

QUEBEC LUNATIC ASYLUM.

PROVINCE OF QUEBEC.

EXERCICE 1883-84.

REPORT

OF THE

QUEBEC LUNATIC ASYLUM.

ADDRESSED TO THE PROVINCIAL SECRETARY BY THE MEDICAL
SUPERINTENDENTS AND PROPRIETORS.

PRINTED BY ORDER OF THE LEGISLATURE.



QUEBEC

PRINTED BY C. F. LANGLOIS, PRINTER OF HER EXCELLENCE MAJESTY THE QUEEN

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(1884)

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QUEBEC LUNATIC ASYLUM

(1884)

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TO

Sir,

We
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FIRST PART

Quebec Lunatic Asylum.

REPORT OF THE SUPERINTENDENT

TO

THE HONORABLE PROVINCIAL SECRETARY

of the Province of Quebec.

SIR,

We have the honor to submit the medical report on the Quebec Lunatic Asylum for the year 1883-84.

Relying on your kindness, we hope that we will be allowed, as in the past, a sufficient number of copies to enable us to exchange with foreign institutions which do us the honor of corresponding with us.

We have the honor to be,

Your obedient servants,

F. E. ROY, M. D.

G. A. LARUE, M. D.

Quebec, 1st July 1884.

FIRST PART.

MOVEMENT OF THE POPULATION.

TOTAL	REMAINS	ADMITTED
100	75	25
308	217	91

The tables comprised in the first part of the report not only show the changes which have taken place in the population of the asylum in the course of the year, but also give a general view of the working of the institution since its foundation.

TABLE I.

Movement of the population.

TABLE II.

Synoptical table.

TABLE III.

Duration of residence.

TABLE IV.

Diseases treated during the year.

TABLE V.

Occupation.

TABLE II

SYNOPTICAL TABLE.

MOVEMENT OF THE POPULATION FROM 1845 TO 30th JUNE 1884.													
YEARS.	ADMISSIONS.			DEATHS.			DISCHARGES.			REMAINING.			ANNUAL INCREASE.
	M.	F.	TOT.	M.	F.	TOT.	M.	F.	TOT.	M.	F.	TOT.	
1845	46	49	95	1	3	4	....	1	1	45	45	90	
1846	32	26	58	6	10	16	11	7	18	60	54	114	24
1847	26	24	50	8	10	18	10	13	23	68	55	123	9
1848	36	24	60	12	4	16	9	4	13	83	71	154	31
1849	33	35	68	25	15	40	16	11	27	75	80	155	1
1850	46	23	69	17	8	25	11	16	27	93	79	172	17
1851	18	21	39	21	18	39	9	11	20	81	71	152	
1852	45	39	84	6	10	16	8	2	10	112	98	210	58
1853	35	61	96	20	17	37	22	17	39	105	125	230	20
1854	60	52	112	36	24	60	21	20	41	108	133	241	11
1855	51	65	116	15	13	28	23	14	37	121	171	292	51
1856	64	52	116	27	16	43	20	18	38	138	189	327	35
1857	84	59	143	27	16	43	33	17	50	162	215	377	50
1858	64	44	108	22	26	48	33	22	55	171	211	382	5
1859	52	52	104	17	22	39	21	18	39	185	223	408	26
1860	54	52	106	26	24	50	17	21	38	196	230	426	18
1861	32	22	54	18	10	28	15	10	25	195	232	427	1
1862	37	22	59	14	12	26	13	12	25	205	230	435	8
1863	55	84	139	24	18	42	14	16	30	222	280	502	67
1864	71	84	155	25	24	49	32	20	52	236	320	556	54
1865	60	42	102	14	39	53	28	20	48	254	303	557	1
1866	81	72	153	19	33	52	31	24	55	285	318	603	46
1867	59	69	128	36	30	66	30	19	49	278	338	616	13
1868	88	71	159	20	23	43	17	22	39	329	364	693	77
1869	78	60	138	31	43	74	25	17	42	351	364	715	22
1870	77	79	156	36	37	73	32	32	64	360	374	734	19
1871	92	75	167	35	25	60	29	24	53	388	400	788	54
1872	121	80	201	37	28	65	44	14	58	428	438	866	78
1873	61	53	114	22	22	44	19	33	52	448	436	884	18
1874	105	99	204	38	31	69	77	27	104	438	477	915	31
1875	84	83	167	40	56	96	69	107	176	413	397	810	
1876	104	78	182	34	23	57	34	24	58	449	428	877	67
1877	73	68	141	32	13	45	35	20	55	455	463	918	41
1878	92	70	162	38	25	63	34	47	81	475	461	936	18
1879	91	68	159	35	33	68	40	22	62	491	474	965	29
1880	57	55	112	31	26	57	36	27	63	481	476	957	
1881	69	41	110	37	32	69	30	20	50	483	465	948	
1882	54	36	90	33	37	70	28	18	46	476	446	922	
1883	62	32	94	36	29	65	29	18	47	473	431	904	
30 Jun '84	70	41	111	39	23	62	33	14	47	471	435	906	2
Totals	2519	2162	4681	1010	908	1918	1038	819	1857				

Since its foundation, that is to say, during the 39 years of its existence, our establishment has received within its walls 4,681 insane persons; of this number 1,857 have been discharged, and 1,918 have died. At the present time 906 patients are under our care.

We now give some statistics, which include all the patients who have been in our establishment since the commencement.

Percentage of discharges and deaths (1) sorties.

Admitted, 4,681. Discharged and died (*sorties*), 3775. Percentage, 80.62

Percentage of discharges alone.

Admitted, 4,681. Discharged, 1,857. Percentage, 39.67

Percentage of deaths.

Admitted, 4,681. Died, 1,918. Percentage, 40.97

Percentage of the known results.

Admitted,	4,681.		
Remaining,	906.		
Ascertained results,	3,775	{ Discharged, 1,857.	Percentage 49.18
		{ Died 1,918.	" 50.80

(1) The French words *sorties* here includes both *discharged* and *died*.

TABLE III

DURATION OF RESIDENCE.

Insane treated since 1st July 1883 (12 months).			
DURATION.	M.	F.	Total.
One month and under	9	5	14
From 1 to 2 months	9	5	14
“ 2 “ 3 “	9	8	17
“ 3 “ 6 “	27	9	36
“ 6 “ 12 “	28	17	45
“ 12 “ 18 “	21	5	26
“ 18 “ 24 “	10	18	28
“ 2 “ 3 years	26	18	44
“ 3 “ 5 “	51	49	100
“ 5 “ 10 “	123	115	238
“ 10 “ 15 “	113	107	220
“ 15 “ 20 “	48	46	94
“ 20 “ 25 “	28	26	54
“ 25 “ 30 “	24	27	51
30 years and over.....	17	17	34
Totals.....	543	472	1015

AVERAGE DURATION OF RESIDENCE.

Males, 9 years, 11 months, 3 days.

Females, 11 years, 12 days.

Both sexes, 10 years, 5 months, 8 days.

TABLE IV

DISEASES TREATED DURING THE YEAR.

FORM OF THE DISEASE	SEX.	TOTAL.	COMPLICATIONS.										TOTAL		
			Congenital.	Paralys.	Epilepsy	Puerperal.	Hysterical.	Uterine disorders.	Onanism	Intemperance.	Hereditary	Homicidal	Suicidal.	M	F.
Mania	M.	41								8	7	1	3	41	18
	F.	18				2	2		1	2					
Chronic mania	M.	255		3	2				9	28	18	14	9	255	220
	F.	220	4	3	15	7	10	3	5	20	5	9			
Monomania	M.	12								1	1			12	3
	F.	3								2					
Melancholia	M.	22							2	3	2		4	22	16
	F.	16			4	1	1			1		2			
Chronic melancholia	M.	63							7	6	4	1	18	63	68
	F.	68	2		5	4	3	2	3	8	2	8			
Dementia	M.	20							4		1	1		20	24
	F.	24		2						3		1			
Senile dementia	M.	5		2	1						1			5	3
	F.	3													
Paralytic mania	M.	11	11							5			1	11	5
	F.	5	5		1					1					
Imbecility	M.	62	49		3				12	1	3	1	1	62	57
	F.	57	32		1		3		1		8				
Idiocy	M.	15	11		2					5				15	21
	F.	21	16	1						3		1			
Epileptic mania	M.	37	1	2	37				2	1	1		1	37	37
	F.	37		2	37		1	2	1	1	2		4		
Totals		1015	109	34	86	27	18	18	43	64	92	25	63	543	472

Household
Gardening
Sewing and
Workshops
Wash house
Kitchen....

Such has
general view
following table

SECOND PART.

TABLE V
OCCUPATION.

Average work of the patients during the year 1883-84.

OCCUPATION.	M	F.	Total.
Household work.....	64	75	139
Gardening and farming.....	56	8	64
Sewing and knitting.....	.....	64	64
Workshops.....	20	.....	20
Wash house and laundry.....	12	8	20
Kitchen.....	10	12	22
Totals.....	162	167	329

Such has been the movement of our population for the year 1883-84. This general view will give additional facilities in enabling one to understand the following tables.

- TABLE VII
- TABLE VIII
- TABLE IX
- TABLE X
- TABLE XI
- TABLE XII
- TABLE XIII
- TABLE XIV

SECOND PART.

ADMISSIONS.

The numerous tables contained in the second portion of the report are particularly interesting.

They give an historical review of the patients admitted and assist in forming at once a pretty definite idea of the results to be expected.

Admissions.	TABLE I.
Causes of readmission.	TABLE II.
Former residence.	TABLE III.
Civil condition.	TABLE IV.
Language.	TABLE V.
Religion.	TABLE VI.
Origin.	TABLE VII.
Occupation.	TABLE VIII.
Age when admitted.	TABLE IX.
Manifestation of disease previous to admission.	TABLE X.
Diseases of patients admitted.	TABLE XI.
Probable chances of cure.	TABLE XII.
Supposed causes of insanity.	TABLE XIII.

Admitted

Re-admiss

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from 1845

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Re-admiss

after less th

TABLE I
ADMISSIONS.

		M.	F.	Total.
Admitted for the first time		51	31	82
Re-admissions, after escape		5	.....	5
Readmissions of those discharged from 1845, to 30th June 1884, after more than one year's absence.	1st Re - admissions.....	.....	3	3
	2nd	2	2	4
	3rd	1	.....	1
	4th .. .. .	.....	2	2
	7th .. .. .	.....	1	1
Re-admissions of those discharged after less than one year's absence.	1st Re - admissions.....	6	1	7
	2nd "	3	1	4
	3rd " .. .. .	.....	.....	.....
	4th "	1	.....	1
	5th "	1	.....	1
Totals.....		70	41	111

TABLE II

CAUSES OF RE-ADMISSIONS.

	Total.	RE-ADMISSIONS AFTER MORE THAN ONE YEAR ABSENCE.					RE-ADMISSIONS AFTER LESS THAN ONE YEAR'S ABSENCE					GRAND TOTAL.	
		1st Rea.	2nd Rea.	3rd Rea.	4th Rea.	7th Rea.	1st Rea.	2nd Rea.	4th Rea.	5th Rea.			
		M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.			
Physical causes	Amenorrhya	1											1
	Excess in drinking.....	3							1		1	1	3
	Epilepsy	1	1						1	1			2
	Puerperal state.....	2		2									2
	Hereditary	1	2		1			1					3
Moral causes.	Sorrow, anxiety.....	2	1					1		1			3
	Weariness, abandonment.....	1			1								1
	Jealousy	2			1				1				2
	Distress.....	1				1							1
	Discouragement.....	1							1				1
	Business troubles.....	1							1				1
	Unknown causes.....	2	2		1	1			1	1			4
	14	10		3	2	2	1		2		1		24

TABLE III

FORMER RESIDENCE OF PATIENTS.

	Admitted during the year.			Admitted since 1845.		
	M.	F.	Total.	M.	F.	Total.
Coming from Cities.....	20	23	43	580	649	1229
" " Gaols.....	19	6	25	933	637	1570
" " Districts.....	28	12	40	884	748	1632
" " Hospitals.....				73	98	171
" " Abroad.....	3		3	35	23	58
" " St. John Asylum.....				10	7	17
" " Kingston Penitentiary.....				3		3
" " St-Jean de Dieu Asylum.....				1		1
Totals.....	70	41	111	2519	2162	4681

PERCENTAGE ON THE NUMBER OF INSANE COMING FROM GOAL.

On the total number of admissions..... 34.54 p. c.

On the admissions during the year..... 22.52 p. c.

ADMISSIONS MORE THAN ONE PREVALENCE		5th Rea.	GRAND TOTAL.
F.	M. F.		
			1
		1	3
			2
			2
			3
			3
			1
			2
			1
			1
			1
			4
1	1		24

TABLE IV

CIVIL CONDITION.

	Admitted during the year.			Treated during the year.		
	M	F.	Total.	M.	F.	Total.
Single.....	36	23	59	373	304	677
Married.....	29	13	42	143	150	293
Widowed.....	3	5	8	19	18	37
Unknown.....	2	.....	2	8	.....	8
Totals.....	70	41	111	543	472	1015

TABLE V

LANGUAGE.

LANGUAGE.	Admitted since 1845.	Admitted during the year.
French.....	2904	85
English.....	1740	24
Others.....	37	2
	4681	111

TABLE VI
RELIGION.

RELIGION.	Admitted since 1845.	Admitted during the year.
Catholic.. .. .	3920	100
Protestant	694	9
Unknown.	67	2
	4681	111

TABLE VII
ORIGIN.

	ORIGIN.		
	Admitted during the year.		
	M.	F.	Total.
Canada.....	49	31	80
United-States .. . . .	..	1	1
Scotland	8	1	9
England.....	1	1	2
Ireland.....	9	4	13
Germany.....	1	2	3
Denmark.....	1	..	1
Mountaineer.....	..	1	1
Unknown	1	..	1
	70	41	111

TABLE VIII

OCCUPATIONS.

ADMITTED DURING THE YEAR.			
	M.	F.	Total
Liberal professions	1	..	1
Soldiers and seamen.....	5	..	5
Carter.....	1	..	1
Industrial or commercial professions	9	3	12
Civil employee.....	1	..	1
Prostitute.....	..	1	1
Agricultural occupations	19	..	19
Manual or mechanical occupations.....	..	2	2
House-keepers ....	..	15	15
Beggars.....	17	6	23
Without occupation	12	12	24
Unknown occupation	5	2	7
Totals	70	41	111

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TABLE IX

AGE WHEN ADMITTED

AGE.	Admitted during the year.			Treated during the year.			Admitted since 1845.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Under 15 years	1	.....	1	9	11	20	52	51	103
From 15 to 20 "	3	5	8	28	33	61	149	155	304
" 20 " 25 "	6	3	9	75	67	142	371	269	640
" 25 " 30 "	9	5	14	90	76	166	365	342	707
" 30 " 35 "	11	7	18	94	75	169	327	290	617
" 35 " 40 "	11	1	12	69	49	118	280	229	509
" 40 " 45 "	13	3	16	59	59	118	246	215	461
" 45 " 50 "	2	6	8	31	36	67	198	136	334
" 50 " 60 "	7	4	11	64	39	103	277	234	511
" 60 " 70 "	3	4	7	18	21	39	167	156	323
" 70 " 80 "	2	2	4	4	5	9	70	64	134
80 years and over.....	2	1	3	2	1	3	17	21	38
Totals.....	70	41	111	543	472	1015	2519	2162	4681

TABLE X
MANIFESTATION OF THE DISEASE
PREVIOUS TO ADMISSION.

ADMITTED DURING THE YEAR.	M	F.	Total.
One month and under	7	6	13
From 1 month to 6 months	12	6	18
“ 6 “ to 1 year	9	3	12
“ 1 year “ 2 “	2	1	3
“ 2 “ “ 3 “	4	3	7
“ 3 “ “ 4 “	4	2	6
“ 4 “ “ 5 “	2	..	2
“ 5 “ “ 10 “	4	5	9
“ 10 “ “ 15 “	1	3	4
“ 15 “ “ 20 “	1	.....	1
“ 20 “ “ 25 “ .....	.....	.....	.....
From birth	5	3	8
Undertermined period, not remote	9	7	16
“ “ Long standing	5	1	6
Unknown	5	1	6
Totals	70	41	111

AVERAGE DURATION OF THE DISEASE PREVIOUS TO ADMISSION.

Males	46	Duration : 2 years, 1 months, 23 days.
Females.....	30	“ 2 “ 8 “ 7 “
Both sexes	76	“ 2 “ 4 “ 10 “

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The chances of cure depend on the time of the commencement of the disease. It is therefore of importance to all, who interest themselves in the practical success of our establishment, that they should understand the origin and nature of the diseases of those who are entrusted to our care. This table thus becomes, from this point of view, one of the most important in our medical report, inasmuch as it tends to show the more or less favorable prospect of cure in the patients admitted during the 12 months.

One of the most judicious and proper means of preventing the crowding of asylums, and, at the same time, of promoting the welfare of all insane persons, is to work *practically* against the disease in such lunatics by their immediate confinement in an asylum.

If this confinement be prompt, the disease will be easy to combat, the cure rapid, the stay in the asylum short, and the cost consequently smaller to the country.

As far as the medical treatment is concerned, the urgent necessity of submitting the patient to immediate treatment will be readily understood, that is to say, at the commencement of the initial attack; for a disease, whose origin is to be looked for in the remote past, yields with more difficulty to the beneficial influence of medical treatment than one of recent date, and especially so in the case of nervous disorders and mental alienation.

Statistics, on this subject, come to the aid of physicians on lunacy.

We find, on consulting the tables given by Tucke, as well as those of Esquirol, Pinel and their successors, that the average time in which there is a chance of cure, is a little less than one year, and that after the third year, the probability of cure is only about at the rate of one eighth p. c.

By returns in *Great Britain*, 9 out of 10 insane patients are cured when subject to medical treatment during the three months following the breaking out of the disease, (opinion expressed by Lord Ashley in the House of Commons on a motion of the 6th June, 1845.)

The *United States* show similar results.

Total.
13
18
12
3
7
6
2
9
4
1
8
16
6
6
111

Statistics in *France* give the following average of cures :

76	per cent	in	the	1st	month	of	the	disease.
53	"	"	"	2nd	"	"	"	"
41	"	after	"	6th	"	"	"	"
30	"							if the disease lasts more than one year.

English authors have treated this question at length, and upon it they are all agreed.

" In dealing with insanity, says Dr. Mandsley it is above all things necessary that treatment should begin early, before the habit of the definite morbid action has been fixed in the mental organization. There is reason to believe that if the first obscure threatenings were duly recognized and appreciated, and the proper remedial means at once adopted many cases of insanity might be arrested at the outset. But the mischief is that a case of insanity hardly ever comes under the care of those specially qualified by their experience to treat it, until the disease has been firmly established, and the hope of recovery, save from gradual and protracted means, is gone in some cases, and all hope gone in others. When the disease is well established, our treatment must not be rashly vigorous and energetic, with the aim of effecting any sudden revolution, but rather patient and systematic, in the hope of a gradual change for the better—while, in other diseases, time is reckoned by weeks and months."

Dr. Duncan, of Dublin, adds :

" It is not at all difficult to understand why the efficacy of treatment should depend upon the promptness and energy with which the proper remedies are applied. All morbid action in every organ of the body must at its commencement, be a merely functional affection, that is to say, it must be entirely independent of any structural alteration in the organization of the part; afterwards, when it has lasted for a certain period, secretions are effused which clog the vessels, and embarrass still further their natural action. If the treatment be commenced before any change in the minute structures has taken place, it is quite obvious that the difficulty of restoring the parts to their healthy condition must be considerably less, and must occupy a shorter time than if it be delayed to a later period. And when organic alterations have once actually occurred, the hope we have of being able to remove them completely depends upon the

degree of consolidation that has been allowed to take place, and this again depends, for the most part, upon the interval that has elapsed from the commencement of the disease action."

Winslow expresses the same opinion in his work on the Brain and Mind, page 28.

"A vast and frightful amount of chronic and incurable insanity exists at this moment in our private and county asylums, which can be clearly traced to the criminal neglect of the disease in its first or latent stage."

"It is sincerely hoped," adds Sir William Ellis, "that the knowledge of these circumstances will induce an early application to be made for the admission of patients; as, even if the neglect does not prove fatal, it is contrary to every principle of justice and humanity that a fellow-creature, deranged, perhaps, only on one point, should, from the want of the early attention of those whose duty it is to watch over him, linger out his existence separated from all who are dear to him, and be condemned, without any crime, to be a prisoner for life."

We find also the following, at page 379, of the *Journal of Insanity*, 1870 :

"The universal testimony, based upon their own experience, of physicians having charge of institutions for the insane, both in this country and abroad, is to the effect that when patients are subjected to early and judicious treatment, in the early stage of this disease, from eighty to ninety per cent will recover. It is the neglect of this early treatment," remarks the late Dr. Brigham, of the Utica Asylum, "that fills the alms-houses and the asylums of the country with incurable insane."

Dr. Grissom, superintendent of the North Carolina Lunatic Asylum, in his report for 1871, page 19, also enunciates the same opinion, which has become general, that the success of medical treatment in matters of mental alienation depends to a great degree on the promptitude with which the necessary remedies are used in the disease, and in the quickness with which the patient is removed from the domestic hearth, and that, to hope for cure, it is absolutely requisite, to place the victim of this terrible disease, from the very beginning of the attack, under treatment

in a lunatic asylum. Any delay under such circumstances is very often a cause of failure.

“ The experience of the profession on this special subject,” he adds, “ shows that in cases of recent madness, which are taken in time and treated with discernment, 70 to 80, per cent are cured,” whilst on the contrary among those which are neglected, very few patients recover.”

“ We cannot have stronger evidence in support of these arguments than the statement of Dr. Jarvis, whose authority is unquestionable, and who thus expresses himself on this subject :—“ In a perfect state of things where the best appliances, with the science and skill of the age have provided for healing, are brought to bear upon these lunatics, in as early a stage of their malady as they are to those who are attacked with fever or dysentery, probably eighty and possibly ninety per cent, would be restored, and only twenty, or perhaps ten per cent, would be left among the constant insane population.”—Other authorities state that when a case is immediately placed under proper medical treatment only 5 per cent of the cases thus treated become incurable. The superintending physician of the *Southern Ohio Lunatic Asylum, Report for 1869*, in an analysis made on the result of the treatment in that Institution, on 1,781 cases of insanity, shows by the following figures that the chances of cure diminish in exact proportion to the duration of the disease :

Placed under treatment	After the attack	Cured.
530 patients.....	1 month.....	363 or 68.49 p. c.
219 “	2 “	141 “ 63.01 “
164 “	3 “	88 “ 53.65 “
98 “	4 “	53 “ 54.08 “
177 “	6 “	83 “ 46.32 “
239 “	12 “	103 “ 43.09 “
163 years	2 years	47 “ 28.83 “
191 over	2 “	33 “ 17.32 “

What has just been said fully justifies our observations. This question does not admit of a doubt, and any man, no matter how unexperienced can judge for himself of their pertinence.

The duty of the State, and of society as well as of the family, cannot be clearer, more precise and at the same time more imperative. All

understand it ; but alas ! how few are concerned about it or give it attention. Yet we speak here not only of opinions ; we wish for facts, we do not ask for theory only, we must have practice. It is our duty as physicians to combat acknowledge errors, to throw light upon them, to point out the evil and the remedy calculated to remove it ; but what can our efforts accomplish if families will persist in their indifference as regards their members attacked by mental alienation ? The necessary stimulus must come from above ; the Administration must give the example by placing itself at the head of the movement ; it is its duty and its interest so to do.

The want of suitable attention to the insane is carried to a lamentable extent in this country. Far from viewing the precarious state of these unfortunates, in a serious light and immediately placing them under proper medical treatment, they are left a vegetate, so to speak, in the bosoms of their families, where their future is daily darkened by a sojourn prejudicial to their special state. Moreover, this indifference is carried so far that patients are only sent to the Asylum after they have become incurably insane through neglect, for which we are nevertheless held responsible. This state of things brings to our recollection a few lines, from the writings of Dr. Berthier, which we may without exaggeration apply to our own country :

“ What is our course of conduct with regard to the insane,” says he, “ that is with regard to our diseased ? We leave them to themselves. We abandon them to empirics, or they are only confided to us, when having become dangerous either to society or to their relatives ; it is deemed necessary to *get rid* of them, that is to say, when a thousand remedies have failed, after having had a deleterious effect on their organism ; in fine, when they are in the most favorable position to become incurable. Thus our institutions are filled with unfortunate patients of 3, 4, 5, 10, 20 and 30 years standing, who become endless sources of expense to their families and the public. On the part of parents it is a wrong calculation ; on the part of the authorities, such conduct spirit of the law and to nullify its humanitarian object.

The medico-psychological annals (1st series, vol. XII, page 83), reproduce the following words of the celebrated Dr. Follet, on this question :

“How is it, that the insane are sent to us only after several years’ duration of the disease, whether coming from their families or the hospitals, where they have been retained for a long time, or from central houses or the different prisons whence they have been discharged by order of *non-lieue* ?

“It is thus that lunatics are allowed abroad without notice, to be tolerated here and there, as long as it is possible, and are isolated only when they cause disturbance in the family or neighborhood ; when they have made progress in chronicity which will condemn them to a life of utter oblivion.” He adds to these pertinent remarks a form of circular which the authorities should address to mayors: “Observation shows that medical treatment is too often delayed, and if insanity could only be treated from its commencement, we would have more numerous cases of cure, and less liable to relapse. It happens that under the pressure of certain conditions which are easily understood, the majority of patients enter an establishment only after an attack of insanity of long duration If for an ordinary fever, or the slightest wound we hasten to a physician, is it prudent to allow a mental disease to run its own course without being exposed to see it grow worse and finally become dangerous to order and the safety of the public ? Are we to wait until the mental state has already given rise to disturbance, before we think it necessary to take any notice of it ?

Thus we have quotations, authorities and proofs.

The Inspectors understood the importance of the unanimous opinions of physicians on this subject, and the following extract, from their Report of 1667-68, page 13, unquestionably leaves no doubt as to their views in regard to it.

“By the prompt admission of patients, a much larger number would probably be relieved from their unfortunate affliction. The more that are cured, the more useful members will society possess, and the more will the number of the useless be diminished..... We hope that the Government will at least take measures to suppress the deplorable habit of immuring in our prisons that class of prisoners (lunatics) which is and always has been the terror of sheriffs and jailors.

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lunatics in prison, as if they were criminals, is now condemned. In England, not only is it condemned, but it is prohibited by a law, which comes into force this very year. We should imitate the mother country in this respect, as we do in many others.

“ It is especially in prisons that lunatics rapidly become incurable. In them, they are nearly always shut or chained up. They receive little or none of the particular cares demanded by their disease, as neither place nor circumstances admit of it. It is fortunate when they do not commit suicide, either by hanging themselves or fracturing their skulls against the iron doors of their cells, as recently happened in the Joliette gaol.

“ The formalities required by law for the admission of patients are also too complicated and necessitate too much delay. While the authorities are deliberating, or the parties corresponding, the unfortunate patient has to wait it is true, but the disease does not wait. It often makes rapid progress, so that when admission is obtained, all chance of cure is gone. Madness has its crisis. That crisis rarely or ever returns. If the turning point be not taken advantage of by the physician, it is a misfortune difficult, if not impossible, to remedy.

“ The application should be made directly to the Warden of the Asylum, and upon its returning an immediate answer that the case is admissible, the patient might be at once entered, leaving to the Warden the duty of informing the Government of the fact.”

In the bold, outspoken character of these remarks, a love of truth and a sincere desire to promote the efficiency of any efforts that the Government may make in favor of the insane will be easily recognized.

All these quotations are in no way inappropriate when applied to our own country. We have elsewhere spoken of patients coming from gaols, and the figures of the table we have given at the commencement of these remarks on the previous duration of the disease are more than sufficient to attract attention and prove the great importance of this question.

Economists have endeavored to reduce the annual expenditure for the insane and think that they have found out an easy means of doing by retarding as much as possible the incarceration of lunatics in asylums

This is an error on their part. It suffices to seriously contemplate the subject to see how false such a step is, and here again, we appeal to the experience of persons of enlightenment, whose testimony will leave no doubt, and who prove that this factitious appearance of economy, ill-advised at the best, in place of diminishing the annual expense to the State, entails the outlay of *enormous* sums.

One quotation will suffice. We find it in the *Journal of Insanity*, January, 1870, page 379, under the following title : *How money is saved by hospitals for the insane.*"

Dr. Macdonald, a former superintendent of the Bloomingdale Asylum, estimated the recoveries in recent cases subjected to treatment at 76 per cent, while in chronic cases but 7 per cent were restored. In 1865, Dr. Willard, of Albany, reported to the Legislature that there were 1,345 insane persons in the poor-houses and county receptacles of the State. On the basis of Dr. Macdonald's calculation, 7 per cent, or 92 of these might recover without treatment, and 1,253 would remain in the county-houses, a public charge, during the 18 years which the life tables of Le Cappalain and of the English Lunacy Commissioners show to be the average duration of life in the incurably insane. Estimating the weekly cost, in the poor-houses, of these 1,253 persons at \$1.50 each, the expense of maintenance would be as follows : For one week \$1,879.50, for one year \$97,734 ; and for the 18 years of average lunacy life, the enormous sum of \$1,759,212. Had these 1,345 received the benefits of early asylum treatment, by the above calculation, 1,022 would have been restored to health ; their average period under treatment in hospital would have been ten months, at a monthly cost of sixteen dollars each, the aggregate expense of their care and cure would have amounted to \$163,000, and the tax-payers would have been relieved of an extra payment of \$1,271,888 for their support.

These results prove, once more, how necessary it is that lunatics still at large should be confined, while they offer a solution as well assured as charitable to the persistent researches of the economists in question.

It is therefore very desirable that the knowledge of these facts should lead to the immediate confinement of lunatics still at large and favor above all their more prompt admission especially at the commencement of the disease.

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By practically adopting this new system, the Government would secure greater economy, reduce its responsibility and render its efforts more conformable to the principles of justice and humanity.

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TABLE XI

DISEASES OF PATIENTS ADMITTED DURING THE YEAR.

FORM OF THE DISEASE.	SEX.	TOTAL.	COMPLICATIONS.										TOTAL.		
			Congenital.	Paralytic.	Epileptic.	Puerperal.	Hysteria.	Uterine disorders.	Onanism.	Intemperance.	Hereditary.	Homicidal.	Suicidal.	M.	F.
Acute mania	M.	23							5	3		1	23	12	
	F.	12				2	2	1		1	1				
Chronic mania.....	M.	13							2	3	2	1	13	5	
	F.	5				1									
Monomania	M.														
	F.														
Melancholia	M.	12						2	1			1	12	10	
	F.	10				1	1	1		1		1			
Chronic melancholia	M.	6							2			2	6	4	
	F.	4				2									
Dementia	M.	2											2		
	F.														
Senile dementia.....	M.	3											3	3	
	F.	3													
Paralytic mania	M.	2		2					2				2	1	
	F.	1		1											
Imbecility.....	M.	4	3						2				4	2	
	F.	2	2												
Idiocy	M.	1			1								1	1	
	F.	1	1												
Epileptic mania	M.	4			4								4	3	
	F.	3			3										
Totals.....		111	6	3	8	6	3	2	6	14	7	2	6	70	41

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TABLE XII

PROBABLE CHANCES OF CURE.

OF THE PATIENTS ADMITTED DURING THE YEAR.			
	M.	F.	Total
Chances of cure—favorable.....	17	14	31
“ “ doubtful.....	34	12	46
“ “ unfavorable.....	19	15	34
Totals.....	70	41	111

Percentage of favorable cases on the admissions during the year.

Males.....	70	Favorable admissions	17 p. c. 24.28
Females.....	41	“ “	14 p. c. 34.14
Both sexes.....	<u>111</u>	“ “	<u>31</u> p. c. 27.92

TOTAL.	
M.	F.
23	12
13	5
12	10
6	4
2	
3	3
2	1
4	2
1	1
4	3
70	41

TABLE XIII
SUPPOSED CAUSES OF INSANITY.

ADMITTED DURING THE YEAR.		M. F. T.		
PREDISPOSING CAUSES.				
Hereditary.	Paternal (father, grand-father, grand-mother, uncle, aunt).....	5	3	8
	Maternal (uncle, aunt).....	3	3	3
	Paternal and maternal.....	3	1	4
	Collateral, brothers and sisters.....	3	1	4
	“ and paternal.....	1	1	2
	“ and maternal.....	1	1	2
	“ paternal and maternal.....	1	1	2
	Epilepsy and others nervous affections.....	5	7	12
	Previous attacks of mental alienation.....	13	9	22
	Totals.....	27	23	50
DETERMINING CAUSES.				
Physical causes				
Congenital defect.....		5	5	10
Falls, blows, wounds on the head.....		5	3	8
Convulsions..... Epilepsy.....		5	3	8
Dyspepsia anemia.....		2	2	4
Typhoid fevers, serious cases.....		11	6	17
Alcoholic excesses.....		5	3	8
Female diseases and uterine disorders.....		5	3	8
Old age.....		2	2	4
Other physical causes.....		3	1	4
Onanism, debauchery.....		2	2	4
Ill treatment, misery, work.....		2	2	4
Late hours, excessive intellectual labor.....		1	1	2
Disappointed love.....		4	4	8
Doestic troubles.....		3	3	6
Loss of fortune, business troubles.....		2	2	4
Fear, anxiety, sudden emotion.....		2	1	3
Jealousy.....		2	3	5
Religion, scrupulosity.....		1	1	2
Weariness, abandonment.....		16	6	22
Unknown causes.....		6	2	8
Totals.....		70	41	111
Moral causes mixed cau				
Normal causes mixed cau				
Totals.....		27	23	50

THIRD PART

DISCHARGES.

The tables contained in this part of the report show the number of patients discharged and their mental condition at their departure.

We have taken special pains to establish the percentage of discharges, as it shows the results obtained during the year.

The division of the tables is as follows :

TABLE I.

Patients discharged during the year.

TABLE II.

Nature of the disease of discharged patients.

TABLE III.

Duration of the disease before admission.

TABLE IV.

Principal causes of insanity.

TABLE V.

Duration of treatment.

TABLE VI.

Total duration of the disease from its manifestation

TABLE VIII.

Age at time of discharge.

TABLE I
DISCHARGES.

PATIENTS DISCHARGED DURING THE YEAR.															
	MENTAL CONDITION.									Grand total.	Patients discharged since 1845.				
	Cured.			Im-proved.			Statio-nary				M.	F.	Total.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.						
Recommended	13	5	18	13	5	18	1038	819	1857
Claimed by relatives.....	6	5	11	5	4	9	2	..	2	13	9	22			
Escaped.....	2	..	2	2	..	2	3	..	3	7	..	7			
Totals	21	10	31	7	4	11	5	..	5	33	14	47			

1o Percentage of discharges of those cured among favorable cases on the 30th June, 1883. (33 m. 21 f).

Favorable cases,	Discharged cured,	Average,
54	31	57.40 p. c.

2o Percentage of discharges of those cured and improved among favorable cases on the 30th June, 1883.

Favorable cases,	Discharged cured and improved,	Average,
54	42	77.77 p. c.

Population under treatment, on the 30th June, 1883.	Favorable cases,	Averages,
904	54	5.97 p. c.

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Senile
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Admissions in the year, 111	Discharged 47	Average, 42.34 p. c.
Admissions in the year, 111	Discharged cured and improved, 42	Average, 37.83 p. c.
Admissions in the year, 111	Discharged cured, 31	Average, 27.92 p. c.

TABLE II

FORM OF THE DISEASE OF DISCHARGED PATIENTS.

FORM OF THE DISEASE.	MENTAL CONDITION.									GRAND TOTAL.		
	Cured.			Im- proved.			Stationary.			M.	F.	Total.
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.			
Mania.....	13	6	19	4	.....	4	.....	.....	.....	17	6	23
Chronic mania.....	1	1	2	2	.....	2	.....	.....	.....	3	1	4
Lepemania.....	6	3	9	.....	1	1	1	.....	1	7	4	11
Chronic lepemania.....	1	.....	1	.....	2	2	.....	.....	.....	1	2	3
Monomania.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Paralytic insanity.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epileptic insanity.....	.....	.....	.....	.....	1	1	1	.....	1	1	1	2
Senile dementia.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Imbecility.....	.....	.....	.....	1	.....	1	3	.....	3	4	.....	4
Totals.....	21	10	31	7	4	11	5	.....	5	33	14	47

TABLE III
DURATION OF THE DISEASE BEFORE ADMISSION.

PATIENTS DISCHARGED DURING THE YEAR.												
DURATION.	MENTAL CONDITION.									GRAND TOTAL.		
	Cured.			Improved.			Stationary.			M.	F.	Total.
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.			
1 month and under.....	4	1	5	1	1	2	1	1	2	5	1	6
From 1 to 2 months.....	3	1	4	1	1	2	1	1	2	4	1	5
“ 2 “ 3 “.....	2	0	2	0	0	0	0	0	0	2	0	2
“ 3 “ 6 “.....	2	3	5	0	0	0	1	1	2	3	3	6
“ 6 “ 12 “.....	2	0	2	0	0	0	0	0	0	2	0	2
“ 12 “ 18 “.....	0	0	0	1	1	2	0	0	0	1	1	2
“ 18 “ 24 “.....	0	0	0	0	0	0	0	0	0	0	0	0
“ 2 “ 3 years.....	1	0	1	2	1	3	1	1	2	4	1	5
“ 3 “ 4 “.....	0	0	0	0	1	1	0	0	0	1	1	2
“ 4 “ 5 “.....	0	0	0	0	0	0	0	0	0	0	0	0
5 years and over.....	0	1	1	0	1	1	0	0	0	0	2	2
Undetermined but recent.....	7	3	10	0	1	1	0	0	0	7	4	11
Undetermined, of long standing.....	0	1	1	1	0	1	0	0	0	1	1	2
Since childhood and congenital.....	0	0	0	1	0	1	3	3	6	4	0	4
Unknown.....	0	0	0	0	0	0	0	0	0	0	0	0
Totals.....	21	10	31	7	4	11	5	5	10	33	14	47

Out of 40 cures obtained, we show in 30 cases the duration of disease before admission as follows :

Males : year, 3 months, 22 days.
 Females “ 3 “ 7 “
 Both sexes : “ 3 “ 17 “

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TABLE IV
 PRINCIPAL CAUSES OF INSANITY.

		PATIENTS DISCHARGED DURING THE YEAR.											
		MENTAL CONDITION.											
DETERMINING CAUSES.		Cured.			Improved.			Stationary			GRAND TOTAL		
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Physical.	Congenital defect, hereditary.....				1		1	3		3	4		4
	Convulsions, epilepsy.....					1	1	1		1	1		2
	Hereditary.....	3		3	1		1				4		4
	Masturbation.....				1		1						
	Alcohol. excesses, debauch'y..	7	1	8	1		1				1		1
	Serious illness.....										8	1	9
	Female diseases, uterine disorders.....			3	3								3	3
Moral.	Business troubles.....				1		1				1		1
	Fear, anxiety, sudden emotion..					1	1					1	1
	Losses, reverses.....	2		2		1	1	1		1	3	1	4
	Jealousy.....				1		1				1		1
	Religion scruples.....	5	1	6		1	1				5	2	7
Unknown.....	4	5	9	1		1				5	5	10	
Totals.....		21	10	31	7	4	11	5		5	33	14	47

Total.
6
5
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4
47

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TABLE V

DURATION OF TREATMENT.

PATIENTS DISCHARGED DURING THE YEAR.													Patients discharged since 1845.		
DURATION.	MENTAL CONDITION.									GRAND TOTAL			M.	F.	Total.
	Cured.			Improved.			Stationary.			M.	F.	Total.			
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.						
1 month and under.					1	1	1		1	1	1	2	59	45	104
From 1 to 2 months	2		2							2		2	85	42	127
“ 2 “ 3 “	4	1	5							4	1	5	98	73	171
“ 3 “ 6 “	5	2	7	3	1	4	1		1	9	3	12	209	146	355
“ 6 “ 9 “	4	1	5	1		1				5	1	6	108	97	205
“ 9 “ 12 “													85	56	141
“ 12 “ 18 “	3		3				1		1	4		4	122	80	202
“ 18 “ 24 “		1	1		1	1					2	2	63	53	116
“ 2 “ 3 years.	2		2							2		2	64	63	127
“ 3 “ 4 “		3	3	1		1				1	3	4	31	29	60
“ 4 “ 5 “		1	1	1		1				1	1	2	21	29	50
5 years and over.	1	1	2	1	1	2	2		2	4	2	6	93	106	199
Totals	21	10	31	7	4	11	5		5	33	14	47	1038	819	1857

Average period of treatment of patients discharged during the year.

Males 2 years, 1 month, 16 days.

Females..... 2 “ 6 “ 4 “

Both sexes.... 2 “ 2 “ 27 “

TABLE VI

TOTAL DURATION OF THE DISEASE FROM ITS MANIFESTATION.

		PATIENTS DISCHARGED DURING THE YEAR.											
		MENTAL CONDITION.											
DURATION.	Total.	Cured.			Improved.			Stationary.			Grand total.		
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
		From 1 to 2 months.....	104	2	...	2	...	1	1	1	...	1	3	1	4
" 2 " 3 "	127	4	1	5	...	...	...	...	...	4	1	5
" 3 " 6 "	171	5	2	7	3	1	4	1	...	9	3	12	
" 6 " 9 "	355	4	1	5	1	...	1	...	...	5	1	6
" 9 " 12 "	205	...	...	...	...	...	1	...	1	1	...	1
" 12 " 18 "	141	3	...	3	...	...	...	...	...	3	...	3
" 18 " 24 "	202	...	1	1	...	1	1	...	...	...	2	2
" 2 " 3 years.....	116	2	...	2	...	...	...	...	...	2	...	2
" 3 " 4 "	127	...	3	3	1	...	1	...	...	1	3	4
" 4 " 5 "	60	...	1	1	1	...	1	...	...	1	1	2
5 years and over.....	50	1	1	2	1	1	2	2	...	4	2	6	
Undetermined, but recent.....	199	...	...	...	...	...	...	...	...	...	...	...
Undetermined, of long standing.....	1857	...	...	...	...	...	...	...	...	...	...	...
Since Childhood.....		...	...	...	...	...	...	...	...	...	...	...
Unknown.....		...	...	...	...	...	...	...	...	...	...	...
Totals.....		21	10	31	7	4	11	5	5	33	14	47	

TABLE VII

AGE WHEN DISCHARGED.

AGES.	Discharged during the year			Discharged since 1845.		
	M.	F.	Total	M.	F.	Total.
Under 15 years.....				11	13	24
From 15 to 20 years.....		1	1	70	62	132
“ 20 “ 25 “.....	3	1	4	179	116	295
“ 25 “ 30 “.....	4	3	7	166	147	313
“ 30 “ 35 “.....	5	4	9	148	125	273
“ 35 “ 40 “.....	11	3	14	114	78	192
“ 40 “ 45 “.....	4		4	110	85	195
“ 45 “ 50 “.....	1	1	2	88	59	147
“ 50 “ 60 “.....	2	1	3	93	85	178
“ 60 “ 70 “.....	3		3	43	40	83
“ 70 “ 80 “.....				16	9	25
Totals.....	33	14	47	1038	819	1857

FOURTH PART.

DEATHS.

We beg specially to draw the reader's attention to the exceptionally favorable percentage of deaths this year.

This satisfactory result contributes greatly towards proving the excellence of the hygienic system of our establishment.

The tables of deaths are given as follows :

TABLE I.

Deaths.

TABLE II.

Deaths classified according of the form of mental disease.

TABLE III.

Duration of treatment.

TABLE IV.

Age at death.

TABLE V.

Causes of death.

TABLE I
DEATHS.

INSANE PATIENTS DECEASED DURING THE YEAR.			
	M.	F.	Total.
Through sickness.....	36	23	59
Through accident.....	3	.....	3
Totals.....	39	23	62

PERCENTAGE OF THE DEATHS :

	Treated,	Deaths,	Average.
Males.....	543	39	7.18 p. c.
Females.....	472	23	4.87 p. c.
Both sexes... ..	1015	62	6.10 p. c.

Duration of treatment of patients deceased during the year :—

Males.....	8	years,	2	months,	14	days.
Females.....	9	"	9	"	9	"
Both sexes	8	"	9	"	13	"

DE

Suffering
Acute ma
Chronic
Acute lep
Chronic
Monoman
Ordinary
Senile
Paralytic i
Epileptic
Imbecility.
Idiocy.....

During
the total nu

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TABLE II

DEATHS CLASSIFIED ACCORDING TO THE FORM OF MENTAL

INSANE PATIENTS DECEASED DURING THE YEAR.			
	M.	F.	Total.
Suffering from :			
Acute mania	6	4	10
Chronic "	15	5	20
Acute lepamania.....	2	2	4
Chronic "	1	1	2
Monomania.....			
Ordinary dementia.....	3	1	4
Senile "	2	1	3
Paralytic insanity.....	1		1
Epileptic "	3	4	7
Imbecility.....	4	3	7
Idiocy.....	2	2	4
Totals	39	23	62

During the period just elapsed, chronic forms of mental alienation give, on the total number of deaths, the following percentage :

Chronic mania and melancholia.....	24	—soit p. c.—	38.70
Simple and senile dementia.....	7	"	11.29
Paralytic epileptic and insanity.....	8	"	12.90
Acute disorders.....	14	"	22.58
Imbecility and idiocy.....	11	"	17.74

TABLE IV
AGE AT DEATHS.

INSANE PATIENTS DECEASED DURING THE YEAR.				SINCE 1845.		
AGE.	M.	F.	Total.	M.	F.	Total.
Under 15 years.....	....	.....	....	18	11	29
From 15 to 20 years.....	....	....	....	20	19	39
" 20 " 25 "	2	1	3	63	55	118
" 25 " 30 "	1	1	2	86	84	170
" 30 " 35 "	6	2	8	108	86	194
" 35 " 40 "	6	2	8	114	95	209
" 40 " 45 "	1	2	3	108	90	198
" 45 " 50 "	6	7	13	91	64	155
" 50 " 60 "	8	2	10	154	154	308
" 60 " 70 "	3	4	7	139	149	288
" 70 " 80 "	4	2	6	81	74	155
80 years and over.....	2	....	2	28	27	55
Totals.....	39	23	62	1010	908	1918

Average age at death (of the deceased during the year).

Males..... 40 years, 3 months, 14 days.
 Females.. 48 " 9 " 20 "
 Both sexes..... 43 " 5 " 12 "

1845.	Total.
31	96
31	97
38	111
74	180
65	140
43	98
94	171
55	113
93	198
63	133
64	107
38	247
61	117
21	44
37	66
008	1918

TABLE V
CAUSES OF DEATHS.

INSANE PATIENTS DECEASED DURING THE YEAR.				
		M.	F.	Total.
Diseases :				
Of the brain and nervous system	{ Apoplexy	2	2	4
	{ Progressive paralysis	2		2
	{ Epilepsy	3	3	6
	{ Nervous exhaustion	3	3	6
	{ Paralysis	1	1	2
Of heart.	{ Aneurism		2	2
	{ Valvular insufficiency		1	1
	{ Others			
Of the lungs.	{ Congestion	5		5
	{ Pulmonary phthisis		1	1
	{ Pneumonia	1		1
Of the digestive organs.	{ Scyrrhus of the liver			
	{ Icteric		1	1
	{ Dysentery	1		1
	{ Chronic diarrhæ	1	1	2
	{ Accidental	3		3
Various diseases.	{ Fevers			
	{ Exhaustion	3		3
	{ Debility	4		4
	{ Marasma	4	1	5
	{ Anemia	1	2	3
	{ Uterine tumour		1	1
	{ Old age	4	4	8
	{ Eresypelas			
	{ Cancer encéphaloïde			
	{ Asphyxia	1		1
Totals	39	23	62	

FIFTH PART.

SUMMARY.

This last part of the report shows the number of patients remaining under treatment at the end of the year.

The following tables indicate their mental condition, and give a more or less correct idea of their chances of cure, etc.

TABLE I.

Movement of the population.

TABLE II.

Duration of residence.

TABLE III

Age.

TABLE IV.

Diseases of patients remaining.

TABLE V.

Probable chances of cure.

	F.	Total.
2	2	4
2		2
3	3	6
3	3	6
3	1	2
1		
	2	2
	1	1
.....		
5		5
	1	1
1		1
.....		
	1	1
1		2
3		3
.....		
3		3
4		4
4	1	5
1	2	3
	1	1
4	4	8
.....		
1		1
.....		
39	23	62

TABLE No. I

MOVEMENT OF THE POPULATION

	M.	F.	Total.	M.	F.	Total.
Population on 1st July 1883.....				473	431	904
Admitted during the year.....				70	41	111
Totals.....				543	472	1015
Discharged.....	33	14	47			
Deaths.....	39	23	62			
Totals.....	72	37	109	72	37	109
Totals.....				471	435	906

TABLE II

DURATION OF RESIDENCE.

INSANE PATIENTS REMAINING ON 30 th JUNE 1884.			
DURATION.	M.	F.	Total.
Under 1 month	6	3	9
From 1 to 2 months	4	2	6
“ 2 “ 3 “	5	6	11
“ 3 “ 6 “	17	5	22
“ 6 “ 12 “	20	15	35
“ 12 “ 18 “	16	5	21
“ 18 “ 24 “	10	16	26
“ 2 “ 3 years	22	17	39
“ 3 “ 5 “	47	43	90
“ 5 “ 10 “	111	108	219
“ 10 “ 15 “	102	106	208
“ 15 “ 20 “	44	43	87
“ 20 “ 25 “	27	25	52
“ 25 “ 30 “	24	25	49
30 years and upwards	16	16	32
Totals	471	435	906

Average duration of residence:

Males..... 10 years, 6 months, 11 days.
 Females..... 11 “ 3 “ 15 “
 Both sexes..... 10 “ 10 “ 23 “

	Total.
131	904
41	111
72	1015
37	109
35	906

TABLE III

AGE.

INSANE PATIENTS REMAINING ON 30TH JUNE 1884.			
STATEMENT OF AGES.	M.	F.	Total.
Under 15 years.....	2	2	4
From 15 to 20 years.....	9	12	21
“ 20 “ 25 “	21	17	38
“ 25 “ 30 “	51	29	80
“ 30 “ 35 “	64	45	109
“ 35 “ 40 “	61	45	106
“ 40 “ 45 “	63	67	130
“ 45 “ 50 “	45	49	94
“ 50 “ 60 “	75	88	163
“ 60 “ 70 “	65	59	124
“ 70 “ 80 “	12	15	27
“ 80 years and over.....	3	7	10
Totals	471	435	906

Mania
Chron
Monom
Melanc
Chronic
Dement
Senile d
Paralyti
Imbecilli
Idiocy
Epileptic

TABLE IV
DISEASES OF PATIENTS REMAINING ON THE 30TH JUNE 1884.

FORM OF THE DISEASE.	SEX.	TOTAL.	COMPLICATIONS.										TOTAL.			
			Congenital.	Paralytic.	Epileptic.	Puerperal.	Hysteria.	Uterine disorders.	Onanism.	Intemperance.	Hereditary.	Homicidal.	Suicidal.	M.	F.	
Mania	M.	20								1	1	1			20	9
	F.	9				2	1									
Chronic mania	M.	235	3	1				8	25	16	14	7			235	213
	F.	213	4	3	15	7	10	2	5	20	5	9				
Monomania	M.	12								1	1				12	3
	F.	3									2					
Melancholia	M.	13						1	1	1			2		13	10
	F.	10			3	1	1			1						
Chronic melancholia	M.	61						7	6	4	1	17			61	65
	F.	65	2		4	3	2	2	3	8	2	8				
Dementia	M.	17						3		1	1				17	23
	F.	23	2							3		1				
Senile dementia	M.	3	1	1						1		1			3	2
	F.	2														
Paralytic mania	M.	10	10					4			1				10	5
	F.	5	5	1				1								
Imbecility	M.	54	43	3				9	1	3	1	1			54	54
	F.	54	30	1	3				8							
Idiocy	M.	13	9	2						4				13	13	19
	F.	19	14	1					3		1					
Epileptic mania	M.	33	1	2	33			2	1	1		1		33	33	32
	F.	32		2	32	1	2	1	1	2		4				
Totals		906	97	32	26	73	17	16	35	50	80	25	53	471	435	

Total.
4
21
38
80
109
106
130
94
163
124
27
10
906

TABLE V

PROBABLE CHANCES OF CURE.

OF INSANE PATIENTS REMAINING ON 30 th JUNE 1884.			
	M.	F.	Total.
Chances of cure—favorable	21	19	40
“ “ very doubtful	44	40	84
“ “ unfavorable	406	376	782
Totals	471	435	906

1er JANVIER 1873 AU 30 JUIN 1884.

		M.	F.	TOTAL.
Total.	County of Argenteuil.			
	{ Saint-André.....	.....	1	1
40	County of Bagot.	{ Sainte-Rosalie.....	1	1
		{ Saint-Hugues.....	.....	1
84		{ Acton Vale.....	2	2
		{ Saint-Pie.....	1	1
782		{ Saint-Simon.....	5	6
		{ Saint-Théodore.....	.....	1
906		{ Saint-André d'Acton.....	.....	1
		{ Saint-Ephrem d'Upton.....	.....	1
		{ Saint-Ephrem de Tring.....	1	1
		{ Sainte-Marie.....	3	4
		{ Saint-Evaniste.....	.....	1
		{ Saint-Joseph.....	2	3
		{ Saint-François.....	6	9
		{ Saint-Victor de Tring.....	4	5
	County of Beauce.	{ Saint-Pierre de Broughton.....	.....	1
		{ Buckland.....	.....	1
		{ Saint-Elzéar.....	1	1
		{ Saint-Georges.....	3	3
		{ Kennebec.....	1	2
		{ Saint-Frédéric.....	1	1
		{ Saint-Sébastien d'Aylmer.....	1	1
		{ Ditchfield.....	1	1
		{ Mailloux.....	1	1
		{ Saint-Michel.....	7	8
		{ Saint Gervais.....	1	2
	County of Bellechasse.	{ Saint-Lazare.....	1	4
		{ Beaumont.....	6	7
		{ Saint-Valier.....	1	4
		{ Saint-Charles.....	2	3
		{ Saint-Raphaël.....	1	5
		{ Saint-Barthélemy.....	1	1
	County of Berthier.	{ Saint-Cuthbert.....	1	1
		{ Berthier.....	1	3
		{ Lavaltrie.....	1	1
		{ Isle du Pads.....	1	1

		M.	F.	TOTAL.
County of Bonaventure.	{ Anse aux Gascons	1	.....	1
	Cross Point.....	1	.....	1
	Caplan.....	1	.....	1
	Maria.....	1	1	2
	Bonaventure .....	.....	1	1
	New-Richmond.....	1	1	2
	Carleton.....	1	1	2
	Saint-Godefroi	1	.....	1
{ Port Daniel.....	1	.....	1	
County of Brome.	{ Brome.....	.....	1	1
County of Chambly.	{ Longueuil	1	.....	1
County of Champlain.	{ Champlain.....	.....	1	1
	Sainte-Anne de la Pérade.	3	1	4
	Saint-Narcisse.....	1	.....	1
	Sainte-Geneviève.....	3	4	7
	Saint-Stanislas	1	5	6
	Notre-Dame Mont-Carmel.....	.....	1	1
	Notre-Dame La Visitation.....	.....	1	1
	Saint-Tite	1	.....	1
	Sainte-Flore	2	.....	2
	Saint-Maurice	1	.....	1
Saint-Luc.....	2	.....	2	
County of Charlevoix.	{ Saint-Irénée	1	.....	1
	Saint-Urbain	6	2	8
	Saint-Fidèle.....	.....	1	1
	Malbaie	8	1	9
	Rivière Saint-François.....	.....	1	1
	Baie Saint Paul	5	4	9
	Eboulements.....	5	2	7
County of Châteauguay.	{ Saint-Antoine.....	.....	1	1
	Saint Urbain .....	.....	1	1
	Sainte Martine.....	1	.....	1

TOTAL.		M.	F.	TOTAL.
1	County of Chicoutimi.	Notre-Dame d'Hébertville.....	2	2
1		Laterrière	1	1
1		Saint-Dominique.....	1	1
2		Chicoutimi.....	1	4
1		Tadousac	1	1
2		Rivière Shaldrake	1	1
2		Betsiamis	2	2
1		Saint-Jérôme	1	1
1		Sainte-Anne	3	3
1		Saint-Prime	1	1
1		Jonquières	1	1
1	County of Compton.	New-Port.....	2	2
1		Westbury.....	1	1
1		Compton	6	6
1		Eaton	2	1
1		Hereford	1	1
1		Hampton	1	1
1		Saint-Romain	1	1
4		Winslow.....	3	1
1		Lingwick	1	1
7		Lac Mégantic.....	1	2
6		Bury	2	1
1		Ste-Hedwidge de Clifton.....	2	2
1		Whitton.....	1	2
1		Marston	1	1
2	County of Two-Mountains.	Saint-Benoit.....	1	1
1		Saint-Hermas	1	1
1		Saint-Colomban.....	1	1
2		Saint-Canut.....	2	2
2		Saint-Eustache	1	1
1	County of Dorchester.	Saint-Léon de Standon.....	1	1
8		Sainte-Hénédine	3	3
1		Saint-Edouard.....	3	3
9		Cranbourne.....	1	1
1		Sainte-Justine	1	1
9		Canton Watford	1	1
7		Saint-Isidore	3	1
1		Saint-Malachie	3	3
1		Saint-Anselme.....	1	2
1		Sainte-Marguerite.....	2	1
1		Sainte-Claire.....	9	2
1	Frampton	2	1	

		M.	F.	TOTAL.
County of Drummond.	{ St-Germain de Grantham.....	1	.....	1
	{ L'Avenir.....	2	1	3
	{ Durham.....	3	4	7
	{ Saint-Cyrille de Wendover.....	.....	1	1
	{ Drummondville .....	.....	1	1
	{ Saint-Guillaume.....	3	.....	3
	{ Kingsey	2	1	3
County of Arthabaska.	{ Arthabaska	2	.....	2
	{ Saint-Christophe	6	4	10
	{ Stanfold.....	3	2	5
	{ Saint-Norbert .....	.....	1	1
	{ Saint-Valère.....	2	.....	2
	{ Warwick.....	2	2	4
	{ Sainte-Hélène de Chester.....	2	.....	2
	{ Saint-Albert de Warwick.....	3	2	5
{ Saint-Patrice de Tingwick .....	.....	1	1	
County of Gaspé.	{ Sainte-Adélaïde de Pabos	1	.....	1
	{ Douglastown.....	.....	1	1
	{ Percé	2	5	7
	{ Gaspé.....	1	3	4
	{ Barachois de Malbaie	1	.....	1
	{ Sainte-Anne des Monts.....	3	.....	3
	{ Cap Chat.....	1	1	2
	{ Rivière au renard.....	.....	1	1
{ Cap des Rosiers.....	1	.....	1	
County of Hochelaga.	{ Côte Saint-Paul.	2	.....	2
	{ Saint-Henri des Tanneries .....	.....	1	1
	{ Côte Saint-Louis.....	2	.....	2
County of Huntingdon.	{ Huntingdon	1	.....	1
	{ Hemmingford.....	2	1	3
County of Iberville.	{ Saint-Athanase	1	.....	1
County of Jacques-Cartier.	{ Pointe Saint-Charles.....	2	.....	2
	{ Pointe Claire.....	.....	1	1
County of Joliette.	{ Saint-Alexis... ..	1	.....	1
	{ Saint-Félix de Valois.....	.....	1	1
	{ Ramsay.	1	.....	1
	{ Saint-Alphonse.....	.....	1	1
	{ Joliette.....	4	1	5

		M.	F.	TOTAL.
County of Mégantic.	{ Inverness.....	1	4	5
	{ Saint-Calixte de Somerset.....	2	4	6
	{ Sainte-Sophie.....		4	4
	{ Leeds.....	4	2	6
	{ Sainte-Julie.....	3	1	4
	{ Saint-Ferdinand.....	2	2	4
	{ Lyster.....	1	1	2
County of Maskinongé.	{ Rivière-du-Loup.....	2	2	4
	{ Saint-Didace.....		1	1
County of Montcalm.	{ Saint-Alexis.....		1	1
	{ Sainte-Julienne.....	1	1	2
	{ Rawdon.....	1	1	2
County of Montmagny.	{ Saint-Pierre Rivière du Sud...	3	1	4
	{ Berthier.....	3	3	6
	{ Saint-François.....	2		2
	{ Saint-Paul de Montminy.....		1	1
	{ Saint Thomas Montmagny.....	10	6	16
	{ Cap Saint-Ignace.....	5	4	9
County of Montmorency.	{ Isle aux Grues.....	2		2
	{ Sainte-Pétronille.....	1		1
	{ Saint-Ferréol.....	2	1	3
	{ Château-Richer.....	3		3
	{ Saint-Joachim.....	1		1
	{ Ange-Gardien.....	4	5	9
	{ St-Laurent (Isle d'Orléans)....	1		1
	{ Saint-Pierre " ".....		2	2
	{ Saint-Jean " ".....	2	2	4
	{ Ste-Famille " ".....	4	2	6
	{ Sainte-Anne de Beaupré.....	2	1	3
{ Laval.....	1		1	
City of Montréal.	{ Montréal.....	45	49	94
County of Napierville.	{ Saint-Edouard.....		1	1
	{ Saint-Rémi.....	2		2
	{ Napierville.....	1		1

TOTAL.		M.	F.	TOTAL.	
5					
6					
4					
6					
4	County of Nicolet.	Nicolet.....	3	1	4
4		Saint Pierre les Becquets	2	2	4
4		Saint-Grégoire	4		4
2		Sainte-Gertrude		1	1
4		Sainte Monique	2		2
1		Gentilly	1		1
1		Saint-Célestin.....	1	1	2
	Saint-Léonard.....		1	1	
1					
2					
2	County of Ottawa.	Petite Nation	1		1
		Templeton	1		1
4		Aylmer	2		2
6		Wakefield	1		1
2		Hull	2	2	4
1					
16	County of Pontiac.	Isle aux Allumettes.....	2		2
9		Chichester.....	1		1
2		Clarendon	1		1
		Sheen.....		1	1
1					
3					
3					
1					
9	County of Portneuf.	Bourg Louis		1	1
1		Deschambault	2		2
1		Portneuf.....	3	3	6
2		Cap Santé	2	1	3
4		Sainte-Jeanne de Neuville.....	1	3	4
6		Pointe-aux-Trembles.....	1	1	2
3		Saint-Basile	1	2	3
1		Saint-Augustin.....		2	2
		Saint-Alban	6	2	8
		Sainte-Catherine.....	1		1
		Saint-Raymond.....	5	2	7
		Grondines	3		3
		Saint-Casimir	3	2	5
	N.-D. des Anges	1		1	
	Saint Ubalde	3		3	
94					
1					
2					
1					
	City of Québec.	Québec, etc.....	226	248	474

	M.	F.	TOTAL.	
County of Quebec.	Beauport.....	4	7	11
	Lac Beauport.....	1	.....	1
	Sainte-Foye	3	2	5
	Hadleyville	1	.....	1
	Ancienne Lorette	4	3	7
	Bergerville	1	.....	1
	Saint-Colomb de Sillery.. ..	12	4	16
	Stoneham.....	.....	1	1
	St-Ambroise, Jeune Lorette....	4	2	6
	Charlesbourg.....	4	3	7
Valcartier.. ..	3	4	7	
County of Richmond.	Cleveland .....	.....	1	1
	Melbourne	3	2	5
	Danville .....	.....	2	2
	Shipton	1	1	2
	Windsor	5	.....	5
	Saint-Georges de Windsor.....	.....	1	1
County of Wolfe.	Saint-Philémon de Stoke.	1	.....	1
	South Ham.....	1	.....	1
	North Ham .....	.....	1	1
	Wolfon .....	.....	2	2
	Weedon	1	.....	1
	Wotton.....	1	2	3
	Saint-Camille.	2	.....	2
County of Richelieu.	Saint-Robert.. ..	2	.....	2
	Saint-Ours	2	.....	2
	Sainte-Victoire....	1	.....	1
	Sorel.....	3	.....	3
County of Rimouski.	Rivière Blanche.....	.....	1	1
	Sainte-Cécile du Bic.....	2	.....	2
	Rimouski	4	5	9
	Saint-Mathieu.....	.....	2	2
	Sainte-Luce.....	5	4	9
	Saint-Octave de Métis.....	1	2	3
	Sandy Bay.	2	2	4
	Canton Tessier .....	.....	1	1
	Saint-Simon.....	2	2	4
	Sainte-Félicité.	1	.....	1
	Saint-Anaclet.....	1	1	2
	Saint-Fabien	1	1	2
	Matane	2	1	3
	Sainte-Flavie.....	.....	1	1
	Saint-Jérôme de Matane .. .	3	.....	3
Saint-Gabriel .. ..	.....	1	1	

TOTAL.		M.	F.	TOTAL.
11	County of Rouville.	{ Saint-Damase.....	1	1
1		{ Saint Paul d'Abbotsford.....	1	2
5		{ Saint-Jean-Baptiste.....	1	1
1		{ Marieville.....	1	2
7		{ Saint-Mathias.....	1	1
1		{ L'Ange-Gardien.....	1	1
16	County of Saint-Hyacinthe.	{ Saint-Denis.....	1	2
1		{ Saint-Hyacinthe.....	1	3
6		{ Saint-Judes.....	1	2
7		{ Saint-Damase.....	1	2
7			2	
1	County of Saint-John.	{ Saint-Valentin.....	1	1
5		{ Saint-Jean d'Iberville.....	1	1
2		{ Lacolle.....	2	2
2				
5	County of Saint-Maurice.	{ Saint-Barnabé.....	2	3
1		{ Pointe du Lac.....	1	1
1		{ Saint-Etienne des Grès.....	1	1
1		{ St-Boniface de Shawinigan.....	2	2
1				
1	County of Shefford.	{ St-Alphonse de Grandby.....	1	1
1		{ Saint-Joseph d'Ely.....	5	5
2		{ Roxton Falls.....	1	1
1		{ North Shefford.....	2	2
3		{ Waterloo.....	1	1
2		{ Stukely.....	3	3
2				
2	County of Sherbrooke.	{ Capelton.....	1	1
1		{ Lennoxville.....	1	1
1		{ Sherbrooke.....	12	14
3		{ Ascot.....	3	4
1				
2	County of Stanstead.	{ Stanstead.....	2	4
9		{ Coaticook.....	3	4
2		{ Magog.....	3	3
9		{ Barford.....	2	2
3		{ Hatley.....	2	2
4				
1	County of Soulanges.	{ Saint-Polycarpe.....	1	1
1		{ Saint-Zotique.....	1	1
1				
2				
2				
3				
1				
3				
1				

	H.	F.	TOTAL.
County of Temiscouata.	{ Viger	1	1
	{ Saint-Cyprien.....	1	1
	{ Hacquart.....		1
	{ Saint-Honoré.....		2
	{ Trois-Pistoles.....	3	3
	{ Isle Verte.....	1	2
	{ Saint-Jean de Dieu		2
	{ Saint-Clément.....		1
	{ Rivière-du-Loup	3	4
	{ Saint-Eloi.....		1
	{ Saint-Epiphane.....	2	
	{ Saint-Antonin.....	1	1
{ Cacouna.....	2	1	
{ Saint-Arsène.....	1	1	
County of Terrebonne.	{ Saint-Jérôme.....	1	1
	{ Saint-Hippolyte.....		1
City of Three-Rivers.	{ Trois-Rivières.....	4	4
County of Vercheres.	{ Verchères	1	1
	{ Saint-Antoine.....	1	1
County of Yamaska.	{ Baie du Febvre	1	1
	{ Saint-Zéphirin.....	1	1
	{ Saint-Michel	1	1
	{ Saint-Pie de Guire.....		1
Foreigners.....	21	3	24
Residence unknown	22	7	29
Grand total.....	922	724	1646

	M.	F.	TOTAL.
County of Maskinongé	2	3	5
“ Montcalm	2	3	5
“ Montmagny	25	15	40
“ Montmorency	21	13	34
City of Montreal	45	49	94
County of Napierville	3	1	4
“ Nicolet	13	6	19
“ Ottawa	7	2	9
“ Pontiac	4	1	5
“ Portneuf	32	19	51
City of Quebec	226	248	474
County of Quebec	37	26	63
“ Richmond	9	7	16
“ Wolfe	6	5	11
“ Richelieu	8		8
“ Rimouski	24	24	48
“ Rouville	4	4	8
“ Saint-Hyacinthe	3	6	9
“ Saint-John's	3	1	4
“ Saint-Maurice	4	3	7
“ Shefford	7	6	13
“ Sherbrooke	17	3	20
“ Stanstead	10	5	15
“ Soulanges	1	1	2
“ Témiscouata	15	19	34
“ Terrebonne	1	1	2
City of Three-Rivers	4	4	8
County of Verchères	2		2
“ Yamaska	3	2	5
	879	714	1593
Foreigner	21	3	24
Residence unknown	22	7	29
	922	724	1646

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*Number of patients sent from charitable institutions, gaols and hospitals
from January 1873 to 30 June 1884.*

	M.	F.	TOTAL.
New Carlisle gaol			
Beauharnois "		1	1
St. Hyacinthe "		1	1
Three-Rivers "	6	3	9
Montreal "	24	7	31
Terrebonne "	43	43	86
Rimouski "	6	4	10
Iberville "	15	14	29
Montmagny "	2	1	3
Joliette "	17	5	22
Quebec "	9	4	13
Arthabaska "	51	25	76
Richelieu "	19	8	27
Kamouraska "	16	1	17
Gaspé "	9	1	10
Sherbrooke "	8	3	11
Chicoutimi "	25	3	28
Beauce "	5	3	8
Ottawa "	8	1	9
Kingston Penitentiary	3	1	4
Reformatory	3		3
Marine Hospital		3	3
General " Quebec	5	2	7
Sacré-Cœur Hospital	1		1
Hospice de la Charité Quebec	2	5	7
Saint-Jean d'Iberville Asylum	1	4	5
Deaf and Dumb Asylum	11	7	18
Saint-Jean de Dieu Asylum		1	1
Bon Pasteur Asylum	1		1
		2	2
Total	290	153	443

TOTAL.

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51
474
63
16
11
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48
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15
2
34
2
8
2
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1593

24
29

1646

Number of Patients from the ...
 from January 1870 to ...

Year	Number of Patients
1870	...
1871	...
1872	...
1873	...
1874	...
1875	...
1876	...
1877	...
1878	...
1879	...
1880	...
1881	...
1882	...
1883	...
1884	...
1885	...
1886	...
1887	...
1888	...
1889	...
1890	...
1891	...
1892	...
1893	...
1894	...
1895	...
1896	...
1897	...
1898	...
1899	...
1900	...
Total	...

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