

tive mortality of the old Asylums and the new, the rates stand nearly equal.

Premature burial is not so common a mistake as premature discharge; yet, in comparing the mortality of the first and second periods, we must make a large allowance for those deaths which have taken place in the latter, among the incurables remaining from the former. Probably one-third of the 354 deaths of the last ten years were of this division. It must thus be evident that in comparative mortality, the new Asylum stands superior to the old. The comparison of legitimate discharges would be no less favorable. Taking the proportion of recovered patients, in the last ten years, as, say, nearly equal to one-half the admissions, comparison with the results of other Asylums, in Europe and America, is by no means unfavorable. The proportion of recoveries to admissions, however, depends more on the character of the cases admitted than on the treatment; and it is not to be regretted that, in Canada, Asylum statistics are held subordinate to humanity. A few months ago, I received a letter from a relative of one of our patients, residing in a large American town, in which I was informed that 108 lunatics were lodged in a neighboring poor-house. I fear this is not a solitary fact in the neighboring country; and unfortunately it has its parallels, far too numerous, in our mother country.

From all that I have read and observed, I am led to believe, that there is no country in Christendom, excepting perhaps the State of Massachusetts, in which so large a proportion of the insane is provided with Asylum lodgment, as in Western Canada. This has been accomplished chiefly by the establishment of Branch Asylums, for quiet incurables,—a measure, which, in consequence of the non completion of this building, and the increased numbers of