

REPORT
OF THE
PROVINCIAL
LUNATIC ASYLUM,
TORONTO,

For the Fifteen Months ending 30th Sept., 1868.

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1869.

INSPECTOR'S REPORT.

PROVINCIAL LUNATIC ASYLUM, TORONTO,

And University Branch.

The undersigned made a thorough inspection of this Institution on the 29th July, and since that date frequent visits have been paid to it.

He has great pleasure in confirming the many expressions of approval placed on record by the late Board of Inspectors, as to the excellent management of this large and important institution, under the able administration of Dr. Workman, whose name is so intimately identified with its history and progress, and who has contributed so much to the comfort and cure of the unfortunate class of people placed under his care.

It is difficult to form an adequate conception of the volume of work, devolving upon the superintendent of an institution of this character and magnitude, the most of which is attended with a great deal of anxiety. The present satisfactory state of this asylum is conclusive evidence of the honest and conscientious manner in which Dr. Workman has discharged his duties.

The capacity of the institution has been strained to the utmost for the reception of patients, but the space is utterly inadequate to accommodate more than a fraction of the overcrowding applications for admission—there being at the present time 364 names on the application book, and, as Dr. Workman says, “There are hundreds more on whose behalf, for various reasons, application has never been made.”

Under these painful circumstances it is gratifying to know that the extensive additions now in progress to the institution are

being pushed forward as rapidly as possible. The ground and first stories of the east wing were completed in June; the third and fourth stories are now nearly completed and roofed, and will be entirely under cover early in November.

It is intended to proceed with the carpenter work during the winter, so that the plastering may be finished early in the season, and the whole of the east wing will be ready for occupation by the end of November, 1869.

The foundations and brick work of the ground story to the window sills, of the west wing, were constructed in June, and the contractors are now building the remaining portion of the brick work of the first story, which it is intended will be completed this season.

It is expected that the brick work of the west wing will be completed and roofed in by September, 1869, and as much of the plastering as possible proceeded with during that year, the carpenter work and the remaining portion of the plastering will be finished early in 1870, so that the whole may be ready for occupation in 1870.

There will be 72 separate apartments in each wing, 12 feet by 6 feet each, and one associated dormitory, which will hold about 18, for each wing.

When completed it is estimated that the two wings and the hospitals, will give accomodation for 230 to 240 patients, there being now 54 patients in the hospitals--which will give a total lodgment for 650 to 700 patients in this institution.

The several points in connection with insanity, discussed in the Medical Superintendent's report, herewith annexed, are of deep interest, particularly at the present time, when the question of more extended asylum accomodation should engage the attention of every one.

J. W. LANGMUIR,

Inspector.

REPORT
OF THE
MEDICAL SUPERINTENDENT
OF THE
PROVINCIAL LUNATIC ASYLUM,
TORONTO,
FOR THE FIFTEEN MONTHS ENDING 1ST OCTOBER, 1868.

J. W. LANGMUIR, ESQ.,

Inspector of Asylums, &c., Ontario.

SIR,—In conformity with the instructions conveyed in your circular of 27th August, I submit the following report of the Provincial Lunatic Asylum, for the last fifteen months, being the period extending from 1st July, 1867, to 1st October, 1868. It is, however, proper to state for the information of those who may have in hand my report for the year 1867, which was, in accordance with instructions from the Hon. Provincial Secretary, addressed to His Excellency the Lieutenant-Governor, that the statistics given in the present report involve a repetition of the figures for the latter half of 1867; but as the numbers for that portion of 1867, and those for the elapsed nine months of 1868, are given separately, misapprehension cannot arise.

The operations of the Asylum for the above fifteen months have been as follow:—

	Men.	Women.	Total.	TOTAL.
Number of patients in Asylum and University branch on 1st July, 1867.....	215	262	477	477
Admitted in second six months of 1867.....	32	39	71	
Do first nine months of 1868.....	40	35	75	
Total under treatment.....	287	336	623	146
Discharged second six months 1867.....	12	14	26	
Eloped do do do.....	1	1	2	
Discharged first nine months 1868.....	19	23	42	
Total.....	32	37	69	
Died second six months 1867.....	5	5	10	
Do first nine do 1868.....	11	9	20	
Total.....	16	14	30	
Transferred to Orillia in second six months 1867.....	6	0	6	
Total discharged.....	32	37	69	
Do deaths.....	16	14	30	
Do transfers.....	6	0	6	
Total reduction.....	54	51	105	105
Total remaining first Oct., 1868.....	233	285	518	518

From the preceding figures it will be observed that in the fifteen months which have elapsed since 1st July, 1867, the admissions have been 146, of which 72 were of male and 74 of female patients. Those who look no further for conclusions than the figures of Asylum Statistics, would infer from the closeness of the above numbers that insanity is equally incident in the two sexes; and should it appear that over a long period the numbers of men and women admitted have been alike, or nearly so, they might regard their belief as sufficiently established.

This belief might chance to be correct, although based on defective premises. The admissions into any asylum are but the measure of its capacity of reception, and this may be very far short of the public requirements. When this capacity is equal in

the male and female divisions, as is generally the case, the admissions of each sex may be equal, though the occurring cases may be widely unequal.

The applications recorded in the fifteen months, embraced in this report, have been 327. About 20 of this number may be deducted in equal proportions as to sex, for duplicate and relinquished applications, thus leaving 307 as the total. Of this number 161 were for women and 146 for men. Whether these figures fairly express the proportional incidence of insanity in the sexes in this Province, I am unable to say; but if they do, they would indicate 10 cases in women to 9 in men. In the period elapsed since the opening of the Toronto Asylum, in 1841, the total admissions of men have been 1801, and of women only 1657, which would indicate about 10 cases of men to 9 of women. I have, however, in former reports drawn attention to the fact that in the first years of the institution, disparity between the numbers of male and female admissions arose, which I ascribed to the greater reluctance to send women to the asylum, and to their more easy control at home. At the end of the year 1848 the admissions of men had been 460, but of women only 276. Had these figures been held (as perhaps by some persons addicted to statistical philosophy they were) to indicate the proportional incidence of insanity in the sexes, it would have been shown that there were only 6 female lunatics to every 10 male lunatics. In the 10 years from the end of 1848 to the end of 1858 the admissions were 698 of males and 685 of females; figures shewing almost an equality of incidence.

From the end of 1858 to the present date, 1st October, 1868, the admissions of men have been 643, and of women 696. These last figures would shew that women are more liable to insanity than men; but here an important fact is to be noted. This asylum, with its present two branches, has, for a number of years past, had about 70 more beds for females than for males, and surely this circumstance, rather than larger incidence of insanity, may account for their larger admissions.

If the incidence of insanity in the sexes be equal, or nearly so, as for various reasons I am inclined to believe it is, should we not regard a predominance of applications in this Province for females as a very natural fact, for if this incidence has been equal since 1841, and the male admissions have exceeded the female to the extent of 144, this arrearage, on the part of women, should go to swell the present occurring applications on their behalf.

The fair conclusion, so far as can be inferred from asylum

figures, appears to me to be that there is no sufficient evidence of inequality. A careful consideration of the *assigned* and of the probably *real* causes of insanity has drawn me to this belief.

CAUSES OF INSANITY.

It is beyond doubt that these are very imperfectly understood, and that both in this country and elsewhere, a great deal of valuable time has been wasted in the tabulation of these and other things—supposed to be of much importance in the study of insanity.

It was once believed, and in some places it seems still to be an article of alienistic creed, that intemperance is the most prolific source of insanity. In Upper Canada this agency appears quite inadequate to the results once ascribed to it. The whole number of cases ascribed to intemperance among those admitted here in the past 15 months (146) has been 6; and even in these I doubt whether in all, the insanity has been justly ascribed to the apparent intemperance.

In one, the intemperance is stated to have been associated with "predisposition." In a second, I am strongly inclined to believe in the same co-agency. In a third the patient is a man of 74 years, and of fair constitution. His insanity presents the form of religious despondency. He accuses himself of having taken "too much wine at the sacrament," and when asked how much? he says, "half a mouthful." Intemperance, if of early commencement, would have done its work sooner. The fourth is a female case, and may be a true one; yet, when one considers the multitude of other disturbing agencies, both bodily and mental, to which women are subjected, we should perhaps lean towards the side of charity and rather seek for the cause of her intemperance in the insanity than the reverse.

The fifth case is perhaps not doubtful. The man has been intemperate when he could manage to be so, and his insanity is recurrent. His present admission is the third. He is constantly complaining of bodily pains, for which he thinks wine and beer would be good, but he is fat and healthy looking. The sixth has been certified by the medical examiners to have been intemperate; yet his brother, a very respectable and intelligent person, assures us he has not been intemperate. I am inclined to believe the statement, for the patient appears to be labouring under *general paresis*, and I have so often known this disease to be mistaken for drunkenness, that I believe the examiners have in this case been led into error.

It is very difficult, with the statistics of the Excise Department before us, to believe that the manufacture and consumption of alcohol in this country have fallen off of late years, and knowing as all do, the fearful extent to which intemperance obtains in the population, we certainly, if believing in the efficiency of intemperance as a *direct* cause of insanity, should expect to find more than six cases out of 146 attributed to it.

I have on former occasions expressed the belief which I am aware is entertained by almost all Asylum Superintendents, that intemperance operates as a factor of insanity indirectly much more than directly. In the development of insanity, predisposition seems to be almost everything, and other agencies very little. There is abundant evidence that the *children* of intemperate parents are predisposed to insanity, and to many other diseases of the brain, and the nervous system at large. Excessive drunkards kill themselves before reaching insanity, but the unfortunate children procreated during the term of parental intemperance, certainly have a worse chance of immunity. Epilepsy, chorea, hysteria, convulsions, insanity, idiocy, and many other evils await them.

A very important fact in the etiology of insanity is that asserted by *Baillarger*, could we only feel satisfied of its reality. He states that insanity is more largely inherited from the mother than from the father. He says the sons inherit the disease as often from the mother as from the father, but the daughters twice as often from the mother. *Baillarger* made this assertion from the statistics (such as they were) of 453 cases, certainly a rather small number on which to base so important a doctrine. Those who know how figures have been sometimes made to sustain even palpable absurdities, or in the hands of antagonist theorists, directly opposite conclusions, will receive *Baillarger's* statement with due caution. French writers are peculiarly prone to hasty generalization, and it is astonishing how keen their power of scent is in pursuit of facts which support their preconceptions, and how dim-sighted they are in perception of those of an opposite tendency. Besides we know how very difficult it is to obtain anything, even approximating to correct information on the matter of hereditary transmission of insanity.

I believe it would not be difficult to glean from other writers the doctrine that the character and talents of boys are more largely derived from the mother than from the father, and those of girls the reverse: and if this be true, why should not mental disease follow the like courses? It would perhaps be as easy, and yet

withal as difficult, to establish by statistics the one doctrine as the other.

In preceding annual reports I have expressed my opinion on the efficient causes of insanity at sufficient length to warrant the passing over of this subject without further notice on the present occasion. I may, however, be permitted again to urge on the consideration of those upon whom devolves the duty of ascertaining and certifying these causes, the great necessity of a scrupulous exploration of the actual habits and mental tendencies of persons submitted to their examination. Great care should always be taken that mental manifestations, which in reality are but constituent elements or results of the present insanity, are not assigned as its causes. Jealousy, religious excitement, religious despair, terror, suspicion of evil intentions, and many other mental states which in reality have had nothing to do with the causation, are frequently given as the exciting causes. They are results, and important ones, but not causes; and it is necessary that we should in quest of the real cause, go farther back in the history of cases, than the first manifestation of these *symptoms*, for such they merely are.

PROGNOSIS OF INSANITY.

In intimate relation with the causation of insanity stands the prognosis. If we could accurately ascertain the former, our views as to the latter would often be much clearer and more decided. The question as to the "prospect of recovery" is one of the most embarrassing of the many which by the friends of patients are pressed upon Asylum physicians. Seldom do those putting this question, give long time to us for ascertaining the true character of the case, and for maturing our opinion as to its probable course. They too often have waited, as they think, and we likewise, long enough already. I have frequently, on the very first interview, within five minutes after first sight of the patients, been solicited to state my expectations as to recovery. Often indeed, not to say merely whether recovery will take place, but to specify the period of Asylum treatment which will (not *may*) be required to effect it; and whether the case has been of three weeks, or of three years duration, seems to be a matter of little consideration by the anxious friends. It is not to be expected that they should duly weigh the numerous and important complications of the disease by which the issue must be influenced or determined, or that they should attach due weight to aggravating agencies which they

have not before recognized, or which having known they have endeavoured to persuade themselves are of trivial value.

Among the various adverse facts to be considered in forming a prudent anticipation of the issue of any case, that of its duration is certainly in the first rank. How can we expect that a condition of mind which has long since become the settled mental constitution of the patient will be changed speedily, if, indeed, at all, by submitting it to treatment at this late period? The time of recuperative activities, both physical and psychical, has passed away, and we now have but the crumbling ruin which their ill-directed operation has left behind. It is a most painful communication to have to make to the surviving friends, that their ill-considered repugnance to Asylum residence has deprived the object of their love of all chance of recovery; yet such in all cases thus trifled with is the almost universal fact.

Let it not however be believed that recovery must invariably be secured by early admission into an Asylum. There are cases, and the number is considerable, in which recovery is impossible, or at least up to the present time has not been found to occur, at whatever period they may be subjected to treatment. Among these may be reckoned all patients labouring under that peculiar disease called *General Paresis*, to which I have frequently alluded in previous reports. I have never seen a case of *General Paresis* cured; nor do I believe a single instance of real recovery is on record. Temporary suspension or intermission of the mental alienation, or even of the prominent bodily symptoms, no doubt is occasionally met with; but whoever recognises in this truce a total withdrawal of the entrenched enemy will certainly be disappointed. I have witnessed several of these deceptive lulls in the battle strife, some of which have been of considerable duration; but they are totally unreliable whether they be of a few months or even of a couple of years duration. Another outburst is in the future, and not unfrequently it is found to be of formidable intensity. In my report of 1867, it was shewn that two-thirds of the deaths of that year were caused by *General Paresis* and *Pulmonary Consumption*. The presence of the latter disease in its advanced stages is no less unpromising of mental restoration than the former, but in its early period, before dense tuberculization of the lungs or the formation of cavities, restoration may occur, though certainly not very frequently.

It is my belief, that hereditary tendency to consumption is present in at least one half the families of the insane; and therefore in our circulars of preliminary inquiry, information on this head is

asked for. It is not uncommon to learn that whilst only one of a family has become insane, two, three or more, have died of consumption. In all such cases the prognosis is highly unfavourable; almost the whole of this class of patients remain incurable, and even of the few who may recover and be discharged, a large proportion will have further attacks. Epilepsy is another complication of insanity of the most direful character. When insanity supervenes, after a long run of epilepsy, the brain, spinal cord and the lungs, and often the heart and large blood vessels, have generally undergone injurious changes which render both the epilepsy and its resulting insanity utterly incurable.

It would be easy to extend these observations, by instancing various other bodily diseases of incurable or very obstinate character, the presence of which in insanity excludes hope of recovery. It may suffice to say that any disease which overturns the functional integrity of any important organ or structure in the system must, if not removed, prevent restoration to reason.

The evil habit to which I have frequently before adverted, as so largely obtaining among the insane, is not less forbidding of hope than the actual diseases I have mentioned; so long as it is persisted in, recovery will not take place. Almost the whole of these cases terminate in latent phthisis. The unhappy creatures wither out of life, as if sinking under some invisible blight, which has desolated their entire existence and transformed them into human wrecks, distressing to contemplate beyond all other forms of mental dethronement. Whoever would most certainly and most largely benefit his fellow beings in this Province, may find his work in this sphere of moral reform. In the department of insanity, at least, whether we regard the evil here treated of as a direct cause, or only as a concomittant of the malady, certain it is that in extent, as well as in intensity, it eclipses all others put together. No other agency is now contributing so much to the peopling of our Asylums with hopeless inmates.

During the fifteen months embraced in this report, 146 patients have been admitted. These as to civil state, have been divided thus :

Married men	35
Single do	37
Married Women.....	47
Single do	27
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Total.....	146

The discharges during the same period have been :

Of Married Men	17, or 48 per cent. on admissions.
“ Single do	14, “ 38 “ “
“ Married Women	18, “ 38½ “ “
“ Single “	19, “ 70½ “ “

As however a period of only 15 months is too short for reliable comparisons, I give the corresponding numbers for the last 45 months.

	ADMITTED.	DISCHARGED.	PER CENT. ON ADMISSIONS.
Married Men.....	78	44	56½
Single “	77	34	44½
Married Women.....	123	66	53½
Single “	66	45	68½
	<hr/>	<hr/>	<hr/>
	344	189	

Why is it that single men in the above table show the lowest per centage of recovery? The figures are deeply and deplorably instructive. Why should insanity in single men, who, as met with in asylums, are much younger than the married men, present so much lower a proportion of recoveries than the latter? Why also do they compare so unfavorably with single women.

WANTS OF THE INSANE IN ONTARIO.

At the present time there are in Asylum lodgment in this Province three times the number which I found in the Toronto Asylum in July, 1853, and, perhaps, there are more than three times as many in our Gaols now as were in them then.

The Toronto Asylum was the only one then in Upper Canada. We have now besides it, the Rockwood Asylum at Kingston, the Malden Asylum, the Orillia Asylum and the Toronto University Branch. The entire number of lunatics thus provided for, is over 1,000. Supposing our population now to be 1,500,000, this would equal one lunatic in every 1,500. The population in Upper Canada in 1853 was about 1,000,000. It would, therefore, judging from Asylum figures, appear that whilst our general population increased by 50 per cent., the insane increased by 200 per cent. These are frightful figures, and it behoves us to enquire whether they are true exponents of existing facts.

I fear it is true that insanity is on the increase, yet I cannot believe it has in the last 15 years increased four times as much as

our population. It is my belief that the more ample the provision made for this class of our afflicted fellow-beings in any country, the larger will appear the number requiring it. This fact has been amply demonstrated both America and in Europe. It is invariably observed that towns and counties lying near Asylums send in a much larger proportion than those more distant. For example, the city of Toronto, in the last fifteen months, sent in 25 of the 146 patients admitted here, or $17\frac{1}{6}$ per cent. of the whole. This I believe is under its former proportion, and no pleasant duty has it been to keep it thus down, and to battle for a fair share of our beds to other places.

In this Asylum, and the others of the Province, peopled from it, there are now about 120 lunatics, belonging to Toronto, for whose maintenance, should the city ever have to pay, our corporation would *begin* to understand the past benefits bestowed on it, and our City Fathers, might, perhaps, think that to have rented to the Asylum, at a moderate rate, a portion of the common, on which they now raise such magnificent thistles for the public benefit, would not have been any over-stretch of civic philanthropy.

I am convinced that all we require to do to ascertain that insanity is more prevalent than at present it appears to be, is to build more asylums for its victims. No reliable census of the insane in Canada has ever been made. It is very easy to understand why this is the fact. There is nothing connected with any household, which the head of it wishes to keep more secret than insanity or idiocy.

Massachusetts is the only country known to me in which a full census of the insane has been taken, and in this State, in 1854 the insane or lunatics were one in every 427 and idiots one in every 1034; the two classes joined were equal to one in every 302 of the whole of the population. This rate on our population would give about 5,000 lunatics and idiots for the Province.

The latest calculation in France gives one insane in every 795; in Belgium, one in every 819; in Holland, one in every 800.

In Scotland, in 1855, the proportion was one in every 390; in Ireland, one in every 569; in England and Wales, one in every 500; but according to Tuke's calculations in 1858, one in every 300 in England. These figures no doubt are unreliable, yet they are entitled to an approximate credence.

In the whole United Kingdom, so far back as 1847, there were lodged in Asylums (including I suppose work-houses) 41,-

810 insane persons. The number must since have increased much.

Our present population is about one-fourteenth of that of the United Kingdom in 1847; therefore the same proportion of Asylum inmates in this Province at this time would give us about 3,000, or three times our present number.*

Assuredly visitors from the old country to our asylums, who declare that insanity must be more common here than in Britain, manifest profound ignorance of the subject on which they would enlighten us. We have, however, in this Province a large number of insane yet to be provided for.

I have at this moment, 364 circulars of application before me, for admission of insane persons, which I have been obliged to pass over without award. Of this number 200 have been made on behalf of women, and 164 on behalf of men. Perhaps one-third of the whole number were idiots, and about the same proportion were chronic lunatics, whose insanity had been of very long duration; a considerable proportion were epileptics and paralytics. They were, however, perhaps, all objects of charity, and, I fear, very much in want of that lodgment and sustenance which was sought for them, but which could not be given to them. How many of the 364 may now be in life, I cannot say, neither can I depict the sufferings and distress undergone by the families to which they belonged; but no person who has seen the insane, only in asylums, where they are comfortably clothed and lodged, and liberally dieted, and where their management has become an established science, can form even the shadow of a conception of the trouble, distress, and danger undergone by their friends in taking care of them at home. They alone, who have had the sad experience understand this.

*NOTE.—Since this Report went to press, I have received the Annual Report of the Commissioners in Lunacy for Scotland, from which I find that the whole number of lunatics under inspection of the Board on 1st January, 1867, was 6807, distributed thus:—

In Royal and District Asylums.....	3519
In Private Asylums.....	672
In Parochial Asylums and Poor-Houses.....	998
In Central Prison, Lunatic Department.....	45
In Private Dwellings under official cognizance.....	1573

Total..... 6807

The total population of Scotland was, at same date, 3,062,294—say about double the present population of Ontario; therefore an equal proportion of provided-for lunatics in the latter would give 3403.

I am very sure the 364 names now before me, of persons who have needed and not obtained asylum lodgment are but a fraction of the whole number to be provided for. There are hundreds more on whose behalf from various reasons application has never been made; but once let it be seen that asylums are ready to receive them, and if they do not present in overwhelming numbers, I am much mistaken.

To bring this Province with its million and half of population up to the figure of the Asylum provision which at the present time obtains in the old country, would augment our Asylum inmates, perhaps, to 4,000. This would require more than four-fold our present Asylum space, for the Commissioners in Lunacy in England demand 1,000 cubic feet of sleeping space for each patient, whilst ours have not an average of 700; indeed in our branch Asylums, not 600.

In my report for 1865, I recommended that a system of provision for the chronic insane, distinct from that for recent cases be introduced, by means of unions of counties, so arranged that each union might represent about 250,000 inhabitants, thus establishing for the whole Province, six secondary asylums, each to be capable of lodging comfortably at first, 200 patients, and of enlargement to the extent of lodging 400.

Besides these secondary asylums, I recommended the establishment of three primary ones, as strictly curative hospitals; one now existing in Toronto, one almost complete at Kingston, and one to be erected in the Western part of the Province. These primary Asylums would contain 1,200 to 1,300 patients, and the secondary ones at first 1,200.

Comparing this proposed provision, with that actually now existing in the mother country (and there found still insufficient) was my plan unduly liberal? Surely not. It may require ten or fifteen years for discussion of this; or some other, perhaps better plan, and by that time, the requirement for its adoption will certainly be much more pressing than it now is; *sic itur ad astra*, so we go to the stars, but alas, our insane, meantime to the stripes.

Mortality.

The mortality of this Asylum for the past fifteen months has been 30 deaths in a total of 623, equal $4\frac{8}{10}$ per cent., or $3\frac{8}{10}$ per cent. a year.

From the latest reports in my hands, I find the following death rates per year, shewn by the several institutions named.

Year.	Asylums.	Total healed in year.	Deaths.	Per cent. on total.
1866.	Royal Edinburgh.....	1015	63	$6\frac{2}{10}$
1867.	Aberdeen.....	530	22	4
1867.	Dundee.....	243	14	$5\frac{7}{10}$
1867.	Belfast.....	492	18	$3\frac{6}{10}$
1867.	Wilts.....	532	49	$9\frac{2}{10}$
1865.	Worcester.....	643	47	$7\frac{3}{10}$
1866.	Halifax, N. S.....	192	4	2
1867.	Dayton, Ohio.....	282	11	4
1866.	Harrisburg, Penn.....	493	33	$6\frac{7}{10}$
1867.	Butler, Rhode Island.....	196	14	7
1867.	Longview, Ohio.....	589	43	$7\frac{4}{14}$
1867.	Utica, New York.....	1042	51	5

The preceding figures, taken from reports of insane Asylums of high merit, exhibit much diversity in the rates of mortality. Nothing could be more silly and unjust than to appeal to these rates as a test of the comparative merits of the several institutions mentioned. The incident mortality of any Asylum depends on causes so various and often so difficult of exposition that no intelligent or candid medical superintendent will adduce such tabular statements as the preceding, for the purpose of exhibiting his own low rate. A high rate of mortality may denote superior efficiency, for it is one of the surest concomitants of numerous admissions. It is from these the majority of deaths are furnished in Asylums rapidly receiving patients. It is known, too, that certain forms of fatal disease in the insane are much commoner in some Asylums than in others. These and many other facts, ignored or not understood by hasty figure-gatherers, will always be taken into consideration by persons of common sense and honest intention.

CAUSES OF DEATH.

The causes of death, so far as these can be expressed in short terms, have been the following:—

General Paresis.....	10
Latent Phthisis.....	7
Manifest do.....	2
General Dropsy.....	3
Maniacal Exhaustion.....	2
General Disease.....	1
Spinal Disease.....	1
Cerebral Effusion (serous).....	1
Traumatic Bronchitis.....	1

Old Age.....	1
General Brain Softening without Paralysis.....	1
Total.....	30

It will be observed that one-third of the above deaths have resulted from that fatal disease of the insane, *General Paresis*, and nearly a like proportion from Phthisis. Seven of the nine cases of the latter were of the *latent* form. Only in Asylums in which *post mortem* examination is the general rule, can the full extent of latent phthisis be appreciated.

The case of death from "Traumatic Bronchitis" resulted from a wound in the throat, self-inflicted, before admission.

The case from "old age" was that of a woman of 76 years, as shewn by the admission Register, but, in all probability, much older; she was, from her amiability, gentleness and polite deportment, always regarded as our model patient, and had long held, as she well deserved, the respected name of "Lady Dawe." Her Asylum residence amounted to twenty-six years, less thirteen days.

Seven patients longer resident than Lady Dawe still survive, five of whom are in the Malden Asylum, and two here.

Post mortem examinations were made in 15 of the cases of death.

In the cases of *General Paresis* and Pulmonary Phthisis, the condition of parts was of the usual character in these diseases.

The case of cerebral serous effusion occurred in a robust man who had been resident ten years and a half, and who always presented the appearance of good health, but during all his residence was the victim of "enchantments and the black art." He said the enchanters, mostly in the night, shot darts through his temples, which caused excruciating pains in the jaws. He showed no appearance of illness until a week before his death, when after breakfast he complained of weakness in his legs, and on attempting to walk, he whirled round in a circle. The left pupil was dilated. I had observed two days before this illness that his speech was thickened, and he seemed to be at a loss for words (a most unusual fact with him, and of which he was himself conscious). His intelligence was not much impaired, but a semi-comatose condition supervened about forty-eight hours before death. On examining the brain, the *Dura mater* was found firmly adherent to the skull. The vessels of the arachnoid were much congested. The brain was slightly congested. On its upper surface it was firm, but soft on the base. The choroid plexuses were

much congested. The quantity of serum effused into the arachnoid cavity and the lateral ventricles was not great.

The case of "general brain, softening without paralysis," occurred in a man who was addicted to self abuse. He had never complained of pain in the head, but was very dull and apathetic. He was much emaciated before death. He showed none of the indicating symptoms of *general paresis*. His condition was that of general cachexia, and he had two invasions of purpura.

The brain was found universally softened. When cut into, it ran like cream. The right middle lobe was deeply congested. The membranes were firmly adherent on the upper surface of the whole brain. The lungs had no tubercles; but showed marks of recent inflammation.

The peritoneum was of a dark bluish colour, and showed numerous adhesions. The intestines were firmly glued together, and numerous tubercles were found in the peritoneal folds. The liver was large, but not changed in texture.

GENERAL OBSERVATIONS.

Of the general course of administration of the affairs of this Institution, so far as under my control, I have little to note. Every department has been conducted to my entire satisfaction, and the efficiency and fidelity of all the officers and servants have been such as to merit high commendation.

Since the issue of my last report three additional newspapers, the *Stratford Beacon*, *London Daily Prototype*, and *Ottawa Daily Citizen*, have by the kind liberality of the publishers, in response to my appeal, been sent to us gratuitously. All are read with gratification by the inmates, and contribute much to their amusement and improvement. The *Globe* is much asked for, but is supplied at my own expense.

The improvement of our grounds has this season received much attention and labour, but until the place is vacated by the builders, which I apprehend will not be before a couple of years more, it will be impossible to carry out the general plan in view.

It would be no vain gratification to see this Asylum surrounded by grounds more beautiful than those of any other house in Canada. Even now in their incomplete, and in some parts deformed, state, they are admired by many. I do not believe that any labour about an insane Asylum is more profitably applied than

that bestowed on its flower beds, shrubberies, lawns, walks, and shade trees, nor can we inside have too many pretty pictures, statues, and other attractive objects.

(Signed) JOSEPH WORKMAN, M.D.,
Medical Superintendent.



