

# REPORT

OF THE

MEDICAL SUPERINTENDENT

OF THE

# LUNATIC ASYLUM,

## TORONTO,

FOR THE TWELVE MONTHS ENDING 30TH SEPT 869.



Toronto :

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# INSPECTOR'S REPORT.

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PROVINCIAL LUNATIC ASYLUM, TORONTO,

*And University Branch.*

This Asylum was inspected by me on the 28th December, 9th July and 11th October, besides frequent visits of a special character during the year. My visit in July extended over a week, on which, as on every occasion, the whole institution was a model of cleanliness, good order, and excellent administration.

The population of the main Asylum on that day was 442, viz., 231 men, and 211 women. Of that number it is painful to record that over 300 were, beyond doubt, incurable Lunatics, with a considerable number of cases of a doubtful character. I saw every patient in the Asylum, and entered into conversation with many of them. With the exception of that class whose special form of malady will not at times admit of contentment and repose, which exists chiefly with females, the patients were exceedingly quiet and tranquil, many of them happy and cheerful, a very marked improvement had taken place in the mental condition of some of the patients as compared with their state at my previous visit.

The general appearance of the inmates would indicate that strict attention was paid to their personal cleanliness, their clothing was very comfortable, although it must be admitted that the dress of the men would have had a more pleasing effect, and less prison like, if a little more variety was introduced.

I was present on many occasions during meal time, the food was good and substantial in quality, with a plentiful supply. In the more orderly wards, the meals were served very neatly, although a better classification of the patients on these occasions would be very desirable.

The sanitary condition of the Asylum was reported by Dr. Workman to be good; with the exception of the very aged and infirm patients, I found very few in bed.

I passed through the wards at night after the inmates had retired. Except in two of the dormitories the ventilation appeared to be good. The bedding on both sides of the Asylum was clean, comfortable, and sufficient.

The land attached to the Asylum was in excellent condition and gave indications of a large crop. The ornamental portion of the grounds is very neatly kept, and adds very much to the enjoyment of the patients.

The short-sighted mistake of placing an Institution of this magnitude upon a plot of fifty acres is becoming more and more apparent as it increases in size and population, and it is of the most vital importance, even at this late day, that the oversight committed by the founders of the establishment should be rectified, before the lands surrounding it are purchased and built upon.

When both wings are completed, this Institution will rank third, in point of size and population, on the Continent of America, and should have at least 250 acres of land attached to it. The very limited quantity at present in possession of the Asylum is, beyond doubt, the most serious drawback that the Superintendent and his assistants have to contend against, not only in the profitable and economical management of its affairs, but in providing out-door occupation for the inmates of the Asylum, the beneficial results of which in an Insane Hospital cannot be over estimated.

#### UNIVERSITY BRANCH.

The *University Branch* of this Institution was visited on several occasions during the year, and was at all times found in the highest state of cleanliness and good order.

On the 9th July, accompanied by the Medical Superintendent and the Steward, I inspected every part of the building and grounds, and saw every patient in the house. It contained at that time 75 inmates—70 women and 5 men. All of them were well clothed, comfortable and clean in appearance, with their wants strictly attended to. Twenty of the patients have been in Asylum residence, at the main Institution and the Branch, for over twenty years; 16 for over fifteen years, and the whole number have been inmates of an Asylum for an average period of

thirteen years and six months. Under these circumstances it is needless to say that they are all hopeless incurables.

The University authorities were notified of the intention of the Government to give up possession of this building, which has been occupied as a "Branch Asylum" for the past thirteen years.

The removal of the patients and the furniture to the main Institution will take place during this month (October).

I examined all the books of the Asylum and the University Branch, and audited the accounts up to the 30th September, all of which were found correct.

J. W. LANGMUIR,

*Inspector.*

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FOR THE TWELVE MONTHS ENDING 30TH SEPTEMBER, 1869.

J. W. LANGMUIR, ESQ.,  
*Inspector of Asylums, &c., for Ontario.*

SIR,—Under the dispensation of a kind Providence, I have again the privilege of addressing to you the Annual Report of the Provincial Lunatic Asylum, for the official year ending 30th September, 1869.

The operations of the institution for this period have been as follow :—

	Men.	Women.	Totals.	Total.
Number of patients remaining in, 1st Oct., 1868.	233	285		518
Admitted in the year since.....	36	41		77
	269	326		595
Transferred to Orillia.....	4	4	8	
Discharged.....	24	27	51	
Died.....	9	17	26	
Eloped.....	1		1	
	38	48	86	86
Remaining 1st October, 1869.....	231	278		509

The following summary exhibits the operations from the first opening of the Asylum in January, 1841 :—

## ADMITTED.

	Men.	Women.	Total.
Married.....	833	1096	1929
Single.....	1004	602	1606
Totals .....	1837	1698	3535

## DISPOSALS OF THE ABOVE 3535.

	Men.	Women.	Total.
Discharged.....	1013	883	1896
Eloped.....	32	9	41
Died.....	384	351	735
Assigned to Malden, 1st October, 1861...	108	91	199
Do to Orillia, 1st January, 1865, and transferred since.....	69	86	155
Remaining in here, 1st October, 1869.....	231	278	509
Total.....	1837	1698	3535

## NATIONALITIES OF THOSE ADMITTED.

England .....	584
Ireland.....	1357
Scotland .....	545
Canada, (late).....	796
United States.....	133
Other countries .....	120
	3535

The numbers given as "*assigned*" to the Malden and Orillia Asylums do not represent the entire transfers, but the numbers of those remaining, who had been transferred up to the dates stated, and in the case of Orillia including those transferred since. It was found impossible to keep correctly a common Statistic Register for the chief Asylum and these two branches.

The actual transfers have been,

	Men.	Women.	Total.
To Malden, (deducting 1 man who eloped back to chief Asylum).....	118	95	213
To Orillia.....	72	90	162
Total.....	190	185	375

The difference between the above figures and the numbers "*assigned*," will represent the deaths, discharges, and elopements, at the two branches, included in the chief Asylum statistics up to the dates of *assignment*.

The apparent reduction in our total remaining in, as compared with the number at the end of last year, is but accidental, and will be of short duration, should all those to whom advice of vacancies has been forwarded be sent in.

I may, however, in this place, observe that much embarrassment constantly results from the thoughtlessness, or absence of business courtesy, of a certain proportion of applicants, who, when duly advised of award of vacancies to those lunatics on whose behalf they had, perhaps very urgently pressed for admission, nevertheless now in consequence of a change of purpose, or of some recent, and too often only illusory or ephemeral improvement in the mental state of patients, give no heed to the matter, and leave me to form my own conclusions as to the cause of their silence.

In almost all cases of insanity, but more especially in those of women, periodic lulls, or even well marked intermissions, take place in the early stage of the malady. It too frequently happens that in consequence of the very natural hopefulness of friends, and the very excusable misinterpretation of promising facts, on the part of attending medical advisers, the gratifying change is mistaken for complete recession of the insanity; and as they in this event no longer require asylum relief, they seem also to believe that no others do. If the patients go on to full recovery, their rejoicing in the happy event monopolises all their mental capabilities, and it is quite consistent with human imperfection that they should forget all about the empty bed placed at their service, and never consider whether it has been much needed, and taken up, by some other patient, or kept empty to meet their future requirement,—a requirement which too often arises, and is again pressed with no diminished urgency. But though it is very easy to decline an offered vacancy, or to avoid the trouble of doing so, it is by no means so easy to become possessed of a bed after it has been entered by another, and after scores of additional applications have been added to our list.

The number of *applications* and *admissions* in the last ten years have been—

	Applications.	Admissions.
Year ending 1st Oct., 1860.....	283	198
“ 1861.....	286	207
“ 1862.....	235	175
“ 1863.....	276	170
“ 1864.....	270	147
“ 1865.....	246	112
“ 1866.....	249	68
“ 1867.....	212	70
“ 1868.....	260	128
“ 1869.....	241	77
Total.....	2558	1352

It appears from the above figures that in the period of the last ten years the admissions have fallen short of the demand for them, by 1206. This number may however be reduced to some extent on account of duplicate and renewed applications for the same patients.

It is probable that the actual personal difference between applications and admissions has been over 1000. What has become of these? will those who have had the disposal of our public revenues, be able, on the *great day* of final audit, to convince the *Judge* that the money was expended on better purposes than that of relieving the insane?

So far as any conclusion may be drawn from the figures in the column of *applications*, it would not appear that insanity has increased in the course of the last ten years. The applications in 1860 and 1861 are the highest, whilst those in 1867 and 1869, are the lowest. But the number of applications here can not be held as shewing the full measure of insanity in the Province; and it is to be remembered that in 1869, a large number of lunatics have been sent from the County Gaols to the Rookwood Asylum, for the majority of whom no application was made here. This provision was a benevolent and wise measure; but one of the ends had in view by its projectors,—that of permanently relieving the gaols of the custody of lunatics,—will not only fail to be realized, but will ultimately be placed farther from attainment than before. The discovery on the part of the friends of the insane, and of municipal authorities, that commitment to gaol has been a successful step in obtaining entrance into an asylum, will augment largely the number of such commitments; and I am well aware that the usual charge of *dangerousness*, on which magisterial action is based, is of the very vaguest order. Indeed, as I have in past reports instanced, the superlative danger apprehended, seems in many cases to be that of the support of the alleged lunatics, at the cost of local ratepayers; and it is consequently held to comport better with the public safety, that this cost should be thrown on the whole Province, than on fractions of it. This is the orthodox political economy of every county in Ontario, with one honourable exception, that of Waterloo.

This county has been one of the lowest contributors to the population of this Asylum, having in the last 16 years sent in only 39 lunatics. It is the only county which has provided a house for its poor, with a large farm on which to employ them. The descendants of the thrifty Pennsylvania Dutchmen, who have thus, and in many other ways, made *Waterloo* the model county of Canada, well deserve commendation. It is greatly to be desired that their benevolent spirit may prove contagious; but there is little fear of its early epidemic pervasion.

It is worthy of observation that our years of most numerous applications have been those in which admissions were most numerous. It will be found a constant fact, that in order to have abundance of applications for admission, it will be only necessary that vacated beds are ready for occupants. In 1860-61-62-63-64, and 1867-68, beds were



vacated here numerous, from the opening of the Malden and Orillia branches, and our two new hospitals.

#### ADMISSIONS.

The admissions in the last four years have been 343, or an average of 86 per annum. Indeed this is above the true average, having been raised by the extra number admitted in 1867-68, on opening the new hospitals.

The patients now about to be moved out of the University branch, will be adequate to fill two of the wards in the new wing; and as it has been recommended by you, and in my opinion very judiciously, that the remaining ward be fitted up for reception of a higher class of paying patients than we have hitherto been able to accommodate, there will be no augmentation, in the present year, of our means of receiving *free* patients. Our admissions are not therefore likely to exceed much those of the past year.

The ward to be appropriated to a higher class of paying patients will accommodate 24 such, each having a separate one-bedded room; it will have two handsome parlours, and a capacious dining-room. The length of the main corridor is 180 feet, and of each of its two transepts, 50 feet. The verandahs at the south end of all the corridors, afford the finest prospect to be had anywhere in this locality. I do not believe that in any Asylum in America, a more cheerful residence is afforded.

#### DISCHARGES.

The discharges, compared with the admissions of the year, appear large, being almost two-thirds; but as I have frequently before pointed out, the practice of comparing the discharges with the admissions of the same year is erroneous, unless the admissions were constantly equal over a series of years. The more correct mode is to compare them with the sum of half the admissions of the present year, and of the year preceding. This sum for the two half years is  $102\frac{1}{2}$ ; so that 51 discharges are equal to 50 per cent. of the admissions, thus assumed:—

Of the 51 discharged, 35 had fully recovered, 15 were improved, and 1 was unimproved. Of the 15 improved, 5 were regarded by their friends, but not by me, as recovered, the remaining 10 were taken home from various reasons, on the part of the friends; the one unimproved was removed by the wife of the patient, who wished that he might die at home, and as usual I have heard no more of him. Another patient, advanced in consumption, was taken home to die, but in a state of restored reason.

The number of merely improved patients discharged, exceeds that of the previous year by 5.

The average residence of the 51 discharged, was one year and twenty-four days, the aggregate having been 54 years 4 months 6 days; but if

from this aggregate be deducted 20 years 6 months and 12 days, made up by 4 discharged recovered, the remainder, divided among the remaining 47, will give 8 months and  $19\frac{1}{2}$  days as the more true average residence of the discharged. The great difference, in a pecuniary light, between admission of a patient likely to be discharged, and one past all hope, must be very obvious from the above figures. Patients who, on the average, occupy beds only 8 or 9 months, and then vacate them for the benefit of others, certainly cost the country less than those who must remain for life, whether that be for one year or for forty. But the evil is not the mere expense of long support of the incurable in an Asylum unable to admit new cases as promptly as required; it is, that every such incurable deprives of reasonable chance of recovery one other fellow-being every nine months.

In 9 years this process equals the exclusion of 12 curable cases. There are three patients still on our books, who have been resident here or in the branches over 28 years each. One patient residing 28 years costs as much as 35 curable cases. Is it not then a very serious responsibility, that of awarding vacant beds in this Asylum? Shall we husband the means of relief, so as to make them productive of the largest possible good, or shall we make friends by yielding to the importunities of all sorts of influential men, who are continually pressing for admission of all sorts of cases? In the estimation of every applicant, there is just *one* urgent case in all the Province, and that is *his* one; and not uncommonly it is urgent simply because it is *his*.

#### DEATHS.

The deaths in the past year have resulted from the following proximate causes; or perhaps, more truly speaking, have been immediately preceded by the morbid conditions mentioned:—

	Men.	Women.	Totals.
Pulmonary consumption, latent.....	2	7	9
do do manifest.....	2	1	3
Cerebral extravasation .....	2		2
Cerebral serous effusion .....	1		1
Exhaustion of chronic mania .....		2	2
do of old age .....		2	2
Paralysis .....		2	2
Meningitis .....	1	1	2
Fatty degeneracy of heart .....		1	1
Abdominal schirrus .....		1	1
General Paresis .....	1		1
Total.....	9	17	26

The number of deaths (26) is equal to  $4\frac{37}{100}$  per cent. on the total under care in the year, and to  $5\frac{2}{100}$  on the average number resident.

The number of deaths in the previous 12 months was 27, but quite differently divided as to sex: that of men having been 16, and of women only 11. The total deaths of men for the last 24 months have been 25, and of women 28. When it is considered that the number of women resident exceeds that of men by about one-fifth, the rate of mortality in the two sexes for this period has been equal. On the total admissions from the first opening of the Asylum, the mortality rate has been equal in the two sexes. The fluctuations presented by successive years are too familiar to those who live in Asylums to require any explanation.

No less than 12 in our 26 deaths this year have resulted from pulmonary consumption, of which only 3 were of the *manifest*, whilst 9 were of the *latent* form. From 1st January, 1865, to this date, 4 $\frac{3}{4}$  years, 15 men and 34 women, in a total of 121 deaths, have died of consumption—or 40 per cent.

A very distinguished English writer, recently alluding to some of my former statements on the subject of *latent* consumption, expresses the opinion that our hygienic condition must be bad in order to produce so high a proportion of deaths from consumption. I venture to say that when *post mortem* research is carried out to the same extent in *all* English Asylums as it has been in ours, their proportion will not be found less than ours. It would be strange indeed that their average total mortality should be, as it is, about double of ours, and that there should exist no more potent factor of that mortality than *general paresis* among men. What is their compensative death factor among women? Open the thorax after death and see.

It is a hasty logic that leads an author to regard our hygienic condition as inferior to that of English Asylums, because I demonstrated, as Dr. Clouston, of the Royal Edinburgh Asylum, concurrently and far more ably did, the great and unsuspected extent to which latent phthisis obtains in the insane; and at the same time to lose sight of the fact that our average mortality is much less than that of the English Asylums. It is curious too that despite of all the boasted superiority of English over American Asylums, with regard to the system of non-restraint, it does not seem to have any influence in the prolongation of life; neither have the American Asylums, in their proportion of recoveries, anything for which to blush in the comparison.

Might it not be insinuated that a judicious system of exceptional restraint in the English Asylums in cases in which the lives of others, and of the maniacal patients themselves, are jeopardized by the absolute exclusion of all (excepting that most annoying and not least severe of all) restraints—the strong hands and arms of attendants—might increase their proportion of recoveries, whilst it possibly might lessen that of their deaths? Total abstinence is a commendable virtue, especially in those whose past habits have been grossly intemperate; and certainly the English one idea of absolute non restraint is a vast improvement

on the barbarities which it displaced ; but just as physicians sometimes exhibit alcohol in emergencies with great success to certain patients, so may it not be that a *medicinal* exception in the total abstinence system of English Asylums would prove beneficial ? I am sure I have known a few lives to be preserved by it, and I hardly believe I have ever known a recovery prevented by it.

The readers of the reports of the English Commissioners in lunacy, and of their minutes of inspection, must often have observed the importance these gentlemen appear to attach to the smallness of the number of patients found by them, at their visitations, "*in bed.*" They seem to regard this fact as almost the crucial test of a high standard of general health, and of successful medical administration ; and it is very much to be feared that the commendations which they put on record on such occasions have an injurious tendency, and minister to some extent to the comparatively high death rate of British Asylums. I am very sure that in all Lunatic Asylums there are numerous patients, but especially in the female divisions, who might be very much benefited by occasional and sometimes persistent maintenance of the horizontal position in bed, in the day time. I have in numerous instances known this indulgence avert running down of the constitutional powers, and husband in many the vital forces, so as to carry the patients through to a favorable crisis ; whilst in others, for whom, owing to the presence of progressing fatal disease, we can do little beyond making the residue of life as comfortable as possible, the privilege of lying down when inclination leads them to do so, is perhaps the kindest boon we can bestow on them, and not only soothes their mental distress, but eases their bodily sufferings, and ekes out life to its longest possible extension. A parading of the fewness of daylight bed-keepers in the face of an average mortality of 10 per cent., is another of those anomalies with which the constructors of blue books, from time to time, favor an unthinking community. I do not believe that a more valuable service could be rendered to psychiatry than a thorough discussion of this subject. It is my conviction that it would set in proper light one of the most valuable therapeutic agencies at the command of Asylum physicians.

When, under certain peculiar and perhaps delicate considerations, I not only permit but often entice my patients, in the day time, to go to bed, I care little that ignorant visitors passing through may regard them as so many "sick." This sort of sickness is like that of vaccination, as related to natural small-pox ; and I am content to bear any amount of inane criticism, whilst upheld by the consciousness of the good results to my patients.

The unwonted fact of only one death in the year from *General Paresis*, is but another illustration of the caprices of death incidence. Next year will probably compensate.

Since January, 1865, 27 in 121 deaths, (or  $22\frac{1}{2}$  per cent.), have resulted from this universally fatal disease. 24 in men, and only 5 in

women. It is worthy of observation that the aggregate deaths of men and women from *General Paresis* and *Pulmonary Consumption* combined, have in the same period been almost equal, viz. :—

Men.....	39
Women.....	37

Thus again exhibiting the fact noted in former reports, that *Pulmonary Consumption* in insane women appears to be the compensative death factor against *General Paresis* in insane men. Whether this equalization of mortality in the sexes has any real significance, or is merely an accidental coincidence, I venture not to decide. It has been in this Asylum, a most rare fact in *post-mortem* examination, that *General Paretics* have laboured under any form of organic disease in the lungs, yet some distinguished European writers state the concurrence.\*

Our treatment of all *General Paretics* has been, both as to food and supporting beverages, quite liberal, and I have seen no evil results. On the contrary, it is my belief that their average duration of life has been increased thereby, whilst their mental happiness and bodily comfort have been unspeakably augmented. In our present therapeutic powerlessness towards cure, what better can we do than smooth the rugged pathway to the grave? And who that has even the least acquaintance with *Paretic Psychology*, does not know that gustatory and gastric gratification is its very highest expression for happiness?

The following tabular exposition of the several deaths of the year exhibits, as fully as it is possible to do in such a compressed form, the most important facts of the respective cases :—

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\* I have recently learned of the death, from consumption, of close relatives of some *General Paretics*.

# OBITUARY RECORD, 1868-9.

Regis- ter No	Sex.	DATE OF DEATH.		TIME RESIDENT.			Age at Death	ORIGINAL FORM OF INSANITY.	HOW LONG INSANE.			PROXIMATE CAUSE OF DEATH.
		Yrs.	Mths.	Days.	Yrs.	Mths.			Days.			
1533...	Male ...	1868--	November	2	5	15	37	Mania .....	Unkn own			Meningitis, cerebral, sanguineous extravasation.
3392...	Female	"	December	5	10	14	51	Dementia .....	Doubtful			Exhaustion of chronic mania.
2422...	Male ...	"	"	13	11	29	53	Mania .....	8	6	0	Cerebral serous effusion. (A Negro).
3353...	Female	"	"	14	1	20	72	Dementia .....	3	2	0(?)	Age and general exhaustion.
3240...	Female	"	"	17	6	3	58	Mania .....	3	3	0(?)	Paralysis.
3471...	Male ...	"	"	18	0	9	52	Mania .....	0	0	17	Meningitis. (Insanity deeply hereditary).
2428...	Female	"	"	25	0	5	25	Mania .....	8	3	0	Latent phthisis.
511...	Female	1869--	January	4	6	14	90	Dementia .....	Unkn own			Old age and exhaustion.
1882...	Female	"	"	8	9	11	59	Dementia .....	16	0	0	Exhaustion.
2402...	Male ...	"	"	19	2	18	51	Suicidal mania.	9	0	0	Manifest phthisis.
3001...	Male ...	"	March	7	0	7	36	Mania traumatic	8	6	0(?)	Latent phthisis.
1071...	Female	"	April	4	8	17	58	Dementia .....	18	0	0	Paralysis.
2426...	Female	"	"	19	4	2	61	Mania .....	9	6	0	Latent phthisis.
2622...	Male ...	"	"	24	4	19	33	Mania .....	7	8	0(?)	Manifest phthisis.
3394...	Female	"	May	7	2	27	25	Mania .....	1	6	0	Latent phthisis.
3005...	Female	"	"	9	2	0	51	Mania .....	5	2	14	Fatty degeneracy of heart.
1938...	Female	"	"	24	11	5	52	Melancholia .....	12	0	0	Meningitis.
3203...	Female	"	"	30	7	4	41	Mania Suicidal	4	6	0	Abdominal schirrus.
2786...	Female	"	June	21	7	4	27	Dementia .....	10	0	0	Latent phthisis and fatty degeneracy of heart.
3056...	Female	"	"	26	11	15	39	Melancholia .....	5	0	0	Abdominal schirrus.
2792...	Male ...	"	"	26	7	1	39	Mania .....	Unkn own			Latent phthisis and fatty degeneracy of heart.
3276...	Male ...	"	July	9	6	4	31	Mania and general paresis .....	2	7	0	General paresis.
3396...	Male ...	"	August	9	5	25	38	Dementia .....	2	1	0(?)	Cerebral extravasation.
2913...	Female	"	"	14	0	7	62	Dementia .....	Unkn own			Latent phthisis.
3249...	Female	"	"	26	0	13	43	Mania .....	7	4	0	Manifest phthisis.
3144...	Female	"	September	1	3	18	45	Mania .....	7	2	0	Latent phthisis.

*Post-mortem* examinations were made in 15 out of the preceding 26 cases. In the remaining number they were abstained from, either through deference to the wishes of the friends, or because no obscurity in the diagnosis had existed, and no valuable morbid revelation not already familiar to us was expected.

I regard our *post-mortem* observations as the most valuable of the records of the Institution. During the period of my incumbency, now 16½ years, the total deaths have been 491, and the number of *post-mortem* examinations 293, all pretty fully and carefully recorded,—being equal to 60 per cent. on the number of deaths. Of those held in the past year, I give a brief outline of only a few of the most interesting.

No. 1353 was a French Canadian, who was admitted in May, 1853, by my predecessor. When he came under my charge, six weeks afterwards, he was in a state of furious mania. In the course of a few months he improved much, and became a very useful inmate. In September, 1856, he was transferred to the University Branch, to act as caretaker of the cattle and outer buildings. He discharged this duty and others with the utmost fidelity and good judgment for more than eight years; but at the end of this time, his insanity recurred, and assumed so violent a form that it became necessary, on 29th of November, 1864, to remand him to the chief Asylum. Early in May following, he was so much restored as to be fit to take his old place at the Branch, where he continued his valuable services up to 1st October, 1868, when it was again found necessary, owing to a second recurrence of his insanity, to remand him. From this attack he did not recover; he died on 2nd November, 1868.

From the symptoms of intense cerebral excitement presented in each of his three attacks, it might not unreasonably have been expected that formidable organic changes would be found in the brain; such, however, was not the fact. The chief morbid indications observed were a trace of a small sanguineous effusion on the *Dura Mater*, in the right middle fossa, over the great wing of the sphenoid bone, and a congested condition of the *Pia Mater*, which was very easily separated from the brain.

There were old adhesions between the lungs and the ribs, but the former were free from tubercles. The intestines appeared much diseased on their mucous coat, and at one spot the ileum was nearly perforated.

One of the lower ribs bore the appearance of an old fracture.

No. 2422 was the case of a negro, a man of large stature, and of majestic benign aspect. He was subject to severe paroxysmal recurrences of his insanity, in which his indomitable propensity was to reduce himself to nudity, and to tear up everything in the shape of clothing. In the intervals between attacks he was as gentle as a child, and had *Mrs. Stowe* met with him before she wrote *Uncle Tom*, she certainly would have made of him, at the least, a second hero in her book. He was known in our household as "*Old Tippecanoe*," because of a song

in honour of the American hero, who bore that epithet, and which he used to sing with stentorian, but by no means unharmonious voice. He died, "*universally lamented*," on 13th December, 1868, after a severe cerebral attack, complicated with pulmonary congestion.

The head was well shaped, skull thick, and brain very large. There was universal meningeal congestion, of a venous hue—much serum effused beneath the *Arachnoid*. The Pacchioman glandules were very numerous.

The lateral ventricles were filled with serum. The brain substance was much congested and softened, especially the *corpus striatum* and *thalamus* of left side.

The right lung presented a few tubercles and cretaceous nodules, and some pleuritic adhesions. The left lung was so firmly bound to the ribs by old thick adhesions, as to be separable only by the scalpel. It was densely carnified and deeply congested. The heart was hypertrophied, and considerable osseous deposit was found on the aortic valves.

No. 3001 was the case of a man who, 15 years before his death, and 10 before being sent to the Asylum, had sustained a fearful wound in the skull from the edge of an axe, wielded unwittingly by another man standing on a log above him, at one of those country "*raisings*," at which more whiskey than is useful is sometimes dispensed. Though the axe for the whole extent of its edge deeply penetrated the brain, the man escaped death, and the wound completely closed. It was in the right hemisphere, at the distance of an inch from, and parallel to, the sagittal suture. He afterwards worked as usual on his farm, but was never so strong as formerly.

He was sent to the Asylum under a medical certificate, which stated that his insanity was then (10 years after the accident), of only three months duration! Those who can believe this may do so. He was found to be subject to terrible paroxysms of automatic fury, in which he would strike with any implement he could lay hold of, and it became necessary to separate him from his fellow patients.

He finally succumbed under *latent phthisis*, as shown by the *post-mortem*, and by the symptoms preceding death.

Careful dissection of the seat of injury showed the opening in the skull and brain to have been closed by a very dense membranous formation of about  $\frac{3}{4}$  inch in thickness. On cautious removal of this covering, the whole interior of the right ventricle was brought into view, and there could hardly be a doubt that the edge of the axe had entered this cavity.

This case was certainly one of much interest, as shewing the extent to which the brain may be injured without causing death, provided compression does not follow.

No. 3005 was the case of a woman, which was interesting chiefly because of the suddenness with which her insanity occurred, in consequence of mental shock from the announcement of the death of her



husband by falling from a scaffold. It was, however, the fact that insanity was strongly hereditary in her family.

She became utterly taciturn, bewildered, and suicidal, and refused all sustenance. Although apparently unconscious of everything around, it was discovered on the occasion of the matron's return from a tour of recruitment of health, that her mind was not the blank which it seemed to be. As soon as the matron reappeared in the ward, she seized her, and hugged and kissed her, as a child might its restored mother, and used the most endearing words of welcome, saying she had feared she was dead. This, however, was about all we ever witnessed of thinking manifestation: yet how beautiful the fact of her susceptibility of kindness!

She presently relapsed into her wonted state of apparent apathy. At the end of five years she was relieved from her long agony. The symptoms which for several days before death presented, almost simulated total paralysis, but they were rather an aggravation of the mental torpor which had prevailed throughout.

The *post-mortem* showed slight adhesion of the *Dura Mater* to the cranium, congestion of the meninges and of the choroid plexus. The lateral sinuses were filled with a dense tenacious clot (or embolism), from one jugular fossa to the other. Both lungs were almost totally disorganized by tubercle in various stages of advance.

No. 3056 was the case of a melancholic woman, the mother of 11 children. Her face was remarkably red, but, I believe, not as the result of drink on her part, the husband having imbibed enough for both.

She had frequent crying fits, in which her lamentations about her children were truly piteous. For some days before death she was unable to retain anything in the stomach.

The lungs were undiseased, excepting being firmly bound to the thorax by old adhesions.

On opening the abdomen the first striking object was the gall-bladder, which contained six ounces of bile and three calculi, each presenting four triangular facets of about  $\frac{1}{2}$  inch area. The capsule of *Glisson* was much enlarged, and so indurated as to obliterate the biliary ducts. The pyloric orifice of the stomach was almost closed up, and the coats of the stomach for some extent at this part were about half an inch thick and indurated. The omentum was much thickened and as firm as cartilage. It was of a dirty brown hue, and was firmly bound to all parts touching it. The intestines on their dorsal aspect were glued together. The uterus was enlarged and much hardened.

The time has passed away, and can never return, when insanity was regarded and treated as a mere *mental* derangement, uncomplicated with, or undetermined by, bodily ailment. With the happy change in our appreciation of the true causes and nature of mental alienation, was introduced that rational system of treatment which has now become one of the brightest beauties of Christian morals. How instructive and

humbling the thought, that functional or structural changes in our organization, often so trivial as to be untraceable, may determine the entire difference between the philosopher and the madman, the pious saint and the reprobate blasphemer, the dutiful loving son and the parricide, the chaste matron and the grossly obscene puerperal maniac!

And how ineffably painful it often is to note in *our* daily walks, the flippancy, the empty-headed heartlessness, the even worse than insane self-complacency, which visitors exhibit when wending through our halls! Insanity, in their esteem, (so far, at least, as can be judged from their demeanour and patronizing airs), is a vulgar accident from which they are sure of exemption. God help them! Danger is ever most imminent on our blind side. None are so likely yet to be Asylum inmates as those who flatter themselves they never can become such. None have more interest in the promotion of every improvement conducive to the comfort and safety of the insane, yet none bestow less thought on the wants of insanity! They are amazed to find that a house of such size as this does not lodge all the lunatics in the Dominion. They know not whether the inmates sleep one in a bed, or five, or whether the sitting-rooms, dining rooms and corridors are not all filled at night with beds. I have heard some ask in the female wards, why we had no male patients there. They are astounded at the thickness of the walls, the cleanness of the floors, the neatness of the beds, and the general quietude and order prevailing; but they never seem to think that all these matters and things are not accidental, but have been the results of much mental elaboration and much hard bodily work. Is it not very pleasant to be complimented on our beautiful white floors by a tobacco chewing biped, who closes his eulogium with a huge salival squirt on the very surface he has just been beslaving with his praises? I have seen such occurrences, and if I have not rebuked them, I must at the time have been in an unconstitutional frame of mind.

During the past year, as indeed in all years, our insane household has presented some very perplexing and truly pitiable cases; but among these none have appeared to me to deserve more profound commiseration than that class whose central delusion is that of having sinned beyond all hope of God's pardon. All these people, so far as I have been able to discover, have been persons of exemplary life, and of most tender conscience, and all have been diligent readers of the Scriptures. It is often very difficult, or next to impossible, to elicit from them the particular offence which has constituted their consummative sin,—but they all condemn themselves of some such sin.

When one succeeds in drawing from them the morbid fact, it is almost impossible to repress risibility at the disclosure. I remember one case, in which the patient stated his "sin against the Holy Ghost consisted in scratching his nose, which was very itchy, during recovery from small-pox;" and to clench the affirmation he pointed to the mark left, which he said, was "the mark of the beast!" He had promised to his father

and mother he would not scratch—but scratch he did, and now he “must be damned,” he said, for that scratch.

It was useless to argue with a mind in such a state ; therefore I deemed it best to approach the weak citadel through the stomach ; and when wine, beer, and beef had improved the poverty of his blood and the molecular condition of his brain, I found that he became much less potent and positive in Scripture quotations, and far more disposed to believe in the mercy and fatherhood of God. He went home rejoicing in the happy results of an improved stomach and a better fed brain.

A very intelligent man lost his wife, to whom he was much endeared. Soon after the bereavement he, as old Polonius in Hamlet says :—

“ Fell into sadness ; then into a fast ;  
Thence to a watch ; thence into a weakness ;  
Thence to a lightness ; and by this declension  
Into the madness, wherein now he raved ;”—

—that is to say, into the conviction of having committed *the* unpardonable sin ; but what that sin had been, I never was able to draw from him. He could have been pardoned he often said, had he “just had the *luck* to say one short prayer,” but he “did not say it,” and now he “must suffer the flames of hell to all eternity,” and was “not that very hard,” he would piteously ask. Then he would open his mouth, and say, “Do you not see it ? Do you not see the flame from my throat ? Do you not smell the sulphur ? *I* smell it, and *I* feel it.’

I could multiply these illustrations almost indefinitely, and so could every Asylum physician, but the rehearsal is too painful.

Whence comes the adoption of this fearful delusion ? for *fearful* it is above all others in the mental agony which it produces, and in the dreadful tendency to self-destruction which almost always accompanies it.

Is it likely that a calm and prayerful perusal of the Scriptures, by any even moderately endowed mind could lead to the insane conviction ? Or, are we to trace its source back to the pulpit fulminations of some roaring son of thunder, who, after exhausting all the arguments he can devise, for the purpose of inducing his sinful hearers to lay hold of the salvation freely offered in the Gospel to every soul, closes by declaring that unless they do so *now*, and *at once*, their doom is sealed, and the day will come when they will seek it, but not find it, and when, as scores of my poor tortured ones have told me, “God will mock at their calamity”

Is there never any preaching of this sort, in any of our pulpits ? It is very badly suited to the nerves and the mental frame of persons pre-disposed to insanity. It would be discreet in the preacher to request all such to withdraw ; this withdrawal might involve his own retirement, and that, perhaps, would not be the least wise act he could perform.

Has the community, which has to bear the burden of supporting the insane, a right to exercise any authority in suppressing the exciting causes of insanity ? If so, should it not exercise some salutary oversight

in the direction here indicated? Let any compassionate candid man visit this house, and converse kindly with the wretched creatures suffering under the delusion to which I have drawn attention, and *then* let him judge whether it is not a *very sore calamity*.

Why are the Professors of the medical art, who deal but with the diseases of the body, required to practise under statutory license, and subject to withdrawal of such license—to say nothing of all the terrors of actions for *mal-practice*,—and yet the men who minister to the wants of the spirit not to be looked after? I am convinced that if ever a majority of the Legislature of any country comes to consist of Asylum physicians, this matter will be attended to.

I am very happy to be able to report that, notwithstanding the number of suicidal patients of the class above referred to, and of some others, no act of self-destruction has been effected here for nearly five years past, though many attempts towards it have been timously detected. Recently one of the “*unpardonable sin*” patients was discovered in the first stage of the act of strangulation. No patient known to labour under this delusion, whether inside or outside an Asylum, should ever be unwatched.

#### GENERAL AFFAIRS.

The general internal administration of the establishment has, throughout the year, been satisfactory. All the officers and employees have performed their arduous duties faithfully and promptly. The farming operations of the past season have been abundantly successful, ascribable chiefly to the plentiful rains bestowed on us by Providence, but to some extent also to the large amount of agricultural labour furnished by the patients and attendants.

The entire crop has been properly saved. The chief products have been as follow :

Hay, (timothy and clover) 24½ acres :	
First crop.....	80 tons.
Second crop ... ..	17 “
Green feed from lawns, &c., &c., 140 cart loads.	
Oats, 17¾ acres.....say	800 bushels.
Oat straw... ..about	42 tons.
Potatoes, inner farm 10½ acres.....	3,790 bushels.
“ Bacon farm, 6 acres.....	1,377 “
“ at and from University Branch.....say	250 “
	<hr/>
	5,417 bushels.

Mangold Wurtzel, 5¼ acres..... 210 tons.

Field Carrots, ¾ acres..... 14 “

To the above, as you are aware, might be added an abundance of garden products.

## DAYS WORK IN THE YEAR OF MALE PATIENTS AND ATTENDANTS.

Inside.....	7,238
Outside.....	7,690
Total.....	14,928

These figures, which you well know are not exaggerative, very clearly demonstrate that land bestowed on an Asylum is not a lost gift. Reckoning only our hay, oat-straw, oats, and potatoes, at the prices we have usually paid for such supplies, when needed, the aggregate value would exceed \$6,000. I cannot state the value of the 210 tons of mangold wurtzel, and 14 tons of carrots; but our milk cows rate them very high. I have often wondered why the farmers of Ontario do not prefer this root (mangold wurtzel) to the turnip. It is not touched by any fly, and it does not give an unpleasant flavour to milk or butter.

Our potatoes have been chiefly of the Garnet Chili sort, and have been found almost free from rot. The Gooderich and Gleason sorts, though abundant in quantity, have had more rot. All have been carefully picked and binned in the fields, as usual. We have found that potatoes keep through the winter, more free from rot, this way, than when housed in any large quantity.

I cannot yet state the product of the orchard. On one third of it the trees are well loaded; but on the remainder the quantity is smaller.

The newspaper press of the Province has continued its gratuitous supply to our people, on whose behalf I have to return their warmest thanks. All received are anxiously looked for and widely read.

The following are the papers and journals supplied:—

*Leader*, daily and weekly.  
*London Prototype*, daily.  
*Ottawa Citizen*, daily.  
*Chatham Planet*, tri-weekly.  
*Christian Guardian*, weekly.  
*Canada Freeman*, weekly.  
*Guelph Mercury*, weekly.  
*Guelph Herald*, weekly.  
*Berlin Telegraph*, weekly.  
*Elora Observer*, weekly.  
*Elora Express*, weekly.  
*Stratford Beacon*, weekly.

*St. Catharine's Constitutional*, weekly.  
*Canadian Statesman*, weekly.  
*Kingston Chronicle and News*, weekly.  
*Galt Reporter*, weekly.  
*Ingersoll Chronicle*, weekly.  
*London Advertiser*.  
*Christian Advocate*.  
*Canadian Institute Journal*.  
*Journal of Education*.  
*Canada Presbyterian*.  
*Monthly Record*.

The religious services of the Institution have been well kept up by the clerical gentlemen of the city, free of all cost excepting that of cab hire.

The Rev. Provost Whitaker, and several other ministers of the Episcopal Church, and a gentleman of the medical profession, whose sermons are admirably suited to our people, have conducted the morning services, which are highly appreciated.

The afternoon services have been conducted in rotation by the ministers of the various other denominations in the city, with almost unfailing punctuality, and with much gratification to our mixed congregation. On one or two occasions, when gentlemen not duly acquainted with the peculiar acquirements of the insane, have taken the place of more experienced preachers, it has appeared to me that they might have been a little more sparing of their lungs. In all our intercourse with the insane, gentle words and moderate tones are the most impressive.

The Institution participates with the community in the loss sustained from the death of the Rev. Dr. Burns, who for so many years organized and steadily kept in operation, our afternoon services. No minister ever entered this house to preach the Gospel, or to speak words of consolation to the sick in body or mind, whose words have gone deeper into the hearts of the hearers, than did those of that venerable, warm-hearted man. We shall never see his like again. He loved *all*, and he deeply *felt* for all. Sincerity gave tone to every word he uttered, and even the most beclouded intelligence seemed not to be beyond the reach of his accommodative and powerful, because simple, eloquence.

The promptitude with which the clergy of the R. Catholic Church of St. Mary's have at all times, and at all hours, when summoned to the sick bed of their people, given their consoling attendance, merits my warmest gratitude. Whatever tranquilizes the shattered mind of the dying lunatic, and through the dark cloud which has long enshrouded him in life, opens a passage to the light that beams from a brighter world, cannot but be a source of happiness to the physician who, in presence of the stern messenger, stands powerless and humiliated.

I have deferred the completion of this report much longer than I desired, in order that I might be able to record in it the removal of the inmates of the University branch, back to their old locality.

You know that the delay in this achievement has not been on my part, nor on that of the city newspapers, one of which chronicled the consummation a good while ago, and another recently. Both, however, chanced to be ahead of the *Telegraph*.

This evening, the first detachment of fifteen are into their new lodgings, and I hope before the end of the week to have the remainder here. It will be our next comfort to have done with the contractors, who have still some important work on hands.

Earnestly praying that the Great Disposer of events may bless us through the year now entered on, as He has done in the past, and that this Institution may go steadily on to more abundant usefulness,

I am, most respectfully, &c., &c.,

JOSEPH WORKMAN, M.D.,

*Medical Superintendent.*

Toronto, 26th October, 1869.