

NOVA SCOTIA

HOSPITAL FOR THE INSANE

REPORT FOR

1875.



HALIFAX, N. S.

PRINTED AT THE DAILY REPORTER AND TIMES STEAM WORKS.
1876.

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NOVA SCOTIA
HOSPITAL FOR THE INSANE

HALIFAX, N. S.

EIGHTEENTH ANNUAL REPORT OF THE
MEDICAL SUPERINTENDENT.

PRINTED BY ORDER OF THE WORKS DEPARTMENT.



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

1875:

Commissioner of Public Works and Mines.
HON. ROBERT ROBERTSON, M. P. P. ; M. E. C.

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JAMES DUGGAN, Esq., J. P.
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D. A. FRASER, M. D.

Bursar and Accountant.
MR. THOMAS McCULLOCH.

Storekeeper.
MR. GEORGE DOWNIE.

Housekeeper.
MRS. R. D. DICKSON.

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

Engineer.
MR. R. D. DICKSON.

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NOVA SCOTIA
HOSPITAL FOR THE DEAF
HALifax, N.S.

REPORT ON THE
RESULTS OF THE
TREATMENT OF
THE DEAF
BY
MR. J. H. THOMSON

- MR. GEORGE BROWN
MR. JOHN H. GIBBS
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MR. JOHN H. GIBBS
MR. JOHN H. GIBBS
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REPORT
OF THE
MEDICAL SUPERINTENDENT,
FOR THE YEAR
1875.

TO THE HON. THE COMMISSIONER
OF PUBLIC WORKS AND MINES: }

SIR,—I have the honor to submit the Eighteenth Annual Report of the Nova Scotia Hospital for the Insane—with a series of Statistical Tables, exhibiting the numbers admitted and discharged, as well as the results of treatment, from its opening in 1859.

The admissions for 1875 have been one hundred and fourteen (114), and the discharges seventy-five (75); of which number forty-three (43) were recovered, seven (7) improved, one (1) unimproved, and twenty-four (24) died. At the close of the year the number remaining in Hospital is three hundred and eighteen (318).

The whole number under care for the past year was three hundred and ninety-three (393). The daily average has been three hundred (300), being greatly in excess of any previous year.

During the past seventeen years one thousand and ninety-three (1,093) have been admitted, of whom seven hundred and seventy-five (775) have been discharged, as follows, namely: two hundred and twenty (220) have died; twenty-one (21) have been removed unimproved; eighty-one

(81) have been benefited, to a greater or less extent, and four hundred and fifty-three (453) have been discharged as recovered.

The proportion of recoveries to admissions has this year been nearly thirty-eight per cent., (37.71); being lower than the average of former years, owing in part to the unusual number admitted in 1875, and still more to the character of the cases themselves, a large proportion having been of the most unfavorable class. Every year adds its quota to the long list of chronic insane, thus fast filling up the Hospital with incurables.

The mortality rate, on the average number resident, has been eight per cent. (8.) This is somewhat higher than usual, but still a very moderate proportion. Reckoned on the total number under treatment, the rate has been only six per cent. (6.1.)

In the recoveries, the relative numbers of the sexes have been twenty-two (22) males, and twenty-one (21) females. The number of deaths has been the same for each—namely, twelve (12) males, and twelve (12) females.

The admissions have been more numerous by far than in any previous year; the highest number before was eighty-six (86), in 1868; the average since 1859 has been only sixty-one (61), while in 1875 we have received no less than one hundred and fourteen (114.) From this fact we draw two inferences: first, that the public have greater confidence in the management; and second, that for those for whom Hospital treatment is being eagerly sought, additional accommodation will soon be imperatively needed.

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INCREASE OF INSANITY.

For several years past the question has been widely and ably discussed, as to whether insanity is or is not increasing beyond the regular accession to the population. It is now conceded by most persons that a marked increase does occur year by year, and it is also ascertained that a great proportion of this is more apparent than real.

The prejudices of former days have so far disappeared that cases of insanity are no longer carefully concealed, and patients are now sent to Hospital, who in times past have been kept in the privacy of the home circle. Very gradually, however, do these prejudices wear off, for even among the admissions of the present year there are not a few instances where, through false pride and a mistaken delicacy, the patients have been detained at home for years. The additional number therefore *under care* at the present time does not prove increase of insanity in the same proportion; but rather indicates a growing disposition to place the insane under Hospital care and treatment.

The apparent increase in numbers is partly accounted for by the fact that the disease, especially in its incipient stages, is more readily recognized than formerly by medical men. The diminution of their numbers by death is less also of late years, since the careful attention bestowed on the insane at the present day greatly prolongs their existence.

The numbers in this Province are augmented from time to time by the return from the neighboring States of those of our citizens who have become insane while resident abroad. Every year we receive patients here who have been in one or other of the American Asylums.*

The ratio of the insane to the whole population of almost any country can now be ascertained with tolerable accuracy. It is by comparing the relative proportion of this class to all others—by showing the varying numbers in which at different periods, one insane person is to be found, rather than by reckoning perplexing per centages, that a clear and unmistakable case can be made out, intelligible to all who interest

* From Massachusetts not only the insane but all paupers are systematically sent back to their place of nativity, when this can be ascertained. They have a regular transportation agency, which carries out this work effectually. In 1872 no less than twenty-five were sent to Nova Scotia, and ten in 1873. (Report of Board of State Charities, Boston, 1874.)

themselves in such matters. A few instances by way of illustration will suffice.

In England the proportion in 1858 was one insane person to every 535 of the population; in 1874 this had risen to one in 375.* In Scotland, during the same period, the ratio increased from one in 523, to one in 438.† In Victoria, Australia, in 1867, the proportion was one to 515, and in 1871 it had reached to one in 369.‡

Coming nearer home, we find in the Census returns for the Dominion of Canada, a marked increase in the numbers of the insane beyond that of the general population. This holds good in every Province, but is most clearly shown in Nova Scotia, where a retrospect of twenty years is had. In 1851, including idiots and imbeciles, there was one insane person to every 593 of the population; in 1861 this ratio had risen to one in 504, while in 1871 there was no less than one to 309. From 1851 to 1871 the population increased from 276,117 to 387,800, and the numbers of the insane of all classes rose from 465 to no less than 1254.

Assuming that the returns are approximately correct we have evidence here of a marked and steadily progressive increase, and although every allowance be made for imperfect returns in 1851, the fact remains, that while the advance in the population was at the rate of forty per cent. (40) in twenty years, the numbers of those of unsound mind increased one hundred and sixty-nine per cent. (169) in the same period.

PREVENTION OF INSANITY.

To counteract the liability to so serious an evil, is certainly an object worthy of our highest aim. Valuable suggestions on this point have been well advanced not long since by Dr. Duncan, of Dublin, President of the Medico-Psychological Association. In his address to the members in July last, he states: "Whatever steps are to be taken

* Report of Commissioners to Lord Chancellor, July 1875.

† Seventeenth Report of General Board, Edinburgh, 1875.

‡ Report of Acting Inspector of Asylums, Victoria, 1873.

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with a view of securing this end, must be the result of individual effort in the education of the young;—by which I do not mean merely the kind and amount of information crammed into the head of the pupil, but the whole system of training required to produce a well-adjusted balance between all the intellectual and moral faculties of which man's higher nature is composed, and that physical developement of the entire system which reason and observation have shown to be the best safeguard against the occurrence of such a calamity in after life." *

The close and constant aggregation of the young together (in the vitiated atmosphere of a crowded mill,) has a tendency to excite the emotional and effective sensibilities of our nature, and to awaken the sexual passion before its proper time. The effect of this in the production of insanity, need not be pointed out to anyone practically conversant with the subject.

The employment of children in factories is fraught with other evils. Parental authority is weakened when the children spend the greater part of their time habitually away from home and among strangers. They very soon learn ideas of independence, if not of insubordination. Selfishness is fostered by the fact of their earning money by their own labor, which they soon learn to think they have a right to do with as they please—the sum at their disposal at any one time is usually so small that no attempt is made to save it for any useful purpose. Habits of unthrift result—the public house and the cigar shop are always at hand to swallow up any spare pence at their disposal. If the use of alcoholic stimulants and tobacco is injurious to adults, and leads to the production of insanity, it must be still more so in the case of all young persons whose nervous system has not yet reached its full development."

"This loosening of the family bond—this upsetting of parental authority—this perversion of the natural feelings and affections, indicates a state of mind very favorable to the developement of insanity, when circumstances arise calculated to produce it."

"An eager desire for wealth and a rash spirit of speculation prevades every class of the community."

"There is an amount of brain work going on in the present age, far different in kind from, and far greater in

* Address at the annual meeting, Dublin.—Journal of Mental Science, October, 1875.

degree than, any that was ever known before, and which must play a very important part in predisposing the subjects of it to insanity."

"These, however, are merely predisposing causes—inducing a state of the nervous system that is more easily affected by other agencies than it would naturally be."

"The monster evil of intemperance, with its associated vices and accidental accompaniments, is the greatest of all the causes producing the estimated increase of insanity. Sometimes it is alone accountable for the overthrow of reason;—on other occasions it aggravates and intensifies other causes operating along with it. How to destroy this hydra-headed monster is the one social problem of the day."

In the above quotations, which I have taken the liberty to condense, Dr. Duncan's views are given at sufficient length to show the importance attached by our specialty (as represented by the President), to the guarding against and warding off so dire a malady as insanity. To enter fully into the subject, it would be requisite to enumerate all the recognised causes of insanity, and to point out how many of these may be regarded as preventible.

Man's power over himself is far beyond what is generally supposed, and when properly guided and directed almost every one can so control his emotion, and limit his desires, as to retain his mental stability.

FUTURE PROVISION FOR THE INSANE.

This subject is one of too much importance to be omitted from the pages of the present report, and is brought more prominently forward by antecedent remarks on the increase of insanity. Our admissions in 1875 were greatly in excess of any previous year (114 against an average of 64), and outnumbered the discharges by fifty-two per cent. (52 p. c.) A continuance of this, for a very brief period, will render us powerless to receive new cases otherwise than as vacancies occur.

We have had occasion more than once to advert to the evil effects, dangerous and disastrous indeed, of over-crowding.

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It will not be amiss, however, to quote here a paragraph from a recent work published by Dr. Ray, "the Nestor of Psychological Medicine in America."*

"When a Hospital intended for 200 patients is made to receive 300 they excite and disturb one another—dangerous and even murderous collisions become unavoidable; the means of ventilation are deficient; and consequently the air of the house is loaded with effluvia calculated to produce disease; the officers, who need the utmost strength and serenity of mind in performing their allotted work, are constantly filled with apprehension; and the result of it all is that the hospital fails to accomplish that degree of comfort and restoration which it otherwise would. Let it be distinctly understood, therefore, that to place a patient in a hospital already full, is to inflict a positive injury on many for the doubtful chance of benefiting one." *

We have already shown that the census returns give a total of 1254 persons of unsound mind in this Province in 1871. At the present time the number is doubtless far beyond this; but even if not so, a great many are now neglected and homeless; many are suffering in jails, or lodged in poor-houses, and many are a heavy burthen upon their families; and unless steps are taken to provide accommodation for them, the misery and distress of these afflicted ones will appeal more strongly than ever for sympathy and relief.

Granting that of the whole number reported, as many as one-fourth may safely be left to the care of their friends, there still remain nine hundred and forty (940) to be provided for. We have at Mount Hope, at the end of 1875, three hundred and eighteen (318), with barely room for any more without resorting to expedients which crowding may compel us to adopt; but when this year shall have half completed its course, if admissions continue as heretofore, our every bed will be occupied, and every available space taken up.

To afford the requisite accommodation, three modes may be suggested, leaving it for the Government and the Legislature to adopt the most feasible. First a "Cottage System"; second a system of "boarding out" harmless patients; and third, the erection of an additional Hospital at the eastern and another at the western extremity of the Province.

* Report on the Hospital for the Insane, Gladesville, New South Wales, for 1874, by Dr. W. Norton Manning, Superintendent.

* "Contributions to Mental Pathology," by Dr. Isaac Ray, 1873.

COTTAGE SYSTEM.

So much has appeared in the popular periodicals from time to time, in reference to, and generally in praise of, the "free-air life" and the "colonisation" of the insane at Gheel, in Belgium, that many have been disposed to advocate the grouping together of patients of this class in cottages, rather than immuring them in large establishments as is now done. At Gheel, "a whole peasant population, spread over a large area, have devoted themselves for ages to the care and treatment of the insane." "Some years ago a commencement of such an undertaking was attempted at Haywards Heath, (England), which in those days was isolated enough, but even there, with the advantages of isolation and close proximity to the parent asylum, it had to be abandoned, as the patients were always full of complaints, and all anxious to return to the asylum."*

At the State Asylum, Worcester, Mass., a system of drafting selected patients into cottages near at hand has been tried and virtually condemned on the score of increased cost of maintenance, and ineffectual supervision.

The advantages claimed for the cottage system are a greater degree of freedom for the inmates, and an approximation to home-life. Except in the case of convalescent patients, as a sort of stepping stone to the outer world, these advantages, as shown above, are more nominal than real. The disadvantages of the system as an adjunct to Hospitals, consist in the difficulty of finding suitable guardians to take charge of the patients in these cottages; in the inconvenience and delay in distributing food and other supplies; in the impracticability of proper supervision over a widely extended area; and further, in the increased cost of management found to be unavoidably associated with these separate and detached buildings. These serious drawbacks have prevented the general adoption of a system which at one time promised to be exceedingly popular. In our case, independently of the objections above named, is the impracticability of giving proper attention to individual cases, if too many patients are committed to the one establishment.

* On over-crowded Lunatic Asylums; by S. W. D. Williams, M. D., *Journal of Mental Science*, January, 1872.

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Even now it is exceedingly harrassing to bestow on every case that full share of personal supervision—that *individualized treatment*—which alone is attended with the highest degree of professional success.

“BOARDING OUT” OF PATIENTS.

From the “Cottage System” I pass on to notice a plan which has been followed for several years past in Scotland, and with marked success. It is the boarding-out of one or more patients in private families; sometimes in villages, at other times in isolated and remote districts. I can not do better in explanation of this mode of caring for the insane, than to quote the last Annual Report of the Commissioners. They state that in 1874 upwards of 1400 patients were thus boarded out.

“The above patients, whatever may be their social position, or whether placed singly or two or three in a house, have certain conditions in common which form them into a class distinct from those placed in establishments. They are all resident, with the sanction of the Board, in private dwellings—the ordinary dwellings of the country—under the care of persons in their own condition of life, being for the most part their near relatives and natural guardians, and are subject to visitation by the Commissioners in Lunacy, and to such orders and regulations for their proper care and custody as the Board may from time to time enact. As a result of the arrangements, which the powers entrusted to it by the lunacy laws of the country have enabled it to make for the carrying out of these ends, it has been rendered possible for the Board of Lunacy in Scotland to provide with safety and advantage for the residence of a very large number of lunatics in private dwellings, who, under other circumstances, might either have been left insufficiently cared for, or else have helped to swell the aggregate of unrecovered and unimproved patients in public establishments. “And this is what we mean when we speak of the singlepatient system as constituting a peculiar fea-

ture in the administration of the laws relating to the care and custody of the insane in Scotland.

"The success which has attended the Scotch system of administration in this special feature of its operations has, of late years, attracted the attention of visitors from various quarters interested in the care and treatment of the insane.

"Patients in private dwellings in Scotland, under the jurisdiction of the Board of Lunacy, are not as a rule congregated or grouped together in some two or three localities, but are widely scattered over the face of the country, wherever there may happen to be a family with one of its members idiotic or insane, whose condition renders him a proper subject for domestic care—or wherever a suitable guardian can be found for any person of this description who has no relatives to take charge of him. And not only are lunatics in private dwellings thus widely scattered over the country, but in the great majority of instances their position in such dwellings is that of single patients; and to find two or more patients lodged together in the same house is a circumstance which can only legally occur where "special license" has been granted to the occupier of the house for that purpose.

"Although the Board of Lunacy is empowered to grant special licenses for the reception of as many as four lunatics in one house, the number in each house does not, on the whole, average more than two. Experience has shown that, in the case of pauper lunatics, it is not generally desirable to exceed this number. The class of persons from whom the guardians are taken—cottagers in a humble position in life—are seldom provided with house room sufficient to accommodate four additional inmates, and the reception of so large a number, in addition to the members of their own families, is very apt to do away with the purely domestic character of the arrangement, which is one of its most desirable features. It has therefore been resolved in future licenses to restrict the number of patients, as far as possible, to two in each house destined for the reception of pauper lunatics. In every application for a license it is necessary to state, in addition to the number of patients whom it is desired to receive, the number and size of the apartments of which the dwelling consists, and the number of sane inmates, including children. The Board of Lunacy is thus placed in

*Seventeenth Annual Report of the General Board in Lunacy for Scotland, Edinburgh, 1875, Appendix F Report by Dr. Patterson, Deputy Commissioner.

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a position to judge of the expediency, in any special case, of relaxing the rule it has laid down on this subject."*

The difficulty in adopting to any great extent this single-patient or "boarding-out" system in Nova Scotia at the present time, would be in ensuring due care and proper attention on the part of those to whom the insane would thus be committed. A step has already been taken in this direction by the permission given by the last Act of the Legislature regarding the "Custody and Estate of Lunatics," wherein the boarding-out of individual patients "on trial" is authorized. On one occasion only has this been done as yet, and then for special reasons. Those discharged "on trial" have heretofore been maintained at the expense of their friends during the probationary period. The plan sanctioned by the present law may be found advantageous in relieving the Hospital to some extent, while other steps are being taken to provide the requisite accommodation.

ADDITIONAL HOSPITALS.

The time can not be far distant when it will be found absolutely necessary to build two more establishments of this class—in the eastern and western sections of the Province respectively. The early erection of Hospitals, adapted say for from one to two hundred patients each, so designed as to be capable of extension to accommodate twice that number, appears to your Superintendent the true solution of the problem of future provision for this steadily increasing and wholly dependent portion of the community.

Neat and substantial buildings, of an inexpensive character, but adapted in every way for the care of the insane, would be found preferable to any extension of the present Hospital. Probably the plan adopted by the Government of Prince Edward's Island, for the Asylum about to be built at Charlottetown, would better meet our requirements, than any larger or more costly establishment. Messrs. Stirling & Dewar, Architects of Halifax, have these plans now in course of preparation.

* Seventeenth Annual Report of the General Board in Lunacy for Scotland.—Edinburgh, 1875, Appendix F., Report by Dr. Patterson, Deputy Commissioner.

The remoter districts of the Province are entitled to Hospital advantages, as well as the more central counties. The distance from Halifax to Yarmouth on the one hand, and to Cape Breton on the other, is too great for the safe conveyance of excited, distressed and debilitated patients. The compulsion to which they are now subjected of travelling so far at all seasons, without regard to the state of the weather or the roads, is in itself a very serious inconvenience, and one attended occasionally with hazard to life, as was proved in the case of a lady patient, brought in an enfeebled state from her distant home a few years ago, and found to be lifeless when lifted from the carriage at our door.

To some it may appear premature to urge the necessity for additional Hospital accommodation, so soon after the completion of the present edifice. When, however, the rapidity with which the new wing has been filled up, is considered; when the actual numbers of the insane are shown to be so far beyond the capacity of any one establishment; and when these are found to be steadily increasing; it will surely be admitted that injustice would be done to such as are now scattered throughout the country, if they are to be denied the opportunity of being benefited, and are to be shut out from the advantages accorded to those now under Hospital care and protection.

ESCAPES.

Of nearly eleven hundred patients cared for during a period of seventeen years, the number of those who have so far made good their escape as to reach their respective homes, has been wonderfully small. It rarely occurs that the attempt is not immediately frustrated by the parties sent in pursuit. Even after reaching home, many have been brought back, to remain until their restoration was further advanced. Instances of a prolonged absence have occurred, and it has happened on more than one occasion that the absentees have returned voluntarily.

Running-away was almost an epidemic in 1875; the attempts were numerous and determined, and in some

instances good their escape as to reach their respective homes, has been wonderfully small. It rarely occurs that the attempt is not immediately frustrated by the parties sent in pursuit. Even after reaching home, many have been brought back, to remain until their restoration was further advanced. Instances of a prolonged absence have occurred, and it has happened on more than one occasion that the absentees have returned voluntarily.

He was brought back, to remain until their restoration was further advanced. Instances of a prolonged absence have occurred, and it has happened on more than one occasion that the absentees have returned voluntarily.

This was brought back, to remain until their restoration was further advanced. Instances of a prolonged absence have occurred, and it has happened on more than one occasion that the absentees have returned voluntarily.

From this is the result which we have seen the destination of the

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instances successful. No less than four of the patients made good their escape, three of whom were so far recovered as to be retained by their friends, and are now engaged in their daily avocations. The other unfortunately has never been heard of.

He was one of a party taking walking exercise on the Hospital grounds, and was not suspected of any disposition to escape. So soon as he was missed, an active search was instituted, and continued vigorously—but notwithstanding that friends joined in the endeavor all efforts were unavailing.

This case having occurred previous to the last meeting of the Legislature, it became the subject of inquiry before the Committee on Humane Institutions. In their report it is stated the "Committee is of opinion that the Superintendent and other officials exercised due diligence in making such search as was possible under the circumstances." They recommended a renewed search when the snow should have disappeared, and this was duly carried out, handsome rewards being offered as well—but all proved ineffectual.

From the opening of the Hospital to the present time, this is the only instance of an escape having occurred in which we have been unable to trace the movements or learn the destination of the patient.

ACCOCHEMENTS.

During the past year, two cases of accouchement occurred. One was that of a married woman, who was delivered about three months after admission. Her mental condition was greatly improved; and she returned home a few weeks afterwards, taking her babe with her.

The other was a distressing case of seduction, the victim being a helpless epileptic, almost idiotic. When the fact of her pregnancy became known, it was duly reported, and steps were taken to guard the patient against accident or further injury. Her violent epileptic seizures, however, proved fatal to the foetus a week prior to delivery. When her accouchement took place an alarming hemorrhage occurred, which

very nearly proved fatal. From this, however, the patient rallied, and for some days after, hopes were entertained of her recovery; but an attack of peritonitis, complicated with epilepsy, induced extreme prostration, and terminated in death.

Simple and witless as this patient was, she carefully withheld the name of her villainous seducer. At the Superintendent's request, an official investigation was held in reference to the case. The whole of the evidence was subsequently published.

INSUBORDINATION.

At an early period in the summer, great difficulty was experienced in obtaining suitable persons as attendants; and the necessity devolved upon us of engaging some, whom under other circumstances we would have hesitated to employ.

The admission to our service of two or three unworthy, but yet very plausible individuals, had the effect of demoralizing some of those previously engaged; and brought on a degree of insubordination that necessitated the most rigid adherence to the rules and discipline of the Hospital.

Through the columns of the press, as well as officially, grievous complaints were made on this score, which led to a searching enquiry on the part of the Honorable Commissioner of Public Works, and the Board of Commissioners. After a patient investigation, orders were given to discharge several of the mal-contented, whose grievances proved to be unfounded; and in this way order and efficiency were promptly restored.

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CORONER'S INQUESTS.

Three inquests were held during the year. The first was in the case of H. P. W——, an elderly man, subject to epilepsy, whom the jury stated in their verdict to have died from falling from his bed while in a convulsive fit.

The second inquest was called for by the death, soon after admission, of L. McD——, a patient who for ten days previously had refused his food, and was brought here in a dying state. The cause of his death as stated in the verdict was "exhaustion from inanition."

The last was in the case of D. M——, a harmless and inoffensive patient, who had been resident here for a year and more, and who came to his death by means of a violent blow inflicted by another patient with a billet of wood. The assault was made in the exercising grounds of the Hospital, in the presence of an attendant, and was sudden, unexpected, unprovoked, and proved immediately fatal. Only for the presence of mind of a convalescent patient, who was at hand, the attendant was in danger of sharing the same fate.

The perpetrator, on his admission, made desperate attempts at self-destruction; but this impulse had subsided and he was not known to have any homicidal tendencies. When questioned as to his motive, he replied that he had acted under a Divine command, and expressed his regret that he had mistaken the proper individual.

The evidence in these cases was published in full at the time.

DEATH OF ATTENDANTS.

Early in the year (January 11th), we had, for the first time in the history of the hospital, to lament the decease of an attendant. James Reilly, a native of New Brunswick, after a comparatively short illness, fell a victim to pulmonary consumption. He had served faithfully for years, and was promoted to the post of special attendant. He was esteemed for his many good qualities, and died regretted by all.

In June, another of the attendants, Andrew Thompson, a native of Norway, was cut off by fever. He had been with

us but a short time only before his illness, and while engaged in the care of patients, gained their good will, and that of his associates.

Besides the loss of these attendants, we have to deplore the death, by drowning, of William Martin, baker to the Hospital. In August he went to Halifax "on leave," and on returning fell over the wharf, on one of the darkest nights of the season. He bore an exemplary character.

INCENDIARISM,

We had last year to report a determined attempt. This year two minor attempts were made, but happily they were early discovered and promptly frustrated. We had previously been supplied with Babcock's fire-extinguishers; but in the cases just alluded to, the flames were subdued before these were brought into requisition. We can not be too thankful for our escape.

UNEXPECTED RECOVERIES,

In June, 1860, No. 101, a married woman, who had previously had two short attacks of insanity, was admitted to this Hospital, laboring under delusions of a distressing character. At varying intervals, her manner became domineering, and her words flowed too rapidly for utterance. At all times she preferred to seclude herself from the other patients; and except at meal times, or when out for walking exercise, she was seldom out of her room.

After more than fifteen years of Hospital residence—with daily manifestations of disordered mental condition—it was peculiarly gratifying to note in the autumn of 1875, a marked change in her manner and appearance. Gradually she threw off her reserve, and became friendly with those with whom

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she was associated. She began to occupy her time in needle-work and in writing, and paid more attention to her personal appearance, and to the opinion of others. This improvement was steadily progressive, and resulted in her return to home and friends, apparently perfectly well.

The result, in this instance, was probably due to climacteric constitutional change, but its great unfrequency renders it worthy of note.

Another unexpected and far more sudden recovery occurred here many years ago, which has never been reported. The case is by no means devoid of interest, the more especially as the restoration has proved permanent.

_____, No. 296, *æ.t.* 25, single, was admitted 7th May, 1864. She had been for a short time engaged in school-teaching, and was six weeks insane. She manifested determined suicidal propensities, and had refused food for several days prior to admission.

The immediate cause of her insanity was a failure on her part to master the science of algebra, which without sufficient thought she had promised to teach one of her scholars. Night after night she pondered over the works on algebra within her reach, but all to no purpose. Loss of sleep, intense disappointment, and chagrin at being unable to fulfil her promise, soon preyed upon her mind to such an extent as to compel her to abandon her school, and shortly after resulted in an outbreak of melancholia.

Her suicidal propensity was traceable to hereditary predisposition—even the mode was similar. Her first attempt, which was made at home, was by hanging; a process which her mother had carried out effectually two years before. The fine brass wire used for this purpose left a deep dark indentation, which remained visible for more than two months after admission.

Not only did she refuse ordinary food, but she eagerly caught up and swallowed cinders, buttons, and small stones; and finding these did not destroy life, she secretly stuffed the throat with a bunch of horse-hair and flannel, equal to a good-sized hen's egg.

In this condition she was admitted. The obstruction was apparent, and was at once removed by tickling the fauces and thus bringing on an effort at vomiting. Finding that even after this the blandest liquids were immediately rejected, the stomach tube was used, when a coin or similar substance was pushed forward, and she was enabled to

swallow whatever food was given to her. She would take no nourishment voluntarily, and offered no great resistance when it was administered. She kept up a constant moaning day after day, and her unceasing cry was that she was eternally lost. In failing to keep her promise to her pupil, she supposed she had committed "the unpardonable sin."

Occupying a dormitory with five others, in the fourth story of the building, and watching an opportunity one night soon after admission, she raised the window sash six inches—it was checked to that height, but could be strained to a quarter of an inch more on one side—she forced herself through this narrow opening, taking with her a blanket, with a knot in one corner. Resting her feet upon the granite belt-course, and closing the window, so as to leave the knot inside, although more than forty feet from the ground, she made a spring, and landed on all fours about six feet from the building. Rebounding, she fell on her back, and was immediately picked up by the watchman, who was within sight at the time.

The injury resulting from this heroic leap was comparatively very slight, and was limited to a sprained ankle and a bruised back, with scratches on the hands and feet, caused by the hard ground where she landed in falling. These were soon healed, and she went about as before, moaning and lamenting incessantly. The shock of the fall had failed to restore her mental equilibrium, or to change the character of her delusions.

From this period she was under close surveillance day and night, and so resolute were her attempts to thrust buttons and pieces of glass down her throat, that hers was made an exceptional case, and the occasional use of a thin cotton camisole was sanctioned, the long sleeves of which terminated in a point and were secured behind her back, her arms being crossed over her chest.

Late in the autumn of 1864, a marriage took place between two of the attendants, and the ceremony was celebrated in the ward in which this patient was domiciled. From this the bridal party and guests adjourned to one of the upper wards to engage in the customary festivities. The attendant in charge, depending on the camisole as security, ventured to leave her duty at 8.45, P. M., to join in the merry-making. Precisely at nine o'clock the watchwoman came to take charge, and found the patient suspended by the neck, with a

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sheet which she had fastened to the window guard ; although one hand only had been released from the camisole by gnawing through the cotton.

The night watch, with the most commendable presence of mind, gently raised the body in her arms, and untied the knot. She then quietly summoned assistance, and the senior attendants, with the Superintendent, were immediately at work endeavoring to restore animation. Artificial respiration was kept up persistently, and at last a faint gasp was heard, showing that life was not wholly extinct. Vigorous means were now resorted to, to restore the circulation, and these were not abated for a period of nine hours. At six the following morning it was considered the immediate danger was over. The tongue, however, was still protruded, the face deeply suffused, and convulsions recurred at uncertain intervals. This continued for forty-eight hours, the patient apparently vibrating between life and death, when suddenly her countenance assumed its natural aspect; her eyes opened, and she recognized us all; she awoke as it were from a dream, and her reason was perfectly restored. She had no relapse from that day to this.

SUNDRY OCCURRENCES.

Situated as this Hospital is, at the extreme north-east of the American Continent, it is seldom that we are privileged to enjoy visits from those of our profession who devote themselves to the care of the insane. During the past year we were favored in this way on four several occasions, and your Superintendent and associates have been cheered by the hearty approbation accorded to the institution by brethren in the specialty.

The Medical Association of Canada held their annual meeting in Halifax in August, and members of the profession, from nearly every Province, as well as delegates from the United States, honored the Hospital with a visit, and were entertained at dinner. They took with them to their distant homes the most favorable impressions as to the efficiency of the establishment, and will long remember the

hearty reception accorded to them by the Medical Society of Nova Scotia.

The officers of the Hospital have all been favored this year with periods of relaxation, and during the summer visited different parts of the country. These annual holidays give renewed vigor to those whose daily duties are not of the most cheering kind. During the absence of the Assistant Physician, the Superintendent became ill; and until Dr. Fraser was recalled, Dr. E. Farrell, M. P. P., kindly gave his attendance upon several cases of severe illness, prevalent at that time.

The Board of Commissioners have paid their customary visits, weekly and oftener; and have continued to express the fullest confidence in the management.

In April, the Legislative Committee paid their annual visit of inspection, and reported as follows:

"The Committee on Humane Institutions beg leave to report that they visited Mount Hope Hospital for the Insane, and, under the guidance of the Superintendent, made an inspection of the Institution and its appurtenances. They found the buildings in excellent order, and all the departments of the Institution in efficient operation. The wards were neat and clean, and the furniture and bedding in good condition. The addition made to the building at the north end is now furnished and occupied, and is heated on an improved system, which has been found to work well."

"The whole condition of the Institution was very satisfactory, and the patients appeared to be comfortably attended to in all respects. A new and elegant organ, purchased by private subscription, has been placed in the chapel, and affords a valuable aid in conducting divine service. The committee have pleasure in testifying to the efficiency of the officers of the Institution, as evinced by the condition in which the several departments under their charge were found to be; and have to congratulate the country on the valuable services of the Superintendent in the management of this home for those afflicted by mental disease."

The Medical Jurisprudence Class of Dalhousie College, paid their customary weekly visits during the session, and received practical instruction in the diagnosis of insanity. Although your Superintendent has ceased to be connected with the Medical Faculty since their separation from the University, he has invited the class of 1875-76 to pay periodical visits, and has offered them every facility in

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studying the various phases of mental disorder.

An opportunity having presented itself, by the arrival of a musical troupe, advantage was taken of it to give the patients an out-door entertainment which they thoroughly enjoyed. In the winter they had their usual sleigh-drives, and in the summer their annual excursion in the steamer "Mic-Mac," as also dancing parties, concerts, readings, &c., &c., as noted among the acknowledgements. Owing to a combination of adverse circumstances, scarcely any entertainments were given during the autumn months.

One of the female attendants met with a very serious accident by the falling of a dumb-waiter. Her face was sadly bruised and torn, leaving a permanent disfigurement. The hoisting rope became suddenly detached, and the waiter fell with great velocity.

Notwithstanding every precaution a certain amount of damage is done continually, by destructive patients, to clothing and furniture, and especially to bedding. On comparing notes with other superintendents, I find that our loss in this respect falls far short of the average of other similar establishments. The advantage of using thick glass for the windows in the North wing has been proved by the fact that during the past twelve months not a single square has been broken.

Among the improvements of the year may be noted the building of a new entrance lodge, the painting of the Hospital windows and other woodwork, and the raising, enlarging, and repairing of the barn. The plateau immediately in front of the Hospital has been carefully graded; and the entrance road has been widened and gravelled. Trees were planted on the road side and near the new wing, and these bid fair to add materially to the beauty of the grounds, which are assuming a more satisfactory appearance every year.

ACKNOWLEDGMENTS.

Once more it becomes a pleasant duty to return thanks for numerous favors bestowed on the Hospital and its inmates. In the appendix to last year's report, a detailed account was given of the generous contributions for the purchase of a chapel organ. Nearly a thousand dollars (\$966.66) was raised in a very short time, and the hearty good-will expressed on the occasion was even more to be prized than the money or the instrument.

We have this year to record a legacy of five hundred dollars (\$500) bequeathed to the Hospital by the late Mrs. Fitzgerald Uniacke, a lady whose life was devoted to acts of charity and beneficence, and who evinced at all times the deepest interest in the welfare of the patients. May many others be stimulated to follow so worthy an example.

To the Ministers of the Gospel, sincere thanks are once more returned for their unflinching and gratuitous attendance Sunday after Sunday throughout the year; as also for their ready visits of consolation to the sick and dying, on all occasions.

We owe much to "the Fourth Estate" for undiminished kindness. The daily and weekly papers are sent here, from town and country, as heretofore, and afford to the patients a never-failing source of enjoyment. We are also indebted to the press for gratuitous notices of the several donations bestowed from time to time. The following papers are regularly received:—

- "Acadian Recorder," (daily).
- "Cape Breton Advocate," (Sydney).
- "Christian Messenger."
- "Church Chronicle."
- "Colonial Standard," (Pictou).
- "Eastern Chronicle," (New Glasgow).
- "European Mail," (London).
- "Halifax Citizen," (daily).
- "Halifax Reporter and Times," (daily).
- "Journal of Agriculture."
- "Morning Chronicle," (daily).
- "Morning Herald," (daily).
- "North Sydney Herald," (Cape Breton).
- "Nova Scotia Farmer," (Annapolis).

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“Summerside Progress,” (P. E. Island).
“Weekly Monitor,” (Bridgetown).
“Wesleyan.”
“Western Chronicle,” (Kentville).
“Windsor Mail.”

The respective proprietors will please accept our sincere thanks.

Mrs. Montagu kindly continues to forward regularly illustrated and other Australian papers. The British American Book and Tract Society send us large, well-assorted, monthly packets of interesting serials. We are also indebted to Robert Brunton, Esq., for a valuable lot of magazines and journals, a most welcome addition to our impoverished library.

For a very liberal and unfailing exchange list, from establishments such as this, far and near, as well as from numerous Boards of Commissioners, we own our continued indebtedness. From these interesting and instructive reports, we learn what is being constantly done elsewhere for the insane.

The excellent Band of the 63rd Volunteer Battalion, through kindness of officers, furnished music for one of our evening entertainments. We were also highly favored on a similar occasion by the Gentlemen's Amateur String Band.

To Captain Dashwood, Dr. Slayter, W. Hill, Esq., and friends we are indebted for a rich musical treat ; and to Rev. Messrs. Dodwell and Townend, and Miss Dodwell, for a literary and musical entertainment of a most enjoyable character.

For the customary excursion in the good steamer “Mic-Mac,” to the various points of interest on the shores of our noble harbor, we owe thanks to the Directors of the Halifax Steamboat Company, and to Captain McKenzie.

G. G. Dustan, Esq., Chairman of Commissioners, has favored several of the patients and attendants with sleigh drives and carriage drives, as on former occasions. Commissioners Ross and Duggan have presented us with books and games for the inmates.

The number of Christmas and birthday presents to individual patients, from their respective friends, is steadily increasing.

To Thomas McCulloch, Esq., our worthy Bursar, much credit is due for the careful preparation of the accompanying statistical tables.

In concluding the list of acknowledgments, I beg leave to express my best thanks for your hearty support and encouragement on all occasions—and to the Board of Commissioners for their continued confidence.

REQUIREMENTS,

Repairs to the flooring in the mens' wards longest occupied—alterations in the bath-rooms and water-closets of the South wing—and improvements in the heating arrangements of that part of the building, are among our most pressing requirements. These we hope to see effected during the ensuing summer.

CONCLUSION.

Another year of Hospital life leads us to the conviction that do what we may,—exert ourselves never so much—there will always remain something to be done in the way of improvement,—something that will call continuously for steady perseverance and untiring energy.

Commending the Hospital and its inmates to the overruling providence of Him who has heretofore bestowed His blessing, we enter with unfaltering hopefulness on the duties of the coming year.

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

MOUNT HOPE, January 1st, 1876.

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LIST OF TABLES, &c.

MEDICO-PSYCHOLOGICAL ASSOCIATION TABLES.

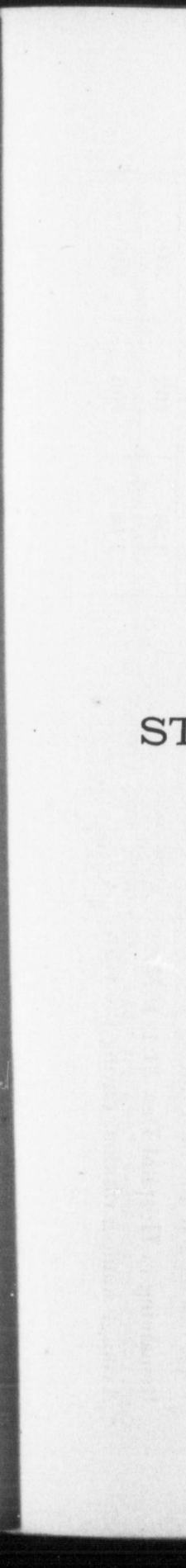
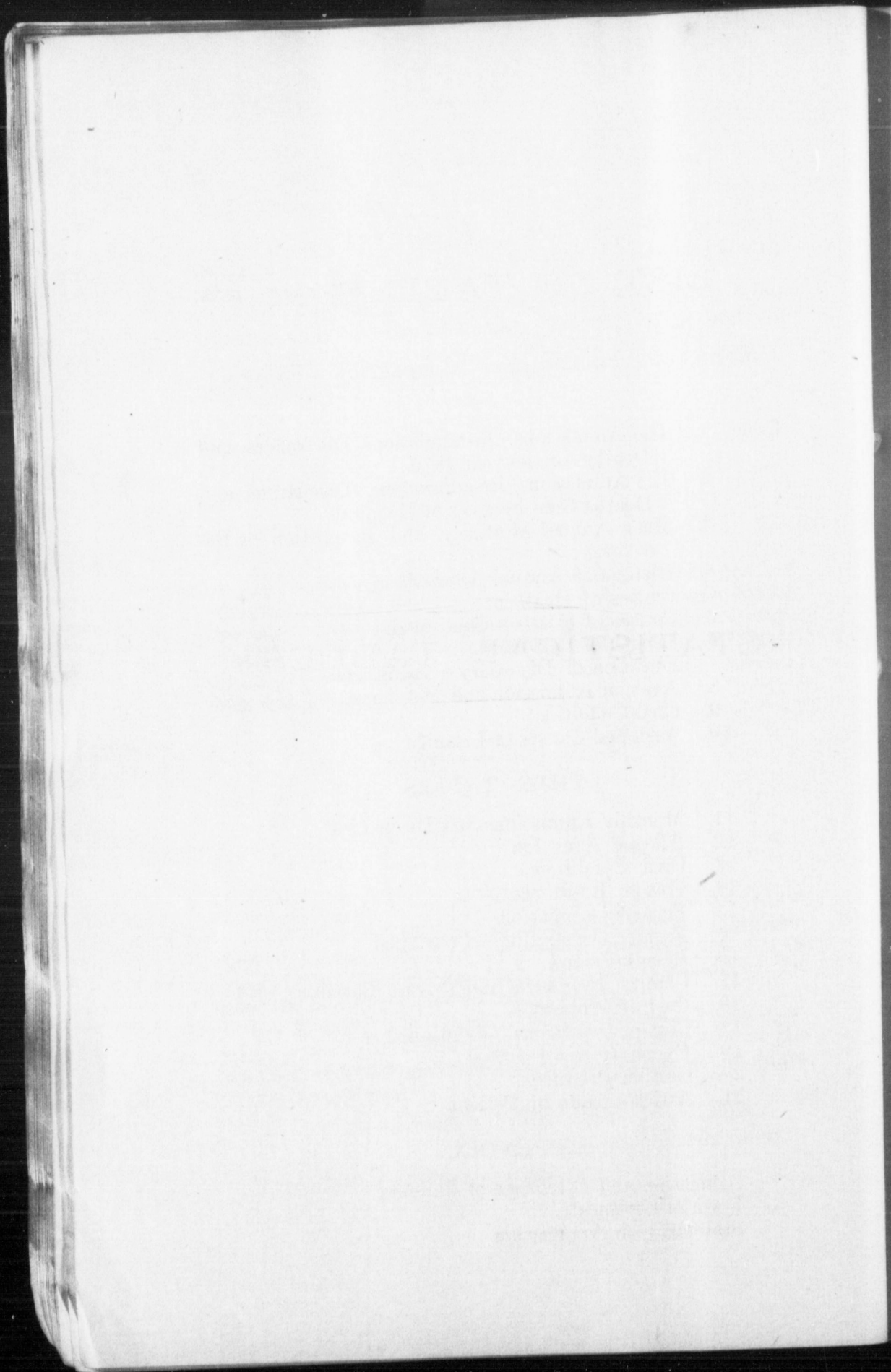
- Table 1. The Admissions, Re-admissions, Discharges, and Deaths for the year 1875.
" 2. The Admissions, Re-admissions, Discharges, and Deaths from opening of Hospital.
" 3. Mean Annual Mortality, and Proportion of Recoveries.
" 4. History of Annual Admissions.
" 5. Causes of Death.
" 5. Causes of Death.—Continued.
" 6. Length of Residence.
" 7. Duration of Disorder on Admission.
" 8. Ages on Admission and Discharge.
" 9. Civil Condition.
" 10. Assigned Causes of Insanity.

OTHER TABLES

- " 11. Monthly Admissions and Discharges.
" 12. Alleged Ages, &c.
" 13. Civil Condition.
" 14. Former Residence.
" 15. Former Occupation.
" 15. Former Occupation.—Continued.
" 16. Re-admissions.
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" 18. Cost of Provisions.—Continued.
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" 21. Articles made by Patients.

APPENDIX.

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



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STATISTICAL TABLES.

TABLE 1.
Showing the Admissions, Re-admissions, Discharges, and Deaths for the year 1875.

	Males.	Females.	Total.															
In Hospital 1st January, 1875.....	129	150	279															
Admitted for the first time during the year.....	<table border="1"> <thead> <tr> <th>M.</th> <th>F.</th> <th>T.</th> </tr> </thead> <tbody> <tr> <td>61</td> <td>40</td> <td>101</td> </tr> <tr> <td>7</td> <td>6</td> <td>13</td> </tr> </tbody> </table>			M.	F.	T.	61	40	101	7	6	13						
M.	F.	T.																
61	40	101																
7	6	13																
Re-admitted during the year.....	68	46	114															
Total admitted.....	197	196	393															
Total under care during the year.....																		
DISCHARGED OR REMOVED.																		
Recovered.....	<table border="1"> <thead> <tr> <th>M.</th> <th>F.</th> <th>T.</th> </tr> </thead> <tbody> <tr> <td>22</td> <td>21</td> <td>43</td> </tr> <tr> <td>6</td> <td>1</td> <td>7</td> </tr> <tr> <td>1</td> <td>"</td> <td>1</td> </tr> <tr> <td>12</td> <td>12</td> <td>24</td> </tr> </tbody> </table>			M.	F.	T.	22	21	43	6	1	7	1	"	1	12	12	24
M.	F.	T.																
22	21	43																
6	1	7																
1	"	1																
12	12	24																
Relieved.....																		
Not improved.....																		
Died.....	41	34	75															
Total discharged and died during the year.....	156	162	318															
Remaining in Hospital Dec. 31st, 1875.....	144	156	300															
Average number resident during the year.....																		

TABLE 2.
Showing the Admissions, Re-admissions, Discharges, and Deaths, from the opening of the Hospital to the present date, Dec. 31st, 1875.

Remaining in Hospital Dec. 31st, 1875..... 144 | 156 | 300
 Average number resident during the year.....

TABLE 2.
Showing the Admissions, Re-admissions, Discharges, and Deaths, from the opening of the Hospital to the present date, Dec. 31st, 1875.

	Males.		Females.		Total.
	M.	F.	F.	M.	
Persons admitted during the period of seventeen years.....	249	204	453	520	944
Re-admissions.....	55	26	81	83	149
Total of cases admitted.....	126	94	220	603	1093
DISCHARGED OR REMOVED.					
Recovered.....					
Relieved.....					
Not improved.....					
Died.....					
Total discharged and died during the seventeen years.....	447			328	775
Remaining December 31st, 1875.....	156			162	318

	Males.		Females.		Both Sexes.	
	M.	F.	F.	M.		
Per centage of Cases Recovered.....	41.20		41.64		41.44	
Not improved.....	9.13		6.81		7.41	
Died.....	2.82		0.81		1.92	
Remaining.....	20.80		19.18		20.13	
.....	25.87		33.06		29.19	
Total.....	100.00		100.00		100.00	
Mean Annual Mortality, 1859 to 1875.....	7.1		5.3		6.3	

Summary of Total Admissions, 1859 to 1875.

	Males.	Females.	Both Sexes.
Per centage of Cases Recovered.....	41.20	41.64	41.44
Not improved.....	9.13	6.81	7.41
Died.....	2.82	0.81	1.92
Remaining.....	20.80	19.18	20.13
.....	25.87	33.06	29.19
Total.....	100.00	100.00	100.00
Mean Annual Mortality, 1859 to 1875.....	7.1	5.3	6.3

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

YEAR.	Admitted.			Recovered.			Discharged.			Remaining 31st December in each year.			Average No. Resident.			Per centage of Recoveries on Admissions.			Per centage of Deaths on average number Resident.			
	M.	F.	T.	M.	F.	T.	Relieved.			Not improved.			M.	F.	T.	M.	F.	T.	M.	F.	T.	
							M.	F.	T.	M.	F.	T.										M.	F.	T.
1859	39	31	70	8	11	19	1	3	0	1	0	0	27	55	21	21	42	20.5	9.7	15.7	0	0
1860	32	31	63	8	14	22	2	2	1	3	1	3	45	50	34	36	70	25.0	19.8	22.2	8.8	2.8
1861	38	22	60	14	23	37	4	5	0	0	2	0	62	117	55	50	105	36.8	40.9	38.3	5.6	14.0
1862	31	12	43	12	9	21	1	2	2	0	2	1	5	56	69	52	121	18.7	75.0	48.8	5.8	1.9
1863	30	17	47	17	5	22	6	0	1	0	1	5	74	67	70	62	132	56.7	29.4	46.8	7.1	1.6
1864	23	23	46	8	10	18	1	3	3	0	3	4	10	82	80	71	151	34.8	43.4	39.1	5.0	8.4
1865	24	22	46	12	16	28	5	2	7	0	1	9	14	79	81	74	155	50.0	72.7	60.9	11.1	6.6
1866	21	21	42	10	7	17	6	4	10	3	1	4	4	80	80	73	153	47.6	33.3	40.5	1.2	4.1
1867	25	18	43	12	7	19	1	4	5	1	1	1	5	87	86	81	167	48.0	39.0	44.0	4.6	1.2
1868	40	46	86	8	12	20	1	2	3	1	2	6	14	111	99	91	190	20.0	26.0	23.2	6.0	8.7
1869	41	38	79	22	11	33	2	2	4	0	0	7	13	121	120	114	234	53.6	29.0	41.8	5.8	5.2
1870	43	27	70	12	12	24	3	2	5	1	0	1	25	134	133	128	261	27.9	44.4	34.2	10.5	8.6
1871	34	32	66	23	18	41	3	2	5	0	0	8	28	122	129	131	260	67.6	56.2	62.1	15.5	6.5
1872	44	33	77	20	19	39	3	1	4	0	0	13	27	130	125	133	258	45.4	57.6	50.6	10.4	10.5
1873	36	38	74	20	20	44	3	1	4	0	0	11	17	128	140	138	266	66.5	52.6	65.9	8.5	4.3
1874	34	33	67	17	19	36	6	0	6	0	0	10	14	129	150	145	278	50.0	57.5	53.7	7.5	2.7
1875	68	46	114	22	21	43	6	1	7	1	0	12	24	156	162	144	300	32.4	45.6	37.7	8.3	7.7
Total	603	490	1093	249	204	453	55	26	81	17	4	21	126	94	220	Mean of seventeen yrs.	41.2	43.0	42.3	7.1	5.3	6.3

TABLE 4.

Showing the history of the annual admissions since the opening of the Hospital, with the discharges and deaths, and the number of each year remaining on 31st December.

Total 603 490 1093 249 204 453 55 26 81 17 4 21 126 94 220 Mean of seventeen yrs. 41. 2 45. 0 42. 0

TABLE 4.

Showing the history of the annual admissions since the opening of the Hospital, with the discharges and deaths, and the number of each year remaining on 31st December, 1875.

YEAR	Admitted.						Of each year's Admissions, Discharged and Died in 1875												Total Discharged and Died of each year's Admissions to 31st Dec. 1875						Remaining of each year's admissions 31st Dec. 1875					
	New Cases.			Rejected Cases.			Recovered.				Relieved.				Died.				Recovered.			Not improved.			Died.			Remaining of each year's admissions 31st Dec. 1875		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
	Total.					Total.																								
1859	39	31	70	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1860	32	31	63	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1861	33	20	60	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1862	25	11	49	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1863	30	15	47	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1864	21	20	46	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1865	17	20	46	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1866	20	19	42	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1867	23	16	43	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1868	35	41	86	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1869	35	32	79	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1870	32	17	70	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1871	29	23	66	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1872	34	29	77	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1873	28	33	74	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1874	26	26	67	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1875	61	40	114	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	520	424	83	66	1093	22	21	43	7	12	12	24	249	204	453	55	26	81	17	4	21	126	94	220						

TABLE 5.

Showing the causes of death for each year, from the opening of the Hospital to the present date, Dec. 31st, 1875.

CAUSES OF DEATH.	1860		1861		1862		1863		1864		1865		1866		1867		1868		1869		1870		1871		1872		1873		1874		1875		TOTAL.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
	M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.				
Cerebral or Spinal Disease:																																	
Apoplexy and Paralysis.....	16	
Epilepsy.....	13	
Paresis.....	17	
Mania, Melancholia and Dementia	25	
Abscess of Brain.....	1	
Thoracic Disease:																																	
Gangrene of Lung.....	6	
Inflammation of Lungs, Pleuræ or Bronchi.....	14	
Pulmonary Consumption.....	68	
Disease of Heart, &c.....	15	
Aneurism.....	2	

TABLE 5.—Continued.

Showing the causes of death for each year from the opening of the Hospital to the present date, Dec. 31st, 1875.

Disease of Heart, &c..... 1
 Aneurism..... 1

CAUSES OF DEATH.

TABLE 5.—Continued.

Showing the causes of death for each year, from the opening of the Hospital to the present date, Dec. 31st, 1875.

CAUSES OF DEATH.	TOTAL.																											
	1860.	1861.	1862.	1863.	1864.	1865.	1866.	1867.	1868.	1869.	1870.	1871.	1872.	1873.	1874.	1875.												
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.												
Abdominal Disease:																												
Inflammation of Stomach, Intestines or Peritoneum	1		1	2		1	1				1					1												
Disease of Kidney												1				1												
Hepatic Abscess										1						1												
Ascites													1			1												
Diarrhoea												1				1												
Cancer												1				1												
Fever							1									3												
Erysipelas					1	1										1												
General Debility and old age												1			1	1												
Homicide																1												
Suicide and Accident	1						1		1						1	1												
Total	3	1	3	7	4	1	5	1	3	4	1	6	8	7	6	14	11	20	8	13	14	11	6	10	4	12	22	20

TABLE 6.
Showing the length of Residence of those Discharged Recovered and those who have died in the year 1875.

LENGTH OF RESIDENCE.	RECOVERED.				DIED.			
	M.	F.	T.	M.	F.	M.	T.	
Under one month.....	2	4	2	1	.....	.....	1
From one to three months.....	5	.....	9	.....	1	.....	1
“ three to six months.....	10	8	18	2	.....	.....	2
“ six to nine months.....	1	4	5	.....	1	.....	1
“ nine to twelve months.....	1	2	3	.....	.....	.....	.....
“ one to two years.....	.....	2	2	1	2	.....	3
“ two to three years.....	2	.....	2	3	2	.....	5
“ three to five years.....	1	.....	1	1	2	.....	3
“ five to seven years.....	.....	.....	.....	3	2	.....	5
“ thirteen to fifteen years.....	.....	.....	.....	.....	2	.....	2
“ fifteen to seventeen years.....	.....	1	1	1	.....	.....	1
Total.....	22	21	43	12	12	12	24	
Average residence since last admission, } Males..	Y.	M.	D.	Y.	M.	M.	D.	
.....	.....	8	.....	4	.....	.....	14
..... } Females..	1	2	1	4	6	.....	15

TABLE 7.

Showing the duration of the Disorder on Admission, on the Admissions, Discharges and Deaths in the year 1875.

Average residence since last admission, { Males 1 | 2 | 1 | 4 | 6 | 13
 Females 1 | 2 | 1 | 4 | 6 | 13

TABLE 7.

Showing the duration of the Disorder on Admission, on the Admissions, Discharges and Deaths in the year 1875.

CLASS.	Duration of Disease, &c., in Four Classes.												
	The Admissions.			The Discharges.						The Deaths.			
	Recovered.			Removed Relieved or otherwise.									
	M.	F.	Total.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
FIRST CLASS.													
First attack, and within three months on admission.....	14	11	25	7	7	14	3	3	3	3	1	1	
SECOND CLASS.													
First attack, above three and within twelve months on admission.....	7	7	14	3	4	7	1	1	1	2	2	4	
THIRD CLASS.													
Not first attack, and within twelve months of admission....	23	21	44	10	9	19	2	1	3	6	2	8	
FOURTH CLASS.													
First attack or not, but of more than twelve months on admission.....	23	7	30	2	1	3	...	...	...	2	5	7
Unknown	1	...	1	...	...	...	...	...	...	2	2	4
Total.....	68	46	114	22	21	43	6	1	7	12	12	24	

TABLE 8.
Showing the ages of the Admissions, Discharges and Deaths during the year 1875.

AGES.	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.					
	M.	F.	T.	Recovered.			Removed, Relieved or otherwise.			M.	F.	T.	M.	F.	T.
				M.	F.	T.	M.	F.	T.						
From 15 to 20 years.....	6	3	9	3	5	8	1	1	1	1	1	1	2	2	2
" 20 to 30	27	11	38	5	4	9	3	1	4	1	1	1	3	3	3
" 30 to 40	15	9	24	4	4	8	3	1	4	2	2	2	1	1	1
" 40 to 50	6	8	14	5	4	9	2	2	2	2	2	2	1	1	1
" 50 to 60	3	7	10	1	1	2	1	1	1	1	1	1	1	1	1
" 60 to 70	3	.....	3	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
" 70 to 80 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unknown and re-admissions.....	8	8	16	4	4	8	.....	.....	.....	.....	.....	.....	7	4	11
	68	46	114	22	21	43	6	1	7	12	12	12	12	12	24

TABLE 9.
Condition as to Marriage in the Admissions, Discharges and Deaths during the year 1875.

	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.		
	M.	F.	T.	Recovered.			Removed Relieved or otherwise.			M.	F.	T.
				M.	F.	T.	M.	F.	T.			
Single.....	43	17	60	9	8	17	1	.....	1	2	8	10
Married.....	17	20	37	9	10	19	4	1	5	3	1	4
Widowed.....	.....	3	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Re-admissions & not ascertained.	8	6	14	4	3	7	1	.....	1	7	3	10
Total.....	68	46	114	22	21	43	6	1	7	12	12	24

TABLE 10.

Showing the probable causes, apparent or assigned, of the Disorder in the Admissions, Discharges and Deaths, of the year 1875.

CAUSES.	The Admissions			The Discharge.						The Death.			
				Recovered.			Relieved.						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
MORAL.													
Religious Excitement.....	3	4	7	1	2	3					1	1	2
Anxiety.....	1		1										
Fright.....	6	3	9	2		2							
Failure in Business.....	2		2	1		1	1		1				
Domestic Trouble.....	1	2	3		1	1							
Disappointed Affection....	4	1	5										
Jealousy.....	1		1								1	1	
Grief.....		1	1		1	1							
PHYSICAL.													
Hereditary Predisposition..	12	4	16	4	6	10	1		1		1	1	
Intemperance.....	3	1	4	1		1	2		2				
Over-work.....	1	1	2	1		1							
Injury.....	6		6	2		2				1		1	
Onanism.....	2		2										
Disease of Kidney.....	1		1										
Erysipelas.....	1		1										
Lightning.....	1		1										
Epilepsy.....	1	1	2										
Ill-health.....		2	2		1	1							
Puerperal.....		3	3		2	2							
Climacteric.....		3	3		2	2							
Fever.....		2	2										
Unknown, & Re-admissions	22	18	40	10	6	16	2	1	3	10	9	19	
Total.....	68	46	114	22	21	43	6	1	7	12	12	24	

TABLE 11.
Monthly Admissions and Discharges from January 1859, to December 31st, 1875.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	Oct. ber.	Novemb. r.	Decemb. r.	Males.	F. males.	Total
1859 to 1874.															
Admitted.....	76	66	60	73	93	111	95	74	97	69	94	69	535	444	979
Discharged.....	46	30	44	56	65	62	64	68	56	69	65	75	406	294	700
1875.															
Admitted.....	6	3	6	9	12	11	15	17	11	8	5	11	68	46	114
Discharged.....	3	4	4	7	2	5	9	10	6	6	5	14	41	34	75
Remaining.....	282	281	283	285	295	301	307	314	319	321	321	318	156	162	318

TABLE 12.

Alleged Ages of all Admitted.

	1875	1859 to 1875.	Total.
From 5 to 10 Years.....	..	4	4
“ 10 to 20 “	9	58	67
“ 20 to 35 “	39	239	278
“ 30 to 40 “	26	223	249
“ 40 to 50 “	17	159	176
“ 50 to 60 “	15	105	120
“ 60 to 70 “	4	59	63
“ 70 to 80 “ .....	..	27	27
“ 80 to 90 “ .....	..	1	1
Uknown.....	4	104	108
Total.....	114	979	1093

TABLE 13.

Civil Condition of all Admitted.

	Married	Single.	Widowed.	Unknown.	Re-admitted.	Total.
1859-1874 { Males.....	180	243	17	19	76	535
{ Females.....	179	172	34	9	60	444
1875..... { Males.....	17	43	..	1	7	68
{ Females.....	20	17	3	0	6	46
1859-1875 { Males.....	197	286	17	20	83	603
{ Females.....	189	189	37	9	66	490
Total.....,.....	386	475	54	29	149	1093

Forme

Halifax
Colches
Cumber
Pictou
Antigon
Guysbo
Inverne
Richmo
Victoria
Cape B
Hants
Kings
Annapol
Digby
Yarmout
Shelburn
Queens
Lunenbu
Newfoun
New Bru
P. E. Isla
Barbadoc
United St
England.
Ireland..
Scotland.
Germany.
Norway..
Sweden..
India ...
H. M. Ser
Unknown

TALE 14.

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

	1875		1859-71.		Total 1862-75	Populat. o. 1871.
	Adm's-ions	Re-admissions	Adm's-ions.	Re-admissions.		
Halifax City and County..	26	5	298	59	388	56953
Colchester County.....	8	1	58	11	78	23231
Cumberland ".....	6	....	31	6	43	23518
Pictou ".....	18	2	87	18	125	32114
Antigonish ".....	2	....	15	2	19	16512
Guysboro ".....	5	1	21	2	29	16555
Inverness ".....	3	....	11	....	14	23415
Richmond ".....	1	....	10	....	11	14268
Victoria ".....	2	....	11	1	14	11346
Cape Breton ".....	8	....	39	10	57	26454
Hants ".....	4	2	51	8	65	21302
Kings ".....	3	2	48	6	59	21509
Annapolis ".....	5	....	28	3	36	18121
Digby ".....	1	....	7	2	10	17037
Yarmouth ".....	2	....	12	....	14	18550
Shelburne ".....	....	....	6	1	7	12417
Queens ".....	1	....	15	3	19	10554
Lunenburg ".....	3	....	27	4	34	23884
Newfoundland.....	....	....	3	....	3	....
New Brunswick.....	....	....	10	....	10	....
P. E. Island.....	....	....	2	....	2	....
Barbadoes and St. Thomas..	....	....	2	....	2	....
United States.....	....	....	16	....	16	....
England.....	....	....	2	....	2	....
Ireland.....	....	....	6	....	6	....
Scotland.....	....	....	1	....	1	....
Germany.....	1	....	1	....	2	....
Norway.....	....	....	2	....	2	....
Sweden.....	....	....	1	....	1	....
India.....	....	....	1	....	1	....
H. M. Service.....	....	....	10	....	10	....
Unknown.....	2	....	11	....	13	....
	101	13	843	136	1093	387800

TABLE 15.

Former Occupation, so far as ascertained.

	1845.		1859-1874		TOTAL	
	M	F.	M	F.	M	F
Architect's Wife.. .. .				1		1
Barrister.. .. .			1		1	
Baker's Wife.. .. .				2		2
Blacksmith and Wife.....	2		4	7	6	7
Barbers.. .. .			3		3	
Basket Makers.. .. .		1		1		2
Brewer.....			1		1	
Book Binder.. .. .			3	1	3	1
Brass Founder.....			1		1	
Butcher and Wife.. .. .			2	1	2	1
Carriage Maker and Wife....	2	1			2	1
Carpenter and Wife.....	4	1	19	20	23	21
Clerks, Book Keepers & Wives	3	1	12	1	15	2
Officers of Customs.. .. .			2		2	
Cabinet Makers and Daughters		1	4	2	4	3
Colliers and Wives.....		1	7	1	7	2
Coopers.. .. .			7		7	
Coachman and Wife.. .. .			1	1	1	1
Dress Makers.....				4		4
Engineer and Wife.....			2	1	2	1
Farmers, Wives, Sons and Daughters.. .. .	30	14	159	80	189	94
Fishermen, Wives, Sons and Daughters.. .. .	3	2	29	9	32	11
Gardner and Wife			1	1	1	1
Gentlemen and Women.. .. .		2	9	20	9	22
Governess.....				1		1
Gold Miner			1		1	
Grocer and Wife.....			1	2	1	2
Hotel Keepers			4		4	
Hostler.....			1		1	
Lumbermen.. .. .	1		1		2	
Laborers and Wives, Servants	10	9	55	82	65	91
Masons, Wives and Daughters			13	14	13	14
Ministers and Daughters			3	1	3	1
Millers and Widows.....			2	2	2	2
Merchants and Wives.....	2	1	4	4	6	5

Milline
 Moulde
 Physi
 Priest..
 Printer
 Painter
 Pension
 Pedlars
 Plumber
 Reporte
 School
 Dat
 Ship Cap
 Sexton..
 Seamen
 Soldiers
 Shoe-Ma
 Saddler..
 Seamstre
 Students
 Shipwrig
 Surveyor
 Shop Kee
 Sail Mak
 Tailor's V
 Tanners' V
 Teamster
 Tobacconi
 Trader...
 Telegraph
 Wool Sort
 Wheelwrig
 Washerwo
 Watchmen
 Watch Ma
 Weaver...

TABLE 15.—Continued.

Former Occupation, so far as ascertained.

	1875.		1859-1874.		TOTAL.	
	M.	F.	M.	F.	M.	F.
Milliners.....				2		2
Moulder's Wife.....				1		1
Physicians, Wife and Daughter	1		1	2	2	2
Priest.....			1		1	
Printers.....			7	1	7	1
Painters.....			6	1	6	1
Pensioners and Wives.....			2	5	2	5
Pedlars and Wives.....			5	2	5	2
Plumbers, Tinsmiths & Wives			2	1	2	1
Reporter.....			1		1	
School Teachers, Wives and Daughters.....			9	9	9	9
Ship Capt's, Wives, Stevedores	2	1	5	6	7	7
Sexton.....			1		1	
Seamen and Wives.....	3	3	35	15	38	18
Soldiers and Marines.....			11		11	
Shoe-Makers and Wives.....	1		14	2	15	2
Saddler.....			2		2	
Seamstresses.....		1		6		7
Students.....	1		4		5	
Shipwright.....			2		2	
Surveyor.....			1		1	
Shop Keeper.....				2		2
Sail Maker.....			1		1	
Tailor's Wife.....				1		1
Tanners' Wives.....				2		2
Teamster and Wife.....			1	1	1	1
Tobacconist.....			1		1	
Trader.....			1		1	
Telegraph Operator.....			1		1	
Wool Sorter.....			1		1	
Wheelwright.....			1		1	
Washerwomen.....				6		6
Watchmen and Wives.....			2	2	2	2
Watch Maker.....		1			1	
Weaver.....	1					1

TABLE 16.

Re-admissions from 1859 to 1875.

	1861	1862	1863	1864	1865	1866	1867	1868	1869	1870	1871	1872	1873	1874	1875	TOTAL.	Admitted twice.	Admitted three times.	Admitted four times.	Admitted five times.	Admitted six times.	Admitted seven times.	Remaining 31st Decem-ber of Re-admissions.
Males.....	5	6	0	2	7	1	2	5	6	11	5	10	8	8	7	83	63	14	4	2	0	0	17
Females...	2	1	2	3	2	2	2	5	6	10	9	4	5	7	6	66	45	10	4	4	2	1	17
Total.....	7	7	2	5	9	3	4	10	12	21	14	14	13	15	13	149	108	24	8	6	2	1	34

Main

Annap
Antigo
Colches
Cape B
Cumber
Digby
Guysbor
Halifax
Hants
Invernes
Kings
Lunenbu
Pictou
Queens
Richmon
Shelburn
Victoria
Yarmouth
Province
Private P
Funds....

Total.

TABLE 17.

Maintenance of Patients in Hospital, December 31st, 1875.

	Males.	Females	Total.	Insane Population, Census 1871.		
				Males.	Females	Total.
Annapolis County.....	3	10	13	23	32	45
Antigonish ".....	4	2	6	42	30	72
Colchester ".....	5	5	10	32	36	68
Cape Breton ".....	16	9	25	39	28	67
Cumberland ".....	5	4	9	26	18	44
Digby ".....	1	1	2	40	23	63
Guysboro ".....	6	1	7	18	15	33
Halifax ".....	35	44	79	149	153	302
Hants ".....	5	8	13	26	39	65
Inverness ".....	5	3	8	42	44	86
Kings ".....	3	7	10	40	28	68
Lunenburg ".....	4	5	9	31	32	63
Pictou ".....	19	23	42	48	29	77
Queens ".....	2	3	5	11	8	19
Richmond ".....	1	3	4	19	17	36
Shelburne ".....	1	3	4	16	19	35
Victoria ".....	6	1	7	24	22	46
Yarmouth ".....	5	.....	5	25	40	65
Province of N. S.....	18	12	30	.....	.....	.....
Private Patients.....	11	13	24	.....	.....	.....
Funds.....	1	5	6	.....	.....	.....
Total.....	156	162	318	651	603	1254

TABLE 18.

Cost of the principal items of Provisions for the year 1875, compiled from the Quarterly Returns.

ARTICLES.	Quarter ending				Quarter ending		ARTICLES.	CONTRACT PRICES.	
	March 31.	June 30	Sept. 30.	Dec. 31.	1874.	1875.			
Flour.....bbls.	106½	116	141½	127	\$812 80	Flour.....	7 50	6 40	
Butter.....lbs.	1582	1790	2017	1907	553 03	Butter.....	24	29	
Tea....."	619	675½	772½	738	256 55	Tea.....	32	35	
Brown Sugar....."	2667	2916	3407	3168	269 28	Brown Sugar..	8 50	8 50	
Crushed Sugar....."	155	243	212	279	33 48	Crushed Sugar	13	12	
Coffee....."	106	114½	110	107	27 29	Coffee.....	23	25½	
Chocolate....."	115	125	142	97	24 25	Chocolate....	25	25	
Beef....."	14282	13185	16101	1223 67	15002	Beef.....	7 39	7 60	
Pork....."	1269	95 17	57	2250	157 50	Pork.....	7 50	7 00	
Mutton....."	391	32	2955½	224 61	1543	Mutton.....	7 39	7 60	
Veal....."	.....	2648	355	26 98	.....	Veal.....	7 39	7 60
Peas....."	150	.....	.....	.....	.....	Peas.....	03½	3½
Molasses.....galls.	535½	510	637	695	278 00	Molasses.....	38	40	
Rice.....lbs.	1004	960	920	965	48 25	Rice.....	05	05	

TABLE 18.—Continued.

Cost of the principal items of Provisions for the year 1875, compiled from the Quarterly Returns.

COST OF PROVISIONS.

TABLE 18.—Continued.
Cost of the principal items of Provisions for the year 1875, compiled from the Quarterly Returns.

ARTICLES.	Quarter ending	Quarter ending	Quarter ending	Quarter ending	ARTICLES.	CONTRACT PRICES.	
	March 31.	June 30.	Sept. 30.	Dec. 31.		1874.	1875.
Barley.....lbs.	726	792	807	850	Barley.....	06	06
Oatmeal.....	1656	1883	2430	2134	Oatmeal.....	03½	3½
Cornmeal.....	2104	1620	1332	1363	Corn meal.....	02½	2½
Fish dry.....	3540	4140	4760	4473	Fish dry.....	04½	4½
Cheese.....	186½	148	272½	259	Cheese.....	25	25
Biscuit.....	472	34 19	765	721	Biscuit.....	07½	7½
Apples.....bbls.	11½	24	4	13	Apples.....	2 30	2 30
Potatoes.....bush.	447	481	533	530	Potatoes.....	36 to 80	— to 30
Vinegar.....galls.	26	5 20	29	38	Vinegar.....	24	20
Salt.....bags	6	13 20	7	7	Salt.....	2 to 2 20	2 to 2 20
Onions.....lbs.	582	429	479	479	Onions.....	05	05
	\$3788 35	\$4186 82	\$4738 72	\$4427 97	Total \$	17141	86

Average number of patients 300; being at the rate per annum for provisions per patient \$37.14

TABLE 19.

Expenditure for labor, as shewn by the Pay Lists; also for Salaries, 1875.

January	\$595 19	
February	590 38	
March	618 67	
Salaries	1350 00	
		\$3154 24
April	616 24	
May	625 91	
June	643 37	
Salaries	1650 00	
		3535 52
July	629 19	
August	645 70	
September	624 30	
Salaries	1350 00	
		3249 19
October	642 54	
November	666 14	
December	677 42	
Salaries	1650 00	
		3636 10
Total	13,575 05	

The preparation of table No. 22, of Income and Expenditure, not being practicable in time for this report—a statement of the cost under the various heads of Food, Salaries, House expenses, &c., &c., cannot be given with accuracy.

Carrots
Parsnips
Beets
Turnips
Radishes
Celery
Cabbages

Early Potatoes
Hedges

240 Shirts
123 Flannels
119 " "
56 Cottons
75 Coats,
169 pairs of
65 Vests,
42 Neck Ties
478 pairs of
181 " "
54 " Coats
59 " Mittens
88 Night Gowns
10 Night Caps
25 Day Caps
89 Aprons,
18 Hoods,
10 Hats,
187 Dresses,

TABLE 20.

Field and Garden Produce, 1875.

Carrots.....	53 bushels.	Beans.....	42 bushels.
Parsnips.....	30 "	Peas.....	10 "
Beets.....	105 "	Onions.....	6 "
Turnips.....	10 "	Tomatoes.....	90 dozen.
Radishes.....	3 "	Rhubarb.....	29 bushels.
Celery.....	30 dozen.	Corn.....	131 dozen.
Cabbage.....	80 "	Lettuce.....	144 "
		Squash.....	37 bushels.

Early Potatoes, Cucumbers, Asparagus, Spinach, and Sweet Herbs.

TABLE 21.

Articles made in the Sewing Room, 1875,

240 Shirts,	27 Jackets,
123 Flannel Shirts,•	45 Flannel Skirts,
119 " Drawers,	51 Colored "
56 Cotton "	248 Chemise,
75 Coats,	77 Collars,
169 pairs Pants,	20 Sacks,
65 Vests,	64 Mattrass Covers,
42 Neck Ties,	273 Sheets,
478 pairs Woollen Socks,	139 Pillow Cases,
181 " " Hose,	24 " Ticks,
54 " Cotton "	12 Bolster "
59 " Mittens,	160 " Cases,
88 Night Gowns,	59 Bed Ticks,
10 Night Caps,	60 Quilts,
25 Day Caps,	78 Comforts,
89 Aprons,	383 Towels,
18 Hoods,	17 Table Cloths,
10 Hats,	19 Bread Bags,
187 Dresses,	

APPENDIX.

ADMISSION OF PATIENTS.

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

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

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

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

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

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

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

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

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

DISCHARGE OF PATIENTS.

When a patient recovers, the friends are notified, and upon their application, with the Medical Superintendent's Certificate, the order for discharge is granted by the Department of Works.

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

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

STATEMENT TO BE FORWARDED TO THE MEDICAL SUPERINTENDENT, WHEN
APPLICATION IS MADE FOR THE RECEPTION OF A PATIENT.

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

I Certify that to the best of my knowledge the above particulars are correctly stated; and I hereby request you to receive the above named _____ whom I last saw at _____ on the _____ day of _____, (being within one month from this date), as a person of unsound mind, as a patient into the Nova Scotia Hospital for the Insane.

Name.

Address.

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

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

(a) Name in full.

(b) Qualification.

(c) Locality.

(d) Name in full.

(e) Residence.

(f) Occupation.

1. Appearance.

2. Conduct.

3. Conversation.

(g) State the information and from whom.

N. B.—Two Certificates to be sent in every case. The signature of the Medical Practitioner.

* The facts upon which the certificate is based should always be specified.

CERTIFICATE.

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

1. Facts indicating insanity observed by myself :*

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

2. Facts, indicating insanity, communicated to me by others :^g

(g) State the information and from whom.

Name

Place of Residence

Date

N. B. — Two Certificates (dated within one month of the commitment) are required in every case. The second should not be signed by the father, brother, son, or assistant of the Medical Practitioner, who has signed the first Certificate.

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