

REPORT

OF THE

MEDICAL SUPERINTENDENT

OF THE

Provincial Lunatic Asylum,

TORONTO,

FOR THE YEAR 1861.

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TORONTO:

LEADER AND PATRIOT STEAM-PRESS PRINT, 63 KING STREET.

1862.

REPORT  
INSPECTORS OF THE ASYLUM.

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*To the Inspectors of Asylums, &c., of Canada.*

GENTLEMEN,—In conformity with the provisions of the Statute relating to the government of the Provincial Lunatic Asylum of Upper Canada, I beg to submit to your Board the following report of the operations of the Institution for the year 1861.

At the close of the year 1860, the total number of patients remaining in the chief Asylum and its branches was 592. During the year 1861, the admissions of new patients have amounted to 204; being in excess of those of any former year, and making the total number under treatment in the year 796.

The number of patients discharged has been 91.

The number of deaths has been 45.

No elopements have been effected.

## TABULAR STATEMENT.

	Men.	Women.	Total.
Remaining 1st June, 1861, in Chief Asylum. . . . .	170	175	345
In University Branch. . . . .	6	62	68
In Malden Branch. . . . .	94	85	179
Admitted during 1861. . . . .	95	109	204
Total under treatment. . . . .	365	431	796
Assigned to Malden. . . . .	108	91	199
Remain. . . . .	257	340	597
	Men.	Women.	
Discharged in 1861. . . . .	35	56	
Died . . . . .	22	23	
	57	79	136
Remaining 1st January, 1862. . . . .	200	261	461
—			
DISTRIBUTION.			
In Chief Asylum. . . . .	173	175	348
In University Branch. . . . .	7	62	69
In Orillia Branch. . . . .	20	24	44
	200	261	461

The Malden Branch was, by order of Government, made independent on 24th September last, having seven counties assigned to it.

The Orillia Branch was opened on 3rd August, and has received 44 patients from the Chief Asylum.

The last transfer of patients to the Malden Branch, amounting to 23, was made in July.

Transfers to the University Branch are made from time to time as vacancies occur.

The total number of admissions into the Chief Asylum, since its first opening in January, 1841, has been 2,633.

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The civil condition of the above 2,633 patients, has been as follows :—

Women.	Total.
175	345
62	68
85	179
109	204
431	796
91	199

	Men.	Women.	Total.
Married, (including widowed,).....	629	779	1,408
Single .....	787	438	1,225
Total.....	1,416	1,217	2,633

The excess of admissions in the male sex, arose many years ago. Of 1,251 patients admitted by me, since 1st July, 1853, (8½ years,) 612 have been men, and 639 women; thus showing latterly a small preponderance on the female side. It would, therefore, appear that in Western Canada, the incidence of insanity in the two sexes is very nearly equal. I believe this fact would be found to obtain in every country where such ample provision for the insane might be offered as in ours. Does not the fact of this equality of incidence of insanity, lead towards an important conclusion, as to the underlying efficient cause of the malady.

When we consider how very different, in the two sexes, are the disturbing agencies, to which insanity is usually ascribed, can its equal incidence be a matter of accident, or even the result of compensating diversities of agency? How many of the ascribed causes of insanity, may be but the first manifestations of the malady itself?

The excess of single, over married male lunatics, admitted in the 22 years during which the asylum has been in operation, has been 159; but three years ago it was 154, so that the admissions of married and single men may now be said to be equal. The difference apparent in the aggregates of the 22 years, must not be assigned to difference of incidence. Three years ago, the aggregate female admissions

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79	136
261	461

175	348
62	69
24	44
261	461

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showed the proportion of married to single, to have been as 184 to 100; but the admissions of the past three years have shown the proportion for this period to be only as 156 to 100. We have latterly had an increased proportion of married men, and single women.

Has marriage caused increase in one, and celibacy the like in the other sex?

Some persons place much value on the statistics of insanity; perhaps one of their best applications, is that of demonstrating their own unreliability.

The proportion of recoveries to admissions, in the two sexes, as shewn by the aggregate figures of the whole 22 years of the existence of the asylum, stands thus:—

	Men.	Women.	Total.
Admitted.....	1,416	1,217	2,633
Discharged.....	790	625	1,415

For reasons explained in former reports, I regard the above figures as unreliable; as there is no doubt that in the early years of the institution, many discharges were prematurely made, and led to numerous early re-admissions.

During the last 8½ years, the proportion has stood thus:—

	Men.	Women.	Total.
Admitted.....	612	639	1,251
Discharged.....	322	303	625

The aggregate discharges, 625, are 50 per cent. on the admissions. They include, however, those patients who were transferred to the criminal asylum at Kingston; but exclude a larger number who eloped in a recovered state. A small per centage of deduction is, however, to be made for unrecovered patients, removed by their friends. This is a deviation from the established practice, and is discounted as far as possible.

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The figures show a larger proportion of recoveries in men than in women. This may be the general fact, yet taking the results of the last three years only, the recoveries of women exceed proportionally those of men.

In a given aggregate of male and female patients, it is found, here, that more single men and women, than married men and women, recover; not, however, because they are single, but because they are younger. Curability of insanity decreases with increasing age; and the average age of married patients is much greater than that of single ones.

The following table exhibits with, perhaps, tolerable accuracy, the proportion of insane cases occurring in the periods of life specified. It would be necessary, however, to compare the figures with those of the Provincial census, before pronouncing as to which of the periods contributes most largely to insanity. If there is a larger number of people in our population, between the ages of 20 and 30, than between 30 and 40, of course the former period should give the largest number of insane, on mere numerical grounds.

Ages of patients admitted in the last three years, with rate per cent contributed to admissions by each period:

PERIODS.	1859.	1860.	1861.	Total.	Rate per cent.
Under 20 years.....	10	15	6	31	6.03
20 a 30 years.....	36	50	65	151	29.38
30 a 40 ".....	38	51	53	142	27.63
40 a 50 ".....	21	32	38	91	17.70
50 a 60 ".....	11	26	25	62	12.06
60 and over.....	9	11	17	37	7.20
	125	185	204	514	100.00



The lowest age on the Register is 15; and the highest, 75.

In Upper Canada, the number of cases of insanity, presenting under 20 years of age, may be said to be small; and so much the better. Insanity occurring in very early life, is very likely to prove recurrent, if not permanent.

A large proportion of the cases, occurring after 60, are found to be merely aggravated forms of dotage, or senile dementia; and the chief end in view by the friends sending them, is, apparently, to have them nursed.

The following comparison between the per centage furnished in the last three years, by the above periods of life, to admissions and discharges, respectively, is interesting:

	DISCHARGES.			Per cent. of Discharges.	Per cent. of Admissions.	Total.
	1859.	1860.	1861.			
Under 20.....	5	7	8	9.76	6.03	20
20 a 30.....	13	26	28	32.68	29.38	67
30 a 40.....	11	25	22	28.30	27.63	58
40 a 50.....	5	7	16	13.66	17.70	28
50 a 60.....	3	8	13	11.70	12.06	24
Over 60.....	2	2	4	3.90	7.20	8
	39	75	91	100.00	100.00	205

The above rates in the discharges will be, perhaps, considerably changed, when the results of all the cases admitted shall have been ascertained.

No fact, connected with insanity, is now more fully understood, than the importance of submitting the malady

to early efficiency; specialty are told under as cautious sanity, a treatment commended by many be deplor root itself resolve to evil is do sanguine that a ce be overlo

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highest, efficiency, pre-ercentage small; very early ment. 60, are or senile s sending tage fur- of life, to ing :

to early treatment. It is very doubtful, however, if the efficiency of early treatment has not by many of the specialty been much over-rated; when, for example, we are told that 90 out of every 100, would recover, if put under asylum treatment within the first month, we may be cautious in crediting the assertion. There are cases of insanity, and I fear the proportion is formidable, in which treatment can not effect cure, at whatever period it may be commenced. This is a fact which will readily be verified by many a disappointed asylum physician. It is, indeed, to be deplored, that in many instances, insanity is allowed to root itself in the system before the friends of patients can resolve to place them in an asylum; and thus incalculable evil is done. But on the other hand, it is well that over sanguine expectations should not be fostered. The fact that a certain proportion will prove incurable, must never be overlooked.

Because asylum statistics have shown that the great bulk of recoveries have taken place in patients placed under treatment within two months from the manifestation of their insanity, it has been hastily inferred that this result would have been general, had all others been put under like early treatment.

I think it is a general fact that the lunatics early submitted to treatment, are sent in, not because their friends feel convinced that this is the wisest course, but rather because from the intensity of the symptoms, they are unable to manage them at home. Now these are the very cases from which we expect the largest harvest of recoveries. Take one hundred such cases, and one hundred others, which, from the triviality of incipient mental disorder, and the gentleness and quietness of the patients, might be long detained at home—and submitting both classes, at the outset,

Admissions.	Total.
03	20
38	67
63	58
70	28
06	24
20	8
00	205

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to appropriate asylum treatment, would any one, familiar with insanity, fail to say which will afford the greater proportion of recoveries?

Exaggeration of the advantages of early asylum treatment, has, I think, caused many a parent to accuse himself wrongfully, as to the fate of his child. Insanity stealing on imperceptibly, and showing itself in the gradual, slow impairment of reason, and not in a sudden or violent outburst, should never be regarded as promising.

It is very far from my desire to discourage early transmission to the asylum; but it is my duty to admonish against the entertainment of expectations which actual facts do not warrant. The cases most likely to benefit from early treatment, I believe, enforce their own early submission to it; and I do not think that universal early treatment would enrich the statistics of insanity near so much as some writers represent.

Curing insanity is not all the good we can do in asylums; might I not say, it is a small part of all the good? Fifty years ago lunatics recovered in asylums, notwithstanding that they were then subjected to treatment very different from that of the present day. It must not be to statistics that we shall appeal to prove the superiority of modern asylums and modern treatment. Its most worthy proofs must be sought for, I apprehend, rather amongst the incurable, than the curable, insane.

The following table exhibits the discharges of the past year, classified according to the (stated) duration of insanity before admission. In numerous instances, however, the certified duration means merely the duration of the last attack:

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Insane under 1 month before admission.....	26
“ 1 a 2 do .....	17
“ 2 a 3 do .....	6
“ 3 a 4 do .....	8
“ 4 a 5 do .....	5
“ 5 a 6 do .....	4
“ 6 a 9 do .....	10
“ 9 a 12 do .....	1
“ 1 a 2 years do .....	7
“ over 2 years do .....	7
Total.....	91

Forty of the above 91 were from admissions preceding 1861, and 51 from admissions in 1861.

Table similar to the last, covering the last three years :

Insane under 1 month before admission.....	33
“ 1 a 2 do .....	26
“ 2 a 3 do .....	20
“ 3 a 4 do .....	12
“ 4 a 5 do .....	7
“ 5 a 6 do .....	5
“ 6 a 12 do .....	19
“ 12 a 18 do .....	10
“ 18 a 24 do .....	8
“ over 2 years do .....	55
“ unknown (chronic) .....	9
Total.....	204

The past year has been the most fearful in the annals of this asylum as regards the number of suicidal patients admitted. No less than 53 of the 204 have been certified to be suicidal. When these were added to the number of the same class, remaining from former years' admissions, it may well be supposed that the officers and servants of the institution have had upon them an awful responsibility, and a heavy load of anxiety.



I think I am warranted in regarding this unwonted manifestation of insane propensity as an epidemic visitation; at all events, I trust it will prove exceptional. The malady has presented itself under strongly marked religious complexion; yet it has differed from the sporadic suicidal insanity of other years, in the fact that it has shown no incidental partiality. It has neither known distinction of creed nor of nationality; and although the religious delirium, or delusions, associated with it, may have found expression in diversified phraseology, yet the generic underlying mental error has been the same in all. They all believed they had committed unpardonable sin.

The disease prevailed chiefly throughout the summer months. In the four months preceding May, only 9 cases were received; and in the three since September, only 7 have come in. In the other 5 months the number amounted to 57.

Insanity, developed by the excitement, which, in this country, accompanies religious commotions, or as they are usually termed, *revivals*, has been a malady with which I have had some acquaintance. It certainly is both troublesome and distressing; yet how willingly would I, last year, have made exchange. One case of suicidal religious despair, causes more dread, and requires more watching, than a score of the high-pressure revival cases. Looking calmly back on the terrible period through which we have passed, and endeavoring to reach some solution of the question as to the cause of the epidemic, I feel inclined to the opinion, that notwithstanding all that has been said and written against religious commotions, and notwithstanding the apprehension with which, in common with all asylum physicians, I regard their invasion, they are wants of our religious nature,

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and they may subserve great purposes in the progress and regulation of society.

It is certain they are not *new* spiritual phenomena. No period in the history of Christianity has been without them, and their prevalence has not been confined to Christians only.

The number of cases of suicidal religious despair, which, last summer, found refuge in this asylum, may have been but a trivial per centage of the aggregate of religious anxiety, which the Province embraced. Who would venture to assert that the awakening power which signalizes the religious revival must have proved injurious to the morbid condition in which the general mind was probably involved? Many a wretch, brooding over the horrid conviction of utter unworthiness and condemnation, might have been visited by a brighter light, and have rejoiced in consciousness of pardon to that indefinable sin, which, before, he believed to be beyond God's powers of pardon. The tides of human mind are no less stupendous, and no less mysteriously governed than the tides of ocean. Individual rational influences may accomplish little; but the contagious fervor of a mental popular commotion, seems capable of transforming man's whole nature, and, at least, temporarily suspending the operations of conscience itself. Who will reason the religious maniac out of his despair? But who can say what a different being he might become, if, lifted from the brim of the pit over which he cowers, and borne away on the heaving wave of a heaven-soaring popular religious commotion? It may be said this would not cure his insanity; but if it would take away his suicidal tendency, that would do for me.

To be just with religious epidemics, we should record, not alone the evil they seem to produce, but also that which they may prevent. Insanity occasionally arises from these

agencies ; but has any one recorded the number of cases of the malady, which they may have prevented ?

I hardly believe that religion is capable of upsetting any sound mind ; I certainly have seen a great many unsound ones soothed and benefitted by it ; though not, indeed, by the expounding of its recondite or incomprehensible doctrines. There may, indeed, be minds so peculiarly constituted, as to be susceptible of insane impression, only through religious excitement ; but I apprehend their number is limited. The mind which religion upsets, might, I think, as readily yield to any other form of disturbance. It is a slight work to develope insanity where it is latent ; and where it is not so, mental troubles and toils will wear out the body before exhausting reason.

Would it not, however, be prudent for those who are entrusted with the religious instruction of society, to make themselves more intimately acquainted with the requirements of that class of their hearers, whose morbid tendencies may be destructively operated on by daring flights of doctrinal exposition, in the regions of unfathomability ?

The preacher may entice his auditory into deep waters, where all can not swim ; and where he leaves them, some may sink. It is a noble and Christian work, in an asylum, to restore to reason a suicidal maniac. It would be still a better work to save him from becoming insane. Sending the victims to the asylum, gets them out of sight ; and I have often thought it also puts them out of mind. It is wonderful how little such unfortunate people seem to be thought of, by those who have been mainly contributive to their sufferings. This is to be regretted ; for I believe that no man, with any heart in him, would persist in the destructive course, were he to make himself familiar with its results, as exhibited in a lunatic asylum. The evil is great and

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TABLE

Born in Ireland  
" Canada  
" England  
" Scotland  
" United States  
" Germany  
" Prussia  
" New York  
" Australia  
" Nova Scotia  
" West Indies  
" Unknown  
" Ste. F.

Religion of Pa

Protestant  
Roman Catholic  
Unknown  
None (as

Degree of Edu

Read and  
Read, only  
Neither ..  
Unknown

Previous Habit

Temperate  
Intemperate  
Unknown

terrible, and did I not say so, I should be unworthy of the position which I occupy.

TABLE OF NATIONAL ORIGIN OF PATIENTS ADMITTED.

	1859.	1860.	1861.	Total.
Born in Ireland .....	51	64	79	194
“ Canada .....	23	38	55	116
“ England .....	16	32	25	73
“ Scotland .....	21	34	24	79
“ United States .....	9	9	11	29
“ Germany .....	4	3	7	14
“ Prince Edward Island .....		1	1	2
“ New Brunswick .....			1	1
“ Austria .....			1	1
“ Nova Scotia .....		2		2
“ West Indies .....		1		1
“ Unknown .....		1		1
“ Ste. Helena .....	1			1
Total .....	125	185	204	514
Religion of Patients admitted:—				
Protestants .....	100	134	147	381
Roman Catholics .....	25	42	57	124
Unknown .....		5		5
None (as certified) .....		4		4
Total .....	125	185	204	514
Degree of Education:—				
Read and Write .....	77	119	126	322
Read, only .....	30	35	47	112
Neither .....	18	19	27	64
Unknown .....		12	4	16
Total .....	125	185	204	514
Previous Habits:—				
Temperate .....	97	175	178	450
Intemperate .....	21	10	26	57
Unknown .....	7			7
Total .....	125	185	204	514



DEATHS.

The deaths in 1861 have been 45, in a total of 796 patients under treatment in the year; or 5.65 per cent. In 1860, the deaths were 40, in a total of 709; or 5.36 per cent.

The 45 deaths were distributed thus:—

In Chief Asylum .....	39
In University Branch.....	3
In Malden " .....	3
	—
	45

Sick or feeble patients have not been sent to the branches; it is easy, therefore, to understand why so large a proportion of the deaths have occurred in the Chief Asylum.

Three deaths occurred in patients admitted in a dying state; but such occur every year.

Diseases causing death in Chief Asylum and University Branch:—

Pulmonary Consumption.....	21
General Paralysis.....	7
Serous Apoplexy .....	4
Exhaustion of Old Age.....	3
Hydrothorax; hemorrhagic apoplexy; Bright's disease; acute maniacal exhaustion; spinal, with heart disease; spinal disease with paraplegia; suicide:—Each, 1.....	7
	—
Total.....	42

In perusing the reports of American Asylums, I have often been struck with the great difference presented by the bills of mortality in comparison with those of British Asylums, and with the details which I have compiled of this Asylum.

In the year 1861, I have ascribed 21 deaths, in 42, to pulmonary consumption; and I am certain I have not over-rated the number.

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I have taken the following returns, at random, from American reports now lying before me, showing the proportion of deaths ascribed by the writers to this disease:—

Missouri Asylum .....	20 in 119
Maine " .....	7 " 31
Washington " .....	2 " 18
Utica, (N.Y.) " .....	3 " 35
Worcester, (Mass.,) Asylum .....	3 " 22
Taunton, " " .....	12 " 52
Northampton " " .....	9 " 30
East Kentucky " " .....	6 " 18
Total.....	62 in 325

No Canadian who knows much of the people of the United States, in whatever division, and no physician who has often visited their asylums, will admit that lunatics in Canada are more numerous affected with tuberculous lung disease than those in the United States. How is it then, that the deaths from pulmonary consumption in American asylums appear to be less than 20 per cent. on the total mortality, whilst those in the Toronto asylum are given as equal to 50 per cent? The reply is simple and satisfactory. Our Canadian diagnosis is based on *post mortem* examination, whilst in the United States asylums, *post mortem* examinations are not held, unless exceptionally.

Had not examination *post mortem* revealed to me destructive tuberculous disease, in numerous instances it would not be known to have existed.

Of the 21 patients, whose deaths I ascribe to this disease, only *three* had both cough and expectoration, and only three or four others had any expectoration. All the rest died without these symptoms.

As I consider this subject worthy of consideration, I avail myself of this occasion to transcribe from my *post mortem* reports, brief outlines of a few illustrative cases:—

*Post mortem* 156.—Register 247.—M. M., a woman of originally robust person, and early dissipated habits. Her age at death was 42, and she had been an asylum inmate for nearly 20 years. She was in the habit of stuffing her nostrils, and the other mucous orifices, with woollen rags; and frequent attention was necessary to dislodge these substances. A few months before death, her appetite failed, and she gradually emaciated. She never had either cough or expectoration; and she ultimately appeared to die from mere exhaustion.

*Post-mortem*.—The chest and abdomen were opened about 24 hours after death. The *lungs* were full of tuberculous cavities, with pus,—especially the right, which was adherent to the ribs all over.

The *liver* was small, hard, and tanwy. The *pancreas*, enlarged and indurated. An *ovarian* tumor, globular, and about  $3\frac{1}{2}$  inches in diameter, was found on left side. On the posterior surface of the uterus, were three white tumors, of cartilaginous firmness. They lay immediately beneath the peritoneal coat; the largest was  $\frac{7}{8}$ , and the least  $\frac{5}{8}$  inch diameter. The uterus itself was healthy; but the vagina was ulcerated, and some debris of old woollen rags was discovered in it.

The ovarian tumor consisted of a single cyst, the contents of which were found to be cholesterine and margaric acid.

Query? What morbid affinity subsisted, during life, between this woman's peculiar habits and the diseased uterine appendages? Were her habits causal or resultive?

*Post-mortem* 159.—Register 1492.—J. R., a man, age at death 40; upwards of 7 years in the asylum. Subject to occasional severe paroxysms.

*Post-mortem*, 40 hours after death.

The *brain* showed traces of remote inflammatory action.

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Both *lungs* were but masses of advanced tubercles; yet the patient never had cough or expectoration.

*Post-mortem* 161.—Register 2376.—A woman, name unknown; age about 30; resident  $7\frac{1}{2}$  months, gradually emaciated, without cough or expectoration. A few days before death she took to bed, and appeared very feeble, but presented no remarkable symptoms. Great respiratory difficulty followed, and she died.

*Post-mortem*.—In the left thorax about three pints of serum, but very little in right. Both lungs presented old adhesions, and were completely studded with tubercles. A cavity of some size was found in the apex of the left, and numerous smaller ones in other parts; vascular tergescence shewing recent inflammation over the left lung. The right was much engorged, presenting various stages of tuberculous inflammation.

This patient died of the inter-current pleuro-pneumonia; but even under this attack was exempt from cough.

*Post-mortem* 163.—Register 1781.—M. E., a woman, aged 29, of small size; resident nearly five years, all of which time she kept her bed. Never had cough or expectoration. Died much emaciated.

*Post-mortem*.—*Brain*, normal.

*Lungs*—The left adherent all over, and full of tubercles. A cavity as large as a hen's egg, filled with pus of very foetid odor, in the apex. The right lung also tuberculous, and had a smaller cavity in its apex, filled with pus. The lower lobes of both lungs normal.

*Transverse colon*, deflected down into the pelvis.

It cannot be necessary to extend these notes, in order to show the importance of autopsical examination, with reference to accuracy of record in the statistics of insane mor-



tality. It is now very unusual, that, in this asylum, we find ourselves in diagnostic error, in such cases as I have described. I have not the slightest doubt that extended *post mortem* enquiry would establish the same fact in American asylums generally; and I would most respectfully invite my *confreres* in the specialty, to put my statements to the proper test.

### GENERAL PARALYSIS.

This deeply interesting form of insanity presented us, in the past year, seven fatal results; in six of which we had the advantage of *post mortem* examination. Perhaps no fact connected with this disease, is more deserving of attention than the variability of its duration. It may last for years; or it may terminate in a few days after outburst. The patient may have a succession of apoplectic seizures, at variable intervals, and generally associated with epileptiform convulsions; or he may die in the first or second of these seizures. In all cases, however, the issue is *death*. It is very questionable if a single reliable case of recovery is on record. Apparent suspensions of the malady, there may have been, which the over-sanguine physician has too hastily recorded as cures; but they are only lulls, however protracted, between the thunder gusts. He who has once manifested the characteristic symptoms of general paralysis, carries a perishing brain, however sound he and others may assert it to be.

The pathology of the disease is still involved in some obscurity, though now better understood than it was before the time of *Calmeil*. The morbid appearances, discovered after death, are very diversified, and indicate the impropriety of hasty generalization.

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The medical profession at large have but rare opportunities of becoming acquainted with the disease, and therefore it is not to be wondered at that they fail to recognize it; or that they mistake it for other forms of cerebral disease, which "*the books*" exhibit under resembling aspect. Dr. Conolly, whose authority is high, says that he never noticed the disease until he read *Calmeil's* treatise on it; and that he still finds its existence frequently unrecognized in private practice. If such has been, not long ago, the fact in London, it may now be so in Canada.

The general paralytic enjoys a good appetite as long as he can swallow. He is never sick,—that is to say, in his own estimation. He is generally gay, frivolous, speculative, unaccountably, or unwontedly, benevolent and self-complacent. He is not, in fact, the man he once was. Everybody may see this; but few may suspect the cause; few may foresee the crisis to which he is joyously hastening. Nor even after he has been prostrated by the long impending stroke, and has rallied from the shock, and his thickened stammering tongue rings in the ear of the experienced observer his death knell, does he lose his self-satisfaction. He still says he is strong and painless,—still well and long to live; and strange to say, he sometimes finds believing auditors, despite rational assertion to the contrary. The following case was one of this character, though not perhaps the most remarkable I have met with.

C. W., a man aged 30, of excellent previous habits, and superior intelligence; was admitted in October, 1860. For three months previously, his wife had observed him changed in his condition and tendencies. He eat ravenously, and became selfish at table. He had one or two strange fits. She called in a physician, who pronounced the case one of cerebral disease and treated it circumspectly; but finally recom-

mended that he should be placed in the asylum, a measure which was ultimately, with reluctance, adopted.

The patient, on entrance, presented a bewildered appearance; he spoke slowly, but with an observable lingual impediment. He very soon made himself perfectly at home; was pleased with every thing; *eat enormously*, and became fat and well-looking. He read or *appeared* to read a good deal; spoke little, but always pleasantly and *slowly*. At new year's time, his wife believed him quite recovered and fit to go home; and though I tried to dissuade her, and told her plainly my conviction that a crash was in the future, she could not yield her sanguine expectations. She took him home, and for over a couple of months he remained in a very satisfactory state, and they had many pleasant rambles about the city; but one day he was struck down by her side and had to be carried into the nearest house. This was the anticipated *crash*, the epilepti-form apoplectic seizure which I had foretold to his wife. Ten days after this seizure, having become unmanageable and destructive, his wife was forced again to ask for his admission into the asylum. When he entered, it was found that the power of swallowing was gone. He died in less than 48 hours.

*Post-mortem*, 160.—Register 2493.—The head only was examined.

*Dura mater* adherent to left parietal bone. A serous deposit beneath the arachnoid, over the superior and posterior surface of both hemispheres. The inferior and anterior portions of both anterior lobes, and also the superior surface of the left one presented a bright scarlet hue, which upon closer examination was seen to proceed from an inflamed condition of the arachnoid and the pia mater, not extending into the cerebral substance.

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About half an ounce of serum was found in each lateral ventricle.

There were no further morbid appearances, and the brain was quite normal in consistency.

*Post-mortem*, 164.—Register 1978.—This case was one of much longer duration than the preceding. The patient was 48 years of age, and had resided nearly four years in the asylum; during no part of which was any doubt entertained as to the final issue. His delirium, in the earlier period of his residence, was of the ordinary form met with in general paralysis. He had numerous steamboats on the eve of completion, varying from 1,000 to 100,000 horse power. His wealth in wild lands and mill-sites was beyond all calculation.

He passed through a phase of the disease which is often, but not always present,—that of tearing up and chewing all sorts of clothing and bedding. In the last year of his life, he held himself as no less than the Deity, and exercised command in accordance. During his residence he had a series of apoplectiform seizures.

*Post-mortem*, 18 hours after death—

*Dura mater* adherent to cranium, on left, posteriorly. Deposit of serum between dura mater and arachnoid, and between the latter and the pia mater, amounting in all to about three ounces. Extensive adhesions between the meninges and cerebrum. The minute cerebral vessels all much congested. No softening of the substance of the brain. About half an ounce of serum in each lateral ventricle. The cerebellum was found covered with serum, and a copious flow issued from the theca vertebralis.

*Post mortem* 166.—Register 2315.—A. J., a man aged 50; of robust frame and long drunken habits; resident 15½



months; certified to have become insane only 4 weeks before admission; but from information subsequently given, I discovered that this statement was incorrect.

On admission, all the symptoms of advanced general paralysis were strongly marked. His speech was half obliterated, and his locomotion was very defective. His appetite was ravenous, and he required much watching to prevent choking when at his meals. He continued to drag around, and even to go out in fine weather, until three days before death, when he was prostrated by an apoplectic-form seizure. The right side was strongly convulsed for several hours; after which he passed into a state of profound coma, and died about 70 hours after seizure of the fit.

*Post mortem.*—Skull rather thick. No adhesion of dura mater to cranium, but a trivial adhesion to arachnoid on summit. On turning out the brain a very large quantity of serum was found on the base of the skull. Considerable effusion beneath the arachnoid, under the middle cerebral lobe; between the arachnoid and pia mater was a deposit of serum, as large as half an orange. The pia mater enclosing this deposit, was opaque and much thickened. On the left side a similar but smaller deposit was found; and here the middle lobe was totally disintegrated, and presented a deep brown colour. The brain, generally, was much softened, but especially its inferior parts.

The lateral ventricles were distended with serum; the total quantity of this fluid within the skull was about 12 ounces.

The choroid plexus, on each side presented a calcareous deposit of the size of a large pea elongated. The superior and lateral surface of the brain presented trivial marks of disease, compared with the under.

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As the supra-orbital development of this man's skull was unusually large, I thought the opportunity favorable for testing the assertions of phrenology, touching the validity of the seventeen important mental organs, placed by Gall and Spurzheim behind this region. I accordingly had the saw carried lower down than usual, so as completely to expose the frontal sinuses. Our realization was, indeed, "*nulla fronte fides.*" In this man's head, at least, the frontal cranio-logical protuberances must have conduced only negatively to the exercise of the seventeen faculties graciously assigned to this little region of the brain by phrenology. The outer projection was a true measure of the inner. The seventeen organs were not forthcoming; there was no place for them, unless they were things of air filling the sinuses. And such unquestionably is the fact in all similar heads; as has been abundantly proved by the late Sir W. Hamilton, on the whole of Spurzheim's celebrated collection of skulls, in the Edinburgh Museum of Natural History.

And yet a profitable trade is still driven in this most visionary and most thoroughly exploded of modern humbugs; and newspaper editors give flattering testimonials (perhaps in exchange), to every phrenological itinerant who comes among us to gull the multitude, and carry away their money.

Two of the seven fatal cases of general paralysis of the past year, were met with in women. These being the first female cases which I had observed in this asylum, with symptoms sufficiently affiliating to those of male cases, to warrant identification of the disease, I watched them with much interest.

*Post Mortem* 157.—Register 2418.—J. L., a woman, aged 45, single; said to have been of "fickle habits." Admitted 5th December, 1860; resident two months and twenty-one days;

was certified to have been insane only six weeks before admission; but I afterwards learned from her brother she had been very insane for over two years. She had a good, but not voracious appetite; and she did not, as male general paralytics almost invariably do, become fat. Her delirium did not range in the fields of wealth or grandeur; it all related to marriage, and she believed herself *enceinte*, but was not troubled by this premature circumstance. Her speech was impeded; but she used it abundantly and not so complimentarily to those around her, as male patients generally do. She was restless, lachrymose, noisy, and always getting into scrapes. She was partially paralyzed on one side; a few days before death her paralysis increased, but without epileptiform, or apoplectic seizure. She kept her bed, not because she could not leave it, but as she said, "to be confined," and she was afraid the doctor might "not come in time." She died, apparently from exhaustion, on 28th February. She was free from coma, and spoke till within half an hour of dying.

*Post-mortem*, 8 hours after death.

The skull showed an unusual extent of transparent spots, corresponding to prominent cerebral convolutions. *Dura mater* externally normal. On laying it open, a white round tumor, as large as a cherry, was found attached to it, at the right parietal eminence. It had no attachment to the arachnoid, but had pressed this membrane downwards, and formed a pit for itself in the brain. It was fatty, and of the color and consistence of lard. Several smaller ones were found on the inner surface of the *dura mater*; but only one of them had yet embedded in the brain.

About an ounce of serum was found on the base of the skull,  $\frac{3}{4}$  ounce in the two lateral ventricles. The brain was firmer than usual, and its gray matter was in good proportion.

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The *lungs* showed pleuritic deposits of recent origin, and about 8 ounces of serum was effused in the chest, on each side.

The heart was hypertrophied, and adherent to the pericardium, posteriorly, as far as the apex. The pericardium had about 3 ounces of serum.

*Abdomen.*—The *whole* of the intestines were found depressed into the pelvis, and the stomach was dragged down, so that its great curvature lay mid-way between the umbilicus and the pubes; and it presented a bicornoid aspect. The *uterus* was normal.

Query? What connection, during life, may have subsisted between this woman's intestinal displacement, and her delirium on marriage and pregnancy? Was her insanity of cerebral, or of reflex source? Was the case truly one of general paralysis, or was her paralysis but a recent complication of her insanity?

*Post-mortem* 172.—Register 2588.—A. P., a woman aged 53, married, of temperate habits. Admitted 28th September, 1860; died 23rd December.

Her insanity was ascribed to a blow on the head, inflicted by another woman with a water-pail, at a pump, where they quarrelled on the question of precedence. On admission she was partially paralyzed on one side; speech was impeded, and in pronouncing, the tongue appeared to be constantly drawn, or jerked backwards. She had no control over the sphincters. Her appetite was keen; but she had occasional difficulty in swallowing. She became fat. Her paralysis was attended with several attacks of convulsive agitation, during which she screamed very loudly, as if from terror. She had almost constant grinding of the teeth, and a propensity to tear and chew all sorts of clothing. Two or three days before death, she began to gnaw her own fingers, and,

if not prevented, she would have eaten the ends off them; she became ultimately semi-comatose, with continual convulsive twitches on one side; and some hours after, died.

*Post-mortem*, 33 hours after death.

The scalp showed no marks of injury. Neither the exterior, nor the interior of the cranium showed any mark of injury. A very small spicula, projecting  $1\frac{1}{2}$  line, was found on the inner surface of the skull, at the cerebellar region.

Over the entire left hemisphere of the cerebrum, there was subarachnoid effusion of bloody serum. The meninges were adherent on both sides of the great longitudinal fissure, as well as within it. The whole of the left hemisphere was in a state of passive congestion, and under the adherent meninges, the cineritious matter was hypertrophied, and almost of the color and consistence of the adult kidney. In other parts the structure of the brain was normal. The ventricles contained, each, about half an ounce of serum; and the cerebellum was surrounded by a considerable effusion.

From the similarity of history of this case, and that of the penitentiary keeper, whose case I gave in last year's report, I felt much interest in watching it, and in the *post-mortem* examination. On comparing the details, it is difficult to identify the cases.

The man, before the injury, was undoubtedly sane; but I question if the woman was so. An insane woman would be very likely to quarrel at a pump; and a blow on her head could not but aggravate the insanity. The brain of the man was very extensively diseased. The diseased condition of the woman's was as probably spontaneous, as traumatic in its organ. The hypertrophic firmness in her brain, was in contrast with the extensive softening in his. Her disease was superficial; his was profound and extensive.

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I do not think that either of the two preceding female cases, came up to the full standard of general paralysis; but as they have been the nearest approximations I have met with in our female wards, I have thought it not undesirable to record them in this report.

Among the deaths four are ascribed to serous apoplexy. It is, however, my belief, that this term as applied by medical writers, has been used to include cases which we distinctively designate general paralysis; and though the latter itself is a rather inappropriate name, it is less objectionable than the other; for serous apoplexy, or free effusion of serum on the surface of the brain, and within its ventricles, though one of the most usual facts in general paralysis, is not constant; but that peculiar, imperfect and progressive paralysis, which has given name to this remarkable form of insanity, is a constant fact in the disease called general paralysis. Three of the four cases called serous apoplexy, occurred in patients who, though many years insane, never had paralysis before the apoplectic seizure causing death.

The fourth had paralysis of one side for many years, with epilepsy; one of the three free from paralysis, was also an epileptic of very many years.

I think it is as proper to give these four cases a separate rank, as to do so with the case of the old woman, who died of hæmorrhagic apoplexy, after twenty-two years of insanity.

As in my quarterly and other intermediate reports to your Board, the ordinary affairs of the asylum have been fully considered, it is unnecessary here to refer to them. The improvements which have been authorized by your Board, merit the public gratitude; and the benefits resulting will, I trust, suggest further good work.



For the kind instruction and support of your Board, in carrying out the arduous and responsible duties required of me, I beg to tender you my hearty thanks.

The institution still continues to receive a liberal gratuitous supply of the respectable newspapers of the Province; and on behalf of those benefitted, I would present their grateful acknowledgments.

Our Library is pretty well stocked with books suitable to our people; about 200 of the smaller volumes were transferred to the Malden and Orillia Branches.

The permission of His Excellency, given a few years ago, to expend £20 yearly, in the purchase of new books, has not been acted on to the full extent.

Our corridors and sitting rooms present, I think, a better and more numerous collection of pictures, than any other asylum I have visited.

Our shrubberies, flower-beds, and fountains, have, in summer, invested the asylum with a pleasing aspect, which seems to gratify visitors as much as ourselves. Probably no other agency in the cure of insanity, has a more beneficial effect.

Musical entertainments, pic-nics, moderate dancing, and occasional holiday festivals, combine to enliven, invigorate, or soothe the enfeebled sufferers, who come here for renewal of mental and bodily strength. It is now understood by candidates for discharge, that they have to attain a certain degree of fatness before they can be set at liberty; and that those who are bad eaters, must remain long. Our annual bill for drugs is not formidable.

The religious services by the denominational clergymen of the city, have been well kept up, and have been duly appreciated.

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The Rev. S. Givens still continues his services at the University Branch. He seems to understand the requirements of his audience.

The Rev. Dr. Kennedy has, for the last six months, bestowed on us every Sabbath a brief and excellent morning service.

Attendance on religious services is always voluntary, but I sometimes find it discreet to withhold the indulgence from patients in certain critical conditions.

The reverend gentlemen of the Roman Catholic churches of St. Mary's and St. Patrick's, have been very kind and regular in their visitations, and I am well aware they have never gone away without doing good. The patients who receive their instructions and advice, are always improved thereby. The promptness with which these gentlemen have, at all hours, responded to the calls of the sick, has been praiseworthy.

It is pleasing to me, in conclusion, to have to report the uniform steadiness, zeal, and fidelity with which the officers and servants of both asylums, under my charge, have discharged their duties.

I have the honor to be, gentlemen,

Faithfully yours, &c,

J. WORKMAN, M. D.,  
*Medical Sup't, P. L. A.*