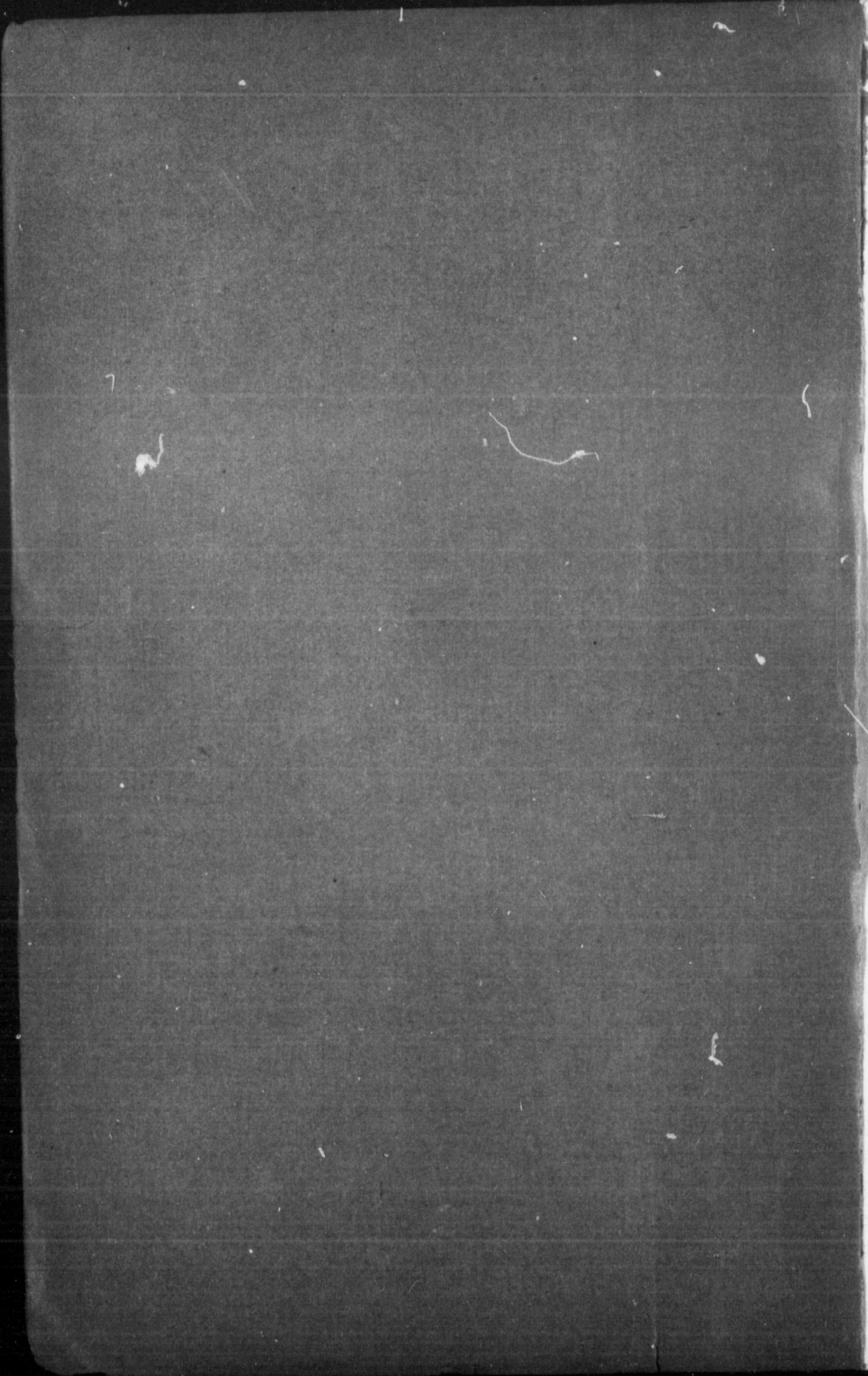


TWENTY-FIRST ANNUAL
REPORT
OF
N. S. HOSPITAL FOR INSANE.
FOR THE YEAR 1878.



HALIFAX, N. S.:
ROBERT T. MURRAY, QUEEN'S PRINTER,
1879.

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Compliments of Superintendent

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NOVA SCOTIA HOSPITAL FOR THE INSANE,
HALIFAX, N. S.
1878.

COMMISSIONERS OF PUBLIC CHARITIES.

HON. SAM'L CREELMAN, M. E. C., Chairman.
STÉPHEN TOBIN, Esq., Mayor of Halifax, (*ex officio.*)
DOMINICK FARRELL, Esq., J. P.
WILLIAM NISBET, Esq., J. P.
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JOHN KELLY, Esq., Secretary.

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R. D. DICKSON, Esq., Engineer.
MRS. R. D. DICKSON, Housekeeper.
MRS. JOHN H. McNAB, Supervisor.
ALEX. MARVIN, Esq., do.

REPORT ON THE YEAR 1900

Movements
Admissions
Professionals
Treatment
Care of Ins
Repairs and
Reduction
Cost of Re
Work done
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The Past Y
Conclusion

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TWENTY-FIRST
ANNUAL REPORT
 OF THE
MEDICAL SUPERINTENDENT.
 1878.

To THE COMMISSIONERS OF PUBLIC CHARITIES,—

Gentlemen,

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

Number of patients in Hospital 31st Dec., 1877.....	351
“ “ received during the year	93
<hr style="width: 10%; margin-left: auto;"/>	
Whole number under treatment.....	444
Daily average “ “ “	361
Greatest number at one time under treatment, Dec. 4, 1878.....	375
Least “ “ “ “ Jany. 17, 1878....	350
Discharged as Recovered	52
“ Improved	10
“ Stationary	4
Died	16
<hr style="width: 10%; margin-left: auto;"/>	
Whole number discharged	82
Remaining on the Register Dec. 31, 1878.....	362
Increase of Population for the year.....	11
Percentage of recovery on admissions.....	55·9
“ “ “ average of previous years..	43·1
“ of death on daily average	4·4
“ “ whole number under treatment.....	3·6
Average percentage of death of previous years on daily average .	6·0

ADMISSIONS.

Many applications had to be rejected owing to the crowded state of the wards, there being eight more patients on the male side than can be properly accommodated, yet there have been more admitted this year (93) than any previous year, except 1877 with 94, and 1875 with 114.

The prospects for next year are unfavorable, owing to want of room, unless some provision be made. No application for any recent case has been refused, for such patients will be accommodated under any circumstances.

DISCHARGES.

There have been a greater number discharged than in any previous year, with a recovery rate nearly 13 (12.8) per cent. above the average, and a death rate of more than $1\frac{1}{2}$ per cent. (1.6) below average. The increase of population for the year being eleven (11), the smallest number since 1873, and the daily average fourteen greater than the last or any previous year.

The large number of discharges was due to the very large percentage of recent cases admitted, which rendered possible a recovery rate much above the average of other asylums, with a shorter residence in the Hospital.

Of those discharged, (35) or 67 per cent. had resided less than a year, on an average $5\frac{1}{2}$ months. Of two-thirds of the persons thus discharged as recovered, only two were re-admissions, (one once and one twice.)

The remaining third (or 17) had been inmates from one to fourteen years, averaging a little over four (4) years each, of which three were re-admissions, (two once and one four times.)

In examining the recoveries of those less than a year resident (35), twenty-two (22) were admitted within the past year, or about 63 per cent., (two of which were re-admissions,) and twenty-five (25), or over seventy per cent. (71) were recent cases admitted within three months of the appearance of their malady. About half (12) were melancholic and the other half (13) maniacal—of which only 6 were of the violent maniacal type.

Expressed in another way, about half of the recent cases were of such a character as would have permitted their residence at home, because they were not very unmanageable, with as a result the probability that a large percentage (failing to recover) would sink down into chronic insanity, a burden to themselves and the state for very many years.

There have been about 600 (597) cases discharged cured since this hospital has been established, and assuming a similar ratio to the above—about 400 were recent cases, that remained less than a year under care, and 200 who were not violent or dangerous, without the hospital, would have been retained at home to fall into the state of

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Chronic insanity a burden to their families and the state, besides a loss of many most active citizens.

The "Medico Psychological Tables" are continued as in previous reports, and all the other "tables" except "No. 18, Cost of Provisions," as this is fully detailed in "No. 22, Expenditure."

PROFESSIONAL RESULTS.

These have been most satisfactory, the mortality rate a little over 4 per cent. (4.4) is much below the mean six per cent. (6) and the rate of last year seven per cent. (7.2). On the whole number under treatment the rate is so low as three and a half (3.6) per cent.

The recovery rate has been very favorable, fifty-six (55.9) per cent. on admissions, the mean of all former years being forty-three (43.1) per cent., and of last year fifty-one per cent. The rate this year would have been still more favorable, 60 per cent. could we have included three patients admitted this year and recovered but not discharged owing to a want of convenience to get them located or sent to their homes, and one recovered patient who on the eve of returning was seized with an acute attack of peritonitis supervening, on Chronic Hepatic trouble, and followed by death.

The recovery rate at this Hospital has always been above the average which has no doubt been due in some measure to the classes received, the restricted accommodation and the "lunacy act" necessitating the admissions of the recent or violent, and hence an apparent superiority over the many foreign institutions that have their admissions as well as their wards loaded with a large percentage of old and incurable cases, and this Hospital, from its deficient capacity has been in so far unable to furnish as great a proportionate benefit to the afflicted. Under these circumstances the greatest good has been done by treatment, and perforce the same rule must still be followed out until the province shall make arrangements for the *care* as well as *cure* of its afflicted population.

Only five out of sixteen deaths were due to what may be classed as diseases of the nervous system—Exhaustion of Mania, one—Epilepsy, one—Paresis, one; and Chronic Phrenitis, two. The eleven other cases were due to Phthisis, four—Pulmonary Hemorrhage, one—old age, two, and one each from Pneumonia—Heart affection Bright's disease, and peritonitis resulting from Chronic hepatic degeneration in a patient whose mental equilibrium had been restored.

It is very satisfactory to report that neither suicide nor accident occurred, nor did any disease of an infectious, epidemic or serious character afflict any of the inmates.

MEDICAL TREATMENT.

There is nothing special to note. The use of Amyl Nitrite by the stomach, has not appeared to give any decided results in Epilepsy. The Bromide of Potass in gr X L at bed time with the use of Veratrum Viride when the circulation shews signs of acceleration, has been followed by most decided benefit in one of the worst maniacal epileptics we had, having for over six months, greatly diminished the frequency and intensity of the fits, and quite obliterated the mania and accompanying insanity.

Tinct. Opii. and Spts. Eth. Co. M. X to M. XXX of each, three times a day, has given much relief in many cases of Melancholia; but such is to be anticipated. The Bromide was preferable in "Menopause" cases.

MORAL TREATMENT.

Manual Labor occupies the first place, and every facility has been utilized in carrying out this idea, and to this must in great part be attributed our favorable results. The garden, farm, ditching, and land clearing, have been the most available means, and during the past summer an average of thirty-eight (38) patients per day have been engaged in the latter two operations.

In plastering, over 230 day's work have been done in renewing wards, and not included in ordinary repairs, and a half dozen patients were two months cleaning and preparing the walls for plastering, which was done by a patient; painting furniture, &c., occupied others.

The women as usual have done the making and mending; and to accommodate them the sewing room has been more than doubled in capacity; many prefer to work in their own wards and rooms, and the sewing room is generally well filled.

The domestic duties in the wards, and work in the "detached" building occupy a great many of both sexes.

Walking out. The patients in every ward on every suitable day are taken out in rotation, and we are very much in need of an airing court, so that a greater number could be out at a time, as it is, one attendant must remain, and one takes out all he can look after, which number is far too limited, but it cannot be otherwise until proper "airing courts" are established. The one we have is practically useless.

Two attendants have from 22 to 28 patients to care for, and only a few can be taken out a time, so that they do not escape. It is very creditable to them that only 6 runaways occurred through their inattention, and only one violent patient got away, and this through the flimsy structure used as a "pipe" shaft in some of the wards. There need be no escapes if the patients were continually under "lock and key" or if we had a much greater force of attendants; but where out of 360 patients there are not more than 40 who would willingly stay, a few elopements cannot be a surprise.

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There is however, another view of this subject; this is not a prison, but an hospital specially designed for the cure of the mind disabled, and every hygienic means receives the first attention, so that the escape of a convalescent patient is nothing compared to the general benefit conferred by fresh air, exercise, and freedom from restraint and prison discipline. Excited patients are taken out singly, and it is only the convalescent or harmless that have the opportunity, and when these get off, they have no desire to linger in the neighborhood. Only one case escaped our search, and he had done the same two years ago. This man was well able to look out for himself, and never had any delusion that could be found out, unless that "he did not believe in working," and in his history there was no case of insanity, unless that he was a nuisance to his friends, and at times cross and "peevisish."

Amusements. The "office" has been removed to the library room, and the three apartments on the ground floor in the rear of the centre building, can be readily thrown into one, so as to furnish an amusement room large enough to accomodate 150.

A regular evening is set apart for dancing, as this appears to have the greatest charms for the greatest number. Although only a small percentage indulge in "Quadrilles," "Lancers," &c; all enjoy the hilarity, music, and the refreshment table,—a cup of tea or coffee, biscuit and cheese, or apples being what is preferred.

When the "party" as they term it has been unavoidably postponed, it is a subject of earnest enquiry. It is confined to the inmates, and there is no appearance of restraint, and no attempt at behavior which the most fastidious would desire to exclude. The Superintendent, or Assistant and Supervisors are always present, and the attendants have always made their pleasure subservient to that of the patients.

The music is furnished by the inmates, but we are very much in need of a piano to make this department successful.

Through the kindness of friends we have been favored with several other varieties of amusement, detailed under the head of "Acknowledgments."

The "diet list" has been improved and varied. Milk has been freely used, and the fresh meat, and every article of diet has been of the best quality, and always abundant.

Each ward has been visited daily by each physician and some of them two or three times a day. The sick have been visited, prescribed for and cared for in the best manner at night as well as day, and in no case has any attendant failed in carrying out all instructions.

"Seclusion" is not resorted to as a means of controlling violent patients, and every patient sick or violent confined to the room for treatment, has been visited by the physicians and carefully fed, cleaned and nursed by the attendants, as in ordinary hospital practice.

Patients who destroy their clothing and would be more or less naked, of which class there are many of both sexes, are in accordance with the best Canadian and American practice, comfortably and properly clad, and have the liberty of the halls and out of door exercises as much as any other patient. Those who would injure themselves or others have similar privileges by the American system which does away with the straight waistcoat, camisole and seclusion.

Those who would be on foot all night, pounding doors, screaming, destroying their bedding, or polluting the walls and floors of their rooms, are enabled to sleep the greatest part of the night by means of the "protective bed," which keeps them comfortable and prevents them from wearing themselves out by constant restlessness, the prominent feature in Acute Mania. The use of sedative antispasmodic, and narcotic medicines is superseded, and "a draught to quiet a patient" is very rarely required, and when given is not with the intention of "quieting," but of producing some necessary therapeutic effect.

Similar means are adopted to prevent the injury which is apt to result from "falls" and the convulsions of "Epileptic fits;" and those patients who, though quiet, have a habit of throwing the clothes off at night.

The wards are now but rarely disturbed at night, and a "night draught" a very rare prescription.

To more successfully carry out the "moral treatment," we are very much in need of means to replenish and add to the library, decorate the walls of the wards and multiply the means of amusement. The "Bell Fund," destined for this purpose, had not until last year been utilized, and it is to be hoped that the generous design of the donors will be regularly carried out, and the "interest" duly set apart for this purpose.

The "Brown Fund" can and should be similarly expended, so as to furnish what the Province does not give.

I can confidently state that our patients receive the best of medical and general care, as well for the incurable as the curable.

CARE OF THE INSANE.

This subject is the cause of much thought, of varied schemes and great expense 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.

Before entering on details, it might be 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 similar for all the afflicted, and that "quiet" cases, though recent, are as well looked after at home, than which there could not be greater mistakes.

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 harmless. Both classes may be treated in the same institution, or in two distinct establishments, with appointments differing for each class.

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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 harmless insanity, to so continue for from 12 to 22 years, a burden to their families and the state. The "quiet," "harmless" 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 of asylums as revealed by *census* in this Province in 1871, being about 1,000 cases, and at present much greater.

Some means must be taken to arrest this manufacture of chronic insane.

II.—CHRONIC AND HARMLESS.

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 must be kept in locked apartments, and be under attendants when they go out either for the air, exercise, or labor. Some are liable to exacerbations for a short period, 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 a 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 partly from want of confidence in asylum treatment, and partly from the stigma of reproach which is apt wrongfully to attach to a family so afflicted. When cared for by kind friends, if the case be chronic, with no delusional antipathy to the surroundings, no better asylum need be desired; the majority, however, are lodged in poor-houses and jails.

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 206 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 not one who has sufficient energy and tact to cope with the ordinary inmates, where the "rough" "slapdash" 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.

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 labour, and that this fact should secure sympathy from the public as well as justice."

In looking over the admissions to this institution (1368) 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.

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PROVISION FOR THE INSANE.

This institution is now overcrowded. On the male side two of the 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 206 out of 362.) 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 benefitted by treatment, and when discharged would be self-supporting.

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* and the *desire*; but with many I fear both these are lacking,—the *means*, because few among the farmers and labouring classes are able to afford such attendance 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 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, but failed in Scotland after a long trial, chiefly because there was no population who had the knowledge and experience of those at Gheel, and such would be the case in this Province.

SEPARATE INSTITUTIONS 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 the received opinion. It has been 10 years in operation, accomodates over 1,500 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 *care* of the *insane* has been furnished and utilized.

Dr. J. B. Chapin, the accomplished Superintendent, has reason to feel proud of the successful issue of this much debated scheme, and observers will closely watch its continued history.

Dr. Chapin in his last report says "the usual arrangements of a country 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 1,000 and more insane in Nova Scotia (not cared for in this hospital) would the above description be applicable to?

At London, Ontario (Canada) 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 very 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 (206) 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.

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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.

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. In such institutions could be carried out the ideas developed by Dr. Pliny Earle in his "Psychopathic Hospital of the Future." 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 amenable to 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 far enough away in case of fire, and near enough to permit of 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 in this, the central hospital, would never be overcrowded.

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 while it would not carry out the same idea unless the design were, to use it as a temporary residence for chronic insane until another asylum was built at the other end of the province, when the Chronic cases belonging to each section could be transferred to their proper districts, this is what is contemplated by the first method.

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 been thus 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, and here I would feel inclined to let this matter rest trusting to yourselves and the government to chose that method you will be able to carry out.

Bearing in mind, however, the geography and finances of the Province, and as well the urgent necessity of good and more extended provision for the insane, I will submit a fourth method for your consideration.

In doing so I thoroughly appreciate the fact that I have had no lengthened special training; but I may be allowed to give the results of an observation and experience, unfettered by preconceived or theoretic opinions, and directed by the precept and practice of the best asylum management in the Dominion and Eastern States. That by specialists it may be considered faulty, I admit, and would answer that I am not unlike "an observer at a game of chess, who though inferior to either, may see undeveloped combinations not noticed by the players, whose attention is occupied in developing preconceived and correct positions."

Local causes must bear the blame, if any attach to the following suggestions; but the result if conscientiously worked out, will be not less satisfactory to the insane we design to succour than to the "state" which is embarrassed in the carrying out of its humane intentions.

The "name" is perhaps not the most appropriate, but I do not think of a better.

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IV. COUNTY "COTTAGE" ASYLUMS SYSTEM.

The pressing demand is for the appropriate accommodation of the harmless, weak-minded, or chronic-insane, who are in ordinary physical health, and simply require to be cared for. They number 206 at present in the Hospital, in addition to five times that number outside, many of whom are in much 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.

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 out-lay in fuel.

Number to be Accommodated. Table 17 is prepared to shew the relative numbers of insane of each class in each county, and those adjacent, as well as the cases in the hospital, and those dependant on outside care, and may perhaps assist in directing the counties as to their best method of proceeding.

I would suggest that the Counties singly, or two or more associated, should erect cottages or small asylums to accommodate from 50 to 100 inmates, at not less than one or more than three miles from the village or county town, with not less than an acre of good farming land, to each of the estimated population.

Through the kindness of Dr. J. B. Chapin, Superintendent, herewith are presented "ground plans" and "elevations" of a style of building, which experience at "Willard" has proved to be the best adapted for 200 of this class of patients, in blocks each accommodating 50 patients, and which could be at any time extended as per plan. Dr. R. M. Bucke, Superintendent of the Asylum, London, Ont., has kindly favored me with the plans for cottages that give every satisfaction, and accommodate 60 patients each, copies of which are likewise presented for your consideration.

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 *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.

Precise legal enactments must be made and 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 prevent the possible abuse of *recent* cases being retained to their detriment.

Should the county authorities desire to establish an alms house 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 disappointment 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 locality which in this respect benefited by

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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 should appoint a competent inspector to visit and thoroughly examine each establishment every three months 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 receiving public aid as well as the asylums for the insane.

Such an office is a direct means of communication between a government and the results of much of its labour, and is as needful in Nova Scotia as Ontario.

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 form than is possible here—attendance need not be as expensive, and if convenient they can utilize pauper labor and yet give the insane every care.

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 most chance of being successfully carried out.

7TH.—All concede that the cost of caring for Chronic Harmless 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.

There 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.

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 though 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.

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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, Ont., are designed for 60 patients, thirty men and thirty women, located in sections on each side of the central building (as per plan.) 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" are 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.

Whether or not the province should assist counties in carrying on this work is not for me at present to discuss.

The "Cottage County Asylum system" above referred to 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*.

1st.—*The arrest of the manufacture of chronic insane.*

2nd.—*Appropriate cure and care for all the afflicted.*

I have carefully weighed the merits of each of the four systems as applied to this province and present them in regular order of merit for your decision, and I trust immediate action.

REPAIRS AND ALTERATIONS.

Before taking charge of this institution I made it my business to visit many of the best managed asylums in the Dominion and Eastern States, (and from each superintendent received every courtesy, attention and information,) so as to be familiar with special details beyond those which an extended general hospital experience would make one well acquainted with. These were embodied in my first report, handed to the Hon. Provincial Secretary April 1st, 1878.

On taking charge all the departments were so "run down" and out of repair, that it was aptly described by one of the oldest and most experienced of American superintendents, who paid us a visit, and at our request gave us his opinion as to many improvements "that we had the 'walls' for the establishment of a very fine and creditable institution, but that from \$40,000 to \$50,000 were required to make it what it could and should be."

Everything appeared as though the expenditure had been so limited as to permit many parts to go to decay for want of repair, this being particularly noticeable in the south wing, or oldest part of the building.

All efforts at repair had to be governed by "expense," a curtailment of which was imperative, and hence what has been accomplished was confined to such as could be carried on by the ordinary labor and material of the Hospital.

The following improvements have been conducted, in addition altogether to the ordinary repairs of broken doors, windows, floors, pipes, plaster, &c., the raw material necessary being the only extra cost—excepting the boiler repairs, done by contract, and the engaging of men for a time to expedite the finishing of heating apparatus prior to the advent of cold weather.

The Floors.—In the female wards they were rough and splintery, and difficult to clean; they have all been planed over and smoothed. In 4 wards they have been rendered non-absorbent, readily dry after being washed, a matter of great moment in cold weather, and are in great contrast to the others not yet prepared. Several floors are worn out from faulty construction, being tongued and grooved, and they permit water to soak through and loosen the plaster in the ward below.

New floors and sleepers are in process of being laid down.

The Walls.—The plaster in several wards was very dilapidated. In only one bedroom was there any wainscoting, and in only 4 out of 19 wards were the walls painted. Frequent whitewashing left flakes and cracks over the surface that could not be kept tidy.

"M. 3 and M. 4" wards have had the walls thoroughly scraped, and every injured part removed, and the "recesses" (receptacles of dirt) filled with masonry. The whole has been replastered, and a neat cornice added.

The north and south halls in each have been lengthened eight or ten feet by the removal of closets that were unnecessary, and impossible to be kept clean. We are indebted to a skilful plasterer, a patient, for the performance of this work. A door has been placed at the open stair head in M. 3, which removed a trap dangerous to the unwary, and suggestive to the evil-inclined.

The white walls would require to be painted and tinted, so as to be non-absorbent of odors, and tone down the glare, and as well be relieved by more pictures to break up the monotony of long halls.

Ventilation.—This is very imperfect in the south end, the flues being in the cold, outer walls. These would require to be changed, but in the meantime the dilapidated ventilating fan has been put in working order for use when required. A new "Emerson" ventilator will soon be completed to place over the second section south. It will be made on the ground. No "soil pipe or waste pipe" is ventilated. The water closet floors on the male side are all saturated and need renewal. A ventilation shaft is necessary between M. 1, 2, 8 and M. 3, 4 wards.

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Bedrooms.—Throughout the building those intended for single patients have no means to defend the windows from being injured by violent patients unless by wooden shutters or barricades that practically exclude the light and much hinder ventilation, but the arrangements you are about to make will remove these defects. The floors of very many were so saturated as to fill the rooms with noxious effluvia, that no amount of washing could cleanse. This has been most effectually removed by means of oil which not only makes them non-absorbent but prevents the giving off of odors. The doors in many are so constructed as to hinder ventilation, and in no case can the night watch see how a patient is getting on without opening the door, and disturbing possible slumber.

Windows.—These were all suffering injury for want of paint and repair, many frames in the basement were rotten from the grass and earth that had accumulated about them.

The greatest number have had one coat of paint—and decayed sashes and frames repaired. The grass and earth have been removed in the worst places and a 4 feet space filled with cinders and ashes intervene between them and the grass so that this will not easily occur again. The glass breakage has been to a great extent arrested by repairing and utilizing the old wire guards that were discarded years ago. They had been used for bedroom windows but were very properly removed as they afforded facilities for suicidal patients that had been taken advantage of. They have been placed in the common corridor windows of violent wards where the before mentioned defect will not apply.

Doors.—Very many of these in M. 3 & 4 wards need removal—the loosened door jambs have all been repaired by iron straps cemented into the wall.

Furniture, except tables, in all the wards is insufficient.

The general appearance of rooms was much improved by repairing and painting 120 old and unseemly bedsteads, and also many benches and chairs. Eleven "protective" beds are now in the wards, and more are required. They are similar to those used at the Murray Royal Institution, Perth, Scotland, by Dr. Lindsay, and also in use in most asylums of the Dominion and U. S. Their use is necessary for paralytics and epileptics that roll out of ordinary beds and hurt themselves, or throw off the clothes—also for those who are destructive and injure themselves. For ordinary use they are as convenient and comfortable as an ordinary bed and cost about the same sum. The chairs we at present have are useless, common and expensive. A model of one which can be used as single seats, or united into two or more, has been approved by you and fifty are in course of construction. They will be comfortable, slightly, strong and not more expensive than a common variety.

Heating Chambers.—Three wards have been supplied with the approved variety with most satisfactory results. All the old pipe

has been utilized by rejecting injured pieces, and a large (4" and 3") new pipe has replaced the old 2" one that supplied the south wing.

Centre Building.—All the floors in the wide halls from insufficient support have become deflected and endanger the stability of the walls which support the three large water tanks in the attic. Four pairs of strong graceful iron columns are necessary to relieve this defect. The principal rooms and halls have been renovated but they have never been, and much require to be, painted.

A neat fountain, the work of a patient, has been placed in the main hall which adds much to its appearance.

Outside.—The whole of the wood-work requires painting. The mastic covering is deficient in places, and the moisture passes through the walls and loosens the inside plaster—many parts of this require to be "furred" and replastered.

The skylights in the older part of the building require complete renewal so as to be as good as, and correspond with, the rest of the roof.

The water conductors also will require extensive repairs, and with a material more lasting than thin zinc. The cast iron ones put up lately on one side of the centre building are much superior, but they should be of copper.

Outbuildings.—They all need repainting, and many to be enlarged and more widely separated, being too close together. The carpenter shop is very faulty. Workshops are also very much required, the make-shifts at present in use being ill adapted either for the work done in them or to utilize patients' labor. Several old and useless buildings have been removed.

A definite plan for the situation of these buildings should be adopted, so that in time their renewal and repair would place them in convenient, safe and regular order.

Fences.—These are of no account, even as a slight hindrance to run-away patients, and place an unnecessarily heavy charge on the attendants who take the inmates out for work or exercise. The "thorn hedges" are not continuous, and it will take time and judicious trimming to make them of any account. The gates have been all put in repair.

DETACHED BUILDING.

Boiler House.—This is not large enough as at present arranged, nor are the boilers sufficient to keep up a general temperature of 60° Fah. in the wards in cold weather, especially in the north section. They are badly constructed and arranged for saving fuel. Were the gas retorts removed to the outside there would be room for sufficient boiler accommodation, and ability to utilize heat from waste gasses that at present is totally lost.

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The three boilers in ordinary use were found to be in a dangerous state, and had to be extensively repaired. They were tested to 70 lbs., over three times what they are ever called on to bear, and shewed no sign of defect or weakness.

Iron gas retorts are too inefficient and expensive, and I would recommend the use of those of "clay," for they are the only kind now depended on in gas works. The purifying room has not sufficient space, and the retort ovens should be removed from their present situation to the other side of the wall, not only to give space in the boiler house but to relieve the whole detached building from the great nuisance of sulphurous gasses which must be evolved. An "exhauster" is required to lower the pressure on the retort, but this can be provided for without great expense.

Kitchen.—This was "contracted" for 200 and now that 400 must be provided for, the cramped space is a great inconvenience to the house-keeper. The "range" is too small and defective at that. Conveniences for boiling were too limited, but this has been remedied by the construction of a large cooking chamber of 36 cubic feet capacity, worked by high pressure steam on a novel principle, and four months use has demonstrated its correctness. It easily does the work of two jacketed boilers, and takes up but small space (30 by 36 inches) in a corner. The food is dished before being cooked, so that there is no handling, other than to remove each dish to its appropriate ward. All kinds of vegetables, puddings, fish, &c., are cooked with equal facility, and the management is so simple that the cook had no difficulty to learn its use. It was altogether constructed in the institution. An apparatus for making beef-tea, gruel, and sick diet, which greatly facilitates, this department, was also put up at no extra expense.

Material is on hand for the construction of two large coffee and tea urns, which will soon be proceeded with, and no additional cost incurred. An iron pot has now to do duty.

Wash-Room.—Here everything was defective and extensive changes will yet be necessary to make it efficient. The old washing machine tore and "freyed" what was submitted to it and caused surreptitious washing in the wards. A new machine lately erected renders it impossible to tear the clothes, works well, and when conveniences for boiling soiled linen are in place the old trouble will be completely removed. A temporary apparatus has been put up for boiling, but it is too small, and there is not sufficient room in the wash-house to enlarge it. There is no other form of disinfection so perfect, and no other means so efficient for removing dirt without injury to texture, as boiling water and soap.

A room for storing soiled linen on its way to the wash-room is also very much required, as well as a new wash-house and laundry.

Laundry.—This is also too small, it has been enlarged by incorporating with it the "store room" which has been removed to more convenient quarters, but it is badly arranged for dispatch. The steam drying chamber has not sufficient ventilation, and must be enlarged unless additional means be provided—such as an open air drying

ground more efficient than the present, and a drying-house protected from rain, snow and damp, with the sides formed of open slates so that the wind could easily exert its influence. The old mangle had become perfectly useless and was removed, a new one is in course of construction.

Bake-House.—This has been disencumbered by putting up a bread safe in which this article is safely and conveniently stored.

Store Rooms.—That for dry goods has been completed and in operation, and another for groceries, flour &c., will soon be ready for occupation, they will be most convenient, will utilize waste space and the old quarters are much needed for other purposes.

Cold Chamber.—There was nothing deserving the name, but a large convenient one in connection with the ice house will soon be finished and this want completely supplied.

FIRE PROTECTION.

In this we are sadly deficient, and for details I would refer you to my special report given to the executive government shortly after assuming the position of superintendent, and again in quarterly report submitted to you October 1st, 1878.

The additional means thus far has been the use of safety matches throughout the institution. Buckets always filled with water and kept in bath-rooms and water closets; Hose always attached to fire-plugs; and twelve new "fire extinguishers" (17 altogether) equally distributed and attendants trained to their use, and instructions printed on card-board posted up in attendants' rooms and prominent places, fire signal to call all the help; but we have no efficient alarm.

There is so much that requires to be done that it would take up too much space to detail. In the preceding pages a portion is indicated, and this with the rest may in time be completed at no very great expense, as much can be accomplished by the labor of the institution.

Wainscoating is very much required in the disturbed wards and bedrooms, for the plaster cannot be kept in repair. Four dozen bedsteads are required to supply those who are sleeping on the floor, to replace the worn out and to occupy the space into which patients must be crowded. They should be of the "protective" pattern, because though but little more costly, they serve all the purposes of an ordinary bed in a superior manner and can be used for special cases if required.

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OTHER GENERAL IMPROVEMENTS.

The sewing-room has been more than doubled in size by transferring the "office" to the library room. The bursar has more convenience and can supervise the delivery of books. The tailoring room is utilized for repair of mattresses, and the tailoress removed to sewing-room, and the want of a stove removed by the use of a gas heater which is cleanly and convenient. A number of hay mattresses have been made to take the place of common straw beds, and many of the others repaired. Two pieces of rough stoney ground (about $1\frac{1}{2}$ acres) have been reclaimed, one was in crop last summer and the other ploughed the past fall for the first time.

In the rear of the building another acre is in process of clearing, the stumps and stones being ready for removal and it will be fit for crop next spring.

A few decayed and useless trees have been removed—the ground prepared and 80 vigorous hardwoods set out along the avenues and boundaries, and 450 planted out in a nursery recently formed. The hedges are being trimmed and they would require to be extended.

The "airing ground," very wet and sodden, has had over 200 yards of deep ditching completed, and an immense lot of boulders that encumbered it and the grounds on the south side have been broken up and put into the ditches from 2 to 12 feet underground.

Other wet grounds have been ditched to the extent of 500 yards, and a ($3\frac{1}{2}$) three and a half acre swamp has been cleared and drained so that it will soon be ready for hay or pasture land. All this has been done by the patients and attendants without in the least interfering with any of the work usually carried on in the garden and on the farm.

The records of the hospital have been collected, repaired, arranged and bound in ten volumes, so as to be not only handy for daily reference, but not likely to be lost or injured. A skeleton book has been made in which the records are inserted as they transpire.

Bulletin boards shewing at a glance the distribution of the population have also been completed.

The organ has had the defective pipes remedied and put in perfect order.

REDUCTION OF EXPENDITURE.

The result this year has been very gratifying, because with no curtailment of quantity, there has been much greater variety in the articles of food, and several "extras" have been placed on the diet scale.

The following table gives the relative expenditure for the six preceding years, that of 1875 being partial. (see report of that year.) Repairs, insurance, &c., are not included here, so as to permit of relative comparison.

Cost per patient.	1872	1873	1874	1875	1876	1877	1878
Provisions	55 77	55 15	54 46	57 14	52 18	54 06	
Milk, &c.....	5 31	4 30	6 57	.....	6 26	4 56	
Food.....	61 08	59 45	61 03	.....	58 44	58 62	50 35
House expenses	54 94	52 05	51 22	.....	48 21	39 18	37 33
Salaries & wages	45 04	46 88	44 86	45 25	41 47	40 35	38 62
Medicines.....	1 15	1 34	1 31	.....	0 80	1 11	0 92
Totals.....	\$162 21	\$159 72	\$158 42		\$148 92	\$139 26	\$127 22

The difference between 1877, the lowest preceding year, and 1878 being (\$12.⁰⁴/₁₀₀) twelve ⁰⁴/₁₀₀ dollars per patient on 361, the average number, makes a diminution in expense of \$4,346.44. The gross amount expended this year, and included in above table was \$2,391.75 less than last year, not including the larger population.

There was a difference in contract prices for provisions, purchase of coal, &c., some higher and some lower. A careful estimate was made of all the items, and there was on the whole a difference of \$652.58 in favor of this year, which would still leave \$1,739.17 of less expenditure, not taking into account the increased population. In the above table all the similar expenses are charged under the similar "items." Those under the heading of "miscellaneous" being so arranged as to similarly compare with the tables in previous reports.

There were (14) fourteen patients on an average more than last year, and they proportionally increased the expense in each of the "items," except "salaries and wages." In this the difference—\$1.73—would still leave \$10.31 of a lower rate on each.

But the "Pay list" in salaries and wages" was much larger than in any previous year, because your Board made an increase in the wages as well as number of attendants and employees, that raised the gross amount under this head to \$585.29 more than it would otherwise have been.

This favorable exhibit is no doubt to a certain extent due to the better supervision given by the attendants in consequence thereof, and the large amount of work done (referred to below) is also a fruit of this wise expenditure. For the experience of other institutions shews that the more liberal the pay of attendants, the less is the general cost of maintenance.

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COST OF REPAIRS.

It is difficult to fairly allot the expenditure under this head, so as to subdivide that which is annual or ordinary repair, from that which would come under the heading of construction, or *plant*, or extraordinary expenditure, owing to the way in which the accounts have been kept.

In several years past this sum is comparatively very large, no doubt due to construction and similar expense, and in the following exhibit the figures can not be justly compared year with year. In 1877 the most favorable year as to expense, the gross sum of \$5,857.37 should be divided into \$4,788.70 for ordinary, and \$1,068.67 for extraordinary repairs.

In 1878 a very large expenditure was unavoidable, the boilers had not been repaired for years, and they had to be very extensively renewed, amounting to \$1,005.26, which sum should be divided over several years. New heating apparatus had to be put in, the old form being very inefficient and very costly, this increased the expense this year to \$2,767.16, but it should go to construction account, as it was not repair but construction on the modern system. New fire apparatus also figures up to \$493.95, and other similar expenses amount to \$4,765.97.

The ordinary repair and improvement \$4,463.93 has also been very expensive owing to the amount completed, but so much has been done by the labour of the institution that the cost in money represents less than half the value of that which has been carried out.

Cost per patient.	1872	1873	1874	1876	1877	1878
Repairs, Insurance &c.	\$24 43	\$19 12	\$27 71	\$19 55	\$13 80	\$12 36
Maintenance	162 21	159 72	158 42	148 92	139 26	127 22
Per annum	\$186 64	\$178 84	\$186 13	\$168 47	\$153 06	\$139 58
Per week.....	\$3 58	\$3 43	\$3 58	\$3 23	\$2 94	\$2 68

Were the institution once in thorough repair, so that ordinary wear and tear had only to be provided for, the cost per patient would compare very favorably with other institutions in the Dominion. But this favorable position is not yet attained. The following table, however will show how much can be accomplished without outside aid.

WORK DONE BY INMATES ON MALE SIDE.

A large number are of course always employed in the different departments, and in the summer are at work on the farm, in the garden, stable, &c. But during the past year a large additional force

was engaged in other repairs and improvements who accomplished the following results, and to show its value, an estimate was made at the price for which such work could be obtained. The estimate for ditching and land clearing may appear high, but the intractable nature of the ground, and the large amount of boulders broken up, removed and disposed of would amount to all that is here credited.

REPAIRS AND IMPROVEMENTS DONE BY PATIENTS.

44 Mattresses, new and renewed, @ \$2.....	\$ 88 00
Plastering and preparing walls, 327 sq. yards, @ 25c.....	81 75
Cornicing 728 feet, @ 15c	109 20
Painting 622 windows, 2657 sq. yards (less material).....	303 55
“ 72 wire window guards, 320 sq. yards	48 00
“ 200 pieces of furniture—bedsteads, &c., @ 40c....	80 00
“ waggons, sleighs, &c	10 00
Repairing 72 wire window guards, (smith work).....	72 00
12 new bedsteads, fitting, &c., @ \$2.50.....	30 00
Steam cooking apparatus.....	35 00
Fountain.....	40 00
Emerson Ventilator, (half finished)	25 00
New Store Room, (fitting up)	60 00
Ice house, “	50 00

CLEARING LAND.

200 rods @ \$2.....	\$400 00
159 “ “	318 00
15 “ \$1.50.....	22 50
560 “ Swamp land, @ 25c.....	140 00
Deep ditching, (stone broken, gathered and filled in, &c.) 312 feet, @ \$4 (12 to 15 feet deep)	1248 00
349 feet @ \$3 (6 to 11 feet deep).....	1047 00
250 “ \$2	500 0
Field ditching, 458 feet @ \$1.....	458 00
“ “ 360 feet @ 75c.....	270 00
Swamp “ 2435 feet @ 5c.....	121 75
	<hr/>
	\$5557 75

The above items do not include any ordinary annual repairs, men being always occupied in this way in each executive department, and assisted by patients. The sewing room and female department have also done a large amount of work, credited to the sewing room, the value of which is difficult to estimate in figures, but the result is very satisfactory.

There is in store goods and material to the amount of \$6,000.00. Our expenditures would be much more reduced, if all departments were in proper condition, and did we have a farm sufficiently large to utilize the labor directly towards the patients' support. But situated as we are, we must for a time to come pay for that which an insufficient farm will prevent us from producing.

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The following items of every day expense demand immediate attention.

1ST. Insufficient heating surface in the boilers to utilize the heat of the waste gasses. This necessitates "hard firing" and waste of coal. The boilers are too small, badly set, and a long way behind the improved practice of the day.

An "economizer" is required to utilize the waste heat from the gas retort furnaces.

2ND. Glass breakage—means to arrest which are in progress, and will soon be completed.

3RD. Destruction of clothing and furniture. This has been very much diminished, and will soon be arrested.

4TH. Soap.—There is a large quantity wasted on our inferior floors and in the wash-house from incomplete apparatus, and deficient accommodation.

5TH. Milk.—The supply of milk has been half obtained by contract, and half produced at home. The method which almost universally obtains in asylums is to depend on the home supply.

The want of a farm is our chief drawback, and this will enhance the cost, but we can purchase farm produce at a fairly low rate, and it should be cheaper to produce all our own milk than to purchase it.

6. Ice Chests in the wards would lessen the waste and deterioration of the food sent there.

7TH. If attendants took their meals at a separate hour and separate place from the patients, these could receive more attention, be better served, and very likely get more of the butter, sugar, tea and little delicacies than they do now. This method is not novel and has been found effective, where large dining rooms for patients are preferred.

8TH. A more perfect system in the every day routine of duty than has prevailed will materially assist. This departure is slow of attainment, but it is on the way of accomplishment.

9TH. The recommendation of the commission of last year, "that there be one table for the head officials who are boarded by the institution," came into operation four months ago, and so far there has been no difficulty experienced.

10TH. A direct saving has been effected by abolishing the situation of "Storkeeper," the Bursar attending to those duties, and for the past seven months there has not been a "ruffle" in the smooth running of this department.

It is a question demanding your serious consideration whether the Province shall contribute, as it now does towards the support of every county patient, or whether the counties shall pay the cost of keeping their patients here. In the latter case this institution would be no drain on the Provincial finances, except in so far as new buildings or any extraordinary expenditure were concerned.

In many institutions this rule obtains, and is very satisfactory, a grant being obtained from the State to make any repairs other than ordinary "wear and tear." (See "Summary of Income and Expenditure," Table 21.) The earnings if collected fall far behind outlay, but construction and extras are included, amounting to \$13.23 per patient in 1878.

ACKNOWLEDGMENTS.

It is a pleasant duty to return thanks for the favors we have received.

The Rev. P. M. Morrison has officiated the first Sunday of every month. The Rev. Messrs. Angwin, Clarke and Shore frequently, and also the Rev. J. Bell, all of Dartmouth.

From Halifax we have been often favored by the Rev. Messrs. Laing and Burns, and at intervals by Rev. Messrs. Rugg, Simpson, Forrest, Lowden, Hartz and McGregor.

Rev. Canon Woods, P. P., Rev. J. Bell and Rev. Mr. Clarke have frequently ministered to the sick and dying.

We are under many obligations to Miss Adams, of Dartmouth, who presides every Sunday at the organ.

We have had one organ recital from Prof. Porter, organist of St. Paul's, and two concerts from the "Haydn Quintette Club," under his leadership. Messrs. Brockley & Co. gave us the loan of a grand piano to assist in making the concerts the success they were.

We were also favored by the St. Patrick's Choir of Halifax, under Prof. Howard, with a concert of sacred music, well rendered.

J Godfrey Smith, Esq., and friends, and Rev. W. H. Hartz of Halifax, furnished most agreeable entertainments.

The Book and Tract Society has kindly contributed packets of illustrated and other papers.

Mrs. Montagu has sent Australian and English papers.

The Directors of the Halifax Steamboat Co. and their obliging agent, Captain McKenzie, have again placed us under obligations for a harbor excursion in the steamer "Micmac," late in the summer.

To Mr. Murray our thanks are due for an invitation to his Circus, which was enjoyed by over 40 patients.

A Magic Lantern exhibition, with dissolving views, was given by Mr. Grierson, and a loan of magic lantern slides by Dr. W. B. Slayter.

Our thanks are due to members of our staff for excellent music at the regular Thursday evening entertainments.

Mr. R. I. Hart presented the library with 20 volumes of books, for which we are much indebted.

The press have been very kind in their distribution of favors which are more highly prized than any form of literature.

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In addition the Halifax daily papers have given us bundles of exchanges, for which they receive the thanks of the whole household. Commissioners Nisbet and Dunbar are very mindful in furnishing bundles of papers and magazines.

The following papers are regularly received :—

- "Acadian Recorder," (daily).
- "Alliance Journal."
- "Cape Breton Advocate," (Sydney).
- "Christian Messenger."
- "Colchester Sun," (Truro).
- "Colonial Standard," (Pictou).
- "Eastern Chronicle," (New Glasgow).
- "Halifax Reporter and Times," (daily).
- "Journal of Agriculture."
- "Morning Chronicle," (daily).
- "Morning Herald," (daily).
- "North Sydney Herald," (Cape Breton).
- "Nova Scotia Farmer," (Annapolis).
- "Summerside Progress," (P. E. Island).
- "Weekly Journal," (Annapolis).
- "Weekly Monitor," (Bridgetown).
- "Wesleyan."
- "Western Chronicle," (Kentville).
- "Windsor Mail."

THE PAST YEAR.

Nine months have elapsed since the present management took charge of this institution, and six months since you were vested with the authority to control its direction, and comparing it then and now, there is reason to be gratified with the result. But much has yet to be accomplished before the best results can be attained.

It was no light task to undertake the management of so large an institution, and so many responsibilities when five (5) heads of departments were removed or resigned. My thanks are due to the late Superintendent for his courtesy during the few days he remained with us; also to the Storekeeper and Male Supervisor, who remained two months and performed their duty well, and to the female Supervisor, who gave all the aid she could, but was unfortunately taken sick after two months service, and was unable to leave her room until she sent in her resignation in August, and to the other officers and employees, who at once gave willing aid and labor.

The housekeeper was laid up by illness from which she has not yet recovered. Sickness, dismissals and resignations of attendants from various causes, and the ordinary summer leave, kept us not only very light handed, but with unskilled attendants to train, and in addition the office of storekeeper was abolished.

These conditions entailed much extra labor and care, but all these

difficulties have been surmounted, and perfect harmony exists in every department.

I have nothing but unqualified praise to bestow on all the officials—the engineer, bursar, and lately appointed supervisors, each do their utmost to secure success.

The Assistant Physician is a gentleman who brings energy, enthusiasm, care and intelligence to the performance of his many duties, and justly enjoys the personal as well as professional esteem of those with whom he is associated.

One attendant was dismissed for carelessness and two for unkindness to patients.

The wages of the attendants have been raised, but they are not yet sufficient to induce the employees to remain long and make it their business to “care for the Insane.”

The scarcity of funds hampered many necessary conveniences, and in my own case the insufficiently furnished private apartments have been furnished at my own expense, having asked for no expenditure on my behalf, except the repair of the furniture and “odds and ends” belonging to the Hospital.

The same is the case with the Assistant Physician.

Many visitors from the Northern, Southern and Western States and different Provinces of the Dominion have paid us their respects, while from Halifax and other towns and counties of this province they must be numbered by hundreds, of which many were repetitions.

CONCLUSION.

To you, gentlemen, my thanks are due for the care, attention, and labor you have given the institution, and as well to foster the harmonious co-operation of all concerned.

You have also afforded me assistance by your advice, confidence, and means, the continuance of which I trust to enjoy, so that this public charity may fully carry out the designs of those who have for many years, and in face of many obstacles, labored to perfect the CARE and CURE of weak and disabled minds. These imperfections are unhappily the lot of the human family, and require and now receive the utmost attention so that many a stranded intellect that would have been completely wrecked, is now tided over its difficulties, and sent off hopefully and cheerfully to finish its voyage of life.

ALEX. P. REID,
Medical Superintendent.

NOVA SCOTIA HOSPITAL FOR INSANE, }
January 1st, 1879. }

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STATISTICAL TABLES.

Table 1.

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Admission
Form of
Statement

LIST OF TABLES, &c.

MEDICO-PSYCHOLOGICAL ASSOCIATION TABLES.

- Table 1. The Admissions, Re-Admissions, Discharges and Deaths, for the year 1877.
- " 2. The Admissions, Re-Admissions, Discharges, and Deaths, from opening of the Hospital.
- " 3. Mean Annual Mortality, and Proportion of Recoveries.
- " 4. History of Annual Admissions.
- " 5. Causes of Death.
- " 6. Length of Residence.
- " 7. Duration of Disorder on Admission.
- " 8. Ages on Admission and Discharge.
- " 9. Civil Condition.
- " 10. Assigned Causes of Insanity.

OTHER TABLES.

- " 11. Monthly Admissions.
- " 12. Alleged Ages, etc.
- " 13. Civil Condition.
- " 14. Former Residence
- " 15. Former Occupation.
- " 16. Re-Admissions.
- " 17. County, Provincial, and Private Patients.
- " 18. Expenditure for Labor.
- " 19. Garden Produce.
- " 20. Articles made by Patients.
- " 21. Income.
- " 22. Expenditure.

APPENDIX.

Admission of Patients.
Form of Certificate.
Statement on Application.

TABLE 1.
Showing the Admissions, Re-admissions, Discharges, and Deaths for the year 1878.

	Males.			Females.			Total.
	M.	F.	T.	M.	F.	T.	
In Hospital 1st January, 1877.....							
Admitted for the first time during the year.....	43	32	75				
Re-admitted during the year.....	11	7	18				
Total admitted.....							
Total under care during the year.....							
	54		39				93
	227		217				444
DISCHARGED OR REMOVED.							
Recovered.....	23	29	52				
Relieved.....	5	5	10				
Not improved.....	3	1	4				
Died.....	13	3	16				
Total discharged and died during the year.....							
	44		38				82
Remaining in Hospital December 31st, 1878.....							
Average number during the year.....	183		179				362
	177.5		183.8				361.3

TABLE 2.
Showing the Admissions, Re-admissions, Discharges, and Deaths, from the opening of the Hospital to the present date, December 31st, 1878.

TABLE 2.

Showing the Admissions, Re-admissions, Discharges, and Deaths, from the opening of the Hospital to the present date, December 31st, 1878.

	DISCHARGED OR REMOVED.			Males.	Females.	Total.
	M.	F.	T.			
Persons admitted during the period of eighteen years				640	530	1170
Re-admissions				113	85	198
Total of cases admitted				753	615	1368
Recovered	319	278	597			
Relieved	66	37	103			
Not improved	19	5	24			
Died	166	116	282	570	436	1006
Remaining December 31st, 1878.....				183	179	362

	Males.	Females.	Both Sexes.
Summary of Total Admissions, 1859 to 1878.			
Per centage of Cases Recovered.....	42.37	45.20	43.64
Relieved.....	8.76	6.02	7.53
Not improved	2.52	0.81	1.76
Died	22.04	18.86	20.61
Remaining	24.81	29.11	26.46
Total.....	100.00	100.00	100.00
Mean Annual Mortality—1859 to 1878.....	7.2	5.3	6.0

177.5 183.8 361.3

TABLE 3.
Showing the Admissions, Re-admissions, Discharges and Deaths, with the Mean Annual Mortality and Proportion of Recoveries per cent. of Admissions for each year since the opening of the Hospital.

YEAR.	Admitted.			Discharged.						Remaining 31st Dec. in each year.			Average No. Resident.			Per centage of Recoveries on Admission.			Per centage of Deaths on average number Resident.					
	M.	F.	T.	Recovered.		Relieved.		Not improved.		Died.		M.	F.	T.	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	0.0	
1860..	32	31	63	8	6	14	2	1	3	1	3	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	0	0	3	7	10	62	55	117	55	50	105	36.8	40.9	38.3	5.6	14.0	9.5
1862..	31	12	43	12	9	21	1	2	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	1	5	1	6	75	67	142	70	62	132	56.7	29.4	46.8	7.1	1.6	4.5
1864..	23	23	46	8	10	18	1	3	0	4	6	16	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	9	14	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	80	77	157	80	73	153	47.6	33.3	40.5	1.2	4.1	2.6
1867..	40	46	86	8	12	20	1	2	3	1	4	5	87	82	169	86	81	167	48.0	39.0	44.0	4.6	1.2	3.0
1868..	41	38	79	22	11	33	2	2	4	0	6	14	111	105	216	99	91	190	20.0	26.0	23.2	6.0	8.7	7.3
1869..	43	27	70	12	12	24	3	2	5	1	7	13	121	124	245	120	114	234	53.6	29.0	41.8	5.8	5.2	5.5
1870..	43	32	75	18	18	36	4	0	1	14	11	25	134	126	260	133	128	261	27.9	44.4	34.2	10.5	8.6	9.5
1871..	44	33	77	20	19	39	3	2	5	0	20	8	122	130	252	129	131	260	45.5	57.6	62.1	15.5	6.5	10.7
1872..	36	38	74	24	20	44	3	1	4	0	13	14	130	129	259	125	133	258	67.5	56.2	62.1	10.4	10.5	10.4
1873..	34	33	67	17	19	36	6	0	6	0	10	4	128	140	268	128	138	266	66.5	57.6	50.6	8.5	4.3	6.4
1874..	68	46	114	22	21	43	6	1	7	1	12	14	129	150	279	133	145	278	50.0	57.5	53.7	7.5	2.7	5.0
1875..	45	43	88	23	21	44	2	3	5	0	12	12	164	173	337	162	169	331	32.4	45.6	37.7	8.3	7.7	8.0
1876..	51	43	94	24	24	48	4	3	7	0	14	11	173	178	351	171	176	347	47.1	55.8	51.1	8.2	6.2	7.2
1877..	54	39	93	23	29	52	5	1	3	13	3	16	183	179	362	178	183	361	42.5	74.3	55.9	7.3	1.6	4.4
1878..	54	39	93	23	29	52	5	1	3	13	3	16	183	179	362	178	183	361	42.5	74.3	55.9	7.3	1.6	4.4
Total.	753	615	1368	319	278	597	66	37	103	19	5	24	165	116	281	Mean of twenty years	42.3	45.2	43.6	7.2	5.3	6.0		

TABLE 4.
Showing the History of the Annual Admissions since the opening of the Hospital, with the Discharges and Deaths, and the number of each year remaining on 31st December, 1878.

YEAR.	Admitted.	Of each year's Admission, Discharged,	Total Discharged and Died of each year's admission to
1859..	70	0	0
1860..	63	3	3
1861..	60	5	5
1862..	43	2	2
1863..	47	6	6
1864..	46	3	3
1865..	46	7	7
1866..	42	10	10
1867..	43	5	5
1868..	86	8	8
1869..	41	3	3
1870..	75	14	14
1871..	77	20	20
1872..	74	24	24
1873..	67	17	17
1874..	114	22	22
1875..	88	23	23
1876..	94	24	24
1877..	93	23	23
1878..	93	23	23

1859	39	31	70	10	2	1	3	13	3	16	183	179	362	178	183	361	42.5	74.3	55.9	7.3	1.6	4.4	8.2	6.2	7.2		
1860	32	31	63	5	10	2	1	3	13	3	16	183	179	362	178	183	361	42.5	74.3	55.9	7.3	1.6	4.4	8.2	6.2	7.2	
1861	33	20	53	5	10	2	1	3	13	3	16	183	179	362	178	183	361	42.5	74.3	55.9	7.3	1.6	4.4	8.2	6.2	7.2	
1862	25	11	36	6	1	6	1	6	11	6	11	17	28	3	1	4	4	5	5	5	5	5	5	5	5	5	5
1863	30	15	45	2	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2
1864	21	20	41	2	3	4	2	3	4	2	3	4	2	3	4	2	3	4	2	3	4	2	3	4	2	3	4
1865	17	20	37	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
1866	20	19	39	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1867	23	16	39	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
1868	35	41	76	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
1869	35	32	67	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
1870	32	17	49	11	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
1871	29	23	52	5	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
1872	34	29	63	10	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
1873	28	33	61	8	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
1874	26	26	52	8	7	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
1875	61	40	101	7	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
1876	37	38	75	8	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
1877	40	36	76	11	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
1878	43	32	75	11	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
Total	640	530	1170	113	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85

TABLE 4.

Showing the History of the Annual Admissions since the opening of the Hospital, with the Discharges and Deaths, and the number of each year remaining on 31st December, 1878.

YEAR.	Admitted.						Total.	Of each year's Admission, Discharged, and Died in 1877.						Total Discharged and Died of each year's admission to 31st December, 1878.															
	New Cases.		Relapsed Cases.		Total.			Recovered.		Relieved.		Not Improved.		Died.		Recovered.		Relieved.		Not Improved.		Died.							
	M.	F.	M.	F.	Total.	M.		F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.					
1859	39	31	...	...	70	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1860	32	31	...	...	63	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1861	33	20	5	2	60	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1862	25	11	6	1	43	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1863	30	15	...	...	47	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1864	21	20	2	3	46	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1865	17	20	7	2	46	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1866	20	19	1	2	42	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1867	23	16	2	2	43	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1868	35	41	5	5	86	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1869	35	32	6	6	79	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1870	32	17	11	10	70	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1871	29	23	5	9	66	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1872	34	29	10	4	77	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1873	28	33	8	5	74	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1874	26	26	8	7	67	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1875	61	40	7	6	114	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1876	37	38	8	5	88	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1877	40	36	11	7	94	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1878	43	32	11	7	93	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	640	530	113	85	1368	23	29	52	3	5	8	5	1	6	13	3	16	319	278	597	64	37	101	22	5	27	165	116	281

TABLE 6.
Showing the length of Residence of those Discharged, Recovered, and those who have Died, in the year 1878.

LENGTH OF RESIDENCE.	RECOVERED.			DIED.		
	M.	F.	T.	M.	F.	T.
From one to three months	7	3	10	.....	.....	.....
“ three to six months	4	6	10	2	.....	2
“ six to nine months	3	6	9	.....	.....	.....
“ nine to twelve months	1	5	6	5	.....	5
“ one to two years	4	3	7	1	.....	1
“ two to three years	1	2	3	.....	.....	.....
“ three to five years	1	2	3	3	1	4
“ five to seven years	.....	.....	.....	2	.....	2
“ seven to fifteen years	2	2	4	.....	1	1
“ fifteen to eighteen years	.....	.....	.....	.....	1	1
“ Over eighteen years	.....	.....	.....	.....	.....	.....
Total	23	29	52	13	3	16
Average residence since last admission	Y.	M.	D.	Y.	M.	D.
{ Males	1	7	12	3	1	18
{ Females	1	8	20	10	8	18

TABLE 7.
Showing the duration of the Disorder on Admission, of the Admissions, Discharges and Deaths, in the year 1878.

TABLE 7.
Showing the duration of the Disorder on Admission, of the Admissions, Discharges and Deaths, in the year 1878.

CLASS.	Duration of Disease, &c., in Four Classes.												
	The Admissions.			The Discharges.						The Deaths.			
	Recovered.			Removed, Relieved otherwise.									
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
FIRST CLASS.													
First attack, and within three months of admission	20	18	38	14	12	26	2	.....	2	4	.....	4
SECOND CLASS.													
First attack, above three and within twelve months of admission	5	1	6	3	4	7	.....	.....	.....	.....	.....	.....
THIRD CLASS.													
Not first attack, and within twelve months of admission	3	1	4	2	3	5	3	2	5	4	1	5	
FOURTH CLASS.													
First attack or not, but of more than twelve months on admission	25	17	42	4	8	12	3	1	4	3	2	5	
Unknown	1	2	3	.....	2	2	.....	3	3	2	.....	2
Total	54	39	93	23	29	52	8	6	14	13	3	16	

TABLE 8.
Showing the Ages of the Admissions, Discharges and Deaths during the year 1878.

AGES.	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.						
	M.	F.	T.	Recovered.			Removed, Relieved or otherwise.			M.	F.	T.				
				M.	F.	T.	M.	T.	F.							
From 15 to 20 years	1	2	3	1	1	1	3	1	1	1	1	1	1	1	1	1
" 20 to 30 "	24	13	37	8	15	23	3	1	1	4	1	2	2	2	2	2
" 30 to 40 "	8	12	20	2	4	6	2	2	2	2	2	2	2	2	2	2
" 40 to 50 "	10	7	17	6	3	9	2	2	2	2	2	2	2	2	2	2
" 50 to 60 "	6	3	9	4	1	5	2	2	2	2	2	2	2	2	2	2
" 60 to 70 "	3	1	4	2	5	7	1	1	1	2	2	2	2	2	2	2
" 70 to 80 "	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1
" 80 to 90 "	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1
Unknown and re-admissions	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1
Total	54	39	93	23	29	52	8	6	14	13	3	16				

TABLE 9.
Condition as to Marriage in the Admissions, Discharges and Deaths during the year 1878.

	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.		
	M.	F.	T.	Recovered.			Removed, Relieved or otherwise.			M.	F.	T.
				M.	F.	T.	M.	F.	T.			
Single.....	36	14	50	13	10	23	4	3	7	6	1	7
Married.....	16	20	36	9	15	24	4	3	7	7	2	9
Widowed.....	2	5	7	1	4	5	.....	.....	.....	.....	.....	.....
Total.....	54	39	93	23	29	52	8	6	14	13	3	16

TABLE 10.

Showing the probable causes, apparent or assigned, of the Disorder, in the Admissions, Discharges and Deaths of the year 1878.

CAUSE.	The Admissions.			The Discharges.						The Deaths.			Not Improved.		
				Recovered			Relieved.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
MORAL.															
Religious Excitement.....	2	..	2	..	1	1	..	1	1	1	..	1	1	1	2
Fright.....	..	1	1	1	..	1	..	1	1	1	..	1	1	1	1
Failure in Business.....	3	..	3	3	..	3	..	..	..	..	..	..	..	..	..
Domestic Trouble.....	1	3	4	..	2	2	..	..	..	..	..	..	..	1	1
Disappointment.....	2	3	5	..	2	2	..	..	..	1	..	1	..	..	..
Grief.....	1	3	4	..	4	4	..	..	..	..	..	..	..	..	..
Anxiety.....	2	2	4	..	1	1	1	..	1	..	..	..	..	..	..
Nostalgia.....	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
PHYSICAL.															
Hereditary Predisposition....	5	4	9	5	4	9	1	1	2	4	..	4	..	..	..
Intemperance.....	4	1	5	2	..	2	..	..	..	..	..	..	..	..	..
Overstudy.....	5	1	6	1	..	1	..	..	..	..	..	..	..	..	..
Injury.....	4	1	5	2	..	2	1	..	1	..	..	..	..	..	..
Onanism.....	2	..	2	1	..	1	..	..	..	..	..	..	..	..	..
Epilepsy.....	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Sunstroke.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Ill-health.....	2	3	5	..	1	1	..	..	..	1	..	1	..	..	..
Fever.....	1	..	1	1	1	2	..	1	1	..	..	..	..	..	..
Poison.....	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Puerperal.....	..	5	5	..	6	6	..	..	..	..	..	..	..	..	..
Climacteric.....	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..
Unknown and re-admission	19	11	30	7	5	12	2	2	4	5	2	7	1	..	1
Total.....	54	39	93	23	29	52	5	5	10	13	3	16	3	1	4

TABLE II.
 Monthly Admissions and Discharges from January 1859 to December 31st, 1878.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Males.	Females.	TOTAL.
1859 to 1877.															
Admitted	95	80	75	103	116	142	130	109	127	90	110	98	699	576	1275
Discharged.....	53	40	56	76	83	76	85	97	74	89	81	116	526	398	924
1878.															
Admitted	3	6	10	8	5	6	8	9	6	14	10	8	54	39	93
Discharged.....	2	3	6	7	5	3	6	15	5	7	5	18	44	38	82
Remaining.....	352	355	359	360	358	363	365	359	360	367	372	362	184	175	362

TABLE 12.
Alleged Ages of all Admitted.

	1878	1859 to 1877	TOTAL.
From 5 to 10 years.....		4	4
" 10 to 20 ".....	3	80	83
" 20 to 30 ".....	33	332	365
" 30 to 40 ".....	24	295	319
" 40 to 50 ".....	17	195	212
" 50 to 60 ".....	11	139	150
" 60 to 70 ".....	4	75	79
" 70 to 80 ".....	1	29	30
" 80 to 90 ".....		1	1
Unknown.....		125	125
Total.....	93	1275	1368

TABLE 13.
Civil Condition of all Admitted.

	Married.	Single.	Widowed.	Unknown.	Re-admitted.	TOTAL.
1859 - 1876 { Males.....	221	336	20	20	102	699
{ Females.....	228	220	40	10	78	576
1877..... { Males.....	14	28	1	.....	11	54
{ Females.....	15	13	4	.....	7	39
Total.....	478	597	65	30	198	1368

Form

Halifax C
Colchester
Cumberla
Pictou
Antigonis
Guysboro
Inverness
Richmond
Victoria
Cape Bre
Hants
Kings
Annapolis
Digby
Yarmouth
Shelburne
Queens
Lunenburg
Newfound
New Brun
P. E. Isla
Barbadoe
United S
England.
Ireland.
Scotland.
Germany
Norway.
Sweden.
India ...
H. M. Ser
Unknown

TABLE 14.

Former Residence (corrected by separation of Re-Admissions).

	1878.		1859-77.		Total 1859-78.	Population 1871.
	Admissions.	Re-Admissions.	Admissions.	Re-Admissions.		
Halifax City and County	26	7	366	73	472	56953
Colchester County	9	2	78	15	104	23231
Cumberland "	2	1	44	8	55	23518
Pictou "	5	4	120	26	155	32114
Antigonish "	4	....	19	4	27	16512
Guysboro "	4	....	32	3	39	16555
Inverness "	1	....	19	1	21	23415
Richmond "	1	....	13	1	15	14268
Victoria "	3	....	15	1	19	11346
Cape Breton "	3	2	61	10	76	26454
Hants "	2	1	62	13	78	21302
Kings "	4	1	62	10	77	21509
Annapolis "	2	....	39	3	44	18121
Digby " . . . . .	....	....	10	2	12	17037
Yarmouth "	1	....	16	1	18	18550
Shelburne " . . . . .	....	....	9	1	10	12417
Queens "	3	....	17	3	23	10554
Lunenburg "	3	....	37	5	45	23884
Newfoundland . . . . .	....	....	3	....	3	....
New Brunswick . . . . .	....	....	11	....	11	....
P. E. Island . . . . .	....	....	2	....	2	....
Barbadoes and St. Thomas . . . . .	....	....	2	....	2	....
United States . . . . .	....	....	16	....	16	....
England . . . . .	....	....	2	....	2	....
Ireland . . . . .	....	....	7	....	7	....
Scotland . . . . .	....	....	1	....	1	....
Germany . . . . .	....	....	2	....	2	....
Norway . . . . .	....	....	2	....	2	....
Sweden . . . . .	....	....	1	....	1	....
India . . . . .	....	....	1	....	1	....
H. M. Service	2	....	12	....	14	....
Unknown . . . . .	....	....	14	....	14	....
	75	18	1095	180	1368	387800

TABLE 15.
Former Occupation, as far as ascertained.

	1878.		1859-1877.		TOTAL.	
	M.	F.	M.	F.	M.	F.
Architect's Wife.....	1	.....	.....	1	1	1
Barrister.....	.....	.....	1	.....	1	.....
Baker's Wife.....	.....	1	1	3	1	4
Blacksmith and Wife.....	1	2	8	7	9	9
Barbers.....	.....	.....	3	.....	3	.....
Basket Makers.....	.....	.....	.....	2	.....	2
Brewer.....	.....	.....	1	.....	1	.....
Book Binder.....	.....	.....	3	1	3	1
Brass Founder.....	.....	.....	1	.....	1	.....
Butchers and Wives.....	.....	.....	3	2	3	2
Carriage Maker and Wife.....	.....	.....	2	1	2	1
Carpenters and Wives.....	4	1	27	23	31	24
Clerks, Bookkeepers and Wives.....	2	.....	6	2	8	2
Officers of Customs.....	1	1	2	.....	3	1
Cabinet Makers and Daughters.....	.....	.....	6	3	6	3
Colliers and Wives.....	.....	1	10	4	10	5
Coopers.....	.....	.....	7	.....	7	.....
Coachman and Wife.....	.....	1	1	2	1	3
Dressmakers.....	.....	.....	.....	5	.....	5
Engineers and Wives.....	.....	1	2	3	2	4
Farmers, Wives, Sons and Daughters..	15	7	216	109	231	116
Fishermen, Wives, Sons and Daughters	2	4	39	18	41	22
Gardener and Wife.....	.....	.....	1	2	1	2
Gentlemen and Women.....	.....	4	10	26	10	30
Governess.....	.....	.....	.....	1	.....	1
Gold Miner.....	.....	.....	1	.....	1	.....
Grocer and Wife.....	3	.....	3	2	6	2
Hotel Keepers, &c.....	.....	2	4	.....	4	2
Hostler.....	.....	.....	1	.....	1	.....
Lumberman.....	.....	.....	4	.....	4	.....
Laborers and Wives, Servants.....	5	.....	72	119	77	119
Masons, Wives and Daughters.....	.....	.....	13	14	13	14
Ministers, Wives and Daughters.....	.....	.....	4	2	4	2
Millers and Widows.....	.....	.....	2	2	2	2
Merchants and Wives.....	3	.....	11	6	14	6
Milliners.....	.....	.....	.....	2	.....	2
Moulder's Wife.....	.....	.....	.....	1	.....	1
Physician, Wife and Daughter.....	2	.....	3	2	5	2
Priest.....	1	.....	1	.....	1	1
Printers.....	2	.....	9	1	11	1
Painters.....	.....	1	7	1	7	2

Pensioner
Pedlars a
Plumbers
Reporter
School T
Ship Cap
Sexton.
Seamen a
Soldiers a
Shoemak
Saddler
Seamstre
Students
Shipwrig
Surveyor
Shop Ke
Sail Mak
Tailor's V
Tanners
Teamster
Tobacco
Trader..
Telegrap
Wool Sor
Wheelwr
Washerw
Watchm
Watchm
Weaver
Stone Cu
Photogra
Bailiff..
Conduct

TABLE 15—Continued.

Former Occupation, so far as ascertained.

	1878.		1859-1877.		TOTAL.	
	M.	F.	M.	F.	M.	F.
Pensioners and Wives.....			2	5	2	5
Pedlars and Wives	1		5	2	6	2
Plumbers, Tinsmiths and Wives			3	1	3	1
Reporter			1		1	
School Teachers, Wives and Daughters	2	1	12	11	14	12
Ship Captains, Wives, Stevedores		1	8	11	8	12
Sexton			1		1	
Seamen and Wives	1	4	42	21	43	25
Soldiers and Marines.....	1	1	14		15	1
Shoemakers and Wives.....	1	1	18	5	19	6
Saddler			2		2	
Seamstresses.....		1		7		8
Students.....		1	7	1	7	2
Shipwrights	1		2		3	
Surveyor			1		1	
Shop Keeper				2		2
Sail Maker.....			1		1	
Tailor's Wife				1		1
Tanners and Wives.....			1	3	1	3
Teamsters and Wife	2	1	2	1	4	2
Tobacconist			1		1	
Trader.....			1		1	
Telegraph Operator			1		1	
Wool Sorter			1		1	
Wheelwright			1		1	
Washerwomen				6		6
Watchmen and Wives.....			2	2	2	2
Watchmaker			1		1	
Weaver				1		1
Stone Cutter	1				1	
Photographer	1				1	
Bailliff	1				1	
Conductor's Wife.....		1				1

TABLE 17.
Maintenance of Patients in Hospital December 31st, 1878, giving Conditions of Insanity in adjacent Counties.

COUNTIES.	Recent and Violent.			Chronic.			Total in Hospital.	Insane in Province. (Census 1871.)			Chronic Insane in adjacent Counties.			Insane 1871.
	M.	F.	T.	M.	F.	T.		M.	F.	T.	M.	F.	T.	
Cape Breton	7	3	10	12	6	18	28	39	28	67				
Inverness	1	2	3	5	3	8	11	42	44	86				235
Richmond	1	3	4	1	1	2	6	19	17	36			10	
Victoria	2	2	4	2	0	2	6	24	22	46				
Pictou	7	8	15	15	13	28	43	48	29	77			18	189
Colchester	6	2	8	6	2	6	17	32	36	68				
Cumberland	0	2	2	4	2	6	8	26	18	44				
Antigonish	3	0	3	4	1	5	8	42	30	72				
Guysboro'	3	1	4	1	1	2	6	18	15	33			2	105
" (St. Mary's Dist.)	0	1	1	1	0	1	2						6	
Hants, (West)	0	5	7	2	1	3	10	26	39	65			7	178
" (East)	0	2	2	2	1	3	5						14	
Kings	4	3	7	2	7	9	16	40	28	68				
Annapolis	3	2	5	1	5	6	11	23	22	45				
Halifax	20	24	44	27	29	56	100	149	153	302			27	302
Lunenburg	2	1	3	3	2	5	6	31	32	63			2	63
" (Chester Dist.)	1	3	4	0	0	0	4						1	3
Queens	0	2	2	0	1	1	3	11	8	19			0	19
Shelburne (Barrington Dist.)	0	0	0	0	1	1	1	16	19	35			0	35
Yarmouth (Argyle District)	1	0	1	1	0	1	2	25	40	65			1	65
Yarmouth	0	0	0	0	3	3	3						3	63
Digby	1	0	1	0	0	0	1	40	23	63			0	63
Provincial	5	4	9	12	10	22	31						12	22
Private	5	12	17	5	6	11	28						5	11
Brown and Bell Funds	0	0	0	1	5	6	6						1	6
Total	74	82	156	109	97	206	362	651	603	1254	109	97	206	1254

TABLE 18.

Expenditures for labor, as shown by Pay List; also for Salaries, 1878.

January	\$ 683 48	
February	673 67	
March	695 67	
Salaries	1349 99	
		\$3402 81
April.....	\$ 677 43	
May	716 17	
June	673 92	
Salaries	1500 01	
		\$3567 53
July	717 64	
August	712 67	
September	731 67	
Salaries	1449 99	
		\$3611 97
October.....	\$ 721 87	
November	741 53	
December	747 02	
Salaries	1150 01	
		\$3360 43
		<u>\$13,942 74</u>

Potatoes
Parsnips
Beets ..
Turnips
Mangold
Peas ...
Beans ..
Onions .
Rhubarb
Asparag

Pork ki
Milk fr

274 Sh
208 FL
131 FL
120 FL
152 Co
143 Co
359 pa
102 V
34 N
635 pa
96
6
10
27 N
105 A
137 D

TABLE 19.

Farm and Garden Produce, 1878.

Potatoes.....	500 bushels.	Radish	2½ bushels.
Parsnips	46 "	Spinach	26 "
Beets	102 "	Lettuce	58 dozen.
Turnips	279 "	Celery	10 "
Mangold	570 "	Cabbage.....	158 "
Peas	41 "	Tomatoes.....	154 "
Beans.....	44 "	Squash.....	27 "
Onions.....	14 "	Cucumbers	32 "
Rhubarb	36 "	Corn.....	135 "
Asparagus, Sweet Herbs, Strawberries.		Apples, Pears, Currants, Gooseberries,	
		Pork killed for Hospital.....	7,088 lbs.
		Milk from Barn.....	21,020 quarts.

TABLE 20.

Articles made by the Female Patients, 1878.

274 Shirts,	8 Jackets,
208 Fleecy Shirts,	221 Chemises, Cotton,
131 Flannel Shirts,	12 " Wool,
120 Flannel Drawer ,	69 Flannel Petticoats,
152 Cotton Drawers,	63 Collars,
143 Coats,	32 Mattress Covers,
359 pairs Pants,	374 Sheets,
102 Vest,	362 Pillow Cases,
34 Neck Ties,	256 Bolster "
635 pairs Wool Socks,	174 Bed Ticks,
96 " " Hose,	5 Bed Quilts,
6 " " "	95 Comforts,
10 " " Mitts,	128 Towels,
27 Night Gowns,	12 Table Cloths,
105 Aprons,	6 Window Blinds,
137 Dresses,	14 Bread Bags,
	35 Hooked Mats.

TABLE 21.

Showing the Amounts received from Counties and other sources, during the year 1878.—(Income).

	Works Dept.	Com. Charities.
Annapolis Co.....	350 00	.....
Antogonish Co.....	1295 00	.....
Cape Breton Co.....	.....	.....
Colchester Co.....	.....	.....
Cumberland Co.....	999 69	.....
Digby Co.....	218 48	.....
Guysboro District.....	500 00	217 50
St. Mary's District.....	.....	92 26
Halifax City.....	.....	.....
Halifax County.....	8000 00	.....
Hants, West.....	1213 15	252 80
Hants, East.....	393 70	.....
Inverness Co.....	100 00	.....
Kings Co.....	544 33	.....
Lunenburg District.....	1051 42	237 78
Chester District.....	747 50	.....
Pictou Co.....	1000 00	1000 00
Queens Co.....	.....	.....
Richmond Co.....	499 84	.....
Shelburne District.....	.....	.....
Barrington District.....	475 00	.....
Victoria Co.....	137 25	.....
Yarmouth District.....	625 47	.....
Argyle District.....	100 78	.....
Funds.....	636 46	.....
Private Patents.....	2523 76	1029 58
Sale Pigs &c., at Halifax.....	283 67	128 42
Water Rates.....	.....	72 00
	\$21695 50	\$3030 34

SUMMARY OF INCOME AND EXPENDITURE.

(Patients are charged with all expenses, (1068.67) \$3.08 for 1877, and (4765.97) \$13.23 for 1878, should go to Construction or Extraordinary Expenditure.) See pages 25-28.

Year.	EARNINGS, (if collected.)					EXPENDITURE.		LOSS.	
	Board	Do. per patient.	Clothing Breakage, &c	Do. per Patient.	Total per Patient.	Total.	Per Patient.	Total.	Per Patient.
1876..	39468 90	119 24	4397 15	13 28	132 52	55766 10	168 47	11900 05	35 95
1877..	41426 38	119 38	3974 20	11 46	130 84	54182 42	156 14	8781 84	25 30
1878..	42778 65	118 50	5139 00	14 23	132 73	55163 20	152 81	7245 55	20 08

Flour .
Oatmeal
Corn M
Brown S
Crush S
Rice ..
Barley
Biscuit
Coffee .
Butter
Dry Fis
Onions
Tea ...
Molasse
Cheese
Sago .
Salt .
B. Pow
Nutme
Arrow
Broma
Berrie
Hams
Lime
Raisin
Es. L
Beef .
Mutto
Potato
Fresh
Milk
Herri
Vineg
Malt
Tapi
Must
Pepp
Cassi

TABLE 22.
Expenditure—1878.

	1st Half-year.	2nd Half-year.	Total.
FOOD, &c.			
Flour	\$1980 25	1998 00	3978 25
Oatmeal	139 05	127 50	266 55
Corn Meal	52 68	75 18	127 86
Brown Sugar	553 28	581 66	1134 94
Crush Sugar	45 84	55 68	101 52
Rice	87 61	48 05	135 66
Barley	76 10	60 65	136 75
Biscuit	111 65	124 60	236 25
Coffee	64 96	73 92	138 88
Butter	867 13	920 46	1787 59
Dry Fish	422 69	75 11	497 80
Onions	40 02	23 16	63 18
Tea	465 37	489 18	954 55
Molasses	396 74	353 20	748 94
Cheese	81 76	76 44	158 20
Sago	9 60	3 84	13 44
Salt	22 04	30 00	52 04
B. Powders	4 74	10 40	15 14
Nutmegs	2 50	1 00	3 50
Arrowroot	4 00	4 80	8 80
Broma	4 10	11 03	15 13
Berries .....	.....	25 55	25 55
Hams .....	.....	3 31	3 31
Lime Juice .....	.....	90	90
Raisins and Currants	5 40	37 00	42 40
Es. Lemon	65	25	90
Beef	2245 48	2182 80	4428 28
Mutton	88 70	101 08	189 78
Potatoes	605 36	301 30	906 66
Fresh Fish	47 96	371 19	419 15
Milk	641 38	692 16	1333 54
Herring .....	.....	64 00	64 00
Vinegar	17 93	30 08	48 01
Malt	4 00	5 00	9 00
Tapioca .....	.....	9 00	9 00
Mustard	10 40	10 80	22 20
Pepper	9 40	10 20	19 60
Cassia	7 40	6 00	13 40
Carried forward	\$9116 17	8994 48	18110 65

TABLE 22.—Continued.

	1st Half-year.	2nd Half-year.	Total.	
<i>Brought forward</i>	\$9116 17	8994 48	18110 65	
Ginger	4 91	4 00	8 91	
Hops.....	4 12	6 60	10 72	
Apples	105 00	66 00	171 00	
Peas	19 73	5 00	24 73	
Turkey .....	.....	3 75	3 75	
Turnips	12 50	7 00	19 50	
Eggs.....	9 21	1 20	10 41	
Suet .....	.....	6 25	6 25	
Geese	16 49	72 15	88 64	
Beans	1 20	.....	1 20	
Chocolate.....	67 25	.....	67 25	
Corn Starch.....	3 12	.....	3 12	
Gelatine.....	2 10	.....	2 10	
Sausages	6 35	.....	6 35	
	9368 15	9166 43	18534 58	
Charged to Repairs (mainten- ance of workmen).....	.....	.....	.....
Supplies to Superintendent ..	.....	204 00	.....
Amount charged to Food, &c. .	.....	151 49	355 49	
				18179 09
SALARIES & WAGES.				
Commissioners.....	300 00	300 00	600 00	
Officers	2550 00	2300 00	4850 00	
.....	4120 34	4372 40	8492 74	
	6970 34	6972 40	.....	13942 74
MEDICINES, &C.				
Wine	8 25	22 50	30 75	
Whiskey .....	.....	10 00	10 00	
Drugs.....	146 15	147 31	293 46	
	154 40	179 81	.....	334 21
HOUSE EXPENSES.				
Starch	3 98	21 88	25 86	
Soap.....	251 89	279 06	530 95	
Brooms.....	37 00	28 00	65 00	
<i>Carried forward</i>	\$292 87	328 94	621 81	

Bro

Sweet Oil
Blacking.
Safety Ma
Tobacco .
Kerosene
Dry Good
Boots and
Crocery
Tinware a
Coal
Furniture
Stationar
Knives an
Brushes .
Stamps .
Bird Seed
Fluid ..
Toilet So
Spoons .
Truckage
Buckets
Wrappin
Pipes ..
Potash .
Blue ...
Knife B
Candles
Birch B
Ice
Shoe S
Baskets

Less clo
men a

Pollard
Bran ..
Oats ..

TABLE 22.—Continued.

	1st Half-year.	2nd Half-year.	Total.	
<i>Brought forward</i>	\$292 87	328 94	621 81	
Sweet Oil.....	45 00	33 50	78 50	
Blacking.....	1 50	1 90	3 40	
Safety Matches.....	5 60	29 84	35 44	
Tobacco.....	103 61	135 05	238 66	
Kerosene Oil.....	18 09	23 76	41 85	
Dry Goods and Bedding.....	1839 88	2018 95	3858 83	
Boots and Shoes.....	379 70	491 35	871 05	
Crockeryware.....	92 76	187 88	280 64	
Tinware and Repairs.....	54 33	60 54	114 87	
Coal.....	2568 81	1459 58	4028 39	
Furniture.....	40 00	77 00	117 00	
Stationary.....	65 54	118 76	184 30	
Knives and Forks.....	.....	15 75	15 75	
Brushes.....	.....	40 75	40 75	
Stamps.....	40 35	25 91	66 26	
Bird Seed.....	.....	30	30	
Fluid.....	4 00	4 00	8 00	
Toilet Soap.....	.....	1 80	1 80	
Spoons.....	.....	46 30	46 30	
Truckage.....	.....	308 68	308 68	
Buckets and Tubs.....	10 75	5 00	15 75	
Wrapping Paper.....	.....	3 10	3 10	
Pipes.....	.....	4 00	4 00	
Potash.....	47 20	39 15	86 35	
Blue.....	6 40	2 00	8 40	
Knife Brick.....	.....	1 80	1 80	
Candles.....	6 12	5 50	11 62	
Birch Brooms.....	50	.....	50	
Ice.....	54 00	.....	54 00	
Shoe Shop.....	24 57	.....	24 57	
Baskets.....	6 10	4 20	10 30	
	5707 68	5475 29	11182 97	
Less clothing supplied to work- men and charged to repairs.	.....	.....	35 05	11147 92
FARM.				
Pollard.....	90 00	127 50	217 50	
Bran.....	5 00	.....	5 00	
Oats.....	97 20	64 35	161 55	
<i>Carried forward</i>	\$192 20	191 85	384 05	11147 92

TABLE 22.—Continued.

	1st Half-year.	2nd Half-year.	Total.	
<i>Brought forward</i>	\$192 20	191 85	384 05	11147 92
Hay	356 07	193 74	549 81	
Straw	323 11	290 22	613 33	
Farm Implements	160 92	52 60	213 52	
Breaking Land .....	.....	10 50	10 50	
Smith Work	59 68	49 90	109 58	
Cow .....	.....	36 10	36 10	
*MISCELLANEOUS.	1091 98	824 91	.....	1916 89
Cab Hire	4 00	13 10	17 10	
Recapture	23 90	10 04	33 94	
Ferriage	73 30	73 50	146 80	
Funeral Expense	12 00	34 50	46 50	
Lard Oil .....	.....	5 90	5 90	
Strong Suits .....	.....	17 00	17 00	
Apparatus .....	.....	55 50	55 50	
Recreation .....	.....	38 15	38 15	
Incidentals	27 11	24 45	51 56	
	140 31	272 14	.....	412 45
HOUSE & OTHER EXPENSES.	.....	.....	.....	13477 26
Statute Labor .....	.....	16 00	16 00	
Return Maintenance	117 20	.....	117 20	
Organist .....	.....	30 00	30 00	
Insurance .....	.....	446 00	446 00	
Medical Certificates	25 00	40 00	65 00	
Library	7 57	11 63	19 20	
Telegrams	2 80	54	3 34	
Advances to Patients	18 86	15 30	34 16	
Medical Journal	5 25	.....	5 25	
Repairs to Piano .....	.....	18 00	18 00	
Leather .....	.....	4 60	4 60	
Repairs to Organ .....	.....	40 00	40 00	
REPAIRS.	176 68	\$622 07	.....	798 75
Hardware	127 66	21 60	149 26	
Repairs (material)	936 70	1303 45	2240 15	
Carpenters' Wages	217 00	221 20	438 20	
Engineer's Laborer	188 50	212 50	401 00	
<i>Carried forward</i>	\$1469 86	1758 75	3228 61	798 75

* "Miscellaneous" divided so as to compare with items "House and other Expenses"
 —"Re-pairs, Insurance, &c.," in preceding reports.

TABLE 22.—Continued.

	1st Half-year.	2nd Half-year.	Total.	
<i>Brought forward</i>	\$1469 86	1758 75	3228 61	798 75
Glass		67 50	67 50	
Maintenance of Workmen ...		204 00	204 00	
Lumber	30 15	99 87	130 02	
	\$1500 01	\$2130 12	3630 13	
Clothing supplied to workmen		35 05	35 05	
	\$1500 01	\$2165 17		3665 18
REPAIRS, INSURANCE, &C.				4463 93
EXTRARORDINARY EXPENDITURES.				
Hot Air Chambers, acct., 1877	629 82		629 82	
“ “ “ 1878	778 55	1219 50		
“ “ “		139 29	2137 34	
Renewing Boilers		1005 26	1005 26	
Material for Ventilator.....		33 60	33 60	
Halifax Fire Department ...		42 80	42 80	
12 Fire Extinguishers		451 15	451 15	
New Boats.....		50 00	50 00	
New Waggon's		190 00	190 00	
New Furniture		99 00	99 00	
Tinsmith Tools		17 00	17 00	
Legal Expense.....		110 00	110 00	
	\$1408 37	3357 60		4765 97
Total Expenditure				\$55163 20
SUMMARY.				
Food, &c.....				18179 09
Salaries and Wages				13942 74
Medicine				334 21
House and other Expenses				13477 26
Repairs, Insurance, &c.				4463 93
Extraordinary Expenditure				4765 97
				\$55163 20

APPENDIX.

ADMISSION OF PATIENTS.

IN order to be benefited by Hospital treatment, Patients should be placed under care at an early stage of their disease. The Hospital being already filled, admissions are necessarily restricted to cases of recent occurrence, which by law have a preferential claim.

The first step towards the reception of a Patient into Hospital, is to ascertain whether there be a vacancy, by enquiring at the office of the Department of Works, or of the Medical Superintendent. *No patient should be sent until this enquiry is made. It will often save disappointment and expense.*

A full statement of each case, in answer to questions hereto appended, should be forwarded with the application, giving all the particulars in as accurate and correct a manner as practicable, with the aid of those best qualified to afford the required information.

If the patient can be received, the insanity must be certified by two Medical men, separately, according to a printed form. *Attention is requested to a foot note on the Blank Certificate.*

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

Those about to be committed to Hospital should *invariably* be informed of it *before leaving home*. Everything like deception must be scrupulously avoided. No promise as to the precise time of their return should ever be made. A twelve-month's residence, in every case, should be provided for.

If the friends can afford the cost of maintenance, they are required to pay the first quarter's board, fifty dollars (\$50), in advance, at the office of the Works Department, and *an order from that office is required before admission*. If unable to pay the customary rate, the friends can petition for a reduction.

Those who have no means of payment are chargeable to their respective counties, and for this class an order signed by two Justices of the Peace is required.

The Medical Certificates furnish the evidence on which the Justices grant their order. No depositions of witnesses are required, nor is a public investigation called for in any case.

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re-admitted

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 Department of Works.

If the removal is desired before the patient is restored, and contrary to the advice of the Superintendent, the friends are required, before the order for discharge is granted, to enter into bonds for the safe keeping and proper care of the patient.

In cases of doubtful recovery, it is now customary to grant leave of absence "on trial" for a period varying from one to six months; if a relapse occur during this probationary period, the patient is at once re-admitted without any new formalities.

STATEMENT

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

1. Name of Patient (in full).
2. Where born.
3. Son (or daughter) of
4. Residence County of
5. Age Last Birthday.
6. State as to Marriage.
7. Number and age of Children.
8. Occupation, (or that of Father or Husband).
9. Natural Disposition.
10. Habits in Health—as to Temperance, &c.
11. Education.
12. Religion.
13. Age at first attack.
14. Insanity—How first manifested.
15. Number and duration of attacks.
16. Where under treatment, and when.
17. What relatives similarly affected.
18. Supposed cause—Remote.
19. “ Recent.
20. Duration of present attack.
21. State as to sleep.
22. Appetite for food.
23. State of bodily health.
24. Whether subject to Epilepsy.
25. Any faltering of Speech, or loss of power.
26. Present habits and propensities.
27. What Delusions.
28. Whether Suicidal (attempted or threatened), and how.
29. If dangerous to others—How.
30. Pecuniary Circumstances, (or to whom chargeable.)
31. Post Office address of nearest friend, and degree of relationship.
32. Other particulars.

I Certify 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 last 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.

Name,

Address,

Date,

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

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

(a) Name in full.

(b) Qualification

(c) Locality.

(d) Name in full.

(e) Residence,

(f) Occupation.

1. Appearance.

2. Conduct.

3. Conversation

(g) State the information, and from whom.

N. B.—
every case.
the Medical

* The fact
formed, sh

 CERTIFICATE.

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

1. Facts, indicating insanity observed by myself: *

1. Appearance.
2. Conduct.
3. Conversation.

2. Facts, indicating insanity, communicated to me by

(g) State the in- others: *
 formation, 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 has signed the first Certificate.

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