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T. J. W. Burgess

PRESIDENTIAL ADDRESS—THE INSANE IN CANADA.

BY

T. J. W. BURGESS, M. D.,  
*Montreal, Canada.*

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Opened November 14, 1835.

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*Gentlemen:* My first duty is to reiterate my thanks to you for having called me to this chair, a distinction I can attribute only to the fact, that in honoring me you sought to honor, not me alone, but the Canadian members of the association. "No man is born without ambitious worldly desires" says Carlyle, and surely there could not be a more laudable ambition than to become the president of this the oldest of American medical associations, a position of which Dr. John S. Butler said, on his elevation thereto, in 1870, "In my opinion, to be elected President of this Association, is the highest honor of the profession." Rarely, however, does gratified ambition bring peace of mind, and I, alas, have been no exception to the general rule. The thought of occupying a position that had been held by such intellectual giants as Woodward, Bell, Kay, Kirkbride, Butler, and Earle, all members of the "glorious original thirteen," beside many other illustrious men, shamed me—made me fully conscious of my inability to fill it properly. Nor did the sense of my demerit lessen as the days rolled by. On the contrary, the long list of presidents, whose names are familiar to us because of their attainments in psychological medicine, loomed continually before my eyes, added to which the task of to-day's address haunted me like an ever-lengthening shadow. I had but one thought to reconcile me to the greatness your generosity had thrust upon me. It was, that the kindness which prompted you to

<sup>1</sup>Delivered at the sixty-first annual meeting of the American Medico-Psychological Association, San Antonio, Texas, Tuesday, April 18, 1905.



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*Gentlemen:* My first duty is to reiterate my thanks to you for having called me to this chair, a distinction I can attribute only to the fact, that in honoring me you sought to honor, not me alone, but the Canadian members of the association. "No man is born without ambitious worldly desires" says Carlyle, and surely there could not be a more laudable ambition than to become the president of this the oldest of American medical associations, a position of which Dr. John S. Butler said, on his elevation thereto, in 1870, "In my opinion, to be elected President of this Association, is the highest honor of the profession." Rarely, however, does gratified ambition bring peace of mind, and I, alas, have been no exception to the general rule. The thought of occupying a position that had been held by such intellectual giants as Woodward, Bell, Ray, Kirkbride, Butler, and Earle, all members of the "glorious original thirteen," beside many other illustrious men, abashed me—made me fully conscious of my inability to fill it properly. Nor did the sense of my demerit lessen as the days rolled by. On the contrary, the long list of presidents, whose names are familiar to us because of their attainments in psychological medicine, loomed continually before my eyes, added to which the task of to-day's address haunted me like an ever-lengthening shadow. I had but one thought to reconcile me to the greatness your generosity had thrust upon me. It was, that the kindness which prompted you to

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elect me as your president would be extended so far as to induce you to overlook my shortcomings, and that if, in the matter of the address, I could not like my predecessors in office clothe my thoughts in

"Choice word and measured phrase, above the reach of ordinary men," you would at least take the kindly will for the imperfect deed.

In my search for a topic upon which to discourse, I fully verified the words of Terence "Nullum est jam dictum quod non dictum sit prius." Everywhere I found the fields of medico-psychology so well harvested by my forebears that there was apparently nothing left for even a gleaner. Nevertheless, a subject had to be selected, and I finally concluded that, as the oldest medical officer connected with the insane asylums of Canada, in point of length of service, I could not do better than tell you something about the development of our Canadian asylum system, the status of the insane in our Dominion, and what, in my estimation, are some of our most crying needs for the betterment of those so justly styled "the most unfortunate of all God's afflicted ones."

#### EVOLUTION OF THE CANADIAN ASYLUM SYSTEM.

Of the number or condition of the insane in Canada under the French régime, that is prior to its accession to England in 1763, I have been able to learn little or nothing. Doubtless their treatment differed in nowise from the cruelty shown them in all other countries at the same period. That they were not totally neglected is manifested, however, by the fact that, in 1639, the Duchess d'Aiguillon, niece of Cardinal Richelieu, founded the Hotel Dieu of Quebec for the care of indigent patients, the crippled, and idiots. As here employed, the term idiot probably refers to all forms of mental disorder, acquired as well as congenital, and the creation of this establishment is especially noteworthy inasmuch as it was not only the first move toward the proper care of the insane, but was the first hospital instituted in North America. Four years later, namely in 1643, Mademoiselle Mance founded the Hotel Dieu of Montreal to meet the same requirements.

For well nigh three-quarters of a century after the establish-



ment of British rule, the condition of the insane in the various Crown Colonies, which now make up the Dominion of Canada, was deplorable in the extreme. Each county seems to have cared for its insane as best it could by confining them in almshouses and jails. The poor lunatic did not appeal to the sympathies of the public,—a workhouse was good enough for him if harmless, a prison his proper place if dangerous. The thought that he might be cured, and that no effort should be spared to cure him, occurred to few if any. Bereft of man's noblest attribute, the mind, lunatics were regarded as little better than brutes, and were too often treated accordingly. While falling short of the Napoleonic Code, published in 1804, which openly classed the insane with beasts, and ordered the punishment of those who allowed "the insane and mad animals to run about free," the Law in Canada deemed them at least on a par with criminals. In proof of this witness an act, in force as late as 1835, which authorized any two justices of the peace, without any medical certificate, "to issue a warrant for the apprehension of a lunatic or mad person, and cause him to be kept safely locked in some secure place directed and appointed by them, and, if they deem it necessary, to be *chained*."

The first of the old British North American colonies to make special provision for its insane was New Brunswick, by the conversion, in 1835, of a small, wooden building in the city of St. John, originally erected as a cholera hospital, into an asylum for lunatics. This institution, the first of the kind in Canada, continued in operation for a little over thirteen years, under the medical supervision of Dr. George P. Peters, a native of St. John but a graduate of Edinburgh University.

Dr. Peters had no previous experience in the care of the insane, but, being energetic and deeply interested in the welfare of his charges, did exceptionally good work considering how he was handicapped. That he was in advance of his day, and fully recognized the importance of special training for the proper treatment of mental diseases, a fact so often lost sight of by governments and their appointees, is evidenced by his urging, though vainly, the Legislature to get a physician from England, one trained in the best schools of psychiatry, to take charge of the new asylum. The difficulties he had to encounter were many, not the least being

one that is equally common to most of us at the present day, that of finding suitable nurses. On this point he quaintly reports: "I find it very difficult to secure proper attendants, especially for the female patients. Those who apply for the place are coarse and ignorant, their only qualification for the position being good muscular development, and absence of all proper sensibility."

The following record preserved in the Sessions of the Peace minute-book gives a good idea of the results attained by Dr. Peters during the first thirteen and a half months of his incumbency. Of the thirty-one admissions, it says, "there have been discharged—cured, six; improved, five; to friends, not improved, two; died, four. Of the remaining 14, one is much improved, two perceptibly improved, and 11 without any visible improvement." Some of the details of the itemized accounts, contained in the same volume, are highly suggestive of the times and of the methods of treatment, in which blood-letting and restraint must have played a considerable part, and bathing and light been luxuries.

"W. McBay for twelve hogsheads of water (for one month), one pound, fifteen shillings.

"W. Hammond, for thirty pounds rush lights, ten pence per lb., one pound, five shillings.

"Harvie and Allen for eight tin bleeding cups and one tin pan, seven and six pence.

"D. Collins (sadler), for three hand mufflers, one pound, fifteen shillings.

"G. T. Ray, for twelve straight waistcoats at twenty shillings each, twelve pounds."

In 1848, this temporary refuge, the pioneer Canadian asylum, was abandoned, the inmates, ninety in number, being transferred to the present institution, the erection of which had been begun two years previously.

Ontario, or, as it was then called, Upper Canada, was the next of the provinces to make a movement toward providing for its insane, the old and recently abandoned jail at York, now Toronto, having been fitted up and opened as a temporary asylum in 1841. Prior to this, numerous attempts had been made in the House of Assembly toward the creation of an asylum, the Government going so far, in 1836, as to appoint a Commission to visit the United States for the purpose of obtaining information on the subject. The chairman of this Commission was Dr. Charles Dun-



combe, who afterwards, during the rebellion of 1837, became the leader of the rebels in the western part of the province, and only saved his neck from the hangman's noose, on the defeat of the movement, by making his escape, disguised as a woman, across the Detroit River into Michigan; this despite the fact that a reward of £500 had been offered for his apprehension. Dr. Duncombe's report is particularly interesting to us, because he therein gives an account of his visit to Worcester Asylum, Massachusetts, then under the superintendence of Dr. Samuel B. Woodward, who eight years later became the first president of this association, of which he had been also one of the originators. His institution was the one, of all those inspected, that best met the approval of the Commission, and the one, the general plan of which, they advised should be followed. In concluding his report, Dr. Duncombe thus interestingly outlines his views on the subject of lunacy and the object of the proposed structure. "The building is not designed for the cure of the ordinary diseases of the body, but 'to restore the disjointed or debilitated faculties of a fellow-creature to their natural order and offices, and to revive in him the knowledge of himself, his family, and his God.' The subject of lunacy has been until of late years less perfectly understood than any other complaint known to our country that is at this moment successfully treated, but thank Heaven that the disease of an organ of the mind is no longer considered a crime subjecting the unfortunate subject of it to imprisonment, punishment, and chains, and that with the exception of this Colony no other portion of America has their insane confined in their jails, and I am well satisfied this will not be the situation of these unfortunate persons longer than until their number and present cost of support is known, and the legislature have time to provide a suitable asylum for their relief."

The make-shift asylum, into which the old jail had been converted, was placed in charge of Dr. Wm. Rees, who had long urged upon the government the necessity for such an establishment, and continued in use up to 1850. At that date the patients were transferred to the present Toronto asylum, which, for twenty-two years after, was the field of labor of the venerable Dr. Joseph Workman, to whose wisdom much that is best in the present system of caring for the insane in Canada can be traced.

Kingston Asylum, generally known as Rockwood Hospital, was the second asylum born in the Province of Ontario. It had its birthplace in the stable of the old Cartwright mansion, which, in 1856, was fitted up for the reception of twenty-four female patients. Like its successor, the present structure, opened in 1862, it was originally designed for a criminal lunatic asylum, and as such the institution remained in charge of the Federal Government, an adjunct to the penitentiary, until 1877. In that year it was purchased by the Local Legislature and became one of the ordinary provincial establishments.

London Asylum, the third Ontario asylum in point of age, was, when opened in 1859, originally located in the old military barracks at Fort Malden on the Detroit River, and formed a branch of the Toronto institution which had become congested. In 1870, the present hospital, at London, having been completed, the patients were transferred there.

Of the other five public asylums in Ontario, that at Hamilton was originally built for an inebriate asylum, but was never used as such, being utilized instead for the reception of the insane, and opened in 1879. Mimico Asylum was first occupied in 1890, Brockville Asylum in 1894, Cobourg Asylum in 1902, and Penetanguishene Asylum in 1904. The Cobourg institution, for female chronic patients, was created by the conversion of Victoria College, the scholastic headquarters of the Methodist community prior to federation with Toronto University, into a hospital for the insane; and the Penetanguishene Asylum, which is for chronics of both sexes, was formerly a reformatory for boys.

Ontario also possesses an asylum for idiots. It is situated at Orillia, where it had its inception, in 1876, in a building originally designed for an hotel. This structure was replaced by a new and modern establishment in 1887.

In the Province of Lower Canada, now Quebec, the Quebec Lunatic Asylum, formerly known as Beauport Asylum, is the oldest of the institutions for the insane, the progenitor of the present structure having been opened, during 1845, in the old manor-house of the Seigneur of Beauport, which stood about a mile from the present establishment. Its creation was due to Dr. James Douglas, an uncle of my immediate predecessor in this

chair, Dr. Joseph Morrin and Dr. Charles J. Fremont, but it is now the property of the Sisters of Charity.

The second of the Quebec asylums, L'Hopital St. Jean de Dieu, or, as it is usually called, Longue Pointe Asylum, is situated a few miles east of Montreal, and also belongs to the Sisters of Charity. It originated in a very humble way in 1852, its capacity at that time not exceeding twenty-five patients. This being found quite inadequate to meet the ever-increasing demands upon their charity, the Sisters, with the sanction of the Government, determined to take up the work of caring for the insane on a greatly enlarged scale. The result was the erection of a new St. Jean de Dieu Asylum, which was opened in 1875. This institution was completely destroyed by fire in 1890, no less than seventy-five patients and five Sisters losing their lives in the conflagration. Undeterred by this disaster, the Sisters lost no time in beginning the erection of the third St. Jean de Dieu Asylum. This, the present establishment, which is fully up-to-date in construction and equipment, was opened in 1901.

The third Quebec institution, rightfully called the Protestant Hospital for the Insane, though generally spoken of as Verdun Hospital, was founded by a number of the charitably disposed Protestant citizens of Montreal for the relief of their co-religionists then confined in Beauport and Longue Pointe asylums. It was opened for the reception of patients in 1890.

Quebec has in addition two institutions which receive idiots as well as some aged and infirm paupers. These are L'Hospice St. Julien, located at St. Ferdinand d'Halifax, and Baie St. Paul Asylum, situated at Baie St. Paul. Both belong to the Sisters of Charity, the former having been opened for the reception of idiots in 1873, the latter in 1890.

Prince Edward Island stands fourth, and Nova Scotia fifth, on the list with regard to the date of beginning special provision for the insane. The hospital of the former dates back to 1847, and of the latter to 1858, since which time Nova Scotia has increased its accommodation for the mentally defective by the creation of a system of county asylums, and combined county asylums and poorhouses. An interesting point in connection with the Nova Scotia Asylum is that to it pertains the honor of having had its site selected by the well-known philanthropist Miss Dix, of whom

it is said in Tuke's "Dictionary of Psychological Medicine": "Although, in every country, men and women and the medical profession have been ready to promote the interests of the insane, the name of Dorothea L. Dix stands foremost among all. Her efforts in improving the condition of the insane were not confined to her native State of Massachusetts, but extended to other States and distant lands. Her life was devoted to their interests, and it is stated that no less than thirty asylums owe their establishment directly or indirectly to her persistent efforts."

The first Manitoba Asylum, now located at Selkirk, was originally established in 1871, at Lower Fort Garry, in connection with the penitentiary. One of the old stone storehouses of the Hudson Bay Company, formerly used for the confinement of Lepine, the notorious Louis Riel's Adjutant-General, was fitted up for the purpose. The second asylum, situated at Brandon, began work in 1891.

The year 1872 witnessed the birth of the British Columbia institution, when an ancient wooden building on the Songhees Indian Reserve, outside the city of Victoria, originally built for a small-pox hospital, was reopened to receive lunatics. The population having outgrown these primitive quarters, it was decided to erect a new asylum on the main land, close to the town of New Westminster. This was done and the patients removed thereto in 1878.

5 Of the superintendents connected with the bygone struggles of these beneficent institutions much might be said, but the limited time at my disposal forbids the eulogiums they so justly deserve, even were my pen equal to the task. No words of mine could do justice to such men as Dr. Workman, easily, "*primus inter pares*," and fittingly styled by Dr. Tuke, "The Nestor of Canadian alienists"; Dr. Henry Landor, whose rare qualities of heart and mind fitted him so eminently for his position; Dr. R. M. Bucke, to whom is due the introduction of the non-restraint system into Canada; Dr. W. G. Metcalf, who by his sad and untimely death added another to the goodly list of physicians who have perished at the hands of those whom they sought to benefit; Dr. J. R. DeWolf, who was foremost in the early care and treatment of the insane in Nova Scotia; Dr. E. E. Duquet, who died worn out by his labors in striving to reform the Longue Pointe

Asylum; and Dr. A. Vallée, whose advanced views did so much to improve the Quebec Asylum. The blessed results of the labors of such men can never be fully estimated, their works being truly:

"Deeds which are harvest for Eternity."

#### STATUS OF THE INSANE.

At the present time Quebec is the only one of the provinces of the Dominion in which there is no State institution for the care of the insane. Though vastly improved in every respect and much more strictly supervised by the Government than when Dr. Tuke visited them, in 1884, and so graphically portrayed the then existing evils, the two largest hospitals, St. Jean de Dieu and Beauport, are still proprietary establishments and, as such, still open to the criticisms thus forcibly expressed by that distinguished alienist in his work, "The Insane in Canada and the United States": "Far be it from me to attribute to these Sisters of Charity any intentional unkindness or conscious neglect. I am willing to assume that they are actuated by good motives in undertaking the charge of the insane, that they are acute and intelligent, and that their administrative powers are highly respectable. Their farming capacities are, I have no doubt, very creditable to them. It is not this form of farming to which I have any objection or criticism to offer. In the vegetable kingdom I would allow them undisputed sway. It is the farming out of *human* beings by the Province to these or any other proprietors against which I venture to protest. . . . It is a radical defect—a fundamental mistake—for the Province to contract with private parties or Sisters of Charity for the maintenance of lunatics. Whatever may be the provision made by private enterprise for patients whose friends can afford to pay handsomely for them, those who are poor ought to have the buildings as well as the maintenance provided for them by the Legislature. They are its wards, and the buildings in which they are placed should belong, not to private persons, but to the public authorities, with whom should rest the appointment of a resident medical officer."

No less pronounced in his condemnation of the "farming-out" system is a later writer, one of our greatest authorities on all appertaining to insanity and the care of the insane, Professor

Kraepelin. This world-renowned alienist says of it, in an article published some five years ago: "It is not only unworthy of the State, but in the long run it is also dangerous to entrust the care of such institutions to promoters, who are working only on their own responsibility, be they laity or clergy. The best ordinances of State supervision cannot do away with the danger which attends the transference of the insane from the care of the public officials to that of private individuals. Even if State inspection were well carried out, which cannot be guaranteed, only the more apparent abuses could be guarded against. The management of the institution would still be carried out in accordance with the particular views and wishes of those who were in charge and, as a rule, to the disadvantage of the patients."

Following the publication of Dr. Tuke's article, the Medico-Chirurgical Society of Montreal held a meeting at which, among others, the following resolutions were unanimously passed:

"That the 'farming' or 'contract' system either by private individuals or by private corporations, has been everywhere practically abandoned, as being prejudicial to the best interests of the insane, and producing the minimum of cures.

"That in the opinion of this Society all establishments for the treatment of the insane should be owned, directed, controlled, and supervised by the Government itself, without the intervention of any intermediate party."

Spite of these and other vigorous protests the system remains unchanged, and before Quebec can be counted in the foremost line, where it ought to be, the Province must own as well as supervise its institutions for the dependent insane.

One outcome of the furore excited was, however, the founding of the Protestant Hospital for the Insane, an incorporated charitable institution, which, while paid by the Government for the maintenance of public Protestant patients, is safeguarded by the leading clause in its charter of constitution. This stipulates that the conduct of the establishment shall be vested in a board of management elected by the governors, and that all moneys received by the corporation, from whatever source, shall be expended upon the institution and its inmates. As a matter of fact, ever since the opening of the hospital, the per capita cost of public patients therein has not been less than fifty per cent more than the Government allowance for their keep, the difference hav-



ing been made up by the revenue derived from private patients and the bequests of the charitably disposed.

The Province of Nova Scotia, though possessed of as well-managed a State asylum as could be desired, is yet behindhand in that it has since 1886, sanctioned the erection of county asylums, and in many cases combined county asylums and poorhouses. To these can be transferred the harmless insane from the provincial institution, and to them can be sent direct, idiots, non-violent epileptics, and cases of chronic insanity refused admission on statutory grounds to the State Asylum. At the present time there are eighteen of these structures, which, according to the Report of Public Charities for 1904, house sane adults, children, insane patients, imbeciles, and epileptics. Each is governed by a committee, the immediate management being entrusted to a keeper and a matron, and there is a visiting medical officer attached. These establishments have been erected in pursuance of a plan outlined by Dr. Reid, formerly Superintendent of the Provincial Asylum, though a Nova Scotia medical friend of mine, well acquainted with the system, contends that it was invented by the devil. The scheme was necessitated by the pressing need of additional room for the insane, and the financial inability of the Province to undertake the erection of another public hospital. It is only fair to Dr. Reid, however, to state that this was but one of four alternative suggestions made by him, and that it was the one he considered the least desirable, although the cheapest way to provide the required accommodation.

That county care is cheaper I will not gainsay, but does it best meet the demands of humanity, which, after all, is the true standard to be adopted by any right-thinking community? That it does not, seems to be the general trend of the most advanced scientific opinion, and the following resolution, adopted at the sixth meeting of this association, held at Philadelphia in 1851, still holds good:

"Resolved, That it is the duty of the community to provide and suitably care for all classes of the insane, and that in order to secure their greatest good and highest welfare, it is indisputable that institutions for their exclusive care and treatment, having a resident medical superintendent, should be provided, and that it is improper, except from extreme necessity, as a temporary arrangement, to confine insane persons in county poorhouses or other institutions, with those afflicted with or treated for other diseases or confined for misdemeanors."

Not a few of the chronic insane are as difficult to manage as the acute, and such being the case, it is hard to imagine any plan of county care where abuses will not creep in as a result of the desire to lessen the per capita cost and the absence of constant medical supervision. As practised in the State of Wisconsin it seems to be as well conducted as it is possible for such a system to be, and yet Dr. Burr, our worthy vice-president, who is a just and honest man as well as a careful observer, after a personal inspection of the system there, published, in the October, 1898, number of the *AMERICAN JOURNAL OF INSANITY*, a scathing denunciation of its inefficiency.

Many of the worst horrors connected with the treatment of the insane during the last half-century were consummated within the walls of county almshouses. In New York, where the practice of transferring cases which failed to recover in a certain time from the Utica Asylum to the county poorhouses was in vogue for nearly thirty years, and where the county asylum system flourished for over eighteen years, the abuses which seem to be inseparable from almshouse and county arrangement so aroused public opinion that both methods were abolished, by the passage of the State Care Act of 1890.

The State of New Hampshire has also lately recognized the injustice of this method of caring for the insane, and, in 1903, passed an act revoking county care, and providing for the removal of all lunatics confined in almshouses to the State hospitals within a period of six years.

That those connected with and so best qualified to judge of the working of the Nova Scotia system are not themselves enamoured with it may be judged from the 1903 Report of Public Charities. Therein, the inspector, Dr. George L. Sinclair, an alienist of repute and a former superintendent of the Provincial hospital, says:

"The plan of county care adopted in this province has many grave objections. In a properly equipped and well officered local asylum, reserved for the exclusive use of insane or imbecile inmates, the objectionable features are fewest. The scheme of associating in one house both sane and insane persons is the most objectionable and unsatisfactory.

"Unfortunately our law permits this to be done, provided the building is made suitable for both classes and for both purposes to the satisfaction of the Governor-in-Council. The difficulties to be overcome to make such a plan of care unobjectionable pertain quite as much to the structure of the municipal mind as to that of the building.

"It is most unfair to the sane members of such a household, whose only affliction is poverty, to compel them to associate with the insane and imbeciles, who are not only irresponsible, but may be a source of positive danger to their companions in misfortune, and it is distinctly unjust to the insane inmates to attempt to care for them with the limited oversight and attention which the small staff of an almshouse can give.

"I have yet to find a single keeper or matron of an asylum to which the mental defectives are sent to associate with the paupers, whose experience in looking after the two classes is sufficient to give the opinion any value, who does not think the mixing of the two kinds of inmates most undesirable. When it is done there is either a dangerous amount of liberty granted the defectives, or they are isolated and secluded to an extent that means positive neglect, and leads to distinct deterioration and the formation of bad habits. It cannot be otherwise. The staff of an ordinary almshouse usually consists of a keeper and a matron. The former has charge of the farm and the latter of the housekeeping. When at his work the keeper must either take the insane men with him or leave them at home. The first is often impracticable, and the second unsafe unless the patient is locked up. This more or less frequent seclusion always has an evil effect in causing the insane person to fall into bad habits. Some times most objectionable and severe mechanical restraints are used, and nothing but harm results."

In the Province of New Brunswick, it is much to be regretted that the Government, on account of the overcrowded condition of the Provincial hospital, is contemplating a resort to the Nova Scotia system. At the last session of Parliament legislation was passed providing for the examination of all patients therein by a commission composed of the Medical Superintendent and two other doctors. When the work of the commission, which began its labors in November last, is completed, a report is to be made to the Government with a view to the selection of those who, being supposed to be harmless, can be sent back to their friends or to the county almshouses. To carry out such retrograde legislation will be to sully the record of a province which has heretofore always steadfastly declared against the incarceration of lunatics, even temporarily, in prisons or poorhouses,—a province which can boast with pride of having been the first of the British North American colonies to provide special accommodation for its dependent insane.

At present, in New Brunswick, perhaps the gravest existing defect in connection with the insane is the method, or rather lack of method, of commitment to the Provincial hospital. The safe-

guarding of the liberty of the subject seems to be little heeded, and a patient can be conveyed to it with only a line from a doctor. No thought is given to advising the hospital authorities beforehand that a patient is coming, and often no history whatever of the case is furnished. The Medical Superintendent, however, informs me that this matter is to be remedied at once, and that the present year will see the manner of commitment more in consonance with the modes adopted in other civilized countries.

Ontario, as the wealthiest of the Provinces, has of course been able to outstrip the others, and in its care of the insane has always endeavored to keep up with the advance of science. Its asylums are State institutions in the fullest sense of the word. In the majority of cases the patients are maintained entirely at Government expense; in other cases, where able to do so without hardship, the friends are charged a rate that covers the bare cost of keep. While all its hospitals are good, Rockwood is certainly the foremost, ranking to-day among the most advanced institutions for the treatment of the insane in America. Whether it be that its presiding officer has a more persuasive tongue and so can better influence the "powers that be" I cannot say, but assuredly it has accessories that are elsewhere lacking,—to wit, a beautiful nurse's home, and several small cottages for the segregation of tubercular patients. The varieties of employment provided for the patients there are, as they should be, numerous and diversified, and physical culture classes are one of the features of the establishment. In addition, those who have a taste for music are instructed in it under a qualified teacher, and there is also a school modeled after that in the Utica Asylum. At Rockwood, too, it is worthy of record, was established Canada's first training school for asylum nurses, and the first separate building, or infirmary, on the continent, for the treatment of lunatics afflicted with additional ailments.

Prince Edward Island has a Provincial hospital for its insane, but idiots and imbeciles are sheltered in the Provincial poorhouse, those who become dangerous being transferred to the insane hospital.

In Manitoba and British Columbia the asylums are State institutions and well conducted, though, at present, sadly hampered by the constant and pressing necessity of providing sufficient room,

owing to the mass of immigrants that has been flowing into those Provinces during the last two or three years. The Manitoba hospitals receive imbeciles, but idiots are sent to the Home for Incurables, also a Provincial institution, located at Portage la Prairie. British Columbia has no special provision for idiots or imbeciles. When utterly unmanageable at home they are received into the insane asylum.

The Northwest Territories having no hospitals of their own, by special arrangement with the Dominion Government, all cases of insanity occurring in those districts are cared for in the provincial asylums of Manitoba.

#### NUMBER OF INSANE.

In 1901, according to the census of that year, there were in the Dominion of Canada 16,622 persons of unsound mind, being a ratio of 3.125 per thousand, or about one in every 319 of a population numbering 5,318,606 souls, exclusive of the unorganized territories. Of these 16,622 defectives, 10,883 were inmates of asylums or other institutions, making a percentage of .642 under care.

The Provinces as regards the number of their insane stood as follows: Prince Edward Island 361, a proportion of 3.496 per thousand; Ontario 7552, or 3.459 per thousand; New Brunswick 1064, or 3.213 per thousand; Quebec 5297, or 3.212 per thousand; Nova Scotia 1403, or 3.052 per thousand; Manitoba 464, or 1.818 per thousand; British Columbia 301, or 1.684 per thousand; Northwest Territories 180, or 1.132 per thousand.

With respect to custodial care, British Columbia ranked first, having under care, at the close of 1901, no less than 94 per cent. of the total number of those mentally incapacitated; Manitoba came next with 77 per cent. in safe-keeping; Nova Scotia stood third with 71 per cent. sheltered; Ontario was fourth with 69 per cent. in asylums; Prince Edward Island was fifth with 61 per cent. provided for; Quebec and the Northwest Territories were equal with 58 per cent. under care; and New Brunswick was eighth with 52 per cent. housed.

The following table shows the changes indicating increased custodial care, or otherwise, on the part of the several Provinces, in the decade extending from 1891 to 1901. By this it will be seen

that there has been a marked advance in all with the exception of New Brunswick, which remains unchanged.

Provinces.	In Asylum, 1891.	In Asylum, 1901.
British Columbia .....	90 per cent.	94 per cent.
Manitoba .....	55 "	77 "
New Brunswick .....	52 "	52 "
Nova Scotia .....	36 "	71 "
Ontario .....	58 "	69 "
Prince Edward Island.....	38 "	61 "
Quebec .....	50 "	58 "
Northwest Territories (housed in Manitoba asylums).....		58 "
Canada.....	54 per cent.	66 per cent.

#### INCREASE OF INSANITY.

Spite of the provision made for the care of the insane, from every Province comes the cry for additional accommodation. Year by year the number of lunatics, imbeciles, and idiots to be supported and cared for by the State is being largely augmented, and it has become a burning question whether something cannot be done to lessen an evil which imposes upon the community an enormous load of taxation for the maintenance of a large and constantly increasing multitude of those mentally afflicted. Canada, in common with the rest of the civilized world, has of late years shown a decided increase in the percentage of her insane population. Of course it is easy to be led astray by statistics compared without just qualification. The very agencies created for the care of the insane lead to an apparent increase in their number. With well-appointed asylums conducted on enlightened lines, aided by Government grants and private charity, hundreds of patients who might otherwise be uncounted, leave their homes to swell the enumeration of the insane. Still, with all allowance made for this, it is the consensus of opinion that insanity is on the increase in Canada as elsewhere. That such is the case is fully borne out by the census returns, which, though lessened in validity by the fact that the figures they furnish are in great measure dependent on voluntary information, are yet in this case a fair index of the true state of affairs, because any false statements made would be in the line of lessening the number of de-

fectives. From this source we find, that while in 1891 there were 13,342 insane persons in a population of 4,719,893, in 1901 there were 16,662 in a population of 5,318,606, being an increase, in ten years, of nearly twenty-five per cent. in the number of lunatics whereas the increase in the total population was less than thirteen per cent.

The causes of this increase are manifold. The methods of modern life and the modern race for wealth undoubtedly play an important part in it. Our high-pressure civilization does not come to us without attendant woes. With the change and increased comfort in the mode of life of the great bulk of the people, their susceptibilities have been augmented, and their nervous systems have been laid more open to the unkind influences of material and moral forces. But while these and other causes play a part in the production of mental disorder, it is a small one in comparison with that played by heredity. From time immemorial it has been recognized that the great predisposing cause of insanity is hereditary taint, and as time rolls on, and we are able to make more careful inquiry into the influence of hereditary predisposition, the truth of this old-time belief becomes more and more evident. Unfortunately we are not in a position to say exactly what amount of the mental obliquity met with is due to transmitted weakness. The statistics of heredity vary widely, and this variation is chiefly in direct ratio to the prevarication practised by the relatives of the insane. Not one of us but is well acquainted with the way in which people, even in the lower ranks of life, endeavor by every means to keep us ignorant of what they consider to be a stigma on the family. Almost every authority on mental diseases has commented on this, one writer going so far as to compare the difficulty experienced in getting at the truth in such cases, to that which might be expected in dragging from an erring woman a confession of her frailty. Why brain disease should be regarded as more disgraceful than disease of the lungs or any other organ of the body, or why the fact of insanity being in a family should be looked upon by the public as tantamount to an acknowledgment of criminality, is hard for us to grasp. Such, however, is the fact, and until the masses are educated out of such erroneous beliefs, friends will continue to lie about their antecedents most unblushingly. Often I have

known cases where the relatives have positively asserted that there was no trace of insanity in their family history; and often I have afterward discovered that it had been well marked for generations. I well remember a lady, widely known for her Christian principles, coming to see me about receiving her daughter as a patient. A prognosis in the case was of importance, and I was asked to give as definite a one as possible. Naturally I asked as to any possible hereditary taint. My lady was firmness itself in her denials. In the course of further conversation, however, she happened to mention that her brother, who had been very fond of the insane girl, was dead, and added, "Perhaps it's as well after all that he is." It struck me at once that there must be something behind this expression of opinion, and my question, "Why so, Madam?" elicited the answer, "Well doctor, you see for over a year before my brother shot himself he was always worrying about Mary's future welfare." Needless to say the hospital registers showed heredity as a definite predisposing factor in the case.

But it is unnecessary that I should dwell upon the question of heredity as a cause of the increase of insanity. It and the marriage question were fully and ably discussed by Dr. Blumer in his presidential address delivered at Washington two years ago. I shall but strengthen, if that be possible, what was then said, by a quotation. It is from an address on the prevention of insanity given by Dr. G. F. Blandford, as President of the Psychological Section of the British Medical Association, in 1894. On that occasion Dr. Blandford stated: "I have long been of the opinion that insanity is to be prevented chiefly by limiting the propagation of this most fearful disease through the union of affected persons. I am convinced that the only way to really diminish and finally stamp out insanity is by so educating public opinion, that those who have been insane or are threatened with insanity, shall, in the face of such public opinion, abstain from bringing into the world children who must certainly contain in them the potentiality of insanity, and so will hand on the heritage from generation to generation till the race dies out."

Instead, let me call your attention to another topic, briefly referred to by Dr. Blumer, in the line of prevention of the increase of insanity—the exclusion of defective immigrants. I do so for



two reasons. Firstly, because during the past two years the influx of strangers into Canada has been so enormously increased; and secondly, because Canadian immigration laws being much less stringent than those of the United States our land is being flooded by a class of degenerates, many of whom, if not already insane, soon become so.

That a country so vast as ours should be much more densely peopled is a "consummation devoutly to be wished," but the question of number, desirable as it may be, is secondary to the character of the people who are being added to our population. The sturdy agriculturists and artisans of the British Isles, healthy alike in body and mind, always furnish a welcome addition to our ranks, but unhappily quite a large number of the immigrants brought to us are of a low standard of mentality, some of them even having been inmates of asylums before coming to this country. Such a condition, amid new environments and under new conditions of existence, is almost sure to lead to mental strain and insanity. The result is that these incompetents, many of them consisting of the scum and dregs of an overcrowded European population, are crowding our Provincial hospitals, especially those of Ontario, Manitoba, and British Columbia, to which Provinces immigration has been largest, and those contiguous to large sea-ports, such as Montreal. Most of our institutions have a larger percentage of foreigners than is found among the native population, and while the greater number of the foreign-born inmates are legitimately there, having broken down mentally after they had earned a residence, there is in every asylum a proportion who should never have been brought to our shores. Some of these have come of their own accord, but it is evident from the statements of the patients themselves that in certain cases parochial boards, benevolent societies, municipalities, and even relatives, have sent out persons simply as the cheapest way of getting rid of them. The cost of a ticket is small compared to a lifetime's maintenance in an asylum, a poorhouse, or at home. The late Dr. R. M. Bucke in giving his evidence before a Commission appointed to inquire into this subject, thus forcibly and truthfully expressed himself: "There are associations formed in England for bringing out to Canada what are called gutter children from the slums of England, Scotland, and Ireland. Thousands are brought

out by these organizations. This is scandalous and should not be allowed to go on. These people might as well collect small-pox and typhoid fever and send them out. It is just adding so much more to the number for which we have to provide, because so many of them are degenerates." But a few months ago it was proposed in London to form an organization for the emigration on a gigantic scale of British pauper babies and young children, and a meeting was convened at Mansion House under the auspices of the Lord Mayor to discuss the subject. Canadians generally and naturally object to the establishment of British work-house farms in Canada under the control of the British poor law guardians for the reception of English foundlings, and, I am thankful to say, the Canadian Government withheld its approval of the scheme.

As typical of the class of persons sent out by their friends to get rid of them, let me read you a description of a batch of these defectives who had become hospital residents and were deported to Liverpool. It is from a report of the asylum in British Columbia, where this custom has been very common, I suppose on the principle that the farther away a ne'er-do-weel is shipped the less likelihood of his return. "All these cases were illustrations of a practice too much in vogue in Great Britain, of shipping off to the colonies weak-minded young persons who are unmanageable at home, and unable to make a career for themselves, or earn a livelihood there. 'He has continued his wild and reckless conduct, and has now been shipped off to the colonies,' is a phrase made use of in the *Journal of Mental Science*, in a description of a case of the kind now in question. But if a patient of the sort here described is unable, with the assistance and supervision of his friends and relatives, to steer a straight course and make a position for himself in the Old Country, still less is he likely, when left to himself, to be able to cope with the struggles and difficulties of Colonial life. Of the five cases above mentioned, in one the patient was of feeble intellect and the insanity strongly hereditary, in another the patient was obviously weak-minded originally, a third was a pronounced epileptic with consequent mania, and two others, a brother and sister, suffered from strong family taint. The brother had been previously for three years in an English County Asylum, and the sister had suffered from an attack of in-

sanity before coming out here. The brother had only been four days in the Province when he again became insane and was sent to the asylum. He was two years and one month in the Province, the whole of which time, except four days, he spent in the asylum at the expense of the Government. . . . .

"It is hard upon the Colonies that the mother country should 'ship off' these waifs and strays, these victims of 'borderland insanity,' to become, as they almost inevitably must do, when thrown on their own resources out here, confirmed lunatics, who have to be maintained at the expense of the community."

That Canada is being made a "dumping ground" for the degenerates of Europe it needs only a glance at our general and asylum statistics to show. Few, however, realize the extent of the burden thus imposed upon our charities. Only those whose duty brings them in contact with the defective classes can fully grasp how urgent it is that greater restrictions should surround the admission of undesirable immigrants. Even conservative England, which has always prided itself on being held wide open as a refuge for the poor and oppressed of all nations, is becoming aroused to the necessity of raising a barrier against unrestricted immigration. The evils have become so palpably evident there, during the past few years, that the average Briton, once heartily in favor of admitting any and every one to his country, is now crying out against it, and the last Royal Commission on Alien Immigration, which was appointed in 1902 and presented its report last autumn, recommended the establishment of an immigration department, similar to that of the United States, for the purpose of debarring and repatriating "undesirables."

In proof that what I have said is no exaggeration of the ill effects attendant upon immigration insufficiently safeguarded, let me call your attention to some figures bearing on the subject. By the census of 1901 the population of Canada was 5,371,315, the number of foreign-born being 699,500; the total of the insane was 16,622, and of these 2878 were foreigners. From these returns it will be seen that a little over thirteen per cent. of the general population—that is to say the imported element—furnished over seventeen per cent. of so-called Canadian lunacy. Stated in another form, if the native Canadians alone are considered, there is

one insane person in every 339 of the population; while the proportion among the foreign element alone is one in every 243.

If further evidence were needed I would say that during the year 1903 there were admitted to Canadian asylums 2213 insane persons. Of this number 1726 were born in Canada. The remaining portion, 487, representing 22 per cent. of the admissions, was foreign-born. At Verdun, 2048 patients have been received since the opening of the establishment, and of this number 40 per cent. were of foreign birth. In the same institution there are at the present time no less than thirty persons in a population of 460 who, if subjected to anything but the most cursory examination, would never have been allowed to set foot in the country.

The cause of this load being foisted upon us is not hard to find. It lies in the laxness of our immigration acts which do not demand a certificate of good bodily and mental health from each person landing, and which limit the period during which such parties may be deported to one year.

No effort should be spared to relieve the Dominion of such an incubus, and the remedy is in our own hands. It consists in the passing of stringent laws providing for a full knowledge of the past history of every alien seeking our shores. The true place to prevent the coming of the dangerous immigrant is not at the port of entry but at that of departure. Each person preparing to emigrate to Canada should be rigidly examined, by salaried medical officers appointed by the Dominion Government, as to his mental fitness at the time of examination, and should also show proof that he has never been insane or epileptic, and that his parents have never been affected with insanity. If found to fulfill all the legal requirements, a sworn certificate, containing his full personal description and vouching for his mental and physical health, should be given him. Without such a certificate he should not be allowed to land, and the vessel bringing him should be obliged to take him back on its return trip at the expense of the owners. The health officers at our ports should, in addition, be clothed with authority to reject any immigrant on arrival if circumstances developed during his passage should demand it, and instead of one year, the period of probation during which an immigrant might be returned to his own country if afflicted with in-

sanity, unless surely due to causes arising after his arrival, should be extended to two or even three years.

Doubtless such legislation would be bitterly opposed by steamship companies as tending to lessen the number of their steerage passengers, and by irresponsible emigration agents who send out every soul they can for the sake of the commission received on ocean and railway tickets. But the interests of the State should be paramount to such selfishness, and the Government should insist that Canada, while a hospitable refuge for the deserving poor, be not made an asylum for the diseased and defective.

#### OUR REQUIREMENTS.

Canadian requirements, speaking generally, are many. The most pressing, to my mind, are separate accommodations for idiots, epileptics, inebriates, and the criminal insane; proper means for the segregation of the tubercular; some provision for the temporary relief of friendless convalescents; and the abolition of political patronage in asylum affairs.

In the matter of proper and sufficient accommodation for idiots and imbeciles Canada is woefully behindhand, there being in the whole Dominion, not a single institution for these classes conducted on the lines that modern science and experience have found most satisfactory and successful. In all the Provinces, with the exception of Ontario, the feeble-minded, which is a generic term now used to include all degrees of idiocy and imbecility, if provided for at all, are housed in poorhouses and other establishments which provide for sane persons as well, or are mixed up with the insane population of the lunatic asylums. Ontario alone has attempted any adequate provision, and even she, from a spirit of false economy, has allowed a once promising institution to drift backward.

The care, training, and education of the mentally defective is an accepted public duty, and should be undertaken by the State at public cost, at least to the extent of providing the necessary institutions and schools for their care and teaching. Mere custodial care, even if provided in separate establishments, does not meet the requirements of the case, it being admitted by all who have made the interests of this class a life study, that any effort made in the direction of bettering their condition is useless unless

a training school is combined with the custodial asylum. Surely it is just as essential to educate the imbecile as it is to educate the deaf-mute or the blind. To allow him to grow up without education or "habit-training," is simply to allow him to degenerate into a repulsive, helpless creature, often so brutal in his propensities that, for the protection of the public, he has to be placed in custody. Of the milder types, many of the boys commit crime and find their way to reformatories; the girls fall from the paths of virtue, become mothers, and bring forth children more feeble-minded than the parent. The education, however, as well as the method of imparting it, must be made to suit the incomplete mental organization with which we have to deal. Even the least weak-minded are generally unable to profit, to any extent, by the instruction of ordinary schools, and often they suffer unmerited hardship at the hands of teachers, who, ignorant of the mental defect, attribute backwardness to laziness or perversity. So well is this fact recognized that the public schools of New York, Philadelphia, Boston, and Baltimore are organizing special classes for backward and feeble-minded children. Cognizant of the same thing, the Royal Commission on the Care and Control of the Feeble-minded, recently sitting in London, England, expressed the opinion that the provisions of the Defective Children's Act of 1899, by which the school authorities are permitted to compel the parents of feeble-minded children to send them to special certified schools for suitable instruction, should be made compulsory.

The ultimate aim and object in the teaching of the feeble-minded being to fit them, as far as possible, to become useful men and women, it necessarily follows that school teaching should be followed by manual training. Imbecile children, when they have acquired such elementary education as their limited abilities will permit them to assimilate, should be set to learn some useful trade, by the practice of which they may become at least partially self-sustaining. It is in the industrial departments of the large establishments for the training of imbeciles that one sees what the better class of these unfortunates is capable of learning, and what really good workmen many of them become under the supervision of patient and intelligent instructors.

It was the lack of manual training that constituted the great

barrier to further progression in the Ontario institution, to which I have alluded as the only one of the kind in the Dominion. As early as 1872, Mr. J. W. Langmuir, then Inspector of Asylums, urged the creation of an asylum for idiots which should consist of two distinct departments, one a training school for young idiots, the other a custodial department for the safe-keeping of adult idiots who were unsafe to be at large. By the adoption of the second portion of Mr. Langmuir's scheme the Ontario Government established the first custodial asylum for idiots on the continent. Later a teaching department was added, and for several years Dr. Beaton, the superintendent, was enthusiastic in his praise of the good results attained. Ere long, however, he discovered that it would be impossible to secure any permanent benefit if manual training was not made to go hand in hand with mental and physical culture. Time and again he appealed to the Government for the provision of industrial instructors, but all in vain. In addition, his staff of teachers was reduced to such an extent that, in 1902, the training school had to be discontinued. In concluding his report for that year, Dr. Beaton says: "It is to be hoped that they (the schools) will soon be reopened with a capable staff of teachers and instructors, and that the institution and schools will not only be placed on the popular footing of years ago, but far in advance." I am sorry to say that this hope has not yet been realized.

With the reports that many imbeciles, after training, are independently capable of earning their own livelihood, I am not prepared to agree. Without continuous supervision little can be expected from them no matter how highly trained and educated they may be; their whole disposition and temperament, away from control, in the vast majority of instances completely negatives the supposition. A few improvable cases may be rendered capable of earning a modest competence, but a few, and only a very few, are successful. In nine cases out of ten when such patients are said to earn their own living, it will be found that they have some advantages in the line of continued supervision. There can be no doubt, therefore, that it is the duty of the State to provide some means of permanent guardianship for these cases if friendless, and the need could be admirably met by the creation, in all institutions for the feeble-minded, of a separate department for

improvable cases, who, after having undergone their period of training, could be drafted into work-shops of various kinds, or do farm and garden work under the supervision of an inspector. In this way they could be made in a large measure self-supporting,—perhaps even a source of revenue to the State. The model institution outlined by Dr. W. W. Ireland, than whom we have no higher authority, would consist of three separate departments; a custodial department for the extreme and non-educable class; an educational department for those capable of being taught and trained; and a semi-custodial department for those whose education and training has been completed, these three departments to be distinct buildings at a moderate distance apart, but all under the same superintendence.

As respects special accommodation for epileptics, Canada is even worse off than she is in that for the feeble-minded, because, up to this date, no separate provision whatever has been made for them. Like the idiot they have either been kept at home, confined in poorhouses, or scattered through the various wards of insane asylums. Every principle of justice and humanity is opposed to the indiscriminate mingling of epileptics, lunatics, and paupers, and Ontario, to her credit be it said, has already taken steps to right this wrong by founding an epileptic asylum at Woodstock. This it is expected will be ready for occupation during the present year, certainly not before it is urgently required, since, by statistics compiled by Dr. Russell of the Hamilton Asylum in 1893, there were at that date no less than 292 epileptics among 4251 asylum residents, with probably more than double that number scattered through the country, a burden to their friends and a menace to the public.

The peculiarities and requirements of epileptics are such as to characterize them as a distinct class, for whose well-being separate accommodation is necessary. Only under such circumstances can they receive that special care in the way of occupation, diet, and moral treatment that their condition demands; only in that way can we spare our insane patients the annoyance arising from the paroxysms of their disease, their irritability and the violent outbursts of maniacal excitement to which many of them are subject. That the insane epileptic is properly a State charge every person agrees, but the same cannot be said of those who



are sane. Personally, however, I am of the opinion that all epileptics ought to be under proper care and treatment, and to a certain degree under control, and if these requirements cannot be supplied by the friends, then, both for the patient's sake and for that of the community in which he resides, provision should be made for him by the State. The boundary line between sanity and insanity in the case of most epileptics is a very narrow one, and our Provincial Governments would do well to follow the example of the United States, Germany, and other countries where timely care of the epileptic often prevents his passing into the category of the insane.

According to the best modern authorities employment is a *sine qua non* in the treatment of epilepsy. Those in touch with epileptics all maintain that the fits tend to disappear during working hours. Dr. Spratling of Craig Colony is strongly of this opinion and states: "On holidays and on rainy days, when patients were compelled to stay indoors and could not engage in any occupation, the number of seizures was doubled." In this point of view the colony system undoubtedly offers the best mode of care for the victims of the "sacred disease." In colonies a variety of trades can be carried on to advantage, and, if a sufficiency of land be secured, floriculture, fruit-growing, and market-gardening, all of which are among the best forms of occupation for epileptics, both male and female, can be made sources of profit. In this way the colonists are enabled to contribute in some degree towards their own maintenance. Probably the most promising plan to meet all requirements, at least expense, is that advised by the Manchester and Chorlton Joint Asylums Committee whereby one portion of a large estate is set apart for the accommodation of sane epileptics, another portion for those who are imbecile or insane.

The equity and wisdom of separating the criminal insane from those innocent of wrong-doing cannot be disputed. In Canada, however, we have no provision for such segregation, and the asylum authorities are obliged to receive not only all criminal lunatics but all insane criminals on the expiration of their penal sentences. The former evil, bad as it is, is dwarfed by the latter, because patients of this type, as a rule, retain all their criminal instincts and are among the most vicious and depraved of the

human race. The presence of such patients on the wards of an ordinary asylum is a standing menace to the peace and discipline of the whole institution. In their sane moments, they never had the most distant ideas of the rights of property, and seldom placed any value on human life when it stood in the way of the prosecution of their criminal designs; when insane, these traits are intensified, because what little power of self-control they had is generally lost and the fear of further punishment for their misdeeds is banished. The more an ordinary lunatic improves, the more easily he is managed, whereas the more rational an insane criminal becomes the more dangerous he is. If taunted by their fellow-patients, as is apt to be the case, such lunatics are prone to violence; in addition they are constantly making efforts to escape and safeguards have to be provided against their accomplishing their purpose. In this way the innocent are made to suffer for the guilty, because we cannot fully carry out the modern idea which discourages the use of bars and locks, in fact everything that partakes of the nature of a prison. Many of the insane retain all their self-respect and object to associate with this class of patients, while their friends, quite rightly, feel it a grievous wrong to have their unfortunate relatives housed with men and women who have been deliberately guilty of crime, and who, while undergoing punishment for such crime, have been overtaken by insanity. Rockwood Hospital suffers most from this cause owing to its contiguity to the penitentiary, and its superintendent, Dr. C. K. Clarke, who has long and strenuously protested against it, forcibly concludes his report for 1903 in these words: "People outside of institutions do not care to associate with instinctive criminals—there is no reason why the non-vicious insane should be forced to accept a companionship that would be repulsive in everyday life."

The following motion presented by Dr. Pliny Earle and adopted by this association in 1873 applies forcibly to Canada at the present day:

*Resolved:* That when the number of this class in any State (or in any two or more adjoining States that will unite in this project) is sufficient to justify such a course, these cases should be placed in a hospital specially provided for the insane; and that until this can be done, they should be treated in a hospital connected with some prison, and not in the wards or in separate buildings upon any part of the grounds of an ordinary hospital for the insane."

The former is undeniably the better plan, and, if Ontario be taken as an index to the existing state of affairs in the Dominion, there is certainly a large enough proportion of the criminal classes of the insane to warrant the creation of a special asylum for them. In 1899 there were in the asylums of that Province no less than 77 criminal lunatics guilty of offenses but acquitted by the courts on the ground of insanity; the number of lunatic criminals would probably at least equal this; and there must be a large number of like cases in the other provinces. For the Federal Government to erect an institution for the reception of these cases, taxing the various Provinces in proportion to the patients they send, would seem to me the best and most economical way to meet the requirements. Failing this, all such patients should be kept in the penitentiary asylums, which should be open not only to insane criminals whether their sentences have expired or not, but to the criminal insane as well. Criminality alone should be the criterion for the separation of these people from the ordinary insane.<sup>2</sup>

For some years a conviction has been steadily growing in the minds of physicians and the general public that Canada is behind-hand in the lack of any provision for the care and control of inebriates belonging to the lower ranks of society. In 1875 the Province of Ontario took steps toward providing for these unfortunates, but the good intention was abandoned. To my mind there is no doubt that the custodial care and treatment of inebriates is a question of the gravest importance, and that the establishment and maintenance of a hospital for this purpose fall within

<sup>2</sup>The following paragraph, published in one of the daily newspapers in January last, furnishes a striking example of the need of special provision for insane criminals: "Samuel Jarvis, who shot a Windsor policeman last week, escaped last summer from the Rockwood Asylum, where he had been placed after his release from the Penitentiary, on the completion of a third term. The greater part of the past 17 years has been spent by him behind prison walls. Until recently Jarvis was in the penitentiary insane ward. When the time of such prisoners has expired the law requires that they be placed in an asylum. This was done in the case of Jarvis, who was transferred from the penal institution on one hill of Portsmouth to the institution for the insane on the other. He had not been there more than a month before he decided to escape, and this he succeeded in doing. All attempts to locate him were futile."

the true sphere of the Government. The great barrier to the creation of such an institution has been the threadbare cry, the "liberty of the subject," but the rights of the individual should be subordinate to the rights of society. We are told that the inebriate by his drunkenness violates no law, and this may be so. But, are we, therefore, justified in allowing him to continue his debauchery until he commits a crime, as so many of them do, while many more are only by the merest accident kept from so doing? If a lunatic threatens suicide or the life of a fellow-citizen, we put the law in force and confine him, without, as a rule, waiting until he has made an attempt on his own life or committed a homicide. It should be the same with an inebriate.

The distinction between drunkenness and insanity has frequently been the subject of forensic investigation, but it is daily becoming more and more evident to the profession and to some extent to the laity, that inebriety and dipsomania are diseases of the brain, resembling, if not in some cases constituting, true insanity. That an individual should in all other matters appear to be of sound mind, but that at certain times he should be subject to a morbid desire to reduce himself below the level of the beast by means of drink, is hard to grasp, but none the less true. Equally true is it, as shown by recent German studies, that the continuous use of alcohol to excess produces certain molecular changes in the brain cortex, which are apt to be permanent. The result is a lowering of the moral tone, a dulling of the mental powers, and a weakening of the will which constitute an organized, progressive degeneration. Nor is the ill effect of the excessive use of alcohol confined to the individual himself. There is strong evidence to show that the children of intemperate parents inherit a marked tendency to intemperance, insanity, idiocy, epilepsy, or some other form of mental disorder. Such eminent authorities as Professor Kraepelin of Heidelberg and Professor Berkley of Johns Hopkins University agree in considering alcohol as a powerful factor in the production of insanity, the latter going so far as to say, in his work on mental diseases, "Of all the varied inciting causes of mental infirmities, heredity and alcohol are most important." Personally I would go still further and say that, in the majority of cases at least, inebriety itself is a mental disease,—a true psychological condition. If, as has been

done, we define an insane person to be, "One who owing to perverted or deficient mental powers, the result of functional or organic disease of the brain, cannot adapt himself to his natural environment, and whose conduct is not in a sufficient degree guided and restrained by the ordinary safeguards of society," we include a large section of those at present known as habitual drunkards. But whether prepared to go thus far or not, I think there are few who will not agree that alcohol does much more harm in the way of producing mental degradation in the many who are never placed under care, than in the few who now find their way into asylums. Everyone is acquainted with men and women whose mental powers are so shattered by long-continued indulgence in drink that they have reached the borderland between sanity and insanity, even if they have not overstepped it.

To try to reform this class by any other means than personal restraint is "wasting our sweetness on the desert air." They must be placed in custody in an institution, the superintendent of which is clothed with authority to detain his patients for an indefinite length of time. In other words, the same policy in respect to their personal liberty should prevail, as now prevails in respect of lunatics. It matters not what the form of commitment be, provided it is statutory and means a definite and prolonged term of oversight and treatment. This treatment should be conducted in a special establishment where work of various kinds,—one of the best of remedies,—can be enforced after the necessary medical regimen has paved the way for it. In this manner the cost of maintenance would be greatly lessened.

As early as 1833, Dr. Woodward, soon after taking charge of the Worcester Insane Asylum in Massachusetts, urged that inebriates be regarded as insane and sent to the asylum for special treatment, but this is manifestly wrong. To associate the ordinary lunatic with the inebriate, even if we consider the latter to be truly insane, is an injustice to both. In the words of Dr. Joseph Workman: "Inebriates are soon dissatisfied, and strongly disposed to magnify the causes of dissatisfaction which the discipline of an insane hospital unavoidably presents,—this dissatisfaction becomes contagious. One inebriate can upset the quiet and comfort of a whole ward."

In view of the declaration of modern science that tuberculosis

is a communicable, preventable, and curable disease, the non-provision of proper means for separating the phthisical from the non-phthisical insane might almost be called criminal, and yet in only one of our Canadian institutions, Rockwood, is there any special arrangement for such segregation. In all the other hospitals the medical officers have to combat the plague as best they can by attention to cleanliness, disinfection, and the isolation of the affected as far as possible. So much, however, has been written on the subject of tuberculosis during the past few years that I shall not detain you with any detailed account of my own views on any of the points connected therewith, but content myself by saying that I doubt whether, owing to the rigor of our climate, the "tent treatment," so successfully practiced by Dr. A. E. Macdonald at the Manhattan State Hospital East, would be practicable with us during the winter months. Instead, I would favor the erection of a separate, isolated building to be used for tubercular cases only, one portion of the structure being set apart for suspected cases, another for those in whom the presence of the malady in an active state has been positively established. Such a building should be frame and constructed as inexpensively as possible, so that, if its destruction on account of infection seemed advisable, the loss would be slight.

An important problem confronts the superintendents of Canadian hospitals, as it does those of the United States, in the case of the discharge of friendless patients. This is the securing of homes and employment for them. Who of us but can call to mind cases where the discharge of patients, though fully warranted by their mental condition, has been delayed for weeks, even for months, because they had no friends who could or would take charge of them on their return to the world, no homes to go to, no employment awaiting them by which they could earn their bread? The average citizen seems to have a morbid dread of the poor unfortunate who has been insane, and utterly refuses to even think of hiring him, while his wife is equally resolute against engaging as a domestic any woman who has been an asylum inmate. To turn such persons adrift without means or help is virtually offering a premium for their return to the hospital, whereas, if given some slight assistance they might earn a fair living and not again become a charge on the public.

"'Tis not enough to help the fallen up,  
But to support him after."

Criminals discharged from prisons and reformatories are helped and encouraged by Prisoners' Aid Societies, often indeed assisted by the State with gifts of clothing and money. Fallen women are taken in hand by societies with a view to their reformation. Orphans are housed, educated, and clothed by the charitable. Only for the poor creatures who have emerged from the gloom of dethroned reason is there no helping hand, no assistance of any kind. The best remedy for this pitiful state of affairs is to be found in the organization of "After-Care Associations for the Insane," such as exist in France, which country was the pioneer in this branch of philanthropy, Switzerland, Italy, Germany, and Great Britain. Such associations would have to be the outcome of private enterprise, because the Governments of the several Provinces have already as much as they can do to provide for those actually insane. Doubtless, however, if once started by private benevolence and brought to a successful issue State aid would not be wanting to help the good work along.

Last, but certainly not least, of the wants to which I would call attention is the abolition of political patronage in the matter of hospital appointments and the administration of hospital affairs. The "spoils doctrine" which decrees that "office is a reward for political service" has done much to keep down the record of scientific work done in Canadian hospitals for the insane. Merit has had little weight, especially in Ontario, as against "political pull," and the consequence is that almost two-thirds of our existing asylums are directed by superintendents destitute of special training prior to their appointment. That men taken from the ranks of the general profession do sometimes prove themselves admirable asylum officials, I do not dispute. But what I do maintain is that the principle is wrong. To subject the care of the insane to political purposes is a flagrant injustice to the patients, who should be afforded the best possible chance for recovery; to the taxpayer, who should receive the best value for the money he pays for their support; and to deserving juniors who are thereby debarred from all chance of promotion. Superintendents are made, not born, and it requires years of conscientious study to acquire a knowledge of how to deal satis-

factorily with the manifold problems of psychiatry. Moreover, assistants generally take their cue from the superintendent, and if the superintendent be not specially trained for his work and take no active interest in it, his subordinates will almost inevitably lapse into routine. Nor can we blame them much that such should be the case. With no example set them, no prospect of advancement to cheer and encourage them to put forth their best efforts, what else could we expect?

Were the "spoils system" confined to the appointment of the heads of asylums the resulting ills would be lessened. Unfortunately it is not. Every medical office connected with our asylums, from the highest to the lowest, is regarded as "political pap" to be administered where it will do most good for the dominant party. Governments are unable or unwilling to grasp the fact that the scientific study of psychiatry consists primarily in the study of mental phenomena, and that this can only be done to advantage by men specially trained for such study. As a result, well-developed seniors, who have been failures in life, are often given the junior places that should be awarded only to young men who have shown interest in, and capacity for original research. This is manifestly unfair both to the inmates of our asylums and the superintendents thereof. "Responsibility and authority must go hand in hand" is a time-honored axiom, but the system of Governmental appointment of assistants furnishes the anomaly of superintendents, held responsible for the successful management of their hospitals, and yet deprived of the authority to appoint the officers upon whom such success in great measure depends. Surely a superintendent should be best capable of judging of the fitness and competency of his assistants, and it comports with common sense that he will, if only through self-interest, endeavor to procure the best he can find.

A vigorous editorial, "Insanity and Politics," recently published in the *Montreal Medical Journal*, deals so searchingly with the ills of political patronage in our asylum service that I may be pardoned if I quote a portion of it:

"Most persons will admit, unless they are incapacitated by congenital perversion, or political prejudice, that a hospital for the insane exists—pun or no pun—for the purpose of extending hospitality to the insane, and not to the proteges of a political party. In short, it is mental not political



degeneracy which entitles an entrance to the enjoyment of such hospitality as it can offer. In Canada, there are to-day eighteen hospitals for the insane, and all but six exist for the combined care of the insane and the politicians. In twelve the present superintendents owe their appointment to influences other than their attainments in psychiatry.

"The answer which the politicians make to all protests is that the men who occupy the posts of assistants are not sufficiently qualified to become superintendents. This is partly true, and because it is partly true the case is the worse; because, if there are incompetent men among the assistants, it was the politicians who put them there. But the answer is inadequate, because, in spite of the politicians, there are enough good men in the service to fill every vacancy which may occur during this generation. The wonder is that there are any remaining, when they have seen themselves passed over time and again by men whose attainments were unproven. The rewards of the specialty of psychiatry are small enough, and should not be filched away. The injustice is not chiefly to the men who have spent a lifetime in acquiring a knowledge of the insane, of their diseases and of their treatment; it is to the wretched insane themselves, who are deprived of that experience which might aid in their recovery.

"We yield to none in our admiration of the general practitioner. We are aware of his energy, his resource and his fidelity, but not even the general practitioner will lay claim to a capacity for treating off-hand and to the best advantage grave lesions of the eye and ear, or of the more secret parts of the body. He should adopt the same attitude toward the brain. In time it will come to be a shameful thing for a general practitioner to accept a position for which he is not qualified, since thereby he is committing a wrong towards his colleagues and towards his patients.

"The ideal service is that which prevails in New York. The superintendent is appointed by the board of management, and he must be selected from men who have served at least five years in an institution for the insane and have proven their capacity and instinct for such work. The assistants in turn are appointed by the superintendents and they obtain advancement according to their merits, no step in advance being made unless the candidate has had previous experience in the specialty, and proven his fitness by passing an examination before promotion."

Nor is it solely in the way of appointments and promotion that our Provincial Governments have shown themselves remiss. The good men in the asylum service, and good men there be, are, in most instances, hampered by the want of proper equipment and the paucity of the medical staff employed. It is the duty of the State to aid in every way the attempts of its physicians to do scientific work. Only so can they be stimulated to keep pace with the trend of modern research in other countries,—only so can we guarantee that our patients will be under the care of ever-

widening experience. Hitherto the Governmental policy has been to provide little or no equipment for study, and so to limit the number of physicians that the greater part of their time is taken up with clerical duties. The numbing effect of such routine work is great, and might well make the average assistant adopt the words of Mr. Mantalini and pronounce life "one demd horrid grind."

Before we can properly enter on the study of psychiatry, as we ought to do, our Governments must learn that to make a hospital a center of scientific research its physicians should be appointed from the best class of men; should be paid sufficiently well to free them from anxiety as to their future livelihood; should be certain of promotion if they prove themselves fitted therefor; should be assured of a retiring allowance, graduated on length of service as is the case in England and other trans-atlantic countries; should be freed from an overburden of routine work; and should be provided with books, apparatus, and assistance to properly pursue their researches.

Much more might be said on this and other subjects relating to the care of the insane in Canada, for example, the necessity of separate hospitals for acute cases and of pavilions connected with general hospitals, of nurses' homes, and of retiring allowances for medical and other officers, but I fear you will already have applied to me the old Spanish saying anent a tedious writer: "He leaves no ink in his inkpot." I shall, therefore, no longer trespass on your forbearance, but content myself by saying in conclusion, that while with respect to custodial care and ordinary treatment, moral and medical, Canada, generally speaking, is well up to the times, she is doing little toward the solution of the many problems connected with the scientific aspects of insanity. In this respect she presents but a sorry picture when compared with the good work being done in many hospitals elsewhere. To stand still is to fall behind. The universal motto should be:

"Press on—' for in the grave there is no work  
And no device.'—Press on while yet ye may."