ANNUAL REPORTS

OF THE

PROVINCIAL

LUNATIC ASYLUM,

TORONTO,

FOR THE YEARS

1866 & 1867.

TORONTO
HENRY ROWSELL, 74 AND 76, KING STREET EAST.
1868.

REPORT

OF THE

BOARD OF INSPECTORS,

ON THE

PROVINCIAL LUNATIC ASYLUM, TORONTO,

FOR THE YEAR 1866.

This Institution was visited by the Board twice during the month of July, and again during the month of October. In the intervals between these visits it was inspected frequently by one or more members of the Board.

It is again the pleasing duty of the Inspectors to record their entire satisfaction with the manner in which this vast Provincial Institution continues to be conducted by its able, humane, and experienced Medical Superintendent. In their Report for the year 1865, the Inspectors expressed their very deep regret at the enfeebled state of health of this most valuable public officer. It would have been a source of unfeigned satisfaction to the Board could they report that his health had materially improved during the past year. This, unfortunately, is not the case. The labour and anxiety incident to the administration of such an institution were greatly increased during the past year, in consequence of the erection of the new wings and hospitals. Other causes also combined to increase the physical and mental labour of the Superintendent during the year, and the Board were, consequently, more grieved than surprised to find at their visit to the Asylum, in the month of July, that the state of health of that officer was such as to make it imperative that he should allow himself some relaxation. They accordingly recommended

strongly to the Executive Government that Dr. Workman should be permitted and requested to absent himself from the Institution for such periods during the summer as the affairs of the Institution would permit. This permission was readily and promptly granted, but was not, unfortunately, taken advantage of, to the extent which the Board should have wished, by the Superintendent himself. The Inspectors allow themselves to hope that Dr. Workman may yet be able to preside, for many years, over the Institution which, for upwards of fourteen years, he has conducted with so much success.

The new Hospitals were vigorously pushed on during the year, and it is expected that during the present year they will be ready for occupation. Considerable progress has also been made with both the wings.

The Medical Superintendent follows up, in his present Report, the subject discussed in that for 1865, as to the necessity of establishing in Upper Canada, several Secondary Lunatic Asylums, for "Chronic Insane," or "Harmless Incurables." This important and difficult question urgently demands the immediate and earnest consideration of our philanthropists and statesmen. For some years past it has been very fully discussed by some of the ablest physicians and others interested in such questions, both in Europe and America. In the United States, the Legislature of New York, in 1865, on a special report made by the late Dr. Willard, after a patient and full investigation into the condition of the insane poor in the asylums, gaols, poorhouses, and elsewhere, in that State, authorized the establishment of a State Asylum for the "Chronic Insane," thus sanctioning the principle contended for by Dr. Workman. The whole report of the Medical Superintendent will be found, as usual, well deserving of the attentive consideration of all who are interested in the social and psychological questions of which it so ably treats.

(Signed) E. A. MEREDITH,
J. M. FERRES,
T. J. O'NEILL,
FR. ZÉP. TASSÉ.

ANNUAL REPORT

OF THE

MEDICAL SUPERINTENDENT

OF THE

PROVINCIAL LUNATIC ASYLUM, TORONTO,

FOR THE YEAR 1866.

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

GENTLEMEN,—I have the honor, at this time, of addressing to your Board, the Annual Report of the Provincial Lunatic Asylum, at Toronto, for the year 1866, the twenty-sixth of the existence of the Institution.

The number of patients remaining in the Chief Asylum and the University Branch, on 1st January, 1866, was :—

	Men.	Women.	Total.
	205	262	467
Number admitted in 1866..	28	36	64
Total under treatment	233	298	531
Discharged	9	21	30
Died	7	16	23
Transferred to Orillia.....	6	...	6
Total	22	37	59
Leaving, 1st January, 1867	211	261	472

The average number for 1866, has been..... 466
Ditto ditto for 1865, was..... 469½
Ditto ditto for 1864, was..... 464

The admissions, discharges (exclusive of transfers), and deaths, in the last six years, have been as follows :—

	Admissions.	Discharges.	Deaths.
1861	204	91	45
1862	177	78	27
1863	168	87	25
1864	136	77	35
1865	96	74	27
1866	64	30	23
Total	845	437	182

From the preceding figures, it will be perceived that the operations of the Asylum have, in the past six years, undergone a constant diminution. The admissions in 1861 were 204, and the discharges 91 ; but in 1866, the admissions have been only 64, and the discharges 30. The proportion of discharges to admissions is nearly the same for the above two years. In 1861, it was 44½ per cent., and in 1866, it has been 48⅔ per cent. But, as I have stated in former Reports, comparisons in any one year, between discharges and admissions, should never be hastily made, nor are comparisons of operations, made in this way, to be held as of any value. In 1863, for example, the discharges shew a higher proportion to admissions than in 1862 ; and in 1865 the discharges equal 77 per cent. of the admissions, whilst in 1864 they are only 56½ per cent.

The discharges in each respective year should be compared, rather with the average, or half of the admissions of that and the preceding year, than with those of the year itself. A comparison thus drawn for the last six years would shew as follows :

	Admissions.		Discharges.
Half of 1860–61	194½	1861	91 or 46⅔ per cent.
" 1861–62	190½	1862	78 " 41 "
" 1862–63	172½	1863	87 " 50½ "
" 1863–64	152	1864	77 " 50⅔ "
" 1864–65	116	1865	74 " 63¾ "
" 1865–66	80	1866	30 " 37½ "

The above figures shew a more correct approximate proportion of the discharges to the admissions, in the years 1861 to 1866, inclusive, than is to be derived from the previous table; and from these it appears that the last year, 1866, stands the lowest.

It will be observed, on referring to the figures, that of the discharges made in 1866, only 9 were of men, whilst 21 were of women.

The admissions for half the years 1865 and 1866, were, of men, 31, and of women, 49. The discharges of men, 9 in 31, are equal to 29 per cent., and those of women, 21 in 49, to 43 per cent. I fear this disproportion, which is in truth a reversal of an established principle in the relative curability of insanity in the two sexes, is not likely to be soon changed for the better.

EVIL HABIT.

In my last Annual Report I felt constrained, by a sense of public duty, to draw attention to an evil of great import, in connexion with the causation and the incurability of insanity, and more especially in the male sex. If figures may be taken as reliable exponents of medical facts, those of the year 1866, representing our discharges of males, might surely be held as awfully confirmatory of the views expressed by me in that Report. Yet the actual facts are still worse than the figures; for, of the 9 men discharged in 1866, two were taken out by their friends unrecovered. One of these is again an applicant for admission; the other is labouring under incipient consumption. Both were known to be addicted to the secret bad habit; and, more painful still to record, one of them was a married man, having three children. Would that I could say this is a solitary fact!

No one in Canada occupies a position more fully qualifying to speak with assurance on this subject than myself; and surely no one would be less excusable than myself for the concealment or suppression of the convictions which protracted and thorough investigation has established in relation to the "*enshrouded*

moral pestilence" which overspreads the land. The distribution of my Report for 1866, very judiciously and earnestly aided by many of the leading journals of the Province, has been the means of bringing in to me, from all parts, both in written correspondence and in personal conference, overwhelming confirmation of my convictions. Indeed, my official labours have been, considering the enfeebled condition of my health, most inopportunely supplemented, by the claims made on my time, by the class of persons to whom I have alluded; and, although it is most painful to conduct such correspondence, or to hold conferences with such visitors, I have, from motives of humanity, as well as from a sense of public duty, endeavoured to do whatever good my judgment has enabled me to essay in their behalf.

Medical Superintendents of Asylums, both in this country and in Europe, have hitherto, beyond all doubt, dealt with this evil with too much delicacy; yet, indeed, they have not, in this respect, been more derelict than other classes of men. Junior Medical Superintendents may be excusable for a certain degree of timidity. I well remember, indeed, when first I ventured, in an Annual Report, to touch as delicately as possible on the subject, I was sharply criticised by a country newspaper, which intimated to me that I was in error. Happy would I now feel to have realized the fact of this ascribed error! It is a pity that newspaper editors are so reluctant to believe that they do not understand everything about which they write.

The longer protracted my service in this Asylum, the nearer, of course, must it be to the close; and, to have allowed that period to arrive without having spoken out freely and fearlessly on so awfully important a subject, should surely have been regarded by me, in the residue of life, as a sin of omission, deserving of enduring self-condemnation. My successor may also have to pass through the period of pupilage, beyond which —especially in the Faculty of Medicine—every man has to proceed before he may dare to hope for a patient and respectful hearing. Many men, indeed, never reach the close of their own novitiate. By the time they have accumulated facts sufficient to qualify them to speak with fair pretensions to authority, their

modesty or their laziness has, perhaps, increased in a like measure, and the world fails to receive at their hands that enlightenment they otherwise might impart to it.

The time has now come when, in my opinion, silence or inaction, not merely on the part of Asylum Superintendents, but of every man in society who knows anything of the evil under consideration, or can in any way contribute to its removal or mitigation, should be regarded as criminal. The responsibility of the Medical Profession and of the Clergy, as well as that of the entire body of educationalists, is infinitely more weighty than they have ever yet regarded it. *They well know* that all I have written on the subject not only is true, but that it falls very far short of the *whole* truth; and yet it seems impossible to move them. What sort of account of the use made by them of the talents committed, and of the opportunities presented, to them will they be able to present at the great day of reckoning? It is, however, but justice to the Clergy to state, that some of them are very imperfectly informed in relation to the evil now treated of. I have known numerous instances in which clergymen have given to patients, whose insanity was mainly ascribable to secret vice, the highest testimonials of moral excellence, and even of religious worth. Within the past year, a young man from a distant part of the Province was admitted. His aspect, and everything about him, clearly indicated to us the nature of the case. Some time after his admission his pastor called to see him, and, before proceeding to his apartment, entered fully into a detail of all the excellencies and spiritual merits of the young man. I was at length forced to undeceive him by telling him the truth. He appeared horrified. I am now, indeed, very apprehensive of cases of insanity in young men of whom clergymen give flattering testimonials. Did they but know, as we do, how many of these cases are complicated with the evil habit under consideration, but concealed beneath the garb of fictitious piety, they would be better qualified for the proper discharge of their duty in relation to it. It would be rather out of place here to multiply illustrations; but, were it imperative to do so, our case-books would afford only too abundant materials for the work.

I have recently made a careful scrutiny of the character of the cases of insane men on behalf of whom application has been made, and from whose friends or physicians, details, in our "*Circular*" forms, have been received. The result has been frightful. I hesitate to state the proportion in which—I feel fully assured, or morally certain—secret vice is present. What is to be done to check the progress of the evil,—for that it is progressing and accumulating is beyond doubt? Surely the right course cannot be to avoid all notice of it, or to do all that we can to ignore its very existence; much less to manifest disapproval of those who proclaim the evil. Yet this is exactly what many do. It is unnecessary to speak more pointedly: those who have so done will be able to apply these remarks—it is to be hoped profitably—and will see that they have erred in believing that their mistaken delicacy is to be regarded as the equivalent of their neglect of duty. The first rational step towards the removal of an evil is the recognition of its existence and the ascertainment of its magnitude. Many persons are, I believe, in the present instance, ignorant of both these facts; yet such persons may be parents, or may have the guardianship of youth. How are they to protect those under their care against an evil, the existence of which is unknown to them? It is truly a painful task to answer the enquiries of many worthy parents, or relatives of patients under our charge, the nature of whose insanity, and the cause which has produced it, and renders it so generally hopeless, are altogether unknown to them.

Can it be right that through a fastidious delicacy, on the part of those possessed of information, the youth of our country should be permitted to fall into the traps and pitfalls with which their path is studded? Of all the hidden dangers besetting them, assuredly none is of a more hideous or more destructive character than that here alluded to.

My friend, Dr. Chipley, Medical Superintendent of the Western Kentucky Asylum, a gentleman of sterling worth, and of superior mental endowments, a few years ago published a small book, entitled, "A Warning to Fathers, Teachers, and Young Men, &c., &c.," the free distribution of which, I have reason to

believe, has been productive of good. Last year a gentleman of Kentucky published "at his own expense, for gratuitous distribution to the male teachers in the Common Schools of Kentucky," a second edition of this book. If it were placed in the library of every school in Upper Canada, and in the hands of every clergyman, it is my belief a very important service to humanity would thereby be rendered. So far as the real interests of this Asylum and public economy are considered I am of opinion that the diffusion of any information which would tend to the prevention of insanity, or contribute to decrease the extent of its incurability, would be a source of great profit. Let any man, medical or other, who has any familiarity with the peculiar and marked characteristics of insanity complicated with the evil spoken of, make a careful inspection of our Asylum wards, and if he will not say that the Provincial purse is very largely drawn upon for the life-long maintenance of its victims, I shall be content to admit that my representations of its magnitude, and its sad results, have been exaggerated. Your Board and the public are well aware, that for many years I have strongly represented the evils consequent in this Asylum, on the want of proper classification of the inmates. To your Board, in personal conference, I have communicated many facts, illustrative of these evils, which I have not ventured to express in writing for general perusal. One of these evils, and certainly not the least injurious, has been the moral contamination which I believe, and *know*, has resulted from the unavoidable association of the pure with the impure. I dare not trust myself to pursue this subject farther—nor would I now have alluded to it, but that I am painfully aware of the general ignorance which obtains in relation to it. I trust that when the new wings, now in progress, shall have been completed, presenting as they will do, more ample single bedroom accommodation, a salutary separation of the contaminated may be effected; and that an evil, which is of great magnitude out-side, and so largely obtains before admission, may not be engrafted after admission. Surely it cannot be necessary to speak more explicitly. If I should be tempted to say more on this subject, it would be to recommend that totally distinct lodgment be provided for all known or discovered to be addicted to this vice; and also, that

they be subjected to a *different moral discipline.* Nothing would more thoroughly awaken the public to a knowledge of the extent of the evil, or more effectually demonstrate its destructive results. I do believe that, under the Mosaic law, no stronger reason obtained for the separation of the leprous from the clean, than at this day might be urged for the separation from all others, of the insane class here referred to.

Can it be necessary that I apologize for the introduction into an Asylum Annual Report of a subject so revolting to the general reader? I have but one apology to offer,—I know that all I have said is truth; and I believe it is my duty to tell the truth, because its concealment would do, and has done, much harm, and its divulgence may do some good. Others may "shrink from polluting their pages with the words," just as they might shrink from assisting at a *post-mortem* examination, or from the disagreeable effluvia of the dissecting room, but it is the province of the medical man to be familiar with decay and corruption, and he is responsible to God, to his profession, and to the community, for the fearless promulgation of his discoveries.

True, indeed, he may be doomed to misrepresentation, derision, or even persecution for his obedience to duty and conscience, just as the medical student is hounded and hammered for prosecuting the practice of dissection, and in after life persecuted and prosecuted for errors, actual or fictitious, ascribable to his ignorance of anatomy; still his course of duty is the same, and he cannot deviate from it without self-condemnation.

DEATHS.

The mortality of the Asylum in the past year has been low. Of the twenty-three deaths which occurred, four took place at the Branch Asylum, leaving only nineteen for the Chief Asylum. Two of those who died at the Branch had been Asylum residents for over twelve years; one over seven years, and one over four years. All the four died of lung disease, and three of them of the form called Latent Phthisis. One was aged 56 years; two, 65; and one, 72.

Of the 19 deaths in the Chief Asylum, 9 resulted from Phthisis, only two of which were of the *manifest* form. The other 7 were defective in the usual prominent symptoms of pulmonary consumption, as cough, expectoration, hectic fever, and sweatings, &c., &c.; yet in all, the lungs were thoroughly destroyed by tubercular disorganization. Nothing more clearly convinces me of the general trivial value of Asylum statistics of mortality, unbased on *post-mortem* examination, than the inspection of the various tables appropriated to this subject, in nearly all the Asylums of this country. In one of the latest reports received by me from an American Asylum, I observe that out of a total mortality of 33, only two deaths are ascribed to phthisis pulmonalis, or pulmonary consumption; but 13 are ascribed to "exhaustion from chronic mania." Had *post-mortem* examinations been held, as I feel assured they were not, in all probability the whole of these 13 cases would have been found to belong to the class which I designate Latent Phthisis; and very probably a few, placed under other heads, would also have been added. Until American Asylum figures are based on clearly ascertained facts, it would be highly advisable that fewer were published; I can imagine nothing better calculated to establish or perpetuate error, than the publication of statistics, the elements of which have been merely guesswork; and I have yet to be convinced that in fully three-fourths of all the wearisome tables which fill up so much of our Asylum reports, both in the new world and the old, the figures shewn should not be regarded in this light.

GENERAL PARESIS.

Six of our deaths resulted from General Paresis, one of which was a *female case*, which developed itself after admission. This disease, in Canada, and I believe in the United States also, is either more common, or it now attracts more attention, and is more accurately diagnosed than formerly. Those members of the profession, who have had opportunities of seeing the disease, or who have taken pains to acquire from books a correct knowledge of its characteristics, seldom fail to identify it, even in its earliest or incubative stage; but it is also a fact, which it would

be improper to suppress, that not a few of the general practitioners of the Province, seem not to be acquainted with it. Considering the comparative paucity of the entire number of cases presented, it is not to be wondered at that the disease is not universally understood. The name by which it was, until recently known, *General Paralysis*, was indeed well calculated to lead to misconception ; for at the commencement, which is the period in which it is usually seen outside of Asylums, the patient not only is *apparently* free from any paralytic affection, but generally appears more active, lively, and robust, and at the same time shows more mental energy than ever in his life before. Perhaps, too, the most constant characteristic, indeed, I would say *pathognomic* symptom of the malady, a keen or even ravenous appetite, tends in conjunction with general apparent good health present, to lead still farther towards error. This keenness of appetite does not appear to be abnormal, for it is unaccompanied by any disturbance or disorder of the digestive function, and nutrition goes on well. The patient eats heartily, and appears to benefit by his eating. He declares he never felt so well in his life. His friends think so too, but they have found that this improved bodily condition is unfortunately associated with irregularities of temper, transient defects of intellect, and strange moral perversions, which have begun to cause them serious apprehensions. The earliest paralytic, or more properly speaking paretic, symptom may even now be recognizable, though very commonly not observed ; I mean the defective articulation of speech, which is perceptible chiefly in the pronunciation of the labial and dental consonants ; for the accurate formation of which an exact direction of the tip of the tongue to the anterior parts is necessary. This defect in the speech is not unfrequently assigned by those ignorant of the truth, to drunken habit ; but most unjustly and sometimes most cruelly. It arises from impairment of the lateral muscles of the tongue, or of the motor nerves supplying them. The muscles on the two sides do not act co-ordinately, or those on the affected side are overpowered by those on the opposite side, and in consequence the tip of the tongue fails to hit the central point, to which it should be applied. The speech is therefore thickened, or blunted. This symptom goes on constantly augmenting, until in the last

stage of the disease, speech is almost wholly or altogether obliterated. The most usual form of delusion manifested by paretic patients, is that of an exaggerated appreciation of their own wealth, or some other qualification on which they may chance to have desired distinction. The extent and the extreme absurdity of some of their delusions, are often, in the more advanced periods of the disease, almost beyond all credence, and are often, in the more advanced periods of the disease, almost beyond all credence, and to one who has watched many of these people throughout the sad career which they all run, depiction of details is a task too heart-sickening to be entered upon, but with the utmost reluctance; I therefore abstain from those illustrations, which though they might lend attraction to to a report, with some classes of readers, never fail to give pain to others, who bring the picture home to themselves, and see in it only a true likeness of what they may themselves, under the inscrutable decrees of Providence, yet become. As it is usually only in the earlier stages of the disease, that it falls under the notice of the general practitioner, and as the diagnostic symptoms in this period are sometimes rather obscure, or are so far overtopped by the more striking mental phenomena, which appear to accord with those of insanity in general, as depicted sometimes too glowingly in works on this subject, or in general medical treatises, it may not be improper here to draw attention to the distinguishing characteristics by which it is almost invariably indicated. I believe I shall be generally sustained by those who have had large experience in the treatment of insanity, in the opinion that General Paresis is a disease *sui generis*. It is, in the physical disorder accompanying it, quite different from any other form of insanity, and those most familiar with its mental manifestations, will hardly dissent from the assertion, that they are scarcely less distinctive. The *post-mortem* revelations, although by no means uniform, are nevertheless, over their wide extent, far different from those shewn in the bodies of other classes of patients. After other forms of insanity, we may discover various cerebral lesions, or they may, so far as our means of detection extend, be totally wanting. This uncertainty does not obtain in General Paresis; in it, the brain, or the spinal cord, very often

both, are found to have been diseased, and the diseased condi tion of these vital parts has lain at the foundation of the malady, and has given form and feature to all its manifestations, both mental and corporeal. Other forms of insanity may be merely sympathetic or reflex, the brain being only secondarily or resultively affected. This is never the case in General Paresis, and not only is the brain or the spinal cord always diseased, but almost invariably these are the only parts which are diseased. The organs of the chest and abdomen are, unless accidentally, always sound. This is a condition of the system rarely found to obtain in other forms of insanity. In these the brain indeed may be found undiseased, but absence of disease here will certainly be unassociated with exemption from it elsewhere. It is this exemption from disease in other parts, but especially in the digestive organs, which so usually leads the general practitioner to the formation, and too often to the pronouncement, of an erroneous prognosis. Nor in the face of the fact, that the patient is almost invariably free from headache, or at least asserts that he is so, is it wonderful that the diagnosis arrived at, should fail to involve the idea of any formidable brain disease. Yet the absence, not only of pain in the head, but also of every other sort of pain, and that throughout the entire subsequent progress of the disease, may be held as one of the most reliable diagnostic marks of General Paresis. I would not assert that pain is absent in the incubative stage of the disease ; but I can say that I have never met with it in any General Paretic that has come under my care. If we have this absence of pain, combined with a keen or voracious appetite, a trivial impairment of the articulation of speech, such as I have already spoken of, and incipient, or perhaps fully developed phenomena of mental delusion, but especially in relation to money or property, there can hardly be a doub that the case is one of *General Paresis*.

If the case has advanced beyond these limits, and the patient has had one or more apoplectiform seizures, out of which he, perhaps, very unexpectedly, speedily appeared to recover, and subsequently it has been observed that his speech has become more blunted, or, perhaps, only now for the first time has been

noticed to be so; and if a change of gait is observed—not, indeed, amounting to paralysis of one limb, but very clearly indicating impaired muscular power in it—then is there no longer room for doubt; the case is one of *General Paresis*, and the patient will die. *When* he will die is a question of great uncertainty; he may go off in his next apoplectiform seizure, or he may survive a dozen of such seizures; or, indeed, he may not have one at all.

It is unnecessary here to enter more largely into details. The disease may—and no doubt it does—present variety in its earlier or its later stages. *General Paretics*, for example, are almost all distinguished by their self-complacency, and by their entire satisfaction with all their surroundings; yet, on the other hand, exceptional instances of the contrary are met with. It is, however, enough, on this occasion, to draw attention to the most usual early manifestations of the disease, the careful observance of which will, in nineteen cases out of every twenty, ensure the formation of a correct diagnosis. It has been too often my painful duty to give to the friends of *General Paretics* the first intimation they have received of the real character of the malady under which the patients were labouring, and sometimes this intimation has been so antithetic to the opinion previously expressed to them by others, as to render its communication very disagreeable and embarrassing. Unfortunately, not in a single instance hitherto, throughout nearly fourteen years, have I been wrong in my prognosis.

The remaining four cases of death presented nothing of material interest. One resulted from scrofula, and might with propriety have been added to the cases of phthisis. One resulted apparently from acute maniacal exhaustion; probably diseased condition of the heart was the immediate cause of death, but this fact we were unable to verify by *post-mortem* examination. The two remaining deaths resulted from apoplexy, one of the sanguineous form with large extravasation within the cranium; and the other of the epileptic form, in a chronic case.

GENERAL HEALTH.

The general health of both Asylums has been, throughout the year, very satisfactory. By the blessing of God the Institution has been exempted from any epidemic visitation. It is my belief that our escape, as well as that of the city, from Asiatic Cholera, has been largely ascribable to the active and discreet precautionary measures taken by the Medical Officers of the City Board of Health, and I avail myself of this occasion to express my sense of the value of the service renderded by them to the whole community at a time when, alone, sanitary measures could be effective in protecting us from the devastations of a fatal contagious disease. On more than one occasion, I have reason to know, was the city in danger, and had the same disregard of prudential measures, as in former years, been shewn by the Board of Health, we should now be doomed to lament the loss of many a valuable citizen.

PROVISION FOR CHRONIC INSANE.

Considering the great importance of the subject of adequate provision for the chronic insane, and the constantly accumulating evils resulting from the want of it, your Board, I trust, will be prepared to excuse me for recurring to it in this Report. I am aware that the outline of my views on this subject, submitted in my last Report, has, so far as I have had opportunities of learning, met with general approval within this Province; and I have been honoured with communications from several gentlemen of distinction and high intelligence in the United States, in which they have expressed themselves in terms of flattering commendation of my views. It is not, however, to be concealed, that many, perhaps indeed a majority, of the Medical Superintendents of American Asylums, strongly object to the general principle of distinct provision for the chronic insane. The opinions of these gentlemen on any question connected with the speciality, of which they are alike the ornaments and the supporting columns, are deserving of both careful and courteous consideration.

It is urged by these gentlemen that the establishing of any line of demarcation between the acute and chronic, the curable and

incurable insane, would be a proceeding fraught with the direst results to the latter class. They urge that the insane of any class should never be placed outside the region of hope; for it is the hope of restoring them to reason and to usefulness, that is the strongest incentive to those having care of them, to persevere in their effort for recovery; and they further say that no physician can dare to affirm of any case that is incurable. The more poetical of those who thus remonstrate, seldom fail to quote for our admonition and edification, the words which *Dante*, in his "Divine Comedy," the "*Inferno*," informs us he saw written over the gate of hell, "*Lasciate ogni speranza voi ch'entrate*," which my friend Dr. McFarland, in his last Report very well renders, "All hope abandon, ye who enter here." These gentlemen seem to overlook the fact that *Dante* was depicting the horrors, not of an Asylum, inhabited by chronic lunatics, constructed for their comfortable, residence, and placed by a Christian Government and Legislature, under the visitorial supervision of humane and intelligent men, but of the "*doleful city*," where even "no hope of death" remains, much less of any compassionate intervention, with a view to the suppression of the "sighs and plaints, and deep wailings, and the strange tongues, horrible outcries, words of pain, tones of anger, voices deep and hoarse, and sounds of hands among them," which the Italian poet there heard. They forget also that a part of the inscription over that strongly barred gate was, "*ed io eterno duro*," and I endure forever; why then embellish an argument on so simple a subject, with such far-drawn poetical illustrations? Let us have more practical common sense, and less poetry. Might not the advocates of comfortable secondary Asylums for the chronic insane, drawing their facts, not from over-heated imaginations, or mistaking for them those "airy nothings" which the "poet's pen turns into shape" and invests with "a local habitation and a name," but from such sources as the late *Dr. Willard's* Report on the Chronic Insane of the State of New York, or the long catalogue of similar revelations of the world-esteemed *Miss Dix*, far more appropriately quote *Dante's* "sighs and plaints, horrible outcries, voices hoarse, *and sounds of hands with them*," as an argument irrefragable in support of their proposition?

No, never ! exclaim the opponents of secondary Asylums, we must have none such. The only course is, as in the words of Dr. McFarland, "to erect institutions in all respects meeting the requirements of the age, and representing the intelligence and philanthropy of the State;" which means, in plain language, institutions more costly and more handsome than any yet erected. Is this not the fact ? I appeal to the candor of all so arguing, whatever it is or not.

Now, whilst we duly esteem the gushing philanthropy, and the frankness of all thus speaking, may we not be permitted to remind them, that their eloquence is very *chronic ?* Have we not heard the same doctrine preached by them for very many years ? Have they not been for a long time, "calling spirits from the vasty deep," and "have they come when they did call for them ?" Seek for the answer in Dr. Willard's Report; ask for it in the Blocksley Almhouse, near the city of William Penn —not at the duplex palace a little farther westward;—enquire of the Board of State Charities in Massachusetts. William Shakspeare said, "It had been well that chapels had been churches, and poor men's cottages Prince's palaces,"—but he could not make them such. The opponents of secondary Asylums may luxuriate in the pleasing delusion, that they will yet see the country studded over with insane hospitals, embodying their highest conceptions, and developing their noblest aspirations; to us, however, in the meantime, and, still worse, to the accumulating thousands who need them, there yet is presented naught but the sad fact of their non-appearance.

No State in the American Union, no Province in the British Colonies, has ever built a new Asylum, until there have been waiting to enter it three times as many lunatics as would fill it; such are what Dr. McFarland designates "the intelligence and philanthropy," not only of his own State, as he will sorrowfully realize, but of every country in the world. Mankind, in the course of time, may, "learn the luxury of doing good," but do not repel them from the lesson, at the outset, by threatening

their pockets,—these parts of their organization have very sensitive nerves,—perhaps as sensitive as those of carious teeth.

Suppose we leave in abeyance the financial consideration of the question, and that we recur not to its poetic phases ; let us approach, with all befitting seriousness, that part of it which relates to our imperfect diagnostic powers, when we deliberate on the curability or incurability of certain cases, or of a multitude of cases I grant that no Medical Superintendent has any pretensions to perfect prescience, and that he would not like to *swear* that even a congenital idiot might not become rational ; that a two or three, or ten years' case of settled dementia might not some day be transformed into one of restored reason ; that a case of deep hereditary taint, after the lapse of two or three years of unavailing and judicious treatment, might not undergo an intermission of the insanity ; or that even an epileptic lunatic, after two years of Asylum lodgment, might not get done with both his mental and bodily maladies ; but I would ask, what is his calm opinion of such cases? What hopes does he feel justified in holding out to the friends? Are they robust, or are they the shadow of a nothing? Well, are we to legislate on shadows or on substances? Are we to abstain from doing good to thousands, through fear, or the shadow of a fear, that we may injure a few—indeed a very few? Really this is still but poetry, but it is the poetry of fiction. Will any gentleman, at the head of any insane Hospital in America or in Europe, venture to say that he is so ignorant in the prognosis of insanity, as to be unable, in at least ninety per cent. of all the cases which have been under his care for two, four, six, or ten years, to tell whether they are incurable, or the contrary? Let no one venture to hint to him he is thus ignorant, unless prepared for his future indignation. Give, however, to every Superintendent, a margin of reservation. Send away from the primary or curative Asylum, no patient, even of five years' unimproved residence, provided the Medical Superintendent says there is yet hope ; and bring back to it, *if deemed advisable*, every one who may begin to show hope after leaving it. Perhaps we should go farther and say, bring back every one who has been seriously injured by leaving it. We may be sarcastically told, that would be

to bring back all ; but in Western Canada, in rebutting an observation of this sort, we have *facts* to stand on, not mere *conjectures*. We know that in our branch Asylums, which do not present either all the internal comforts, or all the external attractions, with which our contemplated district secondary Asylums might be provided, the incurables transferred from this Asylum to them are happy, and that almost without exception, those who are unhappy, were also so here. They carry their unhappiness with them. It was but the type of their mental malady, and it would have proved equally tenacious had they been transferred to a royal palace.

It is one thing to sympathize rationally and practically with the incurable insane ; it is quite another thing to run into poetic sentimentality, and overrate expensively their blunted sensibility. It should be our aim to make them happy ; to make them as happy as we *can ;* and that means to make happy the largest possible number. Any system aiming at this end, but unavoidably reaching in its operation, not the *mass* of the insane, but merely an *accidental* few, can not be the one required. Our existing system has failed, and will continue to fail, in this respect ; therefore it must be supplemented. It must too be supplemented by a system which will cause all localities to pay for the support of their own insane poor ; not for the support of other and perhaps much richer districts. Our present Asylums are supported from the general Provincial Revenues, to which every man and woman in the Province, whether in our remotest back settlements, or in our large populous towns, contribute their quota. Look at the extent to which the large towns, and the most populous and wealthy counties, have drawn upon our Asylum beds, in comparison with the more remote and poorer districts ! Why should the City of Toronto, or the rich Counties of York, Peel, Ontario, Durham, and so on, have their insane *permanently* supported at the expense of others less rich and more distant ? Let all pay for the support of their insane remaining uncured after a certain period, and injustice will no longer be done. Let unions of Counties be formed, and the chronic insane be lodged nearer home, in comfortable but not costly houses, erected by such unions for them ; and by the word *let* is here meant " let it be commanded,

not merely recommended" by Act of Parliament; for otherwise *it will not be done.* It is useless here to reiterate statements as to the probable number of insane persons to be provided for; it is very large, and is continually augmenting. Few are uninformed on this head: but very few care anything about it. True indeed, people having an insane friend, and especially those desiring to have one admitted into the Asylum, think a good deal on the subject; but their convictions as to the need of further provision differ in degree according to the fact, whether they succeed or fail in securing admission. This being accomplished they leave further thinking to those following them. Some, again, have rather outlandish views as to the extent of room needed by the insane. When they see a large building like this Asylum, they think it might contain all the insane, not merely in Upper Canada, but in all British America. A short time ago I was honoured with a visit from a young gentleman, who presented to me a letter of introduction from the worthy Mayor of our City. This youth stated that he was desirous of inspecting the architectural arrangements of the house; and as this appeared to me to be a very laudable purpose, I resolved to take some pains in gratifying his wishes. On seeing the new foundations of the wings, he expressed his astonishment that such augmentations should be necessary. This observation led to a conversation on *cubic space* allowances, and finally to the question, as to how many persons might be lodged in the present building. He said he thought about *five thousand.* Of course I stared. He asked me how many would I say O, I replied, far over your number; I should say fifty thousand, provided you packed them in tight enough. He presently informed me he had seen all he desired to inspect: I had seen rather more than I desired; for I thought he would some day have a deeper interest in Asylum cubic space than he then had. Visits such as these are rather amusing episodes in the monotony of Asylum life; and we are honored with no small number of such. So long as the perpetrators of them do not stare too much, or laugh at our patients, we endeavour to get smoothly through with them; but a very considerable proportion of all who come to see us, do so with about the same object as that for which they go to a circus, a theatre, or a negro concert.

I have lately received the Annual Report of the State Lunatic Hospital at Taunton, Massachusetts, for the year ending October, 1866, written by Dr. Choate, a gentleman of superior abilities. From this Report I find that the people of Massachusetts, ever foremost in the race of philanthropy, have, whilst in other States (excepting New York) nothing has been done beyond idle argumentation, set to work in the practical way, and have now nearly ready for occupation at *Tewksbury*, an "*experimental institution for the incurable and harmless State paupers.*" Dr. Choate does not inform us what inscription will be placed over the gateway; but we may leave this matter very safely in the hands of the Board of State Charities; and we may leave to the *multitude* of intelligent philanthropists, who are the noble ornaments of the old *Bay State*, the jealous guardianship of this new institution.

As the passage in Dr. Choate's Report relating to this institution, is both interesting and instructive, I take the liberty of here transcribing it :—

"At the time of making the last Annual Report," says Dr. Choate," it was confidently expected that by the opening of the new experimental institution for the incurable and harmless State paupers, at Tewksbury, a still further reduction in the numbers at the State Hospitals would ere this have taken place. This expectation has not yet, however, been fully realized, while the erection of the building and the preparation for its use have given rise to much controversy as to the propriety and expediency of the plan, which has not been confined to this State, nor to New England. I still entertain the opinion expressed in the last Annual Report, that such an institution, *if rightly inaugurated and judiciously carried on*, will be a benefit to the State in an economical point of view, will raise the character of the State Hospitals, and will subserve the interests of the insane generally. Theoretically there can be no question that the State Lunatic Hospitals, as at present organized, afford the best facilities for the cure of all classes of the insane; but as the accommodations which they offer *are limited to less than half* of the whole number of the insane in the State, and the choice for the remainder is between such an institution

and the ordinary almshouse provision, at least for such as are supported at the public charge, the election would seem to be clear and easy. *The new institution is not to be considered as in any sense a substitute for a Lunatic Hospital, but as simply an addition or appendage, and as being an improvement in the care and provision for that class whom it will receive. It is to be hoped that the rule will be rigidly enforced, that none shall be admitted into it, who have not first passed through one of the Hospitals, and have been pronounced as, in all human probability, beyond the aid of medical skill.*"

I would entreat special attention to the passages in the preceding extract, which I have taken the liberty of placing in *Italics*. Dr. Choate, with clear foresight, derived from long and calm consideration, stupulates as a primary condition, that institutions for "the incurable and harmless," shall be "rightly inaugurated and judiciously carried on;" and at the conclusion of the extract quoted, he lays it down as a rule, "*rigidly to be enforced*, that none shall be admitted into them who have not passed through one of the State Hospitals, and have been pronounced as, in all human probability, beyond the reach of medical skill."

Right inauguration and *judicious subsequent management* are the alpha and omega of the entire problem. They are more easily written, as words, than realized as facts. The comfort of the insane cannot be directed or secured by those who do not understand their wants, or who have not become familiar with their peculiar, but diversified, mental habitudes. The supervision of institutions for their lodgment, should not be vested in the hands of persons who have not well informed themselves on these subjects, and who are not willing to be instructed still farther, and capable of benefitting from every fact lying in their way. Rash experiments, and perilous innovations, are always entered upon most promptly by those who understand least the causes of existing evils, and the most appropiate means of remedying them. I can hardly imagine any innovation in the essential regulations of secondary Asylums, so inevitably tending to their failure and ruin, as the reversal of the provision, *that none shall be admitted into them who have not first passed through a primary Asylum!* It is

quite within the range of possibility that a change of this sort might be made, in Massachusetts or any other country, by a body of supervisors, who might not have given much consideration to the subject, or who might feel it a compromise of official dignity to ask the opinion of others who had bestowed much thought on it. Errors of this sort are much more likely to occur in America than in England.

Dr. Choate brings to our notice the fact, that the accommodations offered to the insane in Massachusetts, are adequate to less than half the entire number in the State; yet the State has three large Asylums, besides two others at Boston; and it contains a considerably less population than Western Canada. The opponents of secondary Asylums for incurables; would certainly insist on the prompt erection of five additional Asylums, "in all respects meeting the requirements *of the age*," the details of which "*are not to be spoken of further*," at the present time.

Dr. Choate most pertinently says, "The whole question of providing for the dependent insane has become one of compromise." There must be some limit, and I can see no safer or more practical mode of establishing limitation, than the plan recommended in my Report of last year. Make the people the almoners of their own bounty; and abolish, *as far as safely may be done*, the feelings of serfdom fostered by a pauper dependence on central authority. What boots it to those who pay, whether their money is taken from them directly by a municipal rating, or indirectly by a customs or excise officer? The real question for their consideration is, do we get back the value of our money? So far at least as the chronic insane are concerned, when each district or union of counties, supports its own share of them, and no share of those of other districts, and when each town and township levies from its inhabitants, just so much as it pays for support in a secondary Asylum, of the insane inmates belonging to itself, it is evident that not only will a safe limit have been established, but that all outcry against the supreme authorities of the country would be at an end. Their duty will have been adequately discharged, when they have enacted such statutory provisions as will make it imperative (not optional) on the local authorities to do theirs

I restrict these observations to the *chronic insane*, or *harmless incurables*. It is my abiding conviction, that the central or supreme Provincial authorities should provide for the maintenance and treatment of the *acute insane*; and it is further my conviction that *all* the insane institutions, *primary and secondary*, should be subject to regular inspection, by a Board of experienced and humane gentlemen, immediately responsible to the supreme authority. Under such a system, carefully and considerately carried on, it is hardly to be doubted good results would be attained. But they will not be attained by the mere talking of them, nor by the shedding of any quantity of ink by me, or others, in the advocacy of the system.

DOMESTIC AFFAIRS.

On the general domestic affairs of this Asylum, I have nothing to state of importance, which has not already, in my Quarterly Reports, been submitted to your Board. It is most gratifying to me to be able to say that the operations, both of the Chief Asylum and the University Branch, have been conducted to my entire satisfaction, and that the various officers and servants in them have faithfully and humanely discharged their respective duties.

To the clergy of the various denominations we still continue to be deeply obliged for their regular religious officiations.

The thanks of the Institution are due to the Press, for the following papers and periodicals, gratuitously furnished for the benefit of the patients, viz:

Leader (daily),
Leader (weekly),
Christian Guardian,
Kingston Chronicle and News,
Ottawa Citizen,
Echo,
Canadian Statesman,
Guelph Herald,
Galt Reporter,
Berlin Telegraph,
Elora Observer,
St. Catharines Constitutional,
Ingersol Chronicle,
Chatham Planet,
Christian Advocate,
Canadian Journal of Science, &c.,
Journal of Education
Canada Presbyterian,
Monthly Record.

We have endeavoured to keep the library, without undue expenditure, up to the measure of usefulness, introducing such books only as have been deemed best suited to amuse and benefit the patients. *The London Illustrated News*, and *Good Words*, are subscribed for by the Institution, and are both found very entertaining and instructive.

The expenditure for maintenance in the past year, has been higher than ever before, and has overrun my estimate. The source of this increase has been, almost exclusively, in the item for *food*. This outlay could not be curtailed. It is unnecessary to explain that the increased cost has arisen from the prices latterly obtaining; a fact which will be pretty readily understood by all who read this Report.

In the *Statement of the Affairs* of this Asylum, which I am called on to furnish annually to the Provincial Auditor for insertion in the *Blue Book*, I am obliged to represent under the head "*Income*," all money received by the Bursar for the maintenance of patients, and for articles produced by the institution and sold, though I am informed by that officer that he is required regularly to transmit all such moneys to the Receiver General, and consequently he cannot use them in payment of accounts. It is manifest from these facts, that the Asylum is made to appear in the Blue Book as receiving more money than in fact it does. In 1866, the amount thus overrated has been $4,789.30, and in 1865, it was $4,413.50.

I trust that before another year shall have passed, your Board will have the pleasure of seeing the two new Hospitals, for the sick and infirm, which are now well advanced, comfortably occupied by the class for whom they have been designed; and that fair progress shall have been made with the two wings, the foundations of which have been proceeded with to a considerable extent. When the whole of these structures are completed, Upper Canada will be able to shew an *Insane Hospital* hardly inferior to any on this Continent.

Thanking your Board, on my own behalf, and on that of all under my care, for all the kindness shewn by you towards us in the past year, and for the close attention given by you to all my representations of the wants of the Institution, and your prompt provision for the same, and earnestly praying for the blessing of God on all your future efforts in the same direction,

I am, Gentlemen,

Most respectfully,

JOSEPH WORKMAN, M.D.,

Medical Superintendent.

APPENDIX.

The three tables following are furnished in conformity with the wishes of the Board. As I do not understand the value of them, I abstain from any lengthened explanations. It is, however, not improper to observe, that the classification of the insanity of patients, as exhibited under the six heads in table second, is alike useless and deceptive, especially under the first two. Suicidal Mania, for example, may often have equal claim to stand under the head Melancholia as under that of Mania; but it would derange our Registers thus to place it. Again, many cases alternately present the two forms. A patient may enter the Asylum in a state of profound Melancholy, and yet not long after may present all the symptoms of intense Mania. Many who *enter* the Asylum under the form Mania, pass, in course of years, into the form Dementia. If, at their death, we should put them under this head, the whole figures of our tables would be conflicting. The figures, therefore, presented in the tables have been drawn from the Admission Register, and indicate the presenting form of the insanity on admission.

TABLE I.

	Number remaining 1st Jan, 1866	Admitted during 1866.	Average Inmates in 1866.	Deaths in 1866.	Discharges. Recovered.	Discharges. Improved	Discharges. Unimproved	Transferred to Orillia.	Average Stay in Asylum. Died.	Average Stay in Asylum. Discharged.	Entered before 1866 and yet remaining.	Remaining in on 1st January, 1868.
									yrs. m. dys	yrs. m dys.		
Males	205	28	466	7	18	4	.....	6	1 3 22	3 10 25	189	211
Females	252	36		16		2	1				231	261

TABLE II.

	Remained from 1866.		Admitted in 1866.		Discharged in 1866. Recovered.		Improved.		Unimproved		Died in 1866.		Average stay of Died.	Average stay of Discharg'd	Transferred to Orillia.		Remaining in, on 1st Jan., 1867.	
	Males.	Fem.	Males	Fem	Males.	Fem.	Males.	Fem.	Males	Fem.	M.	F.			M.	F.	Males.	Fem.
Mania	139	181	19	27	5	17	3	2	.....	.....	2	10	See Table I.	See Table I.	3	.....	145	179
Melancholia	14	16	1	6	.....	1	.....	.....	.....	.....	.....	1			.....	.....	15	20
Dementia	36	55	3	2	.....	.....	1	.....	.....	1	.....	3			1	.....	37	53
General Paresis	7	.....	5	.....	.....	.....	.....	.....	.....	.....	5	.....			.....	.....	7	.....
Epilepsy	3	6	.....	1	.....	.....	.....	.....	.....	.....	.....	2			.....	.....	3	5
Others	6	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....			2	.....	4	4
	205	262	28	36	5	18	4	2	.....	1	7	16			6	.....	211	261

NOTE.--The above classification accords with the entry on admission, not with the subsequent condition.

TABLE III.—OBITUARY FOR THE YEAR 1866.

No. of Death.	Register No	Date of Death.	Date of last Admission.	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.
1	2666	Jan. 8	Mar. 25, 1862	39	Married	Mania of General Paresis	Gen Paretic State	4 years 10 months.	None	General Paresis.
2	2154	Jan. 15	May 18, 1865	58	Married (W)	Melancholia	Very bad	1 year 6 months ...	Some organic lesion	Lat. Phthisis and Enteritis.
3	2368	Jan. 27	Aug. 38, 1860	45	Married	Maniacal	Feeble	8 years	None	Scrofula.
4	2528	Jan. 30	July 2, 1861	56	Single	Demented	Feeble	5 years	Monetary Matters.	Phthisis pulmon. manif.
5	2098	Jan. 31	Oct. 8, 1858	65	Single	Demented	Feeble	1 ? years and over.	None	Phthisis pulmon. lat.
6	2683	Feb. 7	May 6, 1862	40	Married	Maniacal	Anemic	7 years and over ...	None	Phthisis pulmon. manif.
7	1474	Feb. 10	Nov. 26, 1853	65	Married	Maniacal	Not Good	13 years	None	Heart disease.
8	3147	Feb. 23	May 15, 1865	36	Married	Demented	Very Poor	1 year ?	Exposure to cold..	G. Paresis (ultimately).
9	2964	Mar. 20	Dec. 8, 1863	29	Married	Mania of General Paresis	Good (apparently).	2 years 7 months...	Whiskey	G. Paresis.
10	2661	Mar. 22	Mar. 18, 1862	59	Single	Maniacal	Feeble	Many years	Fever	Phthisis pulmon lat.
11	2826	Mar. 24	Feb. 3, 0863	27	Single	Maniacal	Bad.....	Over 4 years	Disapp'ed hopes, Masturbation....	Phthisis pulmon. lat.
12	2593	April 11	Oct. 1, 1861	27	Single	Maniacal	Bad, Epileptic from infancy.....	Many years	Epilepsy	Phthisis pulmon. lat.
13	2618	April 15	Nov. 27, 1861	71	Married	Maniacal	Very weak	Over 6 years	None	Phthisis pulmon. lat.
14	1471	April 20	Nov 22, 1855	72	Married	Maniacal	Feeble	Very many years...	None	Phthisis pulmon. lat.
15	2080	May 20	July 9, 1868	43	Married	Maniacal	Apparently Good.	Over 8 years	None	Phthisis pulmon. manif.
16	2701	June 24	July 15, 1863	38	Married	Maniacal	Apparently Good.	3 years 3 months...	None	Gen. Paresis.
17	2681	June 23	May 3, 1862	38	Married	Maniacal	Feeble	Over 4 years	None	Phthisis pulmon. lat.
18	2835	June 28	Jan 9, 1852	36	Married	Maniacal	Irregular	5 years	None	Phthisis pulmon. lat.
19	3048	July 2,	June 14, 1864	45	Married	Maniacal	Apparently Good	3 years	Intemperance	Gen. Paresis.
20	3225	Aug 20	April 4, 1866	60	Married	Demented	Feeble	Over 2 years	Grief	Apoplexy sanguine.
21	3205	Sept. 28	Oct. 17, 1865	65	Married (W)	Maniacal	Very Bad	1 year 3 months ...	Loss of Husband..	Heart disease.
22	3224	Oct. 30	April 3, 1865	33	Married	Maniacal	Bad	2 years 3 months ..	Epilepsy	Epileptic Apoplexy.
23	3264	Nov. 30	Oct. 15, 1866	27	Married	Maniacal	Very Bad	4 months	Inflam. of Brain...	Traumatic G. Paresis.

POST-MORTEM OBSERVATIONS.

As the reduction to a mere tabular form, of facts obtained in *post-mortem* examinations, so far as relates to the conveying of useful or interesting information, is a most absurd waste of labour, and can never command the attention or respect of any intelligent reader, I prefer offering, instead of the column prescribed for this purpose in the "Obituary," a condensed statement of the most interesting cases which have fallen under our observation in the past year:

Case, Register No. 3,154.—E. T., aged 58; female; admitted 18th May, 1865; was stated to have been insane 10 months prior to admission. Cause assigned by her medical attendant, "some organic lesion." Form of mental disease, intense melancholy. Died 15th January, 1866.

P.M.—Body extremely emaciated; peritoneum normal. In left lobe of *liver* a hydatid cyst containing 3 drachms of clear fluid. Around this cyst the substance of liver consolidated. Lining of *stomach* covered with slimy tenacious excretion. The *ileum* red and inflamed throughout; the lower twelve or thirteen inches almost broken down. One-third of *jejunum* similarly affected. Transverse *colon* deflected 3 inches below the umbilicus. *Uterus* small; ovaries shrivelled.

Thorax contracted. Left lung had many tubercular nodules, and at its apex was a well-marked stellate cicatrix; a large vomica full of very fetid puruloid matter in the upper lobe. Apex right lung studded with cretaceous tubercles, other parts of this lung contained sparse tubercles. A large pseudo-polypus in right auricle of the heart.

Head not examined.

Case, Register No. 3,147.—S. W., a woman, aged 36; admitted 15th May, 1865, died 23rd February, 1866. Her mental state on admission was that of placid dementia; indications of *general paresis* subsequently presented, but the mental symptoms never attained that distinctive form which is observed in almost all male cases. Keenness of appetite, impairment of speech, and progressive muscular debility were however clearly evinced.

P.M.—Head. No abnormal adhesions of *dura mater*, but the color of this membrane was pinkish from the injected state of the small vessels. Considerable quantity of serum beneath cerebral *arachnoid.* Along the course of the larger vessels of the *pia mater* this fluid was opaque, and had a *set* appearance. Many flaky deposits on *pia mater* over anterior and middle cerebral lobes on each side of the cerebral fissure. At the base of the brain about 8 ounces of serum. *Right* lateral ventricle distended with serum; *left* had only about 3 drachms.

As the patient had long suffered under suppuration in one ear, much care was taken to ascertain the condition of its internal parts. The auditory nerve, at its entrance into the internal foramen, had its neurilemma congested and reddened. On opening the *hiatus fallopii*, and cutting into the internal auditory passages, extensive caries was discovered.

The *left foot* was gangrenous. No change however was observable in the large blood vessels passing to it.

Lungs had some tubercles, and pleuritic adhesions.

The *transverse colon* was deflected as low as the brim of the *pelvis.*

Case, Register No. 2,964.—W. L., a man, aged 29. A case of well-marked *general paresis.* The cause assigned for his insanity was "Whiskey;" but whether he really had been intemperate or not, I cannot assert. I have known so many instances in which persons affected with *paresis* have been unjustly accused of drunkenness, as to cause me to be very cautious in admitting the statement when it is offered by persons not thoroughly knowing the former habits of the patient. It is very certain that the great majority of all the patients affected with this disease, who have been sent to this Asylum since my entrance, have been men free from the habit of intemperance.

P.M.—Head. No abnormal adhesions of *dura mater*; but it bulged from the quantity of fluid beneath it.

Pia Mater universally reddened. Much fluid on the base of the skull and in the lateral ventricles. No special abnormality of brain structure.

Case, Register No. 2,826.—T. D., a man, aged 27; insane for several years before admission. One side of his body was half covered with large patches of *naevi materni*, which owing to the feeble power of the capillaries, had generally an inky hue. It appeared that he had been a rather promising youth, but owing to causes which his friends did not understand, his mind broke down, and confirmed insanity ensued, the *assigned* cause of which was "*disappointed hopes.*" We too well know what was the real cause, for a more obstinate case of insanity associated with secret bad habit, has hardly been met with here. Before his death sloughing of the scrotum and other contiguous parts, induced by cutaneous inflammation, from a cause which it is unnecessary to specify, had taken place. A more piteous human wreck could hardly be imagined.

P.M.—Testes completely exposed, and the dorsum penis also bare. The ulcerative process extended to adjacent parts.

Intestines, stomach, liver, spleen, and *pancreas* all normal.

Lungs totally destroyed by tubercles.

Heart hypertrophied to double the normal size.

The full details of *post-mortem* condition of certain parts are unfit for publication in an annual report.

Case, Register No. 2,618.—M. S., a woman, aged 71; an inmate for nearly 4½ years. Her insanity was not characterized by an undue amount of the virtue of charity towards those about her. She prayed for her attendants backwards, and often assigned to me very warm lodgings in a certain region, which I need not here mention. She accused all around her of constantly giving poison to her in her food, and sometimes she gave rather unpleasing names to the cuts of flesh-meat served to her. She asserted she had a "canker in her throat;" and though this dated back in her narrative, to a period long anterior to her entrance here, yet our poison had produced it.

P.M.—We were anxious to discover whether any diseased condition of the œsophagus was associated with the pain she so long complained of as being aggravated by swallowing. A partial constriction of the œsophagus was found over the course of four of

the tracheal rings—the second to the fifth. It appeared to be caused by shortening of the circular fibres. There was also slight enlargement and induration of the right lobe of the *thyroid gland.* These deviations may have lain at the foundation of her peculiar delusions.

The *heart* was found in a state of fatty degeneration. The valves were partially ossified.

The *lungs* were totally destroyed by tubercles.

The transverse *colon* was deflected 2½ inches below the umbilicus. The pyloric orifice of the *stomach* was much thickened, and its canal constricted. In the left ovary was a hydatid cyst, of the size of a large pea.

Case, Register No. 2,901.—P. M. B., aged 39. A splendid looking man, presenting on his admission every appearance of excellent health, and but very faint indication of the disease under which, in three years afterwards, he died. The first observable physical symptom was the blunting of the speech. The others followed in due course. His enlarged ideas of his own wealth did not extend beyond horses and waggons; but these were numerous, and all of the best quality. The case ran the nsual course.

P.M.—The body, as is often the fact in *General Paresis* in this house, was in very fine condition.

On opening the *dura mater*, about 12 ounces of fluid was found effused. Both large and small vessels of *pia mater* turgid with blood. All the cerebral ventricles filled with dark serum.

Left *lung* infiltrated with serum; and its thorax had about 6 ounces of straw-colored fluid.

Right *lung*, bound to thoracic wall by false membrane. A dense stellate cicatrix in the epex.

Case, Register No. 2,635.—E. M., a woman, aged 36. An inmate for 4½ years. Had, for some time prior to death, the bronzed skin ascribed to the *morbus Addisonii.*

P.M.—Left *lung* bound to thorax by old adhesions, and some recent ones. In the lower lobe an abscess filled with greenish yellow pus, nearly filling the whole lobe. The upper lobe con-

tained several diffuse abscesses, and nodulated indurated portions.

Right *lung* also bound to chest by adhesions. In the apex several abscesses. Lower lobes infiltered with serum, and in parts indurated.

Liver considerably enlarged. Its substance was in a state of fatty degeneration.

Transverse *colon* deflected into the cavity of the pelvis, and the ileum drawn down with it.

The *ileum* of a greenish black hue, and semi-gangrenous throughout.

Kidneys rather large, but the capsules undiseased.

Case, Register No. 3,048.—J. S., a man, aged 45 years. A case of *general paresis*. Insanity assigned to intemperance. As his wife was under my care several years before he became insane, and still continues an inmate, I was aware that his habits were irregular. His insanity manifested delusions of grandeur, of the very highest order. His career was a constantly downward one. All power of speech was obliterated for a long time prior to death.

P.M.—The body was unusually emaciated, for a case of *general paresis*. On laying open the *dura mater*, a thick false membrane, holding numerous blood clots, was found imposed on the arachnoid, and over the anterior, and middle lobes of the brain on the right side. There was a large quantity of fluid between the membranes and in the ventricles, at least a pint in all.

On the surface of the *pia mater*, a number of rust-colored spots, and under these, depressions, apparently indicating the seats of old extravasations.

Case, Register No. 3,225.—A. K., aged 60. A man of temperate habits. Insanity of two years' duration, and ascribed to grief, resulting from the loss of a daughter by drowning. He was generally tranquil, but subject to occasional paroxysmal turns. A slight hesitancy of speech was observed, and his attendants stated that he was subject to "staggering fits" of short duration. On 16th August, over four months after his admission, he had a partial stroke of paralysis, effecting chiefly his legs and arms, and lasting better than an hour. On 17th he was able to walk to

dinner. On 19th he had another stroke which was followed by *coma.* He died on 20th.

P.M.—On incising the *dura mater*, a gush of blood followed the knife, and fully a pint poured out. Close search was made to find the ruptured vessels, but none were found. The brain was compressed into a pyramidal form, and shewed no resiliency. The brain substance was softer than normal. Very little serosity in the ventricles. A considerable clot of blood was found in the middle of the right *crus cerebri.*

The case last detailed appeared to us very interesting. The large quantity of blood found within the *dura mater*, the compressed form of the brain, and its actually atrophied appearance, all seemed to warrant the belief that the extravasation had been gradual. Not only could so large a quantity not have been suddently effused, without instant destruction of life, but it could not have found space for its lodgment. The capability of the brain, in lunatics, to accommodate itself to the *gradual* deposition of blood or serum, appears to me to be well illustrated by a comparison of the present and similar cases, with those in which thick (sometimes half an inch to an inch thick) loosely organized deposits are found, covering a large extent of the surface of the brain.

The case (Register No. 3,048) immediately preceding, was one of the latter class; and our *post-mortem* records exhibit a considerable number of the same character. It is beyond question that these organized deposits are of gradual growth; but the amount of the extravasation, on each occasion of fresh deposit, is not large; and very probably each additional extravasation is contemporary with one of those apoplectiform seizures which occur in the majority of cases.

The case 3,225 came to us, as many others do, with a very meagre history, and even that which was given was probably incorrect, for the patient was stated to have "no fault in speech and no paralysis." He had imperfect articulation of speech, and at times imperfect locomotive power. It was not stated that he

ever had any apoplectiform seizure, and he may not have had any ; yet it would be satisfactory to have been clearly informed on this point.

The case No. 2,826 presented a strongly marked instance of the extent to which lung destruction may proceed in lunatics, without any of the usual manifestations of the disease. This patient had neither cough, expectoration, nor hectic symptoms, yet I never saw a pair of lungs with less breathing space left undestroyed. I have noted the sad fact of the presence of secret bad habit in this patient. I think it is almost an unfailing rule, that this class of patients die of consumption, how long soever may be the duration of their miserable existence ; and I have been assured by an intelligent country physician, that the number of cases noted by him, of consumption, preceded, and too often probably induced by the evil habit referred to, is very large.

It is not therefore within the walls of a Lunatic Asylum, that we seeall the wrecks produced by the "*enshrouded moral pestilence.*" Would that these facts may receive from those whom they most concern, that cosideration to which their fearful import entitles them !

JOSEPH WORKMAN, M.D.,
Medical Superintendent.

ANNUAL REPORT

OF THE

MEDICAL SUPERINTENDENT

OF THE

PROVINCIAL LUNATIC ASYLUM, TORONTO,

FOR THE YEAR 1867.

To His Excellency Major-General Henry William Stisted, C. B., Lieutenant Governor of the Province of Ontario.

MAY IT PLEASE YOUR EXCELLENCY—

I have the honor of submitting to Your Excellency the following report of the Provincial Lunatic Asylum, at Toronto, for the year 1867—the twenty-seventh of the existence of the institution.

	MEN	WOMEN.	TOTAL.	TOTAL.
Number of patients remaining in the Chief Asylum and the University Branch on on 1st January, 1867	211	261		472
Admitted during 1867	53	56		109
Total under Treatment	264	317		581
Discharged, including one man eloped	22	23	45	
Died	13	12	25	
Transferred to Orillia	6		6	76
	41	35		
Leaving in on 1st January, 1868	223	282		505

The average number in for the whole year has been..... $479\frac{146}{365}$

" " 1866 was 466

" " 1865 " ..... $469\frac{2}{3}$

" " 1864 " 464

NEW HOSPITALS.

The admissions in 1866 were 64 : males, 28 ; females, 36.

The increased number in 1867 has been due to the opening, in October and November, of the two new buildings, called Hospitals, each of which is now occupied by twenty-seven patients, male and female. These patients have been selected with a careful regard to their mental and bodily condition. The buildings, as to ventilation, genial warmth, and general comfort, are a perfect success, and reflect much credit on the architect and the contractors. They are not, as at present peopled, to be regarded strictly as Hospitals, but as cheerful *Homes*, in which the health of the feeble, who require particular care, may be improved, or upheld, and the susceptible minds of the gentle and quiet may escape that disturbance and irritation which, in the Chief Asylum, can not be averted. In the event of any visitation of epidemic disease, they will, I think, prove highly serviceable. The first occupant of the western one was a nurse, who had contracted Scarlet Fever. The case was of very threatening character, and had the girl remained in the crowded ward to which she belonged, not only would her own life have been imperiled, but in all probability the disease would have spread through the house. The improvement in her condition, which became obvious almost immediately after her removal to the Hospital, sufficiently demonstrated the sanatory qualities of the house ; and the fact that not another case of the disease occurred, proved the great value of this means of isolation. The untoward manifestation of this case, however, prevented for a month the occupation of this Hospital by other patients, and, as a consequence, retarded the admission of new patients whom I had hoped to be able to receive at the close of September.

These buildings will have their own ornamental surroundings of shrubberies, flowers, and pleasant walks ; and I trust yet to see them models of their sort, not unworthy the respect and imitation of other countries. It has ever been my earnest purpose to elevate the character of the Toronto Asylum, and I believe that nothing yet done will hereafter rank higher in this regard than the erection of these two small buildings.

The eastern, or female Hospital stands 200 feet from the new east wing, and the western or male Hospital 250 feet from the west new wing. Each is 58 feet long by 37½ feet wide, and has a rear appendage on the north, of 27 by 23 feet. They are each three stories high. The main part is occupied by twenty-seven patients, two attendants, and a cook. The patients occupy the second and third stories. In the second story are the day room, and one dormitory for nine patients. In the third story are two dormitories, each for nine patients. The ceilings are twelve feet high. The rear appendage contains, on the first story, the heating furnaces, hot-water boiler for the baths, and the servants' water-closet; and in each of the upper stories a lavatory, bath-room and water-closet. These are divided from the main building by a passage of six feet wide, through which may play a through-and-through draft of fresh air; but the ventilating flues constructed by the architect, in all the rooms, and terminating in the furnace chimneys, are found to work so well, that no foul air can ever be felt in any portion of the house, provided attention is given to the registers in the walls, commanding the entrances into these flues. The furnace-room and the passage between it and the main building, have been made fire-proof.

The ventilation of the water-closets has been carried out on *our own* system, which is at once the cheapest, the simplest, and the most efficient in existence; but because so cheap and so simple, not likely to be adopted, unless by persons of common sense; therefore its extension will not be very rapid. It consists merely in the insertion of a three-inch lead, or galvanised iron, air-tight tube, into the soil-pipe, below the pan, and three or four inches above the surface of the water in the goose-neck trap. This air-pipe is carried to the nearest chimney with good and constant draft. It converts the water-closet pan into a *quasi* tobacco-pipe bowl, and so long as the chimney pulls, air must be drawn down into the pan; and no foul air can rise from it; for it passes off by the breathing-tube to the chimney, and were the water-closet placed in one's bed-room, instead of vitiating, it actually would tend to purify it.

Of the four Griffith's ventilators placed on each Hospital, I have found it imperative to cap over three. In calm weather, when ventilation is really wanted, these machines are utterly useless, or a little worse; in windy weather, when natural ventilation, by doors, windows, and chimneys, requires no aid, they work; and in very cold, stormy days, when there is already too much ventilation without them, they whirl fiercely, and contribute liberally towards internal congelation and increased consumption of fuel.

The heating of the Hospital is effected by the Perkins's hot-water system, and has been found quite satisfactory. It is, I believe, much cheaper, and certainly much less dangerous, than steam-heating.

Every room in the building has a fire-place and grate; but fire has not yet been used in any except the sitting-room. Ventilating orifices of nine-inch diameter, and commanded by iron registers, are inserted into all the chimneys; and in each room are five others, along the course of the horizontal flues, which are carried, in the walls, to the furnace-chimneys. In cold weather it is found necessary to close one-half of these orifices, to prevent too free a ventilation.

In the upper iron sash of each window is a hinged pane, with a proper fastner, to admit fresh air when wanted. The lower sash is of wood, and is hung with weights. It is easily raised. An ornamental iron guard is placed before it.

The best proof of the efficiency of any system of heating, or ventilation, is the observed result; and if this be the fact, we have reason to be perfectly satisfied with the attainment of the architect in the present instance.

ADMISSIONS.

The admissions in 1867, as in all other years, have included a large proportion of chronic cases. Were it even possible to admit patients as fast as applications come in, this untoward fact would

still obtain ; for very few persons, who are at all able to detain their insane friends at home, consent to send them to an Asylum, until this step has become a matter of dire necessity ; and too often when this conjuncture has been reached, the disease has passed on to a hopeless stage.

Of the 109 patients admitted in 1867, 32 are known to have been insane for one year and upwards, and 20 are given as insane from six to twelve months ; but the figures given in these cases are quite unreliable. Very commonly the duration of the insanity, as given in the medical certificates, applies merely to the last attack, or exacerbation, of the malady ; and sometimes only to its last paroxysm.

In July a patient was admitted whose insanity was called of "two days" duration. The case is one of chronic epileptic mania. Five or six years ago, admission was awarded to this patient, but the vacancy was declined by his friends. The case was then of long duration, and totally hopeless ; yet in July, 1867, it was sent in as of two days duration. True, indeed, this was called the duration of "the last attack," and the patient was stated to to have had "a very large number" of previous attacks. In reality these sc-called attacks were merely epilectic poroxysms. The insanity was continuous.

The number of cases of recurrent insanity,—that is to say, of persons who had previously been patients of this or some other Asylum—was 20. Of these 13 had before been patients in this Asylum,—8 of them once ; 3, twice ; and 2, seven times. One of those admitted for the second time had been out for twenty years, and will soon be again at home. A second who had been twice in before, was out for eleven years. He also will, it is expected, once more recover. Of the two, admitted each for the eighth time, one has been discharged recovered, and the other will follow in the course of a few months. Both will again return. The intervals of mental soundness of these two have been as follows :—

FIRST CASE.

						Y.	M.	D.
Between	1st	discharge	and	2nd	admission,	1	8	0
"	2nd	"	"	3rd	"	0	6	0
"	3rd	"	"	4th	"	0	9	9
"	4th	"	"	5th	"	0	11	0
"	5th	"	"	6th	"	0	10	0
"	6th	"	"	7th	"	0	9	0
"	7th	"	"	8th	"	1	6	0

This woman is now seventy-four years old, and has an excellent constitution. She had one short fit of an epilecti-form character during her third residence in the Asylum; but, so far as I am aware, she has had no other. She is a model of propriety, quietude, and intellectual clearness, in her sane intervals; but in her insanity the reverse. When she will come to us, not again to leave, is a question not for me to answer.

SECOND CASE.

						Y.	M.	D.
Between	1st	discharge	and	2nd	admission,	4	4	0
"	2nd	"	"	3rd	"	0	0	6
"	3rd	"	"	4th	"	1	6	0
"	4th	"	"	5th	"	0	11	0
"	5th	"	"	6th	"	1	6	0
"	6th	"	"	7th	"	1	3	0
"	7th	"	"	8th	"	3	0	0

This woman is now forty-three years of age, and has been the mother of thirteen children, of whom seven are living. How many of these may yet become charges upon the public funds, time must reveal. Her insanity is of the puerperal type, but generally has manifested itself between the third and fifth month of lactation. Her recoveries have always been complete, unless on one occasion when she was taken home by her husband, on his own responsibility, and brought back in six days. Friends of patients, thus acting, seldom fail to discover their error, and to feel its consequences; but the experience of one fool cannot benefit another. Would it not have been a public, if not also

a private benefit, that this woman had remained unrecovered on her first admission, when she had given birth to only one or two children? For years past she has left the Asylum merely to have another child, and to become once more insane during the nursing of it. Her periods of asylum treatment have varied between four and eight months. She has always gone home fat and in perfect bodily health, as well as in complete mental competency. She is a quiet, industrious, and exemplary woman whilst sane; but when insane she is one of the most mischievous and troublesome patients in the whole Asylum.

May it be hoped that when her period of child-bearing has passed, she will escape further attacks?

"'Tis a consummation devoutly to be wished for."

DISCHARGES.

The discharge in 1867 have been 45, including one elopement —22 men and 23 women. This number is 50 per cent in excess of 1866; the number in that year having been only 30. This was certainly low enough, yet the printer of the *Blue Book* seems not to have thought so, for he has reduced it to 20.

Amongst the discharged patients of 1867 were three, whose condition for a long time was such as almost to shut out the hope of restoration. One was resident 7 years, 8 months, and 12 days; the second 5 years, 11 months, and 21 days; and the third, 4 years, 3 months, and 9 days. The latter two were at one time intensely suicidal, and were buried in profound melancholy. Recovery in all three appeared complete.

The average duration of treatment of the aggregate of the patients discharged, is of course much augmented by residences so long as the above; and those who estimate the value of professional labour by its brevity, must regard these three cases as rather discreditable, but the experienced psychologist will view them otherwise. If the average treatment in Asylums were more largely increased by such recoveries, it would be still more creditable to us.

To the preceding three I might add another, had the case been one of unequivocal charcter. The patient was a young man who was resident for seven years and a half. He was one of a class which is rather more numerous than it should be. Better pleased with Asylum lodgment and diet than with hard work at home, and sufficiently adept in the science of bad conduct, to pass before medical examiners and County officials as insane. Within a few days after discharge I received a very urgent letter from a benevolent gentleman, begging me to re-admit my old acquaintance; but not taking the same view of the mental condition of the young man, nor of the true purpose of Asylum *"charity"* as my correspondent, I declined renewal of the intimacy. I shall not, however, be much surprised hereafter to learn that this person will, with the aid of magisterial interposition, obtain the grand object of his ambition,—which is to eat the bread, and to occupy the bed, which should be bestowed on the truly afflicted. An old man in his last stage of bodily decadence was taken home by his friends to die, after a residence in the Asylum of ten years and three months; and a woman partially recovered was taken out after six and a half years' residence, by the *Sisters of Charity* in exchange for an intensely acute case, for which it was impossible otherwise to provide. This is the second time the same patient has been so exchanged.

The average Asylum residence of the forty-five discharged patients has been brought up to the high figure of one year, eight months, and twenty days. Excluding, however, the six long residents from the list, the average period of treatment of the remaining thirty-nine will be ten months and a half. This would have been the actual average had none of the six mentioned been discharged.

Figures, therefore, without any exposition of the facts which they represent, are very unreliable evidence of the real working of any Asylum or Hospital; and, as I have too often seen, have been mischievously or stupidly quoted by persons wishing to establish some pet conclusion.

DEATHS.

The deaths in 1867 have been 25—of men, 13 ; and of women, 12. Three of these occurred in the University Branch, and the remainder in the Chief Asylum.

The mortality of the whole number under treatment, 581, in the year, is equal to $4\frac{3}{10}$ per cent., and on the average number resident about $5\frac{2}{10}$ per cent. I believe these figures compare favourably with those of Asylums elsewhere.

In 1866 the deaths were 23 in a total of 531 under treatment, or over $4\frac{3}{10}$ per cent.

As usual, the two chief factors of mortality have been consumption, and general paresis, there having been nine deaths from the former, and seven from the latter. Five of the cases of consumption were *manifest*, and four *latent phthisis*. All the cases of paresis were in males, except one. Thus two-thirds of the whole deaths have resulted from the above two incurable diseases.

Two deaths were produced by epilepsy, and one each, by scrofula general dropsy, spinal disease, and apoplexy. One resulted from chronic meningitis, one from exhaustion of acute mania, and one from extended disease of various organs, but chiefly of the stomach and kidneys.

The longest period of residence of the patients who died, was 19 years and 6 days, that of an epileptic ; a second was 17 years, 9 months, and 23 days ; a third, 13 years, 4 months, and 3 days. The shortest period was 5 days : this patient should not have been sent in, for it was easy to see, on his arrival, that death must soon close the case.

APPLICATIONS FOR ADMISSION.

The applications for admission in 1867, have been 248, and as only 109 were admitted, it is easy to see how far our means of relief fall below the demand for it. Had not the two new Hos-

pitals been opened in the fall, the admissions would have been only 55.

The total registered applications in the last five years have been 1,251. Some of this number have been renewals of former applications withdrawn by the friends, from various reasons, or the want of reason, but again found necessary to prefer. A few are duplicates, the same persons having been applied for by different persons. We may perhaps strike off 100, for the above reasons. We shall thus have a remaining total of 1,150.

The admissions in the same period have been 573, consequently 577 have failed to obtain admission. Probably ten per cent. of this number have died, which would leave 520 unprovided with the asylum lodgment sought for them.

The two new Wings of this Asylum, when completed, (which cannot be less than two years more, as the best part of last summer was lost, for want of funds,) will accommodate between 200 and 220 patients. Of these, the lunatics in the University Branch, who must be removed as soon as the Wings are opened, will make 75, leaving 145 beds for the reception of new patients. This will be the extent of the relief to be offered to the 520 waiting for it; and these, before the lapse of two years, must be augmented to at least 750.

Those persons who look forward to the completion of this Asylum as the full measure of required provision in this Province, for its insane, understand but little of the subject. I have not taken into consideration the arrearage at the Malden Asylum, for the seven south-western Counties, yet I am sure it must be heavy.

I regard the requirement of another asylum as imperative; the 240 patients in the Malden Asylum would fill two-thirds of it, and this most perilous makeshift should be emptied and abandoned as soon as possible. I think it is manifest that London is the proper position. This opinion is offered on the broadest general grounds.

THE NEW FARM.

The farm of thirty-six acres, contiguous to our grounds, which was last year rented from Mr. Bacon, was cultivated by our people with success, and had the season not proved so persistently dry, the returns would have been still more valuable. Even as it was, they have been abundantly compensative.

The products were :—

Potatoes	895 bushels.
Oats	450 "
Mangel Wurtzel	13½ tons.
Hay	13 "
Indian Corn, (green feed)	25 loads
Apples	9 barrels.
Oat Straw	10 tons.

The market value of the above, when placed against the rent and other charges, would shew us a fair balance.

The total crop of last year on both farms, was as follows :—

Potatoes, (of excellent quality)	2043 bushels.
Oats, (about)	900 "
Mangel Wurtzel	39½ tons.
Hay	31 "
Carrots	6½ "
Oat Straw	16 "
Indian Corn, (green feed)	25 loads.
Apples	150 barrels.

The Indian corn was sown on the 10th July, on some ground on which mangel wurtzel seed had failed. It furnished green feed to the cattle for almost a month.

Even the above figures, which, excepting as to apples, are much below the usual rate of production, under our cultivation, surely demonstrated the value of land to an institution like this ; but it is not merely in the money value of the products that an Asylum

farm is profitable. I know of no curative means available in the treatment of insanity to be compared with farm labor, if not pushed to an undue extent. The improvement which becomes manifest in all those patients who can be induced to engage in it, is to us a source of the highest gratification. The curable go forward towards recovery as if by a bound, and even the incurable are quieted and improved to a degree which cannot be appreciated, unless by those living among them.

No economy can be more short-sighted, or unreal, than that which places an asylum on a *small* farm, for the sake of a little inceptive saving.

From the *Work Reports* of the Steward, presented to me weekly, the number of days' work performed by male patients and their attendants in the year 1867 has been as follows :—

In-door-work—Patients	6201	days.
" " Attendants	1779	"
Total	7980	"
Out-door-work—Patients	7336	days.
" " Attendants	1527	"
Total	8963	"

The "In-door-work" does not include that done within the Asylum wards, in cleaning, making up beds, table assistance, and so forth ; but whatever is done out of the wards, under roof, in the domestic operations, as in the tailor's shop, the bakery, the carpenter's and engineer's shops, the fireman's department, the removal and refilling of beds, keeping clean the basement, and the vicinity of the buildings, painting and glazing, attendance on masons, &c., &c.

The *Out-door-work* consists of farm and garden cultivation, the cutting and carrying of wood, storing and distribution of coal, and the various other services which need not be here particularised.

The amount of work done by the female patients is very large. It embraces the making and mending of all their own clothing, and of all the under-clothing of male patients; the knitting of all the socks and stockings of both sexes, and the spinning of all the woollen yarn for the same; making and mending of all the bed-quilts, sheets, ticks, &c., &c.; assisting in the kitchen, laundry, and dairy; the care of the poultry, and collection of the eggs; and in short every domestic operation in which it is possible to engage them.

Considering the amount of work done by the patients of each sex here, in the service and for the comfort of the other, I can not refrain from expression of the opinion that the establishment, as proposed by some authorities, of separate and distinct Asylums for the male and female insane, is a very great mistake. It can be desirable only in aristocratic institutions, where the patients will not work, or their stupid proud friends wish them not to do so.

In an exclusively female Asylum, as large as this one, the 16,943 days' work done last year by our male patients and attendants could not have been performed by women, and as it was all necessary it must have been done by hired workers. Even the farm work could not, or should not, be dispensed with.

Separate and distinct Asylums for gentleman and ladies who have never learned to work, and whose friends prefer continuance of their insanity, from idleness, to the good chance of its removal by useful employment, may be not merely practicable, but highly desirable; for wherever idleness prevails the devil will be busy.

The following tables are given in compliance with request:—

TABLE I.—MOVEMENTS, &c.

—	Number remaining 1st Jan., 1867.	Admitted during 1867.	Average total in 1867.	Deaths in 1867.	DISCHARGES.			Transferred to Orillia.	AVERAGE STAY IN ASYLUM.		Entered before 1867, and remaining.	Total remaining 1st. Jan, 1868.
					Recovered.	Improved.	Unimproved.		Died.	Discharged.		
MALES.	211	53	479	13	17	4	1	6	4.5.15	1.8.20	419	505
FEMALES.	261	56		12	18	5	0	0				

TABLE II.—OBITUARY FOR 1867.

No. of Deaths.	Register Number.	Date of Death, 1867.	Date of last Admissions.	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.
1	2894	January 27	1863...July 2	32	Single	Chronic Mania	Very feeble .	5 years.	Unknown	Phthisis—manifest.
2	2557	February 3	1861...Aug. 16	73	S.	Dementia	Very feeble .	Many years .	Hereditary.	Chronic Meningetis.
3	3103	" 9	1864...Nov. 14	52	M.	As in Gen. Paresis.	Very feeble .	12 years	Unknown	General Paresis.
4	2349	" 22	1860...July 27	64	M.	Acute Mania.....	Not bad	7 yrs. 9 mos.	Loss of Property	Phthisis—latent.
5	776	March 1	1849.. May 6	38	S.	Dementia	Unknown ...	20 years	Unknown	Phthisis—manifest.
6	2841	" 3	1863...Feb. 21	45	M.	Acute Mania	Bad	7 years.	Hereditary.	Scrofula.
7	1450	" 3	1853...Oct. 28	53	S.	Chronic Mania	Feeble.....	14 yrs. 6 mos	Fever	Phthisis—manifest.
8	2374	" 3	1860...Sept. 1	63	M.	Mania of Gen. Par.	Feeble	10 years	Unknown	General Paresis.
9	619	" 26	1848...March 20	39	S.	Epileptic Mania ...	Unknown ...	25 years	Unknown	Epileptic Apoplexy.
10	2797	" 27	1862...Dec. 3	34	S.	Acute Mania	Feeble	4 yrs. 7 mos	Unknown	Phthisis—manifest.
11	3188	April 11	1865...Sept. 15	32	M.	Mania of Gen. Par.	Usual in G.P	1 yr. 9 mos...	Sunstroke	General Paresis.
12	2501	May 4	1861...May 16	56	M.	Dementia	Feeble.....	11 yrs. 6 mos	Death of Husband ...	Phthisis—latent.
13	3213	" 6	1866...Feb. 1	41	M.	Mania of Gen. Par.	Bad.....	1 yr. 6 mos .	Unknown	General Paresis.
14	3140	" 16	1865...May 5	42	M.	Dementia	Feeble.....	Several years	Epilepsy.....	Epileptic Apoplexy.
15	3079	June 22	1864...Sept. 23	63	M.	Mania	Good	9 years.	Intemperance	Apoplexy.
16	3015	August 20	1864...April 4	26	S.	Melancholy	Feeble	4 years.	Malaria	Phthisis—latent.
17	3239	" 27	1866...June 11	23	S.	Mania	Active	2 yrs. 3 mos.	Unknown	General Dropsy.
18	2645	September 9	1862...Feb. 6	61	M.	Melancholy	Feeble	7 years.	Hereditary.	Phthisis—latent.
19	3160	October 18	1865...May 31	24	M.	Melancholy	Feeble	2 yrs. 8 mos.	Hereditary.	Phthisis—manifest.
20	3363	November 17	1867...Nov. 12	57	M.	Acute Mania.....	Very bad. ...	1 month.....	Hereditary.	Maniacal Exhaustion.
21	3345	" 20	1867...Oct. 15	60	M.	Melancholy	Very bad. ...	10 months ...	Death of Husband...	General Disease.
22	2679	" 20	1862...April 26	28	S.	Mania	Bad	6 years.	Injury	Spinal Disease.
23	3252	December 5	1866...Aug. 21	39	M.	Mania of Gen. Par.	Bad	2 yrs. 6 mos.	Unknown	General Paresis.
24	3277	" 20	1867...Jan. 30	41	M.	Mania of Gen. Par.	Bad	1 year	Unknown	General Paresis.
25	3293	" 23	1845...Oct. 6	52	M.	Mania of Gen. Par.	Bad	3 years.	Sickness in Family ...	General Paresis.

If I knew of any value in the preceding table, I would mention it. The time lost in constructing such tables, and collecting the materials, if spent among our patients, in studying their mental and bodily ailments, would be infinitely better disposed of; this observation is applicable to almost the entire range of statistics of insanity, as presented in annual reports, but especially in those of the English Asylums. I know of no important conclusion to be educed from such compilations, which is not already well understood.

As to the column giving the assigned *causes* of insanity, it is far worse than useless. In the preceding table I regard it as utterly unreliable, unless where the words "*Hereditary*" and "*Epilepsy*" appear, and as to the former, if we could in all cases obtain reliable statements, they would merely show the great extent to which this agency obtains—a fact which nobody doubts, but which our tables exhibit invariably, and unavoidably, in its *minimum* of operation.

Our thanks are due to the various ministers of Religion, who have continued so regularly to officiate at morning and afternoon worship on every Sabbath. The clergy of the Roman Catholic church have, on all occasions, responded promptly to every call made on them by us, on behalf of the sick of their denomination. The Rev. Monsieur Proulx, in this relation, merits especial notice.

Those publishers of newspapers, who for so many years have furnished their journals gratuitously to the patients, are entitled to our warm acknowledgments. As they are men of large souls they will not be offended by our withholding names We do not desire to draw invidious comparisons, as some who have never yet sent us their papers may think better on the matter, and earn the gratitude of their brethren who have been so unfortunate as to require isolation here, and can no longer take part in the great affairs of life, in which they do not feel uninterested even in an Asylum.

Earnestly praying that this Institution may, under our new state of political existence, long continue to merit the kind consideration of all the authorities of the land, and to minister to the largest possible extent, to the relief of human suffering.

I have the honour to be, &c., &c.,

JOSEPH WORKMAN,
Medical Superintendent.

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