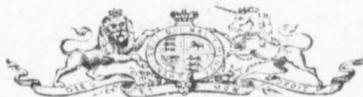


NOVA SCOTIA
HOSPITAL FOR THE INSANE.

REPORT FOR

1876.



HALIFAX, N. S. :
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1877.

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NOVA SCOTIA
HOSPITAL FOR THE INSANE,

HALIFAX, N. S.

NINETEENTH ANNUAL REPORT

OF THE

MEDICAL SUPERINTENDENT.

PRINTED BY ORDER OF THE WORKS DEPARTMENT.



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NOVA SCOTIA HOSPITAL FOR THE INSANE,

HALIFAX, N. S.

1876.

Commissioner of Public Works and Mines.

HON. ROBERT ROBERTSON, M. P. P. ; M. E. C.

Board of Commissioners.

GEORGE G. DUSTAN, Esq., J. P., Chairman.
PETER ROSS, Esq., J. P.
DOMINICK FARRELL, Esq., J. P.

Visitors, *ex officio*.

The LIEUT. GOVERNOR, The CHIEF JUSTICE, The PROVINCIAL SECRETARY, The PRESIDENT OF THE LEGISLATIVE COUNCIL, The SPEAKER OF THE HOUSE OF ASSEMBLY, and the heads or authorized representatives of all Christian Churches in the Province.

Treasurer.

HON. STAYLEY BROWN, President of Council, M. E. C.,
M. L. C., Provincial Treasurer.

Medical Superintendent.

JAMES R. DEWOLF, M. D., EDIN., L. R. C. S. E., &c., &c.

Assistant Physician.

D. A. FRASER, M. D.

Bursar and Accountant.

MR. THOMAS McCULLOCH.

Storekeeper.

MR. GEORGE DOWNIE.

Housekeeper.

MRS. R. D. DICKSON.

Supervisors.

MRS. GEORGE DOWNIE.
MR. JOHN H. McNAB.

Engineer.

MR. R. D. DICKSON.

REPORT
OF THE
MEDICAL SUPERINTENDENT.

*To the Hon. the Commissioner
of Public Works and Mines: }*

SIR,—I have the honor to submit the following Report upon the condition of the Hospital for the year 1876; with a series of medico-statistical tables, showing the results of treatment from the time of its opening.

On the first of January there were three hundred and eighteen (318) patients on our register. During the twelve months ensuing, eighty-eight (88) have been admitted, making the total under care for this year, four hundred and six (406). The daily average has been three hundred and thirty-one (331).

Sixty-nine (69) have been discharged, of whom forty-four (44) had recovered, five (5) were improved, and twenty (20) died. The proportion of recoveries to admissions has been fifty per cent. (50), the mean of all former years being forty-two per cent. (42.3). The mortality rate on the average number resident has been six per cent, (6) being considerably lower than that of last year, and below the medium rate of former years. *Reckoned on the whole number under care*, the mortality rate for this year has barely been five per cent. (4.92).

During the past eighteen years eleven hundred and eighty-one (1181) have been admitted, of whom eight hundred and forty-four (844) have been discharged, as follows: namely, two hundred and forty (240) have died; twenty-one (21) have been removed unimproved; eighty-six (86) have been benefited to a greater or less extent; and four hundred and ninety-seven (497) have been discharged as recovered. These results are so clear and satisfactory as to require no comment.

The admissions for the past year, as indeed of many former years, have been restricted by the limited accommodation at our disposal. It has been a painful duty to report adversely to the reception of many, whom we would gladly have taken under care, had not far stronger claims been urged on behalf of those to whom the law wisely assigns a preference.

So long as the curative character of the Institution can be preserved by giving early admission to all recent cases, so long will it continue to deserve the distinctive name of Hospital. The tendency to fill up the building with a class of persons who can receive no further benefit than food and shelter, is one that has to be met with no small amount of firmness and decision, and occasionally our patience has been sadly taxed. With an inconsistency equalled only by their vehemence, the very individuals who so strenuously urge the reception here of hopeless, harmless, feeble-minded cases, are the persons of all others to complain that the Hospital has already too many such inmates under its roof.

Reference to the numerous tables appended will show the relative proportion of the sexes in those admitted and discharged, as well as their age, social condition, residence, and occupation.

Of those discharged during the year, the greater number have made satisfactory recoveries; a few, and only a few, have been removed before their restoration was complete, and of these, several who went home "on trial" have returned during the time of probation. Twelve males and eight females have died, the death in all cases having been due to natural causes. It is satisfactory to note that no casualty has occurred, nor any serious accident. Several patients effected their escape, but they were traced in every instance to their destination.

Death of Commissioner and Attendant.

The deeply lamented and sudden decease of Commissioner Duggan is the most important event that has occurred since date of last report. During his term of office, extending over a period of nearly eight years, Mr. Duggan conscientiously fulfilled his duty as Commissioner, and kindly evinced his interest in the welfare of the patients by appropriate donations and friendly encouragement. While ready at all times to listen to the complaints of those who thought themselves aggrieved, he had great tact and discretion in his replies, and uniformly upheld the observance of the rules of the Hospital. His memory will long be cherished by those with whom he was connected, whether officially or otherwise.

Timothy Martin, Assistant Attendant, who had been long ill, died on the 7th July from pulmonary consumption. He was a worthy young man, and was in our service for the second time.

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Visit of Committee of Legislature.

The Committee upon Humane Institutions paid their annual visit in March, individual members having previously inspected the house at different times. After viewing every ward, and noting the condition of every department, the Committee reported to the House of Assembly, as follows:

"The several Provincial Benevolent and Humane Institutions were visited as usual by your Committee. They have to report that they visited the Mount Hope Asylum for the Insane at Dartmouth, and having inspected the same, found all its departments in good order, and in an efficient and satisfactory condition. Notwithstanding its recent enlargement, the additional accommodation furnished is fully occupied, and the Institution is taxed to its utmost capacity to provide for the reception and treatment of the unfortunate class for whose benefit it was established. Your Committee are happy to be able to bear testimony to the continued efficient management of the Institution—under the superintendence of Dr. DeWolf—and to report that the duties of the several departments thereof appear to be well performed by his assistants."

Future Provision for the Insane.

In last year's report occasion was taken to recommend the early construction of additional Hospitals of this class—one at either extremity of the Province. Further consideration of the subject confirms the opinion of your Superintendent as to the advisability and the early necessity for this course of procedure. In no other way can adequate justice be done to those resident in the remoter districts.

It has been found that Hospitals for the Insane are most availed of by those living within a reasonable distance. Difficulty of conveyance is a serious barrier to admission, and operates against all who live beyond a certain radius from the institution. Those whose homes are near the Hospital, are better acquainted with its advantages, and have opportunities of visiting it often enough to know the real intent and scope of its design. They look upon it as a place of cure, as its name implies, and not as an Asylum of refuge. On the other hand those more remotely situated, imbibe the prejudices which ever have, and probably ever will prevail among the ignorant; and having little opportunity of visiting and inspecting the Hospital, they are slow to see its great usefulness, or to acknowledge their own misconception.

To meet the present want an Institution for the Insane of Cape Breton should be erected in some central locality of that Island in the first instance. If properly conducted this will approve itself to the

people, and they will no longer be under the necessity of sending their insane friends and relatives to Halifax. According to the last census (1871) the population of Cape Breton is upwards of seventy-five thousand (75,483), and the number of insane and idiots is estimated at two hundred and thirty-five (235).

These facts suffice to show that an Hospital is needed, and especially so when the difficulty and delay of communicating with Halifax is considered. One patient arrived here this Autumn from Victoria County who was thirty-nine days on the passage, owing to adverse weather. Application was made for the admission of another from Cape North who would have to be conveyed seventy miles to Baddeck for medical examination.

Nor is difficulty in admission the only drawback; delay in getting home is a serious obstacle, especially in winter. Four of our recovered patients had to wait last year until the opening of spring, before they could return to their friends.

Notwithstanding these serious hindrances we have admitted in all over one hundred patients (105) from Cape Breton, and we have with us at this present time no less than forty-four (44) of that number. When these shall have been transferred to a new Hospital nearer home, their friends will have more ready access to them (which in chronic cases is a great desideratum) and those now excluded from Hospital care and benefit, will have the medical supervision and humane treatment to which all are equally entitled.

There is another reason why Cape Breton should have its own Hospital, namely, that by early admission the insane of the Island will be in a condition favorable to recovery, and a far larger proportion than heretofore, will in all probability be permanently restored.

The question is one affecting not only the poor, who certainly demand our sympathy, but it concerns all classes of society from the lowest to the highest. None are exempt from it, however secure they may consider themselves to be; and hence even selfish motives should influence those whose interests are involved, and for their own sake, if not for any other, every man of means throughout the Island should use his best endeavors to have an institution of this class built at an early day.

With regard to the Western extremity of the Province there is not at the present day the same absolute necessity for a special Hospital. The Yarmouth and Annapolis Railway, soon to be completed, will bring all that district of country within easier access of the Capital; and patients who have been more conveniently sent heretofore to New Brunswick, will find their way in greater numbers to Halifax. Eventually however the Western Counties will require, and will be entitled to, an Hospital of their own, where early admission will conduce to speedy recovery, and where the chronic insane can be cheered by the more frequent visits of their friends and relatives.

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Non-Restraint.

The law of Nova Scotia provides in the Act governing this Hospital, that "its object shall be the most humane and enlightened curative treatment of the insane of this province." To carry out this wise enactment the Superintendent made it his endeavor from the outset to follow the highest professional authority; and every year his own experience has confirmed more fully the salutary effect of the course adopted and pursued.

Even had no such clause as the above been inserted in the Act referred to, the higher law of humanity would have led to the introduction of that admirable philanthropic system of treatment, which Pinel inaugurated and Esquirol continued in France—which Charlesworth and Hill first practised in England, and which was so successfully carried out and ably advocated by the devoted and renowned Conolly.

Encouraged from the earliest years of our hospital life by the friendly counsel and valued advice of Dr. W. A. F. Browne of the Crichton Royal Institution (for several years Commissioner in Lunacy for Scotland) and upheld by a consciousness that whatever success in the treatment of insanity had been effected in the mother country could be achieved in her colonies "the most humane and enlightened curative treatment" was aimed at, and to the best of our ability carried out, from the opening of this Hospital eighteen years ago.

That it has been successful, our records clearly demonstrate. The medico-statistical tables covering all these years, exhibit results, which whether as regards the proportion of recoveries, or the comparatively small mortality rate, will bear comparison with those of either British or Foreign Hospitals. We claim for the non-restraint system not only that it is perfectly practicable, but successful as well.

The absolute and unconditional disuse of all restraint is never advocated, even by the warmest friends of the present system. Instances sometimes occur where safety demands its application, but these exceptions do not at all invalidate the principle; they rather tend to prove that it is only on very rare and exceptional occasions that even the mildest form of coercion is necessary. They also prove that the charge is groundless which taxes the advocates of non-restraint with neglecting, (or on mere sentimental grounds), necessary precautions for their patients' welfare and safety.

In this Hospital only six of these exceptional cases have occurred within the past twelve years, and these were for surgical reasons, after determined attempts at suicide. Two were recorded in 1865, one in 1870, two in 1874, and one during the present year (1876). On the third occasion bandaging was applied to the upper extremities; in the other five cases recourse was had to a light camisole with long sleeves, to prevent the patients' interfering with the wounds. The adoption of these expedients was merely temporary, and did not lead to any relaxation in the strict watchfulness enjoined upon the attendants in charge.

It is urged by some that restraint should be applied to control destructive habits; but we have found it advantageous to use clothing

by day of strong texture, and quilted blankets at night, by which means the worst cases of destructiveness have been greatly checked, if not baffled altogether. As stated in a previous report, the amount of damage done by this class of patients here, large as it may appear, falls far short of the average of other similar establishments, although they use restraint and we do not.

That the humane system alluded to, was at the time of its introduction here something more than a mere experiment, and was adopted and adhered to in almost every County Asylum in England, was abundantly proved by the valuable reports of the Commissioners in Lunacy. In reply to inquiries submitted, the Superintendents of the various Asylums public and private, communicated statements of their respective opinions and practices, and these were published in the eighth report of that Board (1854.)

The subjoined extracts from that report will carry weight, and are worthy of being reproduced, seeing that even to this day many good and wise men appear to doubt the possibility of successfully carrying out this mild system of treatment.

"With reference to the employment of Mechanical restraint and seclusion in the treatment of the insane, I beg to say that it has not been used in any form in this Asylum, nor has the means of using it in any shape been provided."

(Signed)

J. MILLAR, M. D.,
Supt. Bucks Co. Asylum.

"Ever since the opening of the Asylum in 1848 we have never had cause to deviate from the uniform and consistent practice of avoiding the slightest mechanical restraint in the treatment of the insane, beyond the occasional use of the padded room in cases of extreme violence."

(Signed)

R. LLOYD WILLIAMS, *Vis. Phy.*
G. T. JONES, *Supt.*
Denbigh Lun. Asy.

"In the Devon County Asylum restraint is never employed except in surgical cases. The occurrence of such cases, however unfrequent they may be, renders it impossible to deny that the imposition of mechanical restraint may in rare instances be necessary for the safety of the patient. Mechanical restraint in the treatment of the insane is like the actual canterly in the treatment of wounds, a barbarous remedy which has become obsolete from the introduction of more skilful and humane methods, but which may still be called for in exceptional and desperate cases.

"In my opinion the essential point of difference between the old and the new systems consists in this, that under the old system the insane were controlled by appeals to the lowest and the basest of the motives of human action, and under the new system they are controlled by the highest motive, which in each individual case it is possible to evoke.

"The first motive, that of fear, belongs to man and the animals, and its exercise is degrading and brutalizing; the latter motives are human and humanizing in their influence, and their development is the true

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touchstone of progress in the moral treatment of mental disease. It was the brutalizing influence of fear, and the degrading sense of shame, which constituted the true *virus* of mechanical restraints."

(Signed)

J. C. BUCKNILL, M. D., *London.*

Med. Supt., Devon Co. Asy.

"In the treatment of the patients in this Asylum no mechanical restraint is adopted; all harsh measures of every description are not only found to be unnecessary, but are strictly prohibited among the attendants, and made the occasion of dismissal if discovered; and I feel justified in stating it as my opinion, that personal restraint is in no case necessary for the treatment of insanity in a properly constructed asylum, and that in all cases it is prejudicial."

(Signed)

DONALD CAMPBELL, M. D.,

Med. Supt., Essex Lun. Asy.

"MECHANICAL RESTRAINT" has not been found necessary in any instance since the opening of the institution (January 1851) and it has never been used here."

(Signed)

JNO. D. CLEATON,

Supt. Lancashire Asy.

Rainhill, Manchester.

"Mechanical restraint has been applied in this Asylum only once since it was opened, upwards of three years since."

(Signed)

JOSEPH HOLLAND,

Supt. Lancashire Asy. Prestwich.

"One of the first matters which engaged my attention was the abolition of mechanical restraint in the asylum. This has been done with fewer inconveniences than might have been anticipated, and I am happy to say that all vestiges of such modes of coercion have for some months disappeared."

(Signed)

JOHN BUCK, *Med. Supt.*

Leicester and Rutland Co. L. Asy.

"Mechanical restraints" have not been used in this Asylum for several years."

(Signed)

W. C. BEGLEY,

Supt. Female Division Hanwell Asy.

"Mechanical restraint is not resorted to in this Asylum."

(Signed)

D. F. TYERMAN,

Supt. Male Division Hanwell Asy.

"Mechanical restraint or coercion has not been used in any case, and the want of it has not been felt. The general effects of non-restraint on the patients themselves, as well as on the attendants, has been salutary."

(Signed)

J. S. ALLEN,

Supt. Monmouthshire Asy.

"I have never seen mechanical restraint produce any beneficial effect in the treatment of mental diseases, but have seen many cases greatly relieved by the removal of restraint."

(Signed)

RICHARD FOOTE, M. D.,

Resident Supt. Norfolk Co. Asy.

"I have never had occasion to employ mechanical restraint in the treatment of the Insane."

(Signed)

RICHARD OLIVER, M. D.,
Supt. Salop and Montgomery Asy.

"In reply to your question of mechanical restraint, I beg to state that nothing has ever been provided or used for that purpose in this institution."

(Signed)

ROBERT BOYD, M. D.,
Supt. Somerset Co. L. Asy.

"The Suffolk County Asylum has been for the last 23 years under the same resident Medical Superintendent, and throughout the whole of that period, the mildest system of treatment has been ceaselessly carried out. All instruments of mechanical restraint were destroyed more than 20 years ago, and they have neither been used or required ever since." "The mildest treatment is unexceptionably the most successful."

(Signed)

JOHN KIRKMAN, M. D.,
Supt. Suffolk Co. Asy.

"I fully agree in the opinion of Mr. R. Gardiner Hill, that in a properly constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious in all cases of lunacy whatever. During the past five years I have admitted more than 800 cases. In not a single instance has any restraint been used."

(Signed)

HUGH W. DIAMOND, M. D.,
Supt. Male Division, Surrey Co. L. Asy.

"Mechanical restraint has never yet been used in this Asylum, nor are there on the premises any special means for applying it."

(Signed)

W. H. PARSEY,
Med. Supt. Warwick Co. L. Asy.

"In the Wilts County Asylum, personal restraint is never resorted to, and there is literally no instrument of coercion in the institution."

(Signed)

JOHN THURNHAM, *Supt.*

"There has been but one instance of mechanical restraint in this institution during the last eight and a half years. It is found that everything which can remove the feeling of degradation, and encourage self respect, is calculated to further the comfort and promote the recovery of the insane."

(Signed)

RICHARD FORMBY,
Physician Liverpool Royal Lu. Hosp.

"There has been no mechanical restraint used in this Asylum since the 17th April, 1840—no seclusion since the 14th September 1841, and no manual restraint that has endured for more than five minutes since the 14th of August, 1848."

(Signed)

F. D. WALSH,
Res. Surgeon, Lincoln Lu. Asy.

"The use of restraint has been abolished in this establishment since March 1850. Since its discontinuance the character of the Asylum has been greatly changed; acts of violence have been much less frequent;

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attempts at suicide have been of very rare occurrence, and in no instance has it been effectually carried out; there has been a less destruction of property of any kind, whilst the patients themselves have been more orderly, cheerful, and contented."

(Signed)

ALONZO H. STOCKER,
Med. Supt. Grove Hall Asy., Bow.

The foregoing abridged quotations might be continued so as to fill many pages of this report—suffice it however to add the statements of Dr. Conolly himself, in reference to the private and public Asylums with which he was connected.

Lawn House. "No instrument of mechanical restraint has ever been employed."

Wood End. "Mechanical restraint has never been resorted to. No serious accident and no suicide has occurred."

Hayes Park. "No kind of mechanical restraint has ever been employed."

Moorcroft House. "I have been Visiting Physician about two years. I believe no form of mechanical restraint has been resorted to at any time during that period."

Hanwell Asylum. "I was Physician to the Hanwell Asylum about 14 years. The number of patients was generally 900. After the 21st Sept. 1839 no form of mechanical restraint was employed with my knowledge or sanction, by night or by day, until my resignation in 1862, except in a few surgical cases for the temporary security of the patient.

Recollecting the state of some private Asylums which I visited officially 30 years ago, I feel perfectly assured that the amended treatment practised since that period, and especially the disuse of mechanical restraints of all kinds, has been productive of an incalculable amount of advantage to the insane. The general tranquility, comfort, and satisfaction visible in all well-conducted Asylums, public and private, attest this in the strongest manner. Fewer accidents occur; revenge is seldom excited in the minds of the patients; scenes of violence are seldom or never witnessed; the patients manifest no terror; and on recovery, retain no sense of degradation; often after leaving the Asylum, coming to it again as voluntary visitors to associates and friends, of whose good offices they are fully sensible."

(Signed)

J. CONOLLY, M. D.

Last year's reports upon the foregoing eighteen County and Borough Asylums, made by the Commissioners in Lunacy, show that among all these, containing no less than eleven thousand and seventy-six (11,076) insane inmates, only seven cases of restraint occurred during the year 1875. One for twelve days to prevent self-injury,—the other six wore locked-gloves, for short periods, for surgical reasons.*

In the late Sir James Clark's most interesting memoir of Dr. Conolly, mention is made of a presentation of plate, &c., on his retirement from Hanwell. The testimonials were from his professional

*Thirtieth Report, July 22, 1876.

friends, and were presented by the Earl of Shaftesbury. In the course of his remarks his Lordship expressed himself as follows in regard to the coercion treatment: "Nothing could have been more horrible than the treatment of lunatics some forty years ago. The lunatic was treated without any regard to cure, and regarded as a savage beast who was only to be coerced; and the lunatic asylum was worse than the prison. Now all that is changed. Nearly every vestige of ancient barbarism and ignorance has been effaced; and soon I hope to see not a trace left of the old and accursed system."

The most recent utterances on the subject of non-restraint are to be found in the American Journal of Insanity for October 1876. In a leading article entitled "Notes on Asylums for the Insane in America," by John Charles Bucknill, M. D., F. R. S., he alludes to "the extraordinary state of medical opinion which permits and defends the use of mechanical restraint in institutions otherwise excellent," and expresses the hope "that they (the Medical Superintendents) will not refuse to show reasons why they adhere to a mode of treatment which in this country (England) is condemned by the almost unanimous voice of the profession and of the public." Referring to their morbid sensibility to public opinion, Dr. Bucknill says, "I have been able to come to no other conclusion, than that the great stumbling block of the American Superintendents is their most unfortunate and unhappy resistance to the abolition of mechanical restraint." After combatting the prejudice against official visitation and inspection, and showing that in England "we do not find the free and independent action of our Superintendents of Asylums is much disturbed by the visitation of the Commissioners in Lunacy, but we do enjoy the advantage thereby, that no one shall greatly lag behind the knowledge and science of his time in the treatment of his patients, without his shortcomings being investigated and published, and the great additional advantage that the general management of our Asylums possesses the full confidence of the public."

"With regard to the constantly repeated proposition of American Superintendents, that they maintain and defend the use, but not the abuse, of mechanical restraints, I have only to remark that the use of such restraint must always be an abuse whenever and wherever it may be avoided or substituted by a more skillful mode of treatment, inflicting less suffering upon the patients; and that at the present day the extent to which this can be effected, is not a matter which the Americans must be left to discover for the first time from their own experience, since a very moderate amount of honest investigation in this country and on the Continent must convince any candid mind that the proportion of lunatics on whom restraint can not be so avoided is extremely small."

Dr. Bucknill alleges that any American Superintendent may go to England, and, having free access to all public Asylums there, in a search of one month he would not be able to find a single patient therein under any form of mechanical restraint.

Nor is it in England alone that this humane system is adhered to; Drs. Morel of Rouen; Greissing of Berlin; Meyer of Gottingen; Tebaldi of Italy; Salomon of Malmo, Sweden; Baron Mundy, Vienna; and Fusier of Savoy, were among the earliest European celebrities to

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throw off old prejudices and heartily to adopt the mild form of treatment. Several of the British Colonial Asylums are also conducted on the non-restraint system. Among others may be enumerated those at Gladesville, N. S. Wales; at Auckland, New Zealand; in Ceylon; in India; in Tasmania; at Kingston, Jamaica; St. John's, Newfoundland; London, Ontario; as well as in Nova Scotia.

To summarize what has been advanced, I would state that those only object to this system who have never practically tested it; that its practicability has been amply and satisfactorily proved; that its results bear the closest scrutiny; and that none who have once adopted it, have ever been known to revert to the opposite plan. If the use of restraint be allowed, its abuse becomes unavoidable; no one can tell where one ends and the other begins—"restraint is synonymous with neglect."

Seclusion of the Insane.

The term seclusion implies "the separate confinement in a single room by day of any person by any means against his will." As a means of treatment it is resorted to in cases of extreme nervous irritability; or of uncontrollable fearfulness; or of reckless violence during periods of epileptic excitement. In such cases a removal from the society of their fellow patients can not be withheld from them without sacrificing their interests and safety. When possible, the patient is persuaded to submit to separation, before excitement has developed into violence, and the employment of force has become requisite. If seclusion is always looked upon as an evil, it becomes an evil by being postponed until it is needful to enforce it by superior physical strength.

There is, however, another aspect under which seclusion must be considered, wherein it is not remedial, wherein it is acknowledged to be an evil, by its use being justified, as the least of two evils, of which the annoyance and danger of the patients in general is the greater. It cannot be denied that insanity frequently displays itself by excitement of the malignant passions; and that some of the most depraved of mankind terminate their career in Asylums. Towards these, seclusion must occasionally be employed in its harsher form as a coercive means to prevent the welfare of the many from being sacrificed to the passions of the few. But under a well-developed system of industrial employments, aided by medical remedies, this repressive kind of seclusion is rarely necessary.

Seclusion, wisely employed, is frequently an important and valuable remedy. Its character, however, as a remedy has never recovered from the attacks made upon it by the advocates of mechanical restraint, who overlooked the fundamental principle of the non-restraint system, that neither by restraint, seclusion, nor any other means, was it permissible to inflict upon the insane any unnecessary or avoidable

suffering, or any indignity or degrading coercion, whether of a physical or moral kind.*

Contrary to what is generally supposed, this mode of treatment is actually less resorted to in Hospitals where no restraint is applied, than in those where a contrary practice obtains. If attendants were permitted, whenever they judged it expedient, to lock up patients for trivial faults, the practice of seclusion would soon become prevalent, even in Hospitals otherwise well regulated. But in institutions where proper discipline is carried out, and where the attendants are required to report every case, no glaring act of retaliation or domination on their part can long be concealed from those in authority.

Seclusion has of late years been rendered less offensive, and has had more of a remedial character imparted to it, by using rooms for the purpose, the windows of which are of colored glass. The tranquilizing effects of the red, the orange, the blue and other transmitted rays of light have been noted and recorded. The results thus far are not sufficiently authenticated to be of much professional value, but the investigation is interesting, and may lead to still further enquiry, and possibly to a confirmation of the views already propounded as to their curative effect.

Patients' Labor.

The breaking up and preparing for tillage an unusual extent of rough land during the past year, gave full occupation to the patients accustomed to farm labor. This made it practicable to raise a larger supply of vegetables than heretofore, and gives a more extended area for future cultivation. Owing to the impropriety of working parties being engaged at too great a distance from the main building, farming operations are unavoidably on a limited scale, and must continue so while the present boundaries remain. Your Superintendent hopes eventually to see extensive additions to the present grounds, both on the North and South, so as to bring the adjoining fields within the Hospital enclosure.

The routine work of the establishment has continued to engage the services of a large number of the inmates, who voluntarily render important aid in carrying out daily duties. The fireman, the baker, the hostler, the dairyman, as well as the farmer and gardener, and the carpenter and mason, each have essential help from the various wards on the men's side, while on the other side, the laundry maid, the house maid, and the cook also receive daily assistance in their respective departments.

During the summer and autumn a working party was steadily engaged in grading and improving the grounds; a work which could never be carried out satisfactorily while building operations were in progress. Every year will now exhibit a marked change for the better

*Dr. J. C. Bucknill, Eighth Report of Commissioners in Lunacy.

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in the walks, slopes, terraces and groves surrounding the Hospital. It is in contemplation to have a plan mapped out for future guidance in this work, which will show unity of design in the whole, and an appropriate attention to every detail.

Besides the foregoing, an amount of work is done within the building daily, which can only be estimated by those who witness it. Mat-making, quilting, and knitting, are carried on extensively throughout the wards, while, in the sewing room, the patients clothing is made, and a great variety of other articles, as shown in detail in Table 21 of this report. In addition to this, constant repairs are being made to the bedding and clothing; no small item in a household numbering nearly four hundred.

Recreation.

Under the head of acknowledgements it will be noted that we have had, readings, recitations, concerts, theatricals, excursions, and exhibitions. These are in their way important aids in the curative means employed, and are not simply engaged in as a pastime. Relaxation from labor, and even more than this, pleasurable recreation, is essential to those whose health is of the best, how much more then to those of disturbed mental balance. Any device, however simple, that serves to carry the patient's thoughts outward from himself to the world around; anything engaging his attention and diverting his ideas, will prove more or less beneficial in a remedial way. When kept within due bounds, the usual means of recreation resorted to, not only serve a good end in cheering the disconsolate—in encouraging the convalescent, and in making work itself more enjoyable—but they afford material for pleasant retrospection, and incite a feeling of gratitude to those who so generously and kindly provide these various entertainments.

Not only have the patients been favored as above stated—but the attendants and officers of the institution have had their respective periods of vacation. The Assistant Physician (Dr. Fraser) and the Engineer (Mr. Dickson) each were privileged to attend the Centennial at Philadelphia. Your Superintendent had to content himself (owing to various causes) with shorter terms of relaxation, and went but little distance, comparatively.

Damage by Storms.

A severe gale on the 21st of January blew off patches of slating from the roof of the south wing; and a still heavier gale on the 2nd of February blew down the south-west chimney of the Centre

Building; injuring the roof to such an extent as to require several new timbers. The apartments in this portion of the house were deluged with rain, and for some time were uninhabitable. Temporary repairs were made at once, but the whole work could not be completed until summer. The cost of repairs (\$770.00) will show the amount of damage sustained.

Repairs and Improvements.

During the current year, besides the rebuilding of the chimney already referred to, and a considerable extent of slating, other important repairs have been attended to. New flooring has been laid in the halls longest occupied, and the woodwork in several of the wards has been re-painted. The decayed flooring of water-closets and of bath-rooms has been removed, and tile flooring substituted, with manifest advantage.

The entrance door, long in disuse at the south end of the central corridor, has been replaced by windows corresponding with those at the opposite end, thus affording additional light and cheerfulness to that part of the Hospital.

Extensive repairs have been made to the plastering in the wards and centre building, and no small amount of cement work has been done both within the building and outside. A brick drain was built leading from the south wing to one of the main sewers; and in the gas house new retorts have been set.

The contemplated change in the heating arrangements in the wards longest built, has been unavoidably postponed. Piping has had to be renewed in several of the air-chambers, and also in connection with the water supply to the various bath-rooms and closets.

Steady progress has been made in grading the grounds, and numerous ornamental trees have been set out in front and rear of the Hospital. A nursery of these is receiving constant additions, which in a few years will have supplied all that can be desired. Even now, our groves and avenues are assuming a creditable appearance.

Cost of Maintenance of Patients.

This question is not a medical one except in so far as it relates to a proper supply of food and clothing, and adequate attendance. A certain amount of responsibility attaches to every Medical Superintendent as to the outlay incurred in maintaining their respective establishments; but this responsibility is greater or less according to the degree of authority vested in that officer.

Invidious comparisons have been drawn between various Hospitals

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of this class, without due allowance being made for the superior advantages of better food and clothing, better attendance, more comfortable quarters, and greater freedom. The privileges and comforts of a home-like hospital are not to be had nor expected for the mere cost of what will barely suffice to sustain life; nor are the patients to be debarred from such aids as are essential to their recovery, because the expense is considered unnecessary by those who are incompetent to judge.

When it was asserted in the early history of this Hospital, that orders had been issued to reduce the diet scale, in order to lessen the expense, the assertion was believed by some, although untrue, and was severely commented on by the late Honorable Judge Johnstone at that time a member of the Legislature. "If this" said the honorable gentleman "be called economy, cursed be such economy."

A reasonable view to take in considering the cost of maintaining patients in any hospital, is to compare the amount charged for such maintenance, with the expense that would have to be incurred were the friends or guardians of patients compelled in every case to support them at home. Of all that we have had under care, we do not know an instance where it was stated that they could have been provided for at home at a lower, or even at so low a rate, as it cost to support them here.

The pages of a report do not afford a proper sphere for entering into lengthy details, but it may not be amiss to state in general terms, that your Superintendent is not aware of any institution affording equal advantages with this, at a lower maintenance rate. The cost in other Canadian Hospitals will be found less, it is true, because the number of attendants is proportionally smaller; or the diet scale is less ample; or provisions cost less; or fuel is cheaper; but on the other hand we claim to have all the advantages of first-class American State institutions, at a far lower cost than in any of these.

Night Watching.

Almost from the opening of the Hospital we have had a night watch on the men's side, but in the women's wards for several years past, occasional night duty by the attendants in rotation, was all that we could attain to. During the past summer a necessity arose for constant watching by night in the case of suicidal female patients, and this was persevered in steadily, in the way above described, until the opportunity arose to make a permanent appointment; by no means an easy matter when all things are considered. For some months past the senior attendant has undertaken the night duty, and is performing it very satisfactorily. We have now every ward visited on both sides of the house, every patient looked after, and a general oversight maintained. The security thus afforded is of very great moment, and it is a matter of too much importance to be omitted from this report.

Acknowledgments.

We cheerfully tender to the warm-hearted friends of the Hospital our best thanks for their many kind remembrances. The numerous favors showered upon us go far to relieve the monotonous routine of daily toil, and cheer not only the patients themselves, but also those who have the care of them.

From the earliest days of the institution to the present time, the Ministers of the Gospel have gratuitously, and with great regularity, officiated in our Chapel, Sunday after Sunday. We are under especial obligation to Revd. Professor McKnight, to Venerable Archdeacon Gilpin, to Revd. A. S. Hunt, and Revd. Thos. S. Angwin. Other clergymen have also favored us with occasional services. For administering the consolations of religion to the sick and dying, and performing the last sad offices, we owe thanks to the clergymen above named, and also to the Very Revd. Canon Woods, P. P. of Dartmouth, and the Revd. J. Bell, Rector of the Parish.

The members of the 'Fourth Estate' continue to favor us as heretofore, and their kindness is highly appreciated. During the present year several additions have been made to the list of Newspapers forwarded to us, and we would gladly acknowledge a still more extended list, embracing every paper in the Province. There is no kind of reading so universally sought after throughout the Hospital as these daily and weekly papers. The following are received regularly:

- "Acadian Recorder," (daily).
- "Alliance Journal."
- "Cape Breton Advocate," (Sydney).
- "Christian Messenger."
- "Church Chronicle."
- "Colchester Sun," (Truro).
- "Colonial Standard," (Pictou).
- "Eastern Chronicle," (New Glasgow).
- "Gospel Banner," (Augusta, Maine).
- "Halifax Citizen," (daily).
- "Halifax Reporter and Times," (daily).
- "Journal of Agriculture."
- "Mayflower," (2 copies).
- "Morning Chronicle," (daily).
- "Morning Herald," (daily).
- "News of the Week," (Port Hawkesbury).
- "North Sydney Herald," (Cape Breton.)
- "Nova Scotia Farmer," (Annapolis).
- "Presbyterian Witness."
- "Summerside Progress," (P. E. Island).
- "Weekly Journal," (Annapolis).
- "Weekly Monitor," (Bridgetown).
- "Wesleyan."
- "Western Chronicle," (Kentville).
- "Windsor Mail."

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The proprietors of all these will please accept our best acknowledgments.

Mrs. Montagu continues to place us under obligations for regular supplies of Australian papers (illustrated) as well as for other papers, including occasional numbers of the "Illustrated London News."

The British American Book and Tract Society sent us as heretofore well-assorted monthly packets of illustrated periodicals.

G. E. Morton, Esq., and F. Baker, Esq., have also kindly added to our Library, and we are indebted to Charles E. Brown, Esq., of Yarmouth, for several copies of Vick's Floral Guide, with a liberal supply of flower seeds.

For very interesting evening entertainments our thanks are due to a young lady friend from New York; to a number of amateurs from Halifax and Dartmouth; and recently to the Dramatic Class of the Young Men's Literary Association, who have more than once previously placed us under similar obligations. Mr. Dickson, our Engineer, has kindly provided music for dancing parties, as formerly.

M. G. Black, Esq., Miss Deuchmin, and members of the Brunswick Street Choir, aided by J. Godfrey Smith, Esq., favored us with several concerts, all highly appreciated; and Thos. W. Robertson, Esq., H. W. Barnes, Esq., and members of the Poplar Grove Institute gave readings, recitations, songs, etc., to a delighted audience.

For the privilege of taking an hundred patients to witness Barnum's Great Exhibition on two afternoons, we owe thanks not only to P. T. Barnum, Esq., but also in an especial manner to Rev. Dr. Quinby, of Augusta, Maine, who, being in Halifax at that time, obtained for us the requisite order.

Our annual excursion to Bedford and to Melville Island in the "Mic-Mac," was more largely attended this year than ever, and was richly enjoyed. The Directors of the Halifax Steamboat Company, and Captain McKenzie, will please accept the thanks of the household.

G. G. Dustan, Esq., Chairman of Commissioners, has placed us under renewed obligations, for kind attention to the patients and those in charge of them.

For the careful preparation of the numerous Statistical tables appended to this report, our esteemed Bursar, Thos. McCulloch, Esq., is entitled to grateful acknowledgment.

Requirements.

Repairs and alterations in the heating apparatus under the south wing are urgently called for, and it is to be hoped will be successfully carried out in the ensuing summer, the only time in which such work can be done.

The want of a suitable store room has been pointed out in former

reports. It is now proposed to build a new wash-house, reserving the present laundry for storage purposes.

An isolated ward for each sex, to be used as an infirmary, would be a very suitable provision in anticipation of an outbreak of any infectious disease. It is the only addition your Superintendent would recommend to the present Hospital, already complete in every other respect.

Conclusion.

It will appear evident from the preceding pages that the Hospital is doing a good work in its own quiet way. Hundreds of families are relieved from the care and anxiety known only to themselves, and to those who have been subjected to the same heavy burden; and many an household has been made happy by the restoration and return of one of its dearest members.

The future of the institution is devoutly committed to Divine protection; and the generous sympathy of the community is invoked on its behalf.

JAMES R. DEWOLF, M. D., EDIN.,
Medical Superintendent,

MOUNT HOPE, January 1st, 1877.

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MEDICO-PSYCHOLOGICAL ASSOCIATION TABLES.

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" 2. The Admissions, Re-admissions, Discharges, and Deaths from opening of 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.
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" 12. Alleged Ages, etc.
" 13. Civil Condition.
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" 18. Cost of Provisions.
" 19. Expenditure for Labor.
" 20. Garden Produce.
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" 22. Income and Expenditure.

APPENDIX.

Form of Certificate.
Statement on Application.

TABLE 1.
Showing the Admissions, Re-admissions, Discharges, and Deaths for the year 1876.

	Males.		Females.		Total.
	M.	F.	M.	F.	
In Hospital 1st January, 1876	37	38	156	162	318
Admitted for the first time during the year	8	5			
Re-admitted during the year					
Total admitted	45	43			88
Total under care during the year	201	205			406
DISCHARGED OR REMOVED.					
Recovered	23	21			
Relieved	2	3			
Not improved					
Died	12	8			20
Total discharged and died during the year	37	32			69
Remaining in Hospital Dec. 31st, 1876	164	173			337
Average number resident during the year	162	169			331

TABLE 2.
Showing the Admissions, Re-admissions, Discharges, and Deaths, from the opening of the Hospital to the present date, Dec. 31st, 1876.

TABLE 2.
Showing the Admissions, Re-admissions, Discharges, and Deaths, from the opening of the Hospital to the present date, Dec. 31st, 1876.

	DISCHARGED OR REMOVED.			Total.
	M.	F.	T.	
Persons admitted during the period of eighteen years.....	272	225	497	1019
Re-admissions.....	57	29	86	162
Total of cases admitted.....	17	4	21	1181
	138	102	240	
Recovered.....				
Relieved.....				
Not improved.....				
Died.....				
Total discharged and died during the eighteen years.....				844
Remaining December 31st, 1876.....				337

	Males.		Females.		Both Sexes.	
	M.	F.	M.	F.	M.	F.
Persons admitted during the period of eighteen years.....	41.97	42.81	42.08	42.81	42.08	42.81
Re-admissions.....	8.70	5.44	7.28	5.44	7.28	5.44
Total of cases admitted.....	3.65	7.75	1.78	7.75	1.78	7.75
Recovered.....	21.29	19.14	20.32	19.14	20.32	19.14
Relieved.....	25.30	32.46	28.54	32.46	28.54	32.46
Not improved.....	100.00	100.00	100.00	100.00	100.00	100.00
Died.....	100.00	100.00	100.00	100.00	100.00	100.00
Remaining December 31st, 1876.....	7.2	5.5	6.9	5.5	6.9	5.5

Summary of Total Admissions, 1859 to 1876.	
Per centage of Cases Recovered.....	41.97
Relieved.....	8.70
Not improved.....	3.65
Died.....	21.29
Remaining.....	25.30
Total.....	100.00
Mean Annual Mortality, 1859 to 1876.....	7.2

average number resident during the year..... 162 169 331

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

YEAR	Admitted.						DISCHARGED.						Average No. Resident.			Per centage of Recoveries on Admissions.			Per centage of Deaths on average number Resident.					
	Recovered.		Relieved.		Not Improved.		Died.		Remaining 31st December in each year.		Average No. Resident.		Per centage of Recoveries on Admissions.		Per centage of Deaths on average number Resident.									
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.					
1859	39	31	70	3	11	2	1	3	1	0	1	0	0	0	28	27	55	21	42	20.5	9.7	15.7	.0	.0
1860	32	31	63	6	14	2	0	2	2	1	3	3	1	4	45	50	95	34	36	25.0	19.3	22.2	8.8	2.8
1861	38	22	60	14	23	4	1	5	0	0	0	3	7	10	62	55	117	55	50	36.8	40.9	38.3	5.6	14.0
1862	31	12	43	12	9	2	1	2	2	0	2	4	1	5	74	56	130	69	52	18.7	75.0	48.8	5.8	1.9
1863	30	17	47	17	5	22	6	0	6	1	0	1	6	6	75	67	142	70	62	56.7	29.4	46.8	7.1	1.6
1864	23	23	46	8	18	1	2	3	3	0	3	4	6	10	82	72	154	80	71	34.8	43.4	39.1	5.0	8.4
1865	24	22	46	12	16	5	2	7	1	0	1	9	5	14	79	71	150	81	74	50.0	72.7	60.9	11.1	6.6
1866	21	21	42	10	7	17	6	4	10	3	1	4	1	3	80	77	157	80	73	47.6	33.3	40.5	1.2	4.1
1867	25	15	43	12	7	19	1	4	5	1	1	2	4	1	87	82	169	86	81	48.0	39.0	44.0	4.6	1.2
1868	40	46	86	8	20	1	2	3	1	1	2	6	8	14	111	105	216	99	91	20.0	26.0	23.2	6.0	8.7
1869	41	38	79	22	11	33	2	2	4	0	0	7	6	13	121	124	245	120	114	23.4	53.6	29.0	5.8	5.2
1870	43	27	70	12	12	24	3	2	5	1	0	1	14	25	134	126	260	133	128	26.1	27.9	44.4	10.5	8.6
1871	34	32	66	23	18	41	3	2	5	0	0	20	8	28	122	130	252	129	131	26.0	67.6	56.2	15.5	6.5
1872	44	33	77	20	19	39	3	1	4	0	0	13	14	27	130	129	259	125	133	25.8	45.5	57.6	10.4	10.4
1873	36	38	74	24	20	44	3	1	4	0	0	11	6	17	128	140	268	128	138	26.6	66.5	52.6	8.5	4.3
1874	34	33	67	17	19	36	6	0	6	0	0	10	4	14	129	150	270	133	145	27.8	50.0	57.5	7.5	2.7
1875	68	46	114	22	21	43	6	1	7	1	0	1	12	24	156	162	318	144	156	30.0	32.4	45.6	8.3	7.7
1876	45	43	88	23	21	44	2	3	5	0	0	12	8	20	164	173	337	162	169	33.1	48.9	50.0	7.4	4.7
Total	648	533	1181	272	497	57	29	86	17	4	21	138	162	240	Mean of eighteen years.	41.7	43.3	42.7	7.2	5.5	6.0	7.2	5.5	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, 1876.

YEAR	Admitted.	Of each year's Admissions, Discharged, and Died in 1876.	Total Discharged and Died of each year's admissions to 31st Dec. 1876.
1859	70	3	3
1860	63	6	6
1861	60	9	9
1862	43	12	12
1863	47	17	17
1864	46	8	8
1865	46	12	12
1866	42	10	10
1867	43	12	12
1868	86	8	8
1869	79	22	22
1870	70	12	12
1871	66	23	23
1872	77	20	20
1873	74	24	24
1874	67	17	17
1875	114	22	22
1876	88	23	23

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, 1876.

YEAR	Admitted.						Of each year's Admissions, Discharged, and Died in 1876.						Total Discharged and Died of each year's admissions to 31st December, 1876.						Remaining of each year's admissions 31st Dec. 1876.										
	New Cases.			Relapsed Cases.			Recovered.		Relieved.		Died.		Recovered.			Not improved.			Died.			M.	F.	T.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.								
1859	39	31																						9	8	17			
1860	32	31																								5	6	11	
1861	33	20																									6	2	8
1862	25	11																									6	2	8
1863	30	15																									5	3	8
1864	21	20																									6	3	9
1865	17	20																									6	3	9
1866	20	19																									3	3	6
1867	23	16																									6	5	11
1868	35	41																									3	3	6
1869	35	32																									3	3	6
1870	32	17																									5	8	13
1871	29	23																									8	22	30
1872	34	29																									5	12	17
1873	28	33																									7	7	14
1874	26	26																									2	4	14
1875	61	40																									8	5	13
1876	37	38																									10	9	19
Total	557	462	91	71	1181	23	21	44	2	3	5	12	8	20	202	225	497	57	29	86	17	4	21	138	102	240	164	173	337

TABLE 5.
Showing the Causes of Death for each year, from the opening of the Hospital to the present date, Dec. 31st, 1876.

CAUSES OF DEATH.	1860.		1861.		1862.		1863.		1864.		1865.		1866.		1867.		1868.		1869.		1870.		1871.		1872.		1873.		1874.		1875.		1876.		Total.	
	M.	F.																																		
Cerebral or Spinal Disease:																																				
Apoplexy and Paralysis	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	
Epilepsy	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14	
Paresis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	
Mania, Melancholia and Dementia	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	2	4	27	
Abscess of Brain	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Thoracic Disease:																																				
Gangrene of Lung	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6	
Inflammation of Lungs	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14	
Pleuræ or Bronchi	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14	
Pulmonary Consumption	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	73	
“ Abscess	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Disease of Heart, &c.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15	
Aneurism	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	

TABLE 5.—Continued.
Showing the Causes of Death for each year, from the opening of the Hospital to the present date, Dec. 31st, 1876.

TABLE 5.—Continued.
 Showing the Causes of Death for each year, from the opening of the Hospital to the present date, Dec. 31st, 1876.

CAUSES OF DEATH.	1860.		1861.		1862.		1863.		1864.		1865.		1866.		1867.		1868.		1869.		1870.		1871.		1872.		1873.		1874.		1875.		1876.		TOTAL.
	M.	F.																																	
Abdominal Disease :																																			
Inflammation of Stomach,																																			
Intestines, or Periton-																																			
neum.....	1				1		2				1	1																							10
Disease of Kidney.....																																			3
Hepatic Abscess.....																																			1
Ascites.....																																			2
Diarrhoea.....																																			3
Cancer.....																																			3
Fever.....																																			3
Erysipelas.....																																			4
General Debility and old																																			5
age.....																																			
Homicide.....																																			
Suicide and Accident.....																																			
Total.....	3	1	3	7	4	1	5	1	4	6	9	5	1	3	4	1	6	8	7	6	14	11	20	8	13	14	11	6	10	4	12	12	12	8	240

TABLE 7.

Showing the duration of the Disorder on Admission, of the Admissions, Discharges, and Deaths, in the year 1876.

CLASS.	Duration of Disease, &c., in Four Classes.											
	The Admissions.			The Discharges.						The Deaths.		
	Recovered.			Removed Relieved or otherwise.			The Deaths.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First attack, and within three months on admission.....	10	16	26	9	6	15	2	2	4	1	0	1
Second Class.	7	6	13	4	3	7	0	0	0	4	1	5
First attack, above three and within twelve months on admission.....	19	11	30	7	9	16	0	1	1	3	2	5
Third Class.	8	9	17	3	3	6	0	1	0	3	4	7
Not first attack, and within twelve months of admission.....	1	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fourth Class.	45	43	88	23	21	44	2	3	5	12	8	20
First attack or not, but of more than twelve months, on admission.....	Total.....											

TABLE 8.
Showing the Ages of the Admissions, Discharges, and Deaths, during the year 1876.

AGES.	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.		
	M.	F.	T.	Recovered.			Removed, Relieved or otherwise.			M.	F.	T.
				M.	F.	T.	M.	F.	T.			
From 15 to 20 years.....	2	5	7	1	2	3	.....	.....	.....	1	.....	1
" 20 to 30 "	11	22	33	9	9	18	1	2	3	1	2	3
" 30 to 40 "	10	6	16	4	1	5	1	1	2	3	.....	3
" 40 to 50 "	6	1	7	2	2	4	.....	.....	.....	1	1	2
" 50 to 60 "	4	3	7	1	2	3	.....	.....	.....	4	2	6
" 60 to 70 "	4	0	4	2	.....	2	.....	.....	.....	.....	.....	.....
" 70 to 80 "	.....	.....	.....	1	.....	1	.....	.....	.....	1	.....	1
" 80 to 90 "	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1
Unknown and re-admissions.....	8	6	14	3	5	8	.....	.....	.....	1	2	3
	45	43	88	23	21	44	2	3	5	12	8	20

TABLE 9.
Condition as to Marriage, in the Admissions, Discharges, and Deaths, during the year 1876.

	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.		
	M.	F.	T.	Recovered.			Removed, Relieved or otherwise.			M.	F.	T.
				M.	F.	T.	M.	F.	T.			
Single	25	19	44	15	6	21	1	1	2	7	3	10
Married	11	15	26	4	8	12	.....	2	2	4	2	6
Widowed	1	3	4	1	2	3	1	.....	1	.....	1	1
Re-admitted, or not ascertained...	8	6	14	3	5	8	.....	.....	.....	1	2	3
Total	45	43	88	23	21	44	2	3	5	12	8	20

TABLE 10.

Showing the probable causes, apparent or assigned, of the Disorder, in the Admissions, Discharges, and Deaths, of the year 1876.

CAUSES.	The Admissions.			The Discharges.						The Deaths.		
	M.	F.	T.	Recovered.			Relieved.			M.	F.	T.
				M.	F.	T.	M.	F.	T.			
MORAL.												
Religious Excitement	1	1	2	1	1	2						
Fright	2	2	4	2	1	3				1		1
Failure in Business	2		2	1		1				1		1
Domestic Trouble				1		1					1	1
Disappointment				1		1						
Grief		2	2		2	2	1		1			
PHYSICAL.												
Hereditary Predisposition	8	7	15	3	1	4				4		4
Intemperance	4		4				1		1	1	1	2
Overwork	1		1	1		1					1	1
Injury	1		1	1		1						
Onanism	2		2	2		2						
Epilepsy				1		1						
Sunstroke	1		1									
Measles	1		1									
Ill-health	1	2	3		1	1						
Fever	2	3	5	1		1					2	2
Congenital		1	1									
Puerperal		9	9		5	5		1	1			
Climacteric		2	2		3	3						
Unknown, and Re-admissions	19	14	33	8	7	15		2	2	5	3	8
Total	45	43	88	33	21	44	2	3	5	12	8	20

TABLE 11.

Monthly Admissions and Discharges, from January 1859, to December 31st, 1876.

TABLE II.
Monthly Admissions and Discharges, from January 1859, to December 31st, 1876.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Males.	Females.	Total.
1859 TO 1875.															
Admitted	82	69	66	82	105	122	110	91	108	77	99	80	603	490	1093
Discharged.....	49	34	48	63	67	67	73	78	62	75	70	89	447	328	775
1876.															
Admitted	7	6	3	11	3	12	6	11	12	4	5	8	45	43	88
Discharged	2	3	2	6	11	6	6	4	7	7	6	9	37	32	69
Remaining.....	323	326	327	332	324	330	330	337	342	339	338	337	164	173	337

TABLE 12.
Alleged Ages of all Admitted.

	1876	1859 to 1876	Total
From 5 to 10 years	7	4	4
" 10 to 20 "	33	67	74
" 20 to 30 "	16	278	311
" 30 to 40 "	7	249	265
" 40 to 50 "	7	176	183
" 50 to 60 "	7	120	127
" 60 to 70 "	4	63	67
" 70 to 80 " .....	.....	27	27
" 80 to 90 " .....	.....	1	1
Unknown	14	108	122
Total	88	1093	1181

TABLE 13.
Civil Condition of all Admitted.

	Married	Single.	Widowed.	Unknown.	Re-admitted.	Total.
1859-1875 { Males	197	286	17	20	83	603
{ Females	189	189	37	9	66	490
1876..... { Males	11	25	1	.....	8	45
{ Females	15	19	3	1	5	43
1859-1876 { Males	208	311	18	20	91	648
{ Females	204	208	40	10	91	533
Total	412	519	58	30	162	1181

Forme

Halifax City
Colchester
Cumberland
Pictou
Antigonish
Guysboro
Inverness
Richmond
Victoria
Cape Breton
Hants
Kings
Annapolis
Digby
Yarmouth
Shelburne
Queens
Lunenburg
Newfoundland
New Brunswick
P. E. Island.
Barbadoes and
United States
England.....
Ireland.....
Scotland.....
Germany.....
Norway.....
Sweden.....
India.....
H. M. Service
Unknown

TABLE 14.
Former Residence (corrected by separation of Re-admissions).

	1876.		1859-75.		Total 1869-76.	Population 1871.
	Admissions.	Re-admissions.	Admissions.	Re-admissions.		
Halifax City and County.....	19	4	324	64	411	56953
Colchester County.....	8	....	66	12	86	23231
Cumberland ".....	3	1	37	6	47	23518
Pictou ".....	9	2	105	20	136	32114
Antigonish ".....	1	1	17	2	21	16512
Guysboro ".....	1	....	26	3	30	16555
Inverness ".....	1	....	14	....	15	23415
Richmond ".....	1	....	11	....	12	14268
Victoria ".....	2	....	13	1	16	11346
Cape Breton ".....	6	....	47	10	63	26454
Hants ".....	3	2	55	10	70	21302
Kings ".....	6	2	51	8	67	21509
Annapolis ".....	3	....	33	3	39	18121
Digby ".....	1	....	8	2	11	17037
Yarmouth ".....	....	....	14	....	14	18550
Shelburne ".....	2	....	6	1	9	12417
Queens ".....	1	....	16	3	20	10554
Lunenburg ".....	3	1	30	4	38	23884
Newfoundland.....	....	....	3	....	3	....
New Brunswick.....	1	....	10	....	11	....
P. E. Island.....	....	....	2	....	2	....
Barbadoes and St. Thomas.....	....	....	2	....	2	....
United States.....	....	....	16	....	16	....
England.....	0	....	2	....	2	....
Ireland.....	1	....	6	....	7	....
Scotland.....	....	....	1	....	1	....
Germany.....	....	....	2	....	2	....
Norway.....	....	....	2	....	2	....
Sweden.....	....	....	1	....	1	....
India.....	....	....	1	....	1	....
H. M. Service.....	2	....	10	....	12	....
Unknown.....	1	....	13	....	14	....
	75	13	944	149	1181	387800

TABLE 15.

Former Occupation, so far as ascertained.

	1876.		1859-1875.		Total.	
	M.	F.	M.	F.	M.	F.
Architect's Wife.....				1	1	
Barrister.....			1		1	
Baker's Wife.....				2		2
Blacksmith and Wife.....	1		6	7	7	7
Barbers.....			3		3	
Basket Makers.....				2		2
Brewer.....			1		1	
Book Binder.....			3	1	3	1
Brass Founder.....			1		1	
Butchers and Wives.....	1	1	2	1	3	2
Carriage Maker and Wife.....			2	1	2	1
Carpenter's and Wives.....	1	1	23	21	24	22
Clerks, Bookkeepers and Wives.....			15	2	15	2
Officers of Customs.....			2		2	
Cabinet Makers and Daughters.....	1		4	3	5	3
Colliers and wives.....	2	1	7	2	9	3
Coopers.....			7		7	
Coachman and Wife.....			1	1	1	1
Dressmakers.....				4		5
Engineers and Wives.....			1	2	2	2
Farmers, Wives, Sons and Daughters..	15	8	189	94	204	102
Fishermen, Wives, Sons and Daughters	3	1	32	11	35	12
Gardner and Wife.....			1	1	1	1
Gentlemen and Women.....	1	3	9	22	10	25
Governess.....				1		1
Gold Miner.....			1		1	
Grocer and Wife.....			1	2	1	2
Hotel Keepers.....			4		4	
Hostler.....			1		1	
Lumbermen.....	2		2		4	
Laborers and Wives, Servants.....	2	11	65	91	67	102
Masons, Wives, and Daughters.....			13	14	13	14
Ministers, Wives, and Daughters.....			1	3	3	2
Millers and Widows.....			2	2	2	2
Merchants and Wives.....	4		6	5	10	5
Milliners.....				2		2
Moulders Wife.....				1		1
Physician, Wife, and Daughter.....			2	2	2	2
Priest.....			1		1	
Printers.....	1		7	1	8	1
Painters.....			6	1	6	1

Pensioners
 Pedlars and
 Plumbers,
 Reporter.
 School Tea
 Ship Capt
 Sexton...
 Seamen an
 Soldiers an
 Shoemaker
 Saddler...
 Seamstress
 Students..
 Shipwright
 Surveyor.
 Shop Keep
 Sail Maker
 Tailors Wit
 Tanners W
 Teamsters a
 Tobacconist
 Trader...
 Telegraph C
 Wool Sorter
 Wheelwrig
 Washerwon
 Watchmen
 Watchmake
 Weaver....

TABLE 15.—Continued.

Former Occupation, so far as ascertained.

	1876.		1859-1875.		Total.	
	M.	F.	M.	F.	M.	F.
Pensioners and Wives.....			2	5	2	5
Pedlars and Wives.....			5	2	5	2
Plumbers, Tinsmiths, and Wives.....	1		2	1	3	1
Reporter.....			1		1	
School Teachers, Wives, and Daughters.	1	2	9	9	10	11
Ship Captains, Wives, Stevedores.....		1	7	7	7	8
Sexton.....			1		1	
Seamen and Wives.....		3	38	28	38	21
Soldiers and Mariners.....	2		11		13	
Shoemakers and Wives.....	2	2	15	2	17	4
Saddler.....			2		2	
Seamstresses.....				7		7
Students.....	1	1	5		6	1
Shipwrights.....			2		2	
Surveyor.....			1		1	
Shop Keeper.....				2		2
Sail Maker.....			1		1	
Tailors Wife.....				1		1
Tanners Wives.....				2		2
Teamsters and wife.....	1		1	1	2	1
Tobacconist.....			1		1	
Trader.....			1		1	
Telegraph Operator.....			1		1	
Wool Sorter.....			1		1	
Wheelwright.....				6		6
Washerwomen.....				2		2
Watchmen and Wives.....			2	2	2	2
Watchmaker.....			1		1	
Weaver.....				1		1

TABLE 16.
Re-admissions, from 1859 to 1876.

	1861.	1862.	1863.	1864.	1865.	1866.	1867.	1868.	1869.	1870.	1871.	1872.	1873.	1874.	1875.	1876.	TOTAL.	Admitted twice.	Admitted three times.	Admitted four times.	Admitted five times.	Admitted six times.	Admitted seven times.
Males	5	6	..	2	7	1	2	5	6	11	5	10	8	8	7	8	91	67	15	5	4	..	..
Females.....	2	1	2	3	2	2	2	5	6	10	9	4	5	7	6	5	71	48	11	4	4	3	1
Total.....	7	7	2	5	9	3	4	10	12	21	14	14	13	15	13	13	162	115	26	9	8	3	1

Main

Annapolis
 Antigonish
 Colchester
 Cape Breton
 Cumberland
 Digby
 Guysboro
 Halifax
 Hants
 Inverness
 Kings
 Lunenburg
 Pictou
 Queens
 Richmond
 Shelburne
 Victoria
 Yarmouth
 Province of
 Private Pat
 Funds.....

(Not includ
trial").

TABLE 17.

Maintenance of Patients in Hospital, December 31st, 1876.

	Males.	Females.	Total.	Insane Population, Census 1871.		
				Males.	Females.	Total.
Annapolis County.....	4	9	13	23	22	45
Antigonish ".....	5	2	7	42	30	72
Colchester ".....	5	4	9	32	36	68
Cape Breton ".....	16	9	25	39	28	67
Cumberland ".....	5	5	10	26	18	44
Digby ".....	1	1	2	40	23	63
Guysboro ".....	6	1	7	18	15	33
Halifax ".....	40	51	91	149	153	302
Hants ".....	5	9	14	26	39	65
Inverness ".....	4	3	7	42	44	86
Kings ".....	2	12	14	40	28	68
Lunenburg ".....	4	6	10	31	32	63
Pictou ".....	21	21	42	48	29	77
Queens ".....	4	3	7	11	8	19
Richmond ".....	1	4	5	19	17	36
Shelburne ".....	1	3	4	16	19	35
Victoria ".....	4	1	5	24	22	46
Yarmouth ".....	4	.....	4	25	40	65
Province of N. S.....	18	12	30	.....	.....	.....
Private Patients.....	11	12	23	.....	.....	.....
Funds.....	1	5	6	.....	.....	.....
(Not including 2 males absent "on trial").....	162	173	335	651	603	1254

TABLE 18.
Cost of the Principal Items of Provisions for the year 1876, Compiled from the Quarterly Returns.

ARTICLES.	ARTICLES.				CONTRACT PRICES.	
	Quarter ending March 31.	Quarter ending June 30.	Quarter ending Sept. 30.	Quarter ending Dec. 31.	1875	1876
Flour.....	132½	142	139	135½	6 40	6 00
Butter.....	2003	2031	1918	2022	29	20
Tea.....	742½	732¾	730½	278¾	35	31
Brown Sugar...	3092	3251	3289	3416	8 50	07½
Crushed Sugar..	186	182	224	178	12	10½
Coffee.....	118	98	87	116½	25½	25
Chocolate.....	115	125	125	142	25	25
Beef.....	16732	17468	14612	17069	7 60	08
Pork.....	1462	889	184	740	7 00	7 00
Mutton.....	820	288	4426	2230	7 60	06½
Veal.....	.....	426	.....	.....	7 60	05
Peas.....	654	160	.....	.....	3¾	04
Molasses.....	640½	612½	679	719	40	37
Rice.....	1019	1098	928	1005	05	04½

TABLE 18.—Continued.
 Cost of the Principal Items of Provisions for the year 1876, Compiled from the Quarterly Returns.

ARTICLES.	ARTICLES.				CONTRACT PRICES,					
	Quarter ending March 31.	Quarter ending June 30.	Quarter ending Sept. 30.	Quarter ending Dec. 31.	1875	1876				
Barley	760	\$ 45 60	861	\$ 51 66	582	\$ 34 92	770	\$ 46 20	Barley	06
Oatmeal	2139	69 51	2293	74 54	2217	72 05	2269	73 74	Oatmeal	03½
Cornmeal	1913	36 34	1823	34 63	1365	25 93	2948	56 01	Cornmeal	02½
Fish, Dry	4424	199 08	4420	198 90	4450	200 25	4671	210 19	Fish, Dry	04½
Cheese	288½	72 12	223½	55 87	212	53 00	270	67 50	Cheese	25
Biscuit	835½	56 39	657	44 34	864	57 32	772	52 11	Biscuit	07¼
Apples	14	28 00	13	26 00	.....	.....	16	32 00	Apples	2 30
Potatoes	520	156 00	520	192 40	535	240 75	585	193 05	Potatoes	30
Vinegar	35	8 05	29½	6 78	30	6 90	30	6 90	Vinegar	20
Salt	5	11 00	3	6 60	5	11 00	6	13 20	Salt	2 to 2 20
Onions	770	23 10	802	9 06	79	2 37	26	78	Onions	0.5
		\$4343 83		\$4286 94		\$4234 25		\$4407 96	Total \$	17272 98

Average number of patients 331; being at the rate per annum for provisions per patient \$52.12.

TABLE 19.

Expenditure for labor, as shown by the Pay Lists; also for Salaries, 1876.

January.....	\$676 17	
February.....	665 18	
March.....	644 17	
Salaries.....	1350 00	\$3335 52
April.....	647 02	
May.....	626 62	
June.....	611 12	
Salaries.....	1650 00	3534 76
July.....	625 74	
August.....	634 67	
September.....	638 69	
Salaries.....	1350 00	3249 10
October.....	636 94	
November.....	651 00	
December.....	670 26	
Salaries.....	1650 00	3608 20
Total.....	\$13,727 58	

The cost for labor, salaries, and provisions—as shown by these last two Tables—has been much lower during the past twelve-months, than for several years previously. On these three items alone, there is a difference in favor of 1876 over 1875, of more than eight and a half dollars (\$8.74) on each patient.

This is partly accounted for by the reduced price of provisions last year, and partly by the whole expense being distributed over a greater number of inmates.

COST PER PATIENT.	1872	1873	1874	1875	1876
Provisions.....	55 77	55 15	54 46	57 14	52 18
Labor and Salaries	45 20	46 87	44 85	45 25	41 47
	\$100 97	\$102 02	\$99 31	\$102 39	\$93 65

For a more detailed statement of the whole cost for the year, see Table 22, which includes Medicines, Furniture, Fuel, and Insurance,—as also Incidentals and Repairs—and covers every item of expenditure.

Carrots...
Parsnips...
Beets...
Turnips...
Mangold...
Peas...
Beans...
Onions...
Ruharb...
Spinach...
Cucumbers
and G

286 Shirts,
205 Flannel
219 "
34 Cotton
81 Fleecy S
111 Coats,
239 pairs Pa
135 Vests,
63 Neck Ti
359 pairs Wo
76 "
60 " Co
66 " Mi
84 Night G
20 Night C
16 Day Cap
174 Aprons,
26 Hoods,
20 Hats and
234 Dresses,
36 Jackets,
40 Hooked

TABLE 20.

Field and Garden Produce, 1876.

Carrots.....	191 bushels.	Early Potatoes.....	227 bushels.
Parsnips.....	61 "	Radish.....	12 "
Beets.....	46 "	Lettuce.....	218 dozen
Turnips.....	490 "	Celery.....	43 "
Mangold.....	180 "	Cabbage.....	168 "
Peas.....	24 "	Cauliflower.....	8 "
Beans.....	62 "	Maize.....	120 "
Onions.....	17 "	Tomatoes.....	65 "
Ruharb.....	34 "	Squash.....	47 "
Spinach.....	48 "		

Cucumbers, Asparagus, and Sweet Herbs, Apples, Pears, Currants, and Gooseberries.

TABLE 21.

Articles made by the Female Patients, 1876.

286 Shirts,	300 Cotton Chemises,
205 Flannel Shirts,	12 Wool "
219 " Drawers,	94 Flannel Petticoats,
34 Cotton "	50 Skirts,
81 Fleecy Shirts,	40 Dusters,
111 Coats,	40 Collars,
239 pairs Pants,	13 Sacks,
135 Vests,	8 Mattrass Covers,
63 Neck Ties,	383 Sheets,
359 pairs Woollen Socks,	168 Pillow Cases,
76 " " Stockings,	48 " Ticks,
60 " Cotton "	40 Bolster "
66 " Mittens,	178 " Cases,
84 Night Gowns,	159 Bed Ticks,
20 Night Caps,	80 Quilts,
16 Day Caps,	120 Comforts,
174 Aprons,	200 Towels,
26 Hoods,	44 Toilet Covers,
20 Hats and Bonnets,	23 Table Cloths,
234 Dresses,	45 Window Blinds,
36 Jackets,	25 Bread Bags.
40 Hooked Mats,	

TABLE 22.

*Showing the amounts received from the Counties and other sources,
during the year 1876.—(Income).*

Annapolis Co.....	\$ 2200 00
Antigonish Co.....	
Cape Breton Co.....	3300 06
Colchester Co.....	1000 00
Cumberland Co.....	1000 00
Digby Co.....	
Guysboro District.....	
St. Mary's ".....	585 00
Halifax City.....	
Halifax Co.....	12000 00
Hants, West.....	1957 33
Hants, East.....	966 00
Inverness Co.....	500 00
Kings.....	1000 00
Lunenburg District.....	462 91
Chester District.....	600 00
Pictou Co.....	5000 00
Queens Co.....	
Richmond Co.....	845 10
Shelburne District.....	39 70
Barrington ".....	500 00
Victoria Co.....	720 71
Yarmouth District.....	149 37
Argyle ".....	
Funds.....	763 54
Private Patients.....	3029 87
Sales Pigs, &c., at Hospital.....	451 23
	<hr/>
	\$37070 82

PROVISIONS

Meat
Fish
Flour
Meal
Barle
Tea
Coffee
Milk
Sugar
Molass
Butter
Biscui
Cheese
Apples
Potato
Tobacco
Vinegar
Arrow
Curran
Salt, S
Hops a
Pepper
Cinnan
Eggs
Poultry

HOUSE AND

Coal an
Soap an
Starch
Candles
Buckets
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Bedding
Boots an
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Repairs,
Marking
Ferriage,
Funeral
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TABLE 22.—Continued.
Expenditure, 1876.

PROVISIONS :		
Meat	\$ 5796 22	
Fish	872 68	
Flour	3306 00	
Meal	519 36	
Barley, Rice, and Peas.....	403 02	
Tea	919 26	
Coffee, Chocolate, Broma, &c.....	258 82	
Milk	1463 54	
Sugar.....	1112 12	
Molasses	855 02	
Butter	1671 63	
Biscuit	207 05	
Cheese.....	267 14	
Apples and Fruit.....	124 18	
Potatoes, Turnips, and Onions.....	905 07	
Tobacco	227 85	
Vinegar	55 89	
Arrowroot, Sago, Corn Starch.....	82 70	
Currants and Raisins.....	52 08	
Salt, Soda, Baking Powder, &c.....	76 47	
Hops and Malt.....	30 25	
Pepper, Mustard, &c.....	41 11	
Cinnamon, Ginger, &c.....	29 33	
Eggs.....	16 07	
Poultry.....	50 75	
		19343 61
HOUSE AND OTHER EXPENSES :		
Coal and Truckage.....	6263 31	
Soap and Potash	582 88	
Starch and Blue.....	24 36	
Candles, Oil, Fluid, &c.....	83 07	
Buckets, Brooms, and Baskets.....	135 47	
Earthenware	157 84	
Ironmongery	216 78	
Tin Ware and Repairs.....	141 30	
Bedding, Clothing and Furniture.....	4994 12	
Boots and Shoes.....	749 36	
Stationery, Advertising, &c.....	162 32	
Repairs, Sewing Machine, and Oil.....	10 85	
Marking Ink, Plates, &c.....	16 10	
Ferriage, Cab Hire, &c.....	227 85	
Funeral Expenses.....	59 10	
Farm Implements, &c.....	182 32	
Carried forward.....	\$14007 03	19343 61

TABLE 22.—Continued.

Expenditure, 1876.

<i>Brought forward</i>	\$14007 03	19343 61
Hay and Straw.....	1155 28	
Oats and Feed.....	544 64	
Recaptures.....	39 95	
Incidentals.....	20 10	
Seeds, &c.....	63 90	
Smith Work.....	126 79	
		15957 69
SALARIES AND WAGES :		
Commissioners.....	600 00	
Officers.....	5400 00	
Pay List.....	7727 58	
		13727 58
MEDICINES, &c.		
Drugs, &c.....	181 48	
Wine.....	49 50	
Extra Professional Service.....	5 00	
Recreation.....	29 35	
		265 33
REPAIRS, INSURANCE, &c.		
Lumber.....	326 96	
Carpenters Wages.....	438 20	
Engineers Laborer.....	402 80	
Hardware, Paint, Oils, &c.....	466 46	
Repairs.....	3408 31	
Insurance.....	871 00	
Report.....	268 32	
Return Maintenance.....	88 24	
Advances to Patients.....	36 11	
Certificates.....	15 00	
Labor at Ice, &c.....	84 62	
Medical and other Books.....	23 06	
Exhibition Expenses.....	35 31	
Settlement of Patients.....	7 50	
		6471 89
		\$55766 10

The annual cost for each patient for 1876, has been as follows :—

For Food.....	\$ 58 44
“ House Expenses.....	48 21
“ Salaries and Wages.....	41 47
“ Medicines.....	80
	\$148 92
“ Repairs and Insurance.....	19 55
	\$168 47

STATEME

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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. Occupation, (or that of a Father or Husband),
9. Natural Disposition,
8. Habits in Health—as to Temperance, etc.
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 last saw at _____ on the _____ day of _____, (being within one month from this date), as a person of unsound mind, as a patient into the Nova Scotia Hospital for the Insane.

Name.

Address.

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

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

CERTIFICATE.

(a) Name in full. I, the undersigned ^a
(b) Qualification. being ^b and in actual practice,
(c) Locality. hereby certify that I, on the day of
18 at ^c in the County of
seperately 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.

(g) State the information and from whom. 2. Facts, indicating insanity, communicated to me by others:†

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.