

QUEBEC LUNATIC ASYLUM

PROVINCE OF QUEBEC

REPORT

OF THE

QUEBEC LUNATIC ASYLUM

FOR THE YEAR

1880 - 81

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

PRINTED BY ORDER OF THE LEGISLATURE.



LEVIS

MERCIER & CO., PROPRIETORS OF "LE QUOTIDIEN"

1882

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FOR THE YEAR

1880 - 81

ADDRESSED TO THE HONORABLE THE PROVINCIAL SECRETARY BY
THE MEDICAL SUPERINTENDENTS AND INSPECTORS

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1881

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MEDICAL

ASSISTANT

WARDEN..

MATRON...

FIRST ASSI

SECOND ASS

FARMER.....

ENGINEER....

CHIEF OF FIR

DOOR KEEPER

INSPECTORS O

AND PRISON

VISITING PHYS

CHAPLAINS.....



Quebec Lunatic Asylum

(1831)

MEDICAL SUPERINTENDENTS. { J. E. J. LANDRY, Esq., M. D.
F. E. ROY, Esq., M. D.

ASSISTANT-PHYSICIAN..... U. A. BÉLANGER, Esq., M. D.

WARDEN..... C. VINCELETTE, Esq.

MATRON..... MRS. C. VINCELETTE.

FIRST ASSISTANT-MATRON..... MRS. F. X. BÉLANGER.

SECOND ASSISTANT-MATRON... MRS. C. CHAPUT.

FARMER..... J. ROY.

ENGINEER..... A. KAY.

CHIEF OF FIRE DEPARTMENT.. A. DROLET.

DOOR KEEPER..... A. OUELLET.

INSPECTORS OF ASYLUMS { A. DE MARTIGNY, Esq., M. D.
AND PRISONS..... { WALTON SMITH, Esq.

VISITING PHYSICIANS..... { A. JACKSON, Esq., M. D.
A. VALLÉE, Esq., M. D.

CHAPLAINS..... { REV. J. B. Z. BOLDUC.
REV. W. S. VIAL.

Quebec Lunatic Asylum

(1881)

Medical Superintendents }
 J. E. J. LAZDRE, Esq., M.D. }
 R. E. ROY, Esq., M.D. }

Assistant Physicians }
 U. A. BELANGER, Esq., M.D. }
 G. VINCENT, Esq. }

Nurses }
 Mrs. C. VINCENT }
 First Assistant Matron }
 Mrs. F. X. BELANGER }

Second Assistant Matron }
 Mrs. C. CHAPET }

Farmer }
 J. ROY }

Engineer }
 A. RAY }

Chief of Fire Department }
 A. DROLET }

Door Keeper }
 A. OUELLET }

Members of Actions }
 A. DE WATIGNY, Esq., M.D. }
 AND PATRONS }
 WATSON SMITH, Esq. }

Visiting Physicians }
 A. JACKSON, Esq., M.D. }
 A. YALLER, Esq., M.D. }

Surgeons }
 RAY, J. H. & BOLGER }
 Hays, W. & VIAL }

To the
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QUEBEC LUNATIC ASYLUM.

(TRANSLATION.)

To the Honorable

THE PROVINCIAL SECRETARY

of the province of Quebec.

SIR,

We hasten to submit you the medical report of the Quebec Lunatic Asylum for the fiscal year ending the 30th June 1881, in order that it may be laid before the legislature at the same time as those for the years 1879 and 1880 which have not yet been printed, but the printing of which you have ordered.

The unaccountable delay which occurs every year in the publishing of these reports renders them very uninteresting from their being out of date. Therefore we cannot thank you too much for your kind intervention in this matter.

We assert again that it is greatly to be desired that the report of the superintendents of the Asylum should be submitted every year to the legislature, in printed form, as are the reports from the departments

in order to supply official information to all interested parties.

The Association of Medical Superintendents of American and Canadian Asylums, recognizing the immense good which would result to establishments for the treatment of the insane, from the interchange of the views of the Directors upon the different needs of their institutions, upon the improvements introduced or required and upon the internal management, as well as the medical treatment, has thought fit to pass resolutions requiring and obliging its members to exchange annual reports, and to adopt the same form in order to facilitate the binding of these documents to be preserved as a series.

Thanks to the interest taken in the unfortunate insane, the legislature has since 1872 (10 years) replied to the philanthropic appeal of the medical specialists and has not lagged behind the rest of the Provinces of the Dominion or the United States by supplying us with a sufficient number of these reports to enable us to exchange with the foreign institutions of Great Britain, France, United States, Belgium and others. Thus we are enabled to see exactly how the insane are treated in foreign countries and to profit by the advice and observations of eminently qualified men thus placing us in a position to meet all requirements and urging us or to keep pace with our sister institutions.

On the 1st July 1880 we had 957 inmates, 481 of which were men and 476 women.

The number admitted during the year was 130 of which 69 were men and 61 women.

The total number of patients treated during the year was 1,067: 550 men and 517 women.

There were 50 discharged of whom 30 were men and 20 women, making a percentage of 45.45 per cent upon the admissions during the year.



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The number of deaths was 69: 37 men and 32 women, making an average of 6.72 per cent upon the total number treated during the year. This highly favorable result, compared with other institutions of the same kind, shows in the plainest way that our establishment contains the best hygienic improvements.

As in the past, our efforts have been exerted towards procuring for our patients, together with all desirable comfort, all those distractions and amusements which are so useful in the treatment of mental diseases.

There has been no change in the personnel of the officers of the establishment and we are happy to say that all have fulfilled their duties with zeal and punctuality.

The subordinate officers still continue to deserve our confidence by their devotedness to the patients and their good conduct.

The Roman Catholic and Protestant chaplains vie with each other in zeal, in fulfilling the different duties of their ministry and we cannot too high praise their charity towards the unfortunate beings confided to their care.

We have as usual to congratulate ourselves upon the manner, in which the inspectors and the visiting physicians have always treated us in their official capacity, and we cannot sufficiently thank these gentlemen for the help they have rendered us in the fulfilment of our duties

We beg you, sir, to favorably consider this report and remain respectfully

Your very obedient servants,

J. E. LANDRY, M. D.

F. E. ROY, M. D.

Quebec, July 1881.

The number of deaths was 69: 37 male and 32

women, making an average of 0.73 per cent upon the total number treated during the year. This highly favorable result, compared with other institutions of the same kind, shows in the plainest way that our establishment contains the best hygienic improvements.

As in the past our efforts have been exerted towards procuring for our patients together with all desirable comfort, all those distractions and amusements which are so useful in the treatment of mental diseases.

There has been no change in the personnel of the officers of the establishment and we are happy to say that all have fulfilled their duties with zeal and impartiality.

The subordinate officers still continue to deserve our confidence by their devotedness to the patients and their good conduct.

The Roman Catholic and Protestant chaplains vie with each other in zeal in fulfilling the different duties of their ministry and we cannot too highly praise their charity towards the unfortunate beings committed to their care.

We have as usual to congratulate ourselves upon the manner in which the inspectors and the visiting physicians have always treated us in their annual reports, and we cannot sufficiently thank these gentlemen for the help they have rendered us in the fulfilment of our duties.

We beg you sir, to favorably consider this report and remain respectfully yours,

Your very obedient servant,

J. E. LANDRY, M.D.

P. H. ROY, M.D.

Quebec, July 1881



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MEDICAL REPORT.

Upon what principle are our asylums based ?

“ It is, says Mr. Bonnet, a life in common, one of the
“ bases of the treatment subject to physical and moral
“ supervision, which takes its origin in kindness ; it is
“ a life in common substituted for a lonely life. The
“ man who has gone mad under the influence of false
“ inspirations, of some instincts, of some passions
“ and various family quarrels or causes of a like na-
“ ture, requires isolation, rest and solitude, which take
“ him away from all outside evil influence.

“ Isolation is not, says Mr. Morel, in its therapeutic
“ application, the total privation of all communication,
“ but merely the privation of all connection with that
“ which developed the madness or from which it can be
“ traced. The system followed by physicians acts differ-
“ ently. It alters the propensities of the diseased mind,
“ affords an opportunity of contending with false ideas
“ and, in the place of family surroundings, it substitutes
“ a wise resistance which gives food for reflection.”

The treatment of madness in the system of asylums
is, strictly speaking, composed of three elements : separa-
tion, isolation and moralization. Isolation is the
removal of the patient from the causes that have
produced his disease and from the centre which has

helped its development ; it is, in a great measure, the influence produced by the authority and discipline which in the establishment is brought to bear upon the mind of the patient.

Separation is nothing more than the absolute necessity of the patient's having to live and move within a very restricted circle, outside of all that may resemble his ordinary life. It is certainly not our fault, after having so often drawn the attention of the government to the great importance of immediately isolating the insane, from the moment that madness shows itself—both in the interest of the patient himself and of society, if today so many patients come to the asylum at such a stage of their disease that all treatment is useless, whereas there might have been some chance of cure if taken at the very beginning.

It does not seem to be understood how urgent the necessity is of immediately subjecting the patient to some treatment, from the very moment that madness declares itself. The sooner the isolation takes place, the easier will the disease be contended with. Cures would be rapid, the stay at the asylum would be short and the cost of maintenance would then be lighter for the country.

The best and most rational means of preventing the crowding of the Asylums is to increase the proportion of cures and it is towards this end that all our efforts in assisting the unfortunate patients, whether directly or indirectly, should tend. It is this delay which alienists consider one of the chief reasons for the increase in the population of our asylums.

“ Only incurable cases are sent to us,” they say, “and yet people are astonished that our establishments are crowded.” The frightful number of cases of chronic and incurable insanity which crowd our asylums is the

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result of this criminal neglect to give proper care before the malady has fully developed itself. This is true and our observations are clearly proved by statistics.

Here, in this country, and we say it with grief and sincerity, more than any where else, the want of attention shown is deplorable. There appears to be an accumulation of formalities in our new law which considerably increases the delay in placing patients under treatment and often it is not until they have become furious and dangerous that they are, after spending several weeks in prison, admitted into an asylum.

“ The general testimony of physicians in charge of lunatic asylums, in this and in other countries, based upon their own experience, tends to show that when patients are submitted to a prompt and judicious treatment, at the very outset of the disease, from 70 to 80 per cent of them may recover. (1)

The economists considered they had found a sure, easy and suitable remedy, for lessening the amount of the yearly budget, by delaying as long as possible the confinement of the insane in the Asylums. It is a great mistake on their part. To consider this matter seriously, is sufficient to find out how false is this idea and here again we would appeal to enlightened persons, whose evidence is undoubted and which proves that this apparent but false economy, instead of decreasing the annual expenses of the country, only entails the expenditure of large sums of money.

One quotation will be sufficient. It is taken from 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

(1) American Journal of Insanity.—January 1870.

“ Bloomingdale Asylum, estimated the recoveries in
“ recent cases subjected to treatment, at 76 per cent.,
“ while of chronic cases, but 7 per cent. are restored.
“ In 1865, Dr. Willard, of Albany, reported to the Le-
“ gislature that there were 1345 insane persons in the
“ poor-houses and county receptacles of the date. On
“ the basis of Dr Macdonald’s calculation, 7 per cent.,
“ or 192 of these, would recover without treatment, and
“ 1253 would remain in the county-houses, a public
“ charge, during 18 years, which the life tables of Le
“ Cappelain and of the English Commissioners show
“ to be the average duration of life in the incurably
“ insane. Estimating the weekly cost in the poor-
“ houses of the 1,253 persons at \$1.50 each, the ex-
“ pense of maintenance would be as follows : For one
“ week \$1,879.50, for one year \$97,934 ; and for the
“ 18 years of lunacy life, the enormous sum of \$1,759,-
“ 212 ; Had these 1,345 received the benefit of early
“ treatment, according to the above calculation, 1,022
“ would have been cured ; the average length of their
“ stay in the asylum would have been ten months,
“ at \$16.00 each per month, the aggregate expense of
“ their care and cure would have amounted to \$163,-
“ 000.00, and the tax-payers would have been relieved
“ of \$1,271,888, assessments 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 efforts of the economists in ques-
“ tion.”

“ It is therefore very desirable that the knowledge
“ of these facts should lead to the immediate confine-
“ ment of lunatics still at large and favor above all
“ their more prompt admission, especially at the com-
“ mencement of the disease.”

“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.”

We are justified in our observations. There is no doubt upon the question; the duty of the country, of society as also of families cannot be more clearly defined nor can it be more imperative.

The inspectors understood the importance of the unanimous decision of physicians upon the point and the following extract from their report in 1867-68, page 13, leaves no doubt as to their opinion.

“By the prompt admission of patients, a much larger number would probably be relieved from their unfortunate affliction. The more there are cured the more useful members will society possess and the more will the number of the useless be diminished. We hope the government will at least take measures to abolish the deplorable habit of immuring in our prisons that class of prisoners, which is and has always been, the terror of sheriffs and jailers. In all countries this barbarous custom of thus shutting up 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 the prisons that lunatics rapidly become incurable. There they are nearly always shut or chained up. They receive little or none of the particular care demanded by their disease, as neither place nor circumstances admit of it. It is fortunate that they do not frequently commit suicide, either by hanging themselves or fracturing their skulls against the iron doors of their cells, as happened re-

“cently in the prison of Joliette. The formalities re-
“quired by law for the admission of patients are also
“too complicated and necessitate too much delay. While
“the authorities are deliberating or the parties corres-
“ponding, 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 never
“or rarely 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 ought to be made directly to the
“warden of the Asylum and, upon his returning an
“immediate answer that the case is admissible, the
“patient might be at once sent, leaving to the
“warden the duty of informing the government of the
“fact.”

The various laws respecting the insane in France, as
elsewhere, are united on this point ; all of them, under
different forms, and by means of measures more or less
stringent tending towards the same object and based
upon the same principles : the prompt admission of
the insane into the Asylums, as well in the interest of
the individual to assist his cure, as in the interest of
society, to avoid dangers which might present them-
selves : kindness, protection and devoted care towards
these unfortunate beings, both physically and morally,
that is to say placing within the reach of him, whom sad
misfortune has rendered incapable of caring for him-
self, a refuge where he can find, if not always a cure,
at all events that quiet which he requires, and granting
him the protection afforded by authority against
abuses.

The insane is, in his family at least, not only a non-
entity but a being who requires care and supervision.

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that is to say a source of expense. It is for a family, already too large to enable them to obtain the means necessary for a miserable existence, a heavy burden quite out of proportion to its resources. Thus, in most of the poverty stricken families and in those bordering on poverty, the lunatic is completely left to himself.

No matter what you may do, the insane, though apparently inoffensive, cannot be allowed to go free unless he has a family who are in easy circumstances and who can afford the great expense required and who are sufficiently attached to such person to make the sacrifices which his treatment necessitates. And this we certainly will not find among poor people. Even admitting all the zeal, self-denial and good will to nurse a beloved relation, where are the means to be found? The first and chief want is supervision and, we repeat it, the madman, though he be quiet and even harmless today will certainly end fatally; owing to the state of abandonment in which the family leaves him and through the excitement in which he is thrown, he will do some act which will oblige the government to place in custody the individual whom they refused to willingly take in charge on the previous day. Even in the country, where a madman might be considered to be protected from all the difficulties and vexations which are raised in large cities, even in such cases the life of an insane person is a hard one, and even if it does not interfere with public order and safety for a long while, it nevertheless interferes with the interests of lunatic himself who, as an invalid, has a claim upon the protection of society.

If, in town, the unfortunate madman soon becomes the laughing stock and puppet of the public, in the country he all the sooner becomes a wanderer, without

hearth or home, often without necessaries and reduced to begging his bread from farm to farm.

Do not imagine that we are exaggerating. Many a madman is now wandering about and we recollect often having seen one with an emaciated face, all in rags, with an idiotic smile, hold out his hand for charity. And who has not seen these unfortunate beings spending their life in some dirty hut or hovel or lying on filthy straw, hardly as well taken care of as animals?

We are far from saying that these cases happen every day but, it is precisely because we have opened the doors of the Asylums wider and allow all mad people in, whatever may be the form and the nature of their disease, that we have reduced the number of those cases of solitary imprisonment and ill treatment of the lunatic by his family. And from the day on which we would return to the strict observance of the law, which admits to the Asylum only dangerous lunatics, from that day would revive all the outside abuses against which we have, with so much reason, protested. Moreover the practice of all the specialists who deal with insanity is there to confirm our manner of viewing the question. Read the works of those who have devoted the greatest attention to the practical question of assisting the insane and they will all tell you with Falret: "Without any doubt, there can be retained, and there are, in fact, retained in their families, a certain number of harmless and incurable lunatics, but how many circumstances nevertheless arise to force the authorities and the parents to send them to the asylums, even when the principle of keeping the greatest number possible in their families, is admitted. The force of circumstances is in this instance more powerful than the strongest systematical inclinations."

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“ Well then,” says in his turn Dr. Lentz, “ we will not even admit exceptions, and we will categorically say : throw open the doors of the asylums to those weak minded creatures, to those abnormal intellects which, although they do not always present an immediate danger to society, become dangerous to themselves and their families, for whom they generally became a cause of shame and reproach. Let the parents, if they desire it, banish these dangerous nonentities from whom they will never obtain the slightest satisfaction, whereas the weakness or the perversity of their character will continually expose them to troubles of the most serious nature. These imperfect creatures will certainly not be kept in subjection in the midst of their relations, for the more they perceive they are liked, the more arrogant and the more unreasonable do they become.”

The lunatic surrounded by his near relations, who are interested in his welfare, by servants whom he is in the habit of commanding, surrounded by the customary circumstances of his private life and of the localities in which his delirium made its first appearance, is in a dangerous position, which necessarily nourishes and aggravates the delirium, and the indispensable condition to obtain the cure of the lunatic is to remove him from these influences. One cannot reasonably hope to see the lunatic allow himself to be ruled or commanded by his family, as the intellectual inferiority of the position which he occupies would require. It is an undeniable fact that the greatest difficulty experienced by the parents of an idiot is that of acquiring authority over him. That is what renders his treatment impossible and even his mere stay in his family difficult. The latter accustoms itself, without a great deal of trouble, to the thousand and one demands

of the lunatic who, seeing himself always at home, considers every thing he desires, to be reasonable and just. If the family at first becomes accustomed to the new order of things, it soon finishes by losing patience, refusals come in succession, the invalid is first pouted at and in the end harshly treated, his hatred for his own family increases from day to day ; to this morbid aversion is added an aversion based on real motives, and thence arise numerous disputes which often end in acts of violence.

It is the domination and the watchful care of strangers which they need. "Let not the rule" says Lentz "have any exception ; exclude no one from the boon of relief ; admit the peaceful lunatic as well as the furious one, the real idiot as well as the weak minded one, the monomaniac with his fixed ideas as well as the lunatic whose general delirium has destroyed even to the knowledge of his existence ; all have the same rights."

In order that our work may be perfectly well understood, we will place before the reader, as we have previously done, the different statistics in the same order.

We will consequently group these tables under the five following heads.

- 1st part : Movement of the population.
- 2nd " Admissions.
- 3rd " Discharges.
- 4th " Deaths.
- 5th " Summary.

TABLE I.
MOVEMENT OF THE POPULATION.

FIRST PART.

MOVEMENT OF THE POPULATION.

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 I
MOVEMENT OF THE POPULATION.

	MALES.		FEMALES.		TOTAL.
Remaining in asylum on 1st July 1880.....	481		476		•
Admitted during the year (1880-81).....	69		41		
Total.....	550		517		1067
Discharged.....	30		20		
Dead.....	37		32		
Total.....	67		52		119
Remaining on 30th June 1881...	483		465		948

PERCENTAGES :

Population under treatment..... 1067 Discharged 50 = 4.68 p. c.
 Population admitted.... 110 " 50 = 45.45 p. c.
 Population remaining 30th June 1881..... 948 " 50 = 5.27 p. c.

The percentage of discharges and the total amount of the patients under treatment is not as favorable as usual ; moreover, the progressive accumulation of chronic and incurable cases and the decrease in the number of admissions explain the reduced proportion of the discharges.

On the other hand, the percentage of the discharges with regard to the admissions during the year, compares favorably with the results of the previous years.

Years.
1845
1846
1847
1848
1849
1850
1851
1852
1853
1854
1855
1856
1857
1858
1859
1860
1861
1862
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1867
1868
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1870
1871
1872
1873
1874
1875
1876
1877
1878
1879
1880
30 June '81
Totals



TABLE II
SYNOPTICAL TABLE.

MOVEMENT OF THE POPULATION FROM 1845 TO 30th JUNE 1881.													
Years.	ADMISSIONS.			DEATHS.			DISCHARGES.			REMAINING.			ANNUAL INCREASE.
	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.	
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	1
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	
30 June '81	69	41	110	37	32	69	30	20	50	483	465	948	
Totals	2333	2053	4386	902	819	1721	948	769	1717				

Since its foundation, that is to say, during the 36 years of its existence, our house has received within its walls, 4,386 insane ; of this number 1,717 were discharged, and 1,721 died ; we have therefore 948 patients 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....4,386. Discharged and died (*sorties*)..3,438
Percentage....78.38

Percentage of discharges alone.

Admitted..4,386 Discharged..1,717 Percentage..39.14

Percentage of deaths.

Admitted.....4,386 Died.....1,721 Percentage.....39.23

Percentage of the known results.

Admitted.....	4,386	
Remaining	948	
Ascertained results.	3,438	{ Discharged, 1,717 p. c. 49.94
		{ Died 1,721 " 50.05

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

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TABLE III
DURATION OF RESIDENCE.

Insane treated since 1st July 1880 (12 months).			
DURATION.	M.	F.	Total.
One month and under.....	9	2	11
From 1 to 2 months.....	6	2	8
“ 2 “ 3 “	5	4	9
“ 3 “ 6 “	15	10	25
“ 6 “ 12 “	39	32	71
“ 12 “ 18 “	25	30	55
“ 18 “ 24 “	16	14	30
“ 2 “ 3 years.....	47	48	95
“ 3 “ 5 “	59	52	111
“ 5 “ 10 “	148	153	301
“ 10 “ 15 “	77	68	145
“ 15 “ 20 “	44	38	82
“ 20 “ 25 “	34	31	65
“ 25 “ 30 “	9	23	32
30 years and over.....	17	10	27
Totals...	550	517	1067

AVERAGE DURATION OF RESIDENCE.

Males..... 8 years, 9 months, 29 days.
 Females 9 years, 1 month, 27 days
 Both sexes..... 8 years, 11 months, 28 days.

TABLE IV
DISEASES TREATED DURING THE YEAR.

FORM OF THE DISEASE.	SEX.	TOTAL.	COMPLICATIONS.										TOTAL.		
			Congenital.	Paralysis.	Epilepsy.	Puerperal.	Hysterical.	Uterine disorders.	Onanism.	Intemperance.	Here litary.	Homicidal.	Suicidal.	M.	F.
Mania	{	M. 155	...	2	2	2	22	9	11	6	155	122
		F. 122	...	1	15	5	10	3	4	14	2	6			
Chronic mania.	{	M. 142	...	1	...	...	...	6	12	14	8	5	142	146
		F. 146	...	3	3	3	3	2	12	4	2				
Monomania.....	{	M. 12	...	...	...	...	...	1	1	...	...	12	5	
		F. 5	...	...	...	...	...	...	2	...	...		
Melancholia. ...	{	M. 75	...	...	...	...	...	8	7	5	2	18	75	74
		F. 74	...	2	6	4	5	2	2	9	2	16			
Dementia.	{	M. 27	...	...	...	...	...	4	1	1	1	...	27	36
		F. 36	...	3	...	...	...	...	...	6	...	1		
Senile dementia.....	{	M. 9	...	2	2	...	...	...	1	1	...	2	9	6
		F. 6	...	...	...	...	...	...	1	1	...	1		
Paralytic mania.	{	M. 14	...	14	...	...	...	...	5	...	...	1	14	5
		F. 5	...	5	1	...	...	...	1	...	...	...
Imbecility	{	M. 61	50	...	3	...	...	9	1	3	1	...	61	63
		F. 63	37	...	1	3	...	1	...	11	...	...	
Idiocy.....	{	M. 19	15	...	2	...	...	...	...	5	...	...	19	18
		F. 18	13	1	3	...	...	...	...	3	...	1		
Epileptic mania....	{	M. 36	...	2	36	2	1	36	42	
		F. 42	...	1	42	2	1	1	1	2	...	4			
Totals.....		1067	115	37	94	22	17	19	38	62	99	31	63	550	517

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TABLE V
OCCUPATION.

Average work of the patients during the year
1880-81.

OCCUPATION.	M.	F.	Total.
Household work.....	55	67	122
Gardening and farming.....	49	12	61
Sewing and knitting.....		62	62
Workshops.....	13		13
Wash house and laundry.....	8	11	19
Kitchen.....	6	13	19
Totals	131	165	296

Such has been the movement of our population for the year 1880-81. This general view will give additional facilities in enabling one to understand the following tables.

TABLE XI
Disease of patients admitted

TABLE XII

Probable causes of cure

TABLE XIII

Supposed causes of insanity

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 readmissions.	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.

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TABLE I
ADMISSIONS.

	M.	F.	Total.	
Admitted for the first time	63	40	103	
Re-admissions, after escape				
Readmissions of those discharged from 1845, to 30th June 1881, after more than one year's absence	1st Re-admissions.	3	1	4
	2nds "	2	...	2
Re-admissions of those discharged after less than one year's absence.	1st Re-admission.....			
	2nds "	1	...	1
Totals.....	69	41	110	

It should be noted here that the number of patients who came from the jails during the year is very large.

SECONDE PARTIE
TABLE II
CAUSES OF RE-ADMISSION.

	Total.		Re-admission after more than one year's absence.				GRAND TOTAL.
			1st Réa.		2nd Réadmis		
	M.	F.	M.	F.	M.	F.	
<i>Physical causes.</i> Hereditary.....	1			1			1
Blows on the head.....	1		1				1
<i>Moral causes.</i> Sorrows.....		1		1			1
Reverse of fortune.....	1				1		1
Business troubles.....	1		1				1
Unknown causes.....	2		1	1			2
Totals.....	6	1	3	1	2	1	7

Probable chances of cure.
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 Supposed cause of insanity

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TABLE III
FORMER RESIDENCE OF PATIENTS.

	Admitted during the year.			Admitted since 1845.		
	M.	F.	Total.	M.	F.	Total.
Coming from Cities...	15	8	23	525	601	1126
" Gaols.....	23	8	31	882	614	1496
" Districts..	29	25	54	810	711	1521
" Hospitals.	1	.....	1	73	97	170
" Abroad...	1	.....	1	30	23	53
" St. John's Asylum.	.....	.....	.....	10	7	17
" Kingston Penitentiary.	.....	.....	.....	3	.....	3
Totals.....	69	41	110	2333	2053	4386

PERCENTAGE ON THE NUMBER OF INSANE COMING FROM GAOL.

On the total number of admissions..... 34.10 p. c.
On the admissions during the year..... 28.18 p. c.

It should be noted here that the number of patients who came from the gaols during the year is very large.

TABLE IV
CIVIL CONDITION.

	Admitted during the year.			Treated during the year.		
	M.	F.	Total.	M.	F.	Total.
Single	43	25	68	372	325	697
Married	20	13	33	149	162	311
Widowed	5	3	8	22	30	52
Unknown	1	.....	1	7	.....	7
Totals.....	69	41	110	550	517	1067

TABLE V
LANGUAGE.

LANGUAGE.	Admitted since 1845.	Admitted during the year.
French.....	2670	87
English.....	1683	20
Other languages.....	33	3
	4386	110

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Germa
Norwe
Indian.



TABLE VI
RELIGION.

RELIGION.	Admitted since 1845.	Admitted during the year.
Catholic.....	3655	102
Protestant.....	666	7
Unknown.....	65	1
	<u>4386</u>	<u>110</u>

TABLE VII
ORIGIN.

	ORIGIN.		
	Admitted during the year.		
	M.	F.	Total.
Canada.....	54	32	86
Scotland.....		1	1
United States.....	1		1
Sweden.....	1		1
England.....	1	2	3
Ireland.....	11	4	15
Germany.....	1		1
Norwegian.....		1	1
Indian.....		1	1
	<u>69</u>	<u>41</u>	<u>110</u>

TABLE VIII
OCCUPATIONS.

ADMITTED DURING THE YEAR.			
	M.	F.	Total.
Liberal professions.....			
Soldiers and seamen.....	5		5
Civil service employee.....	1		1
Carter.....	1		1
Industrial or commercial profes- sions.....	3		3
Teachers or students.....	1	1	2
Agricultural occupations.....	22		22
Manual or mechanical occupations.	9		9
House-keepers.....		17	17
Musicians.....			
Servants.....	13	4	17
Without occupation.....	10	18	28
Occupation unknown.....	4	1	5
Totals.....	69	41	110

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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 yrs.	4	...	4	12	11	23	50	50	100
From 15 to 20 "	7	4	11	33	32	65	142	145	287
" 20 " 25 "	10	6	16	77	77	154	350	260	610
" 25 " 30 "	6	4	10	87	82	169	339	326	665
" 30 " 35 "	10	6	16	92	75	167	303	276	579
" 35 " 40 "	8	5	13	56	55	111	247	222	469
" 40 " 45 "	8	5	13	54	63	117	224	202	426
" 45 " 50 "	5	...	5	39	32	71	188	124	312
" 50 " 60 "	6	4	10	68	48	116	257	224	481
" 60 " 70 "	4	6	10	21	31	52	156	147	303
" 70 " 80 "	1	...	1	10	9	19	63	60	123
80 years and over.....	...	1	1	1	2	3	14	17	31
Totals.....	69	41	110	550	517	1067	2333	2053	4386

TABLE X
MANIFESTATION OF THE DISEASE
PREVIOUS TO ADMISSION.

ADMITTED DURING THE YEAR.	M.	F.	Total.
One month and under.....	7	2	9
From 1 month to 6 months.....	9	4	13
“ 6 “ “ 1 year.....	5	1	6
“ 1 year “ 2 years.....	3	3	6
“ 2 “ “ 3 “.....	9	1	10
“ 3 “ “ 4 “.....	3	2	5
“ 4 “ “ 5 “.....	1	1	2
“ 5 “ “ 10 “.....	6	3	9
“ 10 “ “ 15 “.....	.....	4	4
“ 15 “ “ 20 “.....	1	.....	1
“ 20 “ “ 25 “.....	1	3	4
From birth.....	9	8	17
Undetermined period, not remote.....	6	2	8
“ “ long standing.....	4	5	9
Unknown.....	5	2	7
Totals.....	69	41	110

AVERAGE DURATION OF THE DISEASE PREVIOUS
TO ADMISSION.

Males, 45. Duration: 2 years, 11 months, 16 days.
Females, 24. “ 6 “ 8 “ 5 “
Both sexes, 69. “ 4 “ 9 “ 25 “

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Chronic m

Monomani

Melanchol

Dementia.

Senile dem

Paralytic m

Imbecility..

Idiocy.....

Epileptic ma

Totals.

TABLE XI
DISEASES OF PATIENTS ADMITTED DURING
THE YEAR.

FORM OF DISEASE.	SEX.	TOTAL.	COMPLICATIONS.									TOTAL.			
			Congenital.	Paralytic.	Epileptic.	Puerperal.	Hysterical.	Uterine disorders.	Onanism.	Intemperance.	Hereditary.	Homicidal.	Suicidal.	M.	F.
Acute mania.....	M.	24								6	2	2	1	24	6
	F.	6					1				2				
Chronic mania.....	M.	7						1	2	2				7	11
	F.	11								1	1				
Monomania.....	M.	2												2	
	F.														
Melancholia.....	M.	15							2	2	1	3	15	9	
	F.	9					4					1			
Dementia.....	M.	2												2	2
	F.	2	1												
Senile dementia.....	M.	1								1		1	1		
	F.														
Paralytic mania.....	M.	3	3						1				3		
	F.														
Imbecility.....	M.	9	7	1				2					9	2	
	F.	2	2												
Idiocy.....	M.	5	3	1									5	7	
	F.	7	6	2							1				
Epileptic mania.....	M.	1	1	1									1	4	
	F.	4	1	4											
Totals.....		110	18	6	9		6	3	11	10	4	7	69	41	

TABLE XII
PROBABLE CHANCES OF CURE.

OF THE PATIENTS ADMITTED DURING THE YEAR.			
	M.	F.	Total.
Chances of cure—favorable.....	27	8	35
“ “ doubtful.....	20	12	32
“ “ unfavorable.....	22	21	43
Totals.....	69	41	110

Percentage of favorable cases on the admissions during the year.

Mal-s,	69.	Favorable admissions	27,	p. c.	39.13
Females,	41.	“	“	8,	p. c. 19.51
Both sexes,	110.	“	“	35,	p. c. 31.81

ADMITTED DURING THE YEAR.

TABLE XIII
SUPPOSED CAUSES OF INSANITY.

ADMITTED DURING THE YEAR.		M.	F.	Tot.
PREDISPOSING CAUSES.				
Hereditary.	direct	4	2	6
	mixed	4	6	10
	Paternal (father, grand-father, grand-mother, uncle, aunt).	11	4	15
	Maternal (" ")	1	1	2
	Paternal and maternal	2	2	4
	Collateral, brothers and sisters	1	1	2
	Collateral and paternal	1	1	2
	" " and maternal	1	1	2
	Epilepsy and other nervous affections	3	6	9
	Previous attacks of mental alienation	9	7	16
	Totals	33	26	59
DETERMINING CAUSES.				
	Congenital defect	10	7	17
	Falls, blows, wounds on the head	3	0	3
	Convulsions	4	4	8
	Hereditary	4	3	7
	Typhoid fever	1	1	2
	Alcoholic excesses	9	0	9
	Female diseases and disorders of the genital organs	3	3	6
	Other physical causes	5	2	7
	Sexual excesses, onanism, debauchery	3	0	3
	Exposure and hardship	1	2	3
	Late hours, excessive intellectual labor	4	4	8
	Disappointed love	1	1	2
	Grief	3	4	7
	Loss of fortune, business troubles	5	5	10
	Fear, anxiety, sudden emotion	2	2	4
	Idleness	1	1	2
	Ambition, deception	1	1	2
	Religion, scruples	3	3	6
	Unknown causes	13	8	21
	Totals	69	41	110

N. B.—Amongst the patients admitted during the past year, the number of those whose mental condition is due to hereditary predisposition is really astonishing.

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 VII.

Age at time of discharge.

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TABLE I
DISCHARGES.

	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	9	22	13	9	22		
Claimed by relatives.....	5	3	8	3	5	8	3	..	3	11	8	19			
Transferred.....	1	..	1	1	3	4	..	..	..	2	3	5			
Escaped.....	1	..	1	1	..	1	2	..	2	4	..	4			
Totals.....	20	12	32	5	8	13	5	..	5	30	20	50	948	769	1717

Percentage of discharges of those cured among favorable cases on the 30th June, 1880. (40 m. 32 f.)

Favorable cases,	Discharged cured,	Average.
72	32	44.44 p. c.

Percentage of discharges of those cured and improved among favorable cases on the 30th June, 1880.

Favorable cases,	Discharged cured improved,	Average.
72	45	62.50 p. c.

Population under treatment,	Favorable cases,	Average.
on the 30th June, 1880,	72	7.52 p. c.
957		

Admissions in the year,	Discharged,	Average,
110	50	45.45 p. c.
Discharged cured		
Admissions in the year, and improved,	Average,	
110	45	40.90 p. c.
Admissions in the year,	Discharged cured,	Average,
110	32	29.09 p. c.

TABLE II
FORM OF THE DISEASE OF DISCHARGED PATIENTS.

PATIENTS DISCHARGED DURING THE YEAR.												
FORM OF THE DISEASE.	MENTAL CONDITION.									GRAND		
	Cured.			Im- proved.			Sta- tionary.			TOTAL.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Mania.....	16	10	26	1	3	4	2	...	2	19	13	32
Melancholia..	4	1	5	2	3	5	...	...	...	6	4	10
Moral insanity....	...	1	1	...	...	...	...	...	...	...	1	1
Monomania.....	...	...	...	1	1	2	...	...	...	1	1	2
Epileptic insanity.	1	...	1	1	...	1
Imbecility.....	1	1	1	...	1	...	1	1	2
Idiocy.....	2	...	2	2	...	2
Totals.....	20	12	32	5	8	13	5	...	5	30	20	50

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TABLE III
DURATION OF THE DISEASE BEFORE ADMISSION

PATIENTS DISCHARGED DURING THE YEAR.												
DURATION.	MENTAL CONDITION.									GRAND TOTAL.		
	Cured.			Im-proved.			Sta-tionary.			M.	F.	Tot.
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.			
1 month and under.	4	...	4	...	...	...	...	...	...	4	...	4
From 1 to 2 mos...	1	1	2	...	...	...	...	...	...	1	1	2
" 2 " 3 " ...	1	1	2	...	...	...	...	...	...	1	1	2
" 3 " 6 " ...	2	3	5	1	...	1	...	...	...	3	3	6
" 6 " 12 " ...	1	2	3	...	...	...	...	...	...	1	2	3
" 12 " 18 " ...	1	1	2	1	1	2	1	...	1	3	2	5
" 18 " 24 " ...	...	...	...	...	...	...	...	...	...	...	...	...
" 2 " 3 years.	1	1	2	...	1	1	...	...	...	1	2	3
" 3 " 4 " ...	1	...	1	1	1	2	...	...	...	2	1	3
" 4 " 5 " ...	...	...	...	...	...	...	...	...	...	...	...	...
5 years and over..	1	1	2	1	1	2	1	...	1	3	2	5
Undetermined, but recent.	6	2	8	...	2	2	...	...	...	6	4	10
Undetermined, of long standing.	...	...	...	...	...	...	1	...	1	1	...	1
Since childhood and congenital.	...	...	...	...	1	1	2	...	2	2	1	3
Unknown.....	1	...	1	1	1	2	...	...	2	2	1	3
Totals.....	20	12	32	5	8	13	5	...	5	30	20	50

Out of 32 cures obtained, we show in 23 cases the duration of disease before admission as follows :

Males..... 1 year, 6 mos., 4 days.
 Females..... 3 " 23 "
 Both sexes..... 8 " 3 " 13 "

TABLE IV
PRINCIPAL CAUSES OF INSANITY.

DETERMINING CAUSES.		MENTAL CONDITION.									GRAND TOTAL.		
		Cured.			Improved.			Stationary.					
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Physical.	Congenital defect, hereditary	..	..	..	1	1	3	..	3	3	3	1	4
	Falls, blows on the head	1	..	1	..	..	..	..	..	1	..	1	1
	Alcoholic excesses	3	..	3	1	..	1	..	..	4	..	4	4
	Female diseases	..	2	2	..	2	2	..	..	..	4	4	4
	Convulsions, epilepsy	..	..	..	1	..	1	..	..	1	..	1	1
	Other causes	1	..	1	..	1	1	..	..	1	1	2	2
	Hereditary	2	..	2	..	..	..	..	..	2	..	2	2
	Ill treatment	1	1	2	..	..	..	..	..	1	1	2	2
Late hours	1	..	1	..	..	..	..	..	1	..	1	1	
Mixed.	Onanism, dissipation	1	1	2	1	..	1	1	..	1	3	1	4
	Anxiety, fear	2	1	3	..	..	..	..	..	2	1	3	3
Moral.	Losses, reverses	2	..	2	..	..	..	..	..	2	..	2	2
	Grief, domestic troubles	1	..	1	..	..	..	..	..	1	..	1	1
	Religious excitement	1	2	3	..	1	1	..	..	1	3	4	4
	Poverty, hardship	1	1	2	1	..	1	2	1	3	3
Unknown	3	4	7	1	3	4	1	..	1	5	7	12	
Totals		20	12	32	5	8	13	5	..	5	30	20	50

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TABLE V
DURATION OF TREATMENT.

DURÉE :	PATIENTS DISCHARGED DURING THE YEAR.									Patients discharged since 1845.				
	MENTAL CONDITION.									GRAND TOTAL.				
	Cured			Im-proved.			Sta-tionary			M.	F.	Total.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.					
1 month and under...						1	1	1	1	53	42	95		
From 1 to 2 months	1	1						1	1	77	40	117		
“ 2 “ 3 “ ...	2	1	3	1	1			2	2	4	89	71	160	
“ 3 “ 6 “ ...	3	1	4	1	1			3	2	5	190	137	327	
“ 6 “ 9 “ ...	4	4	8	2	3			5	2	7	98	90	188	
“ 9 “ 12 “ ...	2	2						2	2		79	54	133	
“ 12 “ 18 “ ...	3	2	5			2	2	5	2	7	115	77	192	
“ 18 “ 24 “ ...	1	1						1	1		55	48	103	
“ 2 “ 3 years..	3	5	8	1	1			4	5	9	62	59	21	
“ 3 “ 4 “	1	1	2	1	1	1	1	3	1	4	30	24	54	
“ 4 “ 5 “	1	1	2	1	2			1	2	3	17	27	44	
5 years and over..	1	1	2	3	4	1	1	2	4	6	83	100	183	
Totals.....	20	12	32	5	8	13	5	5	30	20	50	948	769	1717

Average period of treatment of patients discharged during the year:

Males, 2 years, 4 months, 3 days.
 Females, 2 “ 11 “ 3 “
 Both sexes, 2 “ 7 “ 18 “

The lengthy stay of transferred patients has greatly increased the average duration of the treatment.

One transferred patient (Felkin) remained in the Asylum for 24 years. Five others remained seven years each.

TABLE VI
TOTAL DURATION OF THE DISEASE FROM ITS
MANIFESTATION.

PATIENTS DISCHARGED DURING THE YEAR.												
DURATION.	MENTAL CONDITION.											
	Cured.			Im- proved.			Sta- tionary.			Grand total.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
	—	—	—	—	—	—	—	—	—	—	—	—
From 1 to 2 mos...	...	...	...	...	...	...	...	...	...	...	...	...
“ 2 “ 3 “ ...	1	..	1	...	...	...	...	...	1	...	1	...
“ 3 “ 6 “ ...	1	...	1	...	...	...	...	...	1	...	1	...
“ 6 “ 9 “ ...	2	2	4	...	...	...	...	...	2	2	4	...
“ 9 “ 12 “ ...	2	...	2	...	...	...	...	...	2	...	2	...
“ 12 “ 18 “ ...	1	...	1	...	...	...	...	...	1	...	1	...
“ 18 “ 24 “ ...	2	2	4	...	1	1	...	...	2	3	5	...
“ 2 “ 3 years	2	1	3	...	1	1	...	...	2	2	4	...
“ 3 “ 4 “ ...	2	3	5	2	1	3	...	...	4	4	8	...
“ 4 “ 5 “ ...	...	1	1	...	...	...	...	...	...	1	1	...
5 years and over...	...	1	1	2	1	3	1	...	1	3	2	5
Undetermined, but recent.	6	1	7	...	...	...	...	...	6	1	...	...
Undetermined, of long standing.	...	1	1	1	2	3	2	...	2	3	3	6
Since childhood...	...	...	...	...	...	...	2	...	2	2	...	2
Unknown.....	1	...	1	...	2	2	...	...	1	2	3	...
Totals.....	20	12	32	5	8	13	5	...	5	30	20	50

TABLE VII
AGE WHEN DISCHARGED.

AGES.	Discharged during the year.			Discharged since 1845.		
	M.	F.	Tot.	M.	F.	Tot.
Under 15 years.....	1	...	1	10	13	23
From 15 to 20 years..	4	2	6	67	59	126
“ 20 “ 25 “ ...	4	1	5	168	109	277
“ 25 “ 30 “ ...	7	3	10	156	135	291
“ 30 “ 35 “ ...	4	5	9	138	118	256
“ 35 “ 40 “ ...	2	2	4	95	71	166
“ 40 “ 45 “ ...	...	2	2	95	81	176
“ 45 “ 50 “ ...	4	1	5	84	56	140
“ 50 “ 60 “ ..	3	2	5	82	79	161
“ 60 “ 70 “ ...	1	2	3	39	39	78
“ 70 “ 80 “ ...	...	...	...	14	9	23
Totals.....	30	20	50	948	769	1717

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 to the form of mental disease.

TABLE III.

Duration of treatment.

TABLE IV.

Age at death.

TABLE V.

Causes of death.

INS

Th

Males.

Females

Both s

Duration
the year :

Males .

Females

Both sex

TABLE I

DEATHS.

INSANE PATIENTS DECEASED DURING THE YEAR.			
	M.	F.	Total.
Through sickness	37	32	69
Totals.....	37	32	69

Percentage of the deaths :

	Treated.	Died.	Average.
Males... ..	550	37	6.72 p. c.
Females	517	32	6.19 p. c.
Both sexes... ..	1067	69	6.46 p. c.

Duration of treatment of patients deceased during the year :—

Males	6	years,	2	months,	20	months.
Females.....	9	"	3	"	9	"
Both sexes....	7	"	8	"	29	"

TABLE II

DEATHS CLASSIFIED ACCORDING TO THE
FORM OF MENTAL DISEASE.

INSANE PATIENTS DECEASED DURING THE YEAR.			
	M.	F.	Total
Suffering from :			
Acute mania.....	2	....	2
Chronic ".....	15	14	29
Acute melancholia.....	1	2	3
Chronic ".....	4	5	9
Monomania.....	....	....	....
Ordinary dementia.....	3	3	6
Senile ".....	1	1	2
Paralytic insanity.....	4	....	4
Epileptic ".....	5	3	8
Imbecility.....	....	4	4
Idiocy.....	2	....	2
Totals.....	37	32	69

Insane	From
1 month	2
2 "	3
3 "	6
4 "	9
5 "	12
6 "	18
7 "	24
8 "	30
9 "	40
10 "	50
15 "	60
20 years	70



TABLE III
DURATION OF TREATMENT.

DURATION.	Insane patients deceased during the year.			Since 1845.		
	M.	F.	Tot.	M.	F.	Tot.
1 month and under.....	2	1	3	59	30	89
From 1 to 2 months.....	1	.....	1	60	27	87
" 2 " 3 " .....	.....	.....	.....	69	36	105
" 3 " 6 "	3	1	4	105	70	175
" 6 " 9 "	1	3	4	71	60	131
" 9 " 12 " .....	.....	.....	.....	51	42	93
" 12 " 18 "	2	4	6	73	89	162
" 18 " 24 "	3	1	4	54	52	106
" 2 " 3 years.....	5	2	7	91	85	176
" 3 " 4 "	3	1	4	68	58	126
" 4 " 5 "	1	.....	1	40	55	95
" 5 " 10 "	11	9	20	84	115	199
" 10 " 15 "	2	2	4	41	57	98
" 15 " 20 " .....	.....	1	1	15	18	33
20 years and over.....	3	7	10	21	25	46
	37	32	69	902	819	1721

TABLE IV

AGE AT DEATH.

Insane patients deceased during the year.				Since 1845.		
AGE.	M.	F.	Total.	M.	F.	Total.
Under 15 years.....				16	11	27
From 15 to 20 years..	1		1	19	19	38
" 20 " 25 "	1	2	3	58	52	110
" 25 " 30 "	1	3	4	80	77	157
" 30 " 35 "	5		5	98	81	179
" 35 " 40 "	8	5	13	104	87	191
" 40 " 45 "	3	2	5	100	83	183
" 45 " 50 "	3	2	5	81	55	136
" 50 " 60 "	9	5	14	134	140	274
" 60 " 70 "	4	10	14	128	132	260
" 70 " 80 "	2	2	4	65	61	126
80 years and over....		1	1	19	21	40
Totals.....	37	32	69	902	819	1721

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

Males	46	years,	1	month.		
Females.....	51	"	6	"	22	days.
Both sexes...	48	"	9	"	26	"



TABLE V

CAUSES OF DEATH

INSANE PATIENTS DECEASED DURING THE YEAR.			
Diseases :	M. F.	Total	
Of the brain and nervous system.....	{ Congestion.....	1	
	{ Chronic meningitis.....	1	
	{ Paralysis.....	1	
	{ Epilepsy.....	2	
	{ Nervous exhaustion.....	3	
Of the heart.....	{ Hypertrophy.....	7	
	{ Valvular insufficiency.....	1	
Of the lungs.....	{ Hemorrhage.....	1	
	{ Pneumonia.....	1	
	{ Laryngitis phthisis..	1	
	{ Pulmonary congestion.....	6	
	{ Pulmonary gangrene.....	5	
	{ Pulmonary gangrene.....	6	
Of the digestive organs....	{ Scirrhous of the liver.....	1	
	{ Icteria.....	1	
	{ Dysentery.....	1	
Various diseases.....	{ Gravel.....	1	
	{ Exhaustion.....	2	
	{ Debility.....	2	
	{ Marasms.....	4	
	{ Anemia.....	3	
	{ Cancer in the breast.....	7	
	{ Old age.....	1	
	{ Senile gangrene.....	1	
{ Uterine tumour.....	3		
Totals.....	37	32	69

TABLE V

Probable causes of cure

TABLE V

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.

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.

Pop
18

Adm
ye

Disch

Death

00

27

28

240

QUEBEC (Canada)

TABLE I
MOVEMENT OF THE POPULATION.

	M.	F.	Total.	M.	F.	Total.
Population on 1st July 1880.....				481	476	957
Admitted during the year.....				69	41	110
Totals.....				550	517	1067
Discharges.....	30	20	50			
Deaths.....	37	32	69			
	67	52	119	67	52	119
Totals.....				483	465	948

AVERAGE DURATION OF RESIDENCE

Males..... 483 : 9 years 5 months 8 days
 Females..... 465 : 9 " " " " " "
 Both sexes..... 948 : 9 " " " " " "

TABLE II

DURATION OF RESIDENCE.

Insane patients remaining on 30th June 1881.

DURATION.	M.	F.	Total.
Under 1 month.....	6	1	7
From 1 to 2 months.....	4	2	6
“ 2 “ 3 “.....	3	2	5
“ 3 “ 6 “.....	9	7	16
“ 6 “ 12 “.....	31	27	58
“ 12 “ 18 “.....	18	24	42
“ 18 “ 24 “.....	12	13	25
“ 2 “ 3 years.....	38	41	79
“ 3 “ 5 “.....	51	48	99
“ 5 “ 10 “.....	136	140	276
“ 10 “ 15 “.....	75	66	141
“ 15 “ 20 “.....	44	37	81
“ 20 “ 25 “.....	33	27	60
“ 25 and over.....	7	20	27
30 years and upwards.....	16	10	26
Totals.....	483	465	948

AVERAGE DURATION OF RESIDENCE.

Males 483 : 9 years, 5 months, 3 days.
 Females..... 465 : 9 “ 3 “ 15 “
 Both sexes.... 948 : 9 “ 4 “ 9 “

TABLE III

AGE.

DISEASES OF PATIENTS REMAINING ON THE 30th JUNE 1881.

Insane patients remaining on 30th June 1881.

STATEMENT OF AGES.		M.	F.	Total.
Under 15 years.....		6	2	8
From 15 to 20 ".....		12	15	27
" 20 " 25 ".....		30	21	51
" 25 " 30 ".....		43	36	79
" 30 " 35 ".....		66	62	128
" 35 " 40 ".....		52	57	109
" 40 " 45 ".....		62	56	118
" 45 " 50 ".....		49	52	101
" 50 " 60 ".....		93	82	175
" 60 " 70 ".....		47	58	105
" 70 " 80 ".....		17	20	37
80 years and over.....		6	4	10
Totals.....		483	465	948

TABLE IV
DISEASES OF PATIENTS REMAINING ON THE
30TH JUNE 1881.

FORM OF THE DISEASE.	SEX	TOTAL	COMPLICATIONS.										TOTAL.		
			Congenital.	Paralytic.	Epileptic.	Puerperal.	Hysteric.	Uterine disorders.	Onanism.	Intemperance.	Hereditary.	Homicidal.	Suicidal.	M.	F.
Mania.....	M. 138 F. 103	241	2	2	1	14	6	9	2	19	6	10	4	138	103
Chronic mania..	M. 123 F. 128	251	1	3	3	2	2	6	10	12	7	5	123	128	
Monomania.....	M. 10 F. 4	14								1			10	4	
Melancholia....	M. 57 F. 62	119		2	3	2	4	4	4	3	1	17	57	62	
Chronic melanch.	M. 7 F. 11	18			3	2	2	3	1	1		3	7	11	
Dementia.....	M. 24 F. 32	56		2				4	1	1	1		24	32	
Senile dementia.	M. 8 F. 5	13	2	2					1	1		2	8	5	
Paralytic mania.	M. 10 F. 5	15	10		1			4				1	10	5	
Imbecility.....	M. 60 F. 58	118	49	3	1	3	1	8	1	3	1		60	58	
Idiocy.....	M. 15 F. 18	33	12	2	1	3				5		1	15	18	
Epileptic mania..	M. 31 F. 39	70	1	13	2	2	1	2					31	39	
Totals.....	948	10732	32	86	21	17	16	36	51	88	27	58	483	465	

QUEBEC (Canada)

TABLE V

PROBABLE CHANCES OF CURE.

Of insane patients remaining on 30th June 1881.

	M.	F.	Total.
Chances of cure—favorable.....	41	26	67
“ “ doubtful.....	35	40	75
“ “ unfavorable.....	407	399	806
Totals.....	483	465	948

TABLE V

THE PROBABLE CHANCES OF CURABLENESS

Former residence of patients admitted from 1st January 1873 to 30th June 1881.

		M.	F.	TOT.
County of Argenteuil.	{ Saint-Andrews.....	.....	1	1
	{ Sainte-Rosalie.....	1	.....	1
	{ Saint-Hugues.....	.....	1	1
County of Bagot.	{ Acton Vale.....	2	.....	2
	{ Saint-Pie.....	1	1	2
	{ Saint-Simon.....	5	1	6
	{ Saint-Théodore.....	.....	1	1
	{ Saint-André d'Acton.....	.....	1	1
	{ Saint-Ephrem d'Upton.....	.....	1	1
County of Beauce.	{ Sainte-Marie.....	3	.....	3
	{ Saint-Evariste.....	.....	1	1
	{ Saint-Joseph.....	2	1	3
	{ Saint-François.....	3	2	5
	{ Saint-Victor de Tring.....	3	1	4
	{ Saint-Pierre de Broughton.....	.....	1	1
	{ Buckland.....	.....	1	1
	{ Saint-Elzéar.....	1	.....	1
	{ Saint-Georges.....	1	.....	1
	{ Kennébec.....	1	1	2
	{ Saint-Frédéric.....	1	.....	1
County of Bellechasse.	{ Mailloux.....	1	.....	1
	{ Saint-Michel.....	5	1	6
	{ Saint-Gervais.....	1	1	2
	{ Saint-Lazare.....	.....	3	3
	{ Beaumont.....	2	1	3
	{ Saint-Valier.....	1	3	4
	{ Saint-Charles.....	2	1	3
	{ Saint-Raphaël.....	1	4	5



		M.	F.	TOT.
County of Berthier.	{ Saint-Barthélemy.....	1		1
	{ Saint-Cuthbert.....	1		1
	{ Berthie.....	1	2	3
	{ Lavaltrie.....	1		1
County of Bonaventure.	{ Maria.....	1	1	2
	{ Bonaventure.....	1	1	2
	{ New-Richmond.....	1	1	2
	{ Carleton.....	1	1	2
County of Brome.	{ Brome.....		1	1
County of Chambly.	{ Longueuil.....	1		1
County of Champlain.	{ 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.....	1		1
	{ Saint-Maurice.....	1		1
County of Charlevoix.	{ Saint-Irénée.....	1		1
	{ Saint-Urbain.....	5	1	6
	{ Saint-Fidèle.....		1	1
	{ Malbaie.....	5	1	6
	{ Rivière Saint-François.....		1	1
	{ Baie Saint-Paul.....	3	4	7
County of Châteauguay.	{ Eboulements.....	5	2	7
	{ Saint-Antoine.....		1	1
	{ Saint-Urbain.....		1	1
	{ Sainte-Martine.....	1		1

		M.	F.	TOT.
County of Chicoutimi.	Noire-Dame d'Hébertville.....		1	1
	Laterrière.....	1		1
	Saint-Dominique.....		1	1
	Chicoutimi.....		2	2
	Tadoussac.....	1		1
	Rivière Shaldrake.....		1	1
	Betsiamis.....		2	2
	Saint-Jérôme.....	1		1
Sainte-Anne.....	2		2	
County of Compton.	Westbury.....		1	1
	Compton.....	5		5
	Eaton.....	2	1	3
	Hereford.....	1		1
	Hampton.....	1		1
	Saint-Romain.....		1	1
	Winslow.....	3	1	4
	Lingwick.....	1	1	2
	Lake Megantic.....	1		1
Bury.....	2		2	
Sainte-Hedwidge de Clifton.....		2	2	
County of Two-Mountains.	Saint-Benoit.....	1		1
	Saint-Hermas.....		1	1
	Saint-Colomban.....	1		1
	Saint-Canut.....	2		2
	Saint-Eustache.....	1	1	2
County of Dorchester.	Sainte-Hénédine.....	2		2
	Saint-Edouard.....	3		3
	Cranbourne.....	1		1
	Sainte-Justine.....	1		1
	Canton Watford.....		1	1
	Saint-Isidore.....	2		2
	Sainte-Malachie.....		3	3
	Saint-Anselme.....	1	1	2
	Sainte-Marguerite.....	2	1	3
Sainte-Claire.....	7		7	
Frampton.....	1	1	2	

		M.	F.	TOT.
County of Drummond.	{ St-Germain de Grantham..	1	.....	1
	{ L'Avenir.....	1	1	2
	{ Durham.....	1	4	5
	{ Saint-Cyrille de Wendover..	.....	1	1
	{ Drummondville.....	.....	1	1
	{ Saint-Guillaume.....	3	.....	3
	{ Kingsey.....	1	1	2
County of Arthabaska.	{ Saint-Christophe.....	5	4	9
	{ Stanfold.....	3	1	4
	{ Saint-Norbert.....	.....	1	1
	{ Saint-Valère.....	2	.....	2
	{ Warwick.....	1	2	3
	{ Sainte-Hélène de Chester..	2	.....	2
	{ Saint-Albert de Warwick..	3	1	4
County of Gaspé.	{ Percé.....	2	3	5
	{ Gaspé.....	1	3	4
	{ Barachois de Malbaie.....	1	.....	1
	{ Sainte-Anne des Monts..	2	.....	2
	{ Cap Chat.....	1	1	2
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	.....	2
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
	{ Sainte-Alphonse.....	.....	1	1
	{ Joliette.....	4	1	5

		M.	F.	TOT.
County of Kamouraska.	Mont Carmel	1	.....	1
	Rivière-Ouelle.....	2	.....	2
	Saint-Paschal.....	1	1	2
	Sainte-Anne Lapocatière...	10	5	15
	Kamouraska.....	2	2	4
	Saint-André.....	1	.....	1
	Saint-Alexandre.....	2	1	3
County of Laprairie.	Saint-Philippe de Néry.....	.....	3	3
	Saint-Jacques le Mineur.....	2	.....	2
County of L'Assomption.	Saint-Constant.....	3	.....	3
	Saint-Lin.....	1	.....	1
County of Laval.	Saint-Vincent de Paul.....	2	.....	2
	Saint-Nicolas.....	3	7	10
County of Lévis.	Bienville.....	1	.....	1
	Saint-Romuald.....	4	4	8
	Notre-Dame de Lévis.....	18	10	28
	Saint-Henri.....	3	1	4
	Saint-Joseph.....	3	3	6
County of L'Islet.	Sainte-Louise.....	.....	1	1
	Saint-Aubert.....	.....	1	1
	Saint-Pamd'hile.....	.....	1	1
	Saint-Roch des Aulnets.....	3	1	4
	Saint-Cyrille.....	1	.....	1
	L'Islet.....	5	3	8
	Sainte-Perpétue.....	.....	1	1
	Saint-Jean Port-Joly.....	2	4	6
County of Lotbinière.	Saint-Eugène.....	1	.....	1
	Saint-Jean Deschaillons.....	1	.....	1
	Sainte-Emélie.....	1	3	4
	Saint-Louis de Lotbinière.	2	1	3
	Saint-Patrice.....	.....	1	1
	Sainte-Croix.....	9	5	14
	Saint-Edouard.....	1	1	2
	Saint-Sylvestre.....	3	4	7
	Saint-Apollinaire.....	1	1	2
	Sainte-Agathe.....	.....	1	1
	Saint-Flavien.....	.....	1	1
Saint-Giles.....	2	1	3	

	M.	F.	TOT.
County of Megantic.			
{ Inverness.....			
{ Saint-Calixte de Somerset.....	1	4	5
{ Sainte-Sophie.....	1	2	3
{ Leeds.....	3	3	6
{ Sainte-Julie.....	3	2	5
{ Saint-Ferdinand.....	3	0	3
{ Lyster.....	2	2	4
	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.			
{ St-Pierre Rivière du Sud....	3	1	4
{ Berthier.....	3	2	5
{ Saint-François.....	2	0	2
{ Saint-Paul de Montminy.....		1	1
{ Saint-Thomas Montmagny.....	6	3	9
{ Cap Saint-Ignace.....	4	3	7
{ Isle aux Grues.....	1	0	1
County of Montmorency.			
{ Saint-Ferréol.....	2	1	3
{ Château-Richer.....	3	0	3
{ Saint-Joachim.....	1	0	1
{ Ange Gardien.....	2	5	7
{ St-Laurent (isle d'Orléans).....	1	0	1
{ Saint-Pierre " " " ".....		2	2
{ Saint-Jean " " " ".....	2	2	4
{ Ste-Famille " " " ".....	4	2	6
{ Sainte-Anne de Beaupré... ..	2	1	3
{ Laval.....	1	0	1
City of Montreal.			
{ Montreal.....	44	48	92
County of Napierville.			
{ Saint-Edonard.....		1	1
{ Saint-Rémi.....	2	0	2
{ Napierville.....	1	0	1

		M.	F.	TOT.
County of Nicolet.	{ Nicolet.....	2	1	3
	{ Saint-Pierre les Becquets..	1	2	3
	{ Saint-Grégoire	3		3
	{ Sainte-Gertrude.....		1	1
	{ Sainte-Monique.....	2		2
	{ Gentilly.....	1		1
	{ Saint-Célestin.....	1		1
	{ Saint-Léonard		1	1
County of Ottawa.	{ Petite Nation.	1		1
	{ Templeton... ..	1		1
	{ Aylmer.	2		2
	{ Wakefield	1		1
	{ Hull.. ..	2	2	4
County of Pontiac.	{ Isle aux Allumettes.....	1		1
	{ Chichester.....	1		1
	{ Clarendon	1		1
	{ Sheen.....		1	1
County of Portneuf.	{ Deschambault	1		1
	{ Portneuf.....	2	3	5
	{ Cap Santé.....	2	1	3
	{ Sainte-Jeanne de Neuville.	1	3	4
	{ Pointe-aux-Trembles.....	1	1	2
	{ Saint-Basile.....	1	2	3
	{ Saint-Augustin		1	1
	{ Saint-Alban.....	5	2	7
	{ Sainte-Catherine.....	1		1
	{ Saint-Raymond.....	3	1	4
City of Quebec.	{ Grondines.....	2		2
	{ Saint-Casimir.....	3	2	5
	{ Quebec, etc.....	166	202	368



	M.	F.	TOT.	
County of Quebec.	Beauport.....	4	6	10
	Lac Beauport.....	1	...	1
	Sainte-Foye.....	2	2	4
	Hedleyville.....	1	...	1
	Ancienne Lorette.....	2	2	4
	Bergerville.....	1	...	1
	Saint-Colomb de Sillery....	9	4	13
	Stoneham.....	...	1	1
	St-Ambroise, Jeune Lorette	3	2	5
	Charlesbourg.....	4	3	7
Valcartier.....	3	4	7	
County of Richmond.	Cleveland.....	...	1	1
	Melbourne.....	1	2	3
	Danville.....	...	2	2
	Shipton.....	1	1	2
	Windsor.....	5	...	5
Saint-Georges de Windsor.	...	1	1	
County of Wolfe.	South Ham.....	1	...	1
	North Ham.....	...	1	1
	Wolfton.....	...	2	2
	Weedon.....	1	...	1
	Wotton.....	1	2	3
Saint-Camille.....	1	...	1	
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.....	1	...	1
	Rimouski.....	2	4	6
	Saint-Mathieu.....	...	2	2
	Sainte-Luce.....	4	4	8
	Saint-Octave de Métis.....	1	2	3
	Sandy Bay.....	1	2	3
	Canton Tessier.....	...	1	1
	Saint-Simon.....	2	2	4
	Sainte-Félicité.....	1	...	1
	Saint-Anaclet.....	1	1	2
	Saint-Fabien.....	...	1	1
	Matane.....	2	1	3
Sainte-Flavie.....	...	1	1	
Saint-Jérôme de Matane....	1	...	1	

		M.	F.	TOT.
County of Rouville.	{ Saint-Damase.....	1	1	2
	{ Saint-Paul d'Abbotsford....	1	1	2
	{ Saint-Jean-Baptiste.....	1	1	2
	{ Marieville.....	1	1	2
	{ Saint-Mathias.....	1	.....	1
County of Saint-Hyacinthe.	{ Saint-Danis.....	1	1	2
	{ Saint-Hyacinthe.....	1	2	3
	{ Saint-Judes.....	1	1	2
	{ Saint-Damase.....	.....	2	2
County of Saint-Johns.	{ Saint-Valentin.....	1	.....	1
	{ Saint-Jean d'Iberville.....	.....	1	1
	{ Lacolle.....	2	.....	2
County of Saint-Maurice.	{ Saint-Barnabé.....	2	1	3
	{ Pointe du Lac.....	.....	1	1
	{ Saint-Etienne des Grès.....	.....	1	1
	{ St-Boniface de Shawinigan.	2	.....	2
County of Shefford.	{ St-Alphonse de Grandby...	1	.....	1
	{ Saint-Joseph d'Ely.....	4	.....	4
	{ Roxton Falls.....	1	.....	1
	{ North Shefford.....	.....	2	2
	{ Waterloo.....	.....	1	1
	{ Stukely.....	.....	3	3
County of Sherbrooke.	{ Lennoxville.....	1	.....	1
	{ Sherbrooke.....	11	2	13
	{ Ascot.....	2	1	3
County of Stanstead.	{ Stanstead.....	2	2	4
	{ Coaticook.....	3	1	4
	{ Magog.....	3	.....	3
	{ Barford.....	2	.....	2
	{ Hatley.....	.....	2	2
County of Soulanges.	{ Saint-Polycarpe.....	1	.....	1
	{ Saint-Zotique.....	.....	1	1

		M.	F.	TOT.
County of Témiscouata.	{ Haquart.....		1	1
	{ Saint-Honoré.....		2	2
	{ Trois-Pistoles.....	3	2	5
	{ Isle Verte.....	1	1	2
	{ Saint-Jean de Dieu.....		2	2
	{ Saint-Clément.....		1	1
	{ Rivière-du-Loup.....	3	2	5
	{ Saint-Eloi.....		1	1
	{ Saint-Epiphane.....	2		2
	{ Saint-Antonin.....		1	1
	{ Cacouna.....	1	1	2
	{ Saint-Arsène.....	1	1	2
County of Terrebonne.	{ Saint-Jérôme.....	1		1
	{ Saint-Hippolyte.....		1	1
Town of Three-Rivers.	{ Three-Rivers.....	4	4	8
County of Verchères.	{ Verchères.....	1		1
	{ Saint-Antoine.....	1		1
County of Yamaska.	{ Baie du Fèbre.....	1		2
	{ Saint-Zéphirin.....	1		1
	{ Saint-Michel.....	1		1
	{ Saint-Pie de Guire.....		1	1
Foreigners.....	16	2	18	
Residence unknown.....	21	6	27	
Grand total.....		736	615	

Admissions by counties from 1st January 1873
to 30th June 1881.

	M.	F.	TOT.
County of Argenteuil.....	.....	1	1
“ Bagot.....	9	6	15
“ Beauce.....	15	8	23
“ Bellechasse	13	14	27
“ Berthier	5	2	7
“ Bonaventure.	3	4	7
“ Brome.....	.....	1	1
“ Chambly	1	.....	1
“ Champlain	13	12	25
“ Charlevoix	19	10	29
“ Châteauguay	1	2	3
“ Chicoutimi	5	7	12
“ Compton	16	7	23
“ Two Mountains.....	5	2	7
“ Dorchester	20	7	27
“ Drummond	7	8	15
“ Arthabaska.....	16	9	25
“ Gaspé.	7	7	14
“ Hochelaga	4	1	5
“ Huntingdon.	3	.....	3
“ Iberville.....	1	.....	1
“ Jacques-Cartier.....	2	1	3
“ Joliette	6	3	9
“ Kamouraska.	19	12	31
“ Laprairie	5	.....	5
“ L'Assomption.....	1	.....	1
“ Laval.....	2	2
“ Lévis.....	32	25	57
“ L'Islet.	12	12	24
“ Lotbinière.	20	19	39
“ Mégantic.....	11	14	25

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Foreigners.
Residence un



	M.	F.	TOT.
" Maskinongé.....	2	3	5
" Montcalm.....	2	3	5
" Montmagny.....	19	10	29
" Montmorency.....	18	13	31
City of Montreal.....	44	48	52
County of Napierville.....	3	1	4
" Nicolet.....	10	5	15
" Outaouais.....	7	2	9
" Pontiac.....	3	1	4
" Portneuf.....	22	16	38
City of Québec.....	166	202	368
County of Québec.....	30	24	54
" Richmond.....	7	7	14
" Wolfe.....	4	5	9
" Richelieu.....	8	.....	8
" Rimouski.....	16	22	38
" Rouville.....	3	4	7
" St. Hyacinthe.....	3	6	9
" St. Johns.....	3	1	4
" St. Maurice.....	4	3	7
" Shefford.....	6	6	12
" Sherbrooke.....	14	3	17
" Stanstead.....	10	5	15
" Soulanges.....	1	1	2
" Témiscouata.....	11	15	26
" Terrebonne.....	1	1	2
Town of Three Rivers.....	4	4	8
County of Verchères.....	2	.....	2
" Yamaska.....	3	2	5
	699	607	1308
Foreigners.....	16	2	18
Residence unknown.....	21	6	27
Total.....	736	615	1351

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*Number of patients sent from charitable institutions,
goals and hospitals from January 1873 to 30th
June 1881.*

	M.	F.	TOT.
Beauharnois goal .....	.....	1	1
St. Hyacinthe "	6	3	9
Three Rivers "	20	7	27
Montreal "	43	43	86
Terrebonne "	6	4	10
Rimouski "	11	12	23
Iberville "	2	1	3
Montmagny "	7	1	8
Joliette "	9	4	13
Quebec "	35	15	50
Arthabaska "	14	6	20
Ottawa "	3	1	4
Richelieu "	16	1	17
Kamouraska "	9	1	10
Gaspé "	3	1	4
Sherbrooke "	23	3	26
Chicoutimi "	3	1	4
Beauce "	5	1	6
Kingston Penitentiary.....	3	.....	3
Reformatory.....	.....	3	3
Marine Hospital.....	5	2	7
General Hospital Quebec.....	1	.....	1
Sacré Cœur Hospital.....	.....	3	3
Hospice de la Charité Quebec ..	1	4	5
St. Jean d'Iberville Asylum	11	7	18
Deaf and Dumb Asylum.....	1	1
Total.....	236	126	362

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*Number of patients sent from charitable institutions,
wards and hospitals from January 1894 to
June 1894*

Institution	Jan 1894	Feb 1894	Mar 1894	Apr 1894	May 1894	June 1894
Bourbonnais	1	1	1	1	1	1
St. Hyacinthe	1	1	1	1	1	1
St. Joseph	1	1	1	1	1	1
Montreal	1	1	1	1	1	1
Paroissiens	1	1	1	1	1	1
Hochelaga	1	1	1	1	1	1
Herrill	1	1	1	1	1	1
Montmagny	1	1	1	1	1	1
Leveillé	1	1	1	1	1	1
Chabot	1	1	1	1	1	1
Arthurs	1	1	1	1	1	1
Chapoy	1	1	1	1	1	1
Richelieu	1	1	1	1	1	1
Kamouraska	1	1	1	1	1	1
Quebec	1	1	1	1	1	1
St. Charles	1	1	1	1	1	1
St. Vincent	1	1	1	1	1	1
St. Louis	1	1	1	1	1	1
St. Joseph's Hospital	1	1	1	1	1	1
General Hospital	1	1	1	1	1	1
Hotel Dieu Hospital	1	1	1	1	1	1
Hospice de la Misericorde	1	1	1	1	1	1
St. Jean's Hospital	1	1	1	1	1	1
Hotel and Tavern	1	1	1	1	1	1
Total	120	120	120	120	120	120



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