

L. P. VALLEE, Photo.

Quebec Lunatic Asylum.

C. E. M. HUOT Ecc.

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1872-73.

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REPORT

OF THE

QUEBEC LUNATIC ASYLUM

Addressed to the Honorable the Prime Minister  
Of the Province of Quebec.

BY THE

MEDICAL SUPERINTENDENTS.

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*Printed and Translated by order of the Legislative Assembly.*

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QUEBEC

PRINTED BY L. H. HUOT

Proprietor-Editor of "Le Canadien"

1873.

QUEBEC HOSPITAL ASSYLUM

Annual Report of the Trustees  
for the Year 1873

QUEBEC

Printed and Published by the Trustees

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PRINTED BY J. H. HOLT

Proprietor & Editor of "The Chronicle"

1873

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# QUEBEC LUNATIC ASYLUM.

(1878)

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## QUEBEC LUNATIC ASYLUM.

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**TO THE HONORABLE GÉDÉON OUIMET**

Premier of the Province of Quebec.

SIR,

The medical statement, we have the honor to submit to you, exceptionally covers a period of eighteen months.

Our intention, in presenting this Report, at the present date, is that we may for the future be in a position to conform to the fiscal year ending on the 30th June.

Before entering upon the medical branch of this Report which is destined to form a new series, we deem it useful to glance at the past of our institution, show what were its beginnings and indicate the progressive strides which have determined its actual condition. This brief retrospect will contain certain details, with which, it is true, you are already conversant, but our desire is to afford the fullest possible information to the public, and especially to those families, who already include one of their number amongst our patients, or who, by a stroke of misfortune, may be hereafter under the painful necessity of applying for the admission of one of their members into this institution.

**Quebec Lunatic Asylum.**—Before 1845, lunatics were sheltered in our alms-houses and public hospitals. Virtually lost, however, amid the large number of infirm persons shut up in these houses, cases of lunacy could not receive special attention.

The marked increase in the number of lunatics suggested the idea of founding an institution specially devoted to the treatment of mental diseases. Lord Metcalf, then Governor of Canada, encouraged the project by promising the support of his government to an association of distinguished physicians, Drs. Douglas, Frémont and Morrin. He consulted with his council, and, on the 16th of September, 1845, the dwelling house, once the manor of Mr. Giffard, Seigneur of Beauport, was converted into an hospital for lunatics. At the time of its purchase this building could accommodate 120 inmates, with the necessary guardians.

Several years later, the number of patients having increased, it became necessary to acquire larger premises. The Directors accordingly purchased the magnificent property then belonging to Judge de Bonne, and, in April, 1850, a new asylum was erected on those grounds.

In February, 1854, the western wing was destroyed by fire; but no accident happened to the patients, and the damage was soon repaired.

In 1863, certain alterations were made in the central portion of the building, which was also ornamented with a cupola. Two large wings were added to the main building.

During the year 1864, a new building specially for male patients was erected on the same grounds, the principal building being reserved for females

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A handsome villa, one of the dependencies of the Asylum, receives convalescent patients.

The *Rivière des Taupières* flows through the property and yields an abundant supply of very pure water, which is distributed throughout the different buildings by the medium of large reservoirs.

The Quebec Asylum has, moreover, the advantage of possessing a large farm, with all its accessories; it has also joiners', shoemakers' and tailors' shops, a laundry, forge, gas house, &c., &c.

Steam is used for heating purposes.

The Asylum is situated at a distance of two and a half miles from Quebec.

Such were the beginning and the progress of the Quebec Asylum, and such also is its present condition.

However, to make these details more complete, we propose to briefly allude to its connection with the State, its position with regard to the public executive authorities and its system of internal economy. We intend to support all our remarks by numerous authorities. The correctness of an opinion cannot very well be questioned when it is corroborated by the writings of the best authors; for there is nothing so convincing as the positive and disinterested evidence of those most versed in such questions. Thus our report will be a sort of summary of observations based upon the experience of the most profound thinkers and of the most able practitioners, who have made a special study of mental aberration, and the questions bearing thereon.

**Mode adopted by the State to provide for the maintenance of Lunatics in this Province.**—ECONOMY OF THE SYSTEM:—  
Under a contract existing between the Provincial Govern-

ment and the proprietors of the Quebec Lunatic Asylum, patients are received into and treated in that institution "According to this agreement, the Government binds itself to maintain 650 persons in the Asylum, and in the event of its sending more, the proprietors are obliged to receive them at a less rate than for the 650."

"There are at present nearly 800 inmates in the asylum, for whom the Government pays at the rate of \$143 annually per head. By the new contract, the Government will only pay this *per capita* rate for 650 inmates, every additional inmate only costing one hundred and thirty-two dollars." (1)

The Government of the Province of Quebec, in adopting this plan, deemed it necessary in the interest of the country, to choose a system at once efficient and economical, and the statistics prove beyond all expectation how judicious was the choice.

In continuing the work of our predecessors, we have personally satisfied ourselves of the advantageous character of this transaction to the Province, which, for a small price, finds itself exempt from the trouble inherent to the management of a lunatic asylum, and is freed to a certain degree from a great responsibility and from the risk to which the proprietors of such immense establishments are always exposed.

We will not further enlarge on this head, as we can cite the positive testimony of the inspectors themselves, who, in one of their reports, expressed themselves in a formal manner on the advantages of this system.

(1) Report of the Inspectors of Prisons and Asylums for the year 1871, page 15.

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“ It is now established that, apart from religious institutions, in favor of which there are many reasons to be adduced, but against which, at the same time, also, high authorities have pronounced, the most economical plan for the maintenance of an asylum is exactly that which the Government has adopted in the present instance.

“ It is not denied that the sum paid by the Government to the asylum is high, but this is simply due to the large number of insane people which it supports there, and not in consequence of an excessive individual rate being paid. In any case the Quebec Lunatic Asylum is that which costs the least, and, if it be not the leading asylum of the Dominion, it most assuredly comes next to the best.” (1)

The comparison drawn, in this report of the Quebec Lunatic Asylum, with other institutions of the same kind in the Dominion of Canada, may be made wider; for the statistics, not only of Canada, but even of England, France, and the United States of America, admit of our assertions, and prove that of all lunatic asylums, the Quebec institution is the one, which while, fulfilling its mission, is among the least burthensome to the State, especially when the inconveniences which surround it, and the difficulties to be overcome, are taken into consideration.

A rapid glance at the expenses of certain other institutions will suffice to prove this.

**England.** — We extract from the *Journal of Mental Science*, the following commentary on the Report of the Imperial Commissioners for the year 1872, (January number for 1873, page 559.)

“ In England, the expenditure for the maintenance of

(1) Report of the Inspectors of Prisons and Asylums for the year 1871, page 15.

lunatics was 9s. 8½d. stg. per week, or \$2.35 of our money, say \$122.20 for each lunatic per annum. This estimate, which includes only the care and maintenance of the patients, would be very much larger, if the interest on the large expenditure incurred by the Government in housing them, were added and divided *per capita* among the patients.

**France.**—We extract the following lines from the Report of 1862 on the support of lunatics in the *Département de la Seine*, page 18 :

“The actual expense incurred by the management of public charities for the maintenance at Bicêtre and at the Salpêtrière merely of lunatics confided to their care, amounts, deduction being made for the cost of their return to their homes and their transport, which is reimbursed and wholly paid into their hands, to the sum of 1,513,915 fr. 45c.

“This sum, divided by the number of days’ residence, in the asylum, of the patients treated, gives for daily expenditure, 1fr. 97-10 for the males, 1fr. 63-73 for the females.

“Each lunatic costs 682fr. 92c. per annum, or \$136.58 ; but here again the sum expended for building the asylums not included.”

**United States.**—Dr. Hughes, Superintendent of the Lunatic Asylum for the State of Missouri, in his report for the year 1870, gives, in a very elaborate table, the average cost of the care and maintenance of the lunatics placed in the various asylums (59) of the United States. He, moreover, supplies the amounts paid for the building of each asylum and concludes his table, at the forty-ninth page of his report, as follows : “The average cost of the care and maintenance of each patient in the asylums of the United

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States is \$257.69 per annum. The average cost of building asylums *per capita* amounts to \$996.00." In this estimate, the salaries of the employees have been sometimes included, but more often excluded.

These statistics of Dr. Hughes were compiled with such care and found so correct by superintendents that its figures, when comparisons are desired to be made with other institutions, are used by many of them.

**Canada.**—**ONTARIO.**—From the report for 1871-72 of Mr. Langmuir, Inspector of Prisons and Asylums in the Province of Ontario, we see that the total expenditure for the support of lunatics amounted to the sum of \$187,719.42 for the fiscal year, ending on the 30th June, 1872.

We see, at page 18 of the same Report, that the cost of each patient in these Asylums is as follows :

Toronto Asylum ;	\$2.53	per week	or	\$131.75	per annum.
London	"	2.48	"	129.24	"
Rockwood	"	2.75	"	143.00	"

Here again, the expenditure for lodging is not included and the Honorable the Commissioner of Public Works for Ontario, in speaking of the London Asylum, informs us that that institution, destined to receive 650 patients, cost \$650,000 or \$1,000 dollars for each patient.

NEW BRUNSWICK ;— Dr. Waddell, Superintendent of the Provincial Asylum of New-Brunswick, in his Report for 1872, states that, excluding the cost of building the Asylum and the repairs made by the Department of Public Works, the lunatics cost *per capita* to the Province \$111.76 per annum, for the years 1868 to 1872 inclusively.

NOVA SCOTIA ;— We will quote, at length, from Doctor DeWolf, Superintendent of the Provincial Asylum



of Nova Scotia, who, in speaking of the institution, thus expresses himself at page 59 of his report for 1872. "The average annual cost of each patient was :

For Food.....	\$61.08
House Expenses.....	54.94
Salaries and wages.....	45.04
Medicines.....	1.15
	\$162.21

If to this be added, he says, \$24.43 as the average per patient, for repairs, insurance, improvements, and various extras, the cost of each inmate for the past year has been \$186.64 or \$3.59 per week." Dr. DeWolf also does not speak of the cost of lodging.

———. QUEBEC :—The St. John's Provincial Asylum, entirely under the control of the Government, costs per annum for each patient \$252.49 (without taking into account the cost of the buildings) say 4.85 per week.

———. ———— :—QUEBEC ASYLUM;—The conditions attached to the existence and maintenance of this Asylum are altogether different from those of the other establishments just mentioned. The Quebec Asylum is not, as those other institutions are, the property of the Government. On the contrary, it belongs exclusively to private parties, and it is only fair that we should demand from the State a sufficient sum to indemnify us for the maintenance and care of the patients, and to meet the annual interest represented by the great value of this property. This indemnity and compensation are included in the sum of \$143 which is allowed to us by the Government for each patient,—and, to compare this figure with the cost in other asylums, the sum

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representing these interests must be first deducted,—and we can then compare the net cost of the maintenance of our establishment and its inmates with the net cost of the support of patients in other institutions.

The United States and the Province of Ontario (in Canada) estimate the cost of construction at \$1,000 per head. Not to be taxed with exaggeration, we stop far short of this limit, and estimate the cost of our buildings at \$500 per head, although in reality they are worth more.

This sum of \$500 represents an annual sum of \$35 for interest, which, deducted from the \$143 received from the Government, leaves a net balance of \$108 per patient, for cost of care and maintenance.

In recapitulating, in a single comparative table, the various statistics, already cited, it will be obvious that the treatment of each lunatic in our asylum costs less to the State, whose position has been improved since the new contract came into operation.

**Cost of care and maintenance of each patient.**

ENGLAND.....	Cost : \$122.20 per annum.
FRANCE:.....	“ 136.58 “
UNITED STATES.....	“ 257.69 “
CANADA : Ontario—Toronto Asylum.....	“ 131.74 “
“ “ London.....	“ 129.24 “
“ “ Rockwood.....	“ 148.00 “
“ New-Brunswick—St. John's.....	“ 111.76 “
“ Nova Scotia—Halifax.....	“ 186.64 “
“ Quebec—St. John's.....	“ 252.49 “
“ “ Quebec Asylum.....	“ 108.00 “

This latter figure, being in favor of the Quebec Asylum, shows that the institution yields the most economical

results. But this fact becomes more apparent, when a comparison is made with England and France, the unfavorable position in which this country is placed being always kept in view. At a distance from Europe, from which we have to procure necessary products not raised in this country, we have to pay heavy freight charges, to which are to be added customs' duties. To this may be added the severity of our winter season, the length of which necessitates a larger consumption of fuel, which we are also compelled to seek in foreign countries. As regards the necessaries of life, which are found here, every country possesses them in an equal degree, and the cost of living in that respect is not dearer elsewhere than here. There is, therefore, an equality of resources on this head; but our country has not the less to struggle against the inconveniences which we have mentioned, and to which we are obliged, in spite of ourselves, to add another that has arisen and increases every day; we allude to the price of labor, which, within the last two years, has increased 24 per cent, that is to say, nearly one fourth.

However, while keeping within the small grant awarded to us by the Government, we managed to attain the end in view, and are happy to state that we gained the following praise from the Inspectors: "The Government, having assured itself that the Quebec Asylum fully corresponded to its high mission, that its unfortunate inmates are looked after with a truly paternal care, has concluded with its proprietors new arrangements for the next decade." (1)

(1) Report of the Inspectors of Prisons and Asylum, for the year 1871, page 5.

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It may naturally be asked, how it is, that, considering these material difficulties, it has been possible to attain so favorable a result for the unfortunate inmates treated in the institution, and one so economical for the authorities, who entrust them to us?

There is no secret in it.

Our asylum is comfortable, but modest both in its interior and exterior; scrupulous neatness takes the place of decoration. Our efforts tend to give to its interior the privacy of domestic life, not such as it is seen among the better classes, but such as it is to be found among humble and honest artisans and sober and industrious farmers; for the patients received into our institution principally belong to the industrial and agricultural classes. However, even in this category are included some belonging to poor families, and some to those in easy circumstances. Thus, do our efforts tend to make our institution as acceptable to the rich as to the poor, and to give to these unfortunates the mode of life to which they were accustomed or to which they looked forward, when in the possession of their reason. We consider it would be imprudent to overstep this limit in our present condition.

These remarks apply as well to asylums under State control as to private institutions, and the opinion upheld by the celebrated Berthier might apply to many other foreign institutions, and especially to a certain number of asylums in America.

"In any case, we need not fear to say: If the *Mont de Vergue* Asylum is distinguished for its order, discipline and management, it errs on the side of its advantages..... it is too luxurious. Thus, to give an idea, its dormitories



are carpeted throughout their whole length with carpets of rushes and aloes. There may be seen toilet tables, wardrobes and marble wash-hand stands; useless furniture for rustics, who, by their use, acquire luxurious habits, and who for the same reason would find themselves ill suited or out of place in their own humble dwellings. This superfluity seems to me to be blameworthy, as it compromises rather than promotes the cause of the lunatics in the eyes of the public and the dispensers of the public funds. Everything that partakes of luxury, should be discarded in a benevolent institution, justly writes Mr. Fusier; one species of luxury alone is obligatory, that is cleanliness."

If the treatment, to which a patient is subjected, produces a happy result, he is returned to his friends, and the transition from the modest life of an hospital to the family will be more easy and burdened with fewer deceptions; for it is better for him to leave a comfortable but humble asylum to enter upon a life of ease, than to leave sumptuous mansions, in which ostentation and profusion are to be met with at every step, to enter into the bosom of a family already plunged in misery. In the latter case, the deception is bitter, and the patient, particularly if he be the father of a family, vainly demands of his reason energy sufficient to support the misfortune, the recollection of which has been nearly effaced from his memory. Alas! frequently the despair, which closely follows the tender emotions caused by a first meeting, exercises upon his still affected organism a depression that sometimes causes a painful relapse.

Let it be well understood, however, that if we deplore, as prejudicial, any display of wealth, we do not mean thereby to exclude comfort, and confound it with luxury. On the

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contrary, comfort without luxuriousness is the common ground upon which poverty and pride never meet.

Towards this end, our management have directed their efforts, and their success has been recognized by all, and highly appreciated, moreover, by the Inspectors, in their Report of 1869.

“ Nothing that may tend to the advantage of the poor unfortunates sent there is neglected.

“ The house is cheerful, neat and large, the food healthy and suitable to the wants of each inmate, clothing perfectly adapted to the various seasons, beds and bedding of the best possible kind; even amusements, means so powerful to elevate depressed spirits, to dissipate melancholy and drive away gloomy thoughts, are opportunely devised to console these people so deserving of our pity. (1)

“ The condition of the 700 unfortunates who live in this establishment, if they had the full possession of their reason, would be envied by the majority of the inhabitants of our country parts, and by all the poor of our towns, (2)

“ When we reflect moreover on the manner in which the great mass of the inhabitants of the country live, we are persuaded that lunatics should not be sumptuously treated and lodged in palaces, while those who pay for them live in very modest dwellings. (3)

This economy is productive of another favorable result for society; for, the poor being admitted to the asylum as well as the rich, it follows that there is no necessity amongst us for those *Ward Hospitals* or *Poor Houses* or *District Workhouses*, as they are styled by the Americans, charitable insti-

(1) Report of the Inspectors, 1869, page 8.

(2) Report of the Inspectors for 1868, page 8.

(3) Report of the Inspectors for 1868, page 13.

tutions, it is true, but comparatively without means of affording relief, and where unfortunate creatures may be sometimes seen huddled together pell-mell as in the dampest cells of a prison. It is not the fault of these poor unfortunates. What can they do in their painful position?... Without parents, without friends, without sympathy, without consolation, their diseased intelligence is not even capable of enabling them to beg their daily bread. They have no other shelter but miserable refuges, and yet, by the side of these lamentable abodes, sumptuous buildings may be seen devoted to the use of lunatics whom chance has favored with fortune's gifts. We have personally witnessed both these sides of the life of a lunatic in the United States. We had occasion, more than once, to visit splendid buildings, in which the attendance exceeded the wants of the patients. The interior management reflects great credit on the Directors, who do every thing in their power to procure for their patients the care which tends to improve their condition, while their devotion is only equalled by their great professional skill. We admire these institutions, but blame the State, which extends its bounty too largely to the one, while it seems to neglect the others. The spectacle of so much misery, under the very shadow of such over wealthy establishments, produces a painful impression, and it was in face of such overwhelming pictures that we could appreciate the full truth of the Report of the celebrated Dr. Robertson on these institutions in 1868. As this report is too long to reproduce, we will here only give the following extract concerning the State of New-York.

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indigent lunatics, are most defective, as even the Utica Asylum, cannot accommodate a third; (1) the other lunatics, for the most part, go to people the almshouses, where the treatment they receive has several times attracted the attention of the public. In 1865, Dr. Williams, appointed to enquire into the subject, presented his report to the Speaker of the Legislature. Many of the details disclosed in this work are heart-rending; they would be incredible, if they did not emanate from such an authority.

“ It is fortunate that there is an intention of remedying this state of things; but several physicians attached to the asylums assured Dr. Robertson that the situation of the lunatics in the almshouses of many of the other States of the Union is, in no respect, better than in that of New-York.

Here are some examples :

“ Into the Poor House of the County of *Albany*, prepared for 31 lunatics, 103 have been crowded; they have been obliged to place together 3 or 5 of these unfortunates in one room or in cells which are narrow, damp, and deprived of ventilation, situated under ground, where one inmate at the most would have sufficient air to exist in health.

“ In that of *Broome*, recourse is rarely had to the lash.

“ In that of *Columbia*, the majority are very filthily kept. Twelve sleep on straw, without beds, and this straw is changed once or twice a week. They are without stockings in winter.

“ In that of *Cortland*, the sexes are not entirely separated, and male servants are employed in attendance upon female patients.

(1) We must remark however that several Asylums have since been established, especially at Poughkeepsie and Buffalo.



“ County of *Delaware*: The sufferings of these unfortunates, who are deprived of air and the light of heaven, would form the subject of a dark chapter of human misery, if we could write it.

“ County of *Madison*: Thirty-five patients, the majority having dirty clothes, ignorant and incompetent attendance. Those in cells are kept in a very unclean condition; many, for the want of vessels, soil with their excrements the straw on which they sleep. This straw is renewed only once a week, and these unfortunates, whose bodies are covered with their own filth, not being brought out into the open air every day, take their food in these disgusting cells where there is no ventilation and are not washed once even during the whole year. Sickening odor, in which these poor creatures are compelled to live. Three men were naked, the women had only one chemise, those who were quieter were clothed in the same manner as the other unfortunates; fourteen had neither shoes nor stockings during the winter.

“ County of *Niagara*: The lash is sometimes, but seldom used to maintain order.

“ County of *St. Lawrence*, Handcuffs are not used, but the lash is in constant use, and violent patients are caged to subdue them. Cleanliness, ventilation, and uniformity of temperature are wanting. The sexes are not separated, but are kept together.

“ County of *Saratoga*. House in ruins. Day rooms and bed rooms bad and infectious. Corporal punishment for men, women and children; it is probable that the poor inmates, who are not insane, receive the same treatment.

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“ County of *Tioga*. The sexes are not entirely separated. Male keepers, taken from amongst the poor, in the hospital, attend upon the insane women. Dirty rooms, vitiated air. Out of 21 patients, 5 have neither shoes nor stockings during the winter. The building was originally intended for 8 insane patients only. Medical visits rare, or rather there are none.”

We might cite many other counties.

In conclusion, we find a summary of the foregoing in the writings of Dr. Willard.

“ In some of the establishments, the lunatics are confined in dark and prison-like cages or cells, as if they had been convicted criminals and not poor unfortunates, who are deprived of their reason. Often, they are allowed to sleep on straw like cattle, without any covering; scores of them suffer from the rigors of the season, without having shoes or stockings given them. These are indigent insane patients; all communication with the outside charitable world is forbidden them, where, at least they could beg a pair of shoes. To be insane, in a narrow cell, probably without clothing, sleeping on straw or on a bench, receiving air, light and heat through a microscopic opening, through, I may say, a prison door, deprived of sympathy and social intercourse, having no communication, except with other insane persons, without a friendly or consoling word, without any encouraging hope for the future! is there a more heart-rending sight? And yet this picture is not an exaggerated one.” (1)

These observations fully demonstrate the fact that the system adopted by the Government of this Province res-

(1) *Psychological Annals*, 1871, page 255.

pecting the Quebec Lunatic Asylum is most judicious, in that it is *the most economical*, while at the same time, it meets the wants of those confined there in, both as regards the *treatment* received, and the *comfort* of the patients.

We believe that these remarks will be found sufficient to make the public acquainted with the Quebec Lunatic Asylum.

There yet remains to us to mention the formalities and information required for the admission of patients into the establishment, and the different ways in which their withdrawal may be procured.

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**Admissions**—There are two modes of entry: voluntary and official.

**VOLUNTARY ENTRY.**—The family or third parties may claim the entry of a patient, on a demand made to the Proprietors of the institution, by binding themselves to defray the cost of the board and maintenance of the patient, having first obtained from the judicial authorities, the civil interdiction of and the appointment of a curator to the person of the patient.

The agreements, in such case, are personal and private between the Proprietors of the establishment and the patient's family.

**OFFICIAL ENTRY.**—In the case of official entry, the Government becomes responsible for the board and maintenance, under its agreement with the proprietors of the Asylum.

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The demand for admission should be addressed to the Lieutenant-Governor, whose duty it is to enquire into and decide whether the requisite formalities have been observed by the persons soliciting the patient's entry. <sup>(1)</sup>

As it concerns the public to be acquainted with these formalities and the information exacted on the subject, we deem it our duty to give, here, the tables that contain them :

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### FORMALITIES

REQUIRED IN CASES OF APPLICATION FOR ADMISSION INTO  
A LUNATIC ASYLUM.

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*Demands on behalf of near relatives, protectors or friends  
of the patient.*

MEDICAL CERTIFICATE, as to the mental condition of the patient, formally declaring whether it is a case of idiocy or imbecility.

Declaration made by one or more respectable persons of the locality, that the patient, either by himself, or some relation, who is obliged by law to support him, has not the means to contribute either wholly or in part to his maintenance in the asylum.

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### MEDICAL CERTIFICATE.

I, the undersigned, Physician practising at.....  
District of.....Province of.....

<sup>(1)</sup> In the case of criminal lunatics, if it be proved that the prisoner is mentally deranged, judicial authority suspends its sentence in virtue of the law, and recommends the Executive to cause the prisoner to be confined in an asylum.

certify by these presents that, on.....the  
 .....day of.....187.....at.....  
 .....I did personally examine.....  
 where examination made. Place  
 .....Of.....  
 and surname of patient. Name  
 Street, No.....Residence of patient.  
 .....and  
 that the said.....Civil state of patient [married or single.]  
 .....Name of patient.  
 is afflicted with mental alienation ; that his state necessi-  
 tates surveillance, and that I have formed this opinion from  
 the following facts :

1. *Facts observed by myself on the lunacy of the patient :*

.....  
 .....  
 .....

2. *Facts collected by myself, from different persons, on  
 the state of lunacy of the patient, with the names of the  
 said persons.....*

.....  
 .....  
 .....

Signature of the Physician.....  
 Residing at.....  
 Street.....No.....

Dated this.....day of  
 the month of.....187...

**INFORMATION**

REQUIRED IN CASES OF APPLICATION FOR ADMISSION TO THE  
 QUEBEC LUNATIC ASYLUM.

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*Friends or relatives of patients (Sheriffs or Gaolers in cases of insane prisoners) applying for admission into the Asylum, are particularly requested, with the aid of the Physician, to furnish full and explicit answers to the following questions :*

- 1<sup>o</sup> What is the age of the Patient ? .....
- 2<sup>o</sup> Is the Patient married or single ? If married, how long ?  
How many children ? .....
- 3<sup>o</sup> What is the Patient's origin ? .....
- 4<sup>o</sup> Where was the Patient born ? .....
- 5<sup>o</sup> Where is the Patient's place of residence ? .....
- 6<sup>o</sup> How long has the Patient resided in Canada ? .....
- 7<sup>o</sup> What is the Patient's occupation, and, if a woman, that of her husband or father ? What are their reputed means of subsistence ? .....
- 8<sup>o</sup> What is the Patient's religion ? .....
- 9<sup>o</sup> What degree of education ? Does the Patient read and write ? .....
- 10<sup>o</sup> In what society did the Patient live ? .....
- 11<sup>o</sup> When and in what manner were the first symptoms of disease manifested ? .....
- 15<sup>o</sup> Is this the first attack of mental alienation ? If not, when did the others occur, and what was their duration ? ...
- 13<sup>o</sup> Does the disease appear to be increasing, decreasing, or stationary ? .....
- 14<sup>o</sup> Have there been temporary changes in the intensity of the disease ? Has the Patient lucid intervals and do these lucid intervals appear at regular periods ? .....

15° Have any marked changes occurred in the Patient's mental or bodily condition since attacked by the disease ?

16° On what subjects and in what way is this derangement now manifested ? Is there any permanent hallucination?...

17° Has the Patient shown any disposition to injure himself or other ? If so, was it from sudden passion or premeditation ?.....

18° Has the Patient ever attempted to commit suicide ? If so, in what way ? Does this inclination still manifest itself, and how ?.....

19° What are the habits of the Patient, as regard eating, sleeping and cleanliness ?.....

20° What members of the Patient's family (including grand-parents and cousins) have been insane ?.....

21° Has there been any peculiarity in the temper, habits, and pursuits of the Patient noticed, or in his religious belief or passions ? Was the Patient eccentric ?.....

22° Was the Patient intemperate in the use of ardent spirits, tobacco, opium, &c., &c. ?.....

23° Has the Patient ever been subject to any serious bodily disease, (Epilepsy, suppressed eruptions, discharges or sores) ? Has the Patient ever received any injury to the head ?.....

24° Has restraint or confinement been employed ? If so, of what kind, and of what duration ?.....

25° What is supposed to be the cause of this attack of the disease ?.....

26° Has the Patient been treated for the disease ? What was such treatment and what were the results ?.....

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27° Please mention anything else that may enlighten the physicians as to the state of the Patient ?.....

*N. B.*—For references, the address of a near relative, curator, or friend, must be given, as also his place of residence.

 The answers to the above questions must be signed by the physician granting the medical certificate, or be attested by some known and respectable person.

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**Discharges.**—Patients voluntarily entered may be discharged on application of the family.

These officially entered are discharged by order of the Executive, generally based on the recommendation of the medical superintendents.

The lunatic himself may procure his own discharge, by addressing the Inspectors or the Commissioners, who make the necessary inquiries to ascertain his condition, and report the same if requisite.

In the case of a lunatic criminal, the Lieutenant Governor may order his return to his family, on the recommendation of the Attorney-General, representing the executive and judicial authorities, on a report being made of his cure (when such is the case) or he may take such other course as may be deemed advisable.

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The Medical Superintendents devote the whole of their time to the institution, where they pass the entire day and exercise a careful surveillance, to which is moreover to be added that of the Warden, Medical-Assistant, Matron and Assistant-Matron, who reside on the premises.

On their part, the Government are not unmindful of their patients, and carefully scrutinize the attention paid to them. An Inspection Commission is authorized by them to visit the Asylums of the Province every three months. And for the Quebec Asylum, especially, there is a Board of Trustees or Commissioners, one of whose members, with their Secretary, visit the Asylum every week. The Government also send a physician, every day, specially named by them for this purpose.

Further, this superintendence is not exercised in secret, and in this, circumstance there is a guarantee to society. Our Asylum, in contra-distinction to other establishments of its nature, confidently opens its doors to all visitors, who are allowed to visit the patients, as often as their condition and the dictates of prudence permit.

We have, often, also, the pleasure of receiving visits, all the more flattering, as they are from most distinguished persons. This year among others, we had the inestimable honor of receiving a visit from His Excellency, Lord Dufferin, Governor-General of Canada, and the Countess of Dufferin, accompanied by Lt.-Col. Fletcher and Lady Harriet Fletcher. Their simple passage through our halls caused great joy to those of our patients, whose reason permitted them to recognize and appreciate the high rank of these noble visitors.

On other occasions, several Cabinet Ministers, Bishops,

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and especially, His Grace the Archbishop of Quebec, Judges and a large number of Members of Parliament, have honored us with visits. And we are, very often, called upon also to conduct through our establishment distinguished physicians, eminent specialists, professors of universities or superintendents of lunatic asylums.

We take pleasure also in mentioning the visit of a charitable lady, who devotes all her time and fortune to the maintenance of indigent lunatics. We allude to Miss Dix, a noted philanthropist who has more than one just claim to the title of the American Nightingale.

A patient's family are also allowed to visit him, but for these visits, the discretion required is one of the most delicate points in the moral treatment of the patient; the special character, also, of these intimate interviews, necessitates the use of the greatest care and foresight, in their allowance, in noting the nature and period of the patient's disease, in whom perhaps the empire of reason is still so feeble that the slightest emotion might cause a relapse. These visits are oftentimes the rocks, upon which all the attention and efforts of a treatment, until then most favorable, are wrecked.

It is painful to us, sometimes, to be obliged to resist the entreaties of relatives and to deny them the sight of a patient who is dear to them; but it is our duty, and, if for a great number of patients, we permit and even desire occasional visits, on the other hand, we energetically prohibit all visits for others, as soon as we deem them inadvisable and dangerous. Of what use, would be confinement and isolation, if, in the midst of a convalescence barely established, we allowed patients to hold prejudicial communica-

tions with their former acquaintances? Experience has, moreover, indubitably shown that the privation, even of similar consolations, is necessary in the treatment of insanity and is one of the conditions essential to its success.

Such are, Sir, the observations we desire to communicate to you by this report. We have, designedly, omitted some parts, concerning the interior administration of the asylum, as we intend to say something on that head in our medical report.

We are happy to convey to you, here, the expression of our indebtedness to the Inspectors, the members of the Commission and the Visiting Physician, whose conduct towards us has always been attentive and courteous, and to assure you of the zeal and devotion displayed by the different Chaplains in the exercise of their ministry.

We take, here, occasion to mention, with gratitude, the zeal of Mr. R. Middleton who, without receiving any salary from the Government, never failed to come, every Sunday to the Asylum, to give religious instructions to the patients of his persuasion.

It is also our duty to mention the assiduity of our medical assistant, Dr. Belanger, who entered our service on the resignation of Dr. Turcotte. The foresight of this physician and his tenderness towards the patients have won for him their confidence and affection.

Our warden, Mr. Vincelette, is always deserving of the unlimited confidence which we have placed in him, and we record with pleasure the care and vigilance, with which Mrs. Vincelette and the assistant matron, Miss Adam, have fulfilled their arduous duties.

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Quebec,

Dr. Landry, in delicate health for a long time, was obliged to absent himself for a few months, and I cannot terminate this report without expressing my regret at his departure. His talents have earned for him a merited reputation ; but the numerous and incessant fatigues, which he imposed upon himself, during a number of years, have made him the victim of his zeal.

Let us hope that his health may be sufficiently re-established during this short period of repose, so that he may be enabled once more to oversee the alleviation of the sufferings of his poor patients, for whom he is ever solicitous and to continue his valuable services to society.

Trusting confidently that you will share our views, and favorably entertain these few remarks which are intended to awaken the attention, especially of the thinking men of the country, to the different questions of mental alienation, we address you our present report, and request

the honor to subscribe myself,

Sir,

Your very humble and respectful servant,

F. E. Roy,

M' D.

Quebec, July, 1873.

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## MEDICAL REPORT.

### MOVEMENT OF THE POPULATION.

The following table enables us to take in at a glance the movement of the inmates of the Asylum, during the past 18 months:

	Males.		Females.		Total.
		Total.		Total.	
Remaining on 1st January, 1872.	388	Total.	400	Total.	1,103
Admitted in the 18 ms. (1872-3.)	182		133		
Discharged	63	570	47	533	
Died	59	122	50	97	
Remaining on 30th June, 1873.	448		436		

By deducting the admissions of the last six months, that is to say, 114, we have 989 patients treated in 1872.

If we subtract the number treated in 1871, that is to say 901, we find for 1872 an increase of 88 over the year 1871.

By taking as the average the admissions for the first six months of the year 1873, we will have, for this year, a still greater increase.

The increase in the number of lunatics treated, during the past 18 months, is not an accidental result, but rather

the repetition of a continued fact, which exists since the foundation of the establishment, as shown by the following table :

Years.	ADMITTED			DIED.			DISCHARGED			REMAINING			Annual Augmenta- tion.		
	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.			
1845	46	49	95	1	3	4				1	1	45	45	90	
1846	32	26	58	6	10	16	11	7	18	60	54	114			24
1847	26	24	50	8	10	18	10	13	23	68	55	123			9
1848	36	24	60	12	4	16	9	4	13	83	71	154			31
1849	33	35	68	5	15	20	16	11	27	75	80	155			1
1850	46	23	69	17	8	25	11	16	27	93	79	172			17
1851	18	21	39	21	18	39	9	11	20	81	71	152			
1852	45	39	84	6	10	16	8	2	10	112	98	210			58
1853	35	61	96	20	17	37	22	17	39	105	125	230			20
1854	60	52	112	36	24	60	21	20	41	108	133	241			11
1855	51	65	116	15	13	28	23	14	37	121	171	292			51
1856	64	52	116	27	16	43	20	18	38	138	189	327			35
1857	84	59	143	27	16	43	33	17	50	162	215	377			50
1858	64	44	108	22	26	48	33	22	55	171	211	382			5
1859	52	52	104	17	22	39	21	18	39	185	223	408			26
1860	54	52	106	26	24	50	17	21	38	196	230	426			18
1861	32	22	54	18	10	28	15	10	25	195	232	427			1
1862	37	22	59	14	12	26	13	12	25	205	230	435			8
1863	55	84	139	24	18	42	14	16	30	222	280	502			67
1864	71	84	155	25	24	49	32	20	52	236	320	556			54
1865	60	42	102	14	39	53	28	20	48	254	303	557			1
1866	81	72	153	19	33	52	31	24	55	285	318	603			46
1867	59	69	128	36	30	66	30	19	49	278	338	616			13
1868	88	71	159	20	23	43	17	22	39	329	364	693			77
1869	78	60	138	31	43	74	25	17	42	351	364	715			22
1870	77	79	156	36	37	73	32	32	64	360	374	734			19
1871	92	75	167	35	25	60	29	24	53	388	400	788			54
* 1872	121	80	201	37	28	65	44	14	58	428	438	866			78
30 June 1873	61	53	114	22	22	44	19	33	52	448	436	884			18
Totals	1658	1491	3149	617	580	1197	593	475	1068						

The principal causes of this increase are not peculiar to our establishment. They are met with in American asylums, as well as in those of Europe.

During 20 years, (1847 to 1867,) the number of beds in the asylums in the counties in England and Wales has increased from 5,500 to 26,000.

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At the head of the list of the causes of this increase, we may place the annual excess of the admissions over the departures. In fact, the number of departures by withdrawal and death being less than the number of admissions, there follows a constant increase in the population of the asylums. This difference will be, besides, proportionate to the number of acute and chronic cases amongst the newly admitted.

In our establishment, recent and acute cases are less numerous than the chronic.

Finally, the number of admissions growing larger every year, is a cause of this incessant increase.

Setting aside the two first years of the Quebec Asylum (1845, 1846) which gave a total of 153 admissions by the transfer of patients kept in hospitals, prisons and temporary asylums in Quebec and Montreal, we find that from 50 admissions in 1847, the increase in entries has risen so as to give 167 admissions in 1871 and 315 in the past 18 months.

This progressive increase in the asylum, however, is not to be taken as indicating an increase in cases of lunacy in the Province during the same period. In fact, before the foundation of the present establishment, the Government had given so little attention to the comforts due to this unfortunate class, huddled up in gaols and temporary asylums, that a great deal of distrust was evinced, and reasonably so at first by the people in regard to all institutions bearing the name of asylum; further, in the early days of our institution, it was only a last resort, under the stress of poverty, in the face of imminent dangers incurred in the restraint of a violent patient, that those interested decided

to apply to the authorities for his admission into the asylum. However, in proportion as public sympathy became enlisted on behalf of lunatics, the organization of lunatic asylums was perfected, and the prejudices, until then justly entertained by families, have given place to an increasing confidence in the zeal of the physicians at the head of these new establishments.

To-day, this progressive increase is considered so rapid that economists are growing alarmed and are asking themselves, how can the country with all its other requirements come to the relief of all these miseries? But they forget a most important fact, which is, that if the surplus of the lunatics, not yet shut up, were placed in our asylums, this progress would disappear so as to be nearly unnoticeable in proportion to the increase of population: for, in Canada, this progress, although increasing every year, is however less active and less rapid than the increase of the sane population.

Furthermore. The statistics of foreign countries permit us to say that *the increase of mental alienation, in proportion to the increase in the sane population, is less in this Province than in a great many foreign countries.*

Thus, France has, according to the statistics of 1869, one lunatic for every 412 inhabitants.

The Imperial Commissioners, in their last report (1872), show 84,866 lunatics in the United Kingdom, which gives an average number, they say, of 1 in 371 of the population. This figure has been augmenting year by year, and yet, in 1859 there was only 1 in 535, and lastly in 1846, 1 lunatic in 661 of the population.

(See *Journal*  
page 549)

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(See *Journal of Mental Science* No. IV, January, 1873, page 549)

—Switzerland, according to a report for 1870, has 1 lunatic for every 325 of its population.

The United States, one in 400.

The Province of Quebec according to the census of 1860, has one insane person in every 541 of the population.

In France, in England and above all in the United States, complaints are made that the census returns are prepared with very little care, and that it is out of the question to assume as accurate the data supplied by them.

We think the same can be safely affirmed of our Canadian returns for 1850 and 1860.

We shall, probably, be obliged to modify our views respecting the insane population of the Province, when we shall have received the census returns for 1870, which have been prepared with more than usual care, under the direction of our eminent statistician, Dr. J. C. Taché, Deputy Minister of Agriculture for the Dominion. <sup>(1)</sup>

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If we now compare with these, the statistics of our own country, we shall find: *that the progressive increase in the insane population is in the Province of Quebec slower than that of the sane population.* We have already made this observation. We have proof of the fact in the different census that have been taken.

<sup>(1)</sup> We are informed that that part of the census, concerning the insane population, will soon be published.

CENSUS OF THE PROVINCE OF QUEBEC.

SANE POPULATION.				INSANE.		
Districts.	1850	1860	Augmentation.	1850	1860	Augmentation.
Quebec	107146	153047		164	238	
Montreal	133779	196217		196	246	
Tr.-Rivers	61115	73519		138	105	
St. Francis	33910	43760		19	44	
Terrebonne	57261	50765		116	113	
Joliette	29690	53311		71	124	
Richelieu	75042	54723		146	87	
Saguenay	20783	21324		79	41	
Chicoutimi		10478			5	
Gaspé	21748	27169		18	38	
Rimouski	26688	20854		31	10	
Kamouraska	20396	39619		42	55	
Montmagny	37623	41748		102	48	
Beauce	43105	36611		97	65	
Arthabaska	30397	43718		25	56	
Bedford	29966	49119		26	84	
St. Hyacinth	57654	55945		174	105	
Iberville		46257			45	
Beauharnois	80858	51070		104	58	
Ottawa	22903	41822		15	40	
Asylum, Quebec	197	490		153	446	
Totals	890261	1111566	221305	1716	2053	337

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These figures, taken as the basis of our observations, show a positive result.

The increase of the sane population of 1860 over that of 1850 was about 25 per cent; whilst the increase of the insane population of 1860 over that of 1850, was only 20 per cent.

	1850	Increase	1860
Sane population :	890,261	25	{ 1,111,566 }
Insane population :	1,716	20	{ 2,053 }

Taking into account only the conditions in which lunatics in the Province of Quebec are placed, we find that *the annual increase of the lunatic population not confined in asylums is less rapid than that of the confined.*

	1850	1860	1870
Not confined,	1,563	1,627	.....
Confined,	153	426	809 (1)
Totals,	1,716	2,053	

This table shows that the outside lunatic population is continually decreasing in proportion as the State encourages admissions into asylums, and that, by this means, it will, in course of time, become nearly unnoticeable.

We add, here, a table which shows the degree of attention paid by the different countries to the subject of mental alienation.

The rank occupied by the Province of Quebec, in the

(1) This figure includes the lunatics confined in the St. John's Asylum, to the number of 75.

*Movement of the population in the St. John's Asylum since its foundation.*  
 From the 27th Aug. 1861 { Admitted : Men, 180—Women, 140. Total 320  
 to 30th June 1873. { Cured : 141—Died 104. " 245

successive order of this table, demonstrates that although there is still a great deal to be done, it has not been the one that has paid least attention to the wants of its insane population.

Scotland.....	1	lunatic confined in	606	inhab.
England .....	1	" "	615	"
Ireland.....	1	" "	729	"
Belgium.....	1	" "	917	"
France.....	1	" "	997	"
Canada (Prov. of Ontario)	1	" "	1,044	"
Holland .....	1	" "	1,130	"
Canada (Prov. of Quebec)	1	" "	1,348	"
Denmark.....	1	" "	1,613	"
United States.....	1	" "	2,173	"
Italy .....	1	" "	2,962	"
Sweden .....	1	" "	3,219	"
Prussia .....	1	" "	3,354	"

By these statistics, we note with pleasure that Great Britain, France and Belgium have exerted themselves in response to the call of those charged with the care of the insane, and have entered upon a sound method of treating insanity, which we soon trust to see pursued every where else.

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DURATION OF RESIDENCE.

Insane treated since the 1st January 1872, (18 months).

DURATION.	M	F	Total.
6 months and over.....	61	53	114
From 1 to 2 years.....	121	80	201
“ 2 “ 3 “ .....	63	58	121
“ 3 “ 4 “ .....	44	43	87
“ 4 “ 5 “ .....	33	28	61
“ 5 “ 10 “ .....	115	113	228
“ 10 “ 15 “ .....	55	58	113
“ 15 “ 20 “ .....	47	59	106
“ 20 “ 25 “ .....	14	29	43
“ 25 and over.....	17	12	29
Totals.....	570	533	1103

By this table, we find that the average stay has been :— for the males 3,801 years and 6 months, equal for each man to 6 years, 8 months ;—for the females, 4,137 years, 6 months equal for each woman, to 7 years ;—and finally, for both sexes, 7,939 years, equal for each individual, to 7 years, 1 month, 11 days.

Finally, to complete this general review of the movement of the population of the Asylum of Quebec, we conclude with the following table containing the classification of the patients treated since the 1st January, 1872, to 30th June, 1873.

DISEASES TREATED DURING THE 18 MONTHS.

FORM OF DISEASE.	SEX.	TOTAL.	COMPLICATIONS.											TOTAL.	
			Congenital.	Periodical.	Paralytic.	Epileptic.	Puerperal.	Hysterical.	Uterine Disorders.	Onanism.	Inebriety.	Hereditary.	Homicidal.		Suicidal.
Mania.	M	132		7	2					6	18	6	3	2	44
	F	82		3			8	2	4	2	7	3		2	31
Chronic mania.	M	139		5	1					7	4	6	2	2	27
	F	176		10	5	1	4	1	1	1		6	1	2	32
Mono-mania.	M	12				1						1			2
	F	2													
Lype-mania.	M	82								11	2	1	1	20	35
	F	68			1		2	2	4	3		2	1	7	22
Dementia.	M	51			1	1				5	1	2	2		12
	F	71			3	2	1	2				1			9
Senile dementia.	M	7													
	F	13				1									1
Paralytic mania.	M	28				1					3				4
	F	4													
Imbecility.	M	45	29			2				6		1			38
	F	69	48		1	3		3	1	4		9			69
Idiocy.	M	45	32			8						1	1		42
	F	22	16		2	5						1		1	25
Epileptic mania.	M	29			2	29				2	1	1			35
	F	26			1	26	1		1	1		1			31
Totals.		1103	125	25	19	80	16	10	11	48	36	42	11	36	459

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## ADMISSIONS.

The number of admissions during the past 18 months was 315, classed as follows :

	M	F	Tot.
Admitted for the first time.....	159	117	276
Re-admissions, after escape.....	4		4
Re-admissions on the discharges of 1845, to 30 June, 1873, after more than one year's absence. {			
1st Re-admissions.	11	11	22
2nd " "	1		1
3rd " "		1	1
Re-admissions on the discharges in the last 18 months, after less than one year's absence. {			
1st Re-admissions.	6	2	8
2nd " "	1		1
3rd " "		2	2
	182	133	315

The number of men is larger than that of women. It must not be, however, concluded that insanity predominates in one sex, although the predisposing and existing causes greatly differ in both.

The numerous statistics, compiled by different authors, do not show that insanity is more frequent in one sex than in the other.

The following table assigns the different causes of re-admission :

CAUSES OF RE-ADMISSION.

	Total.		RE-ADMISSION after more than one year's absence.			RE-ADMISSION after less than one year's absence.			GRAND TOTAL.		
	M	F	1st	2nd.	3rd.	1st	2nd	3rd			
			Rea.	Rea.	Rea.	Rea.	Rea.	Rea.			
Physical Causes	Blows on the head	3				2	1		3		
	General paralysis	2				2			2		
	Intemperance, dissipa.	3	5	1	2	1	2		1	8	
	Uterine diseases.	2		2						2	
Moral Causes	Domestic troubles	1	2	1	1				1	3	
	Grief	2		2						2	
	Joy	1		1						1	
	Fright	1		1						1	
	Disappointment	3		3						3	
	Business perplexities.	2		2						2	
	Hereditary predisposition	2		2						2	
Periodical mania	1				1				1		
Unknown causes	4	1	3	1					5		
Totals	19	16	11	11	1	1	6	2	1	2	35

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The causes of these re-admission were, with four exceptions, the same as those that induced the original attack. These relapses are easily explained. Many are themselves to blame for having left the Asylum too soon, against our advice and counsel; for a cure cannot be complete until the state of the bodily health perfectly corresponds to the mental.

In the larger number, the frequency of these relapses arises from circumstances in which they have been placed after their discharge from the Asylum. Returning to the same home, being subject to the influence of a sometimes vicious social circle, they are still too weak to contend against the causes of excitement which surround them. Alone, without friendly protection, sometimes having only vicious examples before them, they abandon their good resolves, and return to their habits of excess, to which they a second time become victims.

According to this table, we see that drunkenness and debauchery have been the most frequent causes of the re-admissions that have taken place during the past six months. One woman has been re-admitted for the fourth time for the same cause (drunkenness), having been discharged four times since 1870, being cured at the time of each discharge. Such relapses should not astonish us, when we consider that drunkenness is one of the principal causes of mental alienation in this country as it is elsewhere.

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The following table indicates the localities, towns, districts, prisons and hospitals whence came the patient, who have been treated in our establishment, more particularly those admitted within the last 18 months.

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ANTERIOR RESIDENCE OF PATIENTS.

	Admitted during the 18 months.			Admitted since 1845.		
	M	F	Total.	M	F	Total.
Coming from Cities.....	32	26	58	348	400	748
“ Gaols.....	69	51	120	696	532	1228
“ Districts.....	76	54	130	520	451	971
“ Hospitals.....	3	1	4	68	87	155
“ Abroad.....	2	1	3	26	21	47
Totals.....	182	133	315	1658	1491	3149

The number of patients coming from towns specially arises from the very great excitement that constantly exists in the large centres, from unhealthy employment, and sometimes from the immoral influence of the manufacturing population, and the numerous reverses, which are, in many cases, the results of ill-founded ambition.

The patients, who come from prisons, are comparatively numerous. We must not attribute to immorality, however, the presence of all these cases in refuges of the kind. The prison is, for the majority, only a place of temporary confinement. As soon as transfer is unavoidable, the patient having become dangerous, it then becomes necessary to confine him so as to avoid any serious accident; but he cannot be sent directly to the Asylum. He must be first subjected to the formalities required by law, such as the demand

for admission of the patient, the surrounding circumstances, and the general

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Married . . . . .
Widow . . . . .
Unknown . . . . .
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for admission, the order of the authorities and the interdiction of the patient; formalities which are unfortunately surrounded by delays, that should be obviated, as they are generally very prejudicial to the cure of the patient.

CIVIL CONDITION.

	Admitted during the 18 months.			Treated during the 18 months.		
	M	F	Total.	M	F	Total.
Single .....	105	69	174	379	313	692
Married.....	68	47	115	168	179	347
Widowed .....	9	17	26	19	37	56
Unknown .....				4	4	8
Totals.....	182	133	315	570	533	1103

Children, idiots and imbeciles have been classed in the category of unmarried patients; nevertheless the number of these latter is not the less considerable, if we deduct the former. The reason of this proportionate excess is due to circumstances which naturally appertain to their condition, that is to say, the influence of celibacy as a general predisposing cause of mental alienation. This influence is not directly exercised, but it results from many causes, which always accompany a similar course of life. Thus, celibacy is unfavorable to a regular life and encourages dissipation; a bachelor lives freely, but without a moral standing in society.

**RELIGION.**

RELIGION.	Admitted since 1845.	Admitted during the 18 months.
Catholic	2,588	273
Protestant	504	38
Unknown	57	4
	3,149	315

The population of the Province of Quebec, as shown by the causes of 1871, is divided as follows, according to religious belief :

Religions	{	Catholic.....	1,019,850
		Protestant.....	166,957
		Other beliefs or unknown..	2,709
Total population of 1871.....		1,191,516	

**LANGUAGE.**

LANGUAGE.	Admitted since 1845.	Admitted during the 18 months.
French	1,781	241
English	1,348	74
Others	20	
	3,149	315

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We have grouped by *language* the patients treated in our establishment, *from the beginning of the institution*, in the absence of sufficient information as to their origin and nationality.

With the assistance of details, obtained with respect to patients admitted during the past eighteen months, we have been able to compile the following table :

ORIGIN AND NATIONALITY.

	ORIGIN.			NATIONALITY		
	Admitted during the 18 months.			Treated during the 18 months.		
	M	F	Total	M	F	Total.
Canada.....	145	96	241	135	94	229
Scotland.....	1	3	4	7	3	10
United States.....	1	1	2	1	1	2
France.....	1	.....	1	1	.....	1
England.....	4	.....	4	6	2	8
Ireland.....	6	7	13	27	21	48
Unknown.....	24	26	50	5	12	17
	182	133	315	182	133	315

The patients are classed as follows with respect to their occupations previous to admission :

OCCUPATIONS.

ADMITTED DURING THE 18 MONTHS.			
	M	F	Total.
Liberal professions.....	3		3
Soldiers and seamen.....	8		8
Annuitants or proprietors.....	4		4
Industrial and commercial professions....	23	3	31
Teachers or students.....	1	2	3
Agricultural professions.....	50		50
Manual and mechanical professions.....	43	4	47
House-keepers.....		57	57
Laborers.....	3	17	20
Without profession.....	15	21	36
Unknown professions.....	27	29	56
Totals.....	182	133	315

The patients admitted :

AGE
Under 15 years
15 to 20
20 to 25
25 to 30
30 to 35
35 to 40
40 to 45
45 to 50
50 to 60
60 to 70
70 to 80
80 and over
Totals..

Besides the above table, which supplies a statement of the period of two years, the subjects contained in it are of much interest.

The patients are classed as follows as to age when admitted :

AGE WHEN ADMITTED.

AGE.	ADMITTED During the 18 months			TREATED During the 18 months			ADMITTED Since 1845.		
	M	F	Total.	M	F	Total.	M	F	Total.
Under									
15 years.....	5	6	11	15	14	29	36	35	71
15 to 20 years..	12	13	25	42	31	73	103	99	202
20 to 25 “	29	8	37	67	73	140	229	196	425
25 to 30 “	25	20	45	92	88	180	245	252	497
30 to 35 “	27	22	49	81	68	149	217	200	417
35 to 40 “	9	13	22	47	61	108	189	171	360
40 to 45 “	15	10	25	68	58	126	169	141	310
45 to 50 “	15	11	26	47	43	90	140	100	240
50 to 60 “	27	13	40	71	57	128	178	162	340
60 to 70 “	10	8	18	27	25	52	112	96	208
70 to 80 “	6	5	11	11	9	20	33	31	64
80 and over....	2	4	6	2	6	8	7	8	15
Totals.....	182	133	315	570	533	1103	1658	1491	3149

Besides the admissions for the year, the table also supplies a statement of the results of observations during a period of twenty seven years, and the large number of subjects contained in it invests this table of statistics with as much interest as importance.

A thought strikes us in examining this table; which is that no age of life is perfectly free from the attacks of insanity. Infancy is, however, less exposed, provided that the birth was not attended by malformations or convulsive diseases.

If we deduct idiots and imbeciles from the total number of admissions under 15 years, there are only two or three cases of insanity properly so called among the 3,149 lunatics confined in our asylum, since its foundation. This figure agrees with foreign statistics. Thus, Thurnam met with only 8 children out of 21,333 lunatics. In fact, what is most met with in childhood are especially the different kinds of congenital weakness, from an arrest of development up to the most pronounced idiocy. Depression and melancholy are rarely encountered at this age, but cases of alienation, properly so called, present themselves in children under the form of mania with its various degrees and symptoms. We often observe imbeciles attacked by acute mania; the period of excitement having passed, and the period of convalescence completed, our young patient however remains in the same state, as far as his intelligence is concerned, as previously.

This has been observed by all physicians who specially treat insanity, and Dr. Chatelain seems to have expressed an opinion generally entertained, in his treatise on infantile insanity, from which we reproduce the following extract :

“Melancholia, whatever may otherwise be its exterior or organic causes, is infinitely too opposed to the nature of a child, to become in him the germ of a morbid psychological state. Besides, melancholia, with all its various mani-

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festations, is, we are aware, intimately bound up with internal troubles of the mind, with those thousand strange and oppressive sensations which are the starting point of the moral anguish and delirious ideas by which melancholia seeks to explain them. Childhood then knows nothing of the distorted sensations, the precordial or epigastric feelings of the adult; its nervous system is in a certain sense, still free from all the disturbing causes of adult age; it is an instrument but few chords of which have been struck as yet by the hand of nature." Psychological Annals, V Series, IV Volume, page 261.

In continuing the examination of the ages, mentioned in the above table, we find a progressive increase from 16 to 20 years; but it is at the adult age, from 25 to 50 years, that the great majority of cases present themselves. It is the age of mental activity, of marriage and sexual reproduction.

This increase becomes more apparent, between 50 and 60 years, in women; but this frequency is easily explained in their case by the symptoms of the *critical age*.

The number of insane, after this period, seems to be very large as compared with the sane population of the same age; which proves that society has largely taken advantage of our institution to rid itself of cases of senile dementia. To this state of things is specially due the exceptionally unfavorable position in which our institution stands as regard cures and the death-rate. A great many patients are sent us to die quietly, or are only forwarded when poverty or their own violence precludes their further retention in the bosoms of their families. Thus, the chances of cure are diminished every day, and the record of deaths considerably increased.

MANIFESTATION OF THE DISEASE, PREVIOUS TO  
ADMISSION.

ADMITTED DURING THE 18 MONTHS.	M	F	Total.
Under one month.....	8	5	13
From 1 month to 6 months.....	33	28	61
“ 6 “ 1 year.....	14	3	17
“ 1 year to 2 years.....	13	13	26
“ 2 “ 3 “.....	20	11	31
“ 3 “ 4 “.....	5	4	9
“ 4 “ 5 “.....	3	5	8
“ 5 “ 10 “.....	9	6	15
“ 10 “ 15 “.....	1	2	3
“ 15 “ 20 “.....		1	1
“ 20 “ 25 “.....	3	1	4
“ 25 “ 30 “.....		1	1
“ 30 “ 35 “.....		1	1
“ 45 “ 50 “.....		1	1
Since birth.....	18	15	33
Undetermined time, not remote.....	16	21	37
“ “ “ of long standing.....	26	10	36
Unknown.....	13	5	18
<b>Totals.....</b>	<b>182</b>	<b>133</b>	<b>315</b>

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The chances of cure depend on the time of the commencement of the disease. It is therefore of importance to all, who interest themselves in the practical success of our establishment, that they should understand the origin and nature of the diseases of those who are entrusted to our care. This table thus becomes, from this point of view, one of the most important in our medical report, inasmuch as it tends to show the more or less favorable prospect of cure in the patients admitted during the 18 months.

One of the most judicious and proper means of preventing the crowding of asylums, and, at the same time, of promoting the welfare of all insane persons, is to work *practically* against the disease in such lunatics by their immediate confinement in an asylum.

If this confinement be prompt, the disease will be easy to combat, the cure rapid, the stay in the asylum short, and the cost consequently smaller to the country.

As far as the medical treatment is concerned, the urgent necessity of submitting the patient to immediate treatment will be readily understood, that is to say, at the commencement of the initial attack ; for a disease, whose origin is to be looked for in the remote past, yields with more difficulty to the beneficial influence of medical treatment than one of recent date, and especially so in the case of nervous disorders and mental alienation.

Statistics, on this subject, come to the aid of physicians on lunacy.

We find, on consulting the tables given by Tucke, as well as those of Esquirol, Pinel and their successors, that the

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average time in which there is a chance of cure, is a little less than one year, and that after the third year, the probability of cure is only about at the rate of one eighth p. c.

By returns in *Great Britain*, 9 out of 10 insane patients are cured when subjected to medical treatment during the three months following the breaking out of the disease, (opinion expressed by Lord Ashley in the House of Commons on a motion of the 6th June, 1845.)

The *United States* show similar results.

Statistics in *France* give the following average of cures :

76	per cent	in	the	1st	month	of	the	disease.
53	"	"	"	2nd	"	"	"	"
41	"	after	"	6th	"	"	"	"
30	"	"	"	if	the	disease	lasts	more than one year.

English authors have treated this question at length, and upon it they are all agreed.

"In dealing with insanity, says Dr. Mandsley it is above all things necessary that treatment should begin early, before the habit of a definite morbid action has been fixed in the mental organization. There is reason to believe that if the first obscure threatenings were duly recognized and appreciated, and the proper remedial means at once adopted, many cases of insanity might be arrested at the outset. But the mischief is that a case of insanity hardly ever comes under the care of those specially qualified by their experience to treat it, until the disease has been firmly established, and the hope of recovery save from gradual and protracted means, is gone in some cases, and all hope gone in others. When the disease is well established, our treatment must not be rashly vigorous and energetic, with the aim of effecting any sudden revolution, but rather patient and systematic, in the hope of a gradual change for the

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better — while, in other diseases, time is reckoned by weeks and months.”

Dr. Duncan, of Dublin, adds :

“It is not at all difficult to understand why the efficacy of treatment should depend upon the promptness and energy with which the proper remedies are applied. All morbid action in every organ of the body must, at its commencement, be a merely functional affection, that is to say, it must be entirely independent of any structural alteration in the organization of the part; afterwards, when it has lasted for a certain period, secretions are effused which clog the vessels, and embarrass still further their natural action. If the treatment be commenced before any change in the minute structures has taken place, it is quite obvious that the difficulty of restoring the parts to their healthy condition must be considerably less, and must occupy a shorter time than if it be delayed to a later period. And when organic alterations have once actually occurred, the hope we have of being able to remove them completely depends upon the degree of consolidation that has been allowed to take place, and this again depends, for the most part, upon the interval that has elapsed from the commencement of the diseased action.” (1)

Winslow expresses the same opinion in his work on the Brain and Mind, page 28.

“A vast and frightful amount of chronic and incurable insanity exists at this moment in our private and county asylums, which can be clearly traced to the criminal neglect of the disease in its first or latent stage.”

(1) James Duncan, A. M., M. D. *Popular errors on the subject of Insanity, examined and exposed*, page 134.

"It is sincerely hoped," adds Sir William Ellis, "that the knowledge of these circumstances will induce an early application to be made for the admission of patients; as, even if the neglect does not prove fatal, it is contrary to every principle of justice and humanity that a fellow-creature, deranged, perhaps, only on one point, should, from the want of the early attention of those whose duty it is to watch over him, linger out his existence separated from all who are dear to him, and be condemned, without any crime, to be a prisoner for life."

We find also the following, at page 379, of the *Journal of Insanity*, 1870 :

"The universal testimony, based upon their own experience, of physicians having charge of institutions for the insane, both in this country and abroad, is to the effect that when patients are subjected to early and judicious treatment, in the early stage of this disease, from eighty to ninety per cent will recover. It is the neglect of this early treatment," remarks the late Dr. Brigham, of the Utica Asylum, "that fills the alms-houses and the asylums of the country with incurable insane."

Dr. Grissom, superintendent of the North Carolina Lunatic Asylum, in his report for 1871, page 19, also enunciates the same opinion, which has become general, that the success of medical treatment in matters of mental alienation depends to a great degree on the promptitude with which the necessary remedies are used in the disease, and in the quickness with which the patient is removed from the domestic hearth, and that, to hope for cure, it is absolutely requisite to place the victim of this terrible disease, from the very beginning of the attack, under treatment in a lunatic

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asylum. Any delay under such circumstances is very often a cause of failure.

“The experience of the profession on this special subject,” he adds, “shows that in cases of recent madness, which are taken in time and treated with discernment, 70 to 80 per cent are cured,” whilst on the contrary among those which are neglected, very few patients recover.”

We cannot have stronger evidence in support of these arguments than the statement of Dr. Jarvis, whose authority is unquestionable, and who thus expresses himself on this subject: — “In a perfect state of things, where the best appliances, which the science and skill of the age have provided for healing, are brought to bear upon these lunatics, in as early a stage of their malady as they are to those who are attacked with fever or dysentery, probably eighty and possibly ninety per cent, would be restored, and only twenty, or perhaps ten per cent, would be left among the constant insane population.”—Other authorities state that when a case is immediately placed under proper medical treatment only 5 per cent of the cases thus treated become incurable. The superintending physician of the *Southern Ohio Lunatic Asylum, Report for 1869*, in an analysis made on the result of the treatment in that Institution, on 1,781 cases of insanity, shows by the following figures that the chances of cure diminish in exact proportion to the duration of the disease:

Placed under treatment.	After the attack,	Cured.
530 patients.....	1 month .....	363 or 68.49 p. c.
219 “ .....	2 “ .....	141 “ 63.01 “
164 “ .....	3 “ .....	88 “ 53.65 “
98 “ .....	4 “ .....	53 “ 54.08 “
177 “ .....	6 “ .....	83 “ 46.32 “
239 “ .....	12 “ .....	103 “ 43.09 “
163 “ .....	2 years .....	47 “ 28.83 “
191 over .....	2 “ .....	33 “ 17.32 “



What has just been said fully justifies our observations. This question does not admit of a doubt, and any man, no matter how unexperienced, can judge for himself of their pertinence.

The duty of the State, and of society as well as of the family, cannot be clearer, more precise and at the same time more imperative. All understand it; but alas! how few are concerned about it or give it attention. Yet we speak here not only of opinions; we wish for facts, we do not ask for theory only, we must have practice. It is our duty as physicians to combat acknowledged errors, to throw light upon them, to point out the evil and the remedy calculated to remove it; but what can our efforts accomplish if families will persist in their indifference as regards their members attacked by mental alienation? The necessary stimulus must come from above; the Administration must give the example by placing itself at the head of the movement; it is its duty and its interest so to do.

The want of suitable attention to the insane is carried to a lamentable extent in this country. Far from viewing the precarious state of these unfortunates, in a serious light and immediately placing them under proper medical treatment, they are left to vegetate, so to speak, in the bosoms of their families, where their future is daily darkened by a sojourn prejudicial to their special state. Moreover, this indifference is carried so far that patients are only sent to the Asylum after they have become incurably insane through neglect, for which we are nevertheless held responsible. This state of things brings to our recollection a few lines, from the writings of Dr. Berthier, which we may without exaggeration apply to our own country:

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The medi page 83), re Dr. Follet, o

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“It is thus to be tolerat and are isolat family or ne gress in chro utter oblivion

(1) Berthier.—



“What is our course of conduct with regard to the insane,” says he, “that is with regard to our diseased? We leave them to themselves. We abandon them to empirics, or they are only confided to us, when, having become dangerous either to society or to their relatives; it is deemed necessary to *get rid* of them, that is to say, when a thousand remedies have failed, after having had a deleterious effect on their organism; in fine, when they are in the most favorable position to become incurable. Thus our institutions are filled with unfortunate patients of 3, 4, 5, 10, 20 and 30 years standing, who become endless sources of expense to their families and the public. On the part of parents it is a wrong calculation; on the part of the authorities, such conduct spirit of the law and to nullify its humanitarian object.” (1)

The medico-psychological annals (1st series, vol. XII, page 83), reproduce the following words of the celebrated Dr. Follet, on this question:

“How is it, that the insane are sent to us only after several years’ duration of the disease, whether coming from their families or the hospitals, where they have been retained for a long time, or from central houses or the different prisons whence they have been discharged by order of *non-lieu*?

“It is thus that lunatics are allowed abroad without notice, to be tolerated here and there, as long as it is possible, and are isolated only when they cause disturbance in the family or neighborhood; when they have made a progress in chronicity which will condemn them to a life of utter oblivion.” He adds to these pertinent remarks a form

(1) Berthier.—Errors and prejudices concerning insanity, page 19.

of circular which the authorities should address to mayors : " Observation shows that medical treatment is too often delayed, and if insanity could only be treated from its commencement, we would have more numerous cases of cure, and less liable to relapse. It happens that under the pressure of certain conditions which are easily understood, the majority of patients enter an establishment only after an attack of insanity of long duration ..... If for an ordinary fever, or the slightest wound we hasten to a physician, is it prudent to allow a mental disease to run its own course without being exposed to see it grow worse and finally become dangerous to order and the safety of the public? Are we to wait until the mental state has already given rise to disturbance, before we think it necessary to take any notice of it? "

Thus we have quotations, authorities and proofs.

The Inspectors understood the importance of the unanimous opinions of physicians on this subject, and the following extract, from their Report of 1867-68, page 13, unquestionably leaves no doubt as to their views in regard to it.

" By the prompt admission of patients, a much larger number would probably be relieved from their unfortunate affliction. The more that are cured, the more useful members will society possess, and the more will the number of the useless be diminished..... We hope that the Government will at least take measures to suppress the deplorable habit of immuring in our prisons that class of prisoners (lunatics) which is and always has been the terror of sheriffs and jailors.

" In all countries, this almost barbarous custom of shutting up lunatics in prison, as if they were criminals, is now con-

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demned. In England, not only is it condemned, but it is prohibited by a law, which comes into force this very year. We should imitate the mother country in this respect, as we do in many others.

“ It is especially in prisons that lunatics rapidly become incurable. In them, they are nearly always shut or chained up. They receive little or none of the particular cares demanded by their disease, as neither place nor circumstances admit of it. It is fortunate when they do not commit suicide, either by hanging themselves or fracturing their skulls against the iron doors of their cells, as recently happened in the Joliette gaol.

“ The formalities required by law for the admission of patients are also too complicated and necessitate too much delay. While the authorities are deliberating, or the parties corresponding, the unfortunate patient has to wait, it is true, but the disease does not wait. It often makes rapid progress, so that when admission is obtained, all chance of cure is gone. Madness has its crisis. That crisis rarely or ever returns. If the turning point be not taken advantage of by the physician, it is a misfortune difficult, if not impossible, to remedy.

“ The application should be made directly to the Warden of the Asylum, and upon his returning an immediate answer that the case is admissible, the patient might be at once entered, leaving to the Warden the duty of informing the Government of the fact.”

In the bold, outspoken character of these remarks, a love of truth and a sincere desire to promote the efficiency of any efforts that the Government may make in favor of the insane will be easily recognized.



All these quotations are in no way inappropriate when applied to our own country. We have elsewhere spoken of patients coming from gaols, and the figures of the table we have given at the commencement of these remarks on the previous duration of the disease are more than sufficient to attract attention and prove the great importance of this question.

During the past 18 months, 25 patients were sent to us with the mournful certificate of from 5 to 35 years' mental alienation. A woman, too, was admitted in her 50th year of insanity. Thirty-six patients admitted had been insane for several years. We do not include in this number 33 patients, who had been insane from their birth, nor those whose disease was undetermined although of recent date (of whom 16 were men and 21 women.)

Inmates of this class offer a very poor chance of improvement and we are compelled to declaim against an abuse so prejudicial to the patients, their families, society and the State.

Economists have endeavored to reduce the annual expenditure for the insane and think that they have found out an easy means of doing by retarding as much as possible the incarceration of lunatics in asylums. This is an error on their part. It suffices to seriously contemplate the subject to see how false such a step is, and here again, we appeal to the experience of persons of enlightenment, whose testimony will leave no doubt, and who prove that this factitious appearance of economy, ill-advised at the best, in place of diminishing the annual expense to the State, entails the outlay of enormous sums.

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*Insanity, J*  
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One quotation will suffice. We find it in the *Journal of Insanity*, January, 1870, page 379, under the following title: "*How money is saved by hospitals for the insane.*"

Dr. Macdonald, a former superintendent of the Bloomingdale Asylum, estimated the recoveries in recent cases subjected to treatment at 76 per cent, while in chronic cases but 7 per cent were restored. In 1865, Dr. Willard, of Albany, reported to the Legislature that there were 1,345 insane persons in the poor-houses and county receptacles of the State. On the basis of Dr. Macdonald's calculation, 7 per cent, or 92 of these might recover without treatment, and 1,253 would remain in the county-houses, a public charge, during the 18 years which the life tables of Le Cappalain and of the English Lunacy Commissioners show to be the average duration of life in the incurably insane. Estimating the weekly cost, in the poor-houses, of these 1,253 persons at \$1.50 each, the expense of maintenance would be as follows: For one week \$1,879.50, for one year \$97,734; and for the 18 years of average lunacy life, the enormous sum of \$1,759,212. Had these 1,345 received the benefits of early asylum treatment, by the above calculation, 1,022 would have been restored to health; their average period under treatment in hospital would have been ten months, at a monthly cost of sixteen dollars each, the aggregate expense of their care and cure would have amounted to \$163,000, and the tax-payers would have been relieved of an extra payment of \$1,271,888 for their support.

These results prove, once more, how necessary it is that lunatics still at large should be confined, while they offer a solution as well assured as charitable to the persistent researches of the economists in question.

It is therefore very desirable that the knowledge of these facts should lead to the immediate confinement of lunatics still at large and favor above all their more prompt admission especially at the commencement of the disease.

By practically adopting this new system, the Government would secure greater economy, reduce its responsibility and render its efforts more conformable to the principles of justice and humanity.

The following table, while giving the forms of the diseases in the patients on their entering the Asylum, shows also the various modifications that those diseases have undergone during the course of the 18 months. From a medical point of view, this table is very useful, especially for those who are called upon to treat cases of mental alienation, and whose duty it is, while following the progress of the disease, to endeavor to combat the most ordinary complications that may intervene.

DISEASES

FORM THE DISEASE
Mania . . . . .
Chronic ma
Monomania
Lypemania.
Dementia. .
Senile demer
Paralytic ma
Imbecillity.
Idiocy . . . . .
Epileptic ma
Totals . .

## DISEASES OF PATIENTS ADMITTED DURING THE 18 MONTHS.

FORM OF THE DISEASE.	SEX.	TOTAL.	COMPLICATIONS.											TOTAL.		
			Congenital,	Periodical,	Paralytic,	Epileptic,	Puerperal,	Hysterical,	Uterine disorders	Onanism,	Drunkenness,	Hereditary,	Homocidal,	Suicidal,	M	F
Mania .....	M	58		6						3	13	5	1	1	58	40
	F	40		2		6	1	1	1	4	3		1			
Chronic mania...	M	15							2	1	2	1	1	15	16	
	F	16				1		1			2					
Monomania .....	M	2												2	1	
	F	1														
Lypomania .....	M	43							6	1			11	43	35	
	F	35			1		1		2		1	1	5			
Dementia .....	M	3			1									3	4	
	F	4			1											
Senile dementia..	M	5												5	9	
	F	9				1										
Paralytic mania..	M	18								2				18	..	
	F	..														
Imbecillity .....	M	17			1				3		1			17	15	
	F	15			1	1	1	1	2		1					
Idiocy .....	M	12			3						1			12	7	
	F	7			1	2										
Epileptic mania.	M	9			2	9								9	6	
	F	6				6				1						
Totals .....		315	32	8	6	23	9	2	3	19	21	17	3	19	182	133



ADMITTED DURING THE 18 MONTHS.

PREDISPOSING CAUSES.		M	F	Total	
Hereditary.	direct	2	3	5	
	collateral	2	2	4	
	mix'd	3	2	5	
Totals		14	10	24	
DETERMINING CAUSES.		M	F	Total	
Physical causes.	Congenital defect.	18	14	32	
	Falls, blows, wounds and abscesses in the head.	8	2	10	
	Convulsions, Epilepsy.	15	10	25	
	Old age.	2	7	9	
	Abuse of tobacco.	1	1	2	
	Alcoholic excesses.	21	9	30	
	Sun strokes.	5	1	6	
	Other nervous affections.	3	1	4	
	Other physical causes.	5	3	8	
	Disorders of the genital functions.	—	3	3	
Mixed causes.	Female diseases.	—	9	9	
	Excessive coition, onanism, dissipation.	13	3	16	
	Exposure and hardship.	3	3	6	
	Late hours, excessive intellectual labor.	3	2	5	
	Pride, ambition.	2	2	4	
	Disappointed love.	1	4	5	
	Grief.	8	15	23	
	Domestic troubles.	2	3	5	
	Lost of fortune.	7	1	8	
	Joy.	1	2	3	
Moral causes.	Fear.	5	2	7	
	Surprise.	2	2	4	
	Jealousy.	7	2	9	
	Anxiety.	4	6	10	
	Religion.	6	7	13	
	Unknown causes.	40	29	69	
	Totals		182	133	315

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The want of necessary information, as regards a large number of patients, prevents us from making this table complete. The fault rests with those who, through ignorance or neglect, failed to answer the questions submitted to them, when demanding the admission of the patient.

We have not failed, in our previous reports, to insist upon the importance of obtaining along with the patient, all the information concerning him, which may be of a nature to enlighten us as to his condition and the probable cause of his mental affliction. Notwithstanding all this, we still daily receive a great many poor unfortunates, who bring, with their disease, only the evidence of heartless neglect and bitter poverty.

This deplorable want is especially felt in connection with the large number of patients who come to us from the gaols. We do not wish to cast upon Sheriffs or Gaolers the responsibility of the serious results which are occasioned by this dearth of information, for the system adopted, with regard to the confinement of the insane in gaols, sometimes renders it impossible for them to obtain the slightest information concerning the condition of the patient incarcerated by virtue of judicial authority.

However, it is none the less true ; and it follows that, for the purposes of medical treatment, much precious time must be spent in studying the nature of the patient's disease, and oftentimes we have to deduce from the character of the malady itself the probable cause. On the other hand, being unable to obtain any information from the patient himself, knowing nothing of his family or of his place of abode, having neither the address of a relative or of a friend with whom we might correspond when necessary,

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we can only enter in the register the date of his decease, and forward a report thereof to the Sheriff or Gaoler of the prison whence the patient came.

It happens, sometimes, that a return of better feelings on the part of the family leads to a visit which permits us to obtain all the necessary information concerning the patient. But often, alas ! it is too late. This has already happened in some cases, in which persons, having probably forgotten that they had somewhere or other an insane brother or sister, whom they had got rid of for 5 or 6 years, write to us for the purpose of obtaining information concerning the sad condition of *this dear brother or well beloved sister*, when the unfortunate had been dead for several years.

Of the 315 admissions in the last 18 months, we could only trace hereditary predisposition in 24 cases—a proportion really too small to correspond with general statistics. We may remark, however, that opinions differ according to the different points of departure of observers. Authors have entertained very opposite opinions on the frequency of hereditary predisposition. We have classed, as troubled with this predisposition, only those who had an insane relative, either in direct line or collateral or mixed line, whilst certain authors have included among hereditary indications simple nervous affections, convulsive movement of the eyelids or the lips, and have consequently arrived at a larger proportion. Thus Moreau (of Tours), was enabled to raise the proportion of hereditary insanity to 90 per cent; Holt, 69 per cent; Jessen, 65; Guislain, on the contrary, only estimates it at one fourth; Morel, Dagonet, Thurnam at 20 per cent. Perchappe, whose steps we should follow, makes hereditary insanity consist only in the pre-

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existence or co-existence of insanity itself in families. His tables only give an average of 15 per cent.

We also notice in the table of predisposing causes that congenital defects, convulsions, alcoholic excesses are the most numerous among physical causes. Excessive coition, onanism, debauchery and misfortune predominate in the mixed causes, whilst the moral causes especially include domestic troubles, religious excitement, anxieties and loss of fortune.

The causes of nervous diseases and mental alienation are very various, and it is impossible to be too satisfied of the importance to families of being able to distinguish them, so as to detail them without reserve to the physician, and thus enable him to prescribe a treatment whose results can be favorable only in the degree that it is perfectly suited to the case; for it is only by attacking the disease at its very inception and by perfectly understanding its nature, that we can obtain more prompt and numerous cures, and reduce the fixed number of the population of Asylums. To attain this end, it is essential that the family should give the physician the information requisite to warrant the immediate employment of judicious medical treatment.

This subject is of such vital importance to every one that we will conclude this chapter, on admissions, with a few remarks on the causes of nervous diseases and of mental alienation.

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## ON THE FREQUENT CAUSES OF MENTAL ALIENATION.

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The causes of mental alienation are very numerous, and to make use of the expression of Dr. Henry Bonnet, (1) they are of curious interest on account of their variety, all tending to the same morbid end. Whether they belong to the physical or moral order of causes, they will be always manifested by lesions or simple functional derangements of the nervous centres, according to the determining cause of the disease.

Frequently the observer, to discover in madness the causes which he is seeking, has to fall back upon the organic system, for the investigation of these causes is intimately connected with the knowledge we possess of the functions of the human organization.

The science of medicine is a series of correlative studies, of which etiology is the basis. And if, in general pathology, we consider that the *study of causes* is of great importance to understand a disease, locate its seat, estimate its nature and appreciate its extent, we may be permitted to add that it is absolutely indispensable when mental diseases are to be studied. This study demands all the closer attention, in that it is unfortunately surrounded by numerous difficulties, and enveloped, so to speak, in an obscurity, which it is not always possible to clear up.

In the examination of a patient laboring under insanity we deduce the etiological causes from the information given

(1) Medical Director of the Public Lunatic Asylum of Roche Gaudon.

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us ; but this information sometimes does not exist or is more often incomplete, because not collected always with the necessary attention ; we must therefore be on our guard so as not to commit grievous mistakes, which we might otherwise do, if we depended, without other evidence, on the hypotheses formed by the parents of the patient or by those around him.

Physicians very frequently, through lack of experience, consider cases of insanity as of recent date or attribute mental diseases to recent events, while they are the results of long antecedent circumstances.

Greisinger himself says on this head : “ There might, for example, arise at the commencement of the attack a violent, symptomatic desire for alcoholic liquors or a violent desire for coition or onanism. A pre-existing excitation of the affective sentiments may lead a patient to contract an ill-concerted marriage, to undertake hazardous enterprises &c. and in such cases the mistake is commonly made of attributing the attack of insanity to drunkenness, misplaced affection or disastrous speculations.”

“ We must not, “ says the same author, “ content ourselves with inquiring into the physical or moral circumstances which have immediately preceded the appearance of insanity ; it must be remembered that *actual* insanity may be the immediate consequence of all the anterior circumstances of life. The research into the patient’s antecedents should include the whole of his moral and physical existence. He must be taken *ab ovo* ; past generations must be gone back to, family dispositions, physical development, state of health, habits of the patient, inclinations to certain diseases, &c., must be taken into account.

"Concerning the intelligence and morals, we should enquire into the antecedents of his family, the congenital peculiarities of his character, the degree of intellectual development acquired by education, his dominant passions, his conduct, his connection with the world and the trials which have happened to him and his manner of supporting them. In one word, we must seek a complete history of the patient, both in a moral and a physical point of view." (1)

It will be understood from this, how necessary it is to study a person, who has become insane, amid the circumstances which surround him in his moral as well as physical constitution, and how especially requisite it is for a physician to study the antecedents of his patient ?

The causes of mental alienation are manifold in this sense that, in the great majority of cases, they are the results of a series of events and unfortunate conditions, which first induced and then produced insanity by their simultaneous action. There are, however, certain causes of insanity, whose mode of action we can easily trace and whose influence is plainly portrayed by statistics. These causes may be isolated when we study them, although oftentimes it is scarcely possible to investigate them separately in a person who has become insane.

An examination of the causes, which authors have deemed it their duty to point out in etiological studies, would require a regular treatise on mental alienation. Our intention is not to enter such a field; but the desire to be useful to our fellow citizens induces us to refer to those causes which play a predominant role in mental disease.

(1) Greisinger-Treatment of mental diseases, page 154.

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Some of these causes are the result of *errors of civilization*; others have their source in *personal vices* or excesses acting on the nervous system.

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### ERRORS OF CIVILIZATION.

Many authors consider madness as a malady special to civilized peoples, and class civilization at the head of its predisposing causes. They pretend that this disease tends, every day, to increase with the progress of arts and manufactures. In fact, it cannot be denied that in Europe, as in the United States, the number of cases of insanity is considerable (nearly 1 in 400), while this disease is hardly met with in poorly civilized countries. Missionaries and the reports of travellers inform us that, among the nomadic peoples of Asia and Africa, as well as the savages of Oceanica and America, madness is extremely rare, in fact nearly unknown. Father Semet assures us that among the peoples visited by him, he did not meet with any lunatic properly so called, but only a few idiots. Father Levasseur observes the same thing with regard to China.

Morel, in his treatise on diseases of the mind, page 81, handles this question from the true point of view, and we will here cite a few lines from this author, whose opinions on this subject are universally admitted.

"If civilization constitutes progress, if this progress implies that education, wealth and morality increase in society and that they are more uniformly spread throughout all classes, it is difficult to admit the principle that mental alienation should increase with the very elements most



necessary to strengthen the human understanding and to direct it to the real aim of its activity; but if we understand, by civilisation, that febrile activity, which overcomes so many individuals in European society, the thirst for enterprise, the love of novelty, the social revolutions, the ceaseless annoyances produced by so many hostile rivalries, disappointed ambition, incalculable miseries, it is incontestable that madness finds numerous predisposing causes among such conditions."

In studying medical history, we see that, as with certain diseases and epidemics, different forms of mental alienation have also characterized each epoch in the world's history, according to the moral, religious and political condition of the nations. General paralysis and a mania for wealth and show seem to be the allotted share of the present age.

"It is because in this age," Solbrig tells us, "every one wishes to live fast and enjoy a great deal, and that passion, ambition and excessive labor necessarily keep the mental faculties in a permanent state of irritation and tension; but, for the brain, like the other organs, there is a limit of resistance, and if that is once passed, it soon gives way: well this is what is occurring in our own day; the pathogenic characteristic of our civilization is an inconsiderate abuse of nervous force, and this abuse quickly tends, directly or indirectly, (by inheritance), to the most terrible of diseases, general paralysis,— a sort of premature dotage which finds its victims in all ranks of society." (1)

"It is evident that, in a realistic age like the present one, in the midst of such wide-spread transactions, the fever of

(1) *Medico-psychological Annals*, V series, vol. VIII, page 143. Madness in its relation to present civilization by Solbrig.—Chatelain's translation.

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speculation, the gnawing anxieties and deceptions, the bitter regrets, the sudden fortunes and ruins, the incendiary books, all tend to keep the mind in a sickly state of anxiety to destroy the nervous system and to prepare the way for paralysis or simple madness."

This painful disease offers few hopes of cure. Out of 100 cases, we can barely count 3 or 4 who have recovered their reason or their original health, and to combat this disease, we have only prophylactic, (preventive) measures, that is to say physical, intellectual and moral hygiene which are only attainable by a more Christian education, thus averting the deplorable results which are often the consequences of personal vices.

### PERSONAL VICES.

#### 1ST. HEREDITARY PRE-DISPOSITION.

The question of personal vices embraces an extensive field, and to give this subject the attention that its importance deserves, we should examine the original cause of perversion in the species, and (inheritance) to study it out *ab ovo*, as counselled by Griesinger, we must go back to preceding generations, and investigate the predisposing causes which re-act directly or indirectly from one generation to another; for, personal vices, as well as good qualities, are often transmitted by generation. Thus it is certain that parents, especially mothers, transmit to their children the physical, moral and intellectual dispositions to which they are accustomed or impart to them dispositions similar to the affections which were more strongly aroused in themselves during their pregnancy and even during the period of suckling.

What precautions, therefore, should not the mother, especially, who bears in her womb the child to whom, with her blood, she transfers also the inheritance of her vices as well as her virtues, take to avoid all strong emotions and to strive more earnestly to follow the inclinations to which her good habits, qualities and virtues lead her. For, according to Marcé (page 103), when the inheritance comes only from one side, either from the father or the mother, it seems to be proved that the inheritance from the mother is the most dangerous. Such was the opinion of Esquirol, and Mr. Baillargé, in his turn, in a statistical table of 453 cases of inheritance, calculated that the maternal influence predominated in two-thirds of the cases; 271 times the madness came from the mother, and 182 from the father. This predisposition sometimes skips one generation to fall with greater weight on the succeeding one, thus passing from the grandparents to the grandchildren.

*Bad education, immorality, the excessive use of tobacco and opium, excess in the use of alcohol and convulsive diseases, are, for descending generations the most frequent sources of the most variable neuropathy and a most powerful cause of predisposition to mental disease. We might add, here, two other causes, which, without being in themselves vices, do not the less produce baneful and very often fatal results: these are consanguinity and incompatible unions.*

## 2nd. EDUCATION.

Education, to sum up the ideas of certain authors, is a succession of habits generally contracted or communicated

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with a view of improvement and usefulness, either private or social. This education, or this succession of habits does not make, does not constitute the intellectual and moral being; but it modifies him so as to render him capable of successfully battling against his natural tendencies, of himself and by himself, of changing and obliterating them, of contracting various tastes, new inclinations, new desires, and thus to be able to regulate the original causes of his natural inclinations.

“ The human understanding, based on self-consciousness, has not only at its disposal the interior causes of these spontaneous movements, but also the causes and means of perfecting them, which are developed by observation, reflection and study, which are strengthened by habit and completed by education.

“ Habit is a consequence of the disposition which has the power to continue or reproduce itself, independently of the immediate pressure of the cause that at first produced it. This disposition is the source of memory. Habit is a second nature.” (1)

Great results are often produced by apparently slight causes, and it is thus, that sometimes, a small matter in our private determination becomes a subject fraught with blame or praise. Those of our actions, which appear to us as of the least importance, are subject, however, to the direct influence of our habits, our character and the circumstances which modify our inclinations. Social education, in the same manner as the first principles of morality, should be based on these dispositions which vary according to the

(1) Collineau.—Physiological analysis of the human understanding, page 97.



individual ; for here, are found the principal causes of that which may render us happy or unhappy, and these causes cover the whole of our future, no matter how remote they may appear to us to be.

It is in this sense, that no one of our actions is absolutely immaterial, because its repetition tends to the formation of habits, and good or bad habits necessarily modify the qualities of the soul.

Defects of education can only deprave the intellect and corrupt the morals, and this degeneration of the race will be felt so long as education is vicious.

Many authors regard the defects of education as the true moral predisposition. "By favoring a certain mode of life, and certain passions," says Berthier, "we secure a temperament which prepares a sure way of action for occasional causes."

"What a multiplicity of things are comprised in this word *Education*," says in another place the same author : "the cares of the mother, the lessons of the teacher, the instructions of the pastor, the rules of hygiene. Taking man from his mother's bosom, it leads him from infancy to boyhood, then up to the time when he can take care of himself, and is able to return to others what has been imparted to him,—an immense outline which few fill and which a great many accept, without caring for their responsibility.

"Earliest childhood is spent not in exercising locomotion, prehension or in developing the organism, to constitute a good appearance, but it is employed in laughing at the slightest gracefulness, and in repeating as so many evidences streaks of genius the smallest puerility."

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Let us add that with ill-advised love, the child is left to its caprices and becomes habituated to following its own inclinations. Unaccustomed to contradiction, he cannot, when arrived at man's estate, withstand misfortune or the reverses of life, and the slightest stroke of adversity becomes for him a cause of madness. Then, on the other hand, whilst admitting that an effeminate education lends an air of softness and unstudied grace, such as is frequently met with among the wealthy classes, it is very pernicious, we may repeat with Esquirol, that severity exercised with passion, threats and blows exasperate children, irritate youth, produce perverse inclinations especially if that severity be the effect of the caprice or immorality of the parents.

We should therefore, as Mr. Berthier has again so well said, bring up children according to their natures; exercising kindness and gentleness with some, firmness and discipline with others.

Another vice, not less pernicious in its effects, is the desire to force an intelligence by excessive early study, in seeking to reason with children and to stimulate them to premature development.

"Nature, says Dagonet, (1) intends children to be children before they become men; if we seek to invert this order of things, we only produce precocious fruits, which will have neither maturity nor wisdom, and which will not take long to corrupt. We shall have young doctors and old children."

"Scarcely is the child able to lisp his own language, when he is taught to spell in latin; scarcely does he lisp in latin when he is given greek books; and when he has sufficiently mastered the rudiments of this greek, he is crammed with

(1) Treatise on Diseases of the Mind, page 183.

mathematics. His college days are thus passed; parents eagerly inquire if he be first in his class, but are not seldom anxious about his health so long as it is not visibly affected; and pupils thus learn to despise the play ground and give themselves up to diversions as yet unsuited to their age."

"His stay at college being at an end, there is no respite; he is quickly pushed to new studies. So, be he sixteen, fifteen or fourteen years of age—he must be a graduate, he must prepare for special schools, or vegetate in the dark depths of an office or store, at an age when he is being clothed with virility, when his body is passing through its greatest change.

"Hence, languishing puberty, general emaciation, adolescence without end!.....

He has borne the ordeals of competition and of an examination; but no relaxation. It is considered something, if, at the end of the shortest space of time possible, he may distinguish himself and win a name!" (1)

We cannot find a truer tale, or a more faithful picture of what occurs every day in this country, and of which we are daily rendering ourselves guilty without seeming even to be aware of the fact attention to it.

But education, in the midst of misery and indigence, is a still more sorrowful and heart-rending picture.

Abbé Mullois, in his *Manual of Charity*, has most faithfully portrayed its sad effect, and we cannot do better in concluding these few remarks than to cite the page:

"Poor little mortals, they have already commenced to suffer from the ills of this life, without even knowing their nature; they grow up in the midst of misery, as the

(1) Berthier, on causes of madness, page 108.

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flower springs up on the dunghill, and already evil, under the double guise of misery and vice, ambushed them, lies in wait to torment and pollute them. Have pity, then, on children, pity especially our little street waifs. Unfortunate little creatures ! what an existence ! what a future ! what an education ! The education of the street, the worst, the most detestable of all educations ; that which brings the young girl to disgrace and the young boy to prison, or, perhaps, the galleys. You, who have children whom you love and for whom you toil, understand their misery. Well ! these poor children have also a future ; they are sensitive to happiness and suffering ; they have souls, and if they are abandoned to themselves, they will lose their self-respect, contract the habits of a vagabond and idle life, and disgrace themselves forever.

“ We complain of and are astonished at the overflow of vice and crime, the crowding up of our prisons : there is, however, nothing to be astonished at ; it must be so with such an education. The impressions of childhood oftentimes decide the whole aftercareer. What then can you expect from the child of the street ? He knows nothing of obedience and discipline ; work is burthensome to him. About the time of his first communion, an attempt is made to send him to school ; but he attends it as little as possible. He then enters upon an apprenticeship. Heavens, what an apprentice ! There is not a trick that he does not play on his master and this latter ends the matter by putting him out of doors ; he then resumes his trade of idleness and vagabondage.....we know what follows. This is the history of nearly every inmate of our prisons. Ask that guilty young man, with the maliciously intelligent counte-



nance : But how is it, my friend, that you are here ? He will answer you with almost cynical frankness : “ It is very simple. I commenced as a street boy ; later on they wished to send me to school, but that did not suit me ; the Brothers tired me. I was then articed out as an apprentice ; but I cheated the master. Poor master ! many are the things I crammed down his throat ! He put me out of doors. I picked up acquaintances ; one must live ..... and here I am.” Ah ! yes, this is the way dangerous and guilty men are formed, and it is also the reason why the soil of our country actually trembles under us.

“ Well, it is of these children of the lower orders that we should make men, honest workmen, understanding that they are members of the large human family and that as much as any others they may win esteem and respect, and this before evil has sealed them with its iron stamp and is in a position to say to them : “ you belong to me, it is in vain for you to struggle ; it is too late.”

“ Such is the evil ; let us dry up its source.

“ We will find it in childhood. When one has been a vagabond for several years, it is impossible to settle in any fixed place for life. Stop this vagabondizing ; we can never do better. To reclaim a child from vice is greater than to feed a poor family for twenty years. This child, well disciplined, will become a good workman, then the honest head of a family, and will provide for the wants of his wife and children, to whom he will transmit a tradition of virtue and industry, so that they, in their turn, may transmit it to future generations.”

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### 30. IMMORALITY.

In some families, the immorality of the parents is one of the most terrible causes and most active predispositions to madness. Far from governing their conduct by an honest desire to fulfill their missions in the midst of their families, parents only follow the bent of their own passions. This abuse of their nervous force directly leads to paralytic madness. What an amount of disease, moral affections, violent passions, domestic troubles, privations or excesses, frights and rages, have had their origin in the womb of the mother, and what a terrible responsibility rests upon the husband, who gives an example to his wife of the most deplorable habits and the most repulsive vices! And what shall we say of those unfortunate youths, who, by contact with a vicious class of young people, have contracted shameful habits (onanism, etc.) which, of all the vices, most seriously undermine the physical as well as the mental constitution and bring a great many of them to the lowest degree of brutality.

Society itself is not altogether exempt from a certain degree of responsibility on this head, for it should protect family sanctity by a vigilant supervision of the public morality. It has laws on this subject; it can chastise vice wherever it is found; it can punish the blasphemer, the drunkard, and the scandal-monger. In fact, the letter of the law seems to be able to reach immorality wherever it is found and under whatever form it appears. Alas! however, this letter seems to be dead in its execution, and, in our days, what monstrosities have been the result of unreflecting curiosity due to the exhibition of monstrous and sometimes indecent types, which greedy speculators exhibit from village to village and

town to town. The exhibition of Aztecs in this city produced Aztecs. And, on three different occasions, we assisted ourselves at the birth of difformed and nearly monstrous children, the offspring of perfectly healthy parents, and, in each case, we satisfied ourselves that the mother had been struck by the sight of some unfortunate whom she had noticed dragging himself through the streets.

40. TOBACCO.

The deleterious influence of tobacco is felt on the intellectual faculties as well as on the organic system. The world would be actually terrified, if it could but fully comprehend the ravages produced by the abuse of this agent and trace its progress.

The effects of tobacco differ considerably from those of other agents ; for, in place of accelerating the pulse, it retards it, and, when used in excess, it produces a state of depression of the system, giddiness, a confusion of ideas, violent pains in the stomach, vomiting, convulsions and even death.

Its *essential oil* is one of the most violent and rapid of the known poisons. One or two drops placed on the tongue cause instant death.

When tobacco is used in moderation, it seems to have a calming effect on the spirits, it appeases the passions and causes an excessively agreeable languor. " Its intoxicating effects are, however, so powerful that those who continually use it may be considered as real drunkards, having rarely the energy necessary to break off the bad habit, even when

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they are convinced that their health suffers from it." (Dr. McIntosh.)

Of 59 serious affections of the nervous centres observed by Mr. Tamisier from 1860 to 1869 and solely among men, moreover, 41 existed among smokers. Here follows an abstract establishing by the nature of the diseases and categorically indicating the abuse, the mere use of, or the abstinence from smoking tobacco :

	Abuse.	Mere use.	Abstinence.	Totals.
Hemiplegia	9	2	4	15
Softening of the brain	"	1	3	4
Paraplegia	5	3	10	18
Locomotive ataxia	14	5	1	20
Nervous tremor	1	"	"	1
General Paralysis	1	"	"	1
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Mr. Tamisier does not conclude that, 30 out of 59 times, nervous affections are produced by the abuse of tobacco, but he considers that, to this cause especially, if not solely, must be attributed the sufferings of most of those affected by hemiplegia and ataxia noted by him since 1860.

In the cases of some, however, Mr. Tamisier directly ascertained himself of the fact by observing that the symptoms increased or diminished in gravity as the patient resumed or discontinued the use of tobacco ; his opinion, therefore, has been formed for a long time. (Page 252.—*Medico-psychological annals, fifth series, Vol. V, 1871.*)

No matter in what form tobacco is used, it is the general opinion that it is a hurtful agent, and experience shows



most conclusively that its effects on the intellect are sometimes disastrous. It enfeebles intellectual vigor, renders perception obtuse, confuses the ideas, injures the memory, renders the articulation difficult, and weakens the powers of concentration. Henson Cox considers it as the prolific source of hypochondria.

Griesinger says: "Tobacco, even when used in moderation, often occasions serious disturbance of the whole nervous system, and there is no doubt that it weakens and obstructs the functions of the brain in certain people.

Berthier, (mental studies, page 22,) expresses himself to the same intent: "If nicotine will not, in the West as in the East, become a cause of decrepitude, still it softens and paralyses the action of the mind, it impairs and distorts nervous action; and in connection with the abuse of alcoholic liquors, it produces that softening of the brain to which so many victims have already succumbed."

Professor Lefebvre, of Louvain, in his work entitled *The effect of tobacco in relation to paralytic insanity*, gives, it is true, no direct proof, no conclusive observation to prove that the abuse of tobacco is one of the primary agents of paralytic insanity; but induction compels him to consider the fact as indubitable and he bases his conclusions on the following considerations:

"10. Nicotine produces in animals a progressive weakness of the motive powers, tending even to paralysis, whether this weakness had or had not been preceded by a state of excitement; decrease of sensibility, sluggishness of the senses, and in fine sanguinary congestion, sometimes accompanied by an hemorrhage in the nervous centres and

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their membranes, a congestion that might produce inflammation of the *pia matter* and of the *gray matter*, and even the disorganization of the nervous cells.

20. Analogous phenomena and in addition the weakening of intellectual energy are observed, on the one hand, in those who smoke for the first time, and, on the other hand, among those who are excessive smokers.

30. It has been established, in all countries, that there is a constant connection between the increase in the consumption of tobacco, and the increase in the number of cases of general paralysis.

Dr. Jolly formulated more explicit conclusions on this subject, which he read before the Medical Academy, on the 20th of February, 1865.

We may rest convinced that, directly or indirectly, tobacco is a cause of nervous disease and very often of mental alienation.

Parents should therefore do everything in their power to prevent their children, led away by example, from contracting a habit so baneful in its results, and which by its tenacity resists the strongest will.

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#### 40. OPIUM.

Although opium-eaters, as they are so often met with in the East, are excessively rare in this country, still we would be alarmed if we could only contemplate all the evil produced by this powerful narcotic, which is used as a palliative. The consumption of opium in Canada is large and the ravages produced are all the more disastrous, as those, who

use it, are not aware that they take this poison in large doses, in all possible forms, in the patent medicines cried up by charlatans. Many, even, by an imprudently prolonged course of medical treatment, contract a passion, which is justly considered the most difficult to overcome of all intemperate habits.

“ It is now consumed in such enormous quantities that, without admitting, as do certain authors, that it is the sole cause of the increasing frequency of general paralysis, it is impossible to regard it as inoffensive. (1)

In our day, opium has acquired such a reputation, that imprudent families, without medical advice, use it as an ingredient of all the syrups or liniments, in the preparation of which formerly they were content to use harmless herbs. Its immediate effects are the same as those produced by alcohol, although it does not manifest itself in such a marked degree. The important functions of digestion, secretion and assimilation suffer from its peculiar action on the nervous system. Its chronic poisoning manifests itself by emaciation, wrinkles, and a livid appearance of the face, and debasement follows closely upon the enfeeblement of the moral and intellectual senses.

All narcotics, taken in strong and repeated doses, may in time occasion serious disorders of the intellect: they produce a specially hurtful enervation which causes a *delirium* more or less fitful and later on the enfeeblement of the intellectual faculties. “ Opium benumbs the senses; it takes away the faculty of concentration, and the ideas consequently become vague and confused.” (2)

(1) Marcé, Treatise on Mental Diseases, page 149.

(2) Dagonet, page 206.

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“Taken in large doses, it produces violent delirium, contraction of the pupils, illusions, hallucinations; its prolonged use causes stupor, stupefaction, and an incurable weakening of the intelligence.” (1)

What shall we now say to parents, who, against medical advice, continue to drug their children when sick, and by imprudent dosing engender all sorts of nervous attacks in their young patients, sometimes even imbecility and idiocy?

In the children's rooms we find, from paregoric, all the nomenclature of soothing syrups: *Pectoral mixture, Cholera Drops, Painkiller, Mrs. Winslow's Soothing Syrup*, etc., etc. Well, without really intending it, all these sedatives may become the germs of diseases, which will noiselessly undermine the constitution and end by, sooner or later, manifesting themselves in a most alarming manner.

An able report of the State of Massachusetts gives morphine as the base of Mrs. Winslow's syrups. A recent analysis gave one grain of morphine to one ounce of the syrup. Godfrey's Cordial, sometimes given in place of the latter, contains more than a grain of opium per ounce. (2)

We should therefore abstain as much as possible from using this remedy, which, it is true, may afford temporary relief, but leaves behind it a mark which is deepened by time, so much so that no science can completely eradicate it.

The physician alone is the judge of what should be given to such and such a constitution when this remedy is indispensably required, and his slightest word on this subject

(1) Marcé, page 148.

(2) State Board of Health, Report of 1871, page 175.



is worth more than the overweening confidence that parents have in themselves when the future health of their children is concerned.

50. DRUNKENNESS.

In towns and among the working classes, the abuse of alcoholic liquors becomes more and more a source of mental alienation. Everywhere the consumption of strong liquors has increased regularly, and the proportion of cases of madness in consequence of the excessive use of such liquors has naturally followed this increase.

Mr. Lunier (1) furnishes us with statistics which prove in the most obvious manner that in France, England, the United States and Denmark the consumption of alcohol per head has doubled within twenty years, notwithstanding the laws and temperance societies, and that cases of insanity have also increased more than one half.

<b>France.</b> —1851.	Consumption per head.	Litres :	1.74
1869.	“ “ “	“	2.54

Cases of insanity arising from the use of alcoholic liquors, out of 100 admissions :

1858—Men	14.30.	Women	3.09.	Both sexes	8.89
1869 “	22.82.	“	4.71.	“	14.78

The influence of insanity therefore is displayed, says the same author, by more and more alarming results.

From 1858 to 1869, that is to say, in 11 years, the increase was 59 % among men and 52 % among women.

For the Department *de la Mayenne* alone, the following

(1) The effect of alcoholic liquors in increasing the number of cases of insanity and suicide.

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table will show the consumption during a period of twenty years :

Consumption of	1849	1859	1869
WINE,	30.846.85	29.856.35	37.574.97
CIDER,	164.626.55	210.536.46	240.708.98
BEER,	4.509.79	10.577.53	13.178.95
ALCOHOL,	7.448.84	12.132.58	17.096.35

The percentage of suicides committed during paroxysms of drunkenness or by habitual drunkards were, in—

1859.—Men	7.45.	Women	4.25
1869. “	14.68.	“	6.00.

**England.**—<sup>(1)</sup> Consumption per head :

1850.—	litres :	4.30
1871.—	“	9.07

Dr. Connolly (*Hantwell Lunatic Asylum*) gives the following percentage of cases of insanity caused by drunkenness :

1846.—Men 15.25 per 100. Women 5.55 per 100. Both sexes 11.57 per 100.

(*Cumberland and Westmoreland Asylum.*)

1871.—Men 22.50 per 100. Women 6 per 100. Both sexes 16.15 per 100.

Out of 1,200 cases of suicide investigated by Dr. Brown, 158 or 13.17 per 100 were the result of excesses in the use of stronk drink.

**Denmark.**—Consumption per head :

1845.— Litres : 16.59

<sup>(1)</sup> Mr. Lunier, not having found in the Report of the Commissioners in Lunacy any statistics concerning the influence of alcoholic excesses in producing mental disease, gives on this subject some of the annual reports published by Superintendents of Asylums.

Insanity from alcoholic causes :

1845.— 8.44 per 100.

From 1859 to 1868, this average increased 11.59 per 100.

In the decade from 1860 to 1870, the proportion of suicides was relatively very high, (27.10 per year out of 100,000 inhabitants) more than one fourth of which were the results of intemperance.

**United States.**—Consumption per head :

1828.— Litres 24 to 25.

Insanity from alcoholic causes :

Out of 3,599 (in 31 years) in regard to which information could be gathered, 13.42 per 100 were among the male population.

We extract from Mr. Bonnet's Report (1871) the following list, which includes deaths from drunkenness, and is rather curious :

In *England* the excessive use of strong drink kills every year on an average 50,000 persons, of whom 12,000 are females.

In *Germany*, the victims of drunkenness are 40,000 per annum.

In *Russia*, there are only 10,000.

In *Belgium*, 4,000.

In *France*, 1,500.

According to the statistics of Dr. Everest, 300,000 (three hundred thousand) persons died in the United States through drunkenness, within eight years.

These frightful statistics, supplied by Messrs Lunier and Bonnet, are of sufficient gravity to draw the serious attention of all those who seek a remedy for the great social

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evils of the age, and who are desirous of counteracting an evil of which the consequences are so fatal to individuals, to families and to society. They have a terrible significance, especially in the eyes of physicians, who, more than all others, know the disastrous effects produced by excesses in the use of alcoholic liquors. They know from experience that habits of drunkenness tend to insanity, to crime, and that those, who indulge in them, transmit to their descendants a special predisposition to madness, idiocy, imbecility, epilepsy, deafness and dumbness, scrofula, infantile convulsions, as well as to the other forms of physical, moral and intellectual degeneracy of the human species.

“It may be asserted that at least 50 per 100 is the number, in the large towns, of idiots, whose parents were notoriously habitual drunkards. This proportion is still higher in most of our principal manufacturing centres.”<sup>(1)</sup>

In the reunion, of the 27th May, 1872, of the Medico-psychological Society, Mr. Auguste Voisin, in participating in the discussion on alcoholism and the confinement of those addicted thereto, makes use of the following language in speaking of the influence of the various alcoholic liquors, taken in excess by parents, on the products of conception.

*Of conception during drunkenness.* “I possess 17 observations in which excess in genital excitement took place during drunkenness.

“The results were to produce 3 idiots, 2 epileptics, 11 children who died of convulsions during infancy and 1 child attacked with chronic myelitis or inflammation of the spinal marrow.

<sup>(1)</sup> Medico-psychological annals, Lunier, page 350, series 5, Vol. VII.

“ Of the children who died of convulsions, 6 were issue of the same father, and the mother, who had had no other children, described minutely the history of her domestic life, the violence to which she was subjected when her husband returned intoxicated, and the absolute absence of all connection except during drunkenness. This father was a brandy drinker, as were also the fathers of four other children who died of convulsions. The father of the last child, who also succumbed to convulsions, was an absinthe drinker. The father of the child, who died of chronic myelitis, was also an absinthe drinker. The fathers of two of the idiots gave themselves up to the abuse of wine. The father of the third idiot was a brandy drinker. The two epileptics had for fathers brandy drinkers.

“ Definitively, brandy, absinthe and wine in 17 cases produced nearly identical action on the fruits of conception. Epilepsy, infantile convulsions, chronic myelitis are thus the terrible consequences of conception during drunkenness, whatever be the liquor imbibed.

“ 20 *Of conception during chronic alcoholism outside of drunkenness.* I have 18 observations in this category in which the degenerative influence was simply chronic intoxication. The information which I collected leaves no question of the frigidity of the father during drunkenness.

“ The result was the production of 8 idiots and 11 epileptics.

“ Of these 8 idiots, 4 were the issue of fathers who drank wine, 2 of fathers who drank brandy and wine, and 2 of mothers drinkers of brandy.

“ Of the 10 epileptic children, 5 were born of fathers,

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drinkers of brandy and wine, 3 of drinkers of wine only and 2 of drinkers of absinthe.

“ In substance, wine alone induced born idiots 4 times, and brandy 4 times. Wine induced epilepsy 3 times, absinthe twice, wine and brandy together 5 times.” (1)

The habitual drinker, who is addicted to inveterate habits of drunkenness, presents, even when he has not been drinking, numerous signs indicating the existence of chronic disease of the brain, which already gives him a certain resemblance to a lunatic. This state may even degenerate into insanity. Delirium is noticed in drunkards when they have imbibed to excess without really becoming drunk. This delirium is ordinarily preceded by sleeplessness or by slumber disturbed by confused dreams; sometimes however it breaks out suddenly. In that case the mental disturbance manifests itself oftentimes by great agitation induced by hallucinations which render the patient very dangerous to his surroundings. The disease may, in this way, last several months, several years even, and in a great number of cases the delirium becomes incurable and the patient insane. Sometimes even an irritable maniacal excitement is noticed with a predominance of ambitious ideas. The patient becomes irritable, is annoyed at the slightest contradiction or again evinces an exaggerated gaiety over insignificant trifles; soon follow that trembling of the lips and difficulty in articulation which characterize the development of general paralysis.

We often see unfortunates suffering from an irresistible propensity for alcoholic liquors. They want to make themselves intoxicated. This imperious desire sometimes assumes

(1) Medico-psychological annals, Lunier, page 350, series 5, Vol. VIII.



the proportions of a veritable paroxysm of mania (*dypso-mania*.) The patient then begins to frequent taverns and get drunk for several successive days; after a period of drinking, he falls into a state of profound restlessness and takes a thorough antipathy to all strong drink; he then passes a considerable time without even touching a glass of wine. These paroxysms usually follow a general state of uneasiness and melancholy.

This terrible disease may be developed even among respectable persons. We knew a young man, gifted with the highest order of intelligence, belonging to one of the liberal professions, admitted into the most select society, having in prospect the chances of a brilliant fortune, who died almost suddenly after one of these paroxysms, which, in him, manifested themselves periodically. We have seen this young man clenching his hands in despair at the approach of one of these attacks, which in him were heralded by the megrims and a burning thirst. "Can you believe it," he one day said to us, "I have not tasted a single drop of wine for a month, and yet I know from experience that, in two days, notwithstanding all my good resolutions, all my energy, at the risk of compromising my reputation, without regarding the sorrow it will cause to my dear mother, whom I love with all my heart, I shall be like a brute, capable of begging so as to procure a little alcohol, so imperious will this craving for drink become."

How many similar cases could we cite? All who have treated the subject of drunkenness mention a great many; which proves that many of these unfortunates are more to be pitied than blamed and that it is the duty of society to come to their assistance. Drunkenness is a scourge; and we should

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do all in our power to combat this vice, which has so powerful a tendency to-day to become general; we should also encourage the foundation and favor the maintenance of establishments for the cure of these unfortunates.

The Province of Quebec possesses an institution, <sup>(1)</sup> which, thanks to the spirit of enterprise and the zeal and talents of its Director, has restored to their sorrowing families several unfortunates, who, after judicious treatment, have now persevered long enough to remove all apprehensions of a relapse. We have every reason to hope, in consequence of the fears seemingly manifested on all sides at the progress of drunkenness, that the country will continue to subsidize this young institution in such a way that it may be enlarged sufficiently to answer the necessities of unhappily this already too numerous class of unfortunates.

Temperance societies have everywhere produced incalculable good. Following the crusade undertaken by the Quertiers, the Mailloux and other true philanthropic Christians, temperance societies have been established in all the parishes of the Province of Quebec. For several years past, however, this good movement seems unfortunately to be languishing, and soon, if we do not take care, we are in danger of falling into greater evils than those against which we have heretofore struggled.

Let us profit by the enthusiasm which seems to manifest itself everywhere else against drunkenness, and, taking France for an example, let us re-organize our societies against the abuse of alcoholic liquors.

(1) Belmont Retreat, Quebec.—W. Wakeham, Director.

Let them have for their aim :

1o To establish conferences upon the dangers of intemperance.

2o To encourage all kinds of publications (pamphlets, manuals, almanacs, &c., &c.,) conceived in the same spirit.

3o To encourage, especially by means of co-operative societies, the substituting, for alcoholic liquors as a common beverage, of coffee, tea, natural wines, cider and beer.

4o To try to obtain, with this view, an increase in the duties on alcoholic liquors and as much as possible a reduction of the duties on all other liquors.

5o To demand efficacious legal measures against public drunkenness and the licensing of retailers of spirituous liquors.

6o To publish an official report setting forth the acts of the association and in which should be treated all questions relating to alcoholism.

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#### 7o CONVULSIVE DISEASES.

Convulsive diseases play an important part in cases of insanity in the fact that, in the same manner as habits, qualities or vices, they may be transmitted from one generation to another. It is especially from the mother or rather from her who nurses the child that these baneful dispositions are transmitted; it is with the milk that the child also receives the organic diseases of its nurse.

After the birth of the infant, the influence of suckling is a fact that cannot be questioned. "For a long time," says Sylvius, "I have observed that children imbibe with

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the milk, their temperament, as well as their inclinations and on those two points they take after their nurse as much as their mother." This nurse should not, therefore, be taken at random, as is done every day, but should be chosen on the advice of an intelligent physician, who would examine whether her constitution and character were calculated to neutralize or counterbalance the troublesome dispositions which the foster child might be possessed of.

"To be a good nurse," says Descuret, "she should possess the following qualifications: 1o That she be young; that is to say, between 20 and 25 years. 2o That she be habitually well behaved and born of healthy parents—indispensable conditions on account of the contagious or hereditary diseases that she might transmit to her nursling. 3o As to the moral qualities, which exercise such a great influence on the health as on the character, we ought to insist on her possessing good morals, that she should be addicted neither to anger nor to the alcoholic liquors which provoke it. Besides that these vices are transmitted with the milk, I know, "many cases of children dying of convulsions, through having taken the breast of their nurse when she was intoxicated or a short time after she had given away to an excess of anger."

An infant receives far more benefit in being nursed by a healthy mother, intelligent and respectable in her morals. This mother will, by her mere touch and caresses, make the child more sensitive, mild, amiable, gay and lively. The child, brought up by its mother, accustoms itself better to the benevolent traits of that excellent nurse.

It will the better assume the type of resemblance to the moral and, physical qualities of the family, and as it is

especially from the moral point of view still more than from the physical, that the nursing of the mother is precious to the child, it should never be, unless on account of serious reasons, such as weak health, confided to a hired nurse. And in the latter case we have stated the precautions that should be taken in choosing the person, who is called upon to act the part of second mother to the child; for the child is an imitator by instinct and becomes so by habit; it moulds its gait and manners on those who surround and more closely wait upon it.

The greater or less healthfulness of the place in which the child is reared has also a considerable influence upon its constitution; for it is like a delicate plant: it withers if we deprive it of the sun and air.

#### 80 CONSANGUINITY AND INCOMPATIBLE UNIONS.

Marriage among relatives nearly always gives birth to children tainted with serious organic defects. Deafness and dumbness, albinism, water on the brain, scrofula, the rickets, &c., &c.; moreover pregnancy is rare and the fœtuses are oftentimes monstrosities unfit to live. Idiocy and imbecility are also the consequences of unions generally condemned by both civil and religious authority.

“For a certain number,” says Berthier, “marriage is a contract by which two beings of opposite sexes agree to share their fortunes. The joining of two chests of gold or of one chest and one property.” It matters little if there be disproportion in the ages, antipathy of character; to money is sacrificed love, peace, concord and health, “hence, adds the same author, spring weakly, under-sized, rickety and idiotic progenies.

The careful researches made by Dr. Bemis, of Kentucky, proved to him that 10 per cent of the deaf-mutes, 5 per cent of the blind and about 15 per cent of the idiots placed in the different hospitals of the United States, are the issue of the marriage of cousins in the first degree.\* Of 787 marriages between cousins germain, Mr. Bemis states that he was convinced that 256 produced blind, deaf and dumb, idiots, &c., &c.

These few reflections, albeit very summary, on the most frequent causes of mental alienation, are, nevertheless, sufficient to show the gravity of the results which they might bring about, and will be of a nature, let us hope, to instruct those guilty of this abuse, as well as to restrain those, who may be tempted to sacrifice their future health to the deceitful present enjoyment of their passions.



## DISCHARGES.

The Province of Quebec has no other asylum but ours, except that situated at St. John, Iberville, where about 70 lunatics receive medical care. As the country has not yet to deplore the establishment of secondary institutions, under the name of *poor houses*, for the unfortunates who hold out but little chances of cure, we can say with certainty that with the exception of a few very rare cases which, at the request of relations, leave the Asylum to return to it in a short time afterwards, nearly the whole of the patients, who have left our establishment since 1845, have returned to their families either perfectly cured or in such a sufficiently improved condition as to be able to live amongst their relations and friends and render further services to society.

### DISCHARGES.

	PATIENTS DISCHARGED DURING THE 18 MONTHS.									Patients discharged since 1845.					
	MENTAL CONDITION.												GRAND TOTAL.		
	Cured.			Improved.			Un-improved.								
	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.			
Recommended for discharge.....	43	25	68						43	25	68				
Claimed by relatives..				6	1	7	8	1	9	14	2	16	593	475	1068
Transferred.....							20	20	20	20					
Escaped.....				4		4	2		2	6		6			
<b>Totals.....</b>	<b>43</b>	<b>25</b>	<b>68</b>	<b>10</b>	<b>1</b>	<b>11</b>	<b>10</b>	<b>21</b>	<b>31</b>	<b>63</b>	<b>47</b>	<b>110</b>	<b>593</b>	<b>475</b>	<b>1068</b>

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If, to be just, we took into account the extremely chronic state of the patients sent to us rather than their numbers, we may say that, in the matter of cures, the results shown by our establishment are more than satisfactory and will compare advantageously with foreign statistics.

Since its foundation, in 1845, our Asylum has received within its walls 3,149 patients. By deducting from this figure 884 patients, the population at present under treatment, with chances more or less favorable of cure, we have 2,265 patients, upon whom we must establish the average of discharges.

Known results.	Discharges.	Proportion among those discharged.
2,265	1,068	47.15 p. 100.

If we compare the figure of the discharges on account of cures and improvement in the past 18 months, with the total admissions during the same period, we obtain the following results :

Admissions.	Cured and improved.	Percentage.
Men 182	53	29.12 p. 100.
Women 133	26	19.54 "
Both sexes 315	79	25.07 "

We must here notice that the number of admissions, during the last 6 months, being very much larger than in preceding years, the average of cures in the admissions of the year has thereby been proportionately diminished.

Certain reports, it is true, sometimes offer a more satisfactory percentage than ours; but this is obtained by taking only the discharges as a basis for the average of cures. This subtle method, employed without comment, sometimes gives the reader a false impression as to the real results, which should alone be set down.

1845.	Total.
1068	
5,1068	

Thus the percentage of cures with reference to the total number of discharges, in the 18 months, would be with us, as follows :

Discharges.	Cures.	Percentage of cures.
110	68	61.81 p. 100.

If, to the cures, we add the cases of improvement, according to the system adopted by some, we would obtain a very different figure and one still more favorable :

Discharges.	Cured and improved.	Percentage of cures and improvements.
110	79	71.81 p. 100.

Dr. Earle, of Northampton Asylum, in his report for 1872, draws the special attention of his readers to the deceptive method followed in giving the percentage of cures based upon the discharges.

To make these statistics as exact as possible, we must place the figure of the population admitted and treated in the Asylum, since its foundation, with that of the discharges during the same time.

Admitted since 1845.	Discharged since 1845.	Percentage of discharges since 1845.
Men 1,658	593	35.75 p. 100.
Women 1,391	475	31.85 "
Both sexes 3,149	1,068	33.91 "

We should remark that, if we confined our statistics to the last decade, our percentage of cures would be largely increased. This is what has been done with the English statistics which we give further on.

Such is the position occupied by our establishment and such are the results offered. Let us consider them, therefore, in reference to foreign statistics, which will satisfact-

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orily show that we have reason to be proud of our success.

Let us look at France :

Not having been able to procure the latest general reports, we take, from the return of the Director General upon the service in the *Département de la Seine* (year 1864, page 57), the following extract :

“ The number of lunatics treated in 1862, compared with the 1109 discharges during the same year, give the following proportions :

*All Asylums together :*

Average of discharges for men.....	1 in 5.16 or 19.34 p. 100.
“ “ “ women.....	1 in 6.38 or 15.66 “
“ “ “ Both sexes... 1 in 5.80 or 17.22 “	“

*Asylums de la Seine (properly so called :)*

At Bicêtre and Salpêtrière, of out a lunatic population of 3,339 persons, without taking into account the patients discharged before cure, the number of discharges after cure was 391, viz :

For men.....	205 say 1 in 6.91 or 14.36 p. 100
“ women.....	186 “ 1 “ 10.27 “ 9.72 “
“ Both sexes....	391 “ 1 “ 8.53 “ 11.70 “

Consider now the statistics of 1869 for the *United Kingdom of Great Britain and Ireland*.

We quote from the *Journal of Mental Science*, January 1870, page 595, the following passage :

“ By these statistics, we learn that the average percentage of cures on admissions since 10 years, was for county and borough asylums, 33.93 per cent, for enregistered hospitals 40 p. 100 :—for licensed metropolitan establishments 27.60 per cent :—for naval and military hospitals 18.49 per

cent—for asylums for criminals 6.49 per cent. That of private patients treated at their homes is only 8.85 per cent.”

This latter figure exposes a fact that is worthy of attention; that is that the statistics drawn up for Great Britain, based on a population of 55,000 lunatics, only give as the proportion of the cures of patients treated at home 8.55 per cent, while it is raised to an average of 33.00 per cent for asylums. This statement confirms what we have said elsewhere in favor of the sequestration of the insane.

The second category in our table of discharges includes 16 lunatics *claimed*, of whom 7 were improved and 9 not so.

We have taken care to place these cases separately, as such departures are not discharges from our asylum; they are on the contrary those premature and over hasty discharges which we notice the more with regret, as they are nearly always fatal to the patient, who, under the influence of a still ill-balanced mind and of convalescence as yet too little established, finds himself exposed to a serious relapse. We think it then our duty to repeat, here, what we wrote on this subject in the month of November last, so as to place the public on their guard against the impulse which sometimes inclines people to prefer having the patient at home with his family to the wise counsels we believe it necessary to give under such circumstances.

Such decisions, very serious in themselves, are, however, often adopted by many families, whom a too generous feeling always places under obligations, of which the extent is unknown to them.

We do not blame the honorable sentiment which induces

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such families to recall as soon as possible those of their members whom a deplorable disease has removed to a distance; but we feel it our duty to remark that the majority of the accidents caused by lunatics at large are nearly always due to that obstinate earnestness which parents display to withdraw patients from the asylum and this even before they are cured. They think that they are acting in the interest of these unfortunates and take upon themselves a responsibility of which they may become the victims.

We have nearly every day to contend against demands for too hasty discharges, against imprudent decisions most often taken in opposition even to our advice.

Examples are not wanting. Among the patients claimed as mentioned above, two were the victims of painful events owing to their premature withdrawal from the asylum.

A few months ago a telegraphic despatch announced that a young man had been crushed under a railway train, at Point St. Charles; the name of this unfortunate brought to mind that he had, notwithstanding our counsels, on the repeated solicitations of his mother, just been liberated. This unfortunate was a victim of that lack of attention, which it is impossible to bestow in the family upon a person in his condition.

During the spring of 1872, another family obtained, against our wishes, the discharge of a patient suffering from lypemania. This patient had been under our care from the month of January. Our opinion was express in this case. His unfortunate wife, who, alone of his family, believed him insane, demanded his interdiction; the patient was brought to his house to be submitted to the examina-



tion of a *family council*, and this jury, charged with proceeding to his interdiction, thought themselves capable of deciding on the mental condition of the patient, and, without even taking the trouble to obtain information from the physicians who had had charge of him, and who alone could define his real state, they declared that there was no urgent necessity of interdicting a man who did not, in their presence, exhibit any ostensible signs of insanity...

This declaration having been made, the patient was, by order, discharged. He resided with his family and, three days afterwards, the unfortunate man died in the agonies of poisoning. He had committed suicide.

As we may see, therefore, the family is sometimes not solely to blame when the return to society of a citizen more dangerous than useful is in question.

Our table exceptionally mentions further a certain number of insane *transferred*. The Government having entered during the course of the year into some arrangements with the Sisters of Charity to place under their care a certain number of idiots, 20 of our female patients, belonging to this category, were transferred from the asylum to the Hospital, at Halifax, County of Megantic.

And lastly, this table mentions 6 escapes. This number is not great, if we compare it with the large population of the asylum, and especially if we take into account the degree of liberty which we allow our patients. The majority of them returned immediately. Several of them, however, remained with their families, at the desire of their parents who found them considerably improved. Another, wishing to secure himself from the careful search which we always order in cases of escape, fled to the United States where

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probably he awaits a new confinement to the great advantage of those whom he has not already made his dupes. His name, which is well known, has already appeared in the registers of other institutions. One, amongst others, retains a pleasing remembrance of the circumstances that attended the confinement which he wished to escape from. Having been ordered for sequestration by the authorities, on account of insanity, he was handed over to the care of a sheriff, who, furnished with the necessary documents, in person conducted him to a certain asylum. Of a reasoning insanity, of a crafty imagination to which he knew how to join a decent exterior, our lunatic engaged, with the companion of his journey, a rather lively conversation which in the end turned to a real discussion on the proceedings required for the sequestration of lunatics. This patient, formerly an advocate, had retained the habits and twists of controversy. He discussed the merits of the procedure adopted by the State on the subject and found means to throw certain doubts on the legality of the documents. The sheriff exhibited his papers as proof in justification of his conduct and of his arguments. The patient examined them for a long time, and succeeded by the same trick in possessing himself of the handcuffs used for recalcitrant patients. He finally got them, to try them, on the wrists of the sheriff, who, full of confidence in so harmless a lunatic, lent himself with good grace to the manœuvre.

At that moment they arrived at their destination.

The lunatic then refused to relieve the sheriff from his fetters, transported him to the asylum, where, notwithstanding his recriminations, he left him as the patient, calling himself the sheriff and exhibiting the papers which he had

not given up. He received the attention due to every visitor entrusted with a special mission, and the poor, real sheriff, very much mystified, was well and securely locked up in the place of the real patient, and owed his liberty only to being soon after identified.

This, among several others, is a rather piquant episode in the life of the patient, who left us on the 1st May, 1872, after having passed 6 months in our establishment.

We cannot speak of the escapes without specially mentioning one which occurred in July, 1872.

One of our patients left the asylum and reached his family, where he was kept against our advice and there became the author of a lamentable crime. This misfortune, happening in the very midst of society, makes it our duty to disclose all the circumstances which preceded and followed this escape. We have already had occasion elsewhere to relate all the facts, and we will here only repeat what we have already said.

Mr. X., (after having been interdicted) was admitted, into the Asylum at Quebec, as a private patient, on the 14th May, 1868. He was classified: case of lypemania. At short and rare intervals he manifested the best intentions and reasoned pretty clearly. This young man had received a certain amount of education. Oftener of an irritable disposition, he became taciturn and his glance inquisitive. Laboring under the influence of tormenting hallucinations, he menaced and sometimes even struck his keepers, and if, during his sojourn in the asylum, he did not commit more deplorable acts, it was owing to circumstances independent of his morbid will. The deceitful expression of his countenance, his crafty manners, and, above all his apathy, indi-

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cated dissimulation, and as we know how much dissimulation there is among lunatics, the keepers charged with watching him were ever on their guard to avoid any surprise.

Last spring, his sister came to see him. Upon our advice, she abandoned the idea she had of bringing him home with her.

As at certain intervals the patient was able to enjoy a walk, he took advantage of one of these occasions to escape. This was the 23rd July, 1872. After having made ineffectual search for him, we sent, on the 25th, the following despatch to his family :

Quebec, 25th July, 1872.

To Madame Z...

Mr. X..., left the asylum yesterday. No news since.

U. A. BELANGER,

M. A.

Some days afterwards, Mrs. Z... informed us of the arrival of her brother among his family and thus closed her letter :

"..... I am sorry to say that he appears reserved and melancholy....."

"Will you please to let us know what your opinion of his condition is, and whether it is best for him to come ? He is very quiet and docile. Will you be so kind as to give orders that his trunks and clothes may be laid aside until I go down for them ?....."

Yours truly,

Z.....

..... July 25th, 1872.

According to our instructions, the following reply was sent :

Quebec, 21st July, 1872.

To Mrs. Z.....

Madam,

As we advised you by telegraphic dispatch, Mr. X....., your brother, escaped from the asylum, which was easy for him to do, as, by your desire, he had been allowed to go out.

Mr. X..... is certainly not well, as regards his mental condition, and we cannot take upon ourselves the responsibility of advising you to keep him at your house.

We have given orders that his effects be taken care of.

Yours, &c., &c., &c.,

F. E. ROY, M. D.

per U. A. BÉLANGER,  
Assistant Physician.

Notwithstanding our advice Mr. X.... remained with his sister. Nothing unusual in his conduct, we are told, led to any suspicion of malicious intentions on his part towards his sister, whom he seemed to greatly love, and whose affection he was assured of.

One day, however, under the ascendancy of delirium and the influence of lypemaniacal convictions which his will could not control, he went towards the sofa on which his sister, Mrs. Z.... was then reposing, and smashed in her skull with a violent blow of an axe.... Death was almost instantaneous.

Mr. X.... was, in virtue of a warrant, transferred from the gaol of the district to our asylum on the 13th May last. He is still there.

We again sympathize with this unfortunate family, but we cannot share with them the responsibility of the bloody drama of which they have been the victims.

These examples are terrible, and we cannot over blame the families, who, blindly and without reflection, prematurely withdraw patients placed under our care. It is alleged, and the excuse is always the same, that the patient is quiet.—A mistake!—A futile pretext, which goes only to show the incompetence of families in such a matter. This manner of acting is blameable, and all men of science have severely condemned it. "Physicians, and above all the specialists,"—one of them (Mr. Aubanel) tells us,—“are alone qualified to thoroughly understand insanity, for they often always live with it; because they know its organism, its variations and its decline.”

“The most dangerous lunatics,” says the same author, “are not those who shout, sing and smash, but rather those who, under the deceitful guise of silence, meditate in repose the sinister projects hatched in their diseased imaginations.”

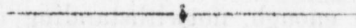
The following facts of which Dr. Bonnet speaks, in one of his many writings, seem to have a striking resemblance to those we have just mentioned, and we might apply the same remarks to this country that Mr. Bonnet applies to his own.

“There are, he says, lunatics who seem to be intelligent and reasonable enough, notwithstanding certain vagaries which are regarded as inoffensive. During a certain time, there is complete harmlessness in all their actions;—suddenly, under the influence of false reasoning, which does not permit them to judge of the morality of their actions and against which the will is unable to struggle, they commit deplorable deeds. We have seen insane persons, to whom the attention of their families and of the public was not sufficiently drawn, left at large during many years; their



vagaries were looked upon purely and simply as odd ;—but a crime is committed, and then are at once remembered the extravagant actions to which the necessary importance had not been given, and it is also then conceived that madness might have existed and regret is expressed that the patient had not been incarcerated. It is high time ! . . . We cannot take too many precautions against dangers which threaten us every hour . . . . . And why, when we do not know, do we not procure the assistance of those who are, presumably, by their skill or profession, capable of appreciating the nature of such things and preventing the painful events which might arise from it ?”

We cite these authorities to show the justness of our reflections and to give to our remarks all the weight they deserve.



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## PRINCIPAL CAUSES OF INSANITY.

		MENTAL CONDITION.						GRAND				
		Cured.		Improved.		Unimproved.		TOTAL.				
		M	F	M	F	M	F	M	F	Total.		
<i>Determining causes:</i>												
Physical.	Congenital vices.....					18	18		18	18		
	Falls, blows on the head....	1	1	1	1	1	1	3	4	3		
	Alcoholic excesses.....	8	4	12				8	4	12		
	Diseases of women.....		5	5					5	5		
	Sun strokes.....	2		2	1	1		3		3		
	Other physical causes.....	2		2	1	1		3		3		
Mixed.	Bad treatment.....		1	1				1	1			
	Late hours, dissipation....	3	2	5				3	2	5		
	Onanism, etc.....	2		2		2	2	4		4		
Moral.	Anxiety, fear.....	4	1	5	1	1		5	1	6		
	Losses, reverses in business..	3		3	1	1		4		4		
	Grief, domestic troubles....	1	6	7		1	1	1	7	8		
	Religious excitement.....	3		3	1	1	1	4	1	5		
	Unknown.....	14	6	20	5	5	6	2	8	25	8	33
Totals.....		43	25	68	10	11	10	21	31	63	47	110

We will not add any observations to this table, to which refer the remarks we made concerning the principal causes of mental alienation in our chapter on admissions.

DURATION OF THE DISEASE BEFORE ADMISSION.

Duration.	MENTAL CONDITION.									GRAND		
	Cured.			Improved.			Unimproved.			TOTAL.		
	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.
1 month and over.....	3	3	6							3	3	6
From 1 to 2 months.....	5	3	8							5	3	8
“ 2 “ 3 “ .....	2	2	4							2	2	4
“ 3 “ 6 “ .....	7	5	12				1		1	8	5	13
“ 6 “ 12 “ .....	1		1	2		2				3		3
“ 12 “ 18 “ .....	1		1							1		1
“ 18 “ 24 “ .....		1	1								1	1
“ 2 “ 3 years.....	1		1							1		1
“ 3 “ 4 “ .....							1		1	1		1
“ 4 “ 5 “ .....	1		1	1		1				2		2
“ 5 and more.....	1		1	1		1	21	21		22	21	23
Undetermined, but recent.....	13	7	20	2	1	3	2		2	17	8	25
Unknown .....	8	4	12	4		4	6		6	18	4	22
Totals.....	43	25	68	10	1	11	10	21	31	63	47	110

We notice immediately on examining this table that with the exception of four old and some unknown cases, the other cures obtained during the period just elapsed are divided among the patients, whose disease had been of short duration before entering the asylum.

Here again we have a new proof in support of what

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we said, in the chapter on admissions, in speaking of the previous manifestation of the disease.

NATURE OF THE DISEASE IN THE DISCHARGED PATIENTS.

NATURE OF THE DISEASE.	MENTAL CONDITION.									GRAND TOTAL.		
	Cured.			Improved.			Un- improved.			M	F	Total.
	M	F	Total.	M	F	Total.	M	F	Total.			
Mania .....	30	15	45	4	4	1	1	1	35	15	50	
Lypemania .....	12	9	21	3	1	4	3	1	18	11	29	
Monomania .....		1	1	1	1				1	1	2	
Paralytic insanity .....	1		1			2	2		3		3	
Dementia .....						1	1	2	1	1	2	
Imbecillity .....				2	2	3	4	7	5	4	9	
Idiocy .....						15	15		15	15		
Totals .....	43	25	68	10	11	10	21	31	63	47	110	

Mania and lypemania predominate in the forms of mental disease. These two affections always furnish a large number of the cures and the reason is simple; the friends and relations, frightened by the alarming symptoms presented by delirium in cases of acute mania, have oftentimes recourse to the immediate sequestration of the patient

DURATION OF THE TREATMENT.

PATIENTS DISCHARGED DURING THE 18 MONTHS.										Lunatics discharged since 1845.					
Duration :	MENTAL CONDITION.												GRAND		
	Cured.			Improved.			Unimproved.			TOTAL.					
	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.
1 month and under.	1	1	2	1	1	2	1	5	6	3	6	9	40	30	70
From 1 to 2 mon's	6	3	9				2	2	8	3	11		55	32	87
“ 2 to 3 “	5	5	10				1	1	6	5	11		74	54	128
“ 3 to 6 “	10	6	16	2	2	4		4	16	6	22		136	98	234
“ 6 to 9 “	7	3	10				2	2	7	5	12		57	66	123
“ 9 to 12 “	2	3	5	1	1				3	3	6		52	43	95
“ 12 to 18 “	7	1	8	1	1	1	2	3	9	3	12		61	42	103
“ 18 to 24 “	1	1	2						1	1	2		38	37	75
“ 2 to 3 years..	1	1	2	1	1				2	1	3		35	28	63
“ 3 to 4 “	1	1	2	2	2		1	1	3	1	4		14	10	24
“ 4 to 5 “	1	2	3				1	1	1	3	4		8	10	18
“ 5 years & over	1	1	2	2	1	10	11	4	10	14			23	25	48
Totals.....	43	25	68	10	1	11	10	21	31	63	47	110	593	475	1068

This table supports in a special manner our observations on the chances of cure, in proportion to the anterior duration of the disease and the duration of the treatment; and, to give more importance to these statistics, we have added the figure showing the number of patients discharged from the asylum since its foundation.

These figures obviates the necessity of mentioning the

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average of cures in proportion to the duration of the treatment; for, at first sight, it is easy to conclude that the first months of isolation, that is to say, when the disease is still in an acute state or very little advanced towards becoming chronic, are the grand limit to the chances of cure.

TOTAL DURATION OF THE DISEASE FROM ITS  
MANIFESTATION.

PATIENTS DISCHARGED DURING THE 18 MONTHS.

DURATION.	MENTAL CONDITION.						GRAND TOTAL.					
	Cured.			Improved.			Un-improved.					
	M	F	Total.	M	F	Total.	M	F	Total.			
From 1 to 2 months.....	1		1					1	1			
“ 2 to 3 “ ....	3	2	5					3	2	5		
“ 3 to 6 “ ....	3	6	9					3	6	9		
“ 6 to 9 “ ....	3	1	4	1		1		4	1	5		
“ 9 to 12 “ ....	3	3	6					3	3	6		
“ 12 to 18 “ ....	5		5	1		1		6		6		
“ 18 to 24 “ ....	1		1			1	1	2		2		
“ 2 to 3 years.....		1	1					1		1		
“ 3 to 4 “ .....						1	1	1		1		
“ 4 to 5 “ .....	3		3					3		3		
“ 5 and over.....	1		1	8		8	6	21	27	15	21	36
Undetermined, but recent..	12	8	20	1	1	2	2	14	9	23		
Unknown.....	8	4	12					8	4	12		
Totals.....	43	25	68	10	1	11	10	21	31	63	47	110



The remarks, which we have made on the preceding table, equally apply to this one.

AGE WHEN DISCHARGED.

AGES.	DISCHARGED During the 18 months.			Discharged since 1845.		
	M	F	Total.	M	F	Total.
Under 15 years.....		3	3	5	8	13
From 15 to 20 " .....	5	7	12	39	34	73
" 20 " 25 " .....	8	4	12	100	81	181
" 25 " 30 " .....	12	3	15	92	95	187
" 30 " 35 " .....	8	12	20	99	77	176
" 35 " 40 " .....	4	2	6	67	44	111
" 40 " 45 " .....	8	7	15	66	42	108
" 45 " 50 " .....	8	2	10	51	32	83
" 50 " 60 " .....	7	4	11	44	43	87
" 60 " 70 " .....	3	2	5	24	16	40
" 70 " 80 " .....		1	1	6	3	9
Totals .....	63	47	110	593	475	1068

This table shows that the chances of cure are very much greater at the age of the greatest bodily strength, and diminish as age increases.

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## DEATHS.

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The death rate of deaths of the patients in the Asylum, like that of their cure, depends, first, on the nature of the disease of those treated, and, secondly, on the physical and moral condition of the patient when admitted.

The death rate must necessarily be larger, and that of the cures smaller among a population, the majority of whom are chronic cases, whilst on the other hand the cures effected are more numerous, and the death rate less in an institution which receives only acute cases.

We have given, in the chapter on admissions, a statement showing the small number of recent cases admitted every year into our institution; and, as up to the present time, with the exception of twenty female idiots, no transfer of any kind has taken place, it follows that a great portion of the patients admitted during the past 18 months only tended to increase the number of this fixed population which annually swells the number of deaths.

Again, a great number of the deaths is due to the feeble state of the health of the patients when admitted. Regardless of all feelings of humanity, they are dragged, so to say, to the asylum, by a long and painful journey, when at the time exhausted and nearly dead. It is, for this reason, that we had to record, amongst the deaths during the past 18 months, the decease of three old women coming from jail, and a fourth coming from the country, and also that of three old men, all from jail, one paralytic, another exhaust-

ed through several days' abstinence, and the third who had been bound and had suffered greatly from cold. All died after a few days' sickness in the asylum.

These various circumstances modify, to a certain extent, the impression caused by the figures given in the following table of the deaths during the past 18 months.

DEATHS.

INSANE PATIENTS DECEASED DURING THE 18 MONTHS.			
	M	W	Total.
Through sickness.....	58	50	108
From suicide.....	1		1
Totals.....	59	50	109

The average of the percentage of the deaths of the insane population treated during the last 18 months may be stated as follows :

Patients treated.	Deaths.	Proportion.
Men.....570	59	10.40 p. c.
Women.....533	50	9.40 "
Both sexes.1103	109	9.80 "

Notwithstanding the conditions in which the patients treated are found, the above average must be considered favorable when compared with that of certain foreign institutions.

Thus, in *France*, the Report on the insane, in the *Dé-*

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*partement de la Seine* (page 61) gives an average percentage of 10.93 of the insane patients treated.

In *England* the Imperial Commissioners of Lunatic Asylums, in their report for 1872, give 4,973 deaths among the patients treated in their Asylums; which shows a proportion of 8.02 for *Ireland* 8.09 for *Scotland*, and 10.38 for *England* (see page 551, *Journal of Mental Science*, January, 1873.)

Our table further mentions one death from suicide. This patient suffered from lypemania. From the time of his admission and even when at home, he had never manifested the slightest inclination towards suicide. However, in the middle of the night, he succeeded, unknown to his keeper, in committing suicide, by means of a leather belt, with which he for many years used to brace up his trousers.

An inquest was held; but a simple investigation of the circumstances attending the death sufficed to clear our establishment from all responsibility or blame in the premises.

11	4	1	16
8	0	3	11
11	4	1	16
19	4	4	27

During the period just elapsed, chronic forms of mental affection...

DEATHS CLASSIFIED ACCORDING TO THE FORM OF MENTAL DERANGEMENT.

INSANE PATIENTS DECEASED DURING THE 18 MONTHS.			
	M	W	Total.
Suffering from :			
Acute Mania.....	5	2	7
Chronic Mania .....	10	13	23
Acute Lypemania.. ..	2	1	3
Chronic " .....	5	7	12
Monomania.....	2	1	3
Ordinary Dementia.....	8	10	18
Senile " .....	4	6	10
Paralytic Insanity.....	6	—	6
Epileptic " .....	8	4	12
Imbecility.....	4	3	7
Idiocy.....	5	3	8
Totals.....	59	50	109

Chronic affections, dementia, chronic mania, being the last stage of mental alienation, it is not surprising to find, in an asylum that receives all cases of insanity, that the majority of deaths are classed under the chronic form of mental alienation.

During the period just elapsed, chronic forms of mental

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alienation give, on the total number of deaths (109), the following percentage:

Chronic mania and lypemania	35	say	32.11	per cent.
Simple and senile dementia...	28	"	25.68	"
Paralytic and epileptic insanity	18	"	16.51	"
Imbecility and idiocy.....	15	"	13.76	"
—				
Total chronic affections.....	96		88.07	"

Acute diseases only give a percentage of 9.17 p. c.

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DURATION OF TREATMENT.

INSANE PATIENTS DECEASED DURING THE 18 MONTHS.				SINCE 1845.		
DURATION.	M	F	Total.	M	F	Total.
1 month and under.....	7	4	11	37	19	56
From 1 to 2 months..	2	4	6	41	21	62
“ 2 to 3 “ ...	—	1	1	54	30	84
“ 3 to 6 “ ...	1	5	6	81	54	135
“ 6 to 9 “ ..	7	2	9	51	41	92
“ 9 to 12 “ ..	4	1	5	42	36	78
“ 12 to 18 “ ...	8	4	12	55	64	119
“ 18 to 24 “ ...	5	1	6	39	41	80
“ 2 to 3 “ ..	6	3	9	59	64	123
“ 3 to 4 “ ..	2	4	6	47	39	86
“ 4 to 5 “ ...	6	3	9	26	40	66
“ 5 to 10 “ ..	6	10	16	46	83	129
“ 10 to 15 “ ....	4	2	6	30	36	66
“ 15 to 20 “ ...	—	4	4	4	8	12
“ 20 and upwards....	1	2	3	5	4	9
Totals.....	59	50	109	617	580	1197

It will be seen by this table that the duration of the residence, in the Asylum, of the majority of those deceased since

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1845, was very long. This longevity conclusively shows the real advantage offered by our institution as regards hygiene and the treatment given to patients.

AGE AT DEATH.

INSANE PATIENTS DECEASED DURING THE 18 MONTHS.				SINCE 1845.		
AGES.	M	F	Total.	M	F	Total.
Under 15 years.....	1	—	1	15	10	25
From 15 to 20 years ....	2	—	2	14	15	29
“ 20 “ 25 “ .....	3	2	5	42	42	84
“ 25 “ 30 “ .....	5	6	11	59	52	111
“ 30 “ 35 “ .....	6	4	10	66	68	134
“ 35 “ 40 “ .....	9	5	14	72	62	134
“ 40 “ 45 “ .....	4	2	6	76	66	142
“ 45 “ 50 “ .....	4	4	8	59	43	102
“ 50 “ 60 “ .....	9	10	19	86	99	185
“ 60 “ 70 “ .....	10	4	14	86	82	168
“ 70 “ 80 “ .....	4	7	11	31	32	63
“ 80 and upwards...	2	6	8	11	9	20
Totals.....	59	50	109	617	580	1197

Mental alienation being always the serious result of physical diseases, we cannot expect to find the same longevity among the insane as among the sane.

However, this table, exceptionally favorable, shows a more than ordinary longevity, and recommends itself solely by its importance in that it explains and materially supports the large figure of our death rate.

The advanced age, at which the great majority of the deaths take place, conclusively shows that the patients had reached the term of their natural life.

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CAUSES OF DEATH.

INSANE PATIENTS DECEASED DURING THE 18 MONTHS.

DISEASES :		M	F	Total.
Diseases of the brain and ner- vous system.	{ Apoplexy .....	3		3
	{ Meningitis.....	4	1	5
	{ Cerebral congestion.....	1		1
	{ Paralysis .....	8	2	10
	{ Epilepsy .....	7	4	11
	{ Nervous exhaustion.....	2	1	3
	{ Cerebral fever.....	1		1
Diseases of the heart.	{ Hypertrophy .....	1	1	2
	{ Pericarditis .....		1	1
Diseases of the lungs.	{ Pneumonia .....	2	1	3
	{ Pleurisy.....	1	2	3
	{ Empyema.....	1		1
	{ Phthisis.....	10	9	19
Diseases of the digestive or- gans.	{ Congestion.....	2	1	3
	{ Cancer of the stomach...		1	1
	{ Disease of the liver .. .	1	4	5
	{ Dropsy .....		1	1
	{ Chronic diarrhœa.....	1	3	4
Of the reins.	{ Dysentery.....		2	2
	—Albuminaria .....	1		1
Various dis- eases.	{ Sarcocœle encephaloïde..	1		1
	{ Tubercular abcess .....	2	1	3
	{ Scorbutic.....	2	3	5
	{ Erysipelas.....	1	1	2
	{ Senile gangrene.....	1		1
	{ Marasma .....	1	2	3
Other causes.	{ Anemia.....	2	3	5
	{ Old age.....	2	6	8
	{ Suicide.....	1		1
Totals .....		59	50	109

In lunatic asylums, as in hospitals, as well as in private practice, unless in consequence of epidemics or contagious fevers, pulmonary consumption predominate among the causes of death; this disease is itself even considered as being often the determining cause of the insanity which manifests itself by fits of depression. Thus, with the exception of 2 or 3 cases, the 19 deaths caused by pulmonary consumption may be divided between cases of melancholy madness and chronic lypemania. Those 19 cases form an average percentage of 17.43 of the deaths. Nervous affections, to the number of 34, give an average percentage of 31.19.

Paralysis, epilepsy, diseases of the brain and nervous system, considered as frequent causes of death, proceed from the class of diseases that we have to treat, and follow pulmonary phthisis.

We confine ourselves to those few remarks so as to avoid the over lengthy reflections to which consideration of this very interesting table is likely to lead us. Moreover, what we might say on this subject, comes more properly within the province of medicine.

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## SUMMARY.

There were in the asylum, on the 1st of January, 1872, 788 patients, of whom 388 were males and 400 females.

During the 18 months, 315 were admitted, (182 males, 133 females.)

110 were discharged,—cured,—improved,—by escape or transfer and 109 through death.—In all, 219 discharges and deaths (122 males and 97 females.)

There remained at the end of this term, 884 patients, of whom 448 were men and 436 women.

These figures may be grouped in a single table, so as to give a general view of the movement of the population of our asylum, within the last 18 months.

	M	F	Total.	M	F	Total.
Population on 1 <sup>st</sup> Jan'y. 1872.				388	400	788
Received during the 18 months.....				182	133	315
Totals.....				570	533	1103
Discharges.....	63	47	110			
Deaths.....	59	50	109			
	122	97	219	122	97	219
Totals.....				448	436	884



The admissions during the 18 months considerably augmented the population on the 1st January, 1872; whilst a smaller proportion of discharges and deaths since then must be noted. The increase in the entries is explained by the more frequent appearance of old cases among the admissions. We do not propose, to here, repeat the remarks already made on this subject, under the head of admissions.

After having thus gone over the various changes that have taken place during this term, public attention naturally turns to the remaining population, and it may be, with reason, asked what expectation of cure can be held out by the treatment to be continued towards those now in the asylum?

In reply to this question, we cannot express any positive opinion; for the circumstances, attending the probability more or less encouraging of cure, are of such a nature that they may be said to be subject to unfortunate variations which it is impossible to foresee.

And, even admitting the total absence of unforeseen complications, we can only give an approximate notion of the result of the treatment, taking into account the duration of the patients' stay in the asylum, their age and the nature and stage of their disease.

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These necessary data are contained in the following table

### DURATION OF RESIDENCE.

INSANE PATIENTS REMAINING ON 30TH JUNE 1873.			
DURATION.	M.	F.	TOTAL.
Under 1 month.....	10	3	13
From 1 to 2 months .....	15	14	29
“ 2 “ 3 “ .....	3	4	7
“ 3 “ 6 “ .....	24	21	45
“ 6 “ 12 “ .....	45	27	72
“ 12 “ 18 “ .....	27	21	48
“ 18 “ 24 “ .....	22	30	52
“ 2 “ 3 years .....	29	43	72
“ 3 “ 5 “ .....	43	35	78
“ 5 “ 10 “ .....	103	93	196
“ 10 “ 15 “ .....	50	53	103
“ 15 “ 20 “ .....	47	55	102
“ 20 “ 25 “ .....	14	28	42
“ 25 and upwards.....	16	9	25
Totals.....	448	436	884

According to this table, the average of the total duration of residence was:

For men . . . 3311 years	which gives for each man . . . 7 ys. 4 ms. and 20 dys.
“ women 3318 “	“ women . 7 “ 7 “ 9 “
Both sexes. 6,629 “	“ individu.. 7 “ 5 “ 29 “

We deem it expedient to take advantage of this statement concerning the duration of the residence of the insane in the asylum, to say a word respecting the cost of their maintenance and repeat here, supported by the figures of our own statistics, the line of argument followed in the chapter on admissions. (1)

Each patient in our Asylum costs the Province the sum of \$2.75 per week, or for 7 years, 5 months and 29 days, the sum of \$1,074.05, which, for the 884 patients in the Asylum at the end of this term, gives a total of \$949,460.20.

Let us now see what the Province would have saved, if patients were sent to the Asylum on the first symptoms of their insanity becoming manifest.

Deducting idiots and imbeciles (to the number of 141,) from the 884 patients still in the asylum at the end of this term, there remains a population of 743 insane, properly so called and very susceptible of cure. Admit for the moment that 70 per cent are cured—and on this point we cannot be accused of exaggeration, as the Imperial Commissioners on lunacy give an average of 75 per cent—we have, out of these 743 patients, 520 cases of cure.

The Imperial Commissioners again base their calculations, on an average of 10 months' residence. We allow 12, and we find that each case of cure, at the rate of \$2.75 per week, should have cost \$143.39, which for the 520 cases mentioned would only amount to \$74,652.80, whilst, on the contrary, these 520 patients, having lost nearly all chance of cure, through loss of time in subjecting them to treatment, have already cost the Province, for the 7 years, 5 months and

(1) See page 65.

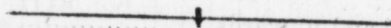
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29 days of their residence in the asylum, the sum of \$559,013.86—being a dead loss to the State of \$484,451.06.

If, in place of confining ourselves to the 884 patients at present in the asylum, we had based our calculations on the total number of admissions since 1845, that is 3,149 we would have arrived at a fearful result; but these figures speak clearly enough to lead the Government to make some change, in accordance with our suggestions; a change which, while being favorable to the patient, would be at the same time a great source of economy to the Province.



INSANE PATIENTS REMAINING ON THE 30TH JUNE, 1873.

<i>Statement of ages.</i>	M	F	Total.
Under 15 years.....	6	2	8
From 15 to 20 " .....	16	14	30
" 20 " 25 " .....	37	18	55
" 25 " 30 " .....	47	45	92
" 30 " 35 " .....	63	57	120
" 35 " 40 " .....	47	50	97
" 40 " 45 " .....	52	51	103
" 45 " 50 " .....	43	55	98
" 50 " 60 " .....	77	83	160
" 60 " 70 " .....	40	45	85
" 70 " 80 " .....	19	13	32
" 80 and upwards.....	1	3	4
Totals.....	448	436	884

The total ages were :

For Men..... 18,876½ years,—Average.... 42 years, 1 month, 18 days.  
 " Women..... 19,145 " — " 43 " 10 " 27 "  
 Both sexes..... 38,021½ " — " 43 " 0 " 7½ "

DISEASE

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Chronic Ly mania
Dementia.
Senile deme
Paralytic m
Imbecility..
Idiocy.....
Epileptic ma
Totals..

DISEASES OF PATIENTS REMAINING ON THE 30th JUNE 1873.

FORM OF THE DISEASE.	SEX.	TOTAL.	COMPLICATIONS.											TOTAL.		
			Congenital,	Periodical,	Paralytic,	Epileptic,	Puerperal,	Hysterical,	Uterine/Disorders	Onanism,	Drunkenness,	Hereditary,	Homicidal,	Suicidal,		
Mania .....	M	92			1					3	10	2	3	1	92	65
	F	65				7	1	3	2	5	2		2			
Chronic mania...	M	129	9	1					6	4	6	2	2	129	163	
	F	163	10	5	1	4	2	2		4	1	2				
Monomania .....	M	9			1							1		9	6	
	F	0														
Lypomania .....	M	44							6	2	1	1	10	44	39	
	F	39		1		2	1	3				1	3			
Chronic Lype- mania .....	M	13							3				2	13	10	
	F	10											1			
Dementia .....	M	42							5		2	2		42	60	
	F	60		2	3	1		1		2		1				
Senile dementia..	M	3												3	7	
	F	7														
Paralytic mania..	M	19							2					19	4	
	F	4			1			1								
Imbecility .....	M	36	33		2				6		1			36	62	
	F	62	35	1	4		3	1	3		8					
Idiocy .....	M	40	27		8						4	1		40	4	
	F	4	3													
Epileptic mania.	M	21		21				2	1					21	22	
	F	22		1	22		1	1		1						
Totals .....		884	98	19	12	62	13	8	9	43	22	36	11	24	448	436



These different tables serve, as already laid down, to justify the prognostics, more or less unfavorable, in regard to the patients in the following table :

PROBABLE CHANCES OF CURE.

OF THE INSANE PATIENTS TO THE 30TH JUNE, 1873.			
	M	F	Total.
Chances of cure — favorable.....	81	48	129
“ “ doubtful.....	70	57	127
“ “ unfavorable.....	297	331	628
Totals .....	448	436	884

Notwithstanding the minutious care given to the preparation of this table, after a careful study of each case separately, the result arrived at, we repeat, is only approximate ; so difficult, if not impossible, is it to form a sure prognostic with regard to mental diseases.

A certain number of cures mentioned in this table offer fewer chances of cure than others, and we might even consider this latter class as one that will figure largely in the deaths of each year.

Nevertheless, these patients receive the same care and assiduous attention, and all the resources of science have been employed to restore to them, at least, a portion of their intelligence ; for, if their disease be slower of cure than others, it must not be concluded that they are no longer

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entitled to public sympathy and to all the assistance of a treatment which, perhaps, may succeed in procuring them some relief.

We think it our duty even to try to combat certain opinions, which would regard all such cases as incurable and tend to impress upon the public mind that their presence in an asylum is hurtful in every respect. We cannot agree with such ideas, while at the same time we have every respect for the persons who hold them. We are altogether of a different opinion, and propose to take advantage of the statement shown in our last table in regard to the population remaining in our asylum on the 30th June, 1873, to make some observations especially on the last category of patients therein mentioned.

It is to be hoped that our remarks will dissipate the erroneous opinions that have been promulgated against this unfortunate class.

We will not speak of dangerous lunatics, nor of those who offer some chances of cure.

As to the first, it is in the interests of society, whose right and duty it is, moreover, to protect itself, to sequestrate such lunatics. Our legislation, exceedingly wise on this head, contains special laws, which are too voluminous to cite here at length, (1) but which provide for the confinement of dangerous lunatics, as being the best safeguard of society and the most judicious means for the personal protection of those unfortunates; for many among them

(1) An Act respecting the confinement of lunatics whose being at large may be dangerous to the public. C. S. C. 22 Vic. cap. 109.

General laws respecting lunatics and lunatic asylums.

C. S. C. 22 Vic. caps. 73, 108, 109, 110.—32 and 33 Vic., cap. 20.

are very susceptible of cure, and their transfer to a lunatic asylum, is the best means to be employed to that end. (1)

We may say the same of the second class :

“Under whatever form their disease manifests itself, from simple lucid melancholy to the most acute delirium, an asylum, when well organized, contains all the necessary resources for proper treatment ; which it is impossible, or nearly so, to find in a private house ; an asylum then is a direct agent in the matter of cure. The order and discipline, which there reign, the substitution of a stranger’s will to that of the patient, are in themselves alone, in many cases, the most active agents in the treatment, and it is an error to believe that the patient is made worse by being in common with other lunatics.” (2)

On these two points all seem to agree.

As to the cases styled *harmless incurables*, a great deal of attention has been given in England, France, Germany as well as in the United States, to prevent asylums from becoming crowded up, as is now the case, with this class of patients.

(2) We have never been able to fathom the motive, which seems to have influenced certain parties, in other respects well disposed on all questions touching the insane, to employ their authority in opposition to the admission into an asylum of epileptic lunatics.

If there be a class of unfortunates deserving of pity, it is assuredly these poor epileptic sufferers. By reason of the character of their delirium itself, which is always accompanied with a predominance of the idea of persecutions goading them on to the commissions of dangerous acts, such as suicide and homicide, they are of all lunatics considered the most dangerous. All the authorities agree on this head ;— Morel, in his treatise on insanity, page 126, tells us : “The delirium of epileptics carries with it a special character. — Hallucinations of a terrifying nature, the radical transformation of the previous ideas and feelings of such patients, the character of their aggressive acts the instantaneous transports of rage which lead them off and render them so dangerous, distinguishes from all others this species of insanity, which presents itself to observation under a form of peculiar signification.

(2) Dr. Chatelain, — On the importance of asylums in the treatment of mental diseases, by Dr. Cramer, of Solure.



Economists, have fancied that this problem could be readily solved by separating the *curable* from the *incurable* cases. In support of their theory, they have urged that curable cases need less care and cost less, without taking into account that the expenses of asylums specially adapted for acute cases would increase by one half. They have gone further and have pretended that curable or acute cases were liable to suffer from the presence of incurable cases.

The practical trial made of this system by its most sincere partisans proved the falsity of this theory, and the majority among them have rallied around those distinguished men, who, with their experience of insanity, had enunciated opposite opinions. This problem is now, so far as they are concerned, finally solved.

In Canada, these questions are not very familiar; but, as in face of the continual increase in the number of insane, the country may be called upon to find means to provide for all, and as it may then meet with economists who, though small in number, nevertheless may be tempted to entertain the idea of separating chronic from acute cases, we, as experts in insanity, deem it our duty, as we have already said, to state our views on this question. They will find irrefutable arguments in the numerous citations which we bring forward in support of our statements.

Let us say a word on *incurability*, It will then be seen *whether we should establish separate asylums for curable and incurable patients.*

1st

Should the word "*Incurable*" be employed in the classification of patients suffering from mental alienation ?

" Not only is insanity curable in a great number of cases, answers Dr. Berthier ; but also it should not be called incurable no matter what its seriousness, its nature or its chronicity.

" In fact, there is no specialist, who has not himself, if his practice has been of sufficient duration, seen all kinds of insanity cured. The least favorable chances may have a good result, the most extended disorders may be remedied ; the deepest griefs may be consoled ; there is nothing, up to delirium, bound up with the wasting of the cerebral tissue, which has not, though rarely, found its remedy.

" Visit our hospitals and ask the nurses what they think of that dying creature who can neither walk, eat nor maintain his equilibrium ?.....Lost !—Question a Sister of Charity as to that woman who has lost her volition, has cast off all sense of shame, and lives indifferent to the past, present and future ?.....Lost !—Ask one of us concerning that madman, one, who for the past ten years has been afflicted, babbles to himself, hears chimerical noises ; or concerning that melancholy patient, who for several years has believed himself, to be condemned by the Almighty ?.....Lost !—However, those who thus answer have sufficient experience ; they are in good faith, they have facts which warrant a certain prognostic. Still, even such people are liable to error.

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“ I have assisted at unexpected recoveries, and several times pronounced a decided opinion on persons doomed to all appearance to certain death or to decrepitude, on persons who have recovered their health and regained their senses.

“ I have seen, what is nearly incredible, a young woman, reduced to a skeleton, who had fasted 40 days, and whose coffin had been prepared, carried off by her husband, bear the fatigues of a long voyage and eventually regain her health. I have seen a more elderly woman, to the last degree brutalized, unexpectedly throw away her crutches and rush down stairs, who could not for long time neither stand on her feet, nor dress or undress herself. So much for serious appearances.

“ Let us pass to the second degree of proof :

“ If there be a situation devoid of resources and which gives rise to despair, which defies our best efforts, it is assuredly *dementia* complicated by *paralysis* ; this moral childhood of the man, whose brain has become softened.

“ Well, consult the records of science, consult specialist authors, Messrs J. Pinel and Billod amongst others : The first will tell you that in the space of four years he observed three cases of decided cure. The latter cites a case which leaves no doubt whatever. Ferrus, whose authority cannot be questioned, relates an anecdote, now generally known, of a paralytic *gendarme*, who was cured, to the astonishment of all, by a copious suppuration. During the sitting of the 27th May, 1866, of the Medico-Psychological Society, Mr Delasiauve reported that a paralytic had been sufficiently cured so as to be able to fulfill the minute duties



of cashier of a store during six years. We had in the St. Georges' Asylum, a talented artist, who had been reduced to the third degree of this fearful degeneration, and who was discharged in a fair state of health. We have now in the Magdalen, an old maiden, who upon her admission, could neither make use of her hands nor feet and who now attends to her household duties, and goes out working with her companions.

“ Let us refer to other proofs.

“ When we open a treatise on the subject we become convinced of the truth contained in the aphorism—*the probability of cure is in inverse ratio to the first appearance of the disease*. Here are exceptions which prove the rule: Leuret (1) cites the cure of an ambitious monomania which had lasted for 10 years. According to the report of the Inspectors, at Bois-le-Duc, a man, who had been insane for 10 years, was cured after a violent fever; another, insane for 15 years, was cured by an unknown cause. Guislain (2) cites a case of melancholia with dumbness, which was cured after lasting 12 years. Brière de Boismont (3) states that a woman who had been affected for 12 years with chronic mania recovered her reason. Leuret (4) mentions several cases of monomania cured after 15 years standing. Guislain told his pupils of a cure of mania of 20 years' standing. Dr. Donkersloot states that, at Rotterdam, a man who had been insane for 21 years, was lately cured after an attack of cholera. Jacobi (5) notes a case of madness having been

(1) On the moral treatment of insanity XIII observations.

(2) Oral lectures on phrenopathy, 37 lectures.

(3) Medico psychological annals, 1851.

(4) On the moral treatment of insanity XXI and XXII lectures.

(5) Report of the Siegburg Asylum, 1846.

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cured after 20 years. Ferrus, (1) speaks of a fact of the same nature with the same happy result. Pinel (2) gives a case of complete cure of insanity after a treatment of 27 years. The physician of the Devon Asylum observed in 1851, a maniac who had recovered his reason after 20 years. Dr. Lisle (3) writes that the aunt of an artist, who had become insane through being present at her father's execution, was confined in an asylum, and suddenly recovered her reason at the end of 40 years. Finally, Brière de Boismont (4) states that a lady suffering for 12 years from chronic mania recovered her health, and that he was also witness of the cure of a person who had been insane for 52 years.

“ So much for time.

“ Are not these examples sufficient to prove that the word *incurable* should be erased from the vocabulary of medicine in so far as it treats of diseases of the mind.” (5)

To these facts we could add extracts from the writings of various authors, such as the Review of Dr. Cæsare Castiglioni on the hospitals for the insane in the Province of Milan, in which he states that insane patients of 10, 15, 20 and 26 years standing have been cured.

And again MARCÉ, *Treatise on Mental Diseases*, page 218.—GRIESINGER, *Treatise on Mental Diseases*, page 577, &c.

These different quotations show that every country

(1) Lectures on Chemistry at Bicêtre.

(2) Medico-philosophical treatise.

(3) Letters of 1856.

(4) Annals already quoted, 1850.

(5) Berthier, Errors and prejudices concerning insanity. Edition of 1863.

furnishes its own testimony. — Jacobi and Greisinger in Germany, Guislain in Belgium, Donkersloot in Holland, Cœsare Castiglioni in Italy, Devon in England; the others are French writers on insanity. The United States of America also have many distinguished writers on insanity, who all agree in the opinion as expressed by Dr. Kirkbride in the following passage respecting the attention and care due to this unfortunate class of so-called *incurables*.

“ Before entering on any general discussion of the matter under notice, I would once more protest against the use of the term “incurables.” There is no one wise enough to say, with absolute certainty, who among the insane are incurables. That can be decided by Omniscience alone. There is no fixed period when such a decree can justly be entered against the sufferers from insanity. Such a decision might often be serious in its results and could hardly fail to produce a sadly depressing influence on any one of common sensibility on being sent to an “institution for incurables.” Every one with large experience will easily recall cases in which perfect recoveries have taken place when least expected, long after all hope had been given up, not only after one year but after many years’ existence of the most discouraging symptoms.”

All these authorities, replete with conclusive facts and statistics, prove the correctness of our enquiry whether or not the word *incurable* should be employed to classify patients suffering from mental alienation ?

We do not pretend to deny that there are *incurables*: but man, with all his science, cannot point out who is incurable and with a dash of pen decide the ultimate fate of

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any of his fellowman. Intelligence is the greatest gift of the Almighty, and he, who is imbued therewith, owes to him who is bereft thereof all the help which he can possibly afford.

To dare to withhold it, would be to lie under a grave responsibility.

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2nd

*Should we establish separate asylums for curable patients and for those considered incurable?*

This question may be considered from the point of view of treatment as well as from that of economy; for these are the chief causes which should animate those interested in the welfare of these unfortunates, and all efforts in this direction should not exclusively spring from motives of economy; they should include both treatment and comfort. Further; economy should be only a secondary consideration, accessory to the treatment, on which, above all, true philanthropy and charity should concentrate.

1° Let us consider, if, in so far as treatment is concerned, the system and arguments of those, who pretend that the presence of incurables is detrimental to patients suffering from acute attacks, with whom they come in contact, can be maintained and promulgated.

We reiterate what we have already said in our former reports. (1)

The classification of mental diseases is arbitrary, and the study of its different causes is a subject always accompan-

(1) Report of the Inspectors of Prisons and Asylums for 1867-63, page 61.—(French text.)

ied with difficulty and sometimes with mistake. If diseases of the body present so frequently to the observer, who attempts to fathom them, impenetrable mysteries, how much deeper and more obscure must be those of the mind? We are only cognizant of the operations of the mind through their external manifestations, which exhibit themselves by means of organs easily susceptible of derangement, and the moral and physical causes of their aberrations are very many in number, and are often also as incapable of being grasped as the workings of the soul itself. The more delicate and perfect an instrument is the more sensitive and liable is it to derangement. And what mechanism, in the delicacy and variety of its functions, can be compared to that which manifests itself in the infinite and varied workings of the mind? If its functions are numerous, their causes of disturbance are equally so; they may be internal or external, moral or physical, and he would be indeed skillful, who could, with certainty, determine one from the other, define the action of each in particular, trace the limits of the sphere in which any ascertained cause acts and measure the extent of injury which it may occasion. The senses here are, in a measure, useless and disappear, for being diseased, they do not fulfil their proper functions, and the mind of the observer finds itself, so to speak, face to face with that of the sufferer. The mind of the former studies directly that of the latter, and, finding its alienations and delirium, deduces their character and gravity. Reason, however, is able to throw some light on this gloomy picture, and, through it, we are enabled to form opinions, which sometimes are never realized or entirely falsify our boasted foresight. It will thus be seen how extremely diffi-

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cult it is to reply to any question respecting the classification of lunatics. If some cases exhibit features so strongly marked, that we can, without imprudence, declare them to be incurable, such is far from being the fact in most instances; time is not always an infallible criterion, and cures have occurred in which lunatics, always imagined to be incurable, have recovered their reason after more than twenty years' insanity.

Our establishment affords several examples of cures effected after many years' illness. Every day the Alms-Houses of the United States restore to their families and to society patients held incurable by a law, which, if we do not mistake, declares them to be such after two years' unsuccessful treatment in an hospital. These slow cures occur at uncertain times, and, occasionally in a manner altogether unexpected. Not to take these facts into account, would be to lay ourselves open to deplorable mistakes.....

It is sometimes said that the presence of imbeciles and of incurable lunatics, among those susceptible of cure, is injurious to the latter. We are not aware of any grounds on which such a proposition can be based. It is certainly not proved by the experience of facts.

This question was submitted to discussion at a general meeting of the Medical Superintendents of Lunatic Asylums held at Philadelphia in 1868, and at which one of us was present. The meeting unanimously pronounced against the opinion. Nay more, all, who took part in the debate, held that the residence together of those suffering from acute mania, more or less noisy or violent, and of imbeciles, or of those whose disease had in process of time assumed a more moderate character, was desirable on many grounds ;



it was stated that the latter class from their disposition, in general, quiet, their calm demeanor or their indifference, kept down the excessive excitement of the former, and served as models which they unconsciously imitated.

The Quebec Asylum affords a striking example of the truth of this view.

Let us see what foreign writers say on the subject.

Dr. Bonnet, physician-in-chief of the Marseilles Lunatic Asylum, expresses himself as follows in regard to it :

“ The presence of the insane patient amongst others, far from being injurious as some have said, and as indicated by certain common prejudices, exerts a favorable influence, in that by his comparison of himself with others his intellect is aroused and his judgment strengthened. (1)

Dr. Marcé, associate professor of the Faculty of Medicine of Paris, physician of the Bicêtre Hospital, in his *Treatise on Mental Diseases*, plainly answers our question in language that cannot be misconstrued :

“ This separation, which exists, he says, in some parts of Germany, is justified, say its partisans, by the painful impression produced by *incurables* on the minds of convalescent patients, by the necessity of concentrating the physician's attention on cases susceptible of cure, and finally by the uselessness of submitting these patients to an often very expensive treatment. These motives are illusory and do not even justify the separation which has been proposed as a temporary measure. Nothing is more painful to families or to patients themselves than this certificate of incurability, which is apparent by a transfer to a special

(1) The Lunatic face to face with himself. Edition of 1866.

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hospital or to a ward in particular set apart for this purpose, and besides at what precise time can *incurability* be established? Are not the incurables themselves merely patients requiring daily attention and showing now and then periods of excitability in which their malady momentarily becomes acute? Far from being hurtful to the newly admitted, as is alleged, tranquil incurables give them on the contrary examples of order, discipline and obedience and their presence cannot entail any real inconvenience."

So much for France.

The editor of *Mental Science* in England, refuting an article in the *North British Review*, expresses the opinion that the ideas of the latter, in favor of the separation of chronic from acute cases, is erroneous, being based, he says, on the movements of the population of asylums, wherein the number of discharges and deaths is annually less than that of admissions. (1)

Griesinger himself says that an attempt had been made to separate the two categories: "it was asked, he says, if it was not possible to form a colony of insane patients in other localities similar to that of *Gheel*, so as to remedy the constant crowding up of the asylums; and this experiment had lately been tried in *England* and *Germany*; thus, it was proposed to transfer a certain number of insane patients, specially chosen, into the villages close to the Government asylums, so that they might be in a certain sense still connected with those establishments. The difficulties to be met with in carrying out this idea were studied and care-

(1) *Medico-psychological annals*, 1872. Vol. 1 page 133.

fully discussed by Mr. W. Jessen. They seem to him to be as yet insurmountable." (1)

We might also cite the Report of Dr. J. B. Tucke to the Medico-Psychological Association held at the Royal College of Edinburgh, 1869.

So much for *England* and *Germany*.

Let us now see what our neighbors say on the point :

The most celebrated physicians in the United States have, by numerous works and on many occasions, expressed their most decided opinion against such a separation.

The liberal spirit of the American people is well known, and we are aware that on such a question they all look at it from a scientific point of view, making economy, while respecting it, merely a secondary consideration in their discussions.

To reproduce here all their learned writings would take up too much space, and lead us to exceed the limits of our report. We will cite only a few :

Dr. Kirkbride thus enunciates his opinion on the subject :

" It is a good axiom that every case received into an hospital should be placed under treatment, and that the use of remedies should be steadily persevered in. Some kind of treatment should never be given up ; if not to restore the patient, it should at least be to prevent a lower mental and physical condition ; medicine should be given whenever there is any indication for its use, and very often there is, even in the most chronic cases, but medicine is only one of a long list of means at our command. The other remedies, of a most varied character, which ought always to be found

(1) *L'aliéné devant lui-même*, page 587.

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about an hospital for the insane, are, many of them, of a kind that no patient should be deprived of. Important as these are, for recent cases, their influence on the chronic is also almost uniformly favorable. The absence of many of these accessory means, as is generally the case in separate establishments for the insane, is the strongest objection to the introduction of such institutions."

Dr. E. T. Wilkins, appointed by the Governor of the State of California, to enquire into the best means of preventing the crowding up of asylums, visited for this purpose, 149 asylums, of which 45 were in the United States, 24 in England, 15 in Italy, 13 in France, 11 in Germany, 10 in Scotland, 8 in Belgium, 7 in Austria, 7 in Ireland, 3 in Bavaria, 3 in Holland, 2 in Switzerland, 1 in Canada, and submitted a report in which he stated that of all the specialists he had encountered, a certain number (few in number, however) preferred the system of total separation of both classes, but, with the exception of Germany, 95 per cent of those he met were convinced of the contrary. Also in alluding to the separation of chronic from acute cases, he concludes his report as follows :

" It is pretended that all such institutions are more liable to degenerate into negligence, inattention, and decay ; that they are cruel to the patients who are thereby told of their hopeless condition and must therefore spend the rest of their days within asylum walls ; that, instead of being a disadvantage to the more recent and curable cases, the reverse of this is actually the case ; that, by their habits of obedience and order, others submitted more readily and cheerfully to the rules and requirements of the institution, and that by their example and willingness

to labor and to take part in other occupations and amusements, the acute cases more readily joined in necessary and healthful pursuits. Candor compels us to say that our observations of the results of the two systems force us to the conclusion that separation is wrong in principle and detrimental to the best interests of the insane.

.....With regard to the results of the treatment, the facts elicited are altogether in favor of non-separation; the percentage of cures being less and that of deaths greater in those countries where the system of separation is most generally pursued."

We might add the testimony of Drs. Harlow, Brigham, Ray, Earle, Taylor and others who have so ably written on this subject; but we consider the authorities already cited sufficient to prove that the presence of chronic cases is in no way injurious as regards the treatment of acute cases.

This treatment is even necessary to them; and to deprive them of it might seriously compromise, in a number of cases, their chances of recovery.

It is therefore in deference, both to the dictates of science and the calls of humanity, that this unfortunate class should not be separated. Even if we could hesitate before this positive decision of science, how then notwithstanding this could we endeavor to do so in the face of our duty to humanity? It suffices, in fact, to review the lives of these unfortunates, to compare their past with their present, to feel grieved for their future. It is by calculating the extent of their misfortune that we understand the obligation we lie under to them of rendering them relief.

For ourselves, who understand these unfortunates, we

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cannot find expressions sufficiently strong to indicate our feelings on the subject. Dr. Read, of the Western Pennsylvania Hospital, in the United States, spoke to us on the subject of these miseries and the language employed by him to depict them, made a warm appeal to our deepest sympathy towards these unfortunates. We owe it to him to make the following extract from his report of 1871 :

“ I do not desire to be understood as advising the return of the chronic insane from the hospital to poor houses, jails or other obscure abodes. By no fault of theirs have they passed the probable stage of cure ; and although, neglected in their hour of need by those whose duty it was to provide relief, they are entitled to the same food and kind care, with all that will ameliorate their condition and brighten their existence, as are the most recent cases. On no principle of justice or humanity can any individual of the State be excluded from the benefits of the institution which he has contributed to establish, when, through sickness or misfortune, he requires its care, nor should he, when incurable, be subjected, through a niggardly parsimony, to cheaper or more meagre food.

“ .....Among the chronic insane, are many without friends, kindred or sympathy, who have come to the Hospital to find a kindly resting-place on their way to the grave. Some of them, notwithstanding their physical infirmities and their age, have outlived relatives and friends ; others, having been defeated in life's hard struggle, or, incapable of the contest, have yielded to the influence of their evil star,” and found their only refuge and friends in the asylum ; many of them, no doubt good and virtuous, having



made their peace with their Maker, with their moral accountability ended, are awaiting that close of life which will be to them the dawning of a better existence.

“ I can never think of this class of insane without the deepest sympathy. Many of them were formerly of good mind and clear head. There was a time when they sustained the holy relation of father, mother, husband, wife, sister, brother, child, to a beloved household, and rejoiced in the happiness it imparted; there was a time when they were strong, in the vigor of a robust frame; when the active intellect laughed at the thought of imbecility, and rejoiced in the exercise of its healthy powers; there was a time when that poor maniac was a wife and mother and found, in the tranquil scenes of domestic life, the fullness of peace and contentment; when that raving madman was an accomplished scholar, an eloquent pleader, a sagacious jurist, and an ornament of the society in which he moved; when that desponding lypemaniac was animated with hope and noble ambition to distinguish himself in the service of humanity; when that fierce demoniac was an humble minister of Christ, the delight of weeping and listening audiences; when that poor demented one, sitting on the ground, and anon throwing up pebbles and catching them as they fall, was a statesman of towering intellect, whose eloquence thrilled the souls of men and held them spell-bound.

“ .....But how changed the scene! Their bright and splendid hopes have all perished, and their sun has gone down while it is yet day and sunk in darkness, leaving them to wander darkly through the strange night of delirium.

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(1) Dr. Rea  
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".....To some of these, the asylum has opened its friendly doors, and, I trust, will never close them....."

"That the benevolence of the people will ever be satisfied with secondary asylums for the chronic insane, or the gathering of incurables into hideous abodes for the purpose of keeping them economically, I do not believe. Among those supposed incurable are some, who, after years of apparent hopelessness, may recover; and no one but Omniscience can determine when all hope is gone. For this reason, if for no other, they are entitled to all the advantages of residence in an asylum where the prevailing object is their restoration. In no instance has it been otherwise than that the asylums for the chronic and incurable insane degenerate from day to day until they become, as has been forcibly, if not beautifully, expressed, "hells on earth," receptacles in which are concealed from public observation the broken monuments of a commonwealth's inhumanity.

"The means of cure were not provided for them in season, and it is due to them that they shall not only be supported for their life-time, but that their sufferings shall be ameliorated by every means humanity can suggest. It is a duty from which there is no escape and the sooner that ample provision is made for all the insane, whether curable or not, the sooner will the burden cease to accumulate." (1)

2° Let us now examine both these systems from the stand-point of economy :

"It is never economical to do wrong. The cheapest institution, even if its expenses be large, is that which carries out most efficiently the objects for which it was

(1) Dr. Read, Annual Report of the Western Pennsylvania Hospital, 1871.

established—the restoration and comfort of its patients, the relief of the families of the afflicted, and the protection of the community; while an establishment which fails in these respects is a costly one, even if it takes not a single dollar from the pocket of any one, nor from the public coffers.”

Economists have fancied that profit might be derived from the labor of incurable lunatics, and, carried away by their imaginations, have endeavored to prove that such institutions might be rendered, if not wholly, at least partly, self-sustaining through the labor of their inmates. They have forgotten one thing, which is, that a lunatic is merely a machine out of order and one which can no longer be of service. The lamp of his intelligence has gone out, and if there are some among them who are still able to perform certain kinds of work, which they do mechanically like automata, others obstinately refuse to exert themselves. (1)

The majority of the inmates are, for the most part, incapable of continued application and unfit for serious labor, and those, who can be employed, demand the attention of overseers, whose work elsewhere would be more advantageous as far as profit is concerned. Some, it is true, may be employed close to the house; but here again the work that they do is oftentimes unremunerative; for, not being able always to depend on their favorable dispositions, paid-servants must be ever kept on hand to do such work. It is sometimes imprudent, even, to place in an insane patient's hands tools with which he might hurt others; for we cannot depend for one moment upon him;

(1) Report of the Quebec Asylum.—1871.

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an idea may strike him, and he immediately executes it regardless of the consequences.

The work performed by insane patients is, generally speaking, not remunerative, and if we endeavor to make them work, it is because it is a hygienic measure most useful in preserving their bodily health and in dissipating the fantastic ideas which fill their minds.

If then we must look for a pretended economy in the support of an asylum for incurables, it is certainly not, according to our opinion, to be found in the labor of the patients, unless we force them to work and treat them as convicts, from whom the law exacts *hard labor* as the expiation of a crime committed. It is with some defiance, as well as good sense, that in one of his splendid reports, Dr. Kirkbride reproaches, before hand as it seems, a practice which would be the necessary result of this idea of economists. "In what way, then are these institutions for the chronic insane to be carried on at smaller cost, says he, except by taking advantage of the infirmities of the patients, and getting from them an amount of labor for which their mental and physical condition, often, disqualifies them? Certainly this class of unfortunates appeals to the best instincts of our nature, and we should shield ourselves from even the appearance of a wrong towards them."

Dr. Bonnet, in his treatise *L'aliéné devant lui-même*, after discussing the question of insane labor at length, brings us back to reason when he reminds us that the lunatic is not a laborer, but a sick man.

"We ought to remember, he says, that an asylum is an establishment where patients are under treatment, and not a place of confinement, and the managers should take care

never to forget that those under their care are such patients, who cannot always be cured, but whose condition can always be improved, if they are treated with zeal and intelligence."

Another reason makes this system inapplicable, especially for Canada.

Here, where the Government pays for both acute and chronic cases, their separation, far from being economical, would even increase the expenditure. By separating them, the State would perhaps pay a little less for the one, that is to say, for chronic cases; but it would require a larger expenditure for the maintenance of acute cases; for we too easily forget that the care and keeping of these latter would be doubled, unless mechanical restraint should be resorted to and tolerated on a large scale, as well as cells, straight-jackets and other methods of restraint equally to be condemned. The number of keepers would equal the number of patients.

A family is often obliged, for its own safety, to restrict the free movements of a patient, and, not being able at all times to watch over him, is sometimes, not to say always; obliged to confine and even to tie him. This restraint causes irritation, and only increases the disease, so much so that the patients arrive here, violent and furious, tied up, &c.,..... In the asylum these unfortunates enjoy apparently liberty of action; they can come and go without being molested, and no violent measures are adopted to dissipate their illusions.

We have, it is true, more keepers at our disposal than a

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private family could support. But what is it that allows us, without having as many keepers as patients, to be able to make use of such judicious treatment ?..... It is precisely the presence of incurable cases, and especially of these imbeciles who are in the establishment, like so many vigilant eyes, ready to call attention to or assist in preventing a patient, who, when violent, might commit some injury. They take for us the places of so many keepers and their presence is a source of economy in the number of these latter, whom we cannot obtain to-day but at an exorbitant salary.

Thus, the question admits of no doubt, and the Government itself, if it even were disposed to triple the present expenditure, will understand that the sentiment of humanity, which should be its chief guide, is a sufficient reason to dissuade it from separating chronic from acute cases. It would then be only following the programme traced out by our neighbors, which is to be found in the two following resolutions :

1° *To provide in a liberal and suitable manner for insane patients.*

2° *Not to place curable and those considered incurable in separate establishments.*

We could further add, in support of what we have now advanced, the undoubted testimony of many distinguished writers upon insanity. We select out of this number the following quotations :

Dr. Nichols, in his lecture, in 1867, at Philadelphia, before the Association, of which he is now President, clearly expresses himself on this subject as follows :

“ I am aware that it is asserted that the chronic insane can



be properly supported by themselves at less cost than they can be in first class institutions, but I have not at any time, from any source, read or heard what appears to me to be the shadow of an argument to support the assertion. I shall not repeat the arguments that support the views sustained by the Association on this point, because they do not appear to me to have been refuted. They are founded upon experience and I think they cannot be refuted. I am in favor of large institutions in which the usual proportions of chronic and incurable insane in a particular community are treated, because reason and experience both teach that the demands of an enlightened Christian philanthropy, in favor of both classes, can be fully met, at less cost per individual, in large than in small collections of the insane."

Finally, the following from the pen of the well known writer, Dr. I. Ray, appears to contain a summary of what we have stated upon the subject of incurability from an economical point of view. The ideas, enunciated at length in these pages, are the result of a most careful study of this question and at the same time agree with convictions already expressed by men of science.

"The value of labor, both as a remedial and a financial measure, in the care of the insane, has been so strongly insisted on of late as to have become a controlling element in the solution of a most difficult practical question.

"In an hospital like this, receiving all sorts and conditions of men, from the town-pauper up to the millionaire, many of them unaccustomed to labor, and many more whose mental affection is coupled with serious bodily ailments, such as epilepsy, paralysis, extreme depression of the vital powers, not much labor could be reasonably expected. A

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steady systematic management, however, which puts every one to work who is able and willing, and keeps them employed for the longest period compatible with their own welfare, may, even under such circumstances, lead to significant results. The institution has always embraced among its inmates a small number who, under the care of the farmer and gardener, go out regularly to labor on the land. Their working day, at the longest, never exceeds eight hours. In the winter, of course, out-of-door work is often prevented altogether, though, at such times, a little employment is usually found under cover. These persons, for the most part, are incurable, but have the strength and disposition to engage in the coarser labors of husbandry, and require comparatively little oversight.

“In every hospital there are also some who might possibly work, but who, for one reason or another, do not join the regular working party. Some have hardly strength enough to remain out so long; some are so sluggish and abstracted as to require incessant direction and encouragement; some are unduly excited by the scenes of out-door labor when protracted beyond a very limited period; some are so determined on eloping that they cannot be trusted without unusual precaution.

“The labor, of whatever kind, is always voluntary, but in cases where the welfare of the patient strongly required it, we have used all our powers of persuasion, when necessary, to overcome that inertness which is so characteristic of a large proportion of the insane.

“It has been proposed to provide for the incurable insane, in a class of establishments more cheaply built and more cheaply managed than the hospital proper. For the idea is,

that the mere custody of the insane, even supposing it to be humane and judicious, requires a much smaller outlay than that which is subsidiary to the higher object of recovery and restoration. The outlay for drugs and medicines must, certainly, be less; riding, driving, and long walks abroad, pictures, billiard-tables and bowling alleys, may be dispensed with; but the saving thus made will be but a small percentage of the whole cost. On a close examination, it will appear, I think, that the difference which can be made in the expense of the instrumentalities for obtaining the two different objects—the cure, and proper custody of the insane—is but trifling. The essential requisites must be the same in both. To maintain the proper degree of cleanliness, both of the patients and of the house, must cost about alike in both, and the same may be said of the warming and ventilation. The highest hygienic condition of the patients will admit of no difference in these important points, and the public sentiment would not, and should not, tolerate any. A proper regard for safety and good order would forbid much, if any, reduction in the amount of attendance, which is already too low in most of our State hospitals, if we regard the rule on this subject put forth, a few years since, by the Association of Superintendents. Officers, intelligent, discreet and skilful, would be no less requisite, to understand and meet the varying humors of the disordered mind, to give an elevated tone to the service, and thus prevent improper practices and a general style of management most conducive to the highest welfare of the patient. The buildings could not be much less costly than those now in use, in which many an important consideration has been sacrificed to economy, and the ultimate cost less thought of than the present.

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“The force of these objections must have been felt, in some degree at least, for in all the plans for separate establishments recently proposed, it is designed to make the labor of the patients defray, wholly or partly, the cost of their support. This idea of making the patients support themselves by their labor, is not, however, a new one. As disease of the mind does not necessarily impair the bodily health, the belief has been readily entertained that the insane can and ought to work, very nearly, if not quite, as long and as hard as the sane. The fact here stated is beyond a question, but the fallacy of the reasoning consists in regarding a few instances as proof of a general truth; for it is also a fact that, for the most part, the bodily condition of the insane is much below the normal standard. Taking all the circumstances into account, it will be found, I apprehend, that their labor cannot be so remunerative as is here supposed.

“In the first place, insanity is accompanied by physical enervation in some form or other. Mental excitement may mask it for a season, and even deceive one with the look of unusual vigor, but, sooner or later, it will be obvious enough to the practised eye. Now, setting aside the epileptic and the paralytic—and they constitute a large portion of the incurable insane—who are incapacitated for anything deserving the name of labor, we shall find many other conditions, bodily and mental, having a similar effect, though in a less degree. There are some whose physical condition is marked by decay and debility, All the spring and elasticity of the vital powers have departed, and they have neither the heart nor the power to work to any purpose. Some are in the last stage of dementia, signalized

by loss of memory, of discretion, of knowledge, and of the power of attention. Tools may be placed in their hands, and they may, for a moment, under the close supervision of an attendant, go through certain forms of labor, but they accomplish little or nothing. Again, many of those who do the most, at times, are liable to seasons of excitement, which, for days or weeks together, may deprive them of all power of application. The man, who is calm to-day, carefully and thoughtfully pursuing his task, may be restless, if not noisy and boisterous, to-morrow, ready to work, perhaps, but spoiling whatever he touches. And thus it is that the number of those who get out to their work and pursue it efficiently, day after day, must necessarily be not a very large proportion of the whole.

“In connection with the financial result, it is also to be considered that the labor of the insane is performed under disadvantages that seriously affect its profits. Very many are capable of only the simplest kind of labor, and as this is agricultural, for the most part, it is almost entirely interrupted during the winter. Like all simple labor, too,

is the least remunerative. True, some crafts are usually represented among the patients, but to pursue them profitably amid the circumstances of an hospital, is clearly impossible. Here and there a patient not much diseased, and, by nature, somewhat independent of circumstances, will, in spite of all difficulties, accomplish something worth having, in his particular calling. With a few tools, one will do good service by making over mattresses; another, by repairing shoes; another, by making clothing; another, by mending the furniture. All these things are serviceable to the institution, and so far help to pay its way, but to an

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extent scarcely perceptible in the annual aggregate of expenses. To be profitable, skilled labor must be pursued in suitable shops furnished with all the requisite tools, and aided by every advantage which the progress of improvement has procured. The kind of work must be exactly adapted to the wants of the market, and the easiest and freest intercourse must exist between employers and employed. It being impossible, therefore, for every patient to work at his own special craft, the practice is, where skilled labor is used, to select but a few crafts to which to employ the patients, the greater part of whom must necessarily be learners in the art to which they are put. This implies an instructor, whose wages will absorb a large share of the earnings, and it also implies, to some extent, the spoiling of materials and the breaking of tools.

“It must be considered that such a kind of labor lacks that stimulus which proceeds from personal responsibility and a pecuniary interest. This alone may make all the difference between a gaining and a losing operation. When a man does precisely what he is told to do,—no more and no less— with no care for the future, and no interest in the result, working, in fact, like a mere automaton, he obtains a return from his labors, very different from that obtained by him who perfectly understands what he is about, and is actuated by the hope of gain, or some other desirable end beyond that of mere occupation. This defect constitutes one of the great drawbacks in the efficiency of the labor of the insane and no device of ingenuity can prevent it.

“The force of these considerations has been abundantly shown, I think, by actual experiment in the present institutions. Nearly thirty years ago, Dr. Woodward prepared



a work-shop in the Worcester hospital for shoe-making, regarding that craft as more likely than any other to be remunerative, and, though the account showed a small profit, it was quite too small to be regarded as a financial success. About the same time, Dr. Bell, of the McLean Asylum, provided similar arrangements for making candle boxes, with much the same result. Two or three years ago, Dr. Prince, of the Northampton hospital, desirous of giving the experiment the fairest possible trial, pitched upon basket-making as that which furnished, in the highest degree the elements of success; the materials were cheap, the tools few and simple, the art was easily learned, and required but little strain on either the mental or bodily powers. Even under these favorable circumstances, the result was no better. "Pecuniarily," says the Report, "it was a total failure. There was no money made, but there was not much lost." There were other consequences of this experiment—a fair specimen, no doubt, of what may be reasonably expected from the employment of the insane in skilled labor—that ought not to be left out of the account. An overseer was discharged for abusing a patient, one patient eloped, and one threatened another with a knife.

"Labor is universally recognized as an indispensable means for promoting recovery, and is actually used, more or less, in the present institutions; and not merely for this purpose, but for that of furnishing occupation to the incurables.

"Many a patient, who would be greatly improved by occupation, obstinately persists in moving about in utter indolence and vacuity; and in such cases we may well deplore the necessity of abstaining from the only effectual means for changing their disposition. The patient, though bred

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to work, is not slow to tell us that he did not come to the hospital to work; or that if he can be paid for his labor, he is willing to take hold, but not otherwise. The effect of this spirit is especially manifested in that class of patients who are too indolent and listless to work, without some stronger provocative than the mere love of it can furnish.

“ But if such a separation be made solely for economical purposes, I need only say, that this object will be either completely defeated or obtained at the expense of humanity and propriety. Until, therefore, it appears that the maintenance of all the incurably insane in regular hospitals is clearly beyond the means of people—to be achieved, in short, at the expense of some greater interest—we have no right to feel that the line of our duty to these unfortunates lies only in providing for them by some inexpensive method, when it shall be discovered.”

Thus, as we must be convinced by these few observations; it is sufficient to seriously study this subject to be aware how far the idea of these economists, well meaning no doubt, but wanting in theory, are false and erroneous, and especially how insufficient the application of their system would be to meet the requirements of this country.

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## TREATMENT.

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The interest manifested in the condition of the insane induces us to speak specially of the physical and moral treatment they required and of the means employed in our establishment to render such treatment efficient.

The science of medicine, as far as diseases of the mind are concerned, is essentially expectant, and the success of the treatment is nearly always difficult to obtain, as there is no therapeutic agent, of which we can say with certainty that it will succeed in any given case. We try an experiment, we watch the effect of a certain medicine and sometimes we hope for a result which deceives our expectations. We can never hope for those speedy and surprising results which we obtain in all other diseases by scientific treatment.

The means at the disposal of physicians who treat insanity, are numerous and diversified; but no one acts as a specific. Each patient demands separate study and special treatment, so as to place him within the conditions recognized by experience as the most favorable to his recovery. Very often, a certain method of treatment which has proved favorable in one case has no effect whatever in another, whose symptoms and constitutions however seem to be identically the same.

Thus the physician should be able to follow the patient from his admission into the asylum to his discharge, care-

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fully and strictly observe the progress of the disease, and watch the slightest indication so as to be able to place him in the most favorable condition to be acted upon by therapeutic agents. All success depends upon this attention and the choice of a favorable opportunity.

The patient must then be submitted to regular treatment by, first, removing him from everything that has a tendency to promote irascibility, by restraining him within bounds, by examples of mildness and obedience, and finally by employing the best means to preserve his physical strength and to dispel the delirious ideas which always are engendered from a life of idleness. Such is the true end to which all efforts should be directed, if we wish the treatment to succeed, and we will more assuredly attain this end through *isolation, manual exercise and amusements*. It will suffice here to enumerate some of these conditions to be convinced that it is very difficult, if not impossible, to find all these conditions united anywhere but in a well organized asylum.

**Isolation.**—Isolation is the first thing to be done with mental diseases. "To send an insane patient to an asylum, is not to imprison him or to remove him from outside influences. An asylum is a second home, better adapted and containing all necessary hygienic influences."

Experience every day shows the good effects produced by isolation in an asylum. The impression made by his removal and transfer to an establishment of the kind, has the effect of interrupting and changing the direction of his

ideas. This change upsets his habits and method of living. He finds himself placed among strangers, whose presence gradually causes him to lose the knowledge of his strength and of the force which he formerly exercised without control over his surroundings, and thus predisposes him to follow the wise counsels given him.

Order is one of the results of isolation, as also a necessary remedy for the patient. In insanity, ideas are confused, desires are vague, actions contradictory and the patient to be cured, must come out, as it were, from this chaos, this confusion. Nature alone seems to guide him, and its evil inspirations must be silenced; but as he cannot act for himself he must submit to the better influence of discipline, at the same time wise, mild and firm; and it is only in an asylum that this salutary means of cure can be had. It is then especially that the presence of chronic cases is a most powerful example to this unfortunate person, so that unwillingly even, it causes him to resign his own will and curb his violent inclinations. Placed in the middle of all these strangers, seeing them voluntarily and ostensibly submitted to a rule new to him, he seems to appreciate the necessity of his imitating them; to brighten up when he sees them at play, to be silent when they are silent, to kneel as they do when at prayer, in a word to walk, eat and sleep as and when they do so. It is thus that gradually, under the influence of this mild discipline, he leads a new life, more calm and quiet and endeavors to install into all his actions ideas of order which he does not exactly understand at the time; but which nevertheless is a favorable moral agent.

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dence in the asylum make a marked change, and some patients up to that time most difficult to manage and considered very dangerous became quite peaceable as soon as they find the restraint, deemed necessary before they were sent there, discontinued. This transfer is favorable to the rapid convalescence of the patient: and it is then that the examples before him in the asylum, lead him to reflect on his condition by comparing it with his companions whose looks of abject misery powerfully induces him to have more command over himself, and to conduct himself with more discretion, thus facilitating his cure; thus it is now an avowed fact that the majority of those cured bless the day of their admission to the asylum and the advantages there secured, of which isolation is the chief.

All specialists on questions of insanity agree upon the necessity of isolation, all have allowed to this branch of treatment the importance which it deserves and their writings are so many testimonials which we might bring forward to support our remarks. Two quotations will be sufficient to show the views held by the different authors on this subject.

We take first from Marcé who, in his treaty on diseases of the mind, (page 177), says:

“The isolation of an insane patient, and by this we mean his detention in an establishment specially intended for the purpose, apart from his family, is an absolutely necessary condition, without which, in the great majority of cases, no treatment can be undertaken with any chance of success.

“An insane patient who lives with his family very soon take an aversion to those who surround him, every circum-



stance of private life becomes a source of anxiety and excitement to him ; the sight of his home, of his children and of his nearest relations, excite his delirious notions and becomes a constant cause of their increase. If his extraordinary notions are opposed, and if he is compelled to submit to treatment, he rebels against these orders and restraints ; and knowing that he is master in his own house, his anger is increased and he violently resists the curbes of those who oppose his desires. On the contrary, if this patient is sent to a strange place, amongst strange faces ; the sight of new objects, the change and the surprise direct favorably his attention and break the chain of delirious ideas, his business and domestic concerns are removed and obliterated from his mind ; before strangers the patient endeavours to restrain himself and accepts though unwillingly the advice and orders which, had they been given by his relations, would have given rise to serious disturbance.

“ Experience, every day, shows that relief immediately is offered to patients on their isolation ; they themselves sometimes admit it, being themselves conscious of the mischief they accomplish and the painful impression caused by the sight of their near and dear relatives ; this impression is no doubt soon obliterated and is replaced by ennui, but ennui awakens softening emotions, and induces patients to reflect on their condition, and to regard it with more composure, and makes them pay more attention to the advice given them ; and those who, when with their family were the most ungovernable, being thus deprived of their former companionship and removed from the external world soon become docile and tractable.

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viduals regard as hurtful and injurious, on the contrary greatly contributes to this salutary influence of isolation. If the insane are not conscious of their own condition, the majority however easily become cognizant of the mental condition of those who surround them, and the similarity of these delirious ideas with those of their companions in misfortune leads them to think on their own condition. Let us add that the general rule is, that habits which are common to any people necessarily compel new comers uncounciously to follow the general current, and submit gradually their diseased will to that of the attending physician. Finally, in an assemblage of such persons, the convalescents encourage the others, and the sight of those who have become cured and returned home gives confidence to all, especially when an intelligent system of moral treatment demonstrates, to the most obstinate, facts having a tendency to raise their courage and change the current of their ideas.

“ Isolation and living together in common are two conditions which have a most powerful influence on the moral condition of the insane, and which alone render purely therapeutic means of any avail. Let us add that the security of the patient and the safety of society imperatively demand, in many cases, the prompt isolation of the insane in an establishment specially adapted for the purpose.

“ A patient has suicidal ideas. Whatever may be the devotion of his relatives, it is impossible that sufficient care be taken of him, if he lives at home, in the almost free enjoyment of his personal liberty, to prevent him from escaping the watchfulness of those who surround him. An asylum built with all the necessary requisites, having experienced keepers, with constant watchfulness, can alone afford any

security. One bears malice against some members of his family, threatens them, has homicidal ideas, and endeavors to set fire to the premises. Another is a violently excited lunatic, who shouts out, voceferates, breaks everything within reach, and nothing can stay his rage. Common safety, the safety even of the patients themselves, imperatively demands that they be removed from society which, while affording them every care and comfort, has a right to protect itself. The same may be said of prodigals who in a few days would spend even their children's fortune, if they were not arrested in their mad prodigality.

“ A physician generally meets with very strong opposition on the part of the family when he advises isolation. He is obliged to prominently bring forward the impossibility of the patients recovering if kept at home and the accidents which may arise ; they hesitate, they temporize, are afraid of irritating the patient, and of being afterwards blamed and hated by him, and in face of the painful idea of separation they allow themselves to be governed by an affection, natural no doubt, but very ill-considered. Families in good circumstances and whose relations are wide spread have in horror the scandal of sending one of their members to an asylum, as if the extravagancies of an insane patient when at home, when enjoying a quasi-liberty would not very soon draw public notice and give public notoriety to a fact whose existence they in vain endeavor to conceal. The physician should earnestly combat every objection, in urgent cases should give his decision with authority, which too often is given too late after long discussion and ineffectual attempts to treat the patient's insanity, during which time

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his mental condition becomes worse and, which is more serious, he loses frequently chances of eventual cure." (1)

The second extract is from the celebrated Guislain, professor at the University of Gand, who in one of his oral lectures thus speaks of the influence of isolation :

" I do not think that I err in saying that out of 100 cures that take place, there are at least 88, which, nature and other means assisting, may be attributed to the influence of isolation, or, to speak more plainly, the influence of confinement, of imprisonment.

" The deprivation of liberty is the most efficient means of overcoming insanity.

" No medical agent equals it in power.

" It is entirely a moral agent, a medicine that has neither color, taste, weight or magnitude, which is neither applied inwardly and outwardly, which is felt, but not by the senses of relation.

" This action makes the individual reflect on his own condition.

" He is under the influence of a restraint which is felt by him.

" He labors under a deep and painful impression which acts on the prisoner and moves him deeply.

" It reacts on his will, the return of which to its former power it seems to favor.

" Under the influence of isolation, a patient loses his activity, his petulance, his expansion.

" This action operates on his reason, provokes reflection and develops his sagacity.

(1) Marcé, *Treatise on Mental Diseases*, page 177.

“ Its effects may be manifested either rapidly or slowly, but what specially appertains to it, is that it is permanent, and acts both by night and by day. It is a therapeutic measure which increases in strength through lapse of time.

“ It is nurrished by a series of painful sensations, &c.” (1)

The Province will, no doubt, in proportion to its great resources, favor a system of treatment which is so advantageous to the insane and the practical application of which is left to its immediate action.

**Manual labor.**—Manual labor methodically prescribed, is one of the necessary and almost indispensable conditions for the efficient treatment in a large majority of cases. It fortifies the physical organisation of the patient and largely contributes to the maintenance of order and the preservation of the morals of the patient.

This question of labor has been discussed at great length; but experience has overcome the objections received and to-day it is no longer an open question. Its advantages are in our days highly exalted and every asylum seeks to increase its field of labor.

In fact nothing is better adapted to entertain the wanderings of the mind, the effervescence of the imagination, to increase the conceptions of delirious ideas and cause physical debility of the constitution than a life passed in idleness. On the contrary constant activity necessitates the constant movement of the body which tends to preserve the physical strength enjoyed by him, and this labor more-

(1) Oral lectures on Phrenopathy, page 95, Vol. III.

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over, increases the natural appetite and when at the end of the day the patient returns to his cell he enjoys calm and refreshing sleep. His moral being constantly occupied by his work is withdrawn from all nervous tendencies.

“ Work, says Perchappe, is, in lunatic asylums as in all communities, a condition essential to the maintenance of order and the preservation of morals. The welfare of the patients is no less than of other individuals, consequent upon the duty of work, considered either as a hygienic means for the preservation of health or as a moral means for appeasing the passions by banishing sorrow and ennui.” (1)

Work, however, to be salutary to the patient, must only be imposed according to the sex, taste, dispositions, education, strength of the patient, the temperature of the weather, and it is for the physician to judge what kind of work is best adapted to each patient.

We have devoted all our attention into this study so as to determine the reasonable limits which should be observed in the apportionment of labor to each. These labors should be numerous and various, and it is only in a well organized asylum that such variety can be had.

In our establishment every patient deemed capable of working, is compelled to take a share of the work, most adapted to him. Some of the men are employed in the various workshops of the institution; others, and the greater majority, work in the fields, and this later work is suitable for those who are favorably influenced by the aspect of nature.

This daily and continued out door exercise interests all and

(1) *Medico psychological annals*, 1848, page 396.



conducts to their liking their works, which they perform while apparently enjoying their freedom. As to the women, their habits are more sedentary. A great many are employed in the halls and terraces sewing and knitting ; some do the working and mangling for the establishment ; whilst others attend to the house work. Many attend to the garden ; but all under the strict guardianship of keepers whose orders they obey.

So as to provide this variety of employments it is necessary that an institution of the kind should be provided with a large farm. The importance of a farm being attached to an asylum is not only an admitted fact, but it is practically carried out in a large number of establishments for the relief of the insane, both in Europe and in Canada. It would take too much space to enumerate all the establishments having farms attached ; however, we may mention the Clermont Asylum in France as a model of this kind.

Our institution owns a farm of 250 acres, and the advantages every day afforded by it, as a necessary means of treatment, induces us more and more to appreciate its value.

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The following table gives an approximate idea of the patients employed in the various kinds of labor just mentioned.

OCCUPATION.

AVERAGE WORK OF THE PATIENTS DURING THE YEAR 1872-73.			
Occupation.	M.	W.	Total.
Furniture.....	66	59	125
Gardening and farming.....	56	5	61
Sewing and knitting.....		58	58
Workshops.....	14		14
Wash house and laundry.....	2	15	17
Cooking.....	6	5	11
Totals .....	144	142	286

All our patients, as shown by this table, are not obliged to assist in manual labor; work is not suited to all patients, especially to maniacs. It is rarely efficacious at the commencement of the disease and it is even not always suited to ascensional phase of the disease, for it would incur a risk of increasing the agitation. Violent exertion must at all events be altogether avoided, and would occasion more harm than good, and we use it only when the disease has passed its acute stage and threatens to become chronic and result in dementia.

People have asked if this treatment has not for its object speculative views.....

To this unfounded charge we answer, that speculation cannot be the motive unless the profits of the labor would cause a marked decrease in the cost of the maintenance of the patients. For it is barely possible to organize an asylum of labor, adapted to make the work performed by the insane remunerative and those who are inclined to favor these views will find arguments sufficient to answer them of the contrary by reading the observations made on this head, when alluding to the maintenance of special institutions for so called incurables. (See Summary, page 58.)

**Amusements.**—Amusements occupy an important place in the treatment and are considered as indispensable. In the midst of distractions and pleasure, the mind amuses itself and the patient forgets his gloomy and melancholy thoughts.

All patients, however, cannot indiscriminately be allowed to take part in play and recreation. And those even who are allowed ought to have amusements suitable to their condition. It is the duty of the attending physician to study their character and to decide on the recreation suitable for each. Some require great amusements, such as walking, reading, looking at pictures, others require noisy amusements,—such as music and dancing;—whilst others, having enjoyed during the day the quietness of rural life to prefer, rather than to amuse themselves to sleep quietly in their silent cells.

Our patients have also their holidays, as well as their days for labor. They have a ball room in which they meet weekly, a theatre to which they go to see dramatic repre-

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sentations suitable to their condition, and the display of *tableaux vivants* provided by their keepers, to which some times some of them give their assistance. We are happy to recognize here the continued exertions of Mr. and Mrs. Vincelette, who evince great taste in the variety and suitableness of these selections in this matter, which is under their management. At other times our patients meet together to listen to familiar speeches, oftentimes accompanied with illustrations, well designed to amuse them, and they are often entitled to strangers for this amusement. We cannot close our remarks on this subject without specially specify two of these gentlemen; first the Rev. Father Levasseur, missionary of China, and whose name is well known in Canada. The Chinese curiosities exhibited by him to our patients and the amusing stories related by him, amused very much. Second the Rev. Abbé St. Onge, missionary, who greatly delighted the patients by numerous feats of prestidigitation.

We with pleasure take this opportunity of renewing our sincere thanks to all these charitable persons.

These sources of amusements are not the only ones enjoyed by our patients; they have also ten pins and bagatelle, dominos, cards and drafts to amuse them. In winter they take long drives, wrapped in comfortable vehicles, and in summer they promenade on the different terraces in the shade of large trees, and breathe the pure and invigorating air. They have a fine band of music, and often in the evenings they surround their keepers and take delight in listening to the sweet tones of these watchmen transformed into musicians for the time being under the skillful direction of Mr. Vezina, director of the Band of 9th volunteer battalion of Canada.

A box open for all visitors receives the contributions to this fund of amusement.

We give here the names of those who left more than a dollar.—Mrs. Richard Walsh, New-Liverpool; Miss Jones; Mr. Charles Joncas, Quebec; John Giblin, Esq., Quebec; Miss Hedwidge Lacerte, Somerset; Mr. V. Châteauvert, Quebec; Mr. Ovide Dufresne, Jr., Montreal; John O'Farrel, Esq., Quebec; Mr. John Emond, Buckingham; Mr. Starrs, Ottawa.

Such are the principal sources of recreation which we thought necessary to use to fill up their leasure and make their hours of rest as conducive as possible to their proper treatment, and we are happy to say that the effects produced are most satisfactory.

Before concluding these few remarks, we are happy to repeat our sincere thanks to all the persons who have in one way or another contributed to the amusement of our patients. We mention with pleasure R. Hamilton, Esq., for his sending regularly the *Canadian* and *London Illustrated News*, and the proprietors of the *Quebec Gazette*, of the *Journal de Québec* and of the *Morning Chronicle* for sending their papers. We also return thanks to Mrs. Wm. Murphy for having sent to our patients illustrated papers.

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## INSTRUCTION.

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The science of medicine has in general kept pace with the material progress of each nation; it has developed itself along with it. The study of nervous diseases and mental alienation has not, however, received from the beginning, that attention which has been given to other branches of the science, and the results of this omission have been most disastrous.

We have already stated that the science of medicine is a series of correlative studies of which etiology is the base. In this science all etiological questions are of the first importance. It is barely possible, in fact, to acquire a good knowledge of any disease whatever, even theoretically, without knowing for each special fact the causes that produced the disease and the manner of its attack; if, therefore, a knowledge of these causes is so important and even absolutely necessary, the study of these causes themselves is consequently indispensable. Not only should a physician understand this science, but the legist, advocate, and even the theologian should have knowledge of mental alienation; this knowledge is especially necessary for legists who are entrusted by the State with the protection of the insane, and who have to accord this protection by laws as equitable as just—to the advocate, who is sometimes called upon to treat this very difficult question in addressing a jury when he invokes insanity in favor of his



client;—to the theologian to whose discretion is confided the extent of the responsibility of all the faithful entrusted to his care. But this knowledge is above everything else necessary to the medical practitioner; for it is the family physician who is first called upon to attend the sick, and he is responsible for the treatment followed. On his testimony also, often depends the solution of medico-legal questions, which are sometimes brought before the courts.

The physician who attends country people, has especial need to be well versed in psychiatria, for he is nearly if not always alone in his treatment of a patient and he should from his previous medical studies be able to find facts which will permit an analysis of the symptoms which he cannot take into account in his present difficulty.

It is especially in face of the continually increasing number of the insane that we are convinced of the importance of the study of nervous diseases. Awakened by the thousands of persons both in Europe and in America, who have been attacked by mental alienation, scientific men have been moved and, full of creditable zeal, have united together and by serious, constant and honest labor have, by study, found in medical science a means to arrest the ravages of this terrible scourge. Any way, Dr. Bonnet in speaking of this awakening, thus eulogises these men:

“ At this moment are coming forward men of independent views, truly philanthropical and of unshaken purpose. Reason was reason with them, and all individuality disappeared completely by common consent; they had only one object in view, doing good, and one faith, that of truth.—

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Profound thinkers, faithful to their principles, error could not find a place among them, of which they were the most bitter enemies. Pinel gave rise to Esquirol; and Esquirol to that galaxy of illustrious men who thereto contribute to the completion of their master's work, and add a posthumous crown of glory to his fame. Grouped at the feet of the wise, they imbibed a knowledge which was springing into life, and only demanded to live, understanding the hospitable union which was just reappearing, learning to combat the old vices of humanity, profiting by lessons of rare experience, they had the spirit and good sense to become convinced that to realize the true and necessary progress there should be unity of idea and feeling; they became therefore united by the bonds of science, as well as, through esteem and friendship, and they succeeded, for truth is of no party. We see them spread over France, practicing the doctrine and spreading the views of their teacher, and little by little demolishing the foundations of the old ideas. Then was offered a science of fine spectacle: the same ideas arising from all quarters, of the same appreciative sense, tending to the same practical end."

In France, we find worthy disciples of this great school who in their turn became masters of this science, such as the Talret, the Marcé, the Bernard, the Billod and the Laseque to whom may be added Messrs Berthier, Lunier, Delasiauve, Morel, Legrand, Du Saulle, Brière de Boismont, Bonnet, Baillarge, Perchappe, Voisin, Chatelain and many others.

In Germany, there are Griesinger and the Jacobi, &c. in England, Devon, Blandford, Connelley, &c.

In the United States of America, Kirkbride, Ray, Hammon, Gray, Seguin, Echeverria, &c.

All Pupils of great masters, they have followed the examples given them and work to-day with ardor and together in the search after new truths, they correct old prejudices and errors and propagate real science.

This generous enthousiam was the spring time which in certain parts produced fruit, but all did not answer to this impulse and it is to these institutions, unfortunately backward on this point, that Dr. Bonnet afterwards addresses the following words :

“The study of insanity was in schools and is still left, in the back ground. What shall I say? It is not taught or exacted. If, in addition to the Faculty there were not hospital physicians to give special instruction in this point, the whole would be a nullity. And however since 1813, Fodéré insisted on a chair of mental diseases in the Faculties of Medicine. The importance of establishing this chair would be enormous, from a scientific light and social point of view. In fact physicians of asylums are the sole depositaries of the doctrines of the masters; alone, they keep up with current progress; alone, they educate pupils whose number is insufficient to supply the necessities of the people, to assist in searching out the depths of science and give all necessary information.....  
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What would happen, if in schools there were official professors? There would then be examinations and by force, one would learn. It would also happen that, to repeat what I formerly said, the study of mental diseases

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would be cleared of hyperbole of philosophisms and would no longer have the boundaries of nervous diseases; that these diseases having a link of connection with the object of internal pathology would no longer be separated from the latter. It is toward this connection, this fusion that men of science should direct their zeal and efforts. By persisting in following old errors, we would accordingly not abandon the progress already made; insanity would be thoroughly understood, psychic symptomology would be well defined, and the asylum physician would intrust with certainty both the government and the courts, but the science of mental aberration has not this for its object; we would but imperfectly understand the true motive powers of the morbid expressions of the brain, we would be very uncertain concerning the fundamental organic disturbances whence issue the true beginnings of the various psychological morbidities." (1)

It is also, in a great measure to this want of knowledge, that we may, that we ought even, attribute the increase in the number of the insane in this province. The statistics given in the last census show the result of this want of knowledge. Patients are kept at home to long, where are wanting the first attention that their condition requires. The attention due to them is however of the highest importance as their successful cure mainly depends on the first treatment received. However, we consider that it is imprudent on the part of any physician to treat separately a case of mental alienation. The commencement of a treatment is not the whole of it, it must be continued in order to obtain a practical result. Alas! too often, as we have

(1) Report on the treatment of lunatics of Roche-Gaudon, 1873, page 60.

already said, this difficult work is blindly entered upon by some people and when the seriousness of the disease has dispelled all the confidence reposed in their own resources. then confinement is thought of and the transfer of the patient is advised. For this reason, we cannot too much insist upon this point, in our country especially where psychiatria is not at all taught and is every where completely ignored. We do not wish to blame our institutions whose duty it should have been however to pay special attention to this branch of teaching, but we are compelled to notice one fact, one omission, the consequence of which we are every day compelled to recognize. It is painful to say that many otherwise distinguished physicians, with whom we sometimes come into contact, are not capable even of filling up, in a proper manner the medical certificate necessary for the admission of a patient confided to their care.

The fact is there and the conclusion, which shows almost total want of knowledge in this matter, is not difficult to be drawn. We ought, on the other hand, as a matter of justice, to state that the fault is not entirely theirs. They received medical instruction and they follow it just as it is; they were obliged to submit to its defects and omissions, as well as to accept the true principle which it contained. They understand what they have learned, but they were not taught everything that was necessary for the future; thus, when called to attend a patient, they cannot sometimes analyse, at once, the symptoms of mental alienation or of a nervous disease, where it exist; they direct all their attention to the patient, and try correctly to see their way through the doubts which they entertain, but notwithstanding their watchfulness and good

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intentions, the disease becomes more serious; the latest period, being the precursor of delirium is passed, unnoticed by them, frenzy suddenly and most unexpectedly supervenes, then all is clear.....but it is too late.

This knowledge is therefore necessary to the physician to allow his discovery of the nature, and degree of the disease from its commencement, and to suggest the patients removal to an asylum. Winslow, in his work on the brain and spirit, page 23, in citing the words of Sir William Ellis and Blandford at page 17 of his work : *Insanity and its Treatment*, points out the importance of the first attentions to be given by the family physician, and the absolute necessity of his possession of the knowledge necessary in such cases. Here follow these remarks :

‘ It is a melancholy fact, on a most careful personal examination of each of the 588 cases now in the house, there do not appear more than 50 patients which, under the most favorable point of view, can be considered curable. This is to be attributed almost entirely to the neglect of proper remedies in the early stages of the disease. To become acquainted with the symptoms first indicating insanity not only requires much care and attention, but much experience; for a diseased action of the brain or some part of the nervous system may be gradually undermining the health, and still be scarcely expected by common observers to exist, from the insidious manner in which it steals upon the constitution at first; it manifests itself by some trifling aberration of intellect, and that generally upon one point only; such aberration, unaccompanied by bodily pain is not only neglected by the sufferers, but disregarded by those around them. This however, is precisely



the time when medical aid is the most capable of being beneficial, and could the patients but be placed under proper care then, certainly three-fourths of them would be cured. But unfortunately, the golden opportunity is too often neglected. Diseased action is allowed to proceed unchecked until diseased organization has taken place, and the patient has become incurable, and it is only in consequence of the commission of some violent outrage that he is at last sent to an asylum. Until something serious has occurred, the friends hope in a few days the mind will recover its tone.

“ Unfortunately, this unwillingness to consider the patient sufficiently insane to be sent to an asylum, is not confined to the friends of the patient. There have been instances of the magistrates themselves, from the kindest motives refusing to grant warrants for the admission of a patient, even after he has been examined by a medical gentleman, who has given a certificate of his insanity, because when brought before them he has been able to answer certain questions correctly. The consequence is that from this delay, instead of returning to his friends in a few weeks, which, in all probability, would have been the case if proper medical and moral remedies had at once been applied, he becomes incurable, and remains in the asylum for life, a burden to the parish. In some instances similar delay has been attended with fatal consequences.

Blandford, addressing the students attending his lectures speaks thus :

“ There are diseases described in the lectures you here attend which throughout your lives may never come before you ; you may never see a patient die of hydrophobia ; you

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may be so blessed with a healthy locality that you may never have to treat asiatic cholera or ague. And other ailments due to locality or to special occupations you may never attend. But fortunate indeed you will be, if you spend many years in practice without being called upon to treat or to pronounce an opinion upon some case of unsoundness of mind. Your female patients after parturition will be attacked with insanity; their boys and girls as they come to the age of puberty will show symptoms of it; at the critical phase of life, men and women will break down; and in an old age, insanity will merge into fatuity and dotage in the general decay of mind and body. From the cradle to the grave the mental no less than the bodily health of your patients must be taken care of. And not only will you have to treat them, you will have to send them away from home under legal restraint, to plead their irresponsibility in courts of law, if in their frenzy or folly they commit crime; and when they are dead, you will be called on to testify to their competency or incompetency to make the will they have left behind.

“ Now, if your attention has been drawn to insanity chiefly by notices of the grave disputes that arise in courts of law both upon the subject in general and also upon the sanity or insanity of individuals, you may shrink from the prospect. I have set forth, and may determine to have nothing to do with such cases. You may resolve, like others I have known, never to sign a certificate.

“ You may possibly carry out your resolution in London, but in the country you can no more escape from this duty than from other branches of our profession, which here we may hand over to specialists; and an opinion you may have

to give on the state of mind of any of your patients, therefore it is indispensable for you to have some notions of what you may have to say on the subject, as well as of the treatment of the various kinds of insane patients."

These facts go more and more to show the important place that should be given to the study of nervous diseases and mental alienation in the programme of medical instruction by the establishing of chairs and special clinical lectures in Universities.

Let us again quote a few authorities.

Dr. Dumesnil, in analysing an address of Dr. O. Shankey at the meeting of the medico-psychological association in August 1868, says :

" Dr. Shankey impugns the arguments of those unfavorable to the introduction of the study of psychological medicine in the programme of lectures and I regret that I cannot here reproduce the excellent arguments given by him. Anyway, our learned confrère, who is known amongst other works, for his labors and for his splendid microscopic researches on the alterations in the brain during insanity and especially in general paralysis, has by his example, for a long time, manifested his views. He is an able professor at the University of London, and his lectures on mental diseases were published five years ago."

Dr. Jarvis, in an article addressed to the *American Journal of Insanity*, in 1868, on this important subject and on the course of nervous and mental diseases, recalls the opinions of Drs. Gray, of Utica, Hutchison, of Brooklyn, Porter, of Albany, etc., on the same subject. On this occasion he cites the discussions that had taken place on

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the clinical teaching of insanity at the meeting of the psychological association of England held in 1869 at Edinburgh. President Haycock, who addressed the meeting, demonstrated the urgency of quick treatment in cases of insanity, to effect a cure. In support of this proposition, he gave the testimony of his old friend Thurnam, physician of the Wilts Counties Asylum, who had been convinced from experience that out of 20 cases of insanity, unaccompanied by any other disease, 19 were cured when the attack had been a recent one. Thurnam adds if diseases were treated within three months from the first attack, four fifths would recover, whilst if 12 months elapse before treatment four fifths on the contrary would become incurable. Drs. Sibbald, Lowe, Thurnam, Clouston, Ramsay, took a very active part in this discussion. Not to be too lengthy, we will only quote what Dr. Skae says on the subject, as it appears in the *Journal of Insanity*, 1869-70, page 461.

“ As Dr. Thurnam stated, the earlier a case is sent to an asylum, the greater is the probability of a cure : if treated at home, the probability was that the chances of cure were much diminished. I would cordially concur in any proposal for a memorial to the general council, to the effect, that it was very desirable that the teaching of the subject of insanity to medical students should be imperative. Perhaps the medical council would not be inclined to concede this, as the feeling seemed to be general that the medical student was at the present overburdened by the classes he had to attend. Still, he would not be debarred by this from presenting such a memorial. He did not think anything could be more important to medical students, than the study of mental diseases.

“ I cannot understand why students should be called upon to attend a six months course which could easily be given in three. A great portion of the term is spent in amusing the students with stories.

“ A great many diseases of the body were taught two or three different times over, in two or three different classes and these are often diseases scarcely met in practice, whilst there is not a word said about mental diseases, so common in our time.

Lastly, as further support of the arguments on the necessity of this instruction we will cite another extract from the same journal, which it seems to us, resumes the whole of this question in treating it in a manner as just as concise. This work is remarkable for the breath of the views and depth of the thoughts developed in it. On the other hand we are not very astonished in reading its pages so full of truth and wisdom when we see them signed by Dr. Gray of Utica. <sup>(1)</sup>

We quote :

“ At the present time when the profession is earnestly dis-

<sup>(1)</sup> Dr. Gray his one of the men who has the most contributed to the movement now commenced in favor of the science of nervous diseases. His asylum is at once a refuge and a school. A refuge for the poor insane who receive the greatest care and attention ;—A school for those who have the inestimable advantage of being students with the master who is the highest authority on alienation. It is thus that the Utica Asylum is properly regarded as a model from the medico-administration point of view. It is in this institution and under the direction of this learned professor that the great majority of the physicians who are now at the head of the various American Asylums have been educated.

Dr. Gray spared no pains to fulfill his arduous tasks, and we are aware of the success attained by him. His words as well as his thoughts have a practical tendency. Unceasingly he battles against prejudices and popular errors, works energetically for the good cause, as his writings testify. He is all heart and soul to help the young physicians who come to his school to learn true lessons in the science to which they devote themselves. He instructs them by his counsels, directs them by his pre-

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Discussing the question of more thorough and systematic medical education, would it not be well to extend it so as to embrace the whole field of medicine? What is there more difficult in the medical investigation of insanity, than in epilepsy, and the various forms of paralysis? If these and other nervous diseases receive attention in the office of the preceptor, and the lecture room, why should the most grave, and yet curable of all diseases of the brain be excluded, and assigned to the study of a few medical men? There are really no more obstacles to successful study here, than in the other diseases mentioned; and if there were, it could be no reason for the neglect, but, on the contrary, an additional reason why it should be studied. It is not characteristic of medicine not to shun difficulties. Again, all the insane before transfer to hospitals must come under the observation of the ordinary practitioner, and he must sign a certificate of the existence of the disease. Should he not then be able to recognize it and understand its treatment? Because the majority of the insane are, and probably always must be cared for in hospitals, it is no reason why the minority who remains outside should not receive treatment or if treated, be so, ignorantly, if even only a small proportion can be managed successfully at their homes it is the duty of every Physician to prepare for their proper treatment. Further, if the early symptoms were better understood by physicians generally, how many cases would be checked, or modified in their early stages, and how much human suffering thus prevented? The knowledge of the

cepts, communicates to them from his great store of knowledge and animates them to a spirit of emulation, for, with him it is not enough to work for the present alone, he also thinks and works for the future, and being laborious as well as learned, he sends forth able men, and, then capable in their turn of undertaking and performing great actions.



premonitory symptoms of paralysis is surely more available for good, than the knowledge of the symptoms and treatment after the disease has fully manifested itself.

And we have acquired that knowledge not by observing paralysis, but by patient investigation of preceeding symptoms. So it is equally true of insanity. If the early symptoms of melancholia were as well understood by general practitioners as the premonitory symptoms of phthisis how many suicides would be prevented, and how many advancing to that sad form of cerebral disease, might be restored before its full invasion.

“It has happened when I have advised persons to apply to their family physician, stating that their case is only one of general loss of tone and may be successfully managed out of an asylum, that the persons have returned with the answer that the physician was unwilling to undertake the case.

“To attempt even to analyse the study and treatment of insanity here, would be an endeavor to embrace the ordinary routine of medical practice. Causation alone indeed embraces the most careful study of general medicine, as the disorder of any one organ may directly or indirectly affect the brain, and induce the mental disturbance. And the therapeutical treatment is but the application of well recognized principles. If insanity is caused by the vital depression following overwork, this state must be corrected. If it originates in the defective nutrition often associated with tuberculosiis, then the remedies for tuberculosiis are mainly to be relied upon. If in consequence of the functional impairment called dyspepsia, then that condition must be met. It is to medicine proper, therefore, that we are to look for relief, and the

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moral appliances of isolation, amusements, etc., must receive only secondary attention. Without the former, the latter would effect but little. It is however important to study psychical symptoms to be able to distinguish insanity from other forms of cerebral or nervous disorders. In a medico-legal view it is also important. But, I repeat, treatment is mainly concerned with the diagnosis of the physical lesions. There are cases where a knowledge of the delusions may lead to the diagnosis of the true pathological state. I recall the case of a man who insisted that he was not sick, yet complained that he had been frequently stabbed in the back by unseen assassins, and examination revealed spinal tenderness and disease of the kidneys. Do we not then come down after all to the simple practice of medicine, and the ordinary methods of study? There is no specific or peculiar lesion of the brain or nervous system, and no structural form which may be said to be the ultimate cause of insanity."

Dr. Gray continues his lecture and further on shows that his views are in conformity with the opinion of him who at one time was the eminent professor of the German school.

Professor Gresinger in a recent letter says: "I remain firmly in the opinion that it is an absolute necessity to provide in every medical school for a clinical instruction in this branch of science, equally important for the welfare of the patients and their families as for the forensic duties of the profession. I remain also in the opinion that mental diseases are only a part of cerebral and nervous diseases, and that it is most important to connect intimately the study of mental science with the study of the pathology of nervous diseases."

“Clinical teaching in psychiatrie is not merely a future possibility, but an existing fact in several medical schools in Germany: the difficulties are by no means so great as many people think; nay, the carrying on work of this teaching is very easy, if only men of good will and experience are entrusted with the execution.” (1)

To sum up we may state:

We have pointed out a deplorable want in the present system of teaching by the almost total absence of any instruction of diseases of the mind; we have shown the disastrous results that this want may have and unfortunately has too often given in the practice of medicine; and as a means of preventing these serious results, we have advocated the introduction of clinical lectures in the study of insanity and the establishing of special chairs for insanity.

The quotations which we have given show the importance of this clinical study, of the necessity of providing competent professors in the medical schools.

The solid reasoning of these learned writers has been listened to and understood to such a degree, that now there are to be found in a great many foreign schools, medicine chairs for the study of mental disease and clinical lectures on the same subject.

And moreover within the past two years, many physi-

(1) Journal of Insanity, for 1868, page 158.

“It is in answer to the call of the illustrious Griesinger, says the same journal in another article, *on the necessity of clinical teaching*, that the Westphal, the Meyer, the Sander, Mundy, Laehr, Simon and several other men no less distinguished, are to be found first and foremost in the German Schools.—England as well as America, to the example of France and Germany, respond also to the earnest call of the associations, and on every side we see the teaching institutions establishing special chairs on mental diseases, and making the courses compulsory for the students.”

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cians have responded—and to their praise be it said—to the pressing invitations given by the American Association by these Resolutions in 1871-72. These resolutions are combined in most generous terms, and are the result of experience united to scientific acquirements. They are moreover the condensed opinions of all on this subject, and their importance justifies their insertion here.

RESOLUTIONS.

« Resolved :—That in view of the frequency of mental disorders among all classes and description of people, and in recognition of the fact that the first care of nearly all these cases necessarily devolves upon physician engaged in general practice, and this at a period when sound views of the disease and judicious modes of treatment are specially important,—it is the unanimous opinion of this association that in every school conferring medical degrees, there should be delivered, by competent professors, a complete course of lectures on insanity and on medical jurisprudence, as connected with disorders of the mind.

« Resolved :—That these courses of lectures should be delivered before all the students attending these schools, and that no one should be allowed to graduate without as thorough an examination on these subjects as on the other branches taught in the schools.

« Resolved :—That in connection with these lectures, whenever practicable, there should be clinical instruction, so arranged that while giving the student practical illustrations of the different forms of insanity and the effects of treatment, it should in no way be detrimental to the patients.

« Resolved :—That a copy of these resolutions be sent by the Secretary to the American Medical Association, to

the Medical Association of Canada, to each State Medical Society, and each Medical College in the United States and British Provinces.”

In presence of all these learned authorities, we have every reason to hope that the medical institutions of Canada, always well disposed to undertake anything that tends to promote the welfare of the people who stands in need of their attentions, will respond to this just demand of science, which seems to be altered into a bitter reproach through the entreaties of those who by this want of knowledge on the part of their physician, have become the victims of this want of instruction.

How can they hesitate in face of the great want which is felt now more than ever. The interests, of humanity, the dictates of honor, in the interest of health as those of economy, public and private interest the interest of the family and of society, of social order and even of the state, all seem to necessitate and demand mean of preventing insanity by obtaining for it, from its commencement, the cares and attention of men competent to understand and treat it.

Such are, Honorable Sir, the different questions we have thought proper to treat in our medical report.

F. E. Roy, M. D.

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## REPORT OF THE CATHOLIC CHAPLAIN.

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The chapel for Roman Catholic worship in the Lunatic Asylum, is nearly as old as the establishment.

In 1852, seeing that the number of insane was daily increasing, I requested the then proprietors, Doctors G. Douglas, Frémont and Morrin, to place at my disposal one of the largest rooms in the institution, to erect an altar therein. These gentlemen not only granted me this favor, but kindly undertook to defray the expenses of an altar and ornaments.

Later on, a more spacious chapel was opened for worship and Dr. Douglas, when in Europe, purchased the picture which is now above the altar, two white marble medallions and the stations of the Cross *in relievo* at a cost of \$175. In 1864, the number of patients having still further increased, the number of attendants was nearly doubled; it was then decided by his Grace the Archbishop, that divine service should be solemnized both in the forenoon and afternoon on every Sunday and feasts of obligation. His Grace also authorized the keeping of the Blessed Sacrament in the Chapel, as well for the purpose of giving the Holy Viaticum to the patients when in a fit state to receive the same as of assisting the devotional exercises of the officers and domestics of the institution.

About this time, Mr. Vincelette having become warden of the Asylum, on certain fixed days, prayers were recited in the Chapel, and the stations of the Cross were held. This pious exercise has been faithfully carried on up to the present time. For many years past mass has been cele-



brated three times a week. On Sundays and Holidays there is a solemn benediction of the Blessed Sacrament; singing of hymns and canticles is always accompanied by the harmonium.

Towards the end of Lent, in each year, there is a *retreat* of a few days,—the Blessed Sacrament being exposed—called the 40 hours adoration. Sermons in French and English are preached every Sunday.

Nothing more touching than to witness these infortunates attending the holy offices and prayers. The solemnity of the Chapel, the singing of canticles, the Holy Mass above all, awaken in them religious sentiments; they are generally silent, and seldom speak or laugh.

Those who have lucid intervals go to confession and receive communion. Every Sunday, some among them approach the Holy Table with surprising devotion and may be seen receiving Holy Communion, suffused with tears of joy and repentance.

It is more particularly at the end of the annual retreat that their countenances may be seen to beam with joy and happiness. Not a year passes that this season is not for some of them a time of special divine favor. I have seen some of them thank Providence for having afflicted them and brought them to the Asylum, for the eternal benefit of their souls.

Last year the necessity of enlarging the chapel was felt, as it could accommodate only a part of those in a fit state to attend the services. Drs. Landry and Roy, who spare no trouble for the benefit of those entrusted to their care, have made this necessary improvement and doubled the size of the chapel.

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Persons, who have relatives and friends here, will be pleased to learn that their spiritual wants are not neglected. They are visited thrice a week by the chaplain, including special visits to patients *in articulo mortis*. The bodies of those who die in the institution are interred in the cemetery, attached thereto, unless the relatives claim them.

I can not close this report without saying a word of the great care taken by Mr. and Mrs. Vincelette of the patients with regard to their spiritual welfare either by inducing them to attend the sacraments when recovering their health, and by bringing them to evening prayer, the stations of the Cross and the exercises of the months of Mary and St. Joseph.

The good and vertuous keepers, who are selected with great discernment, do not a little contribute by seconding them in their praiseworthy intentions.

Dr. Belanger, the present house physician of the institution, does not lack any of the activity of his predecessors in seeking spiritual aid for those in a fit state to receive it when in the hour and article of death.

J. B. Z. BOLBUC, Pt.,

Chaplain.

### REPORT OF THE PROTESTANT CHAPLAIN.

Some people have said : « What is the use of holding religious services and visiting people pastorally in a mad house ? » In reply to this I should say :—Evidently the idea of such enquiries about the inmates of a retreat for those afflicted in their mental powers is not a correct one. They have jumped to the conclusion that they are all « as mad as can be ». They have not learn that there are stages of mental alienation very different the one from the other. One person may be growing worse, another getting better, while a third is on the eve of recovery. To these last, as the light of reason gradually dawns upon them and shines clearer and yet more clearly week by week, what more cheering thought than that they have at hand a man whose very office constitutes him their friend. It is something to them to feel, just when they can value it, the moral support so very valuable to one in distress and weakness of another who is strong and not in similar trouble, whose sympathies are sure to be with them. Such a feeling must be soothing and sustaining, and therefore by so much it must be curative.

And as the discharge of a convalescent patient is wisely delayed for some time to justify his discharge, and protect society from the results of any injudicious loosening of the bonds of necessary restraint where the mind grows impatient and the heart grows sick with hope deferred, where threats of escape by breaking parole are entertained ; who so much relied on, so implicitly trusted as he urges patience

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as the minister of the most High God? It has not seldom been my lot to soothe the chafed spirit under such circumstances as there.

While the human treatment of the patients in this Institution is such that they are always secure of what I can not call by any other name than christian consideration at the hands of the medical superintendants, estimable managers of the place, still, it is again a most comforting feeling to our poor afflicted sisters and brothers, confined here, to have some one, as it were from outside, to carry their troubles to. If it be comforting feeling, therefore it is a soothing one to minds in so unnaturally ruffled a condition. If it be soothing, then it is curative in effect in some cases, and preventive of aggravating symptoms in others.

But with regard to the public services it is necessary that I should say something.

Thus much for the *personal* influence of a chaplain.

Out of a certain number of the patients there is always a proportion who are glad to attend these services and who do so of their own free will. For we must understand that when a man is mentally afflicted, his mind is not by any means always gone. There are some who are as clear as any sane person on such subjects. On this subject they are sane, while on some others they are altogether at fault. Now, unless a man is thoroughly insane, unless his whole mental powers are diseased in the one case, or in the other when his madness takes the shape of religious monomania, he can and does enjoy religious services. He can offer to God his time, his attention, his humility, his reverence, his adoration as well as any thoroughly sane person, and does so. He can understand the reproach, the encouragement, the exhortation, and feel the sympathy of the

preacher as well as any healthy man, and does so. For years I have seen the same face attending the ministry of the Word, and I feel gratified that the behaviour of those present will bear comparison with the same number of worshippers anywhere.

There is one reverend old man who is fond of tobacco, who chews as well as smokes, but who "never chews on Sunday because he will not spit during the service," an act of self-denial which shows, I think, a very active feeling of reverence.

In sickness, I find, for the most part that clerical ministrations are very acceptable, and though they are not much understood, still there is a dim perception of being drawn nearer to God and we may hope that as he pities the moral frailties of one nature, he will certainly make up for these poor demented creatures, the lack of their understanding and "raise and support" what in them is "loose" and weak.

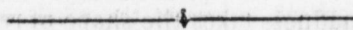
I have the honour to be,

Honorable Sir,

Your obed. servant,

W. S. VIAL,

Prot. Chaplain.



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