must therefore contain a large proportion of long resident incurables.

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It has been stated by Dr. Tuke, of the justly celebrated York Retreat, that of every ten lunatics admitted into the asylums of England, five are discharged recovered, and five remain uncured; but of the five who recover, only two remain permanently sane. I do not think this calculation would be found correct in Canada. More than two-fifths of our discharged patients remain permanently sane.

Assuming, however, that Dr. Tuke's figures are approximately applicable to Western Canada, and that the occurring cases of primary insanity are annually equal to 200, which is probably not an over estimate, it will follow that an increase of 100 new permanent asylum residents should annually be provided for, deducting, however, a certain number for the decrease resulting from deaths, which will vary from five to eight per cent annually on the total number of inmates.

Relapsing patients are not so likely as others to remain permanent residents. Recurrent insanity is generally temporarily curable. Of the 166 patients admitted in the past year, eighteen had at former times been inmates, and nine others are known to have been inmates of other asylums; only twenty-seven recurrent cases have therefore presented in a total of 166; a proportion not corroborative of Dr. Tuke's estimate.

The necessity of making further and large provision for the insane in this Province is too obvious to require urgent enjoinment; and it will be very unsound economy to defer action until public dissatisfaction and popular outery render its further procrastination impossible. Insanity, submitted at an early period to appopriate treatment, is found curable