

THIRTY-FIRST
ANNUAL REPORT
OF THE
NOVA SCOTIA
HOSPITAL FOR INSANE
FOR THE YEAR 1888.



HALIFAX, N. S.:
COMMISSIONER OF PUBLIC WORKS AND MINES,
QUEEN'S PRINTER.
1889.

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Nova Scotia Hospital for the Insane.

HALIFAX, N. S.

1889.

COMMISSIONER:

HON. CHAS. E. CHURCH, M.P.P., M.E.C.,
Commissioner Public Works and Mines.

R. T. MURRAY, *Secretary to Commissioner.*

RESIDENT OFFICERS:

ALEX. P. REID, M.D., L.R.S.C., *Edin. &c., Medical Superintendent.*
GEO. L. SINCLAIR, M.D., *Assistant Superintendent.*
AUBREY S. HUNT, *Bursar.*
R. D. DICKSON, *Engineer.*
MRS. R. D. DICKSON, *Housekeeper.*
MISS H. SAMPSON, } *Head Attendants, Female Wards.*
MISS E. C. OGILVIE, }
ALEX. NICHOLSON, } *Head Attendants, Male Wards.*
ALEX. GRAHAM, }

Received of the Hon. Secy of the Navy

the sum of \$100.00

for

Jan 18 1862

Wm. A. Rorer

Secretary of the Navy

Wm. A. Rorer

Secretary of the Navy

Washington

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THIRTY-FIRST ANNUAL REPORT
OF THE
MEDICAL SUPERINTENDENT
OF THE
Nova Scotia Hospital for the Insane,
1888.

TO THE HONORABLE CHARLES E. CHURCH,
Commissioner of Public Works and Mines:

SIR,—

I have the honor to submit the Annual Report of the operations of the Nova Scotia Hospital for the Insane.

Number of Patients on Register Dec. 31st, 1887..	407
" " admitted during year 1888..	104
Whole number under treatment	511
Daily average	411
Greatest number at one time on Register—July ..	424
Least " " " " —Dec. ..	395
Discharged as recovered.	46
" " improved.....	37
" " unimproved	2
Died	31
Whole number discharged	116
Remaining on Register Dec. 31st, 1888	495
Number out on trial.....	13

ADMISSIONS.

There were 104, of whom 21 had formerly been inmates—13 once, and 8 twice.

Of these re-admissions, fifteen had been discharged as cured, and six as relieved.

We have as usual had a large number out on trial all the time, partly to make room for the many applicants and as well to feel satisfied of the recovery or fitness of the patients to reside at home. All our discharges as recovered had been for months at home before being discharged, and we had received favorable reports of them before removing their names from the register. The number out on trial, varied from 13 to 37. Only a very small number of those allowed to go home on trial are returned for treatment.

DISCHARGES.

There were 116 discharges, of which 46 were classed as recovered, 37 improved, and 2 stationary. There were 31 deaths from the following causes:—

			Total.
Phthisis.....	6 men	2 women	8
Paresis.....	4 "		4
Epilepsy.....	4 "		4
Inflammation of Lungs....	1 "	1 "	2
Mania.....	1 "		1
Diarrhœa.....	1 "	1 "	2
General Debility.....		3 "	3
Paralysis.....	1 "	2 "	3
Cancer.....		1 "	1
Suicide.....	2 "		2
Accident.....		1 "	1
	—	—	—
	20	11	31

The death rate is a little over our usual average (6 per cent.), being 7.5 per cent. on general average of daily resident and 6 per cent. on whole number under treatment.

For seven years past there had been no death from suicide or accident but for the past year we must report two of the former (male patients) and one of the latter (a female). The suicides were one from strangulation and one from falling off the building—and the accident was due to impaction of food in the pharynx—during meal time. These cases were fully reported to you at the time, and each case was carefully enquired into by a coroner and jury selected designedly from those who reside at a distance from the Asylum. The verdict in each case unqualifiedly exonerated the employes from blame.

We have always had a large number of patients thus inclined, and many attempts frustrated; but such is the history of Asylums for the Insane.

This year we must again repeat the stereotyped clause of the report:

“There have been many more applications for admission than we had space for, and to a great extent we were compelled to adopt the necessity foreshadowed in last year's report. ‘From appearances this increase of applications is likely to continue, and we will be reduced to the necessity of confining admissions to the number of vacancies that may arise from discharges.’”

Had it not been for the relief afforded us by Halifax City and County authorities our admissions would of necessity have been less, and to that extent the usefulness of this institution to the province would be curtailed. We are at present unable to admit many of the applicants.

RECOVERIES.

There were 46 recoveries, being 44 per cent. on admissions, and but little behind our general average (46).

IMPROVEMENTS.

During the past year we have changed the the distribution of water throughout the building—by so arranging it that all the water pipes are in the basement instead of the attic where they were liable to injury from frost, and when leaks occurred there was likely to be injury to the ceilings of the wards below. We are now able to draw our supplies direct from Lake Maynard and as well from the tanks if it be needed. In this way we can utilize the gravity pressure when at its lowest and save the trouble, as well as expense, of pumping all the water into the tanks, which may be needed for the supply of the building.

After a great deal of trouble the very wasteful leakage resulting from defective water mains has been detected and remedied, and as a result the supply in the lake is increasing.

The engineer's workshop has been very inconvenient, and a new one is in process of organization.

A new wood-house for the baker's use is also in process of erection, and also one for the storage of oil for gas purposes.

Our arable land has been extended by clearing and draining four or five acres in the rear, which will be of great service in regard to our dairy stock.

RECOMMENDATIONS.

Under this head I have to bring to your notice that in the event of the Sugar Refinery Co. commencing operations and using the Lake Maynard water, we would, in all likelihood, be insufficiently supplied. Since we have had the leaks repaired, the lake will, no doubt, be sufficient, if the only demand be such as has been all along required of this reservoir. In last year's report this has been specially referred to, and I need not now discuss it.

We are also in great want of a larger kitchen—referred to last year—and a store-room for supplies.

CARE OF THE INSANE.

I would again call your attention to an over-crowded hospital, and request that the plan introduced in the Act of the Legislature of 1886 be carried out. In the reports for 1878 and 1882 this subject was dealt with, and since there appears to be defective knowledge of this question, I will again submit the arguments which a more extended experience does but confirm.

INCREASE OF INSANITY.

To shew how necessary it is to adopt a system sufficiently comprehensive, we must bear in mind that there is an increase in the number of insane, and moreover we are justified in believing that the ratio of increase is advancing more rapidly than that of the general population. This is not solely the experience of Nova Scotia, but of all countries whose statistics are reliable. This is ascribed to many causes, but business worry, and the nervous strain incidental to the progress of this century, are very generally considered of most moment. Without denying that all these have an influence, yet in this Province (and no doubt in other places as well) it appears to be due to *natural*, and easily understood causes; for the increase is by no means confined to those who are engaged in bustle and excitement, but rather to the farmers and fishermen who mentally have the least disturbing influences to contend with, and these have but little, if at all changed in many years. In our experience the prime factor among the causes is—HEREDITARY PREDISPOSITION.

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The more extended the enquiry, the more do we find that there are a great many families with this taint, in many cases introduced from the "old countries" by the parent stock. It is not difficult to understand that this family weakness is a most active cause of insanity, owing to the want of stability in the nervous organization of their progeny. For instance, all are subjected to the trials incident to life, but those whose nervous systems are most easily thrown off balance are those that become insane, because being less able to withstand shocks, they are most likely to be cast helpless by the wayside in their march through life. Again, a very large percentage of *those with this tendency* are (when not insane) apt to be more or less weak-minded and have not the energy that impels the "pushing" class who, in most countries, go to foreign or distant parts to better their condition.

Population increases despite the exodus, and the progeny of the mentally weak are proportionally as numerous as that of others. Hence we would find that if the people of a country were all retained within its borders, insanity would be likely to increase with the population. But as it is chiefly the sturdy in mind as in body that swell the "exodus," there is an increasing percentage of insane and weak-minded left behind. Some of these emigrate and become insane, and in many cases are promptly returned to us.

Since these habits of the people are not likely to be much changed, it appears quite evident that we must arrange for extended accommodation for the insane in a probably increasing ratio, until society solves the problem of *how to prevent its natural increase*.

CUSTODIAL CARE.

The people at large, as well as the county authorities, need to be so educated as to appreciate what is needed for managing the burthen of insanity which affects society. This subject is the cause of much thought, of varied schemes and great expence to every civilized community, and though this Province has credibly borne its part, yet the question is not solved, for there is an imperative demand for more accommodation that some means must be devised to furnish.

It is assumed now that our system is complete, all that is needed being the formal application for admission. That we are over-crowded is nothing to the applicant, so that the admission is obtained. It is also assumed that there is always "room for one more," and we have many a pleading letter that we feel sorry to refuse its prayer, knowing that the request is a fair one, while for every refusal there were at least five patients in the hospital who needed its services less than each of those whose admission has not been recommended.

Before entering on details, it might be as well to review briefly the relations between insanity and the means adopted for its amelioration; because many in the Province may be apt to think that insanity

is a malady in which the chances of cure are similiar for all the afflicted. This is a very mistaken idea, for it only obtains in very recent cases, and after a duration of one year the prospects are very limited.

The insane may be divided into two classes, in respect of their custody, "Cure and Care": 1st, the acute, recent and violent; and 2nd, the chronic (long standing) and quiet demented. Both classes may be treated in the same institution, or in two distinct establishments, with appointments differing for each class.

I.—RECENT AND VIOLENT.

There is no difference of opinion as to the method to be pursued with this class; a special well-appointed hospital will restore from 60 to 70 per cent. of all cases of less than a month's duration prior to their admission. The "conventional mad-man" is always violent; but of "recent" cases a large percentage show no "violent" symptoms, yet they require much more care for their restoration, and where this has not been given, a vast majority sink into a state of chronic helpless insanity, to so continue for from 12 to 22 years, a burden to their families and the state. The "quiet," recent cases do not receive the needed attention, for public opinion is not yet educated up to that point which would demand for every one suffering under mental aberration special medical treatment, and hence the origin of the large insane population outside the asylums as revealed by *census* in this Province in 1881, being about 2,000 cases, and at present much greater. Some means must be taken to arrest this manufacture of chronic insane.

II.—CHRONIC AND THE QUIET DEMENTED.

This is by far the most numerous class, and results from recent cases who have had no care, and a percentage who are incurable from the first. The average insane life of each individual is 18 years. The idiotic or congenitally "weak-minded" are a different class, which should not be (but often are) included with the above.

The *Chronic*, as a rule, are unable to care for themselves, must be fed, and clothed, and kept clean, but under directions many can give assistance in keeping their domicile *presentable*, and a smaller number can work at various employments, but their labor is fitful and must be carried on under constant supervision. Very many are inclined to wander, who must be kept in locked apartments, and be under attendants when they go out either for air, exercise, or labor. Some are liable to exacerbations of excitement, when extra care is needed; but this does not last long, and the treatment necessary is such as could be obtained from skilled attendants with a few visits from a physician. In fine, the care required is such as should be given to weak-minded children (although of larger growth), some of which are wayward or obstinate, or mischievous, with a vicious bent when opposed, or inclined to wander away, and suffer from exposure or accident.

HOW ARE THEY AT PRESENT SITUATED.

There is a great alacrity manifested in getting "violent" cases, *recent or chronic*, housed in the Asylum, but the greatest number are disposed of in the most convenient way. Some are kept at home from the stigma of reproach which is apt wrongfully to attach to a family so afflicted, and when cared for by kind friends, if the case be chronic, with no delusional antipathy to the surroundings, no better asylum need be desired; many, however, are lodged in jails and poor-houses.

The promiscuous domicile of paupers or criminals with the insane always reacts to the injury of the latter, for, if unable to recognize their degradation, their fitful dispositions cause them to resent harshness by fits of violence, and want of care by destructive and filthy habits. The experience of older countries (and even Nova Scotia) shews, as the result of promiscuous domicile, that the *insane* are confined in out of the way corners, garrets and cells—are chained and handcuffed, and reeking with filth of every imaginable kind, to be borne for years without aid or sympathy in their hopeless imprisonment for no just cause. There is no excuse for this, because the worst cases give but little trouble when transferred to asylums. Hence, it is but a "truism" to say that the *poor-house* is not adapted for inmates of this kind; there is neither the care, privacy, nor protection they require. After a careful examination of the 190 chronic cases in this institution there are not more than 50 (25 per cent.) who could be lodged in a well-conducted poor-house, and no one who has sufficient energy and tact to cope with the ordinary inmate, where the "rough" style of management may be in vogue.

The term "pauper insane" is too frequently confounded with "insane paupers," but the distinction between them is too wide to permit of comparison. A very large percentage of the insane must be supported by the "state," not because they were paupers, but because their disease prevents them from continuing their own support and that of their families, and scarcely an individual is of the class which is a burden to the community from laziness, carelessness, or vice.

Those who depend on intellectual labor, females from the responsibilities of maternity, farmers, fishermen, mechanics, and the laborious occupations, are most prone to this malady.

The late Dr. J. P. Gray, Superintendent State Asylum, Utica, N. Y., from a lengthened experience says "that the useless pauper class, the ordinary poor-house inmates, are not those likely to become insane, this form of disease being more prone to affect the producing and industrial classes and is largely brought on by the breaking down and impairment of the general health so often connected with the toils, responsibilities, losses and griefs of a life of labor, and that this fact should secure sympathy from the public as well as justice."

In looking over the admissions to this institution (2,326) there are many who came from jails and poor-houses, but they were not of the "regular inmate" class, being sent there to prevent their doing injury or to be kept out of the way and were self-supporting before being invaded by disease. Hence there can be no excuse to look on the insane (though poor in pocket and hopeless as to recovery) as a class similar to "the paupers" and deserving of no more compassion—an idea which may be entertained by those unacquainted with the common history of insanity.

PROVISION FOR THE INSANE.

This institution is much over-crowded. On the male side day rooms have been converted into dormitories; on the female side there are a few vacant beds, which must be kept ready for recent cases, and a great many applications must be rejected. Unless other provision be made cases can only be admitted as vacancies arise, and even these will become more limited, for as a rule some twenty per cent. of admissions go to make up a continually accumulating population, which situated as we are at present, there is no means to dispose of, (they number 190 out of 394). The wards are becoming gradually filled with the chronic and almost incurable insane, who occupy space that was designed to accommodate those who could be most benefited by treatment, and when discharged would be self-supporting.

Of necessity for the past ten years all applications for chronic, possibly incurable, epileptic and idiotic cases have been (as far as could be determined) refused, and in doing so inconvenience and injury have been visited on their relatives, as well as on the unfortunates themselves. That they needed care more than many of our inmates, and, that they could be much improved, physically if not morally, can not be questioned. But what are we to do with the unfortunates here, of a similar class, that fill every available space—who are imbecile, homeless, and often friendless, with no resources, and unable to properly use them if they had? When this class once gain admission, as a rule their friends avoid, as far as possible, any responsibility or care for them, and I have no doubt the chief reason is that they have no facilities for doing so. A chronic lunatic is a very undesirable, nay, impracticable member of the family circle. It often happens that the friends or county authorities remove patients of this class, but there being no facilities for care, those who would get on well with requisite attention, very rapidly deteriorate, and are sent back to us in most pitiable conditions. In brief, the problem is, "WHAT SHALL BE DONE WITH THE CHRONIC INSANE?"

A large percentage could be cared for at home did their friends have the *means*, but few among the farmers and laboring classes are able to afford such attention as would keep the *afflicted* continually under observation. The *law* empowers you to board out suitable patients, but so far no advantage has been taken of this privilege. I presume

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because it is so difficult to find trustworthy persons who would consent to receive the insane into their families.

This system of colonizing has been followed with good results at Gheel in Belgium, and in Scotland, but failed in other countries after a trial, chiefly because there were no populations with the knowledge and experience needed, and such would be the case in this Province, in all probability.

Putting up additional buildings on the grounds of this institution would approach the system of London, Ontario, but we have not, and cannot get, the farm and conveniences that make the London institution successful. We have made it a subject for enquiry in the case of visits of Superintendents and other specialists, and in every case the opinion was that this hospital should not be enlarged on the score of efficiency and convenience.

SEPARATE INSTITUTION FOR THE "RECENT" AND "CHRONIC" INSANE.

This subject has been the theme of much discussion, and as well of experiment, which even yet is not settled. There is great unanimity of professional opinion that these classes should *not* be treated in separate institutions for very many, very cogent, and quite sufficient reasons—the question of expense alone to the country.

In New York State the Willard Asylum for Chronic Insane (in the words of the Act) "a State Asylum for the Chronic Insane and for the better care of the insane poor," has been established in opposition to previously received opinion. It has been 21 years in operation, accommodates over 1900, and is practically a success. At this institution the "Detached Buildings" or "Cottage Asylum" system has been very thoroughly developed, and every appliance that science and skill would suggest for the *cure* as well as as *care* of the *insane* has been furnished and utilized. Dr. J. B. Chapin and Dr. Wise, the accomplished Superintendents, have reason to feel proud of the successful issue of this much-debated scheme, and observers will closely watch its continued history. Dr. Chapin says, "the usual arrangements of a county alms-house are not adapted to the care of the insane. Some concession is due to the feelings of friends in these cases, the majority of whom do not belong to the class who would willingly seek the refuge of an alms-house. If ever sent there, they go unwillingly and under actual compulsion. We utter the united sentiment of these persons when we say they contemplate with feelings of horror the possible care of an insane relative in an Alms-house Asylum. We are well aware that decided improvements have taken place in the county houses of this State in the past ten years, but nevertheless the fact remains that many of them are compact, overcrowded buildings, containing the aged, young, infirm and sick, the vicious, idiots, and lunatics under the same roof without employed attendants and regular medical inspection. The relief which is afforded these establishments by the removal of a constantly disturbing element is decided, and to give effect to the objects of this asylum we have given preference to

cases which seemed to require the greater amount of care, and we trust this policy will continue to prevail."

How many of the 1,600 and more insane in Nova Scotia (not cared for in this hospital) would the above description be applicable to?

At London, Ontario, yet another system is being developed, the *recent* and *chronic* are being (more or less) treated in different buildings under the same management, the "cottage" system being here also developed. Dr. Bucke, the energetic Superintendent, feels very great confidence in the result and thinks it will to a great extent solve the question of the *cure* and *care* as well as the *over crowding* of large asylums from the accumulation of Chronic cases. By this fusion of the two systems (*separation* and *non-separation* of *recent* and *chronic*) there is a fair chance of success, because the situation is such that either system can be carried out in its entirety or modified as experience would suggest. The McLean Asylum, Boston, and others in France, have also developed this method.

WHAT IS THE URGENT DEMAND OF NOVA SCOTIA?

1st. The care of the chronic insane, those who have no provision made for them, because they cannot be admitted into this asylum for want of room, and those who now crowd the wards (190) and prevent this Hospital from carrying out its design—the CURE of the insane.

2nd. To embrace without delay all *recent* cases, QUIET as well as VIOLENT, and thus arrest the rapid accumulation of *chronics* with the individual injury and expense thus entailed.

3rd. Some means by which convalescent patients may be kept under supervision near their homes; and also to allow patients who are "weak-minded" (and not able "to battle with the world" very well, yet are sane and industrious,) to be transferred to the vicinity of their homes, when their friends are unwilling or unable to take them away. Such cases are frequent.

4th. Such a governmental supervision as will prevent insanitary and inhospitable conditions, which every now and then occur with those who from any cause are prevented from caring for themselves, as inmates of jails, poor-houses, asylums, etc.

5th. Some means by which the counties can conveniently, economically and properly provide for the insane thrown on their bounty, that can be commenced immediately and completed quickly.

6th. To relieve the Province of an embarrassment with which it is financially unable to cope.

7th. To diminish the cost of the care of the chronic insane, while giving every comfort.

8th. To be efficient as well for their cure.

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HOW IS THIS TO BE ATTAINED?

I. The best method would be an additional large and well appointed hospital in the eastern section of the Province, to be at once commenced, to relieve a most pressing need, and accommodate the locality having the greatest number requiring aid. Another would also be required in the western section, similar in character. The only objection is the cost.

II. The method being adopted at London, Ont., at the McLean Asylum, Boston, etc., above referred to. The objections are—1st, that all the conveniences for treatment being massed at one place, the facility for the admission of the recent cases in remote parts of the Province would not be enhanced, and a most desirable improvement and assistance would not be obtained; 2nd, the small quantity of land for farming purposes which is attached to this Hospital, and the great cost attending the purchase of adjoining farms and rendering them suitable for cultivation, (whereby a sufficient acreage should be obtained so as to utilize all the available labor directly in supporting the inmates,) would militate against the adoption of this as a solution of the question. The "Cottage" system thus introduced would greatly facilitate "classification," and in case of an epidemic attack permit of isolation, advantages of great moment. The buildings being included in the general management, would greatly diminish the cost of maintenance of each of the patients when all are included. Each detached building should accommodate (60 to 200) sixty to two hundred, as may be deemed best.

Taken altogether, this method deserves to be recommended as next best to the preceding.

III. A separate institution for the *chronic* insane, with all the appointments of a good asylum, which could be located in the eastern or western section, where facilities were obtainable for colonizing a large insane population. In fact the system adopted and carried out at the "Willard"—detached buildings being added as occasion demanded. It would also serve for the treatment of recent cases occurring in the section. To it could be drafted cases of long standing, so that the wards of this, the central hospital, would never be over-crowded.

There need not then occur the refusal of any application for aid for an insane patient. The present expense would be fully as great as that of the first method recommended.

By the third plan a large and increasing colony for the chronic insane is foreshadowed an arrangement which would no doubt, in course of time, permit their maintenance to be carried out at an expense much less than must occur where the recent cases are in large majority with the extra care and convenience they would demand, and the small amount of labour comparatively that they could be expected to

furnish. The third method carried out in its entirety would come third in order of recommendation.

The solutions of the problem which have thus been suggested are those which the experience of America would teach, and are similar to that which has been previously recommended to the Government of this Province, but bearing in mind the geography and finances of the Province, and as well the urgent necessity of good and more extended provision for the insane, I submit a fourth method for your consideration which is partially carried out the details of which I may repeat.

IV. COUNTY "COTTAGE" ASYLUMS SYSTEM.

The pressing demand is for the appropriate accommodation of the weak-minded, or chronic-insane, who are in ordinary physical health, and simply require to be cared for. They number 190 at present in the Hospital, in addition to five times that number outside many of whom are in need of assistance. The *Accommodations* required are warm apartments, dormitories that are well aired and comfortable, and a few single rooms to be used in case of an out-break of quarrelsomeness, so that the sleep of others would not be interfered with. A centre building containing officers' quarters, dining-rooms, kitchen, &c., with detached or continuous wings on either side to serve as dormitories, and day-rooms for patients, males on one side, and females on the other.

The *Conveniences for Cooking* should be such as the number cared for would demand.

Heating Appliances.—Good results may be expected from the ordinary grates or stoves with a guard at a sufficient distance in front of, or around them, so that they could not hurt themselves. In the Toronto Asylum there are open fires in all the wards, which give an air of comfort and cheerfulness, are home-like, are not expensive to build or keep in repair, and maintain good ventilation, and sufficient warmth at a very moderate outlay in fuel.

The Water Supply could be obtained from wells, but preferably from a lake or river in the vicinity, from which the water could be pumped up, by the most convenient means, to a cistern in the roof, for the supply of kitchen, bath-room, &c., and be available also in case of fire.

But little illumination would be required in the dormitories, and this could be furnished most safely by the use of candles.

The legal enactments must be enforced, requiring that the management be such as obtains in all well-regulated asylums for the insane, that no patient be permitted to remain who has not been sent there from this central institution, and who is considered fit to be thus cared for. Every case temporarily admitted being allowed to remain only long enough to permit of being transferred here, and thus

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prevent the possible abuse of *recent* cases being retained to their detriment.

Should the county authorities desire to establish an almshouse in connection therewith, such additional structure might be sufficiently near to permit of conjoint management where not more than 100 of each class would require to be cared for. But it should be at such a distance as to give the required privacy to the insane, and run no risk in case of fire in either building. In this way the pauper labor could be utilized in the common support by work done on the farm, and also to aid in doing necessary duties at the asylum. Promiscuous intercourse to be strictly prohibited.

The advantages resulting from carrying out this idea, which is not novel except in some details, would be the following, taken in the order laid down under the head of "What is the urgent demand?"

1ST.—All the Chronic Insane would be provided for, and this Hospital, centrally situated as to location, is sufficiently large to carry out its design—"The Cure of the Insane of Nova Scotia." Because accommodation for recent cases could always be made by drafting off such as could be appropriately sent to the local establishments. Many cases that are incurable would be greatly relieved by treatment did we have room to admit them, and a place to send them to afterwards, but applications for whom we are now constrained to refuse.

2ND.—Each local institution would be a harbor of refuge, to which the afflicted would be brought, where temporary care would be furnished for the few days pending their removal here. Such conveniences would prevent patients from being hidden away by their friends, and would also collect all recent cases, whether "violent" or "harmless," and send them where they could be treated appropriately. In this way the "Manufacture of Chronic Insane" would be arrested at the very beginning, and with it the rapid increase of insanity with its attendant misery and expense to friends and burthen to the state.

3RD.—Such a county asylum could be a half-way house for convalescents between this Hospital and their own homes, giving a period of trial under supervision, a matter often of great moment. Not unfrequently there would be saved the expense and annoyance of re-admissions. The necessity would be obviated of retaining patients whose friends are unable or unwilling to take them, and who are not mentally qualified to walk out of the asylum and push their own way. These, when transferred to the vicinity of their homes, would very soon be appropriately located.

A great boon to the Chronic Insane would be their removal to a locality where they could receive the visits of their friends, differing in this respect from *recent* cases which, with scarcely an exception, are benefited by being surrounded by strangers.

4TH.—The Government Inspector should visit and thoroughly examine each establishment every three months at least, which would ensure good management. This method of inspection has been several years in operation in Ontario, and with the most satisfactory results. His duties are to report on all hospitals, poor houses, jails and charitable institutions, as well as the asylums for the insane. Such an officer is a direct means of communication between a government and the results of much of its labour, and is needful in Nova Scotia.

5TH.—The expense attending the care of the insane is and must come on the counties, and by this method it can be more conveniently and economically done, while retaining at home the money now spent in Halifax. They will be able to build cheaper, get ordinary labor at less cost, and utilize more of the possible work of the inmates on a larger and better farm than is possible here; attendance need not be expensive, and if convenient they can utilize pauper labor and yet give the insane every care, with a few special attendants, however, the buildings, not being so large, can be more readily undertaken and more quickly completed.

6TH.—There does not appear the slightest present probability that the Government will take in hand the erection of another large asylum, owing to financial inability, and moreover, no definite period at which to expect its construction. The urgent want of accommodation demands some practicable and relatively inexpensive method, and the suggestion of county cottage asylums appears to me to be that which has no chance of being successfully carried out.

7TH.—All concede that the cost of caring for Chronic cases can be much less than that of the recent and violent, for so many and such well understood reasons that I need not dwell on them. It is not possible to arrive at absolutely correct figures, but from the best information to be attained, excluding the cost of buildings and appurtenances—the cost for maintenance on a good farm may be in the vicinity of \$60 to \$80 per annum each, where from 50 to 100 inmates are accommodated, while the expense at this hospital has been from \$158 to \$186 per annum for each patient.

8TH.—That the probabilities of *cure* be not less than in large institutions. Their is a fair probability that it may be greater, and we may consider this point. There are but few cases of insanity, recent or chronic, where there is absolutely no hope of *cure*.

It is also an accepted fact that a large asylum gives the greatest chance of recovery for recent cases of any variety—a patient who has exaggerated notions either of his "importance" or "insignificance" finds himself thrown amongst a large population of strangers, and receives and deserves no more attention than one in so many hundred. This constant influence gradually impresses on the disordered intellect the fact that his extinction would cause no commotion whatever, and when this is clearly conceived, such a "delusion" is recognised as a "false belief" and the patient practically cured.

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As a rule all forms of insanity that do not end in recovery or death (from 15 to 25 per cent.) gradually sink into a common living grave. Dementia or Chronic insanity, and the influence of a large population has not a decided curative influence. There is a deficiency, nay want of ideas, that their surroundings do not tend to stimulate or create, and they gradually sink into a vegetative species of life, with total obscuration of the mind, so to remain, often for many years before death opens up a new scene to the occluded and imprisoned soul.

It is not unwarrantable to suppose that when this class is placed under changed external conditions, fewer being congregated together, that each one feeling a more special attention given him, his remaining faculties, aroused from their slumber, may yet through enfeebled perform a part of the duty required of them by the State, and put off for a period their approaching eclipse. To this no doubt is due the good results obtained at Gheel where but few (2 to 4) are kept together, and each is made to feel that he is of some value to the family with which he resides, because he eats and works and is continually in association with them.

It is impossible to afford so much attention to this class with large and mixed populations—although every effort is made by varieties of entertainments and labor to* draw them out” yet this particular class is with difficulty roused to take an abiding interest, being very different in this respect from the recent and more active variety of patients.

Segregation with equal care could not injure any, and might benefit a large number; and hence why I have suggested their subdivision into small communities, where facilities would be furnished for their care, and more inducements to stimulate to labour, and facilities for more frequent visitation by friends. This, though injurious and nearly always undesirable in *recent* and violent cases, has a far different effect on the chronic insane.

Some of the strongest arguments against separate treatment for these classes rested on the liability of asylums for the chronic and hopeless, to “neglect, degeneration and as perhaps a necessary consequence, the abuse of the inmates,” and that once they entered within its threshold hope was to be abandoned. But with management such as indicated there need be no fear of such a result. These county asylums, being designed for a small number of easily managed patients, would not need a resident medical superintendent. A small salary would pay a physician for the regular visit and any extra care that might be required of him. Any case that developed violent symptoms could be transferred to this hospital without much trouble or expense with our present facilities for travel, and every recent case would of necessity be sent here—hence a small number of attendants would suffice. A steward and matron skilled in the care of the insane could always be furnished by this hospital, who should have the *special* management, and with the supervision previously referred to there would be no fear of abuse or neglect of the inmates.

The "cottages" at London, Ontario, are designed for 60 patients, thirty men and thirty women, located in sections on each side of the central building. Dr. Bucke tells me that he prefers men and women in each "cottage" rather than to have the sexes located in separate buildings. "Base burners" were depended on to supply warmth in preference to "steam." The water-closets are not within the cottage, but connected with them by a passage protected from rain or snow. There is one bath-room with a series of "tubs" in the basement of the centre building of each cottage—in which also is located a kitchen. A man and wife reside in the central section and have charge of each cottage, with a girl as an assistant and a cook. This method would need the modifications above suggested when the "cottage" was not a portion of a proximate and fully equipped institution. There might be some difficulty in several counties in the way of carrying out in its entirety the plan above detailed, but this could be obviated in a manner, as follows: Where the number to be accommodated is very limited, conveniences might be obtained without the necessity of new constructions, but to prevent abuse or carelessness, the arrangements should be made under the supervision of the inspector appointed by the Governor-in-Council. In this way all the demands could be satisfied.

At present there are several counties that have practically carried out the suggestions thus referred to, and in some of these the management was very satisfactory, and there is no patient in this institution chargeable to those counties who could be cared for unless here.

There are counties, however, that deal most unjustly with these unfortunates, and one that came under notice where their condition is deplorable in the extreme. To facilitate the adoption of systematic care, after the most careful consideration we would recommend that the Province should give pecuniary assistance to the counties in carrying this out. Moreover, it could be done without entailing a greater cost than now obtains with very restricted accommodation.

The counties should pay \$2.50 per week for each male patient, and \$2 for each female, a cost which many counties appear to be unable readily to meet. Excluding repairs, new structures, &c., the loss weekly on each patient has run from 40 cents to \$1.33, giving an average of 85 cents with equal numbers of males and females, but as there have always been more females than males, the balance against the Province is more than that just stated. For maintenance alone there is an average loss of 58 cents per week on each patient.

This loss is in reality a subsidy the Province pays to each county in proportion to its insane population, and in so far it is proper, because a provincial subsidy is not misplaced in carrying out this end. All governments require to do so, though the forms may vary. This subsidy should be granted by a definite and well-arranged system, which would give accommodation to the many needing care and not now provided for, whilst at the same time it would relieve our overcrowded wards, and as well diminish the cost to the counties. Pecuniary

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niary aid would smooth over difficulties, in getting the system instituted without increasing Provincial outlay. For all patients that need the special care of this central institution a charge should be made that would at least cover the cost of maintenance.

To carry out the system it would be desirable to make the legislation compulsory, but in view of the fact that this whole subject is so little understood by the people as well as the Municipal authorities, it was thought better to introduce the system by permissive legislation which would educate the powers that be, so that their own good sense would be enlisted in solving the problem, a subsidy given to assist their endeavors would no doubt greatly assist. There is a local difficulty in adopting any system which could be easily remedied by legislation. At present the law makes the county pay the cost of maintenance of its patients in this Hospital; but in the case of paupers it is the custom to make the District to which each belongs pay for the support. Hence the Districts are interested in getting their cases admitted chargeable to, and as far as possible retained under the charge of, the county.

Looking at the subject from all points of view, there is no room for doubt but that the Province must adopt a more extended system of relief for the insane, with sufficient elasticity to cover conditions likely to arise in the future which have been pointed out in preceding pages.

There is wanted efficiency, or

- 1st. The arrest of the manufacture of Chronic Insane.
- 2nd. Appropriate cure and care for all afflicted.

It would need to be conducted with the least expense compatible therewith. This without doubt could be obtained as above indicated.

This system is not novel, nor is it likely there is any room for novelty on this subject, but as far as I am aware, a system which would contemplate a large central institution, and numerous small ones, so situated in districts throughout the province as to be agencies for collecting all cases of insanity and sending them to a well provided hospital to be treated, classified, and when sufficiently recovered to be redistributed, is novel in its details and possesses *germs of success*.

In recommending the above system the other three are discussed in the regular order of merit, but the system referred to is considered the one (all things considered) which is best adapted to this province.

ACKNOWLEDGMENTS.

The Rev. C. Underwood, P.P., had service every second Sunday, and Rev. Mr. Raven and Mr. Mellor the third Sunday of each month.

At other times we have been favored by the Revs. Dr. Burns, P. M. Morrison, Robert Laing, T. W. Smith, J. McMillan, L. Daniel, W. H. Cline, E. J. Grant, W. C. Brown, J. Weir, J. L. George, J. Strothard, Dr. Lathern, Mr. Dawson and D. M. Gordon.

Our thanks are due to Mr. C. D. Mack for a lantern entertainment.

Miss Adams as usual presides at the organ on Sundays, and we have also been favored every other Sunday by Miss McKenna of Dartmouth.

We have to regret the death of the late Colonel Montague, who for many years past contributed regular donations of newspapers.

The directors of the Halifax and Dartmouth S. S. Co., and their obliging Secretary, Mr. VanBuskirk, placed S. S. "Mic-mac" at our service for an excursion on the harbor last summer, which was as usual much enjoyed.

To Messrs. Wood Bros. and W. C. Silver we are indebted for Christmas Cards.

To Mrs. Wilbe for donation of papers.

To clergymen of all denominations, who always come at the request of any of the inmates who desire their services; and we have many such visits.

The press of Halifax and throughout the Province contribute their regular issues; and, in common with the world outside, our patients are most interested in this form of literature.

The following papers are regularly received:

- "Acadian Recorder," (tri-weekly).
- "Wolfville Acadian."
- "Christian Messenger and Visitor."
- "Church Guardian."
- "Colchester Sun," (Truro).
- "Colonial Standard," (Pictou).
- "Courier," (Digby).
- "Eastern Chronicle," (New Glasgow).
- "Morning Chronicle," (daily).
- "Morning Herald," (daily).
- "North Synney Herald," (Cape Breton).

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"Progress," (Lunenburg).
 "Weekly Monitor," (Bridgetown).
 "Spectator," (Annapolis).

The annual sleigh ride was, as usual, appreciated, and as well the regular dance evenings.

Arrangements are being made for regular lantern entertainments, one of which has been given.

THE PAST YEAR.

Our work during the past year has been as satisfactory as we could anticipate with the class of patients under our care. We admitted a lot of chronic insane (life boarders) with the understanding that their residence would be only temporary, pending arrangements that were to be made for their care elsewhere. This had the effect of filling our wards, and to some extent lowering our recovery rate, but we hope very soon to be relieved.

We would wish to be able to recommend the admission of every patient for whom application is made, for we have no reason to believe that any would not be, to some extent at least, benefited by treatment. This could be done, if provision were made for the proper outside care of the many incurables within our walls, who need such care as should be given to children. In the Acts of the Legislatures of 1886 are advisory and permissive laws to this end, which it is hoped will soon prove effectual.

Although something has been done towards relieving the pressure for accommodation of patients by Halifax city and county and to some extent by other counties, I must report that the different portions of the province do not equally receive benefit from this institution.

Colchester county occupies from $\frac{1}{3}$ to $\frac{1}{11}$ of the capacity of this institution for the past year, and at present there are in the hospital from that county 36 inmates; Cumberland has 23, Kings 29, Cape Breton 24, and Inverness 26, Halifax and Pictou have also large numbers, but they are of a class that require more care and attendance than the majority of those in the above list as they have removed the quieter ones. Inverness County is in the way of making provision for a number, and Lunenburg has provided a suitable building for the same purpose. Cumberland County has also relieved us a little, but Colchester, Kings, and Cape Breton counties have taken no practical steps.

To fulfill our duties to the province we should admit every one needing treatment, but we are unable to do so because of inability to make vacancies. We can now only admit as these arise by death or recovery, or the few removals that now and then occur, and this is not sufficient to supply the demand for space. The best method of relief

all things considered is freely discussed in previous pages of this report, and as well to some extent embodied in the acts of the Legislature of 1886.

Dr. Page at the instance of the executive made a careful examination of the institution, a duty which he performs in a most gentlemanly and painstaking manner.

The Commissioner of Public Works and Mines and the Secretary pay their regular visits of inspection and advise in the general management.

Our thanks are due to Mr. George Campbell for his labours as assistant when the Superintendent was absent on annual leave.

My thanks are due to all our officials for prompt, willing and satisfactory service, without which our efforts would fail, and to the Assistant Superintendent as usual for his valued assistance, and as well for aid in preparing the statistical tables included in this report.

To you, Sir, I desire to express my appreciation of the assistance, courtesy and kindness always manifested in our official intercourse and in your visits of inspection.

I am, respectfully,
Your obedient servant,

A. P. REID,
Medical Superintendent.

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STATISTICAL TABLES.

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APPENDIX.

Admission of Patients.
 Discharge of Patients.
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TABLE I.
Showing the admissions, Re-Admissions, Discharges, and Deaths for the Year 1888.

	M.			F.			TOTAL.
	M.	T.	F.	M.	T.	F.	
In Hospital 1st January, 1888							
Admitted for the first time during the year.....	48	35	83				
Re-admitted during the year	9	12	21				
Total admitted							407
Total under care during the year.....							104
DISCHARGED OR REMOVED.							
Recovered	21	25	46				
Relieved	22	15	37				
Not improved.....	2	0	2				
Not Insane	0	0	0				
Died	20	11	31				
Total discharged and died during the year.....							511
Remaining in Hospital December 31st, 1888							65
Average number during the year.....							206
							189
							197.9
							411.5

TABLE II.
Showing the Admissions, Re-admissions, Discharges and Deaths, from the opening of the Hospital to the present date, December 31st, 1888.

	DISCHARGED OR REMOVED.			TOTAL.
	M.	F.	T.	
Persons admitted during the period of twenty-nine years				1939
Re-admissions				387
Total of cases admitted				2326
	DISCHARGED OR REMOVED.			TOTAL.
	M.	F.	T.	
Recovered	548	488	1036	
Relieved	189	150	339	
Not improved	29	24	53	
Not insane	1	0	1	
Died	289	213	502	1931
Remaining December 31st, 1888				395

	SUMMARY OF TOTAL ADMISSIONS, 1859 TO 1888.		BOTH SEXES.	
	MALES.	FEMALES.	MALES.	FEMALES.
Percentage of Cases Recovered	43.41	45.95	44.58	
Relieved	14.97	14.46	14.57	
Not improved	2.31	2.37	2.32	
Died	22.90	20.95	21.58	
Remaining	16.41	16.27	16.95	
Total	100.	100.	100.	
Mean Annual Mortality—1859 to 1888	6.8	5.2	5.9	

213.5 197.9 411.5

ADMISSIONS AND DISCHARGES FOR THIRTY YEARS.

TABLE III.—Showing Admissions, Re-admissions, Discharges and Deaths, with the Mean Annual Mortality and Proportion of Recoveries per cent. of admission for each year since the opening of the Hospital.

YEAR.	ADMITTED.			DISCHARGED.						Remaining in each year.			Average number Resident.			Percentage of Recoveries on Admission.			Percentage of Deaths on average number resident.												
	M.	F.	T.	Recovered.			Not Improved.			Died.			M.	F.	T.	M.	F.	T.	M.	F.	T.										
				M.	F.	T.	M.	F.	T.	M.	F.	T.																			
1859.....	39	31	70	8	3	11	2	1	3	0	0	28	27	55	21	21	42	20.5	9.7	15.7	.0	.0	.0								
1860.....	32	31	63	8	6	14	2	2	2	0	3	1	4	45	50	95	34	36	70	25.0	19.3	22.2	8.8	2.8	5.7						
1861.....	38	22	60	14	9	23	4	1	1	5	0	3	7	10	62	55	117	55	50	105	36.8	40.9	38.3	5.0	14.0	9.5					
1862.....	31	12	43	12	9	21	1	1	2	2	0	2	4	1	5	74	56	130	69	52	121	18.7	75.0	48.8	5.8	1.9	4.1				
1863.....	30	17	47	17	5	22	6	0	6	1	1	0	1	0	1	6	75	67	142	70	62	132	56.7	29.4	46.8	7.1	1.0	4.5			
1864.....	23	23	46	18	10	18	1	2	3	3	0	3	3	0	3	4	6	10	82	72	154	80	71	151	34.8	43.4	39.1	5.0	8.4	6.6	
1865.....	24	22	46	12	16	28	5	2	7	1	1	0	1	0	1	4	10	3	1	79	71	150	81	74	155	50.0	72.7	60.9	11.1	6.6	9.0
1866.....	21	21	42	10	7	17	6	4	10	3	1	4	1	3	4	80	77	157	87	82	169	86	81	167	47.6	33.3	40.5	1.2	4.1	2.0	
1867.....	40	46	86	8	12	20	1	2	3	1	1	2	6	8	14	111	105	216	99	97	196	99	97	196	20.0	26.0	23.2	4.6	1.2	3.0	
1868.....	43	37	80	12	11	23	2	2	4	0	0	7	6	13	121	124	245	120	114	234	128	128	261	27.9	44.4	34.2	5.8	5.2	5.5		
1869.....	43	37	80	12	11	23	2	2	4	0	0	7	6	13	121	124	245	120	114	234	128	128	261	27.9	44.4	34.2	5.8	5.2	5.5		
1870.....	34	32	66	23	18	41	3	2	5	1	0	14	11	25	134	126	260	153	128	261	128	128	261	27.9	44.4	34.2	10.5	6.5	10.7		
1871.....	44	33	77	20	19	39	3	1	4	0	0	13	14	27	130	129	259	125	133	258	125	133	258	45.5	57.6	50.6	15.5	6.5	10.7		
1872.....	36	38	74	24	20	44	3	1	4	0	0	11	6	17	128	140	268	128	138	266	128	138	266	45.5	57.6	50.6	10.4	10.5	10.4		
1873.....	34	33	67	17	19	36	6	0	6	0	0	10	4	14	129	150	279	133	145	278	133	145	278	50.0	57.5	53.7	8.5	4.3	6.4		
1874.....	68	46	114	22	21	43	6	1	7	1	0	12	12	24	156	162	318	144	156	300	144	156	300	32.4	45.6	37.7	7.5	2.7	5.0		
1875.....	51	43	94	24	24	48	4	3	7	0	0	12	8	20	164	173	337	162	169	331	171	176	347	51.1	48.9	50.0	8.3	7.7	8.0		
1876.....	45	43	88	23	21	44	2	3	5	0	0	12	8	20	164	173	337	162	169	331	171	176	347	51.1	48.9	50.0	7.4	4.7	6.0		
1877.....	54	39	93	23	29	52	5	4	9	0	0	14	11	25	173	178	351	171	176	347	171	176	347	47.1	55.8	51.1	8.2	6.2	7.2		
1878.....	36	38	74	23	17	40	9	4	13	2	4	13	3	16	183	179	362	178	183	361	178	183	361	42.5	74.3	55.9	7.3	1.9	4.4		
1879.....	44	45	89	21	22	43	14	14	28	1	0	12	8	20	164	173	337	162	169	331	171	176	347	51.1	48.9	50.0	4.9	2.1	3.5		
1880.....	37	43	80	10	19	29	2	0	2	0	0	10	13	23	194	205	399	187	192	389	187	192	389	37.6	27.0	44.1	6.9	4.2	5.4		
1881.....	50	46	96	26	26	52	4	2	6	8	2	10	13	23	194	205	399	187	192	389	187	192	389	37.6	27.0	44.1	10.8	4.5	7.4		
1882.....	39	47	86	29	20	49	15	20	35	1	0	11	5	16	193	206	384	180	214	410	180	214	410	52.0	56.0	45.0	5.5	6.1	5.7		
1883.....	70	42	112	25	22	47	1	4	5	1	0	1	9	8	17	178	206	384	190	214	410	190	214	410	74.3	42.7	56.9	5.2	2.3	3.9	
1884.....	57	57	114	29	25	54	23	22	45	0	8	14	9	23	207	212	419	194	215	408	194	215	408	35.7	52.3	41.9	4.7	3.7	4.6		
1885.....	68	44	112	24	14	38	21	15	36	1	6	14	16	30	198	198	396	206	216	422	206	216	422	50.8	43.8	47.3	6.8	7.4	7.1		
1886.....	57	47	104	21	25	46	22	15	37	2	0	2	20	11	31	206	189	395	213	198	411	213	198	411	36.8	53.1	44.2	2.8	7.2	4.9	
1887.....	57	47	104	21	25	46	22	15	37	2	0	2	20	11	31	206	189	395	213	198	411	213	198	411	36.8	53.1	44.2	9.3	6.1	7.5	
1888.....	57	47	104	21	25	46	22	15	37	2	0	2	20	11	31	206	189	395	213	198	411	213	198	411	36.8	53.1	44.2	9.3	6.1	7.5	
Total.....	1262	1064	2326	548	488	1036	189	150	339	30	24	54	289	213	502	Mean of Thirty Years.	43.0	45.1	44.4	6.8	5.2	5.9	6.8	5.2	5.9						

TABLE IV.—Showing the History of the Annual Admission since the opening of the Hospital, with the Discharges remaining on 31st December 1888.

TABLE IV—Showing the History of the Annual Admission since the opening of the Hospital, with the Discharges and Deaths, and the number of each year remaining on 31st December 1888.

YEAR	Admitted.			Of Each Year's Admission, Discharged and Died in 1883.			Of Each Year's Admission, Discharged and Died in 1888.			In Hospital Dec. 31st, 1888.				
	New Cases.		Relap'd Cases	Recovered.		Not Improved.	Died.		M.	F.	T.	M.	F.	T.
	M.	F.		M.	F.		T.	M.							F.	T.
1859	39	31	.....	.....	.....	.....	.....	.....	.....	.....	3	1	4
1860	32	31	.....	.....	.....	.....	.....	.....	.....	.....	2	1	3
1861	53	26	.....	.....	.....	.....	.....	.....	.....	.....	3	2	5
1862	25	11	.....	.....	.....	.....	.....	.....	.....	.....	1	1	2
1863	30	15	.....	.....	.....	.....	.....	.....	.....	.....	2	1	3
1864	21	20	.....	.....	.....	.....	.....	.....	.....	.....	1	3	4
1865	17	20	.....	.....	.....	.....	.....	.....	.....	.....	1	1	2
1866	20	19	.....	.....	.....	.....	.....	.....	.....	.....	1	2	3
1867	23	16	.....	.....	.....	.....	.....	.....	.....	.....	1	1	2
1868	35	41	.....	.....	.....	.....	.....	.....	.....	.....	1	6	7
1869	35	32	.....	.....	.....	.....	.....	.....	.....	.....	5	3	8
1870	32	17	.....	.....	.....	.....	.....	.....	.....	.....	7	5	12
1871	29	23	.....	.....	.....	.....	.....	.....	.....	.....	4	2	6
1872	34	29	.....	.....	.....	.....	.....	.....	.....	.....	1	8	9
1873	28	33	.....	.....	.....	.....	.....	.....	.....	.....	6	3	9
1874	26	26	.....	.....	.....	.....	.....	.....	.....	.....	1	3	4
1875	61	40	.....	.....	.....	.....	.....	.....	.....	.....	3	1	4
1876	37	38	.....	.....	.....	.....	.....	.....	.....	.....	4	4	8
1877	40	36	.....	.....	.....	.....	.....	.....	.....	.....	10	7	17
1878	43	32	.....	.....	.....	.....	.....	.....	.....	.....	3	9	12
1879	27	30	.....	.....	.....	.....	.....	.....	.....	.....	6	7	13
1880	32	32	.....	.....	.....	.....	.....	.....	.....	.....	5	3	8
1881	28	31	.....	.....	.....	.....	.....	.....	.....	.....	5	8	13
1882	46	31	.....	.....	.....	.....	.....	.....	.....	.....	1	8	9
1883	42	38	.....	.....	.....	.....	.....	.....	.....	.....	5	4	9
1884	34	39	.....	.....	.....	.....	.....	.....	.....	.....	16	6	22
1885	55	34	.....	.....	.....	.....	.....	.....	.....	.....	11	11	22
1886	60	45	.....	.....	.....	.....	.....	.....	.....	.....	8	9	17
1887	66	36	.....	.....	.....	.....	.....	.....	.....	.....	4	4	8
1888	48	55	.....	.....	.....	.....	.....	.....	.....	.....	3	3	6
Total	1058	861	204	183	2526	21	25	46	37	15	2	2	11	31

TABLE V.—Showing the Cause of Death each year, from the

CAUSES OF DEATH.	1860.		1861.		1862.		1863.		1864.		1865.		1866.		1867.		1868.		1869.		1870.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
CEREBRAL OR SPINAL DISEASE.																						
Apoplexy and Paralysis							2										1		2			
Epilepsy											2	1			2							
Paresis				1	1																	
Mania, Melancholia and Dementia				1	1	1		2			1										2	
Phrenitis and Abscess of Brain			2	4					2		1	1		1								2
Locomotor Ataxy																						1
THORACIC DISEASES.																						
Gangrene of Lung																						
Inflammation of Lungs, Pleura or Bronchi																	1				1	
Pulmonary Consumption											1	1									5	
Disease of Heart, &c.		1	1		1			1		3	1	1					3	7		5	2	8
Aneurism															1					3	1	1
Gangrene of Extremities																						
ABDOMINAL DISEASES.																						
Inflammation of Stomach, Intestines or Peritoneum																						
Disease of Kidney	1				1		2				1	1										1
Hepatic Disease																						1
Ascites																						1
Diarrhœa and Dysentery																					1	
Cancer																						
Fever																						
Erysipelas											1	1										1
General Debility and Old Age										1											1	
Homicide	2																					
Suicide and Accident				1																		
TOTAL	3	1	3	7	4	1	5	1	4	6	9	5	1	3	4	1	6	9	7	6	13	11

opening of the Hospital to the present date, December 31st, 1888.

1871.	1872.	1873.	1874.	1875.	1876.	1877.	1878.	1879.	1880.	1881.	1882.	1883.	1884.	1885.	1886.	1887.	1888.	TOTAL.																	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F																		
1	1	4	1	2	1	1	3	1	1	3	4	1	2	2	2	1	1	5	1	2	50														
2	2	1	1	1	1	1	1	1	2	1	2	1	2	2	2	1	1	1	4	4	29														
1	1	2	1	2	1	2	1	3	1	1	3	7	1	1	1	2	1	1	4	4	54														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	37														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	33														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	26														
7	3	3	3	2	4	2	3	3	2	3	3	4	1	1	2	2	2	4	3	1	143														
4	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	16														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	54														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1														
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14														
20	8	13	14	11	6	10	4	12	12	8	14	11	13	3	9	4	12	8	19	9	10	13	11	5	9	8	14	9	14	16	6	14	20	11	502

TABLE VI.
Showing the length of Treatment of those Discharged, Recovered, and those who Died, in the year 1888.

LENGTH OF RESIDENCE.	RECOVERED.			DIED.		
	M.	F.	T.	M.	F.	T.
From one to three months	0	1	1	1	3	4
" three to six months	4	4	8	3	2	5
" six to nine months	3	7	10	0	1	1
" nine to twelve months	4	4	8	4	0	4
" one to two years	5	4	9	2	0	2
" two to three years	0	1	1	4	0	4
" three to five years	2	4	6	1	0	1
" five to seven years	1	0	1	2	3	5
" seven to fifteen years	2	0	2	3	2	5
" fifteen to eighteen years	0	0	0	0	0	0
Over eighteen years	0	0	0	0	0	0
Total	21	25	46	20	11	31

TABLE VII.
Showing the duration of the Disorder on Admission, of the Admissions, Discharges and Deaths in the year 1888.

CLASS.	DURATION OF DISEASE, &c. IN FOUR CLASSES.												
	The Admissions.			THE DISCHARGES.				THE DEATHS.					
	M.	F.	T.	Recovered.		Removed, Relieved or otherwise.		M.	F.	T.	M.	F.	T.
FIRST CLASS.													
First Attack, and within three months of Admission	16	16	32	8	9	17	2	6	8		3	3	6
SECOND CLASS.													
First Attack, above three and within twelve months of admission	14	8	22	2	4	6	7	4	11		3	3	6
THIRD CLASS.													
Not first Attack, and within twelve months of admission ..	9	7	16	6	8	14	2	2	4		6	3	9
FOURTH CLASS.													
First Attack or not, but of more than twelve months' duration on admission	18	16	34	5	4	9	13	3	16		8	2	10
Total	57	47	104	21	25	46	24	15	39		20	11	31

TABLE VIII.
Showing the Age of Admissions, Discharges and Deaths during the year 1888.

AGES,	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.				
	M.	F.	T.	Recovered.			Removed, Relieved or otherwise.			M.	F.	T.		
				M.	F.	T.	M.	F.	T.					
From 15 to 20 years	5	0	5	1	0	1	1	1	1	1	1	1	0	1
" 20 to 30 "	14	9	23	5	10	15	5	2	7	7	4	4	0	4
" 30 to 40 "	17	12	29	6	7	13	6	7	13	7	5	4	1	5
" 40 to 50 "	8	12	20	2	6	8	4	3	7	4	10	5	5	10
" 50 to 60 "	9	9	18	5	2	7	3	1	4	3	5	2	2	5
" 60 to 70 "	4	4	8	2	0	2	4	1	1	2	3	2	1	3
" 70 to 80 " .....	.....	1	1	0	0	0	1	1	2	1	3	1	2	3
Total	57	47	104	21	25	46	24	15	39	20	11	31	11	31

TABLE IX.
Condition as to Marriage in the Admissions, Discharges and Deaths during the year 1888.

	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.		
	M.	F.	T.	Recovered.			Removed, Relieved, or otherwise.			M.	F.	T.
				M.	F.	T.	M.	F.	T.			
Single.....	31	24	55	7	12	19	16	7	23	12	2	14
Married.....	23	17	40	12	10	22	8	8	16	8	7	15
Widowed.....	3	6	9	2	3	5	.....	.....	.....	.....	2	2
Total.....	57	47	104	21	25	46	24	15	39	20	11	31

TABLE X.

Showing the probable causes, apparent or assigned, of the Disorders, in the Admissions, of the year 1888.

CAUSE.	THE ADMISSIONS.		
	M.	F.	T.
Ill-health from—			
Religious excitement	2	2	4
Fright		1	1
Failure in business			
Domestic trouble.....	1	2	3
Disappointment.....	1		1
Grief.....	2	3	5
Anxiety	2	1	3
Old Age		1	1
Cause unknown	6	15	21
Here litary predisposition	13	4	17
Intemperance	6	1	7
Overstudy and overwork.....	2		2
Injury		1	1
Onanism.....	2		2
Epilepsy.....			
Sunstroke			
Fever			
Lactation		3	3
Puerperal		3	3
Climacteric		2	2
Unknown and re-admission.....	20	6	26
Paralysis			
Syphilis			
Congenital		2	2
Total.....	57	47	104

TABLE XI.
Monthly Admissions and Discharges from January, 1859, to December 31st, 1888.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Males.	Females.	Total.
1859 TO 1887.															
Admitted	163	132	139	201	203	233	237	185	210	179	181	158	1205	1017	2222
Discharged.....	69	74	119	162	140	160	167	171	156	136	179	283	991	824	1825
1888.															
Admitted	3	3	9	11	10	13	5	13	14	8	9	6	57	47	104
Discharged.....	3	4	2	12	11	2	26	4	11	4	10	26	65	52	116
Remaining.....	407	406	413	412	411	423	401	410	413	417	415	395	206	189	395

TABLE XII.

Alleged Ages of All Admitted.

	1888.	1859 to 1887.	TOTAL.
From 5 to 10 years		4	4
" 10 to 20 "	5	157	162
" 20 to 30 "	23	618	641
" 30 to 40 "	29	524	553
" 40 to 50 "	20	366	386
" 50 to 60 "	18	260	278
" 60 to 70 "	8	124	132
" 70 to 80 "	1	43	44
" 80 to 90 "		1	1
Unknown.....		125	125
Total.....	104	2222	2326

TABLE XIII.

Civil Condition of All Admitted.

	Married.	Single.	Widowed.	Unknown.	Re-Admitted.	TOTAL.
1859-1887 { Males	382	565	43	20	195	1205
{ Females ..	379	385	72	10	171	1017
1888..... { Males	26	20	2	.....	9	57
{ Females ..	8	22	5	.....	12	47
Total	795	992	122	30	387	2326

TABLE XIV.

Former Residence (Corrected by Separation of Re-admissions.)

	1888.		1859-87.		Total. 1859-88.	Population, 1881.
	Admissions.	Re-Admissions.	Admissions.	Re-Admissions.		
Halifax City and County	26	9	594	143	772	67,917
Colchester County	5	2	142	28	177	26,720
Cumberland "	8	1	85	18	112	27,368
Pictou "	6	1	191	59	257	35,535
Antigonish "	2	.....	49	8	59	18,060
Guysborough "	3	.....	59	4	66	17,808
Inverness "	3	.....	46	2	51	25,651
Richmond "	1	.....	29	3	33	15,121
Victoria, "	3	1	28	1	33	12,470
Cape Breton "	4	1	84	17	106	31,258
Hants "	2	4	94	21	121	23,359
Kings "	6	1	112	22	141	23,469
Annapolis "	3	.....	72	8	83	20,598
Digby "	4	.....	29	5	38	19,881
Yarmouth "	1	.....	31	2	34	21,284
Shelburne "	1	1	28	4	34	14,913
Queens "	3	.....	31	7	41	10,577
Lunenburg "	1	.....	62	12	75	28,583
Newfoundland	1	.....	6	.....	7	.....
New Brunswick .....	.....	.....	13	.....	13	.....
P. E. Island .....	.....	.....	2	.....	2	.....
Barbadoes and St. Thomas .....	.....	.....	2	.....	2	.....
United States .....	.....	.....	16	.....	16	.....
England .....	.....	.....	2	1	3	.....
Ireland .....	.....	.....	10	.....	10	.....
Scotland .....	.....	.....	2	.....	2	.....
Germany .....	.....	.....	2	.....	2	.....
Norway .....	.....	.....	1	.....	1	.....
Sweden .....	.....	.....	1	.....	1	.....
India .....	.....	.....	18	.....	18	.....
H. M. Service .....	.....	.....	14	.....	14	.....
Unknown .....	.....	.....	.....	.....	.....	.....
	83	21	1857	365	2326	440572

TABLE XV.—Former Occupation, so far as Ascertained.

	1888.		1859-87.		TOTAL.	
	M.	F.	M.	F.	M.	F.
Agent			1		1	
Architect and Wife			1	1	2	1
Barrister and Wife			2	1	3	1
Bailiff and Wife			1	1	2	1
Bakers and Wives	1		1	4	2	4
Blacksmiths and Wives	2		17	11	19	11
Barbers			4		4	
Basket Makers				2		2
Brewer			1		1	
Book-binder			5	1	6	1
Brass Founder			2		2	
Brakeman			1		1	
Butchers and Wives			4	2	6	2
Cook				2		2
Carriage Makers and Wives			3	1	4	1
Carpenters and Wives		1	46	39	85	40
Conductor's Wife				1		1
Clerks, Book-keepers and Wives	2	1	26	5	28	6
Officers of Customs			5	1	6	1
Cabinet Makers and Daughters			6	3	9	3
Colliers and Wives			10	5	15	5
Coopers			10		10	
Coachmen and Wives			3	3	6	3
Dyer			1		1	
Druggist			3		3	
Domestics	3			38	41	
Engineers and Wives			8	9	17	9
Factory Employees	1				1	
Farmers' Wives, Sons and Daughters	18	14	388	198	586	212
Fishermen, Wives, Sons and Daughters	7	2	67	43	110	45
Gardeners and Wives			1	3	4	3
Gentlemen and Women	2		12	43	45	45
Governess				1	1	
Grocers and Wives			7	2	9	2
Hotel Keepers, &c.	1		7	3	10	3
Hatter and Wife			2	1	3	1
Hostler			1		1	
Housewives		10		77	87	
Lumbermen	1		5		6	
Labourers and Wives, Servants	10	5	142	179	321	184
Masons, Wives and Daughters	2		16	4	20	6
Ministers, Wives and Daughters			4	6	10	6
Millers and Wives			3	2	5	2
Merchants, Wives and Daughters	2	2	30	22	52	24

TABLE XV.—(CONTINUED).—Former Occupation, so far as Ascertained.

	1888.		1859-87.		TOTAL.	
	M.	F.	M.	F.	M.	F.
Milliners.....				14	....	14
Mechanics and Wives.....	2		3	1	5	1
Miners and Wives.....		2	10	4	10	6
Moulders and Wives.....			2	2	2	2
Nurse.....				2	....	2
Physicians, Wives and Daughters.....	1		6	2	7	2
Priests.....	1		5		6	....
Printers.....			11	1	11	1
Painters and Wives.....	1		11	6	12	6
Pensioners and Wives and Daughters.....			2	6	2	6
Pedlars and Wives.....			9	2	9	2
Photographers.....			2		2	....
Plumbers, Tinsmiths, and Wives.....	2		6	1	8	1
Reporters.....			2		2	....
Rope Maker.....			1		1	....
School Teachers, Wives and Daughters.....	1	1	23	19	24	20
Ship Captains, Wives, Stevedores.....			14	14	....	....
Sextons.....			2		2	....
Seamen and Wives and Daughters.....	2		61	37	63	37
Soldiers, Marines and Wives.....			17	1	17	1
Shoe Makers and Wives.....			23	9	23	9
Saddlers.....			3		3	....
Seamstresses.....				17	....	17
Students.....	1		7	2	8	2
Shipwrights and Wives.....			10	2	10	2
Surveyors.....			1		1	....
Shop Keepers.....			2	3	2	3
Sail Makers and Wives.....			3	1	3	1
Stone Cutters.....			4		4	....
Tailors, Wives and Daughters.....			3	3	3	3
Tanners and Wives.....	1		5	5	6	5
Teamsters and Wives.....		1	9	3	9	4
Tobacconists.....			1		1	....
Traders and Wives.....			7	3	7	3
Telegraph Operators.....			1		1	....
Tramps.....			1		1	....
Wool Sorters.....			1		1	....
Wheelwrights.....				6	....	6
Washerwomen.....			3	2	3	2
Watchmen and Wives.....			1		1	....
Watch Makers.....				1	....	1
Weavers.....				4	1	5
Unknown.....	1				1	1

RE-ADMISSIONS.

TABLE XVI.

Re-admissions from 1859 to 1888.

	1861.	1862.	1863.	1864.	1865.	1866.	1867.	1868.	1869.	1870.	1871.	1872.	1873.	1874.	1875.	1876.	1877.	1878.	1879.	1880.	1881.	1882.	1883.	1884.	1885.	1886.	1887.	1888.	TOTAL.	Admitted twice.	" 3 times.	" 4 "	" 5 "	" 6 "	" 7 "	" 8 "
Males.....	5	6	..	2	7	1	2	5	6	11	5	10	8	8	7	8	11	11	9	12	9	5	7	5	15	11	8	9	202	155	32	9	4	2	1	..
Females.....	2	1	2	3	2	2	2	5	6	10	9	4	5	7	6	5	7	7	8	13	12	9	8	8	8	12	8	184	129	32	10	7	4	1	1	
Total.....	7	7	2	5	9	3	4	10	12	21	14	14	13	15	13	13	18	18	17	25	21	14	15	13	23	23	16	386	284	64	19	11	6	2	1	

M
Annar
Antig
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Colch
Cumb
Digby
Dart
Guys
St. M
Halif
Han
" Inve
King
Lun
Ches
Pict
Rich
She
Bar
Vict
Yar
Arg
Que
Pri
Bro

TABLE XVII.

Maintenance of Patients in Hospital, December 31st, 1888.

COUNTY.	Males.	Females.	Totals.
Annapolis	5	8	13
Antigonish	3	1	4
Cape Breton.....	15	9	24
Colchester.....	20	15	35
Cumberland	11	12	23
Digby	8	7	15
Dartmouth (Municipality).....	5	6	11
Guysborough	8	6	14
St. Mary's District.....	4	.....	4
Halifax	16	15	31
" City.....	14	23	37
Hants, West	4	6	10
" East.....	5	3	8
Inverness	14	13	27
Kings	12	17	29
Lunenburg.....	5	6	11
Chester District	4	1	5
Pictou	10	9	19
Richmond.....	7	7	14
Shelbure.....	.....	1	1
Barrington District	3	1	4
Victoria	6	2	8
Yarmouth	1	1	2
Argyle District	1	.....	1
Queens	5	2	7
Province.....	10	7	17
Private	10	7	17
Brown and Bell Fund.....	.....	3	3
Totals	206	188	394

TABLE XVIII.

Balance Due Hospital, December 31st, 1888.

	Current Acct. and Arrears.	Old Balances, due 1878.
Annapolis.....	\$1433 07	\$3620 21
Antigonish.....	404 51	1528 73
Cape Breton.....	9223 03	6166 53
Colchester.....	3612 06	459 27
Cumberland.....	3101 62	.....
Digby.....	6983 45	895 79
Guysborough.....	1936 38	.....
St. Mary's District.....	392 87	809 77
Halifax County.....	17821 75	615 43
Halifax City—Claims on County.....	.....	5819 09
Halifax City.....	12585 56	.....
Dartmouth Municipality.....	.....	.....
Hants, West.....	366 38	.....
Hants, East.....	829 94	.....
Inverness.....	11281 18	19 91
Kings.....	351 05	.....
Lunenburg.....	394 34	.....
Chester District.....	1169 61	2896 73
Pictou.....	3597 31	.....
Richmond.....	7782 94	1869 53
Shelburne.....	596 34	.....
Barrington District.....	1088 05	117 70
Victoria.....	3108 49	2504 57
Yarmouth.....	5502 89	.....
Argyle District.....	501 03	.....
Queens.....	2737 40	2547 33
Funds.....	238 55	364 31
Private Patients.....	4740 93	3833 02
	101780 73.	34067 92

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TABLE XIX.

Showing the amounts received from Counties and other sources during the year 1888—(Income)

Annapolis	\$ 5151 82
Antigonish	241 13
Cape Breton	3000 00
Colchester	4900 00
Cumberland	4900 00
Digby	4000 00
Dartmouth (Municipality)	1258 58
Guysboro	2500 00
St. Mary's District	400 00
Halifax	28500 00
" City	994 00
Hants, West	993 72
" East	1000 00
Inverness	3000 00
Kings	1387 90
Lunenburg	
Chester District	1500 00
Pictou	1601 58
Richmond	300 00
Shelburne	687 91
Barrington District	1000 00
Victoria	104 00
Yarmouth	399 00
Argyle District	750 00
Queens	643 89
Funds	2956 43
Private Patients	12000 00
Provincial Government	48 00
Water Rates	746 67
Sundry Sales	108 86
Repairing Leak in J. P. Mott's Water Pipe	
	<u>\$ 85073 49</u>

TABLE XX.
Expenditure.

FOOD.			
Apples.....	\$ 191 00	Marmalade.....	\$ 1 35
Allspice.....	10 24	Nutmegs.....	18 90
Arrowroot.....	8 40	Oatmeal.....	541 80
Broma.....	21 60	Oysters.....	80
Baking Powder.....	31 56	Oranges.....	3 10
Berries.....	67 47	Onions.....	105 15
Beans.....	61 68	Pork.....	99 00
Butter.....	2551 82	Pickles.....	8 99
Barley.....	59 00	Pepper.....	22 77
Biscuit.....	103 61	Plums.....	2 70
Beef.....	5016 02	Prunes.....	3 70
Chocolate.....	1 36	Peas.....	135 00
Corn Starch.....	15 60	Potatoes.....	1788 80
Corn Meal.....	93 31	Partridges.....	4 60
Citron.....	4 05	Preserves.....	2 40
Cheese.....	145 29	Rice.....	113 47
Cranberries.....	40	Raisins.....	80 80
Coffee.....	297 00	Sugar, Brown.....	1065 38
Currants.....	69 14	Sugar, White.....	131 17
Curry.....	13 00	Shad.....	7 00
Cream Tartar.....	4 00	Starch.....	22 40
Ducks.....	10 20	Sauces.....	9 40
Essences.....	2 80	Salt.....	38 45
Eggs.....	164 56	Sausages.....	3 60
Evaporated Peaches..	7 35	Salmon.....	16 26
Fish, Fresh.....	448 94	Soda.....	5 70
Fowls.....	22 10	Saur Kraut.....	8 00
Flour.....	2664 50	Sago.....	6 50
Fish, Dry.....	520 18	Spice, Cassia.....	9 60
Ginger.....	16 00	Suet.....	10 52
Geese.....	73 65	Tea.....	1216 90
Hops.....	6 48	Tapioca.....	10 00
Hams.....	73 08	Tongues.....	3 00
Haddies.....	5 52	Turnips.....	26 26
Herring.....	27 75	Tomatoes.....	50
Hominy.....	50	Tripe.....	7 08
Lamb.....	45 79	Turkeys.....	76 01
Lard.....	24 29	Veal.....	11 30
Lobsters.....	7 25	Vinegar.....	45 70
Lemons.....	5 30	Vegetables, evaporated	24 00
Mackerel.....	5 25		
Mustard.....	18 06		
Malt.....	10 00		
Macaroni.....	5 60		
Milk.....	1538 65	Less, sundries sold,	
Molasses.....	448 19	bbls. &c.....	73 58
Mutton.....	149 47		
		Carried Forward..	\$20681 40

TABLE XX.—(CONTINUED)

<i>Bought forward</i>		\$20681 40	
MISCELLANEOUS.			
Medical Books.....	\$ 8 50	Hair Cutters.....	\$ 4 00
Return Maintenance.	68 24	P. O. Box.....	1 00
Cab Hire.....	5 50	Marking Ink.....	4 00
Recapture.....	10 20	Freight on Parcel ..	62
Clearing Land.....	520 00	Vegetable and Meat	
Advertising.....	32 50	Cutter.....	33 20
Medical Certificates.	50 00	Inquest.....	5 00
Insurance.....	1185 00	Carriage Rugs.....	8 25
Telephone.....	100 00	Sawdust.....	36
Industrious Patients.	28 00	Corks.....	40
Harness and Repairs	38 00	Carriage Mat.....	1 75
Printing.....	334 25	Molasses Gauge....	4 50
Wheelwright.....	145 45	Labor on J. P. Mott's	
Candle Sticks.....	7 20	Water Pipe.....	100 86
Knife Sharpeners ..	6 00	Repairs to Organ...	7 50
Scale.....	35 00	Veterinary Surgeon.	18 00
Water Cooler.....	6 50	Clocks and Repairs.	24 10
Legal Expenses....	90 05	Organist.....	40 00
Dyeing Curtains ...	13 30	Advances to Patients	28 50
Fruit Trees.....	12 00		
Plants.....	3 55		3020 25
Horse Cover.....	5 00	Less amount received	
Statute Labor.....	20 00	account repairs to	
Directory.....	2 50	water pipe.....	108 86
Repairs to Scale....	8 70		<u>\$2911 37</u>
Making Canvas Slip-		<i>Carried forward</i>	\$23592 77
pers.....	2 75		

TABLE XX.—(CONTINUED.)

Brought forward.....\$23592 77

HOUSE EXPENSES.

Blue	\$ 28 00	Pearline	\$ 10 00
Bells	3 29	Razors	6 18
Butter Dishes	3 50	Recreation	188 23
Brooms	119 68	Razor Straps	8 25
Boots and Shoes ...	760 00	Soap	681 00
Brushes	91 33	Shoe Blacking	11 20
Buckets	35 10	Spoons	43 46
Baskets	15 05	Shoes Repaired ...	38 70
Clay Pipes	13 70	Scissors	16 60
Candles	4 32	Stamps	113 80
Clothes Pins	1 25	Straw	754 44
Crockeryware	177 88	Stationery	157 56
Coal	4507 98	Toilet Soap	3 80
Dry Goods	5913 53	Telegrams	3 06
Entertainment	41 22	Tinware and Repairs	289 71
Furniture	552 37	Tobacco	433 32
Funeral Expenses ..	55 00	Wrapping Paper ...	19 70
Ferriage	184 75	Washing Soda	13 44
Gas Making	741 44	Wash Tubs	4 50
Ice	10 00	Ward Books	251 00
Knife Brick	3 20	Wash Boards	2 00
Knives and Forks ..	5 54		
Matches (Safety)...	29 25		
Oil, Sweet	5 00		
			16352 33

SALARIES.

Officers	5375 00
Pay List	13551 61
	18926 61

MEDICINE.

Wine	29 50
Whiskey	20 05
Drugs	541 66
	591 21
Carried forward	\$59462 92

TABLE XX.—(CONTINUED)

Brought forward.....\$59462 92

FARM.

Oats.....	\$ 240 91	
Hay.....	811 64	
Implements—Seed, &c.....	243 03	
Cows.....	116 00	
Pollard.....	276 45	
Bran.....	224 52	
Mangold.....	33 30	
	<hr/>	
	1945 85	
Less Sales Pigs, &c.....	673 09	
	<hr/>	1272 76

REPAIRS.

Smith-work.....	72 75	
Lumber.....	587 39	
Repairs.....	5177 75	
Masons and Helpers' Wages.....	1021 50	
Carpenters' Wages.....	660 00	
Engineers' Assistants Wages.....	1010 50	
	<hr/>	8529 89

SUMMARY OF EXPENSES FOR YEAR 1888.

Food.....	20681 40	
Salaries and Wages.....	18926 61	
Medicine.....	591 21	
House Expenses.....	16352 33	
Miscellaneous.....	2911 37	
Farm.....	1272 76	
Repairs.....	8529 89	
	<hr/>	\$69265 57
		<hr/>

TABLE XXI.

Statement for Year.

1888.		
Jan. 1,	Stock on hand.....	5912 86
"	Warrants drawn.....	4406 98
Feb.	Warrants drawn.....	4403 85
March.	Warrants drawn.....	6319 34
April.	Warrants drawn.....	4623 12
May.	Warrants drawn.....	6338 08
June.	Warrants drawn.....	7268 65
July.	Warrants drawn.....	4544 73
August.	Warrants drawn.....	4641 97
Sept.	Warrants drawn.....	6643 29
Oct.	Warrants drawn.....	5121 15
Nov.	Warrants drawn.....	7436 35
Dec.	Warrants drawn.....	8293 45
		<u>\$75953 82</u>

EXPENDITURE.

1888.		
Jan. 1.	Stock on hand.....	5912 86
Dec. 31.	Warrants drawn for the year.....	70040 96
		<u>\$75953 82</u>

TABLE XXI.—(CONTINUED.)

Statement for Year.

1888.		
Amount Expenditure as per Table 20	69265	57
Amount deducted from Food Account	73	58
Amount deducted from Farm Account	673	09
Amount deducted from Miscellaneous Account	108	86

Dec. 31.	Stock on hand	5832	72
		<u>\$75953</u>	<u>82</u>

EARNINGS.

1888.	Maintenance and Clothing	53065	47
	Interest acct., old balances, &c.	5620	89
	Sales acct., Sundries	855	53
	Deficiency	10579	21
Dec.	Stock on hand	5832	72
		<u>\$75953</u>	<u>82</u>

TABLE XXII.

Farm and Garden Produce, 1888.

Potatoes	546 bush.	Radish	5 bush.
Beets	100 "	Spinach	42 "
Turnips	177 "	Lettuce	18 "
Mangolds	400 "	Cucumbers	10 "
Peas	14 "	Tomatoes	2 "
Beans	20 "	Squash	10 "
Onions	12 "	Celery	80 doz.
Rhubarb	55 "	Corn	70 "
Parsnips	63 "	Cauliflower	44 "
Plums	2 "	Cabbage	100 "
Pears	12 "	Gooseberry	300 q'rts.
Carrots	72 "	Currants	375 "
Crab Apples	1 "	Raspberries	180 "
Herbs	10 "	Hay	20 tons.
Beef			856 lbs.
Pork			2400 "
Milk			35954 quarts.

TABLE XXIII.

Articles made by the Female Patients, 1888.

599 Shirts,	565 Sheets,
359 Drawers,	36 Table Cloths,
20 Mitts,	422 Bolster Cases,
40 Socks,	541 Bolster Cases,
374 Hose,	212 Pillow and Bolster Ticks,
146 Collars,	79 Bed Sacks,
283 Chemises,	16 Mattress Covers,
193 Night Dresses,	218 Rollers,
164 Petticoats,	3 Sofa and Chair Covers,
278 Dresses,	84 Window Blinds,
109 Women's Drawers,	489 Towels,
270 Aprons,	8 Ottoman Covers,
54 Waists,	1 Clothes Bag,
44 Tea Bags,	15 Mattress Ticks,
4 Braces,	12 Chair Covers,
27 Hats (trimmed).	20 Curtains.

Mending for Male and Female Patients.

APPENDIX.

*Regulations for the Admission of Patients to the Nova Scotia
Hospital for the Insane.*

Whenever the admission of a patient is desired, application should be made to the Medical Superintendent, who will at once transmit a blank form (the Statement). This form may be made out by the Physician, nearest relative, or friend, and the answers to the questions therein carefully and accurately written out, as it is the chief source on which reliance can be placed, in so far as the previous history and present condition of the patient is concerned, and is entered on the records of the Hospital. It must be sworn to before a magistrate.

On receipt of the statement, an answer will be transmitted. If the case be one suitable for admission, two blank forms of Medical Certificate, and a blank Warrant in case of Patient chargeable to the Municipality, or Blank form of Bond for private Patient, will be sent to the applicant.

The Medical Certificates must be made out by duly qualified Medical Practitioners (those whose names are annually published in the "Royal Gazette,") or they cannot be received. See Clause 21, Chap. 38, Revised Statutes, Fifth Series.

These Certificates empower two County Magistrates to make out the Warrant and commit the insane person to this Hospital.

N. B.—In any county in which the Municipal Council has appointed Magistrates to commit insane paupers to the Hospital for Insane, two of those appointed must sign the Warrant.

Upon presentation of proper Medical Certificates and Warrant, or Bond, at the office of the Commissioner of Public Works and Mines, an order of Admission may be furnished, with which order and other papers accompanying the patient, admission at the Hospital follows.

In a crowded state of the Hospital, the commissioner must give the preference of admission to presumably curable cases.

Two good suits of clothing at least, should be sent with every patient. A third suit for occasional use is very desirable.

Those about to be committed to the Hospital should *invariably* be informed of it *before leaving home*. Everything like deception must be scrupulously avoided. No promises as to the precise time of their return should ever be made.

In order to be benefited by hospital treatment, patients should be placed under care at an early stage of their disease.

The following clauses of Chapter 38 of Revised Statutes, Fifth Series, are appended for the information of those desiring the admission of a patient :—

CLAUSE 21. In every case where admission is sought for a patient, a statement in writing in the form of Schedule A shall be filled up and sworn to before some justice of the peace by a party cognizant of the facts therein contained, and forwarded to the Medical Superintendent for examination; *and his answer and approval shall be received before the patient is forwarded*. No person shall be received into the Hospital for the Insane as a patient without a certificate as in Schedule B, from two qualified medical practitioners in actual practice in the Province, of whom the one shall not be the son, brother, partner or assistant of the other, the examination therefor having been made not more than 30 days before admission.

CLAUSE 22. In case of private paying patients, a bond shall be given to the Commissioner of Public Works and Mines, with sufficient sureties for payment of expenses, and a payment of one quarter's board shall be made in advance. Such bond may be sued on as often as shall be necessary, and recovery had in the supreme or county courts, according to the amount sued for and according to the ordinary practice of the court in like cases.

CLAUSE 26. In case such person shall have been certified to be insane by only one medical practitioner, before his apprehension, he shall be again examined and certified, as in Schedule B, by two duly qualified practitioners, to be appointed by the Commissioner of Public Works and Mines, before he shall be admitted into the Hospital.

CLAUSE 30. The Commissioner of Public Works and Mines, in the case of patients now in the Hospital for the Insane, or on whose behalf admissions are sought, and where in his judgment there are circumstances justifying a departure from the ordinary rates, may make special agreements for the amount and payment of board; and where a patient from violence or otherwise requires a special or extra attendant, such extra attendance shall be charged and paid for in the same manner as the ordinary charges.

N. B.—The Superintendent has no power to admit a patient without the order from the Commissioner Public Works and Mines.

DISCHARGE OF PATIENTS.

When a patient recovers, the friends are notified, and upon their application, with the Medical Superintendent's certificate, the order for discharge is granted by the Commissioner of Public Works and Mines.

In cases of doubtful recovery, after six months' residence, it is now customary to grant leave of absence "on trial." If a relapse occur before final discharge, the patient is at once re-admitted without any new formalities.

SCHEDULE A.—STATEMENT.

To be forwarded to the Medical Superintendent when application is made for the reception of a Patient.

Some member of the family or acquaintance (assisted by the attending physician, if practicable) should give a full and complete answer to each question—all facts thus given will be regarded as private or professional communication.

1. Name of patient (in full).
2. Where born.
3. Son (or daughter) of. Give names of parents, and state whether they are or are not blood relations.
4. Residence _____, County of _____
5. Age _____, last birthday.
6. State as to marriage. Single, married, or widowed.
7. Number and age of children. If female, give date of last child-birth.
8. Occupation (or that of father or husband).
9. Personal characteristics. Give any physical defects or peculiarities. Habits as a child and since then; disposition and tastes; success in business or condition of life. Has the patient any vicious habits or always led a regular life; is he addicted to the moderate or immoderate use of alcoholic beverages, or if a total abstainer.
10. Family history. Give all facts pertaining thereto—if any relations have been insane, hysterical, nervous, or have had fits, convulsions or syphilis, and whether on paternal or maternal side. Have either been addicted to intemperate use of stimulants or narcotics?
11. Education.
12. Religion.

13. Previous attacks. State if patient has ever had convulsions, fits, or any previous attack of insanity. The age at time of attack, its character, duration and treatment employed. If sent to an asylum, state where, and the result of treatment. Give particulars of any subsequent attacks, if any.
14. Previous health. Has the patient ever had sunstroke, or any injury of head, or any other serious injury, or any serious disease, such as fever, ague, syphilis, gout, rheumatism, consumption, or affection of lungs, heart, brain, kidney, or other organ. Has patient ever been delirious, and if so, give supposed cause.
15. Present attack. Give date of any change in the usual condition of habits, disposition and temper. What was the change? Has he been rash or speculative of late in business, or has he exaggerated notions of his ability, strength, power, &c. What has been done so far as regards care or treatment.
16. Assigned causes. Give supposed cause or causes, predisposing or remote, and the exciting or present cause.
17. Duration of present attack. Give date of its commencement.
18. Whether subject to epilepsy. State if subject has falling sickness or fits of any kind.
19. State as to sleep, Sleepless or restless at night?
20. Appetite for food. Natural, depraved, fastidious or absent.
21. If dangerous to others, how? Give full particulars. State every attempt to injure others. Was it from sudden passion or premeditation? Has the patient been subjected to mechanical restraint or confinement, and if so, where and in what form, and for how long a time?
22. If suicidal, in what manner. State whether attempted or threatened, and how often?
23. Present condition. Whether in usual health, or feeble and emaciated, is the voice natural, or is there hesitancy or stammering in speech? Is there any paralysis, or loss of power of limbs? Is sight and hearing natural? Is patient excited or quiet, pleasant or moody and irritable? What is the occupation during the day or night? Is there failure in memory, or are his ideas exaggerated?
24. What delusions. Give their characteristics. Are there false impressions concerning the individuality or surroundings? Are the ideas connected, or is the mind continually wandering? Is a word dropped or forgotten in conversation, or misspelled or absent in his writing?
25. Present habits and propensities. Is the patient filthy in habits or language, or destructive of clothing, furniture or glass? Is there indulgence in secret vice, and if so, how long?
26. Pecuniary circumstances, and to whom chargeable. Answer both questions.
27. Names and addresses of
- I. Physicians.
 - II. Party giving the history.
 - III. Correspondent to whom letters may be addressed.
 - IV. Telegraphic address.

I, A. B., make oath and say that to the best of my knowledge the above particulars are correctly stated, and I hereby request you to receive the above-named _____, whom I saw at _____, on the _____ day of _____ (being within one month from this date), as a person of unsound mind, as a patient into the Nova Scotia Hospital for the Insane.

Sworn to before me, one of Her Majesty's justices of the peace for the County of _____, this _____ day of _____, 18—.

Name,

J. P.

Address,

Degree of relationship (if any) or other circumstances of connection with the patient.

N. B.—If any of the particulars in this statement be not known, the fact is to be stated. *No patient to be sent to Hospital until a reply shall have been received to this statement.*

NOTE.—All letters of enquiry will receive a prompt reply. Severe illness, or the occurrence of anything of moment, will be immediately communicated. Stamps must be enclosed to prepay replies.

SCHEDULE B.—CERTIFICATE.

(a) Name in full. I, the undersigned^(a)
 (b) Qualification. being^(b) and in actual practice,
 hereby certify that I, on the day of
 (c) Locality. 18 at^(c) in the County of
 separately from any other Medical Practitioner, person-
 (d) Name in full. ally examined^(d)
 (e) Residence. of^(e) (f)
 (f) Occupation. and that the said
 is a person of unsound
 mind, and a proper person to be taken care of, and
 detained under care and treatment; and that I have
 formed this opinion on the following grounds, viz:

1. Appearance
 2. Conduct.
 3. Conversation.

1. Facts, indicating insanity, observed by myself :*

2. Facts, indicating insanity, communicated to me by
 others:^(g)

(g) State the information, and from whom.

Name,

Place of Residence,

Date.

N. B.—Two Certificates, (dated within one month of the commitment) are required in every case. The second should not be signed by the father, brother, son or assistant of the Medical Practitioner who signed the first certificate.

*The facts upon which (from personal observation) the opinion of insanity has been formed, should always be specified.