his own moral power of self-control, and which, of course, is not to be expected when insanity has obliterated this power, we have no means at command other than those of mechanical restraint, aided, to what extent I pretend not to decide, by some topical remedies which have (as what remedies have not had?) the honor of being recommended by respectable authorities.

It is not, however, my purpose or province here to discuss measures of treatment; nor do I think it would subserve the end in view to parade the catalogue of expedients with which the habit is to be combatted; rather is it the part of stern duty and of candor to proclaim the great fact, that it is, in the vast majority of cases falling under our observation in asylums, ineradicable; and the necessary collateral of this fact is that half our beds in one division of the house, and a certain number in the other, are

occupied by this class of patients, sadly to the detriment of more worthy and promising cases thus denied their occupancy.

Your Board are aware that I have expressed the opinion, in which you have not differed, that applications for this class of patients should not have precedence of others, for admission of persons free from the habit. It is my belief that the general promulgation of the fact that such persons shall not have equal facility of entrance here as those of a different character, and that whilst they may be allowed to remain in our gaols, if committed to them, whilst lunatics who are heads of families, and whose restoration to reason not only is infinitely more probable, but also more important, will be taken in preference, would have a salutary effect. It would awaken the public mind to the knowledge of the extensive prevalence of the evil, and of its fearful consequences; and it would arouse the attention of parents and guardians, and lead them to enquiry as to the means of preventing the contraction of the habit. In hardly any instance is it found that parents have any suspicion of its existence, when they place the victims in the asylum; indeed very many of them appear to be totally ignorant of the very existence of such a habit; and nothing can be more painful and embarrassing to an asylum physician than correspondence by letter with such persons, when the conviction is established on our minds that the insanity of their beloved one is associated with the destructive habit, and that in all probability it has been produced by it. They press us for a full and free declaration of opinion, and our views of the case; not unfrequently, indeed, they go further, and ask what we think has been the cause of the malady. If we pronounce an unfavorable opinion, and from the motive of delicacy avoid assigning our reason for this adverse view, they deem us rash, or stupid, or, perhaps, ill-tempered. They reiterate their inquiries, and we reply, perhaps, in ambiguous terms, clear enough however to intimate the fact, if they have already suspected it. Should they understand us, then of course they hold that it is our province to remove the evil; and should we confess the difficulty involved in this requirement, they conclude that we are unfit for our position; for they have, perhaps very recently, learned that there are numerous professors of medicine who proclaim their competency completely to cure all such troubles. So indeed there are, and

very large sums of money are made by these quacks. I have had letters of consultation, not a few, and, of course, all confidential, asking for advice, from parties who, in giving the medical history of their cases, have sometimes enumerated their payments to advertising and other impostors. No wonder these vagabonds become rich, while the members of the regular profession remain poor. The extent of their levies from public credulity, and especially from the class of persons now treated of, is beyond belief. I remember one instance of some interest. A father to whom I communicated my conviction as to the case of a favorite son, came to the Asylum, and, in disregard of all remonstrance, removed the young man, to take him to one who "*could cure him.*" The result was as I anticipated. In a short time the son was again an inmate of the county gaol, and after lying there a few weeks he came back to the Asylum, and is at present an inmate of one of the branch asylums.

I have never found that any of those quacks, who pretend to cure such cases as I refer to, have said a word on the subject of moral self-control. All they care for is their fee, and this must always be paid in advance. In all my communications to consulting correspondents, and even to the insane under care here, I have invariably declared their fate is in their own hands; and I have deprecated, rather than encouraged, any reliance in drugs. I believe that an ignorant faith in the latter is not unfrequently associated with a total disregard and neglect of the only true means of cure—*Moral self-control.*

The origin of this evil in young persons may be in some instances difficult to account for. From my correspondence with some of the most intelligent of the medical profession, and from other sources of information, I am led to believe it may, in numerous cases, be traced to contamination at our schools; and when I speak of our schools, I do not apply the term distinctively, for I have had statements, too authentic I fear, shewing that the higher class of schools are by no means more pure than the lowest—nay, rather the contrary. I have also received information from sources beyond all possibility of error, but in that general form which the peculiar obligations of the persons becoming possessed of the facts rendered imperative on them to adopt, establishing the fact which many years ago I stated in an annual report, that

the evil is more prevalent amongst the respectable and educated classes than among the rude and low. The same fact I believe is found in the United States and Europe.

This remarkable circumstance brings us towards the consideration of the various influences which stand causally in relation with the evil; and now we approach dangerous ground, for the expression of our views may arouse antagonism where it is most unpleasant, and often very perilous, to arouse it.

It is true that the views which I entertain on the subject are largely, indeed universally, shared by my confrères in the specialty, and by very many outside of it. They are mine only by adoption, and they have not been adopted rashly, but after long observation and much reflection.

The very frequent, indeed almost invariable observance, that the habit of secret indulgence is encountered, not in persons of rough manners and what are called coarse morals, but in those of an opposite character; not in the grossly ignorant, nor even in the profane, but in the better informed and passingly religious; not in the lovers of manly sports, and invigorating enjoyments, but in the ostensible economizers of constitutional power, and the shunners of youthful frivolities; not in those who, in language or in acts, are regarded as overstepping the limits of modesty or chastity, but among those who evince no wish to mingle with the other sex, or sometimes indeed evince an utter aversion to it; the observance of these and many other related facts has constrained me to the belief that modern society, modern training, and modern exaction, are all too severe upon youth. Their tendency seems to be towards the suppression, not the rational direction, of all youthful spontaneity. Laughing is, in the estimation of some, hardly less than a sin; and as man is the only animal endowed with this faculty, no doubt some of those who dislike it, believe that in resisting the impulse in themselves, and in scowling it out of others, they are resisting a dangerous propensity of human corruption. Yet laughing is a great thing. If a dyspeptic could only laugh, his stomach would soon be shaken into common sense. Even the laughter of fools is not always disagreeable. How much pleasanter to hear the maniac laugh, than the melancholic whine! But that first healthful laugh which we have so long labored to draw forth—that sunburst of returning reason, rejoicing

as she remounts her throne ; that echo-moving, soul-speaking laugh which greets us from one we hardly ever hoped to hear laugh again—Oh ! it is worth living for even in a mad-house. If there was more honest, hearty laughter, and less scowling at it, our asylums would not be so full. Then come the pranks and frolics, the rollicking, jumping, skipping, frisking and roaring sports of childhood.—How are they dealt with ? Ask that pale, creeping, graveyard deserter, who is on his way to school, with half a library under his arm, and half an encyclopedia in his over worked brain. Last night he worked over his lessons until he enacted “ The song of the shirt.” His dreams are of the sweets of the cane, or the scowl of the man “ severe and stern to view,” in whose “ morning face” the boding tremblers have learned to read the omens “ of the day’s disasters.” Or it may be that he recks none of these. He may be the first in his form, ever rejoicing in the smile of the master, and ever carrying off the honors of the school. He is destined for celebrity ; his dreams are rehearsals of his lessons, mingled with anticipations of distinction and glory ; but he has a poor appetite for breakfast, and can eat only some nice thing which his mamma deems best for his digestion. It is useless to follow him further. He may not become insane, for insanity is not so easily developed as many imagine ; he may not become the victim of secret evil habit, for accident may protect him from it ; he may not die of consumption, for his organization may be free from tubercular taint ; he may indeed rise to honor and wealth, and serve, as a beacon to hundreds deluded by his success. But if there is in him any hereditary tendency to insanity, or to any other form of disease, it will hardly fail to profit by the invitations given to its access ; and if it should unfortunately happen that the adjuvancy of secret evil habit is present, his destruction is inevitable. This is no imaginary picture ; it is but a rough and truthful outline of multitudinous realities.

It would be easy to extend the pencillings in many other directions ; but the work is very uninviting, and the award would probably be far from gratifying. Youth is indeed a sadly misused period of human life. Between injudicious indulgences, and overbearing exactions, we transform it into a pitiable caricature. We do our utmost to build up “ an old head on young shoulders ;” but we discover, when too late, that the shoulders have become old,



and the head is a burthen to them, and instead of being the seat of wise government over the rest of the system, it has become the court of litigation and appeal, to which they all perpetually rush in with endless details of grievances, utterly beyond its power of interpretation or adjustment. Often indeed its deliverances of judgment are most absurd and iniquitous, and only aggravate perilous evils. This is madness ; though it may not have reached that point of high development which disqualifies the man in the eye of the law from attending to his own affairs, and necessitates his confinement in an asylum, There is much of it in the world ; far more than the world supposes. Transmitted through a few generations, it gradually but certainly accumulates, and ultimately intensifies into insanity ; not, of course, hereditary ; no, that is a confession not to be looked for ; it is “*not hereditary*,” because insanity (such as this at least) was never known in the family. What then shall we call it ? The patient was in love, or has been believed to be so ; and whilst believed to be in love, he, or she, became insane ; therefore “*Love*,” “*disappointed affection*,” or some other pretty word, is set down as *the cause*. Oh, Love ! cruel Love ! But Love repudiates the impeachment, and well he may ; and could he but secure a hearing for all the witnesses in his defence, his acquittal would be triumphant. But he cannot bring his witnesses into court ; and if he could, some of them are very deaf, some cannot speak, some will not, and some who do speak tell no truth ; so that *love* must suffer. Just so, too, with religion, and with a hundred other reputed delinquents.

The skilful physician who measures the feeble, paltry, accelerated, yet lazy pulse—who feels the clammy, cool, somewhat repulsive skin—who notes the pallid countenance, the waxy features, and frequently foul breath—who tries to gain one steady, confiding, open look from his patient, and whose questions in a certain suspected direction are met with hesitation, equivocation, or affected mortification, well knows how much truth there is in the charge against Love ; and he will, in similar cases, acquit Religion.

I have in strong remembrance a case apparently chargeable to Religion. The patient, before entering here, did hardly anything but attend prayer-meetings and preachings ; he was away from

one church, and off to another, as fast as opened doors permitted him. In the climax of this fervour he was sent to the Asylum. We know how much religion had to do in causing his insanity—not more than smoke has in kindling the fire from which it proceeds.

I trust that the few remarks I have made on this very painful subject may not prove altogether unproductive of good. They might be largely extended, but it has been with the greatest reluctance that I have gone to the present extent, and in such plain terms. The public have a right, however, to know the most important facts connected with the production of a malady, the treatment and relief of which has drawn so largely on the Provincial purse; and it has appeared to me that the first step towards amelioration of the evil must be the promulgation of the fact of its existence. It remains now for those in other spheres of life—parents, guardians, teachers, ministers of religion, physicians, and all who have an opportunity of acting—to do their part in the suppression of the moral pestilence to which attention has been drawn. The intimate relation between the evil habit and insanity is well known to all asylum physicians; but the most woeful part of our knowledge is its concomitancy with incurability. I would not, however, rashly commit myself to the declaration of its *purely or invariably causal* relation to insanity. Nothing can be more difficult than the discrimination, in insanity, between *cause* and *concomitance*. But in whichever relation it may stand, it is supremely formidable.

I would now draw attention to a cause, or apparently productive source of insanity, of a very different character. Intimate acquaintance with the disease, on a large scale, can hardly fail to draw us constantly towards the conclusion *that it seldom springs from any other than physical causes*. The detection of the physical impairment on which it rests is sometimes very difficult—not unfrequently, indeed, impossible.

Restoration of the insane mind to reason, without the restoration of the impaired bodily health, which has been associated with it, is certainly among the rarest of human events. So long as the bodily condition remains unhealed, so long does the mind continue unsound. Our hopes of mental improvement begin with the bodily improvement of our patients. No medicinal or other

remedy which we employ produces any curative result, unless in so far as it is accompanied by improved functional action; and in the recovery of the insane, as indeed in all other recoveries, we see that the re-establishment of structural healthy nutrition is a never-failing concomitant. Increase of volume and augmentation of power in the muscular tissue is a most promising symptom, and the contrary is almost always unfavorable. We are in the practice of persuading our recovering patients to test their improvement, from time to time, on our weighing scales. We tell them that increase of weight is a sure proof of recovery, and that this increase can not be effected unless they will eat freely. Some of them are very attentive to this advice, as they believe the faster they gain in flesh, the sooner they will get home. In truth, the best part of the secret of success in the treatment of insanity, is found in good beef and a due supply of other nutritious substances.

It is my belief that no small proportion of the cases of insanity occurring in the rural districts might be traced to defective alimentation, and mainly to a deficient supply of fresh animal food. When one sees a number of patients of this class come in, low in flesh, thin of blood, and greatly reduced in vital power, but at the same time indomitably restless, mischievous, clamorous and violent, and continuing thus as long as the bodily condition continues unimproved, but changing for the better *pari passu* with the bodily improvement, and going on to complete restoration, with complete regainment of sound health, the conclusion seems inevitable, that it was depressed physical power which caused the mental alienation.

It is, however, in the class of cases which are designated recurrent, that we have the best demonstration of the preceding fact. Some of these, in the course of a few years, pass under our care several times. They always return to us lean and feeble, as compared with what they were on last leaving the Asylum. They improve just as they regain flesh and muscular strength, and once again they are taken home; but there is not fresh beef at home for dinner every day; perhaps, indeed, they do not taste it for weeks together. They eat, if they can get it, salt pork and potatoes; they drink strong painted-green tea, without milk in winter time, to every meal; they smoke much, drink some whiskey, and

what more they do back in the gloomy woods it is very hard to say, unless it be to drink more tea and smoke more tobacco ; for the monotony of Canadian bush-life, and how the mind outlives it, are mysteries which I confess I cannot penetrate. Is it to be doubted that defective alimentation is the chief cause of the insanity of these people ? No doubt, too, in our townspeople the same cause is largely operative ; and if in either we would seek to lessen the extent of insanity, our first attention should be directed to their physical improvement. No amount of religious exhortation or of moral preception will draw the ignorant away from danger, so long as they continue to live in filth, and disregard the inflexible laws of Providence. We must teach mankind the value of comfort, before they will go to any trouble in procuring it ; but those who have found comfort in dirt, and contentment in beggary, and have never been taught to rely upon their own efforts, but to call upon Providence to do everything for them, or, this appeal failing, to turn about and accuse the fates, or government, or the weather, or any other corporate body, as the cause of all their grievances, are not easily converted to cleanliness, sobriety, or social decency ; and to lecture these people on the laws of hygiene would be about as hopeful as to discourse to them on the conic sections. Yet we do know that even in lunatic asylums, and even whilst they are yet insane, these people can be taught cleanliness, and, under kind management, they can be induced to work well and to love comfort.

I have frequently drawn attention to the extensive prevalence in the insane, or at least in the incurable insane, of pulmonary consumption. I believe that in every asylum where *post mortem* examinations are sufficiently attended to, this disease will be discovered to be by far the largest factor of mortality ; and I have pointed out the important fact, that in the insane the disease seldom assumes the manifest form, but runs its entire course without any of the ordinary symptoms observed in cases among the sane.

In 1865, 10 deaths out of 27 which occurred have been from pulmonary consumption, and seven of the ten were of the latent form. This is a smaller proportion of the latent form than usual. The affinity between organic lung disease and insanity is a subject of deep interest, and should command more attention than it has yet received, I alluded last year to the numerical coincidence

shewn in our death-table, between general paresis in men, and phthisis pulmonalis in women. I did not suggest that these two diseases were, in the sexes, compensative death factors ; but I noted their coincidence. It is hardly possible to watch a case of general paresis through all its physical stages, and to note the *post mortem* results, and to see any resemblance between it and pulmonary phthisis. There is, however, in the latter, especially in the manifest form, and among the sane, or the so-reputed, a mental symptom, if not also one physical symptom, shewing a strange resemblance to the insanity of general paresis. Consumptive patients never, or very rarely, realize the proximity of death ; many of them are sanguine of recovery, long after all their friends have relinquished all hopes of it. They indulge in plans of future action, and sometimes in bold projects, which are sadly out of relation with their wasted frames and their exhausted bodily powers. Often the appetite remains good, even keen. Here we have two of the most prominent symptoms of general paresis, the one mental, the other physical. Is not the condition of the brain the determining agency of both ? We may be told, that in consumption the appetite is keen, because nature requires free alimentation. This is arguing from *final causes*, rather than from fact. In many other diseases of general waste, nature also requires much alimentation, but the stomach does not call for it, and even when it is given, it can not be appropriated. The *General Paretic* eats more than nature requires. He grows fat and ruddy, and perhaps becomes thereby more disposed to those dangerous apoplectiform seizures, which accompany, and often terminate, the disease.

Lung disease, in asylums, is found a frequent concomitant of insanity ; the mental disease must be more closely connected with the state of the brain than with that of the lungs. We may safely assert this without laying ourselves open to the charge of materialistic leaning ; but even should this charge be advanced, it would be for those preferring it to prove that our position is erroneous. If the condition of the brain stands in close alliance with the condition of the mind, and if the condition of the blood affects the condition of every part of the system, and in disease of the lungs, which are the chief purifiers of the blood, the brain must suffer from diseased alimentation, have we not a rational

explanation of the apparent anomalous similarity between insanity and some of the mental phenomena of pulmonary consumption? The question appears to me to be one deserving of consideration. I put it, more with the desire of bringing the subject under the consideration of the medical profession, and thereby of subjecting it to abler scrutiny than I can pretend to bestow upon it, than with any wish to establish any particular theory; for in reality I have no theory on the subject. I have merely had the spirit of enquiry aroused, by contemplation of a certain catenation, or conjectured catenation, of facts; and I would trust that some clearer and abler heads may follow up the subject.

I trust it is unnecessary in this report to detail the various domestic operations of this institution. Your Board, both in the regular quarterly meetings, which generally extend over several days, and in the inter-current visitations by individual members, have had ample opportunity of observing the whole working of the institution; and it is no less just to you than to myself, to say that your examination of every department has been thorough. I think you are cognizant of the fact that industry is our rule, and that our patients perform as much labor as is compatible with their bodily condition. I abstain, therefore, from exhibiting to the public in these pages those statements of various sorts of work which various other chiefs of asylums, in this country and in Europe, seem to find gratification in furnishing. In a large institution such as this, if the Medical Superintendent efficiently discharges all the most important duties of his office, it seems to me he may well be excused from the labor of tabulating all the eggs furnished by the asylum poultry, or the various operations of the pig-sties; neither do I believe it will be expected that he should detail all the products of the tailor's shop, or of the women's work-room. An intelligent and observant Board of Inspectors can hardly require such statistics as these; and it is very doubtful if the public attach much importance to them.

I have, at the request of your Board, compiled the following three tables, recommended by the Imperial Report of 1861 on *Colonial Hospitals and Lunatic Asylums*. I append to the third table—"Obituary"—some *post mortem* observations, which could not possibly be condensed into columnar arrangement.

TABLE I.

	No. remaining, 1st Jan., 1865.	Admitted during 1865.	Average inmates in 1865.	Deaths in 1865.	DISCHARGES.			AVERAGE STAY IN ASYLUM.		Number entered before 1865 still remaining.	Number remaining in, on 1st January, 1865.
					Recovered.	Improved.	Unimproved.	Died.	Discharg'd		
Males .....	216	34	469	15	24	4	1	3	181	205	
Females .....	256	62	2-5	12	34	9	1	1	221	262	
Total .....	472	96	.....	27	58 Add one eloped.	13	2	.....	.....	407	

TABLE II.

	Remaining from 1864.		Admitted in 1865.		DISCHARGED in 1865.						Died in 1865.		Average stay of discharged.	Average stay of died.	Remaining in, 1st Jan., 1865.	
	Males.	Fem.	Males.	Fem.	Recovered.		Improved.		Unimproved.		Males	Fem.			Males.	Fem.
					Males.	Fem.	Males.	Fem.	Males.	Fem.						
Mania .....	144	175	26	47	22	27	2	7	.....	.....	7	7	.....	.....	139	181
Melancholia .....	17	16	1	9	2	7	2	1	.....	1	.....	.....	.....	.....	14	16
Dementia .....	35	54	3	4	.....	.....	.....	1	.....	.....	1	.....	.....	.....	36	55
General Paresis .....	9	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	7	.....
Epilepsy .....	6	7	.....	1	1	.....	1	.....	.....	.....	.....	.....	.....	.....	3	6
Others .....	5	3	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	6	4
Total .....	216	250	34	62	*25	34	4	9	1	1	15	12	.....	.....	205	262

\* 25 recovered males, including 1 eloped.  
 NOTE.—The classification in the above Table is given according to the entry on admission—not according to present rate.

TABLE III.—OBITUARY FOR THE YEAR 1865.

Register No.	Date of last admission.	Date of Death.	Age at Death.	Civil State.	Mental State on Admission.	Bodily State on Admission.	Duration of Insanity at Death.	Cause of Insanity (assigned).	Cause of Death.	See p.-mort. remarks.
1 3074	Sept. 5, 1864...	1865. Jan. 14.....	29	Single ...	Maniacal .....	Fair .....	Many years; recurrent ...	None .....	Gangrene of lung	
2 3096	Nov. 5, 1864 ...	" 17.....	35	Married.	Do. ....	Do. ....	3 months.....	None .....	Suicide by sus- pension.	
3 2971	Dec. 17, 1863...	Feb. 5... ..	64	Widow..	Epileptic mania..	Do. ....	Many years....	Epilepsy.....	Ep. apoplexy.....	See p.-mort. remarks.
4 2838	Feb. 18, 1863...	" 8... ..	40	Married.	Maniacal .....	Debilitated ;	3 years.....	"Drink" .....	General paresis..	do.
5 3054	July 1, 1864 ...	" 22... ..	49	Single ...	Epileptic mania..	Bad .....	21 years.....	Epilepsy.....	Epilepsy .....	do.
6 2992	Feb. 11, 1864 ...	March 1... ..	39	Do. ...	Do. ....	Debilitated ...	Many years....	Do. ....	L. phthisis .....	do.
7 3093	Oct. 26, 1864 ...	" 25... ..	40	Married.	Maniacal .....	Very bad.....	3½ years.....	None .....	General paresis..	do.
8 2111	Dec. 10, 1858... ..	" 30... ..	47	Do. ...	Do. ....	Fair .....	6½ years.....	None .....	Hydrothorax....	
9 2084	July 19, 1858... ..	April 1... ..	46	Do. ...	Demented.....	Very bad.....	8½ years.....	Night-watching.	L. phthisis.....	do.
10 2231	Dec. 8, 1869 ...	" 11... ..	33	Single ...	Maniacal .....	Debilitated ...	Unknown .....	Sun-stroke .....	Do. ....	do.
11 2948	Oct. 12, 1863... ..	" 14... ..	47	Do. ...	Do. ....	Do. ....	2½ years.....	None .....	General paresis..	do.
12 3036	May 27, 1864... ..	" 18... ..	37	Married.	Do. ....	Do. ....	Unknown .....	Intemperance ...	Do. ....	do.
13 2938	Oct. 13, 1863... ..	" 18... ..	33	Do. ...	Do. ....	Do. ....	Several years; recurrent ...	None .....	Do. ....	do.
14 1636	Mar. 19, 1855... ..	May 3.....	42	Single ...	Do. ....	Fair .....	11 years.....	Do. ....	L. phthisis.....	
15 3119	July 4, 1865... ..	" 4.....	25	Married.	Mild mania.....	Reduced .....	Several years; recurrent ...	Do. ....	M. phthisis.....	
16 2735	June 5, 1865... ..	June 5... ..	57	Do. ...	Mania .....	Debilitated ...	3 years.....	Do. ....	Do. ....	
17 3159	May 29, 1865... ..	" 20... ..	40	Widow..	Suicidal mania..	Very bad.....	Unknown .....	Family trouble..	Cerebral disease.	
18 1809	Jan. 10, 1853... ..	July 3.....	70	Do. ...	Maniacal .....	Robust .....	Many years; recurrent ...	Bad health.....	Scrofula .....	do.
19 2879	April 8, 1863... ..	Aug. 5... ..	30	Single ...	Mania .....	Bad .....	3 years.....	None .....	Paralysis, &c.....	do.
20 2799	Nov. 3, 1862... ..	" 19... ..	24	Do. ...	Do. ....	Feeble .....	4½ years.....	None .....	L. phthisis.....	
21 2251	Jan. 13, 1860... ..	Sept. 14... ..	30	Do. ...	Epileptic mania..	Bad .....	Many years....	Epilepsy.....	Do. ....	An Indian.
22 3043	June 3, 1864... ..	" 15... ..	49	Widow..	Man' chronic....	Very bad.....	2½ years.....	None .....	Rheumatism and purpura, &c.	
23 3153	May 18, 1865... ..	" 19... ..	63	Do. ...	Demented.....	Do. ....	2½ years.....	Do. ....	Dysentery.....	
24 3071	Sept. 1, 1864... ..	Oct. 18... ..	24	Married.	Maniacal .....	Apparently ex- cellent.....	1½ years.....	Do. ....	General paresis..	See p.-mort. remarks.
25 1897	May 2, 1857... ..	Nov. 11... ..	54	Widow..	Demented.....	Feeble .....	Many years....	Do. ....	L. phthisis.....	
26 3133	Feb. 21, 1865... ..	" 30... ..	36	Married.	Maniacal .....	Syphilitic .....	1 year .....	Do. ....	Serous apoplexy.	
27 829	Sept. 5, 1849... ..	Dec. 19... ..	57	Do. ...	Demented.....	Feeble .....	Very many yrs.	Do. ....	M. phthisis.....	



The discharges of 1865, if compared with the admissions of the same year, have a pleasing appearance—being, including one eloped recovered, 74 to 96; whilst for 1864 they were 77 to 136.

I have on former occasions pointed out the fallacy of comparisons of this sort. The discharges of any year, as any person of common sense may perceive, are not all made from the admissions of that year, but to a large extent from those of the previous year. Of the 74 discharged in 1865, no less than 50 were patients admitted in 1864 and previous years; therefore it would be more rational to compare the discharges of 1865 with the admissions of 1864.

Notwithstanding this obvious fact, the blunder is constantly committed in asylum reports of comparing the discharges with the admissions of each respective year; and men who are fond of figures, collect their knowledge of insanity from such deceptive sources.

It appears that the average period of residence of discharged patients, for 1865, has been  $13\frac{1}{2}$  months, whilst in 1864 it was only 11 months and 29 days. In previous years it ran about 10 months.

Some persons will probably argue from these figures, that the institution is retrograding in efficiency of treatment; indeed, no other conclusion would probably be available by those who go no deeper into the subject than the inspection of asylum figures.

It is, however, well known to the compilers of such statistics, that as to the average time of residence of discharged patients, it depends on various circumstances, which, though palpable to them, are not likely to be thought of by hasty thinkers, and hasty readers. In a list of twenty discharged patients, for example, should four have been resident for five years each, twenty years would be added to the aggregate of the other sixteen, or one whole year to each of the twenty, yet the other sixteen might not give an aggregate of eight years, or six months each.

The 74 discharged in 1865 give an aggregate of 82 years and 19 days; but 22 of the 74 make up  $57\frac{1}{2}$  years of the whole,

leaving only 24 years, 6 months, and 19 days for the remaining 52 ; or 5 months and  $20\frac{1}{2}$  days each.

Now an asylum making no discharges of patients resident so long as one year, would, as far as mere figures go, make a fine appearance in the eye of a figure man ; but in the opinion of one more familiar with the general subject of insanity, such an asylum would not be highly esteemed. It would be a sad thought to him that a year's residence took away all prospect of recovery ; but it would be a pleasing fact to him to learn that recoveries take place after one, three, or even seven years ; yet a seven-years' case included with six others of only three months' residence, would shew an average of 1 year, 2 months, and 18 days to each of the seven.

Of the twenty-two patients discharged in 1865, after longer than one year's residence, fifteen had recovered, six were improved, and one was unimproved.

The average residence of the fifteen recovered patients was 2 years, 7 months, and 14 days.

The average residence of the six improved was 2 years, 5 months, and 6 days ; and the residence of one unimproved was 4 years, less 6 days.

The longest residence was that of a recovered patient—5 years, 7 months, and 22 days. Two others had over four years each ; three had over three years ; three over two years, and the remainder between one and two years.

Your Board were pretty well acquainted with some of these long cases, and can testify that for a long time they appeared rather unpromising.

The average residence of the patients who died in 1865 was 3 years, 7 months, and 20 days. In 1864 it was 3 years, 7 months, and 10 days. Death is therefore more uniform in his period of arrival than recovery.

The mortality of 1865 has been 25 in a total of 594 patients ; or say  $4\frac{4}{10}$  per cent. in 1865, against  $5\frac{9}{10}$  in 1864, being an actual proportion of 4 to  $5\frac{4}{11}$ , or a difference of mortality equal to over 34 per cent.

Those who, from the preceding figures, would affirm that our *general* health in 1865 has been better than it was in 1864, would be seriously in error. The variability of death rates must be very cautiously dealt with.

It has, however, been our good fortune in 1865 to escape increase of mortality, from three formidable diseases, which threatened the institution, and which, in our vicinity, have proved formidable, and in two public institutions fatal.

Small-pox was contracted by one of my own family in March ; by the strict precautions taken to prevent its spread it was confined to the centre building, and only a second and very mild case occurred. No person connected with the patients was affected by it.

Typhoid fever presented itself in one of our most crowded wards in the end of August. Three ward attendants out of four were prostrated by it, but only three of the patients. All recovered, and now I trust the disease has withdrawn.

In December measles appeared in my own family ; but this disease was restricted to the centre building, and proved very mild, though it was very fatal in some parts of the city. May a gracious Providence be equally kind to us in the ensuing year.

---

#### CONDENSED POST-MORTEM NOTES.

Register No. 2971.—A. S., an epileptic woman, aged 64, had suffered under epilepsy, with outbursts of insanity, for many years—said to have been of irregular habits—an inmate of this Asylum for nearly 14 months. Before and after her fits she was troubled with intense auditory hallucinations. She died in a fit.

The spinal cord was examined throughout its entire length. The only abnormality observed was some adhesion of its pia mater to the anterior surface, from 4th dorsal to 1st lumbar vertebra.

The scalp and the cerebral meninges extremely congested. Pia mater intensely vascular.

Cerebrum, pons, and medulla oblongata normal ; cerebellum rather softened. But little serum in ventricles. Lungs normal in structure, but congested.

Heart showed almost complete fatty degeneration.

Kidneys, liver, and spleen gorged with blood.

Intestines exsanguine. Both omenta very fatty.

Register No. 2838.—J. S., general parietic. The general history of this case presents nothing different from the usual course of the disease, excepting that the patient was said to have been addicted to drink. In the cases of general paresis which have presented in this Asylum, intemperance has been the exception, not, as I have found stated elsewhere, the rule.

The patient lay long in a totally helpless state, and was rather emaciated before death, which was preceded by a fearful series of convulsive symptoms.

The spinal cord, examined throughout, was found normal.

The pia mater much thickened, and adherent to the arachnoid. Along both sides of the longitudinal fissure, the whole three membranes were adherent to each other.

The whole brain substance much softened, and atrophied. Much serum both over the surface of the brain and in the ventricles. On the inferior surface of the right anterior lobe was an elliptiform patch of ulceration, about three lines in depth.

Upper lobe of left lung contained some cretaceous tubercles. Other parts of the body normal.

Register No. 3054.—W. E. A large man, aged 48, had been epileptic for 20 years, ultimately became totally unmanageable, and was therefore sent to the Asylum. It would not be easy to imagine a more troublesome case. He died in a fit, nearly 8 months after admission.

Dura mater of a deep red hue, with marks of existing inflammation, membranes inter-adherent at situation of posterior fontanelle ; vessels of pia mater intensely congested. The sulcus between convolutions full of serous effusion. The walls of internal carotid artery at its exit from the carotid canal, were much thinned, and bulging. The brain substance of pinky hue, ventricles contained a considerable quantity of serum.

In the corpora striata were observed several bloody extravasations. On the brain surface corresponding with the right frontal eminence, there was a circular ulceration, with a granular, depressed base, and hard red edges. The lungs contained numerous cartilaginous nodules, which when cut into were found filled with grumous pus. Crude tubercles were also found sparsely throughout the lung substance.

Register No. 2992.—A. R. A woman of 39 years. Epileptic and insane many years. Died of latent phthisis. Nothing abnormal discovered in the head, Both lungs almost totally destroyed. Liver, kidneys, uterus, ovaries, normal. Spleen studded with cretified tubercle. Mesenteric glands in all stages of tuberculization.

Register No. 2231.—E. S. A man aged 33. A case of chronic mania. Died of latent phthisis. Dura mater adherent to subjacent membranes along middle third of longitudinal sulcus, and of a rusty brown color. Extensive pleuritic adhesions in chest. Lungs showed some tubercles. Parenchyma of right lung to a large extent carnified. The left lung showed sero-pneumonia. Concentric hypertrophy of left ventricle of heart. The cavity greatly reduced in size. Its walls were lined with a musculo-fatty layer. Fatty deposits on tricuspid valves. Mitral valves normal. Semilunar aortic valves thickened.

This patient had been enfeebled for a long period. The tuberculous disease of the lungs had not, however, advanced so far as to be the direct cause of death. He apparently succumbed under an intercurrent sub-acute pneumonia.

Register No. 2948.—D. McD. A male, aged 47. General paretic. He was advanced in the second stage of the disease when he was admitted, yet he was brought here with a promise of recovery by somebody. He was of course a keen eater, therefore it was believed a good case. He died in 17 months after entrance.

For a long time before his death, the power of deglutition was dangerously impaired, and two or three times he was very nearly choked, by filling his mouth too full, and omitting to swallow as fast as he should have done. The membranes of the brain were extensively and firmly adherent. About two ounces of serum

flowed from the cavity of the arachnoid when it was opened. Several lymph deposits on the arachnoid. From the base of the brain about five ounces of serum flowed away. The volume of the brain much reduced. Brain substance softened in parts. Corpus callosum, fornix, and corpora striata normal. The lateral ventricles filled with serum.

Register No. 1636.—M. G. A woman, aged 42. Over 10 years in Asylum. A case of intense paroxysmal mania. Died of manifest phthisis, which proceeded at last rapidly. Body much emaciated. Right and left lungs both destroyed. Dropsical effusion in abdomen, about a gallon. Liver hob-nailed, and considerably enlarged. Spleen enlarged.

Register No. 3159.—C. H. A woman, aged 40. On admission in a very hopeless state, and for that reason apparently sent here to die, rather than where she was. Insanity ascribed to bad health. She had a very strong desire for alcoholic stimulants. Died in 23 days from admission. The case was one of an intensely scrofulous character. The liver was mottled on its surface, enlarged, indurated, and granular; its surface presented a number of deep fissures. The peritoneum was studded with cheesy tuberculous nodules. The mesentery and glands were full of scrofulous formations. The transverse colon was deflected almost to the brim of the pelvis.

Register No. 1309.—G. M. K. A woman, aged 70. Resident in the Asylum 12½ years. Had been subject to recurrent mania for several years previous to admission. About 6 months after admission had an apoplectic attack, from which she escaped, but with paralysis of the whole of the left side. She remained nearly all the time in bed, and was still subject to recurrences of mania, but in the interval was calm and intelligent, and fond of reading. She was, however, petulant and censorious, and would give no information about her own feelings or condition, always replying that we "knew well enough without asking." We always knew when a paroxysm was coming, by her cessation of the use of tobacco, of which she chewed a great deal in the intervals. Bedsores finally appeared, and these, with advanced years, wore her down. She died without any symptom of brain oppression. The dura mater was firmly adherent to frontal parietal bones by old

deposits. Half an inch above crista galli of ethmoid, two amygdaloid bony growths were found, one on each side, projecting from the frontal bone inwards about half an inch. The brain was considerably atrophied. The most singular fact discovered was, however, that fracture of the femur had taken place a considerable time before death, and had not been detected by her nurse. There was ligamentous union but no osseous consolidation. All I could ever discover from her in my daily visits, led me to believe she had no pain, unless that caused by the bed-sores.

Register No. 3071.—F. G. A man, aged 24. He was about 6 feet 3 inches high, well built, and ably developed. When admitted he was the picture of health and strength. No one unacquainted with his peculiar malady could have believed any bodily disease was present, and I have often seen visitors amazed, when told that this man was laboring under a disease that might soon end fatally. Indeed I pointed him out to a member of your Board, only a fortnight before his death, as a most critical case and that gentleman expressed his surprise at this announcement.

He had three epileptiform seizures of the character usual in general paresis, but all very severe. The last attack continued about 24 hours, and ended in death; though he had been walking about the day previous, and looked fat and strong.

On removing the skull, the membranes bulged out, with the pressure of contained parts. The membranes were very vascular; the blood vessels all turgid with blood of an intensely fibrinous character. Large clots could be drawn out of the sinuses. Arachnoid distended with reddish serum. Flaky deposits over pia mater. Much fluid at base of brain. Medulla oblongata of a deep red color. Lateral ventricles held a good deal of bloody serum.

A case of suicide unfortunately has to be recorded in the obituary of this year. The full particulars of this occurrence were furnished to your Board, shortly after it took place; and I notified the resident Inspector, T. J. O'Neill, Esq., requesting his presence at the coroner's inquest, but he chanced at the time to be out of the city. Every reasonable means of precaution had been taken to prevent such an occurrence, though we had no information leading us to suspect suicidal tendency, her husband

having, on placing her here, carefully, or negligently, withheld the fact, though well known to him. This is a highly censurable sort of silence, and the friends of the suicidal insane should be admonished to communicate every fact which has even led them to *suspect* the propensity.

It is very gratifying to me, on this occasion, to have to thank your Board, on behalf of the inmates of this house, as well as on behalf of others requiring to be in it, for the persistent zeal manifested by you in advocating the completion of our building. The grant made last year by the legislature, as an initiatory provision, has enabled your Board to take the requisite preliminary measures for entering into contracts for the works; and it is hoped the ensuing summer will see them promisingly advanced. It is hardly probable that it will fall to my fortune to enjoy the gratification of presiding over this Asylum in its completed state, but it will ever be a pleasing remembrance to me, that under the most discouraging auspices I never flagged in my efforts to enlist the aid of the whole community in advancing the enterprise. I cannot sufficiently thank your Board for all the kind attention, if indeed I might not also say *forbearance*, with which you have listened to all my representations, not only on this head, but on every other matter relating to the comfort and welfare of my patients. *They* cannot *all* thank you, but they are all capable of distinguishing their real friends, and it is a pleasing duty to teach them to recognize such in all the members of your Board.

I am, Gentlemen,

Most respectfully, &c., &c.,

JOSEPH WORKMAN, M.D.,

*Medical Superintendent.*