

REPORT

OF THE

MEDICAL SUPERINTENDENT

OF THE

Provincial Lunatic Asylum,

TORONTO,

FOR THE YEAR 1862.

TORONTO:

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J. ARDAGH, M.D., *Medical Superintendent,*
Orillia Branch.

REPORT
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Provincial Lunatic Asylum,
AT TORONTO,
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TO THE INSPECTORS OF ASYLUMS, &C., OF CANADA:

GENTLEMEN,—The commencement of another year brings to me the recurrent necessity of reporting to your Board the condition and operations of the Provincial Lunatic Asylum for the past twelve months,—a duty which is pleasurable to me, in proportion to the consciousness of the beneficial results which have proceeded from similar labors in past years.

On 1st January, 1862, the number of patients remaining in the chief asylum and its two branches was 461, distributed as follows.

	Men.	Women.	Total.
In Chief Asylum.....	173	175	348
In University Branch.....	7	62	69
In Orillia Branch.....	20	24	44
Total.....	200	261	462

On 1st January, 1863, the number of patients remaining in the same institutions is 533, distributed as follows:

	Men.	Women.	Total.
In Chief Asylum.....	183	164	347
In University Branch.....	7	60	67
In Orillia Branch.....	46	73	119
Total.....	236	297	533

The return for the Orillia Branch does not include patients primarily admitted at that institution, but those only who have been transferred from the chief asylum.

The discharges, during 1862, have been 78, viz.: 46 men and 32 women, all from the chief asylum.

The deaths, in the same period, have been 27: 11 of men and 16 of women; of these only two occurred in the branches, one each in the Orillia Branch and the University Branch, and both of women.

The admissions, in 1862, have been 177: 93 of men and 84 of women.

RECAPITULATION.

	Men.	Women.	Total.
Remaining 1st Jan., 1862, in Chief Asylum and Branches.....	200	261	461
Admitted in 1862.....	93	84	177
Total under treatment.....	293	345	638
Discharged.....	46	32	78
Died.....	11	16	27
Remaining on 1st Jan., 1863.....	236	297	533

The number of patients admitted, from the opening of the asylum, in 1841, to 1st January, 1863, has been 2,810; of whom 1,509 have been men, and 1,301 women,—whose civil state has been as follows:—

Married men.....	671
Single men.....	838
Married women.....	833
Single women.....	468
Total.....	2810

The almost constant equality of the number of single men and married women admitted may be a matter of interest to those inclined to statistic speculation; but a more important question is, perhaps, involved in the disparity of the numbers of single men and single women.

For many years past the aggregate admissions of male and female patients have been almost equal. During my incumbency of 9½ years, they have been:

Men.....	705
Women.....	723
	<hr/>
Total.....	1428

thus shewing, as far as can be judged from asylum figures, that the incidence of insanity in the two sexes is almost alike.

If much diversity exists in the agencies assigned, respectively, in the two sexes, as the producing causes of insanity (and this is a fact palpable on the pages of every asylum register), have we not good reason to doubt the actual efficiency of such assigned causes? Without the overruling influence of some common co-efficient, how could equality of results be continually preserved? The usual tabulation of causes of insanity given in asylum reports, is, I believe, totally valueless, unless in exhibition of its own absurdities; and thus, by negative indications, leaving us to search for other agencies nearer the root of the malady.

A glance over the column of causes, in the first fifty cases admitted last year, shews me that in thirty, or three-fifths of the number, no cause has been assigned; and for the remaining two-fifths the following are given:—

Fever, drink, mental trouble, masturbation, parturition—each two. Religious excitement, convulsions, scarlatina, grief, fright, pecuniary embarrassment, inflammation of the brain 24 years before, suppressed menses, love, injury (of spine)—each one.

What can be the value of medical statistics in any disease under which sixty per cent. of the entire cases must be left unaccounted for? Probably, too, not five of the twenty of the above assigned causes were justly chargeable with the mental disease ascribed to them; and further extension of our survey, over the year's admissions, would tend but to corroborate this view.

The following table, exhibiting the ages at which the several indicated classes were admitted, may not be uninteresting.

Age.	MEN.		WOMEN.	
	Married.	Single.	Married.	Single.
15				1
16				1
17		3		2
18		3		1
19				4
20		4	1	
21		5		2
22		3		2
23		2	1	1
24		2		
25		2		2
26		7	4	2
27		2	2	3
28		3	2	
30	3	4	7	2
31	1		3	
32	1	3	5	
33	1			
34	2	1	1	
35	3	2	2	
36		1	1	
37	1		2	
38	2		3	1
39	1			
40		1	2	
41	1			1
42	1		1	
43	3	1	1	1
44	3			1
45	1		1	1
46	2			
47	1			
48		1	2	
49				
50	4	1	2	1
51				
52	4		1	
54	3		1	1
55	1		2	
56			2	
	39	51	49	30

Age.	MEN.		WOMEN.	
	Married.	Single.	Married.	Single.
Brought over	39	51	49	30
58	1	.....	1	.....
59	1	.....	1	.....
60 .....	.....	.....	1	.....
62 .....	.....	.....	1	.....
63 .....	.....	.....	1	.....
65 .....	.....	.....	1	.....
69	1	.....	.....	.....
	42	51	54	30

That which may first strike the attention in the preceding table is the earlier age at which, in both sexes, insanity manifests itself in single persons. But this is a natural fact, as young people are more largely single than their elders. But why is it that we constantly find more single men than women become insane? It is not that love, religious excitement, grief, fright, fever, convulsions, scarlatina, &c., &c., affect men more than women. In the general population their numbers must be nearly equal, and they must be about equally predisposed by hereditary taint or constitutional defect to the disease. The physicians of the insane are but too well acquainted with one cause of the disparity, and they, too, well know its destructive results. Unfortunately however, their admonitions reach not, in season, the ears of those whose ruin they might avert. I have, on former occasions, stated that the victims of the evil alluded to are found, not in the low and rude orders of society, but, on the contrary, that they are furnished most largely from the more educated and refined class. Every additional year's observance has tended to confirm this opinion; and I believe it will be controverted only by those who are ignorant of the facts required to enable them to speak with authority: A considerable proportion of cases of insanity, in which we find the certificates state the cause to be *unknown*, and some in which it is stated to have been *over-study, disappointment in love, religion, &c., &c.*, we have learned to assign to a different agency. Indeed, the preliminary description of such cases, furnished by those applying for their admission, enables us, before seeing the patient, to guess too correctly the hidden complication of the mental disease; and sadder still, it enables us also to pronounce too surely its utter hopelessness.

There is no class of our patients on whose condition and prospects so much difficulty is encountered in correspondence with their friends, as in the cases now under consideration. It is always painful to pronounce an unfavorable prognosis; but it is also embarrassing to be prevented by delicacy from assigning our reasons.

The figures in the columns of married men and married women are worthy of attention. They shew that married women are more liable to insanity than married men; and it is to be remarked, that the proportion of last year falls under the general average.

Women are unavoidably the subjects of numerous impairing and disturbing agencies, both physical and mental, from which men are exempt. Gestation, parturition, lactation, uterine disorder, want of sleep, defective nourishment, bad air, &c., &c., may be instanced in the former; and drunken husbands in the latter.

Should we affirm that marriage determines to insanity, in women; or that it protects from it, in men? The fourth column of the table seems to indicate that celibacy in women, at all events after the age of 30, conduces to sanity. But women most predisposed to insanity are most likely to marry young, and to make unsuitable and unhappy matches; and, therefore, perhaps, our third column receives those who, had they remained single, would have increased the number in the fourth. Of 30 single women admitted last year, only seven became insane after the age of 30 years; but of 54 married women becoming insane, 40 were of the age of 30, and under.

It must be quite manifest to all men of common sense, desirous of obtaining wives exempt from the risk of insanity, that they will have the best chance by marrying women past 30.

A question of some interest, in connexion with asylums, is the proportion of re-admissions which occur. There is a well-known form of insanity, generally hereditary, which, in asylums, is very properly recognized under the designation of recurrent; because of its tendency to re-appear at varying intervals, of greater or less duration in different patients; in some cases, years may intervene between the attacks; in others, only a few months; and in a few, the recurrence appears to obey a law of exact periodicity, so that at a certain annual or biennial point, the mental aberration begins to manifest itself, and to advance with a regulated pace towards the zenith of the malady; and then to decline toward the horizon which separates the regions of phantasy from those of reason. Apparently perfect recovery takes place; and the patients return to their homes, useful members of society as before. But when the hand comes

round on the dial again, to the critical point, the pendulum begins to oscillate fitfully, and the whole machinery of mind works jarringly, and with angry friction.

Well do many many of these sufferers understand their own approaching trials; and well do they know where is to be found their best refuge. "Take me back to the asylum," is the entreaty of nine-tenths of them:—and is not this verdict of the afflicted the highest testimonial which could possibly be given to the management of modern insane institutions? No fact is better known to us than that of the prompt docility, and instantaneous confidence, evinced by returning patients, the moment they enter their former quarters.

In my report for 1859, I took occasion to observe, that the proportion of recurrent cases of insanity in this country fell very much below the estimate of an eminent English writer, Dr. Tuke; and the statistics of this asylum, since that date, have fully supported my views. Dr. Tuke asserted that only two persons, out of every five discharged, remain permanently sane.

The total discharges from this asylum, in the last three years, have been 244, and the total re-admissions, 78. The intervening periods of mental health, between the last discharge of the above 78 and their re-admission, varied from a few days or weeks to many years; 53 were instances of 2nd admission; 12 of 3rd; 6 of 4th; 5 of 5th and 2 of 6th. Of the 78 re-admitted, one died, 33 were again discharged; and 44 at present remain.

But even this proportion of re-admissions is considerably larger than it would have been, had all discharges been made with my advice. Nineteen were of patients taken home by their friends contrary to my advice; some of them, indeed, in defiance of my entreaties. In general the wayward relatives paid dearly for their temerity, and presented themselves in more respectful attitude, and with smoother words, when they came to solicit re-admission. It is always salutary for such people, and greatly contributive to our future comfort, that they should have a liberal dose of the befitting medicine. They discover that our task has not been quite so easy as they had supposed; and that the patients do not appreciate their skill so highly as they had hoped they would.

Properly connected with the preceding asylum annoyance, is another of even greater administrative importance, and of general prevalence, if we may judge from numerous and earnest remonstrances against it by asylum superintendents, in their annual reports:—I mean the visitation of patients by their friends.

All the injurious influences which militate against the restoration or the comfort of the insane, combined, certainly fall short, in their adverse results, of this single one; and yet no amount of earnest remonstrance or discussion, no recital of past observed evil, or even disastrous results, suffices to induce these visitors from their infatuated purpose. Of all persons living, none have more cause than the insane to pray: "Save us from our friends." Perhaps no fact, connected with insanity, is better known to the medical profession than that of the expediency, if not the general indispensability, of separating the insane from all former associates, and especially from their immediate relatives; and thus to break up that network of morbid mental operations, the threads of which have, almost invariably, been drawn from domestic materials; nor can this separation ever be safely interrupted before the complete dissipation of their delusions, and the establishment of a sure convalescence.

No position in which a patient can be placed can be more conducive to this end than that of asylum residence. All his surroundings here are the reverse of preceding ones. He is freed from a multitude of real or fancied annoyances, which ignorant officiousness had continuously repeated; and free scope is given to him for the utterance of his most cherished delusions. He is heard without contradiction, and replied to by those in charge of him with deference. He is not long in discovering that his intellectual powers are not so weak as his friends, at home, would have him to believe. He advantageously measures himself against associate dethroned minds; and he soon begins to sound the infirmities of his companions. At home he was constantly worsted in argument, and his feelings were embittered, not by the consciousness of defeat, but by the refusal of his antagonists to admit his victory. Among his mental peers and distant inferiors, he speedily learns to feel his own importance, and suffers no disturbance of his self-complacency. Continuous observance of the errors and delusions of others finally awakens the suspicion of his own aberration; and, doubt on this question once established, half the cure has been accomplished. How different the agencies by which, at home, this object had been essayed!

But the friends, instead of correctly apprehending the real curative influences of insane institutions, regard with utter horror the very peculiarities which most efficiently contribute to mental restoration. The treatment of insanity, in their estimation, consists in certain mystical appliances, known only to the initiated. They never dream of the curative efficacy of nothing-doing; they never suppose that nature possesses self-recuperative power. Nature, in their belief, is an old blind

fool; or, perhaps, a mischievous Will-o'-the-Wisp, whose function it is to draw her followers farther and farther into the mire, and to laugh at their bewilderment. They come to see their insane friends, and are very solicitous to learn all about the operations of the medicines given, and how the patient takes them—for that "was an awful job at home," and indeed so it was.

Now, it is a fact worthy of noticing, though one of some delicacy and of too much actuality, that all the insanity of a family is not concentrated in the one member who may have chanced to be sent to an asylum. Family resemblance is not restricted to bodily forms and features alone. I believe it is the universal experience of asylum physicians, that far more difficulty is frequently encountered in the management of the friends from outside, than of the patients inside.

When such persons present themselves at the asylum, and request, or demand, to see patients whose mental condition, at the time, may be such as to assure the experienced physician that serious injury must result from the interview, hardly once in ten times will he succeed in obtaining acquiescence in his recommendation to avoid it. He must, therefore, be guided by his own convictions of professional and official responsibility, and sacrifice every other consideration to that of the welfare of those committed to his care. In every instance in which he yields to importunity, he will have occasion to lament his want of firmness.

Yet our Provincial Statute for the government of private lunatic asylums (see clauses 83 and 84), takes away all discretionary power of refusal from the physician; and he is required to admit relatives or friends, on the order of any *visitor* of the asylum,—that is, a *Justice of Peace!*—save the mark—and the order may be for one admission or any limited number, perhaps a dozen or a score, just as *Dogberry* prescribes; and a penalty of eighty dollars is to be paid for every refusal. The framer of such a law must have been a bright genius, and deeply read in the science of psychology.

I have seen a patient of this asylum die of cerebral congestion, in four days after a visit from her husband and son; and I have witnessed many instances of serious reverse of mental condition, consequent upon the yielding of my own convictions to the entreaties of feeble-minded friends. I believe my statement will be amply corroborated, both in America and Europe, when I say, that ninety per cent. of all the evil charges and insinuations made against modern lunatic asylums, might be traced back to the angry feelings of friends of patients whose requests to visit have been denied, and I am very certain that no superintendent ever

makes such denial unless when he feels convinced it would be wrong to act otherwise; whenever the visits of friends do no harm, they are freely admitted.

The discharges of the last three years, compared with the admissions, cannot be boasted of—being 244 out of 566; and even this proportion should be lowered, by deduction of 19, which, as observed before, were made contrary to my advice. A careful analysis of all the 566 cases, above mentioned, has satisfied me that we have made the best we could of them. I fear we must confess that success in the treatment of insanity depends more on the quality of our material than on our handiwork.

The asylum by-law which authorises the medical superintendent, in awarding vacancies, to give preferential admission to recent acute cases, has not, since the opening of the Malden Branch, been acted on; consequently, chronic cases have been admitted as freely and promptly as others, and they have amounted to about one-half of the total admissions. It must then be apparent that our discharges have been as numerous as could be expected.

The total discharges, from the first opening of the Asylum to 1st January, 1863, have been 1,493 out of 2,810 admissions.

The number of deaths in 1862 has been 27; of which 25 occurred in the chief asylum, and 2 in the branches. This is a considerably lower mortality than that of last year; but this circumstance is purely accidental. The general health of the asylum, throughout the year, has been the same as in 1861, that is to say, good. I have, however, to record that in the month of November, a case of measles occurred in one of our male wards; two others, in the same ward, presented up to the second week in December, since which we have had no more among the male patients; but the disease shewed itself in a female patient, in the most distant part of the asylum, on 19th December, since which time, up to the date at which I now write, 9th January, only one additional case (making in all five in the course of two months) has occurred, and all have been mild.

This is the first appearance of epidemic disease since my entrance, 9½ years ago, and very fortunate has been the exemption, for, as your Board are aware, we have no proper hospital arrangement for epidemic or contagious diseases. It is probable this want will be attended to, after its evil consequences have been seen, as has been the case in all other countries. The average asylum residence of the 27 deceased patients was 3 years 2 months and 27 days each; the longest residence was 12 years and 5 months; and the shortest 12 days.

The following were the diseases under which the 27 deaths took place:—

Phthisis pulmonalis (latent).....	7
Do. do. (manifest).....	4
Marasmus.....	3
Apoplexy (serous).....	2
Do. (congestive).....	1
Senile exhaustion.....	1
General Paralysis.....	3
Bronchitis, trumatic.....	1
Epilepsy.....	1
Fatty degeneracy of heart.....	1
Hydropericardium, &c., &c.....	1
Disease in almost all the vital organs.....	1
Softening of cervical-portion of the spinal cord, without paralysis.....	1
Total.....	27

Three of the *post-mortem* examinations made were instructive, and call for brief detail.

I.

D. C.,—admitted 17th December, 1861,—aged 52; a man of large size; reported to have been of previous good habits. His insanity had, on admission, been of eight weeks' duration, and was characterized by great restlessness and violence. His delusions, as usual in general paralysis, were of the elevated, ambitious class. He preached loudly and authoritatively, declaring himself to be the Supreme Being. His appetite was voracious (the most constant, and the truest pathognomonic symptom of this fatal form of disease); and he neither admitted that he suffered any pain, nor gave any indirect indication of so doing. He continued restless and very noisy, moving about, or sitting up, until four or five days before his death, when symptoms of cerebral compression began to appear.

He died on the 4th February, one month and eighteen days after entrance. His condition having had distinct reference to brain disease, we purposed restricting the examination to this organ.

On the scalp, about an inch and a half posterior to the anterior fontanel, was observed the cicatrix of an old wound; the color of the bone beneath was a shade darker than at other parts.

The dura mater was adherent to the brain, all along the side of the great fissure, over a breadth of an inch and a quarter.

Beneath the arachnoid was effused a quantity of grumous serum. The blood-vessels of the brain were congested.

The crebrum was of nominal consistence, and but little fluid was found in the ventricles,—but as much as four ounces at the base and in the vertebral theca. After I left the dead-room, believing I had seen all that the case afforded, my assistants proceeded to examine the rest of the body.

On making the usual section of the costal cartilages, they were surprised to find pus diffused beneath the muscles on the left side, and fractures of five ribs running in a vertical straight line, a short distance from the junctions with the cartilaginous portions. No re-union had taken place. The pus being examined under the microscope, was found to consist of sanies and granular matter, without any pus corpuscles.

The left lung was adherent inferiorly and posteriorly.

The pericardium contained some effused fluid; and both its internal and external surfaces, as well as the surface of the heart, were rough, and spotted with lymphic deposits. The bicuspid valves had granular deposits, and the arch of the aorta was enlarged. The abdominal organs were all sound.

The preceding case, as illustrative of a class to which importance has accidentally been given, through the ignorance of two members of the medical profession in London, England, may be regarded as of some interest. In three or four English asylums, as well as in some American, autopsic discoveries of similar character and of even greater magnitude, have unexpectedly been made; and it has been incontestably proved that lunatics, affected with general paralysis, or with other forms of intense cerebral disease, may sustain severe and extensive osseous or other lesions, without manifesting the slightest perception of pain, or impairment of muscular activity.

In the present case, there was no reason to doubt that the fractures of the ribs had taken place before the patient's arrival at the asylum. The rectilinear course of the fractures appeared to indicate that they had resulted from a fall forward on some hard, narrow surface, such as the edge of a board or plank. The account given as to his violence and restlessness corroborated the supposition.

This patient not only appeared perfectly free from pain, or muscular impairment, up to the period when symptoms of cerebral, or cerebro spinal, compression shewed themselves, and he kept his bed, but he preached and shouted perpetually.

In one of the English cases above referred to, two surgeons gave testimony to the effect, that no person having two or more fractured ribs could be free from pain, or freely use the costal and other respiratory muscles.

"Ne sutor ultra crepidam."

Before delivering opinion on any question relating to insanity, or to the insane, medical practitioners would do well to acquaint themselves with the subject on which they are to testify. It is a very unpleasant thing, in after time, for one to discover that he has asserted that which was untrue; and it must be peculiarly uncomfortable to have so affirmed under oath. I have no doubt that, in a few years, our books and journals will detail a multitude of cases of similar character. The present is the second which I have met with, and neither of the two would have been known without *post-mortem* examination.

II.

The second autopsy, which I submit, presents no very interesting fact, excepting that of correction of error of diagnosis. From all the symptoms of the case, I had been led to regard it as one of latent pulmonary phthisis, an obscure form of disease, to which, in my last year's report, I drew attention.

The subject of present notice was a woman of 56 to 60 years of age. She was sent to the asylum without any history of herself or her insanity; and was resident thirteen and a half months. She appeared to suffer at times severe pain in her gums and face; and in her paroxysms she was wont to scratch her face deeply. She understood neither English, German nor French. She sank gradually, and died exactly as patients under latent phthisis do. Without a *post-mortem* we should have assigned her case to this disease.

Post-mortem.—The brain presented nothing remarkable. The lungs were universally adherent to the ribs, by old fibrous deposits. A few dark hard carbonaceous nodules were found in the upper lobe of the left lung; but otherwise both lungs were undiseased. The heart had undergone fatty degeneration to such an extent that recognition of muscular fibre was very difficult. There was an excessive development of fat throughout the abdomen.

III.

The third case may prove interesting to those who are better informed than myself on the pathology of epilepsy. The subject was a man who had been resident for nine years and a half. His insanity was ascribed to fright, but he had long been afflicted with epilepsy, which was aggravated by masturbation. His paroxysms were attended with danger to those near him; as at those times he became a mere automatic fury; and even in less disturbed periods, he was occasionally an unsafe neighbor, because of a peculiar propensity to scratch other persons' faces; and

when doing so with one hand, to hold them fast with the other with lock jaw tenacity. He ultimately died in an epileptic fit.

Post-mortem.—The vessels of the brain were found, as usual in such cases, excessively congested; but structurally the brain was perfectly normal, and so was every organ of the body. But, having exposed the spinal cord throughout its whole extent, we found a portion, about three inches in length, from the third cervical vertebra downwards, completely disorganized, and of the color and consistence of cream. This was the only trace of diseased condition detected in the whole system. What had it to do with his epilepsy? Was it the cause or consequence of this disease? Was there any connection between this lesion and his scratching propensity?

Note.—No paralysis was at any time present.

In my quarterly reports, your Board have been fully informed of the various current operations of this asylum and its branches, so that their introduction here, which would be tiresome to the public, is unnecessary.

I have again, on behalf of the people under my care, to express my thanks to the various clergymen of the city who have gratuitously continued divine service at the chief asylum and the University branch. But, alas! one of the number, whose services have been pre-eminently valuable, has just been snatched from us by a terrible disease. The Rev. Dr. Kennedy is no more. His funeral has been viewed from our windows by many a weeping eye. This asylum is a house of mourning. Our people have lost more than an eloquent and earnest preacher. His visits were not "few and far between;" and whenever he came he brought comfort and consolation to some aching heart. Every inmate of this house, who has listened to his unfailing Sunday morning services, will join with me in feeling that "Truth from his lips prevailed with double sway." But not merely a Sunday visitor was Dr. Kennedy: he came often, for he loved much. He knew how to speak wisely to the insane, for his head was clear and his heart was large. His memory will long be cherished within our walls.

It is a pleasing duty to me to state, in concluding this report, that during the past year not a single instance of misconduct, or dereliction of duty, on the part of those under my direction has taken place. All have zealously, cheerfully, and humanely carried into effect my instructions and wishes.

I have the honor to be,

Most respectfully, &c., &c.,

JOSEPH WORKMAN, M. D.,

Medical Superintendent, P. L. Asylum.

J.