

REPORT
OF THE
MEDICAL SUPERINTENDENT
OF THE
LUNATIC ASYLUM,
TORONTO,

FOR THE TWELVE MONTHS ENDING 30TH SEPT., 1870.



Toronto:
PRINTED BY HUNTER, ROSE & CO., 86 & 88 KING STREET WEST.
1871.

REPORT

MEDICAL CERTIFICATE

ROYAL COLLEGE OF PHYSICIANS

LONDON



PRINTED BY HUNTER, BOSH & CO., 24 & 26 KING STREET WEST.

1871

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REPORT
 OF THE
MEDICAL SUPERINTENDENT
 OF THE
PROVINCIAL LUNATIC ASYLUM,
 FOR THE YEAR ENDING 30TH SEPTEMBER, 1870.

J. W. LANGMUIR, ESQ.,
Inspector of Asylums, &c., &c.

SIR,—In conformity with the requirements of the Statute thereto relating, I have now the honour of presenting to you the following Report of the Provincial Lunatic Asylum at Toronto, for the official year ending 30th September, 1870, being within three months and twenty-one days of the close of the thirtieth year of the institution, since its first opening in the vacated old brick gaol, on Toronto street, in the centre of the city, on 21st January, 1841. On that day 17 lunatics were enrolled on the Admission Register; of these seventeen, three are still residents—two men in the Malden Asylum, and one woman here. Five died after various terms of residence, from 19 years down to three weeks; 8 were discharged, and 3 escaped.

The following figures represent the operations of this Asylum for the twelve months, between 1st October, 1869, and 1st October, 1870:

	Men.	Women.	Total.
Remaining in 1st October, 1869.....	231	278	509
Admitted since.....	39	82	121
Total under treatment.....	270	360	630
Discharged	28	35	63
Eloped.....	1	...	1
Died	14	23	37
Total reduction.....	43	58	101
Remaining in 1st October, 1870.....	227	302	529

The admissions this year have been 121, against 77 last year.
 The discharges have been 64, (including one elopement), against 52 last year.

The deaths have been 37, against 26 last year.
 No transfers to the Orillia Branch have been made.

ADMISSIONS.

The disparity in the admissions of men (39), and women (82), has resulted from the opening, at the commencement of the year, of the new wing for females. It would have been much greater but for the removal into this wing of the female patients from the University Branch.

NATIONALITIES.

The nationalities of the 121 admitted are as follows :

Born in England.....	22
“ Ireland.....	30
“ Scotland.....	17
“ Canada	46
“ United States.....	4
“ Other countries.....	2
	121

There has, for some years past, been an observable steady increase in the number of native Canadians. The mere accident of locality of birth is, however, no reliable indication of national origin. Of the 46 native Canadians above given, a very considerable proportion would be found to be children of old country parents, some of whom have been only recent settlers.

The nationalities of the total 3,656 admitted since the first opening of the institution, have been as follows :

Born in England.....	606
“ Ireland	1,387
“ Scotland	562
“ Canada	842
“ United States.....	137
“ Other countries	122
	3,656

RELIGIOUS DISTINCTIONS.

Of 121 admitted in the year :

English Church.....	25
Presbyterian	35
Methodist.....	27

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Roman Catholic	23
Baptist	5
Second Advent, Plymouth Brethren, Independent, Lutheran, Menonite ; each one.....	6
	<hr/>
	121

Some difficulty is met with, in a few instances, in determining religious distinction in consequence of the certificates of lunacy omitting to give this fact, or in some cases giving the word "none," as answer to the question. This answer is given in relation to patients belonging to denominations which do not, (except in the decennial census), recognize any as members, unless those who are in what is called "church membership." In such instances I endeavour to discover the church habitually attended by the patients, or by their parents, and assign them accordingly. I do not believe that any patient ever admitted here, has been of "*no religion*."

I need hardly repeat here my expression of belief, that a lunatic's nominal religion has very little to do with the *causing* of his insanity, though it may have much to do in determining the *form* of it.

The total admissions from first opening of the Asylum, 21st January, 1841, to 1st October, 1870, have been 3,356, viz. :—

	Men.	Women.	Total.
Married (or widowed).....	850	1149	1999
Single	1026	631	1657
	<hr/>	<hr/>	<hr/>
Total.....	1876	1780	3656

DISPOSALS OF THE ABOVE 3656.

	Men.	Women.	Total.
Discharged	1041	918	1959
Eloped.....	33	9	42
Died	398	374	772
Assigned to Malden, 1861.....	108	91	199
Do. to Orillia, 1865, and transferred since	69	86	155
Remaining here, 1st October, 1870.....	227	302	529
	<hr/>	<hr/>	<hr/>
Total	1876	1780	3656

The discharges, elopements and deaths at Malden and Orillia, from the above dates of assignment, have not been included in our statistics, but previously they were.

The total transfers to these two branches have been :—

	Men.	Women.	Total.
To Malden (deducting one eloped back) ...	118	95	213
To Orillia.....	72	90	162
Total.....	190	185	375

The difference (21) between the assigned number and the total transfers, was accounted for in our statistics prior to the dates of assignment; but much confusion having been found to arise from this mixing of records, it was deemed best to relinquish this system.

As correctly as I can state the numbers, there now remain of the transferred patients :—

At Malden.....	144
“ Orillia	104
Total.....	244

On the total (375) transferred patients, a decrease of 127 has taken place, of which 69 has been at Malden, since the opening of that branch in 1859, and 58 at Orillia, since the opening in 1861. As the patients sent to these branches were nearly all chronic incurables, this decrease has been effected mainly by deaths, viz. :—

At Malden, by deaths.....	61
“ “ otherwise.....	8
	69
At Orillia, by deaths	45
“ “ otherwise	13
	58

The total decrease by deaths has been 106, or an aggregate mortality of $28\frac{1}{3}$ per cent. in (say) 10 years. These figures are certainly creditable to the two branch Asylums, and prove that there has been no waste of life, from want of medical skill, or of general attention to the comfort and well-being of the patients.

In my annual report for 1865, as well as in several quarterly reports to the Board of Inspectors, I drew attention to the unequal distribution or availment, of the benefits of this institution ; among the various sections of the general population, showing that those nearest to the asylum, or having greatest facility of transmission of patients, had an undue proportion. No doubt, too, the expense of sending patients from some of the distant and less affluent counties, contributes materially to this disproportion.

The following table showing the population, in 1861, of the several counties and cities, their distance from Toronto, and the number of lunatics sent in by each, from 1st July, 1853, to 1st October, 1870, will best illustrate the subject under consideration.

EASTERN SECTION.

WESTERN SECTION

COUNTIES AND CITIES.	POPULATION IN 1861.	DISTANCE IN MILES.	NUMBER OF LUNATICS SENT IN.
Brant	30,338	65	40

WESTERN SECTION

EASTERN SECTION.

COUNTIES AND CITIES.	POPULATION IN 1861.	DISTANCE IN MILES.	NUMBER OF LUNATICS SENT IN.	COUNTIES AND CITIES.	POPULATION IN 1861.	DISTANCE IN MILES.	NUMBER OF LUNATICS SENT IN.
Brant	30,338	65	49	Carlton	29,620	275	31
Bruce	27,449	120	11	Dundas	18,777	240	11
*Elgin	32,050	150	39	Durham	39,115	60	81
*Essex	25,211	250	16	Frontenac	27,347	160	20
Grey	37,750	150	39	Glenegarry	21,187	265	22
Haldimand	23,708	140	30	Grenville	24,191	220	16
Halton	44,970	40	59	Hastings	44,970	112	45
Huron	51,954	140	68	Lanark	31,639	250	28
*Kent	31,183	190	26	Lennox and Addington	28,002	160	18
*Lambton	24,916	170	26	Leeds	35,700	207	30
Lincoln	27,625	60	59	Northumberland	40,592	70	86
*Middlesex	48,736	120	40	Ontario	41,604	26	67
*Norfolk	28,590	110	20	Peterboro'	24,651	90	46
*Oxford	46,226	88	24	Prescott	15,499	325	14
Peel	27,240	25	67	Prince Edward	20,869	115	26
Perth	38,083	88	58	Renfrew	20,325	300	9
Simcoe	44,720	63	65	Russell	6,824	290	2
Waterloo	38,750	62	41	Stormont	18,129	265	31
Wellington	49,200	48	112	Victoria	23,039	106	12
Welland	24,988	100	46	Kingston City	13,743	160	45
Wentworth	31,822	40	71	Ottawa City	14,669	275	27
York	59,674	say 20	136	*Province of Quebec			1
Algoma	4,916	250	2				
Toronto City	44,821	nil.	360	Total Eastern			668
Hamilton	19,096	39	117	Total Western			1,606
*London	11,555	120	25	Total admissions in the last 17½ years			2,274
			1,606				

* The counties of Elgin, Essex, Kent, Lambton, Middlesex, (including London City), Norfolk and Oxford, were in 1861, assigned to the Malden Asylum; but recently permission to admit paying patients from these counties has been given, and several Warrant patients have been sent in

* Patients from Quebec and the other Provinces of the Dominion are now admissible in the superior wards of the new wings, at a higher weekly rate than those belonging to Ontario.

From the preceding tables it will be seen that the city of Toronto and a few of the counties lying nearest, or having superior railway facilities, as York, Halton, Peel, Simcoe, Wentworth, Ontario, Durham, Wellington, Perth, and the city of Hamilton, have availed of asylum benefits beyond the extent to which their respective populations would entitle them. These two cities and nine counties had, in 1851, an aggregate population of 440,345, or a little under one third of the entire population of Ontario, but they have sent in over one half the lunatics admitted here in the last 17 $\frac{1}{4}$ years.

It would be quite erroneous to conclude that these counties and cities have had all the beds asked for by them.—Your knowledge of the extent to which the Rockwood Asylum has been peopled by lunatics from the Toronto gaol, must enable you to know that refusals of admission here, from want of vacant beds, have been made without any local partiality. So long as I am unable to admit *instantly*, every insane person on whose behalf application is made, be the same lunatic, or idiot, or harmless pauper imbecile, so long must cause for grumbling and dissatisfaction be given. A gentleman of high position, of the city of Ottawa, has recently complained that this asylum is as useless to his fellow citizens as that of *Beauport*, at Quebec.—For expression of this opinion he avails of the occasion of presenting a returned "*circular*," in the case of a girl twelve years old, an idiot from birth, speechless and epileptic.—Under the By-Laws of this asylum, idiots are inadmissible; and according to the Asylum Statute no person can be admitted unless certified by three physicians and the Reeve or Mayor, to be a lunatic. No physician in Ontario, knowing anything of the subject of insanity, would certify an idiot to be a lunatic.

To what extent the Beauport Asylum has been availed of by the people of Ottawa, I know not; but I do know that applications presented to me on behalf of the insane of Ottawa, have had fair and full consideration. In the last four years and nine months, 30 applications for admission of residents of Ottawa, have reached me. To 16 of these cases award of admission was made, but only eleven were sent in; five declined the offer.

In 8 cases no return of the circular of enquiry sent by me was made.—These applications were, for reasons given, or withheld, abandoned. I believe however, the patients were in gaol, and under general instructions from the Hon. the Provincial Secretary, to the Sheriffs, such cases do not come within my official disposal, but must be committed under warrant of the Lieut.-Governor to such place as he may direct. Of the six remaining cases of Ottawa applications, two were admitted on renewal of application; one of which had resulted in recovery at home, but next year the insanity returned. This person is again at home, having been discharged fully recovered. The second was a gaol case, and was therefore declined; but having been set at large, and a new application made, the patient was admitted here. The remaining four cases, out of the 30

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applications, were passed over, for reasons which I can state to you whenever you call for them. One of them has been the idiot girl already mentioned.

Considering that to 244 applications in the last 12 months, I have been unable to award more than 121 vacancies, I think it can hardly be alleged that Ottawa has had an undue share of refusals.

DISCHARGES.

The discharges this year have been equal to 53 per cent. on admissions of the same year. Last year they were equal to 67 per cent.

I have frequently pointed out the fallacy of this mode of calculation as exhibiting the comparative efficiency of different years. The excess of admissions in this year, over those of last year, will tell in next year's discharges, though not so palpably as it might do, were not our admissions in the coming year to be much augmented by the opening of the new male wing, which has been only recently effected.

No reliable conclusion can ever be drawn, as to the success of asylum treatment in any institution, without a careful and rational valuation of the facts represented by its statistics. A bad workman may spoil good materials, but a good one can hardly make a good article out of bad materials—shoddy will come out but shoddy, in spite of the best skill of the weaver. An expert watchmaker may clean a bad watch, and help it along a little longer, but he is not expected to transform it into a good timekeeper. Just so is it with the human mind. We cannot make it over again, and turn it out better than God has made it.

The question is often put to us, on discharge of patients, will he or she be liable to become insane again? It is about as pertinent as to enquire of the watchmaker, whether the poor thing just repaired or cleaned by him, will ever again go out of order; or of the surgeon who has reduced a dislocation, whether the same accident may again occur to his patient. Let the watch be flung against the wall, or fall on the floor, or get choked with dust, and it will certainly require another overhauling; or let the man, relieved by the reduction of his dislocated shoulder, begin to use it too soon, or get drunk, and have another tumble in the ditch, and he will be very lucky, if he has not to go back to his surgeon. And the man who became insane from abuse of stimulants or narcotics, or from religious effervescence, if he again indulges in these provocatives, does he not again run much risk? A popular error in relation to asylum curative efficiency, based perhaps to no inconsiderable extent, on the exaggerative statements of writers on the subject, but which every candid medical superintendent will feel it to be his duty to dispel, is, that instant admission of *all* lunatics would secure the recovery of the vast majority of them; some assert as many as 90 or 95 per cent. This is sheer nonsense. How many cases of general paresis, even if admitted in the first month, would be cured? and these cases constitute no trivial proportion of our

total residents in this country, whilst in Europe they are perhaps three-fold more numerous.

How many cases of epileptic insanity do we cure? Even though the victims were to come under our care before supervention of insanity, dare we promise success in averting this result? and when it has ensued, what is our prognosis? In cases of deep hereditary taint, combined, as so many of these are, with tuberculous diathesis, placed in medical relation with them at what period soever we may be, what is our usual expectation? Again, in those cases, (and their name is legion), resulting finally from long persistence in the evil habit of self-abuse, do we not shudder under the conviction of our powerlessness? There may have been, perhaps there was, a time in the history of these unhappy beings, when appeal to their *unextinguished* moral sense, and strong admonition as to the destructive consequences of their vicious indulgence, would have roused them to that exercise of self-control, in which alone their escape from ruin was to be found; but entering asylums, as most of these creatures do, only after physical and moral degradation has culminated in the overthrow of reason, and has left to them, we need not merely say the incapacity of self-command, (as who familiar with these wrecks does not multitudinously know?) but, in its stead, only the compunctious realization of devastated manhood, perpetually evoked by their inability to reproduce the sensual gratifications which have ended in their self-extinction: who, familiar with such cases, will assert that 90 per cent. or even 10 per cent. of them will end in recovery of reason?

The catalogue of unpromising cases might be but too largely augmented. I have instanced a few of its constituents, with the hope that rural and even city practitioners of medicine may less embarrass us with courteous prognosis. It is by no means gratifying to our professional vanity, to learn from the friends of patients that the doctors have assured them of speedy restoration of reason under our treatment, when, from perhaps the first glance, we see the strongest indications of incurability, or, as it may be, and too often has been, of an early fatal termination. If, instead of assuming this sponsorship, medical gentlemen would favour us with a clear description of the existing pathological condition of the brain and spinal cord, the lungs, stomach and bowels, liver, kidneys, and the reproductive organs, we should not fail to appreciate their valuable instruction; but merely to be flattered with the assurance of their belief in our power to work miracles, is a compliment more mortifying than soothing.

Among the discharged patients of the year were two females who were pretty well known to you. Their long residence might have debarred expectation of their ever leaving us in a state of mental competency. One had been in nine years, seven months, and twenty-one days, the other twelve years, four months, and fourteen days. These cases teach us that we should never relax in our efforts to relume the lamp of reason, though, alas! they are most rare exceptions.

Two other long residents were taken home by their friends; one after

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nine years residence, but only to die in the bosom of his own family. He was once a furious and very vociferous maniac: he left us a quiet, mild and grateful man, not indeed restored to reason, yet so rational as to understand his own dying state, and to appreciate the kindness of his wife and friends in taking him out to die under their affectionate care.

The second case was not of the same character. The patient had been resident seven years. He was a very industrious and useful man, and this fact had perhaps some influence in determining his mother to take him home "in the name of God," as she said, but despite our remonstrances. I have heard that her son, before his admission, had some money in the savings bank, which she had tried to draw out but could not. What success she had in that direction I know not, but I do know that before a couple of months she complained of him as very troublesome, and at the end of three months he was re-admitted here, under warrant of the Lieutenant-Governor, as a "*dangerous (!)* lunatic." I would be very thankful to have this house wholly occupied by similar *dangerous* lunatics. He returned in a very lean and feeble state, but he has rapidly recruited, and is again at his old post as companion and assistant to our farmer, and a most tender care-taker of horses.

The average period of residence of the patients discharged in the year has been 16 months and 11 days; but striking out of the calculation 5 who made an aggregate of over 32 years; the average period of treatment of the remainder would be 11 months and 11 days; and reducing this by 4 others who made an aggregate of 10 years and 22 days, the average residence of the remaining 55 would be 9 months and 25 days; which is about the usual figure for this Asylum.

The mental condition of the 64 discharged patients was on leaving:—

Recovered	46
Improved and much improved	15
Unimproved	3
	64

Unrecovered patients are never discharged, unless when their friends, with or without our assent, take them them out. When assent is given, the patients generally remain at home, being believed by the friends to be sane, or being found quiet and useful; when assent has been declined, the friends have generally discovered that our opinion was sounder than their own.

DEATHS.

The deaths last year were equal to $4\frac{2}{5}$ per cent. on the total numbers under treatment. This year they have been equal to $5\frac{4}{5}$ per cent. Asylum physicians will require no explanation of this disparity. They know that declining patients, carried through one year (perhaps upheld through many) can not be carried through another. In both years our

patients were cared for with equal attention ; but when life's span is run, death will have his due.

Among those who have died this year were 11, whose Asylum residence had been as follows :—

No.	(Register)	Y.	M.	D.
1710	(Register)	14	1	18
2464	"	8	10	9
1001	"	19	1	5
217	"	26	1	4
121	"	27	8	6
2469	"	9	1	13
2195	"	10	0	15
1076	"	18	9	6
2578	"	9	0	9
1200	"	18	2	0
2686	"	8	2	25
		169	2	18

Reckoning the cost of maintenance at \$200 a year per head (which, I think, including interest on building outlay, it amounts to), the Asylum residence of the above eleven deceased patients would exceed \$33,800. It can hardly be said that the country has not done its duty in these cases. Is it not, however, a question of some import, whether these persons might not have been supported with sufficient comfort, and life not abbreviated, in some less expensive establishment than a *curative insane hospital*? I think a pertinent reply to this question is afforded in the fact that the two longest residents had lived in our University Branch 13 years each, and died each in five months after removal back to what we consider better quarters, in the chief Asylum, one aged 68, and the other 69.

As of the 11 deaths of long residents, it can hardly be said that any was hastened by Asylum residence or treatment, so likewise would I say of the following instances of short residence before death, viz :—

No.	(Register)	Y.	M.	D.
3539	(Register)	0	0	22
3538	"	0	3	1
3559	"	0	0	12
3584	"	0	0	1
3585	"	0	1	5
3575	"	0	2	12
3594	"	0	0	4
3597	"	0	0	15
3610	"	0	0	13
2605	"	0	1	5
3618	"	0	0	13
3621	"	0	1	20

As to the inspection possible, in numerous among the *mortem* exp

As to the remaining 14 deaths some appreciation may be formed by inspection of the "Obituary Record" presented below, though it is not possible, in tabular form, to present any adequate description of the numerous morbid complications involved in almost every fatal issue, among the insane. It is only daily bed-side observation, and *post mortem* exploration, can convey this instruction.

No.	Age	Sex	Color	Religion	Marital	Profession	Education	Place of Birth	Place of Residence	Duration of Illness	Diagnosis	Post-mortem
1	45	M	W	C	M	Farmer	High School	Illinois	Illinois	10	Alcoholism	Alcoholism
2	55	M	W	C	M	Farmer	High School	Illinois	Illinois	15	Alcoholism	Alcoholism
3	60	M	W	C	M	Farmer	High School	Illinois	Illinois	20	Alcoholism	Alcoholism
4	65	M	W	C	M	Farmer	High School	Illinois	Illinois	25	Alcoholism	Alcoholism
5	70	M	W	C	M	Farmer	High School	Illinois	Illinois	30	Alcoholism	Alcoholism
6	75	M	W	C	M	Farmer	High School	Illinois	Illinois	35	Alcoholism	Alcoholism
7	80	M	W	C	M	Farmer	High School	Illinois	Illinois	40	Alcoholism	Alcoholism
8	85	M	W	C	M	Farmer	High School	Illinois	Illinois	45	Alcoholism	Alcoholism
9	90	M	W	C	M	Farmer	High School	Illinois	Illinois	50	Alcoholism	Alcoholism
10	95	M	W	C	M	Farmer	High School	Illinois	Illinois	55	Alcoholism	Alcoholism
11	100	M	W	C	M	Farmer	High School	Illinois	Illinois	60	Alcoholism	Alcoholism
12	105	M	W	C	M	Farmer	High School	Illinois	Illinois	65	Alcoholism	Alcoholism
13	110	M	W	C	M	Farmer	High School	Illinois	Illinois	70	Alcoholism	Alcoholism
14	115	M	W	C	M	Farmer	High School	Illinois	Illinois	75	Alcoholism	Alcoholism

OBITUARY RECORD FOR 1888-89 (13 HOURS)

OBITUARY RECORD FOR 1869-70.—(12 Months.)

Regis- ter No	Sex.	DATE OF DEATH.	TIME RESIDENT.			ORIGINAL FORM OF INSANITY.	HOW LONG INSANE.			PROXIMATE CAUSE OF DEATH.
			Yrs.	Mths.	Days.		Yrs.	Mths.	Days.	
3255...	Female	1869—October 6	3	1	7	Mania.....	10	0	0	Cancer.
3128...	Female	" " 29	4	8	19	Mania.....	15	0	0	Latent phthisis.
3502...	Female	" " 29	0	5	1	Sito mania.....	0	8	0	Meningitis—Cerebral effusion.
3539...	Female	" " 30	0	0	22	Mania.....	0	3	0	Exhaustion of acute mania.
3458...	Male	" " 31	1	1	1	General paresis..	1	3	0	General parietic exhaustion, &c., &c.
3354...	Male	December 2	2	1	8	Epilc. mania.....	18	0	0	Apoplexy (epileptic).
1710...	Male	" " 27	14	1	18	Dementia.....	18	0	0	do sanguineous.
3538...	Female	1870—January 3	0	3	1	Melancholia.....	0	8	0	Cachectic exhaustion.
3559...	Female	" " 6	0	0	12	Mania.....	0	1	0	Exhaustion of religious phrenzy and uterine disease.
2464...	Female	" " 11	8	10	9	Dementia.....	11	0	0	Manifest phthisis.
1001...	Female	" " 22	19	1	5	Mania.....	19	7	0	Apoplexy—sanguineous.
3584...	Female	March 6	0	0	1	Mania.....	0	0	14	Pneumonia and cerebral congestion.
217...	Male	" " 13	26	1	4	Dementia.....	27	0	0	Manifest phthisis.
3393...	Female	" " 9	0	11	21	Dementia.....	2	6	0	Exhaustion of chronic mania.
121...	Female	" " 10	27	8	6	Dementia.....	40	0	0	Manifest phthisis.
3585...	Female	" " 12	0	1	5	Mania.....	2	0	0	Exhaustion of acute mania dysen-tery.
3575...	Female	" " 17	0	2	12	Mania.....	0	5	0	do do
3594...	Female	" " 17	0	0	4	Mania.....	0	0	10	Cerebral congestion.
2469...	Male	" " 26	9	1	13	General paresis..	11	0	0	General parietic exhaustion, &c., &c.
2195...	Female	" " 30	10	0	15	Mania.....	12	0	0	Apoplexy, with paralysis of heart.
3536...	Male	" " 30	0	6	29	Imbecility.....	8	0	0	Arterial ossification.
1076...	Male	" " 4	18	9	6	Dementia.....	19	0	0	Apoplexy and cerebral abscesses.
3597...	Male	May 7	0	0	15	Mania.....	0	5	0	Exhaustion of acute mania, &c., &c.
3610...	Male	" " 9	0	0	13	General paresis..	9	0	0	Exhaustion of general paresis, &c., &c.

OBITUARY RECORD FOR 1869-70.—(12 Months.)—Continued.

Regis- ter No	Sex.	DATE OF DEATH.	TIME RESIDENT.	ORIGINAL FORM	HOW LONG INSANE
			Yrs. Mths. Days.		Yrs. Mths. Days.

OBITUARY RECORD FOR 1869-70.—(12 Months.)—Continued.

Regis- ter No	Sex.	DATE OF DEATH.	TIME RESIDENT.			Des Ses Age	ORIGINAL FORM OF INSANITY.	HOW LONG INSANE.			PROXIMATE CAUSE OF DEATH.
			Yrs.	Mths.	Days.			Yrs.	Mths.	Days.	
3566...	Male ...	1870—June 16	0	4	29	22	Dementia.....	0	11	0	Latent phthisis.
3299...	Female	" " 22	3	1	1	48	Epilec. mania.....	4	0	0	Epilepsy.
3388...	Female	" " 23	2	8	13	31	Mania.....	4	0	0	Manifest phthisis.
3605...	Male ...	" " 25	0	1	15	43	General paresis..	2	0	0	General paresis and prior syphilis.
2578...	Male ...	July 5	9	0	9	56	Mania.....	12	0	0	Peritonitis.
3618...	Female	" " 6	0	0	13	33	Mania.....	1	7	0	Cerebral congestion.
3433...	Male ...	" " 21	2	1	5	76	Mania.....	7	1	0	Diarrhoea, &c.
1200...	Female	" " 22	18	2	0	45	Dementia.....	20	0	0	Cirrhosis of liver, &c.
2486...	Female	August 3	8	2	25	40	Mania.....	10	0	0	Caries.
3267...	Female	" " 15	3	9	24	59	Melancholia.....	4	2	0	Exhaustion and uterine disease.
3621...	Male ...	" " 25	0	1	20	42	General paresis..	1	2	0	General paresis.
3113...	Female	September 3	5	8	20	25	Mania.....	9	0	0	Latent phthisis.
3346...	Female	" " 10	2	10	25	48	Melancholia.....	4	0	0	Latent phthisis.

Exhaustion of general paresis, &c., &c.

General paresis..

Des
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TIME RESIDENT.
Yrs. Mths. Days.

DATE OF DEATH.

Sex.

Regis-
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PROXIMATE CAUSE OF DEATH.

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In 22 of the 37 cases of death, *post-mortems* were held. We now have records of 314 of these examinations. I found none here on my entrance. My greatly augmented labours prevent me, on the present occasion, from presenting those extracts from our autopsic notes, which, in previous years, I have been accustomed to offer. Perhaps the absence of them will not be much regretted; for I doubt if many of the profession to whom I send copies of my Annual Reports read them, or if they do, some of them seem to remember little of their contents.

APPLICATIONS FOR ADMISSION.

The Applications for admission amounted, in the year, to 244, being an average of over 20 per month.

Note.—At the present time of writing, applications are coming in at double the above rate. The number for the month of October has been 41.

Of the 244 applications, 114 were on behalf of men, and 130 on behalf of women.

I fear that before two years, with all our asylum provisions at London, Toronto, and Kingston, amounting to 1,400 beds, the want of further accommodation for the insane of Ontario will be much felt. The building of the London Asylum is but the liquidation of a debt which should have been paid thirteen years ago, but which was staved off by the establishment of the three branch asylums. The patients from the Malden and Orillia Asylums will take up three-fourths of its beds.

We should not, in considering this important matter, overlook the fact that our provision, ample as it may seem to those who have not well studied the subject, falls far short of that made in the mother country. In Scotland, with a population not, perhaps, 60 per cent. over that of Ontario at the present time, 5,234 lunatics were, on the 1st January, 1867, lodged in asylums, and 1,573 “in private dwellings under official cognizance.” When our three asylums shall be full, as they, verily, soon will, we shall have reached only about one third of the proportional provision of Scotland. I believe comparison of the Scotch and English provision would not show any material difference.

The main cause of the large augmentation of insane asylums in England and Scotland, as well as in Ireland, is the accumulation of incurables. This agency must, in Canada, produce the same result; and it well behooves our statesmen and legislators to study the subject thoroughly, and to look the imminent difficulty full in the face. It will not vanish nor retreat because they decline to see it.

In my Annual Report for 1865 I ventured to sketch out a plan of secondary provision for the incurable insane, which at that time seemed feasible under our system of municipal sub-governments. I dare not believe that my suggestions met with public approval, for I have had but meagre evidence of their ever having engaged public attention. The newspaper-press, the fountain of all public wisdom, and the Hercules of

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all public reform, favoured them with the charity of its silence. Doubtless the views submitted by me required careful consideration, and may have needed material modification; but as far as I can see they might as well have remained unexpressed.

INSPECTION.

Your inspection of this Asylum has been so thorough, frequent, and occasionally continuous, as to render it unnecessary, in this place, to enter into details of our operations either within the house or outside. You have had the gratification, after long waiting, of seeing the two new wings surrendered, and occupied by their rightful tenants; and I am sure you can corroborate the statement, that in general comfort, in both winter and summer, in internal cheerfulness and external pleasantness of prospect (save and except, always, that horrible conglomeration of ugliness on the south, yclept the "Crystal Palace!" and its tag-rag congregation of stables, cowsheds, pig-pens, and other deformities, that would disgrace any town other than muddy York), they are all that could reasonably be desired.

THE FARM.

Our farming operations have been vigorously prosecuted, but the crop falls short of that of last year, as the following figures will show:

CROPS.	1869.	1870.
Hay (Timothy and Clover).....	97	60 tons.
Greenfeed from lawns.....	140	150 cartloads.
Oats.....	800	450 bushels.
Oat-straw.....	42	22 tons.
Potatoes.....	5417	3007 bushels.
Mangold Wurtzel.....	210	52 tons.
Field carrots... ..	14	4½ tons.

The decrease in hay, oats and oat-straw, has been, in some measure, due to reduced area under these crops; but the area under root crops has been about equal to that of last year. Our potatoes this year, though so much less in quantity than last year, are superior in quality. We have seen no appearance of rot in them. Our workers had two terrific fights with weeds, in the root crops on the rented farm. We were finally forced to capitulate, and leave the field to the enemy. We have bestowed more labour on this farm in weeding than would be sufficient to break any tenant who had to pay wages for the work. Our own interior farm is now in fine condition, from tile-draining, liberal manuring, and vigilant cultivation. It was a most stupid oversight to make it only 50 acres, and to reserve as a common, for the production of thistles to

seed the surrounding land, 150 more acres, which, if at the first given to this institution, would now be as productive as the small piece awarded to it by men in authority, who understood the requirements of a large lunatic asylum about as well as they did those of the Crimean army.

The crop of our orchard has been abundant, amounting, from first autumn pulling down to final housing, to 200 barrels.

In accordance with your instructions, I have had the Garrison Common land, north of the Great Western Railway, fenced in along its western boundary—a line exceeding half a mile. Our workers have cut a number of deep surface drains through the northern portion, and along the west boundary, to dry the numerous swales and ponds which overspread it. By this means we have already redeemed much of it from impassibility, and converted parts into rich land where I saw horses go down shortly before, almost out of sight. When these drains become the outlets of a minute system of tile drainage, the land will prove very productive.

I have laid out all the drains myself, determining the various cuttings by careful measurement and levellings, graduating the water-fall with exact uniformity.

In these and all other works, I have been most ably and zealously assisted by our active and intelligent steward, who goes into all his labours like many of our asylum residents, as if the farm was his own, and he was determined to make the best of it.

THE FEMALE WORKERS.

Under the vigilant and discreet Government of our experienced matron, the internal work of the female patients and their attendants, has been carried on with its long established regularity and efficiency. Room for faultfinding is of very rare occurrence. This could not be the case under an inactive or careless matron. The chief evil experienced in the female department is that so many of the nurses and other servants get married. This fact has, perhaps, obtained circulation outside, as we have little difficulty in filling vacancies.

GENERAL HEALTH.

The general health of the establishment has been good, though in the latter part of the summer and through autumn, we have had a few troublesome cases of fever among the male attendants. This interruption of good health in the staff of the institution can hardly have been the result of any internal sanitary defect, for in that case it would have prevailed among the patients, in a larger proportion than among their attendants. The former were totally exempt from it. It commenced in the hot weather of July, during hay making, and seemed to select those

men who had been most exposed to the sun ; but they may have been indiscreet in exposing themselves to night air, after a hard day's work. Had it not been that new hands were engaged to be trained for the service of the new male wing, we should have been much embarrassed. One case having presented itself in an attendant who had not been working out, but was shortly before the attack nursing a fellow attendant, I deemed it expedient to avail myself of the free space offered by the wards of the unfurnished new wing. This isolation of the sick was successful. Seven cases, in all occurred, and all presented those symptoms of general depression and enfeebled circulation, now so commonly met with in the fevers of this country. All were treated with stimulants, and generous diet and beverages, under which they went on to a favourable termination.

UNDATED CERTIFICATES OF LUNACY.

Many of the certificates of lunacy sent in with patients are found to be undated. Sometimes this omission is made not only by the examining physicians, but by the Mayor, or Reeve, likewise. Doctors would hardly accept in settlement of accounts for their professional services undated promissory notes ; and yet a certificate of lunacy, by virtue of which a free fellow-subject is to be committed to asylum custody, is a rather more important document than a promissory note. No doubt the error arises from the confusion incident to all persons closeted for an hour or two with a lunatic, or from the pressure of engagements under which so many medical gentlemen suffer. It is to be hoped it requires only pointing out, in order to be avoided in future. It should not, however, be forgotten, that a strict adherence to legal propriety would oblige me to refuse admission to lunatics sent in with such defective certificates. This would cause much inconvenience to innocent parties, and would not remedy the general evil, unless the newspapers should take up the subject : and then I might feel sure all the blows would fall on my own back, for all public officers are but donkeys, whose legitimate duty it is to be cudged.

RELIGIOUS SERVICES..

The weekly religious services of the Asylum, both morning and afternoon, have been well sustained by ministers of the various denominations in the City.

NEWSPAPER SUPPLY.

We continue to be indebted to the benevolent publishers of the following newspapers and periodicals, for a regular gratuitous supply of

their respective publications, which are most acceptable to many of the inmates, viz :—

Leader, daily and weekly.
London Prototype, daily.
Ottawa Citizen, daily and weekly.
Chatham Planet, tri-weekly.
Christian Guardian, weekly.
Canada Freeman, weekly.
Guelph Herald, weekly.
Guelph Mercury, weekly.
Berlin Telegraph, weekly.
Flora Observer, weekly.
Stratford Beacon, weekly.

St. Catharines Constitutional, weekly.
Canadian Statesman, weekly.
Kingston Chronicle and News weekly.
Galt Reporter, weekly.
Ingersoll Chronicle, weekly.
London Advertiser, weekly.
Christian Advocate, weekly.
Walkerton Telescope, weekly.
Canadian Institute Journal.
Journal of Education.
Canada Presbyterian.
Monthly Record.

The *Toronto Globe*, and the *Telegraph* have both many admirers here, but as yet hints have not been taken by the publishers, and the patients have to depend on my own numbers of these able papers.

GRIFFITH VENTILATORS, AND SOME OTHER THINGS.

As I am writing in the midst of a heavy wind and rain storm, I am able to testify to the marvellous efficiency of those galvanized excrescences called Griffith Ventilators, which to the number of a couple of dozen on each of the new wings, project above the perforated roofs. They are, beyond all controversy, great goers, when the wind blows strongly ; but at these times they would do better not to go at all ; for, *then*, ventilation is but too abundant without them. When there is not wind, will they go ? Not a bit ; they know better. My opinion of their usefulness is just the same as it was several years ago, when I was instructed to obtain the first pair from Philadelphia, or a little more so could never comprehend how it entered into the skulls of men, believed, to have good brains, that a machine depending for its motion on the force of the wind, could be an efficient ventilator in calm weather. I was, however, told that the ascending current, up the flues, moved them at these times ; but it seemed to me, if the current had to overcome their *vis inertiae*, it must surely be retarded, rather than accelerated thereby, and consequently, but for the honor and the beauty of the excrescences Griffith would be better out of the way.

In big storms, when we generally have much disturbance among the patients, they join in, and almost overtop the hubbub ; but the music is horribly grating, and can hardly have a calmative influence on already distracted minds.

In intensely cold weather, with even a moderate wind, they pump out the warm air so efficiently, that were not our ventilating flues leading up to them commandable by registers, general refrigeration would ensue. It

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is not always certain that servants will watch the changes of the weather, and close or open these registers *pro re nata*; therefore we sometimes find them shut when they should be open, and open when they should be shut.

The ventilation, natural and artificial, of the wings, independent of these whirligigs, is quite satisfactory. As soon as they run out of order they may advantageously be uncrowled and an Emerson top put on instead.

The wooden towers on the new wings are very efficient spoilers, in rain storms, of the ceiling beneath them. Their utility as supplemental ventilators, I have not yet learned. In the event of conflagration in adjacent buildings, their latticed shutters would, as I once saw in the steeple of St. James' Cathedral, present a convenient lodging for a wafted piece of blazing wood. What might follow may be understood by those who witnessed that catastrophe.

I would fondly hope that before the meeting here next June of the American Association of Medical Superintendents of Insane Hospitals, some curative application may be found for the deep cutaneous disease which now disfigures the ceilings of the new wing verandahs. These useful appendages seem to have become back-broken. A little more slope of the floors would have averted the calamity; but this, I understand, was impracticable, even in the erection of the second, when the defect of the first had become visible in showers of falling plaster—now a current event in every rain storm. We cannot conceal the denuded laths from the sharp eyes of County of York Grand Jurors.

In closing this report, for the construction of which I have had but little spare time, and that little very fragmental, I would thank you most sincerely not only for your uniform urbanity and kindness towards myself and my assistants, but also for the liberal and discreet consideration at all times given by you to my representations of the requirements of the afflicted people under my care; and thank you even more cordially for your minute and lengthy inspections of every department of the service of this institution.

May the Great Giver of all good, who has restored you from a very perilous and protracted illness, induced as I well know, by your indiscreet, but perhaps unavoidable, overtaxing of working power, long continue you in your present useful and deeply responsible position; and may this noble public charity, under a judicious christian philanthropy, year by year advance nearer to the great purpose of its foundation.

I am most respectfully,

JOSEPH WORKMAN, M.D.,
Medical Superintendent.

Toronto, 31st Oct. 1870.