

TWENTY-FIFTH
ANNUAL REPORT
OF THE
NOVA SCOTIA
HOSPITAL FOR INSANE,
FOR THE YEAR 1882.



HALIFAX, N. S.:
COMMISSIONER OF PUBLIC WORKS & MINES, QUEEN'S PRINTER.
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NOVA SCOTIA HOSPITAL FOR THE INSANE,

HALIFAX, N. S.

1882.

COMMISSIONERS OF PUBLIC CHARITIES.

HON. ALBERT GAYTON, M. P. P., M. E. C., Chairman.
GEO. FRASER, ESQ., Mayor of Halifax, (*ex officio*).
WILLIAM NISBET, J. P.
JOHN WHITE.
JOHN SOMERS, M. D.
R. T. MURRAY, Secretary.

RESIDENT OFFICERS.

ALEX. P. REID, M. D., L. R. S. C., Edin., &c., Medical Superintendent.
GEO. L. SINCLAIR, M. D., Assistant Physician.
AUBREY S. HUNT, Bursar.
R. D. DICKSON, Engineer.
MRS. R. D. DICKSON, Housekeeper.
ALEX. MARVIN, Supervisor.

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TWENTY-FIFTH ANNUAL REPORT
 OF THE
 MEDICAL SUPERINTENDENT
 OF THE
Nova Scotia Hospital for the Insane.
 1882.

TO THE CHAIRMAN AND COMMISSIONERS OF PUBLIC CHARITIES :

Gentlemen,—I have the honor to submit the Annual Report of the operations of the Nova Scotia Hospital for Insane.

Number of patients on Register Dec. 31st, 1881..	382
" " admitted during year 1882..	91
Whole number under treatment.....	473
Daily average.....	399.5
Greatest number at one time on Register—Nov.	416
Least " " " " Jan.	382
Discharged as recovered	41
" improved	8
" stationary.....	1
" not insane.....	1
Died.....	23
Whole number discharged	74
Remaining on Register Dec. 31st, 1882	399
Number out on trial.....	22
Increase on the year.....	17
Eloped.....	1

ADMISSIONS.

There were (91) ninety-one admissions, of whom (14) fourteen had formerly been inmates,—ten, once; three, twice; and one three times.

Of these 14 re-admissions two had been discharged as relieved, and twelve as recovered. Seventy-seven (77) of those admitted had never previously been inmates of any Asylum.

There were six admissions this year in which the patients were at the last stage of disease, never rallied, and only survived a short time after being received here.

DISCHARGES.

There were (74) seventy-four discharges, (more in proportion than last year,) yet leaving an increase of 17 on our books. One case of feigned insanity was discharged to stand his trial for assault.

DEATHS.

There were (23) twenty-three deaths.

				Total.
Phthisis was the cause in.....	1 man	4 women	.....	5
Paresis " "	3 men	0 "	.....	3
Apoplexy " "	2 "	0 "	.....	2
General debility and Marasmus	0 "	5 "	.....	5
Locomotor Ataxy.....	1 "	0 "	.....	1
Diarrhœa	2 "	2 "	.....	4
Peritonitis.....	1 "	0 "	.....	1
Typhoid fever	0 "	2 "	.....	2
	10 "	13 "		23

The mortality rate is very favourable, being 4.8 per cent. on whole number under treatment, and 5.7 per cent. on average daily number of patients. This, from a professional point of view, is very satisfactory, but it is higher than would have obtained owing to a lot of moribund admissions, two of which were cases of typhoid fever that did not rally. The rate is, notwithstanding, below our general average—6 per cent.

It is satisfactory to report no case of suicide, with so many persons that way inclined, though there have been several attempts.

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RECOVERIES.

The recovery rate, 45 per cent. on admissions, is above our usual average—(44) forty-four per cent.

The prospect of recovery is very slight in all unless very recent cases. Of the 41 cases, *different persons*, only two had been over two years under care, and all had been but a short time insane before admission. Of the present population—about 400 (399)—in only 10 per cent. is there a prospect of recovery, and these are of our recent admissions; the balance being 195 cases that are chronic and harmless, and 165 of those who would be either violent or unmanageable in an institution other than a fully equipped hospital for the insane.

Altogether there are 360 practically hopeless cases, and only about 40 that are likely to conduce to our recovery rate; hence for this to be favourable we must in the future, as in the past, depend on the incoming patients.

It would be much to the benefit of the people of the Province if it were widely known how *bright* is the prospect of cure for recent cases, and *dark* that for those who are delayed in being placed under treatment. We want sufficient accommodation provided for all applicants.

AMUSEMENTS.

Through the kindness of friends we have been favoured with several varieties of amusement, detailed under the head of "Acknowledgments." A regular evening, as heretofore, is set apart for music and dancing, under the customary regulations.

RELIGIOUS SERVICES.

These have been conducted as usual each Sunday by clergymen of different denominations, who have given their services gratuitously, and often at great personal inconvenience. Their names appear under the head of "Acknowledgments." To them we are much indebted, and their services are much appreciated by the patients whose condition permits of their presence.

IMPROVEMENTS.

A new, large and efficient laundry has been completed.

The main water pipe has been cleaned by passing the scraper through it, a matter of but little difficulty owing to repairs of last year.

No. 5. ward has been painted and very much improved, and others are in process of similar renovation.

Between two and three acres of rough land have been thoroughly cleared, and will be in crop next year.

A new and commodious coal shed has been erected, supplying a much needed want.

EXPENDITURE.

The expenditure for needed repairs and improvements still continues, and though large, is less than in preceding years.

The cost per week for maintenance is \$2.42²/₁₀₀ (that of last year \$2.17²/₁₀₀) is higher by $\frac{2}{3}$ of one cent, owing to the greater cost of food, which is two cents higher, but the other expenses were a fraction under last year.

The subjoined table gives the comparative expenditure for maintenance for the past seven years:—

Cost per Patient.	1876.	1877.	1878.	1879.	1880.	1881.	1882.
Provisions	\$52 18	\$54 06	.....	.....	.....	.....	.....
Milk, &c.	6 26	4 56	.....	.....	.....	.....	.....
Food	\$58 44	\$58 62	\$59 35	\$48 03	\$51 35	\$52 00	\$53 12
House Expenses.	48 21	39 18	37 33	39 47	39 43	36 00	35 50
Salaries & Wages	41 47	40 35	38 62	36 47	37 29	36 92	36 46
Medicines	0 80	1 11	0 92	1 16	1 20	1 15	1 13
Totals	148 92	139 26	127 22	125 15	129 27	126 04	126 21
Per Week	2 86	2 67	2 44	2 40	2 48	2 42	2 42

Our expenses per patient compare very favorably with the other similar institutions in the Dominion. In the United States the rate of maintenance has always been much higher, as a rule, than it is in the Provinces.

The cost of ordinary repairs was a trifle under last year. Extraordinary expenditure was curtailed more than (\$5,592.27) five thousand dollars, as intimated last year.

There is, however, yet much to be done, and we cannot look forward to much more diminution in this regard for some time to come.

The action of the Legislature in reference to an increased accommodation for the many applicants will modify any estimate that could at present be formed, and this subject is fully referred to in other pages.

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UNCALLED FOR COUNTY EXPENSE.

The county authorities often complain of the charges made for clothing for patients, but if the Councillors or Magistrates in making out warrants for commitment of patients, exercised a little forethought in carrying out the printed instructions which are always sent when applications are made, the expense might be much lessened.

About half our patients enter with only the clothes they stand in, and these has often to be destroyed. Even in the case of patients taken out on trial, when returned they are generally without clothing, though well supplied when taken charge of by friends.

REQUIREMENTS.

The window-sashes of the whole south wing are so much decayed that they require complete renewal, measures for which are about being taken.

It is desirable that an acreage of waste land be reclaimed every year, as in the one just elapsed.

Although much has been done in regard to fire protection, yet there is much to do. This was the subject of a special report, and need not occupy space here.

ACKNOWLEDGMENTS.

The Rev. P. M. Morrison has officiated the first Sunday of the month; Archdeacon Gilpin the second; Rev. Mr. Grant the third; Rev. Mr. Doane the fourth.

We have also been favored with services by Rev. Messrs. McArthur, McPherson, Batty, Laing, Hodgson, Prof. Currie, and Drs. Armstrong and Burns.

The Rev. Canon Woods and Mr. Bell have ministered to the sick and dying.

We are under obligations to Miss Adams, of Dartmouth, who presides every Sunday at the organ, and at any other time when requested.

Miss M. M. Black has also presided at the organ, and Sunday services have been assisted several times by the choir boys of Garrison Chapel.

The Dartmouth Choral Association, with Mr. Pemberton, gave a rehearsal, and Mr. J. Godfrey Smith and friends have furnished enjoyable concerts.

Mrs. McNab, late Supervisor, gave a series of plates for decoration of the wards.

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Messrs. B. A. Smith, Brown & Webb and A. MacKinlay made donations of Christmas cards to the patients.

The Directors of the "Halifax Steamboat Company," and their obliging agent have, as usual, placed us under obligations for a harbor excursion in steamer "Mic-Mac" the past summer.

Captain J. C. Barker, A. D. C., painted and kindly presented a large drop curtain for the stage.

Mr. J. Forbes, of Starr Manufacturing Co., generously presented 30 pairs of assorted sizes of skates for the use of the patients.

The publishers of the "Methodist Magazine," Toronto, Can., thoughtfully sent us a large parcel of their publications.

Mrs. Montagu has continued her regular donation of illustrated Australian papers.

The Book & Tract Society contribute packets of their publications. Commissioner Nisbet gives a weekly packet of newspapers.

The Press have, as usual, been very kind in their distribution of papers, which are more highly prized than any other form of literature.

The Halifax daily papers give bundles of "Exchanges," for which they receive thanks.

The following papers, furnished gratuitously, are regularly received:

- "Advance," (Liverpool.)
- "Acadian Recorder," (tri-weekly.)
- "Christian Messenger."
- "Colchester Sun," (Truro.)
- "Colonial Standard," (Pictou.)
- "Courier," (Digby.)
- "Disciple, The."
- "Eastern Chronicle," (New Glasgow.)
- "Journal of Agriculture."
- "Morning Chronicle," (daily.)
- "North Sydney Herald," (Cape Breton.)
- "Progress," (Lunenburg.)
- "Plain Dealer," (New Glasgow.)
- "Sentinel," (Amherst.)
- "Times," (Liverpool.)
- "Weekly Monitor," (Bridgetown.)
- "Windsor Mail."

CARE OF THE INSANE.

I must again call your attention to an overcrowded Hospital, and request that some system be inaugurated which will relieve this difficulty.

In the Report for 1878 this subject received attention, and again this fall, having personally visited the eastern section of the Province, making careful observation, a special report was submitted; as these contain the greater part of what need be said on this subject, I will at present make some quotations from them, and, as far as possible, give suggestions towards the solution of this most important question.

INCREASE OF INSANITY.

To shew how necessary it is to adopt a system sufficiently comprehensive, we must bear in mind that there is an increase in the number of Insane, (we have not been able to obtain the result of the Census of 1881, and hence cannot give figures,) and moreover we are justified in believing that the ratio of increase is advancing more rapidly than that of the general population. This is not solely the experience of Nova Scotia, but of all countries whose statistics are reliable.

This is ascribed to many causes, but business worry, and the nervous strain incidental to the progress of this century, are very generally considered of most moment. Without denying that all these have an influence, yet in this Province (and no doubt in other places as well) it appears to be due to *natural*, and easily understood causes; for the increase is by no means confined to those who are engaged in bustle and excitement, but rather to the farmers and fishermen who mentally have the least disturbing influences to contend with, and these have but little, if at all changed in many years. In our experience the prime factor among the causes is HEREDITARY PREDISPOSITION.

The more extended the enquiry, the more do we find that there are a great many families with this taint, in many cases introduced from the "old countries" by the parent stock. It is not difficult to understand that this family weakness is a most active cause of insanity, owing to the want of stability in the nervous organization of their progeny.

For instance, all are subjected to the trials incident to life, but those whose nervous systems are most easily thrown off balance are those that become insane, because being less able to withstand shocks, they are more likely to be cast helpless by the wayside in their march through life.

Again, a very large percentage of *those with this tendency* are (when not insane) apt to be more or less weak-winded and have not the energy that impels the "pushing" class who, in most countries, go to foreign or distant parts to better their condition.

Population increases despite the exodus, and the progeny of the mentally weak are proportionally as numerous as that of others. Hence we would find that if the people of a country were all retained within its borders, insanity would be likely to increase with the population. But as it is chiefly the sturdy in mind as in body that swell the "exodus," there is an increasing percentage of insane and weak-minded left behind. Some of these emigrate and become insane, and in many cases are promptly returned to us.

Since these habits of the people are not likely to be much changed, it appears quite evident that we must arrange for extended accommodation for the insane in a probably increasing ratio, until society solves the problem of *how to prevent its natural increase*.

CUSTODIAL CARE.

The people at large, as well as the county authorities, need to be so educated as to appreciate what is needed for managing the burthen of insanity which afflicts society.

This subject is the cause of much thought, of varied schemes and great expense to every civilized community, and though this Province has credibly borne its part, yet the question is not solved, for there is an imperative demand for more accommodation that some means must be devised to furnish.

It is assumed now that our system is complete, all that is needed being the formal application for admission. That we are over-crowded is nothing to the applicant, so that the admission is obtained. It is also assumed that there is always "room for one more," and we have many a pleading letter that we feel sorry to refuse its prayer, knowing that the request is a fair one, while for every refusal there are at least five patients in the hospital who need its services less than each of those whose admission has not been recommended.

Before entering on details, it might be well to review briefly the relations between insanity and the means adopted for its amelioration; because many in the Province may be apt to think that insanity is a malady in which the chances of cure are similar for all the afflicted. This is a very mistaken idea, for it only obtains in very recent cases, and after a duration of one year the prospects are very limited.

The insane may be divided into two classes, in respect of their custody, "Cure and Care": 1st, the acute, recent and violent; and 2nd, the chronic, long standing and harmless. Both classes may be treated in the same institution, or in two distinct establishments, with appointments differing for each class.

I.—RECENT AND VIOLENT.

There is no difference of opinion as to the method to be pursued with this class; a special well-appointed hospital will restore from 60 to 70 per cent. of all cases of less than a month's duration prior to their admission. The "conventional mad-man" is always violent; but of "recent" cases a large percentage show no "violent" symptoms, yet they require much more care for their restoration, and where this has not been given, a vast majority sink into a state of chronic harmless insanity, to so continue for from 12 to 22 years, a burden to their families and the state. The "quiet," "harmless" recent cases do not receive the needed attention, for public opinion is not yet educated up to that point which would demand for every one suffering under mental aberration special medical treatment, and hence the origin of the large insane population outside of asylums as revealed by *census* in this Province in 1871, being about 1,000 cases, and at present much greater.

Some means must be taken to arrest this manufacture of chronic insane.

II.—CHRONIC AND HARMLESS.

This is by far the most numerous class, and results from recent cases who have had no care, and a percentage who are incurable from the first. The average insane life of each individual is 18 years. The idiotic or congenitally "weak-minded" are a different class, which should not be (but often are) included with the above.

The *Chronic* as a rule, are unable to care for themselves, must be fed, and clothed, and kept clean, but under directions many can give assistance in keeping their domicile *presentable*, and a smaller number can work at various employments, but their labor is fitful and must be carried on under constant supervision. Very many are inclined to wander who must be kept in locked apartments, and be under attendants when they go out either for the air, exercise, or labor. Some are liable to exacerbations of excitement, when extra care is needed; but this does not last long, and the treatment necessary is such as could be obtained from skilled attendants with a few visits from a physician.

In fine, the care required is such as should be given to weak-minded children, (although a larger growth,) some of which are wayward or obstinate, or mischievous with a vicious bent when opposed, or inclined to wander away, and suffer from exposure or accident.

HOW ARE THEY AT PRESENT SITUATED.

There is a great alacrity manifested in getting "violent" cases, *recent or chronic*, housed in the Asylum, but the greatest number are disposed of in the most convenient way. Some are kept at home from the stigma of reproach which is apt wrongfully to attach to a family so afflicted, and when cared for by kind friends, if the case be chronic, with no delusional antipathy to the surroundings, no better asylum need be desired; many, however, are lodged in jails and poor-houses.

The promiscuous domicile of paupers or criminals with the insane always reacts to the injury of the latter, for, if unable to recognize their degradation, their fitful dispositions cause them to resent harshness by fits of violence, and want of care by destructive and filthy habits. The experience of older countries (and even Nova Scotia) shews, as the result of promiscuous domicile, that the *insane* are confined in out of the way corners, garrets and cells—are chained and handcuffed, and reeking with filth of every imaginable kind, to be borne for years without aid or sympathy in their hopeless imprisonment for no just cause. There is no excuse for this, because the worst cases give but little trouble when transferred to asylums.

Hence, it is but a "truism" to say that the *poor-house* is not adapted for inmates of this kind; there is neither the care, privacy, nor protection they require.

After a careful examination of the 195 Chronic cases in this institution there are not more than 50 (25 per cent.) who could be lodged in a well conducted poor-house, and not one who has sufficient energy and tact to cope with the ordinary inmate, where the "rough" style of management may be in vogue.

The term "pauper insane" is too frequently confounded with "insane paupers," but the distinction between them is too wide to permit of comparison.

A very large percentage of the insane must be supported by the "state," not because they were paupers, but because their disease prevents them from continuing their own support and that of their families, and scarcely an individual is of the class which is a burden to the community from laziness, carelessness, or vice.

Those who depend on intellectual labor, females from the responsibilities of maternity, farmers, fishermen, mechanics, and the laborious occupations, are most prone to this malady.

Dr. J. P. Gray, Superintendent State Asylum, Utica, N. Y., from a lengthened experience says "that the useless pauper class, the ordinary poor-house inmates, are not those likely to become insane, this form of disease being more prone to affect the producing and industrial classes and is largely brought on by the breaking down and impairment of the general health so often connected with the toils, responsibilities, losses and griefs of a life of labour, and that this fact should secure sympathy from the public as well as justice."

In looking over the admissions to this institution (1702) there are many who came from jails and poor-houses, but they were not of the "regular inmate" class, being sent there to prevent their doing injury or to be kept out of the way and were self supporting before being invaded by disease.

Hence there can be no excuse to look on the insane (though poor in pocket and hopeless as to recovery) as a class similar to "the paupers" and deserving of no more compassion—an idea which may be entertained by those unacquainted with the common history of insanity.

PROVISION FOR THE INSANE.

This institution is much overcrowded. On the male side two of the day rooms have been converted into dormitories; on the female side there are a few vacant beds which must be kept ready for recent cases and a great many applications must be rejected.

Unless other provision be made cases can only be admitted as vacancies arise, and even these will become more limited, for as a rule some twenty per cent. of admissions go to make up a continually accumulating population, which situated as we are at present, there is no means to dispose of, (they number 195 out of 399.) The wards are becoming gradually filled with the chronic and almost incurable insane, who occupy space that was designed to accommodate those who could be most benefited by treatment, and when discharged would be self-supporting.

Of necessity for the past four years all application for chronic, possibly incurable, epileptic and idiotic cases have been (as far as could be determined) refused, and in doing so inconvenience and injury have been visited on their relatives, as well as on the unfortunates themselves. That they needed care more than many of our inmates, and,

that they could be much improved, physically if not mentally, can not be questioned. But what are we to do with the unfortunates here, of a similar class, that fill every available space—who are imbecile, homeless, and often friendless, with no resources, and unable to properly use them if they had?

When this class once gain admission, as a rule their friends avoid, as far as possible, any responsibility or care for them, and I have no doubt the chief reason is that they have no facilities for doing so. A chronic lunatic is a very undesirable, nay, impracticable member of the family circle.

It often happens that the friends or county authorities remove patients of this class, but there being no facilities for care, those who would get on well with requisite attention, very rapidly deteriorate, and are sent back to us in most pitiable conditions.

In brief, the problem is, "WHAT SHALL BE DONE WITH THE CHRONIC INSANE?"

A large percentage could be cared for at home did their friends have the *means*, but few among the farmers and labouring classes are able to afford such attendance as would keep the *afflicted* continually under observation.

The *law* empowers you to board out suitable patients, but so far no advantage has been taken of this privilege. I presume because it is so difficult to find trustworthy persons who would consent to receive the insane into their families.

This system of colonizing has been followed with good results at Gheel in Belgium, but failed in other countries after a trial, chiefly because there were no populations with the knowledge and experience of those at Gheel, and such would be the case in this Province in all probability.

Changes to be made in this building which would give room for a farther limited number, have been frequently recommended, and will no doubt in time be carried out; but if done our present difficulty would only be put off for a short time.

Putting up additional buildings on the grounds of this institution would approach the system of London, Ontario, but we have not, and cannot get the farm and conveniences, that make the London institution successful.

We have made it a subject for enquiry in the case of visits of Superintendents and other specialists, and in every case the opinion was that this hospital should not be enlarged on the score of efficiency and convenience.

SEPARATE INSTITUTION FOR THE "RECENT" AND "CHRONIC" INSANE.

This subject has been the theme of much discussion, and as well of experiment, which even yet is not settled.

There is great unanimity of professional opinion that these classes should *not* be treated in separate institutions for very many, very cogent, and quite sufficient reasons—the question of expense alone to the country.

In New York State the Willard Asylum for Chronic Insane (in the words of the Act) "a State Asylum for the Chronic Insane and for the better care of the insane poor," has been established in opposition to the received opinion. It has been 15 years in operation, accommodates over 1800 and is practically a success.

At this institution the "Detached Buildings" or "Cottage Asylum" system has been very thoroughly developed, and every appliance that science and skill would suggest for the cure as well as care of the insane has been furnished and utilized.

Dr. J. B. Chapin, the accomplished Superintendent, has reason to feel proud of the successful issue of this much debated scheme, and observers will closely watch its continued history.

Dr. Chapin says "the usual arrangements of a county alms-house are not adapted to the care of the insane. Some concession is due to the feelings of friends in these cases, the majority of whom do not belong to the class who would willingly seek the refuge of an alms-house. If ever sent there, they go unwillingly and under actual compulsion. We utter the united sentiment of these persons when we say they contemplate with feelings of horror the possible care of an insane relative in an Alms-house Asylum. We are well aware that decided improvements have taken place in the county houses of this State in the past ten years, but nevertheless the fact remains that many of them are compact, overcrowded buildings, containing the aged, young, infirm and sick, the vicious, idiots, and lunatics under the same roof without employed attendants and regular medical inspection. The relief which is afforded these establishments by the removal of a constantly disturbing element is decided, and to give effect to the objects of this asylum we have given preference to cases which seemed to require the greater amount of care, and we trust this policy will continue to prevail."

How many of the 1,000 and more insane in Nova Scotia (not cared for in this hospital) would the above description be applicable to?

At London, Ontario (Canada) yet another system is being developed, the *recent* and *chronic* are being (more or less) treated in different buildings under the same management, the "cottage" system being here also developed.

Dr. Bucke, the energetic Superintendent, feels very great confidence in the result and thinks it will to a great extent solve the question of the *cure* and *care* as well as the *over crowding* of large asylums from the accumulation of Chronic cases. By this fusion of the two systems (*separation* and *non-separation* of *recent* and *chronic*) there is a very fair chance of success because the situation is such, that either system can be carried out in its entirety or modified as experience would suggest. The McLean Asylum, Boston, and others in France have also developed this method.

WHAT IS THE URGENT DEMAND OF NOVA SCOTIA?

1st. The care of the chronic insane, those who have no provision made for them, because they cannot be admitted into this asylum for want of room, and those who now crowd the wards (195) and prevent this Hospital from carrying out its design—the CURE of the insane

2nd. To embrace without delay all *recent* cases, QUIET as well as VIOLENT, and thus arrest the rapid accumulation of *chronics* with the individual injury and expense thus entailed.

3rd. Some means by which convalescent patients may be kept under supervision near their homes; and also to allow patients who are "weak-minded" (and not able "to battle with the world" very well, yet are sane and industrious,) to be transferred to the vicinity of their homes, when their friends are unwilling or unable to take them away. Such cases are frequent.

4th. Such a governmental supervision as will prevent insanitary and inhospitable conditions, which every now and then occur with those who from any cause are prevented from caring for themselves, as inmates of jails, poor-houses, asylums, etc.

5th. Some means by which the counties can conveniently, economically and properly provide for the insane thrown on their bounty, that can be commenced immediately and completed quickly.

6th. To relieve the Province of an embarrassment with which it is financially unable to cope.

7th. To diminish the cost of the care of the chronic insane, while giving every comfort.

8th. To be efficient as well for their cure.

HOW IS THIS TO BE ATTENDED ?

I. The best method would be an additional large and well appointed hospital in the eastern section of the Province, to be at once commenced to relieve a most pressing need, and accommodate the locality having the greatest number requiring aid. Another would also be required in the western section, similar in character. The only objection is the cost.

II. The method being adopted at London, Ont., at the McLean Asylum, Boston, etc., above referred to. The objections are—1st, that all the conveniences for treatment being massed at one place, the facility for the admission of the recent cases in remote parts of the Province would not be enhanced, and a most desirable improvement and assistance would not be obtained; 2nd, the small quantity of land for farming purposes which is attached to this Hospital, and the great cost attending the purchase of adjoining farms and rendering them amendable to cultivation, (whereby a sufficient acreage should be obtained so as to utilize all the available labor directly in supporting the inmates,) would militate against the adoption of this as a solution of the question. The "Cottage" system thus introduced would greatly facilitate "classification," and in case of an epidemic attack permit of isolation, advantages of great moment. The buildings being far enough away in case of fire, and near enough to permit of being included in the general management, would greatly diminish the cost of maintenance of each of the patients when all are included. Each

detached building should accommodate (50 to 200) sixty to two hundred, as may be deemed best.

Taken altogether, this method deserves to be recommended as next best to the preceding.

III. A separate institution for the *chronic* insane, with all the appointments of a good asylum, which could be located in the eastern or western section, where facilities were obtainable for colonizing a large insane population. In fact the system adopted and carried out at the "Willard"—detached buildings being added as occasion demanded. It would also serve for the treatment of recent cases occurring in the section. To it could be drafted cases of long standing, so that the wards in this, the central hospital, would never be over-crowded.

There need not then occur the refusal of any application for aid for an insane patient.

The present expense would be fully as great as that of the first method recommended.

By the third plan a large and increasing colony for the chronic insane is foreshadowed an arrangement which would no doubt, in course of time, permit their maintenance to be carried out at an expense much less than must occur where the recent cases are in large majority with the extra care and convenience they would demand, and the small amount of labour comparatively that they could be expected to furnish. The third method carried out in its entirety would come third in order of recommendation.

The solutions of the problem which have been thus suggested are those which the experience of America would teach, and are similar to that which has been previously recommended to the Government of this Province, and here I would feel inclined to let this matter rest, trusting to yourselves and the Government to chose that method you will be able to carry out.

Bearing in mind, however, the geography and finances of the Province, and as well the urgent necessity of good and more extended provision for the insane, I will submit a fourth method for your consideration.

The "name" is perhaps not the most appropriate, but I do not think of a better.

IV. COUNTY "COTTAGE" ASYLUMS SYSTEM.

The pressing demand is for the appropriate accommodation of the harmless, weak-minded, or chronic-insane, who are in ordinary physical health, and simply require to be cared for. They number 195 at present in the Hospital, in addition to five times that number outside, many of whom are in need of assistance.

The *Accommodations* required are warm apartments, dormitories that are well aired and comfortable, and a few single rooms to be used in case of an out-break of quarrelsomeness, so that the sleep of others would not be interfered with.

The *Conveniences for Cooking* should be such as the number cared for would demand.

Heating Appliances.—Good results may be expected from the ordinary grates or stoves with a guard at a sufficient distance in front of, or around them, so that they could not hurt themselves. In the Toronto Asylum there are open fires in all the wards, which give an air of comfort and cheerfulness, are home-like, are not expensive to build or keep in repair, and maintain good ventilation, and sufficient warmth at a very moderate outlay in fuel.

Number to be Accommodated.—Table 17 is prepared to shew the relative numbers of insane of each class in each county, and those adjacent, as well as the cases in the hospital, and those dependent on outside care, and may perhaps assist in directing the counties as to their best mode of proceeding.

I would suggest that the counties singly, or two or more associated, should erect cottages or small asylums to accommodate from 50 to 100 inmates, at not less than one or more than three miles from the village or county town, with not less than an acre of good farming land to each of the estimated population.

Pictou and Halifax, having the larger numbers, could commence this system, and this institution would be relieved for some time of its excessive numbers. If, in addition the Cape Breton counties were to unite as one for this end, it would not be difficult to accommodate the others for years to come, as 109 could be removed, Halifax having 49, Pictou 32, and the Island of Cape Breton 28.

Through the kindness of Dr. J. B. Chapin we were presented "ground plans" and "elevations" of a style of building which experience at "Willard" has proved to be the best adapted for 200 of this class of patients, in blocks each accommodating 50 patients, and which could be at any time extended as per plan. Dr. R. M. Bucke, Superintendent of the Asylum, London, Ont., kindly favored me with the plans for cottages that give every satisfaction, and accommodate 60 patients each, copies of which were likewise presented for your consideration.

A centre building containing officers' quarters, dining-rooms, kitchen, &c., with detached or continuous wings on either side to serve as dormitories, and day-rooms for patients, males on one side, and females on the other.

The Water Supply could be obtained from wells, but preferably from a lake or river in the vicinity, from which the water could be pumped up, by the most convenient means, to a cistern in the roof, for the supply of kitchen, bath-room, &c., and be available also in case of fire.

But little illumination would be required in the dormitories, and this could be furnished most safely by the use of candles.

Precise legal enactments must be made and enforced, requiring that the management be such as obtains in all well-regulated asylums for the insane. That no patient be permitted to remain who has not been sent there from this central institution, and who is considered fit

to be thus cared for. Every case temporarily admitted being allowed to remain only long enough to permit of being transferred here, and thus prevent the possible abuse of *recent* cases being retained to their detriment.

Should the county authorities desire to establish an almshouse in connection therewith, such additional structure might be sufficiently near to permit of conjoint management where not more than 100 of each class would require to be cared for. But it should be at such a distance as to give the required privacy to the insane, and run no risk in case of fire in either building. In this way the pauper labor could be utilized in the common support by work done on the farm, and also to aid in doing necessary duties at the asylum. Promiscuous intercourse to be strictly prohibited.

The advantages resulting from carrying out this idea, which is not novel except in some details, would be the following, taken in the order laid down under the head of "What is the urgent demand?"

1ST.—All the Chronic Insane would be provided for, and this Hospital, centrally situated as to location, is sufficiently large to carry out its design—"The Cure of the Insane of Nova Scotia." Because accommodation for recent cases could always be made by drafting off such as could be appropriately sent to the local establishments. Many cases that are incurable would be greatly relieved by treatment did we have room to admit them, and a place to send them to afterwards, but applications for whom we are now constrained to refuse.

2ND.—Each local institution would be a harbor of refuge, to which the afflicted would be brought, where temporary care would be furnished for the few days pending their removal here.

Such conveniences would prevent patients from being hidden away by their friends, and would also collect all recent cases, whether "violent" or "harmless," and send them where they could be treated appropriately. In this way the "Manufacture of Chronic Insane" would be arrested at the very beginning, and with it the rapid increase of insanity with its attendant misery and expense to friends and burthen to the state.

3RD.—Such a county asylum could be a half-way house for convalescents between this Hospital and their own homes, giving a period of trial under supervision, a matter often of great moment. Not unfrequently there would be saved the expense and disappointment of re-admissions. The necessity would be obviated of retaining patients whose friends are unable or unwilling to take them, and who are not mentally qualified to walk out of the asylum and push their own way. These, when transferred to the vicinity of their homes, would very soon be appropriately located.

A great boon to the Chronic Insane would be their removal to a locality where they could receive the visits of their friends, differing in this respect from *recent* cases which, with scarcely an exception, are benefited by being surrounded by strangers.

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4TH.—The Government should appoint a competent inspector to visit and thoroughly examine each establishment every three months, which would ensure good management. This method of inspection has been several years in operation in Ontario, and with the most satisfactory results. His duties are to report on all hospitals, poor houses, jails, and charitable institutions, as well as the asylums for the insane.

Such an office is a direct means of communication between a government and the results of much of its labour, and is as needful in Nova Scotia as Ontario.

5TH.—The expense attending the care of the insane is and must come on the counties, and by this method it can be more conveniently and economically done, while retaining at home the money now spent in Halifax. They will be able to build cheaper, get ordinary labor at less cost, and utilize more of the possible work of the inmates on a larger and better farm than is possible here; attendance need not be expensive, and if convenient they can utilize pauper labor and yet give the insane every care.

The buildings, not being so large, can be more readily undertaken and more quickly completed.

6TH.—There does not appear the slightest present probability that the Government will take in hand the erection of another large asylum, owing to financial inability, and moreover, no definite period at which to expect its construction. The urgent want of accommodation demands some practicable and relatively inexpensive method, and the suggestion of county cottage asylums appears to me to be that which has most chance of being successfully carried out.

7TH.—All concede that the cost of caring for Chronic Harmless cases can be much less than that of the recent and violent, for so many and such well understood reasons that I need not dwell on them.

It is not possible to arrive at absolutely correct figures, but from the best information to be attained, excluding the cost of buildings and appurtenances—the cost for maintenance on a good farm may be in the vicinity of \$60 to \$80 per annum each, where from 50 to 100 inmates are accommodated, while the expense at this hospital has been from \$158 to \$186 per annum for each patient.

8TH.—That the probabilities of *cure* be not less than in large institutions.

There is a fair probability that it may be greater, and we may consider this point.

There are but few cases of insanity, recent or chronic, where there is absolutely no hope of *cure*.

It is also an accepted fact that a large asylum gives the greatest chance of recovery for recent cases of any variety—a patient who has exaggerated notions either of his "importance" or "insignificance" finds himself thrown amongst a large population of strangers, and receives and deserves no more attention than one in so many hundred.

This constant influence gradually impresses on the disordered intellect the fact that his extinction would cause no commotion whatever, and when this is clearly conceived, such a "delusion" is recognised as a "false belief" and the patient practically cured.

As a rule all forms of insanity that do not end in recovery or death (from 15 to 25 per cent.) gradually sink into a common living grave. Dementia or Chronic insanity, and the influence of a large population has not a decided curative influence. There is a deficiency, nay, want of ideas, that their surroundings do not tend to stimulate or create, and they gradually sink into a vegetative species of life, with total obscuration of the mind, so to remain, often for many years before death opens up a new scene to the occluded and imprisoned soul.

It is not unwarrantable to suppose that when this class is placed under changed external conditions, fewer being congregated together, that each one feeling a more special attention given him, his remaining faculties, aroused from their slumber, may yet through enfeebled, perform a part of the duty required of them by the State, and put off for a period their approaching eclipse.

To this no doubt is due the good results obtained at Gheel where but few (2 to 4) are kept together, and each is made to feel that he is of some value to the family with which he resides, because he eats and works and is continually in association with them.

It is impossible to afford so much attention to this class with large and mixed populations—although every effort is made by varieties of entertainments and labor to "draw them out;" yet this particular class is with difficulty roused to take an abiding interest, being very different in this respect from the recent and more active variety of patients.

Segregation with equal care could not injure any, and might benefit a large number; and hence why I have suggested their subdivision into small communities, where facilities would be furnished for their care, and more inducements to stimulate to labour, and facilities for more frequent visitation by friends. This, though injurious and nearly always undesirable in recent and violent cases, has a far different effect on the chronic insane.

Some of the strongest arguments against separate treatment for these classes rested on the liability of asylums for the chronic and hopeless, to "neglect degeneration and as perhaps a necessary consequence the abuse of the inmates," and that once they entered within its threshold hope was to be abandoned. But with management such as indicated there need be no fear of such a result.

These county asylums, being designed for a small number of easily managed patients, would not need a resident medical superintendent. A small salary would pay a physician for the regular visit and any extra care that might be required of him.

Any case that developed violent symptoms could be transferred to this hospital without much trouble or expense with our present facilities for travel, and every recent case would of necessity be sent here—hence a small number of attendants would suffice.

A steward and matron skilled in the care of the insane could always be furnished by this hospital, who should have the *special* management, and with the supervision previously referred to there would be no fear of abuse or neglect of the inmates.

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The "cottages" at London, Ont., are designed for 60 patients, thirty men and thirty women, located in sections on each side of the central building (as per plan.) Dr. Bucke tells me that he prefers men and women in each "cottage" rather than to have the sexes located in separate buildings. "Base burners" were depended on to supply warmth in preference to "steam." The water-closets are not within the cottage, but connected with them by a passage protected from rain or snow. There is one bath-room with a series of "tubs" in the basement of the centre building of each cottage—in which also is located a kitchen. A man and wife reside in the central section and have charge of each cottage, with a girl as an assistant and a cook.

This method would need the modifications above suggested when the "cottage" was not a portion of a proximate and fully equipped institution.

There might be some difficulty in several counties in the way of carrying out the plan above detailed in its entirety, but this could be obviated, in a manner, as follows:—

Where the number to be accommodated is very limited, conveniences might be attained without the necessity of new constructions, but to prevent abuse or carelessness, the arrangements should be made under the supervision of an inspector appointed by the Governor-in-Council. In this way all the demands could be satisfied.

At present there are two counties that have practically carried out the suggestions thus referred to, and in one of these the management was very satisfactory, and there is no patient in this institution chargeable to that county who could be cared for unless here. The other, though not visited, is no doubt equally satisfactory.

There are counties, however, that deal most unjustly with these unfortunates, and one that came under notice where their condition is deplorable in the extreme.

To facilitate the adoption of systematic care, after the most careful consideration we would recommend that the Province should give pecuniary assistance to the counties in carrying this out. Moreover, it could be done without entailing a greater cost than now obtains with very restricted accommodation.

To make this proposition intelligible, a table has been made out from the records of this institution for the past ten years, giving

- 1st. Average daily resident.
- 2nd. Cost of each patient per week for
 - a. Maintenance, (food and clothing).
 - b. Ordinary repairs, insurance, &c.
 - c. Total expense, excluding extraordinary repairs—new structures.
- 3rd. Weekly loss per patient (all accounts paid.)
 - a. Loss per week on maintenance alone.
 - b. " " " repairs, &c.
 - c. " " male patients.
 - d. " " female patients.
 - e. " " average, male and female.
- 4th. A general average for past 10 years as above:

RELATIVE EXPENDITURES FOR TEN YEARS.

Relative Expenditures per Patient for past ten years.

10 Years.	Each year of past ten years' average daily resident.		Cost of each Patient per year, and per week.				Weekly loss per Patient.								
	Male.	Female.	Total.	Maintenance alone.		Ordinary repairs, etc.		Total expense preceding columns.		Per week on maintenance alone.		Average per patient.			
				Per year.	Per week.	Per year.	Per week.	Per year.	Per week.	Male.	Female.		Male.	Female.	
1872....	125	133	258	\$ 162.21	\$ 3.12	\$24.43	\$.46	\$186.64	\$3.58	\$ -.62	\$ 1.12	\$.87	\$1.08	\$ 1.58	\$ 1.33
1873....	128	138	266	159.72	3.07	19.12	.36	178.84	3.43	-.57	1.07	.82	0.93	1.43	1.18
1874....	133	145	278	158.42	3.04	27.71	.53	186.13	3.58	-.54	1.04	.79	1.08	1.58	1.33
1875....	144	156	300	158.39	3.05	20.00	.37	178.39	3.43	-.55	1.05	.80	0.93	1.43	1.18
1876....	162	169	331	148.92	2.86	19.95	.37	168.47	3.23	-.36	0.86	.61	0.73	1.23	0.98
1877....	171	176	347	139.26	2.67	13.80	.26	153.06	2.94	-.17	0.67	.42	0.44	0.94	0.69
1878....	178	183	361	127.22	2.44	12.36	.23	139.58	2.68	+.06	0.44	.19	0.18	0.68	0.43
1879....	183	187	370	125.15	2.40	13.31	.25	138.46	2.65	+.10	0.40	.15	0.15	0.65	0.40
1880....	176	192	368	129.27	2.48	16.00	.32	145.87	2.80	+.02	0.48	.23	0.30	0.80	0.55
1881....	157	200	376	126.04	2.42	14.26	.27	140.30	2.72	+.08	0.42	.17	0.22	0.72	0.47
Average.	157	167	324	\$ 143.46	\$ 2.75	\$ 18.11	\$.34	\$161.57	\$3.10	\$ -.25	\$ 0.75	\$.50	\$0.60	\$ 1.10	\$ 0.85

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The counties should pay \$2.50 per week for each male patient, and \$2 for each female, a cost which many counties appear to be unable readily to meet.

Excluding repairs, new structures, &c., the loss weekly on each patient has run from 40 cents to \$1.33, giving an average of 85 cents with equal numbers of males and females, but as there have always been more females than males, the balance against the Province is more than that just stated. For maintenance alone there is an average loss of 58 cents per week on each patient.

This loss is in reality a subsidy the Province pays to each county in proportion to its insane population, and in so far it is proper, because a provincial subsidy is not misplaced in carrying out this end. All governments require to do so, though the forms may vary.

This subsidy should be granted by a definite and well-arranged system, which would give accommodation to the many needing care and not now provided for, whilst at the same time it would relieve our overcrowded wards, and as well diminish the cost to the counties.

Pecuniary aid would smooth over difficulties, in getting a system instituted without increasing Provincial outlay.

For all patients that need the special care of this central institution a charge should be made that would at least cover the cost of maintenance.

To carry out a system it would be desirable to make the legislation compulsory, but in view of the fact that this whole subject is so little understood by the people as well as the Municipal authorities, it would be better to introduce the system by a permissive legislation which would educate the powers that be, so that their own good sense would be enlisted in solving the problem, and a subsidy given to assist their endeavors.

There is a local difficulty in adopting any system which could be easily remedied by legislation.

At present the law makes the county pay the cost of maintenance of its patients in this Hospital; but in the case of paupers it is the custom to make the District to which each belongs pay for the support. Hence the Districts are interested in getting their cases admitted chargeable to, and as far as possible retained under the charge of the county.

Looking at the subject from all points of view, there is no room for doubt but that the Province must adopt a more extended system of relief for the insane, with sufficient elasticity to cover conditions likely to arise in the future which have been pointed out in preceding pages.

There is wanted efficiency, or

1st. The arrest of the manufacture of Chronic Insane.

2nd. Appropriate cure and care for all afflicted.

It would need to be conducted with the least expense compatible therewith.

This, without doubt, could be obtained as above indicated.

It is not novel nor is it likely there is any room for novelty on this subject, but as far as I am aware, a system which would contemplate a large central institution, and numerous small ones, so situated in districts throughout the province as to be agencies for collecting all cases of insanity and sending them to a well provided hospital to be treated, classified, and when sufficiently recovered to be redistributed, is novel in its details and possesses *germs of success*.

In drawing up an Act to embody the system a great many details would need to be specified, particularly regarding, admission, retention and inspection, which need not occupy space here.

We have carefully weighed the merits of each of the four systems as applied to this province, and present them in regular order of merit for your decision, and immediate action if possible.

THE PAST YEAR.

The work of the institution for the past year has been very satisfactory. There have been very few changes among male attendants, and all are steady, reliable and experienced.

With a few exceptions the same cannot be said of the female attendants. There has been great difficulty in getting reliable women, and there have been many changes, some from inaptitude, and others were desirous of going away.

We have to record the death of Miss A. Tupper, late Housekeeper, who had suffered from Phthisis for years, and served the institution to the best of her ability.

Mrs. J. McNab resigned her charge as Supervisor of the female wards, after many years of connection with the institution.

Mrs. R. D. Dickson was appointed housekeeper, and very creditably fulfils her duty.

The supervision of the female wards has been temporarily placed under the charge of two head attendants, which has so far been satisfactory.

With the termination of another year, I have again to express my obligations to my co-workers in this institution for their cheerful and willing service, and the spirit of harmony which prevails throughout.

My thanks are due to the Assistant Physician for his usual most valuable assistance, and as well for getting up the statistical tables included in this report.

At the termination of another year, allow me to again thank you, gentlemen, for your confidence and assistance in the management of our largest provincial charitable institution.

A. P. REID, M.D., &c.,

Medical Superintendent.

N. S. Hospital for Insane, Jany. 1st, 1883.

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APPENDIX.

Admission of Patients.
Discharge of Patients.
Forms of Certificates.

TABLE I.
Showing the Admissions, Re-admissions, Discharges, and Deaths, for the year 1882.

	Males.			Females.			Total.
	M.	F.	T.	M.	F.	T.	
In Hospital 1st January, 1882							
Admitted for the first time during the year	46	31	77				
Re-admitted during the year	5	9	14				
Total admitted				51	40	91	
Total under care during the year				229	244	473	
DISCHARGED OR REMOVED.							
Recovered	21	20	41				
Relieved	2	6	8				
Not Improved	1	.....	1				
Not Insane	1	.....	1				
Died	10	13	23				
Total discharged and died during the year				35	39	74	
Remaining in Hospital, December 31st, 1882				194	205	399	
Average number during the year				188.7	210.8	399.5	

TABLE II.
Showing the Admissions Re-admissions, Discharges, and Deaths, from the opening of the Hospital to the present date, December 31st, 1882.

ADMISSIONS AND DISCHARGES FOR TWENTY-FOUR YEARS.

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

YEAR.	Admitted.			Recovered.						Discharged.						Remaining in each year.			Average number Resident.			Per centage of Recoveries on Admission.			Per centage of Deaths on average number resident.		
	M.	F.	T.	Recovered.			Not Improved.			Relieved.			Died.			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.												
1859	39	31	70	8	3	11	3	1	0	0	0	0	0	0	28	27	55	21	42	20.5	9.7	15.7	.0	.0	.0		
1860	32	31	63	8	6	14	2	2	1	3	3	1	4	45	50	95	34	36	70	25.0	19.3	22.2	8.8	2.8	5.7		
1861	38	22	60	14	9	23	4	1	5	0	0	3	7	10	62	55	117	55	50	105	36.8	40.9	38.3	5.6	14.0	9.5	
1862	31	12	43	12	9	21	1	1	2	2	0	4	1	5	74	56	130	69	52	121	18.7	75.0	48.8	5.8	1.9	4.1	
1863	30	17	47	17	5	22	6	0	6	1	0	5	1	6	75	67	142	70	62	132	56.7	29.4	46.8	7.1	1.6	4.5	
1864	23	23	46	8	10	18	1	2	3	3	0	4	6	10	82	72	154	80	71	151	34.8	43.4	39.1	5.0	8.4	6.6	
1865	24	22	46	12	16	28	5	2	7	1	0	9	5	14	79	71	150	81	74	153	50.0	72.7	60.9	11.1	6.6	9.0	
1866	21	21	42	10	7	17	6	4	10	3	1	1	3	4	80	77	157	80	73	153	47.6	33.3	40.5	1.2	4.1	2.6	
1867	25	18	43	12	7	19	1	4	5	1	1	4	1	5	87	82	169	86	81	167	48.0	39.0	44.0	4.6	1.2	3.0	
1868	40	46	86	8	12	20	1	2	3	1	1	2	6	8	111	105	216	99	91	190	20.0	26.0	23.2	6.0	8.7	7.3	
1869	41	38	79	22	11	33	2	2	4	0	0	7	6	13	121	124	245	120	114	234	53	62	90	4.8	5.2	5.5	
1870	43	27	70	12	12	24	3	2	5	1	0	1	14	11	25	134	126	260	133	128	261	27.9	41.4	34.2	10.5	8.6	9.5
1871	34	32	66	23	18	41	3	2	5	0	0	20	8	28	122	130	252	129	131	260	67.6	56.2	62.1	15.5	6.5	10.7	
1872	44	33	77	20	19	39	3	1	4	0	0	13	14	27	130	129	259	125	133	258	45.5	57.6	50.6	10.4	10.5	10.4	
1873	36	38	74	14	20	44	3	1	4	0	0	11	6	17	128	140	268	128	138	266	66.5	52.6	59.4	8.5	4.3	6.4	
1874	34	33	67	17	19	36	6	0	6	0	0	10	4	14	129	150	279	133	145	278	50.0	57.5	53.7	7.5	2.7	5.0	
1875	68	46	114	22	21	43	6	1	7	1	0	12	2	24	156	162	318	144	156	300	32.4	45.6	37.7	8.3	7.7	8.0	
1876	45	43	88	23	21	44	2	3	5	0	0	12	8	20	164	173	337	162	169	331	51.1	48.9	50.0	7.4	4.7	6.0	
1877	51	43	94	24	24	48	4	3	7	0	0	14	11	25	173	178	351	171	176	347	47.1	55.8	51.1	8.2	6.2	7.2	
1878	54	39	93	23	29	52	5	5	10	3	1	13	3	16	183	179	362	178	183	361	42.5	74.3	55.9	7.3	1.9	4.4	
1879	36	38	74	23	17	40	9	4	13	2	4	9	4	13	176	188	364	183	187	370	63.9	44.7	54.3	4.9	2.1	3.5	
1880	44	45	89	21	22	43	14	14	28	1	0	12	8	20	172	189	361	176	192	368	47.7	48.8	48.3	6.9	4.2	5.4	
1881	37	43	80	10	19	29	2	0	2	0	0	19	9	28	178	204	382	176	200	376	27.0	44.1	36.2	10.8	4.5	7.4	
1882	51	40	91	21	20	41	2	6	8	2	0	10	13	23	194	205	399	187	211	399	39.2	50.0	45.0	5.2	6.1	5.7	
Total	921	781	1702	394	356	750	93	61	154	25	9	34	215	150	365	Mean of twenty-four years.	42.9	45.6	44.0	7.1	5.1	6.1					

TABLE IV.—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, 1882.

Year	Admitted.	Discharged.	Deaths.	Remaining on 31st December.
1859	70	3	0	27
1860	63	2	3	45
1861	60	5	7	62
1862	43	1	4	56
1863	47	6	5	75
1864	46	3	4	82
1865	46	7	5	79
1866	42	10	3	80
1867	43	12	4	87
1868	46	8	6	111
1869	79	22	14	121
1870	70	12	11	25
1871	66	18	8	134
1872	77	20	14	130
1873	74	14	16	128
1874	67	17	17	156
1875	114	22	24	162
1876	88	23	8	173
1877	94	24	11	178
1878	93	23	13	183
1879	74	23	9	176
1880	89	21	12	189
1881	80	10	19	204
1882	91	21	23	205
Total	1702	394	215	365

Total Discharged and Died of each year's Admission to 31st December, 1882.

Of each year's Admission, Discharged and Died in 1882.

Admitted.

Discharged.

Died.

Remaining on 31st December.

TABLE VI.

Showing the length of Residence of those Discharged, Recovered, and those who Died, in the year 1882.

LENGTH OF RESIDENCE.	DIED.			RECOVERED.		
	M.	F.	T.	M.	F.	T.
From one to three months	5	3	8	2	3	5
" three to six months	4	3	7	0	0	0
" six to nine months	3	2	5	0	0	0
" nine to twelve months	0	3	3	0	1	1
" one to two years	6	5	11	3	0	3
" two to three years	1	1	2	1	2	3
" three to five years	0	3	3	2	3	5
" five to seven years	2	0	2	0	1	1
" seven to fifteen years .....	..	..	..	2	1	3
" fifteen to eighteen years .....	..	..	..	0	0	0
Over eighteen years .....	..	..	..	..	2	2
Total	21	20	41	10	13	23

Average residence since last admission :	D.			M.		
	Y.	M.	D.	Y.	M.	D.
Males	1	2	0	1	10	28
Females	1	1	29	6	2	6

TABLE VII.

Showing the duration of the Disorder on Admission, of the Admissions, Discharges and Deaths, in the year 1882.

Duration of Disease, &c., in Four Classes.

Average residence since last admission :

Males..... 1
 Females..... 1

2
 1

0
 29

1
 6

10
 2

28
 6

TABLE VII.

Showing the duration of the Disorder on Admission, of the Admissions, Discharges and Deaths, in the year 1882.

CLASS.	Duration of Disease, &c., in Four Classes.											
	The Admissions.			The Discharges.				The Deaths.				
				Recovered.		Removed, Relieved, or otherwise.						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
FIRST CLASS.												
First attack, and within three months of admission	19	16	35	8	11	19	1	1	2	3	5	8
SECOND CLASS.												
First attack, above three and within twelve months of admission	12	8	20	5	1	6	2	3	5	..	4	4
THIRD CLASS.												
Not first attack, and within twelve months of admission..	17	13	30	6	5	11	..	1	1	6	3	9
FOURTH CLASS.												
First attack or not, but of more than twelve months' duration on admission.....	3	3	6	2	3	5	..	1	1	1	1	2
Total.....	51	40	91	21	20	41	3	6	9	10	13	23

TABLE VIII.
Showing the Ages of Admissions, Discharges and Deaths during the year 1882.

AGES.	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.		
	M.	F.	T.	Recovered.			Removed, Relieved, or otherwise.			M.	F.	T.
				M.	F.	T.	M.	F.	T.			
From 15 to 20 years	9	4	13	3	4	7	1	1	2	...	...	...
" 20 to 30 "	10	13	23	3	5	8	...	1	1	...	3	3
" 30 to 40 "	11	9	20	4	8	12	...	2	2	...	...	2
" 40 to 50 "	9	4	13	1	1	2	...	...	...	...	5	10
" 50 to 60 "	6	9	15	5	2	7	2	...	2	...	1	1
" 60 to 70 "	4	1	5	4	...	4	...	2	2	...	3	6
" 70 to 80 "	2	0	2	1	...	1	...	...	...	...	1	1
Total.....	51	40	91	21	20	41	3	6	9	10	13	23

TABLE IX.
Condition as to Marriage in the Admissions, Discharges, and Deaths during the Year 1882.

	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.			
	M.	F.	T.	Recovered.			Removed, Relieved, or otherwise.			M.	F.	T.	
				M.	F.	T.	M.	F.	T.				
Single	25	19	44	8	12	20	2	3	5	5	9	14	
Married	25	17	42	11	8	19	....	2	2	5	3	8
Widowed.....	1	4	5	2	....	2	2	1	3	....	1	1
Total	51	40	91	21	20	41	4	6	10	10	13	23	

TABLE X.

Showing the probable causes, apparent or assigned, of the Disorder, in the Admissions, Discharges and Deaths of the year 1882.

CAUSE.	The Admissions.			The Discharges.						The Deaths.			Not Improved.		
				Recovered.			Relieved.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Ill health from—															
Religious Excitement.	2	2	4	..	1	1	..	..	..	..	2	2	..	..	..
Fright .....	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..
Failure in Business..	3	..	3	..	..	..	..	..	..	..	..	1	..	..	1
Domestic Trouble....	3	2	5	3	..	..	1	1	..	1	1	..	..	..	..
Disappointment .....	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..
Grief .....	..	1	1	..	..	..	1	1	..	1	1	..	..	..	..
Anxiety.....	1	1	2	..	..	..	1	1	..	1	1	..	..	..	..
Cause unknown	5	2	7	1	2	3	..	1	1	2	1	3	..	..	..
Hereditary Predisposition..	9	8	17	7	7	14	1	..	1	..	2	2	1	..	1
Intemperance	4	1	5	4	..	4	..	..	..	1	..	1	..	..	..
Overstudy and Overwork.	1	1	2	..	3	3	..	..	..	..	..	..	..	..	..
Injury	4	..	4	..	..	..	..	..	..	4	..	4	..	..	..
Onanism	4	..	4	..	..	..	..	..	..	1	..	1	..	..	..
Epilepsy .....	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Sunstroke.....	2	..	2	..	..	..	..	..	..	1	..	1	..	..	..
Fever	1	..	1	..	1	1	..	..	..	..	..	..	..	..	..
Lactation.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal .....	..	1	1	..	2	2	..	..	..	..	..	..	..	..	..
Climacteric .....	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
Unknown and re-admission	12	16	28	5	3	8	..	1	1	..	4	4	1	..	1
Paralysis .....	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Congenital .....	..	1	1	1	..	1	..	..	..	..	..	..	..	..	..
Total	51	40	91	21	20	41	1	6	7	10	13	23	3	0	3

TABLE XI.
Monthly Admissions and Discharges from January, 1859, to December 31st, 1882.

	1859 TO 1881.			1882.												Total.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Males.	Females.		
Admitted	111	97	103	131	152	169	169	137	158	126	138	120	870	741	1611	
Discharged	60	46	74	104	110	88	121	143	98	112	102	173	692	537	1329	
Admitted	7	6	7	13	6	8	7	4	7	13	9	4	51	40	91	
Discharged	1	5	3	5	7	1	7	8	7	7	10	13	35	39	74	
Remaining	388	389	393	401	400	407	407	403	403	409	408	309	194	205	399	

order, in
32.

Not Improved.		
M.	F.	T.
1	1	1
1	1	1
3	0	3

TABLE XII.

Alleged Ages of all Admitted.

	1882.	1859 to 1881.	TOTAL.
From 5 to 10 years.....	..	4	4
" 10 to 20 "	13	110	123
" 20 to 30 "	23	453	476
" 30 to 40 "	20	371	391
" 40 to 50 "	13	243	256
" 50 to 60 "	15	179	194
" 60 to 70 "	5	92	97
" 70 to 80 "	2	33	35
" 80 to 90 " .....	..	1	1
Unknown.....	..	125	125
Total.....	91	1611	1702

TABLE XIII.

Civil Condition of all Admitted.

	Married.	Single.	Widowed.	Unknown.	Re-admitted.	Total.
1859-1881 { Males....	264	420	23	20	143	870
{ Females..	277	286	50	10	118	747
1882..... { Males....	23	23	..	..	5	51
{ Females..	14	15	2	..	9	40
Total.....	578	744	75	30	275	1702

Form

Halifax
Colches
Cumber
Pictou
Antigo
Guysb
Invern
Richm
Victori
Cape I
Hants
Kings
Annap
Digby
Yarm
Shelb
Queer
Luner
Newf
New
P. E.
Barb
Unit
Engl
Irela
Scot
Germ
Norw
Swe
Indi
H. M
Unk

TABLE XIV.

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

	1882.		1859-81.		Total 1859-82.	Population 1871.
	Admissions.	Re-admissions.	Admissions.	Re-admissions.		
Halifax, City and County	34	6	450	101	691	66,953
Colchester County	4	2	98	20	124	23,231
Cumberland "	1	3	55	13	69	23,518
Pictou "	11	3	146	42	202	32,114
Antigonish "	1	1	26	5	32	16,512
Guysborough "	1	1	39	3	43	16,555
Inverness "	5	1	26	1	33	23,415
Richmond "	1	1	17	3	20	14,268
Victoria "	1	1	19	1	21	11,346
Cape Breton "	3	1	68	14	85	26,454
Hants "	3	1	80	16	99	21,302
Kings "	4	1	77	15	96	21,509
Annapolis "	3	1	46	6	55	18,121
Digby "	3	1	15	3	21	17,037
Yarmouth "	1	1	19	1	21	18,550
Shelburne "	1	1	15	2	17	12,417
Queens "	1	1	23	5	29	10,524
Lunenburg "	2	1	48	9	59	23,884
Newfoundland	1	1	3	1	4	.....
New Brunswick	1	1	12	1	12	.....
P. E. Island	1	1	2	1	2	.....
Barbadoes and St. Thomas	1	1	2	1	2	.....
United States	1	1	16	1	16	.....
England	1	1	2	1	3	.....
Ireland	1	1	7	1	7	.....
Scotland	1	1	1	1	1	.....
Germany	1	1	2	1	2	.....
Norway	1	1	2	1	2	.....
Sweden	1	1	1	1	1	.....
India	1	1	1	1	1	.....
H. M. Service	1	1	18	1	18	.....
Unknown	1	1	14	1	14	.....
	77	14	1350	261	1702	387,800

TABLE XV.

Former Occupation, so far as ascertained.

	1882.		1859-81.		TOTAL.	
	M.	F.	M.	F.	M.	F.
Architect and Wife						
Barrister.....			1	1	1	1
Bailiff			1	.....	1	.....
Baker and Wife.....			1	.....	1	.....
Blacksmiths and Wives			1	4	1	4
Barbers			9	11	9	11
Basket Makers			3	.....	3	.....
Brewer				2	.....	2
Book Binder .....				.....	1	.....
Brass Founder			3	1	3	1
Butchers and Wives			1	.....	1	.....
Carriage Makers and Wives.....			3	2	3	2
Carpenters and Wives			2	1	2	1
Conductor's Wife	1	1	36	29	37	30
Clerks, Book Keepers and Wives ..	3	.....	.....	1	.....	1
Officers of Customs			12	3	15	3
Cabinet Makers and Daughters			5	1	5	1
Colliers and Wives			6	3	6	3
Coopers			10	5	10	5
Coachmen and Wives			7	.....	7	.....
Druggist			1	3	1	3
Domestics	1	.....	1	.....	1	.....
Engineers and Wives		6	.....	6	.....	6
Farmers, Wives, Sons and Daughters.	15	1	6	5	7	6
Fishermen, Wives, Sons & Daughters.	5	7	271	145	286	152
Gardeners and Wives		1	49	31	54	32
Gentlemen and Women		1	1	2	1	3
Governess		3	11	37	11	40
Grocers and Wives				1	.....	1
Hotel Keepers, &c			6	2	6	2
Hostler			4	3	4	3
Housewives			1	.....	1	.....
Lumbermen		12	.....	.....	.....	12
Laborers and Wives, Servants			4	.....	4	.....
Masons, Wives and Daughters	5	2	99	164	104	166
Ministers, Wives and Daughters			14	14	14	14
Millers and Wives		1	4	5	4	6
Merchants, Wives and Daughters	1	1	3	2	3	2
Milliners			17	8	18	9
Miners				8	.....	8
Moulders and Wives			4	.....	4	.....
			2	2	2	2

Physicia
Priests.
Printers
Painters
Pension
Pedlars
Photogr
Plumbe
Report
Rope M
School
Ship C
Sexton
Seamen
Soldier
Shoe M
Saddle
Seams
Studen
Shipw
Survey
Shop
Sailm
Stone
Tailor
Tanno
Team
Tobac
Trade
Telegr
Wool
Whee
Wash
Wate
Wate
Weav

TABLE XVII.
Maintenance of Patients in Hospital December 31st, 1882, giving conditions of Insanity in adjacent Counties.

COUNTIES.	Recent and Violent.			Chronic.			Total in Hospital.	Chronic Insane in adjacent Counties.			Insane in Province, Census 1871.		
	M.	F.	T.	M.	F.	T.		M.	F.	T.	M.	F.	T.
	Cape Breton	5	5	10	7	7		14	24	14	14	28	39	28	67
Inverness	6	5	11	4	3	7	18	4	3	7	42	44	86
Richmond	2	1	3	2	1	3	8	5	2	7	19	17	36
Victoria	1	1	2	1	1	2	4	2	2	4	24	22	46
Pictou	12	9	21	18	14	32	53	18	14	32	48	29	77
Colchester	4	6	10	7	4	11	21	13	7	20	32	36	68
Cumberland	7	6	13	6	3	9	16	0	0	0	26	18	44
Antigonish	2	0	2	0	0	0	2	4	0	4	42	30	72
Guysboro'	1	1	2	2	0	2	4	4	0	4	18	15	33
Guysboro' (St. Mary's District)	0	0	0	2	0	2	2	6	4	10	26	39	65
Hants, (West)	2	5	7	4	4	8	15	2	8	10	40	28	68
Hants, (East)	0	4	4	2	6	8	14	2	8	10	23	22	45
Kings	3	4	7	1	2	3	14	25	24	49	149	153	302
Annapolis	4	7	11	1	2	3	14	2	5	7	31	32	63
Halifax	30	29	59	25	4	29	108	2	1	3	3	8	19
Lunenburg	3	4	7	1	3	4	11	3	3	6	11	16	35
Lunenburg, (Chester District)	2	1	3	1	2	3	4	1	1	2	2	4	6
Queens'	0	0	0	1	1	2	3	2	2	4	16	19	35
Shelburne	0	0	0	0	0	0	0	3	0	3	25	40	65
Shelburne, (Barrington District)	0	0	0	1	1	2	3	0	0	0	3	25	40
Yarmouth, (Argyle District)	3	0	3	2	2	4	5	2	0	2	40	23	63
Yarmouth	4	3	7	8	6	14	27	8	6	14	14	14	28
Digby	6	7	13	7	6	13	19	2	5	7	7	7	14
Provincial	0	12	12	2	5	7	19	2	2	4	2	2	4
Private	0	4	4	1	1	2	6	1	1	2	2	2	4
Brown and Bell Funds	91	114	205	103	91	194	399	103	91	194	651	603	1254
Total	91	114	205	103	91	194	399	103	91	194	651	603	1254

TABLE XVIII.*Farm and Garden Produce—1882.*

Potatoes	460 bushels.	Radish	2 bushels.
Beets	38 "	Spinach	69 "
Turnips	1200 "	Lettuce	33 "
Mangolds	700 "	Cucumbers.....	4 "
Peas	17 "	Cabbage.....	172 dozen.
Beans	33 "	Tomatoes	183 "
Onions	13 "	Squash	105 "
Rhubarb.....	44 "	Cellery	131 "
Parsnips.....	56 "	Corn	148 "
Plums.....	2 "	Cauliflower	9 "
Pears	10 "	Strawberries	60 quarts.
Carrots	50 "	Gooseberries	50 "
Crab Apples	1 "	Currants.....	300 "
		Sweet Herbs.	

Pork killed for Hospital 3,500 lbs.
 Milk from Barn 21,900 quarts.

TABLE XIX.*Articles Made by the Female Patients—1882.*

182 Coats.	Hoods.
238 Pants.	49 Hats, trimmed.
121 Vests.	123 Bed Comforts.
537 Shirts.	555 Sheets.
303 Drawers.	29 Table Cloths.
79 Mitts.	217 Bolster Cases.
231 Socks.	248 Pillow Cases.
395 Hose.	Pillow and Bolster Ticks.
44 Collars.	223 Bed Sacks.
2 Strong Suits.	87 Mattress Covers.
379 Chemises.	77 Rollers.
87 Night Dresses.	40 Toilet Covers.
244 Petticoats.	32 Window Blinds.
392 Dresses.	40 Wash Bags.
162 Women's Drawers.	36 Tea Bags.
245 Aprons.	6 Bread Bags.
75 Waists.	5 Mats.
2 Sacques.	22 Mattress Ticks.

Mending for Male and Female Patients.

Annapolis
 Antigonish
 Cape Breton
 Colchester
 Cumberland
 Digby ..
 Guysboro
 St. Mary's
 Halifax
 Halifax C
 Hants, W
 Hants, E
 Invernes
 Kings ..
 Lunenburg
 Chester
 Pictou ..
 Richmond
 Shelburne
 Barring
 Victoria
 Yarmouth
 Argyle
 Queens
 Funds
 Private

TABLE XX.

Balances due Hospital, December 31st, 1882.

	Public Charities.	Works Department.
Annapolis	\$ 2681 57	\$ 3620 21
Antigonish	2149 48	47 78
Cape Breton	6020 97	6166 53
Colchester	1451 19	959 27
Cumberland	957 72	
Digby	2045 74	895 79
Guysborough	671 51	
St. Mary's District	74 88	809 77
Halifax	20406 54	615 43
Halifax City—Claims on County		5819 09
Hants, West	1262 37	
Hants, East	869 63	
Inverness	3765 72	19 91
Kings	2229 97	
Lunenburg	325 07	
Chester District	966 81	2896 73
Pictou	9045 45	
Richmond	3204 22	1869 53
Shelburne	113 41	
Barrington District	985 87	117 70
Victoria	1319 27	2504 57
Yarmouth	1312 95	
Argyle District	194 60	
Queens	1852 13	2547 33
Funds	735 09	364 31
Private Patients	3407 49	3833 02
	\$68049 65	\$33086 97

Ticks.

TABLE XXI.

Showing the Amounts received from Counties and other sources,
during the year 1882—(Income.)

	Public Charities.	Works Department.
Argyle District	\$ 398 04	\$ 86 22
Cape Breton	4000 00	
Colchester	2285 59	
Cumberland	2900 00	
Guysboro	490 00	
St. Mary's	625 00	
Halifax	34000 00	
Hants West	2000 00	
Hants East	998 75	
Inverness	1199 61	
Kings	4106 18	
Lunenburg	1419 65	
Chester	800 00	
Pictou	4547 96	452 59
Richmond	683 78	
Shelburne	177 83	
Victoria	600 00	
Funds	831 52	
Private Patients	3763 38	
Provincial Government	12000 00	
Sundry Sales	884 42	
Water Rates	97 28	
	\$ 78808 99	\$ 538 81

Sago.....
Baking Po
Nutmegs
Arrowroot
Broma ..
Berries ..
Lemons a
Herring ..
Vinegar ..
Malt ...
Tapioca .
Mustard .
Pepper .
Cassia ..
Ginger ..
Hops ..
Turnips
Suet ..
Geese ..
Sauce ..
Pickles
Chocola
Potatoes
Flour ..
Mutton
Beef .
White
Brown
Rice .
Barley
Biscuit
Coffee
Butter
Dry F

Charg
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Amou
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TABLE XXII.
Expenditure for the year 1882.

Food.			
Sago.....\$	13 00	Onions	\$ 116 78
Baking Powder.....	15 00	Tea	1203 30
Nutmegs	5 50	Molasses	600 71
Arrowroot.....	6 00	Cheese	156 73
Broma	12 90	Salt	51 90
Berries	39 44	Fresh Fish ..	492 85
Lemons and Essences..	10 10	Oatmeal	266 80
Herring.....	149 75	Peas	83 30
Vinegar.....	40 49	Corn Meal....	193 63
Malt	9 65	Corn.....	40
Tapioca.....	8 00	Beans.....	37 94
Mustard.....	19 26	Syrup	3 50
Pepper	11 58	Gelatine.....	5 15
Cassia	6 60	Sausages	5 96
Ginger	16 83	Milk	1267 19
Hops	7 50	Apples	168 00
Turnips	24 25	Turkeys.....	56 15
Suet	8 40	Hams.....	108 19
Geese	93 25	Eggs	73 94
Sauce.....	10 35	Raisins	44 25
Pickles	17 65	Currants	22 00
Chocolate.....	10 73	Tongues.....	18 00
Potatoes	1028 03	Citron	2 40
Flour.....	4682 00	Oysters	2 10
Mutton	111 02	Oranges.....	3 40
Beef	5860 28	Macaroni	1 50
White Sugar.....	99 30	Shad.....	10 00
Brown Sugar.....	1063 75	Fowls	23 55
Rice	103 14	Tomatoes	3 95
Barley	81 50	Canned Beef..	4 25
Biscuit	187 12	Canned Vegetables	10 00
Coffee	150 61	Canned Soup..	2 20
Butter	2130 48	Soda	95
Dry Fish	557 14		
			\$21632 57

Charged to repairs—maintenance of
workmen

200 00

Amount received from the Superin-
tendent on account of Provisions.

210 00

\$410 00

410 00

\$21222 57

Carried forward

\$21222 57

TABLE XXII—(CONTINUED.)

Brought forward.....\$21222 57

SALARIES AND WAGES.

Officers	\$ 4941 69	
The Pay List	9643 14	
	<u>\$14584 83</u>	14584 83

MEDICINES.

Wine	50 00	
Whiskey	38 40	
Drugs	364 51	
	<u>\$ 452 91</u>	452 91

HOUSE EXPENSES.

Starch	\$ 32 95	Clay Pipes..	9 25
Sweet Oil.....	22 40	Blue	9 25
Shoe Blacking.....	8 90	Knife Brick	2 25
Matches (safety)	23 58	Candles	6 60
Kerosene Oil.....	25 87	Shoe Shop..	181 00
Tinware and repairs....	108 71	Soap	597 92
Straw	486 93	Brooms	99 60
Stationery.....	144 20	Tobacco	384 18
Knives and Forks.....	35 45	Razors	2 32
Brushes	86 20	Wash Tubs	2 50
Toilet Soap	6 01	Ferriage....	151 95
Spoons	21 85	Boots & Shoes	699 60
Truckage	69 20	Furniture ..	487 69
Buckets.....	20 90	Clothes Pins.	25
Wrapping Paper	1 30	Scissors	2 50
Amusem'ts & Recreation	48 76	Dry Goods	5123 60
Crockeryware	224 77	Coal	5084 10
		<u>\$14212 54</u>	

Less clothing supplied workmen and charged to repairs..... 25 80

\$14186 74 14186 74

Carried forward\$50447 05

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TABLE XXII—(CONTINUED.)

Brought forward.....\$55020 09

REPAIRS.

Glass	\$	33	75
Smith work		50	86
Repairs, Materials and wages		2417	53
Carpenters' wages.....		554	80
Engineer's Assistant do		428	75
Masons' wages		499	20
Blacksmith.....		105	00
		<u>1587</u>	<u>75</u>
Cleaning water pipe.....		37	20
Sections for new Boilers		38	45
Lumber		667	65
		<u>\$4833</u>	<u>19</u>
Maintenance of workmen	\$	200	00
Clothing supplied.....		25	80
		<u>225</u>	<u>80</u>
		<u>\$5058</u>	<u>99</u>
			<u>5058</u>
			<u>99</u>

EXTRAORDINARY EXPENSES.

Laying New Floor	\$	60	00
Electric Bells.....		288	60
Washing Machine.....		688	25
Fitting up New Laundry.....		679	96
Painting New Building and Ward		343	30
New Sheds.....		1415	55
		<u>\$3475</u>	<u>66</u>
			<u>3475</u>
			<u>66</u>

SUMMARY OF EXPENDITURE FOR YEAR 1882.

Food	\$	21222	57
Salary and Wages		14584	83
Medicine		452	91
Houses Expenses.....		14186	74
Miscellaneous		3469	96
Farm.....		1103	08
Repairs.....		5058	99
Extraordinary		3475	66
		<u>\$63554</u>	<u>74</u>
			<u>\$63554</u>
			<u>74</u>

09

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TABLE XXIII.*Statement for Year.*

1882.		
Jan. 1.	Stock on hand	\$3604 15
"	Warrants drawn	3910 22
Feb.	Warrants drawn	3710 98
March	Warrants drawn	5922 86
April	Warrants drawn	4375 77
May.	Warrants drawn	3958 59
June.	Warrants drawn	5791 59
July.	Warrants drawn	4642 94
Aug.	Warrants drawn	5632 04
Sept.	Warrants drawn	5564 96
Oct.	Warrants drawn	4971 65
Nov.	Warrants drawn	5870 95
Dec.	Warrants drawn	9578 63
		<u>\$67535 33</u>

EXPENDITURE.

1882.		
Jan. 1.	Stock on hand	\$3604 15
Dec. 31.	Warrants drawn for year	63931 18
		<u>\$67535 33</u>

Dec. 31-

Dec. 31

TABLE XXIII.—(CONTINUED.)*Statement for Year.*

Amount Expenditure, as per Table 22.....	\$63554 74
Amount deducted from Food Account.....	210 00
Amount deducted from Farm Account	674 42
Dec. 31—Stock on hand	3096 17

\$67535 33

EARNINGS.

Earnings	\$51590 02
Sales Account of 1882	884 42
Dec. 31—Stock on hand	3096 17
Deficiency	11964 72

\$67535 33

APPENDIX.

Regulations for the admission of Patients to the Nova Scotia Hospital for the Insane.

Whenever the admission of a patient is desired, application should be made to the Medical Superintendent, who will at once transmit a blank form (the Statement.) This form may be made out by the Physician, nearest relative, or friend, and the questions therein carefully and accurately written out, as it is the chief source on which reliance can be placed, in so far as the previous history and present condition of the patient is concerned, and is entered in the records of the Hospital.

On receipt of the Statement, an answer will be transmitted. If the case be one suitable for admission, two blank forms of Medical Certificate, and a blank Warrant in case of Patient chargeable to the County, or a blank form of Bond for private Patient, will be sent to the applicant.

The Medical Certificates must be made out by duly qualified Medical Practitioners (those whose names are annually published in the "Royal Gazette") or they cannot be received. *See clause 20.*

These certificates empower two County Magistrates to make out the Warrant and commit the insane person to this Hospital.

N. B.—In any County in which the Municipal Council has appointed Magistrates to commit insane paupers to the Hospital for Insane, two of these so appointed must sign the Warrant.

Upon presentation of proper Medical Certificates and Warrant, or Bond, to the Commissioners of Public Charities, an Order of Admission will be furnished, with which order and other papers accompanying the patient, admission at the Hospital follows.

There has been no change in the mode of admission since the opening of this institution, and the above explanation is given in order that friends of patients may not be inconvenienced, as not infrequently happens with some who, from want of knowledge or enquiry, think that doctors' certificates and a warrant are all that are required for the admission of a patient, and also of others who assume that the Superintendent has powers that the Act does not give to him.

In a crowded state of the Hospital, the Commissioners must give the preference of admission to presumably curable cases.

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

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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.

In order to be benefited by hospital treatment, patients should be placed under care at an early stage of their disease.

The following clauses of Chapter 36 of Revised Statutes, Fourth Series, are appended for the information of those desiring the admission of a patient:—

“CLAUSE 20.—In every case where admission is sought for a patient, a STATEMENT in writing shall be filled up and forwarded to the Medical Superintendent for examination; and *his answer and approval shall be received before the patient is forwarded*. No person shall be received into the Hospital for the Insane as a patient without a certificate from two *qualified* Medical Practitioners in actual practice in the Province, of whom the one shall not be the son, brother, partner or assistant of the other; the examination therefor having been made not more than thirty days before admission.”

“CLAUSE 21.—In case of private paying patients, a bond shall be given to the Commissioners of Public Charities, with sufficient sureties for payment of expenses, and a payment of one quarter's board (fifty dollars) shall be made in advance.”

“CLAUSE 25.—In case such person shall have been certified to be insane by only one Medical Practitioner before his apprehension, he shall be again examined and certified by two duly qualified Medical Practitioners, to be appointed by the Commissioner of Public Works and Mines” (now Commissioners of Public Charities) “before he shall be admitted into the Hospital.”

“CLAUSE 29.—The Commissioners of Public Charities, in the case of patients now in the Hospital for Insane, or on whose behalf admissions are sought, and where in their judgment there are circumstances justifying a departure from the ordinary rates, may make special agreements for the amount and payment of board; and where a patient, from violence or otherwise, requires a special or extra attendant, such extra attendance shall be charged and paid for in the same manner as the ordinary charges.”

N. B.—The Superintendent has no power to admit a patient without the order from the Commissioners of Public Charities.

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 Commissioners of Public Charities.

In cases of doubtful recovery, after six months' residence, it is now customary to grant leave of absence “on trial.” If a relapse occur before final discharge, the patient is at once re-admitted without any new formalities.

SCHEDULE A.—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, &c.
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 sleep.
23. State of bodily health.
24. Whether subject to Epilepsy.
25. Any faltering or 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 saw last 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,

Date,

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

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

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(b) Qualif

(c) Locali

(d) Name
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SCHEDULE B.—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, person-
 ally examined^(d).
 (d) Name in full. of^(e) (f) and that the said
 (e) Residence. is a person of unsound
 (f) Occupation. 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
 (g) State the in- others: (g)
 formation, 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 signed the first certificate.

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