

QUEBEC LUNATIC ASYLUM,
Province of Quebec.

REPORT

OF THE

QUEBEC LUNATIC ASYLUM

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

FOR 1876-77.



QUEBEC

"Le Canadien" Steam Printing Office.

1877

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Treatise of the

REPORT

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FOR 1878



Printed and Published by
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MEDICAL SUPERVISOR

ASSISTANT-PHYSICIAN

WARDEN.....

MATRON.....

ASST-MATRON

FARMER.....

ENGINEER.....

CHIEF OF FIRE DEPARTMENT.....

DOOR KEEPER.

INSPECTORS OF PRISONS.....

COMMISSIONERS

VISITING PHYSICIANS

CHAPLAINS....

Quebec Lunatic Asylum.

1876-77.

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Quebec, January 1870

1870-71

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QUEBEC

To the Honourable

SIR,

In accordance with the order of the Council to present a report during the

We are happy to explore a single considerable number of many violent epileptic cases which cite them to violence and

A number of maniacs, while in a state of depression of their imagination

While in the hospital sometimes escape which he finds the methods of diagnosis sagacity and order to frustrate

QUEBEC LUNATIC ASYLUM.

(TRANSLATION.)

To the Honorable

THE PROVINCIAL SECRETARY.

SIR,

In accordance with established usage, we have the honor to present our report on the working of the Quebec Asylum during the fiscal year which has just expired.

We are happy to be able to state that we have not to deplore a single accident of a serious nature. Amongst the considerable number of people under our care there are many violent and dangerous subjects, particularly in the epileptic class of patients, the nature of whose madness incites them sometimes to commit the most regrettable acts of violence and even homicide.

A number of insane persons, particularly the lypemaniacs, while a prey to melancholy and the poignant feelings of depression and despair call upon death to put an end to their imaginary evils.

While in this state of mind, the unfortunate lypemaniac sometimes endeavors to commit suicide and hasten that death which he finds too tardy. He is ingenious and expert in the methods of destruction which he invents, and a great deal of sagacity and care on the part of his keepers is necessary in order to frustrate his plans.

Several patients of this class have in the course of the year made attempts to put an end to their existence ; but, thanks to the precautions with which they are surrounded, they have been unable to carry out their sinister designs ; and we have not had a single case of suicide nor of homicide.

The immunity enjoyed by the establishment in this respect is a striking proof of its excellent organization and of the attention and vigilance, in the discharge of their duties, displayed by the parties in charge of the patients.

ORGANIZATION OF THE FIRE DEPARTMENT.—When the work of rebuilding that portion of the women's building destroyed by fire in 1875 was completed, we took steps to protect our establishment in a more effective manner against the destroying element, and to guard against a catastrophe so terrible as that which befell us on that disastrous occasion. For that purpose we first deemed it advisable to secure the services of an experienced person to whom we entrusted the organization of the Fire Department.

In April last, Mr. E. N. Chaumet entered the service of the asylum as engineer and chief of this department. He had, for many years, belonged to the Quebec Fire Brigade, of which he was one of the most active and most intelligent members ; and hitherto we have had reason to congratulate ourselves on the choice we have made. At the same time, we purchased a powerful steam fire engine manufactured by Clapp and Jones. We have also two stationary steam engines, one in the women's building and the other in the men's building, connected by an iron pipe two and a half inches in diameter. In case of fire we could therefore, at will, direct their united efforts on either building.

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Immense reservoirs, fed by the creek which flows through the grounds, afford an abundant supply of water to these engines. Water pipes are laid throughout the buildings. On every story and in each ward there are cocks which distribute the water contained in large tanks at the top of each building; in case of necessity we can attach a hose to these cocks and by this means extinguish an incipient fire.

As to the moveable engine it can draw water at five different places from the creek. We have had as many dams built so as to have continually a sufficient supply of water. These dams are examined twice every day by the chief of the Department and kept in perfect order.

We have now at our disposal fifteen hundred and fifty feet of hose of a good quality, by means of which we can surround with a complete network and protect in a very effective manner, with the assistance of our three engines, all the buildings of the establishment and especially those inhabited by the male and female patients.

On his appointment, the chief of the Fire Department organized a company from amongst the employees of the asylum. His effective force is never less than thirty five men. They are frequently drilled; the alarm is often sounded both night and day, and in a twinkling all obey the call.

This organization is very efficient. The Commissioners and the different officers who inspect the asylum have praised it in a flattering manner and the agents of the insurance companies expressed themselves as perfectly satisfied with the new arrangements.

In an establishment such as ours, it is necessary above all to secure the protection of the patients entrusted to our care.

We have provided numerous exits in all the wards of the asylum. Amongst the members of the fire company a certain number have been selected to form a salvage corps whose first and only duty, in case of fire, is to hasten to the succour of those of the patients whose lives may be in danger.

They are provided with a very ingenious fire escape invented by Mr. Dorval, chief of the Quebec Fire Brigade.

They have also ladders at their disposal which can be easily raised to the height of fifty five feet. The fire escape may be used in every part of the establishment. It has been shewn that by its means four persons can be saved in a minute. It has also the advantage of enabling the person working it to hoist himself up to the place where his services are required.

It is hardly necessary to add that the fire company is also provided with all the other requisite appliances such as : axes, pick-axes, hose-keys, babcock extinguishers, hooks, rams, ropes, &c.

As additional security we have three night watchmen, one for the men's building, another for the women's and the third for outside.

During the year, there has been no change in the personnel of the officers of the asylum and we are happy to state that all, in their various branches, have performed their duties with much zeal and punctuality. With some exceptions, fortunately few in number, we have to congratulate ourselves on the good conduct and devotedness shewn by the inferior officers towards the patients.

The chaplains, both catholic and protestant, have rivalled

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We trust,
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each other in their zealous performance of the duties of their office and we cannot too highly praise the charity displayed by them towards the unfortunates confided to their benevolent care.

As usual, we have to congratulate ourselves on the kind behaviour towards us of the inspectors, the commissioners and the visiting physician in the exercise of their official functions; and we cannot sufficiently thank these gentlemen for the valuable assistance they have given us in the performance of our duties.

We trust, Sir, that you will favorably receive this report and we beg you to accept the expressions of profound respect from those who remain

Your obedient servants,

J. E. J. LANDRY, M. D.,
F. E. ROY, M. D.

Quebec, July 1877.

Faint, illegible text, likely bleed-through from the reverse side of the page. Some words are barely discernible, such as "We trust you will..." and "and we..."

F. E. ROY, M.D.
J. E. LADDY, M.D.

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MEDICAL REPORT.

The sanitary condition of the asylum is still of the most satisfactory nature.

We have been exempt from every epidemic and contagious disease and we consider ourselves very fortunate in not having to report a single case of suicide or of serious accident. We have not had a single case of typhoid fever; although there were so many both in Quebec and in the surrounding country that the authorities deemed it advisable, last autumn, to postpone the date of the return of their pupils to the boarding schools.

If, for a moment, we take into consideration the numerous physical maladies which are, as it were, inherent to diseases of the mind, we can safely assert that our percentage of deaths (4.42 p. c.) is more than satisfactory and that we have reason to be proud of it. From a hygienic point of view, this exceptionally favorable result affords the presumption that our establishment is in an excellent condition with respect to drainage, ventilation, light, temperature, cleanliness, the quality of the water and of the food, which all contribute to improve and preserve the health of our patients.

At the beginning of the year we had in the asylum four hundred and forty nine men and four hundred and twenty eight women, forming a total of eight hundred and seventy seven inmates.

During the year we admitted seventy three men and sixty

eight women, making a total of one hundred and forty one admissions which gives us, as the total number of patients treated during the year, five hundred and twenty two men, and four hundred and ninety six women; in all, one thousand and eighteen patients.

Out of this number we have discharged fifty five; thirty five men and twenty women; forty five died, thirty two men and thirteen women, leaving us at the end of the term with nine hundred and eighteen patients under treatment, which gives us only an increase of forty one on the number remaining at the same date last year.

As in the past, we will follow the same divisions in our reports, and group in the same order the various tabular statements necessary to show the working during the year.

In our previous reports we endeavored, by lengthy remarks, to make these various statistics understood, so as to enable one to appreciate the necessity of a work which, at first sight, appears to the reader to be very dry and of little interest but which, however, is indispensable to this particular kind of report.

M

The tabular report shows the population but also gives its foundation

Movement

Synoptical

Duration of

Diseases treated

Occupation

FIRST PART.

MOVEMENT OF THE POPULATION.

The tabular statements comprised in this first part of the report show not only the changes which have occurred in the population of the asylum during the course of the year, but also give a sketch of the working of the institution from its foundation to the present time.

TABLE I.

Movement of the population.

TABLE II.

Synoptical table.

TABLE III.

Duration of residence.

TABLE IV.

Diseases treated during the year.

TABLE V.

Occupation.

TABLE I.
MOVEMENT OF THE POPULATION.

	Males.	Females.	Total.
Remaining in Asylum on 1st July 1876.....	449	428	
Admitted during the 12 months (1876-77).....	73	68	
Discharged.....	35	20	1018
Dead.....	32	13	
	67	33	100
Remaining on 30th June 1877	455	463	918

PERCENTAGES.

Population under treatment. 1018 Discharged..55= 5.40 p. c.
 Population admitted..... 141 " ..55=39.00 p. c.
 Population remaining on 30th June, 1877. ... 918 " ..55= 5.99 p. c.

Years.	
1845	
1846	
1847	
1848	
1849	
1850	
1851	
1852	
1853	
1854	
1855	
1856	
1857	
1858	
1859	
1860	
1861	
1862	
1863	
1864	
1865	
1866	
1867	
1868	
1869	
1870	
1871	
1872	12
1873	6
1874	10
1875	8
1876	10
30th June '77	7
Totals..	202

TABLE II.
SYNOPTICAL TABLE.

MOVEMENT OF THE POPULATION FROM 1845
TO 30TH JUNE 1877.

Years.	ADMISSIONS.			DEATHS.			DISCHARGED.			REMAINING			ANNUAL INCREASE.
	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.	
	1845	46	49	95	1	3	4	...	1	1	45	45		90
1846	32	26	58	6	10	16	11	7	18	60	54	114	24
1847	26	24	50	8	10	18	10	13	23	68	55	123	9
1848	36	24	60	12	4	16	9	4	13	83	71	154	31
1849	33	35	68	25	15	40	16	11	27	75	80	155	1
1850	46	23	69	17	8	25	11	16	27	93	79	172	17
1851	18	21	39	21	18	39	9	11	20	81	71	152	
1852	45	39	84	6	10	16	8	2	10	112	98	210	58
1853	35	61	96	20	17	37	22	17	39	105	125	230	20
1854	60	52	112	36	24	60	21	20	41	108	133	241	11
1855	51	65	116	15	13	28	23	14	37	121	171	292	51
1856	64	52	116	27	16	43	20	18	38	138	189	327	35
1857	84	59	143	27	16	43	33	17	50	162	215	377	50
1858	64	44	108	22	26	48	33	22	55	171	211	382	5
1859	52	52	104	17	22	39	21	18	39	185	223	408	26
1860	54	52	106	26	24	50	17	21	38	196	230	426	18
1861	32	22	54	18	10	28	15	10	25	195	232	427	1
1862	37	22	59	14	12	26	13	12	25	205	230	435	8
1863	55	84	139	21	18	42	14	16	30	222	280	502	67
1864	71	84	155	25	24	49	32	20	52	236	320	556	54
1865	60	42	102	14	39	53	28	20	48	254	303	557	1
1866	81	72	153	19	33	52	31	24	55	285	318	603	46
1867	59	69	128	36	30	66	30	19	49	278	338	616	13
1868	88	71	159	20	23	43	17	22	39	329	364	693	77
1869	78	60	138	31	43	74	25	17	42	351	364	715	22
1870	77	79	156	36	37	73	32	32	64	360	374	734	19
1871	92	75	167	35	25	60	29	24	53	388	400	788	54
1872	121	80	201	37	28	65	44	14	58	428	438	866	78
1873	61	53	114	22	22	44	19	33	52	448	436	884	18
1874	105	99	204	38	31	69	77	27	104	438	477	915	31
1875	84	83	167	40	56	96	69	107	176	413	397	810	
1876	104	18	182	34	23	57	34	24	58	449	428	877	67
30th June 77	73	68	141	32	13	45	35	20	55	455	463	918	41
Totals..	2024	1819	3843	761	703	1464	808	653	1461				

males.	Total.
496	1018
33	100
3	918

= 5.40 p. c.
= 39.00 p. c.
5.99 p. c.

This synoptical table, embracing the lengthy period of thirty two years, supplies important statistics for the Province of Quebec, on the subject of insanity.

With the exception of the first ninety five insane inmates taken from the prisons and hospitals, we may say that, in this Province the care of insane persons only commenced on the foundation of this establishment. It is therefore not surprising to find that the average number of admissions has been one hundred and twenty per annum when we see by the three last returns of the census that the number of the insane in the Province was seventeen hundred and thirteen in 1850, two thousand and fifty three in 1860, and three thousand three hundred in 1870. Moreover, as regards the population under treatment at the expense of the Government, we find that the average annual increase has been but twenty six cases for whom the Province is obliged to pay.

Public confidence has increased with the improved organization of asylums and an increase in the number of admissions has been the consequence.

At present as the advantages and benefits of our institutions begin to be understood and admitted, every one is anxious to be relieved from the terrible responsibility of keeping a dangerous lunatic, every one energetically endeavors to be discharged from the burden of a noisy, destroying and uncleanly madman ; every one knows that a lunatic, although inoffensive, will receive in the asylum, the most attentive care and will find in it more amusement and comfort than in his own family.

In view of the numerous and pressing applications for admission, economists begin to think that insanity is almost an epidemic in this country and are anxiously inquiring

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if the Province will be able much longer to meet the new requirements. We venture to answer : yes.

While admitting that there is probably in Canada, as elsewhere, on account of the immense waste and foolish prodigality of nervous strength which seem to be the curse of the nineteenth century, an increase in the number of cases of insanity, out of all proportion to the growth of the sane population, still the position in our eyes appears to be greatly exaggerated ; and we shall see, before many years have elapsed, as soon as the normal equilibrium between the unconfined lunatics and those who are inmates of asylums shall have been restored, that applications for admission will become less numerous. Moreover, there is reason to hope that the number of the population under treatment will remain almost stationary, if the vital importance of immediately placing the insane in an asylum is once understood.

The table contains several rows of data with columns that are too faint to read. It appears to be a summary or statistical table related to the text above.

TABLE III.
DURATION OF RESIDENCE.

Insane treated since 1st July 1876 (12 months.)			
DURATION.	M	F	Total.
One month and under	9	10	19
From 1 to 2 months.....	8	8	16
“ 2 “ 3 “	5	3	8
“ 3 “ 6 “	30	14	44
“ 6 “ 12 “	33	39	72
“ 12 “ 18 “	33	26	59
“ 18 “ 24 “	37	30	67
“ 2 to 3 years.....	37	42	79
“ 3 “ 5 “	89	89	178
“ 5 “ 10 “	104	94	198
“ 10 “ 15 “	67	60	127
“ 15 “ 20 “	27	26	53
“ 20 “ 25 “	23	38	61
“ 25 “ 30 “	14	13	27
30 years and over.....	6	4	10
Totals.....	522	496	1018

Male
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Both

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AVERAGE DURATION OF RESIDENCE.

Males 7 years, 2 months, 18 days.
 Females 7 " 8 " 17 "
 Both sexes 7 " 5 " 17 "

The duration of residence which is a little longer than that shewn last year, must increase in proportion every year, with the growing accumulation of old incurable cases who are destined to pass their lives in the institution.

In point of view of the hygienic treatment, this lengthy residence tends to establish and extend the reputation of the asylum and proves that our inmates, afflicted with chronic affections, live as long as, if not longer than, the sane population outside of the asylums.

E.

months.)

M	F	Total.
9	10	19
8	8	16
5	3	8
30	14	44
33	39	72
33	26	59
7	30	67
7	42	79
9	89	178
94	198	
60	127	
26	53	
38	61	
13	27	
4	10	
496	1018	

TABLE IV.
DISEASES TREATED DURING THE YEAR.

FORM OF DISEASE.	SEX.	TOTAL.	Conginetal.	Paralysis.	Epilepsy.	Puerperal.	Hysterical.	Uterine disorders.	Onanism.	Inebriety.	Hereditary.	Homicidal.	Suicidal.	TOTAL.	
														M.	F.
Mania	M	152	.....	1	1	.....	.....	2	20	15	9	12	152	108
	F	108	.....	1	.....	13	4	9	3	7	9	2	6	.....
Chronic mania	M	145	.....	.....	.....	.....	.....	6	8	7	3	2	145	144
	F	144	.....	5	4	1	3	4	.....	1	8	2	6	.....
Monomania.	M	15	.....	.....	.....	.....	.....	.....	2	1	.....	.....	15	6
	F	6	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Lypemania	M	67	.....	.....	.....	.....	.....	6	7	3	7	21	67	75
	F	75	.....	2	1	9	2	2	2	6	1	13	.....	.....
Dementia	M	32	.....	1	.....	.....	.....	4	.....	1	1	1	32	38
	F	38	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Senile dementia	M	3	.....	2	1	.....	.....	.....	.....	4	.....	2	.....	.....
	F	10	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	10
Paralytic mania.	M	15	.....	15	1	.....	.....	.....	6	.....	.....	2	15	4
	F	4	.....	4	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Imbecility.	M	47	39	.....	2	.....	.....	6	1	2	2	.....	47	65
	F	65	43	1	4	.....	2	.....	3	.....	9	.....	.....	.....
Idiocy.	M	11	9	.....	1	.....	.....	.....	.....	3	1	.....	11	12
	F	12	6	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epileptic mania.	M	35	.....	.....	35	.....	.....	2	2	1	.....	1	35	34
	F	34	.....	1	34	.....	2	2	1	.....	3	.....	.....	.....
Totals		1018	97	35	87	24	13	17	35	57	74	28	69	522	496

As usual
bring a nu
incurables.

In lypem
acute form
and idiocy
Epilepsy ho

AVERAGE V

Househo

Gardenin

Sewing a

Worksho

Wash ho

Kitchen..

We have, a
able number

As usual, the chronic and complicated forms invariably bring a numerous contingent to swell the number of our incurables.

In lypemania, the chronic form always surpasses the acute form; consecutive dementia, senile dementia, epilepsy and idiocy appear in relatively considerable numbers: Epilepsy holds the first place.

TABLE V.
OCCUPATION.

AVERAGE WORK OF THE PATIENTS DURING THE YEAR 1876-77.			
OCCUPATION.	M	F	Total.
Household work	48	53	101
Gardening and Farming.....	52	9	61
Sewing and knitting.....		50	50
Workshops	11		11
Wash house and Laundry	4	6	10
Kitchen.....	8	4	12
Totals.....	123	122	245

We have, as in former years, employed a pretty considerable number of our patients in farm and house-work. All

YEAR.

Suicidal.	TOTAL.	
	M.	F.
12	152	108
6		
2	145	144
6		
	15	6
1		
21	67	75
13		
1	32	38
2		
	3	10
2	15	4
	47	65
	11	12
	35	34
22	496	

seem to have derived great benefit from it; employment is a necessity for a population of insane. All physicians who have studied the question advocate it strongly and even make it the base of their treatment of insanity.

« It is not, says Ferrus, speeches, sermons, moral measures against the reality of their evils, of their tortures, their fears and superstitions that insane people require; all these are usually unnecessary and pernicious. Physically speaking, the action of the other organs must be increased by giving rest to the brain. Morally speaking, amusements of every description are necessary to the insane as to children, and diversion is the most powerful remedy for diseases of the mind. »

TABLE OF THE NATURE OF THE CASES

No.	Sex	Age	Profession	Duration of Illness	Character of Illness	Termination
101	M	30	Teacher	10 years	Manic	Recovered
102	F	25	Housewife	5 years	Manic	Recovered
103	M	40	Farmer	15 years	Manic	Recovered
104	F	35	Teacher	8 years	Manic	Recovered
105	M	28	Teacher	12 years	Manic	Recovered
106	F	32	Housewife	6 years	Manic	Recovered
107	M	38	Teacher	9 years	Manic	Recovered
108	F	27	Housewife	7 years	Manic	Recovered
109	M	33	Teacher	11 years	Manic	Recovered
110	F	31	Housewife	8 years	Manic	Recovered

The number of reports are 100
They give the names and assist in the treatment
may be hoped for
Admission
Cause
Form
State
Language
Religion
Origin
Occupation
Age
Manner
Disease
Support
Probable

SECOND PART.

ADMISSIONS.

The numerous tables contained in this second part of the report are of the most particular interest.

They give an historical sketch of the patients admitted and assist in forming a pretty safe idea as to the results which may be hoped for.

Admissions. **TABLE I.**

Causes of re-admissions. **TABLE II.**

Former residence. **TABLE III.**

State of life. **TABLE IV.**

Language. **TABLE V.**

Religion. **TABLE VI.**

Origin. **TABLE VII.**

Occupations. **TABLE VIII.**

Age where admitted. **TABLE IX.**

Manifestation of disease previous to admission. **TABLE X.**

Diseases of patients admitted. **TABLE XI.**

Supposed causes of insanity. **TABLE XII.**

Probable chances of cure. **TABLE XIII.**

TABLE I.
ADMISSIONS.

	M	F	Total.
Admitted for the first time.....	56	58	114
Re-admissions, after escape.....	5	.....	5
Re-admissions of those discharged from 1845, to 30th June, 1877, after more than one year's absence.			
{ 1st Re admissions..	5	4	9
{ 2nd ".....	.....	2	2
{ 3rd ".....	2	.....	2
{ 5th ".....	.....	1	1
Re-admissions of those discharged after less than one year's absence.			
{ 1st Re-admissions...	2	3	5
{ 2nd ".....	2	.....	2
{ 3rd ".....	1	.....	1
Totals.....	73	68	141

The number of admissions, last year, was one hundred and eighty two; this year they amount to one hundred and forty one only.

From this decrease of forty one patients in the number of those who have been admitted during the year, we must not conclude that there have been fewer applications for the admission of insane persons, and is simply due to the fact that a greater number of patients have been sent to the asylum of St-Jean-de-Dieu, near Montreal. Moreover, at present, we prevent, except for very urgent reasons, the admission of idiots into our establishment, which is particularly recognized as being more of a hospital than of a refuge.

Physical causes.	Female di...
	Insolation
	Epilepsy...
	Fevers.....
	Intempera
	Congenital
Moral causes.	Grief.....
	Disappoint
	Business t
	Domestic t
	Excessive e
	Hardship,
Unknown c	

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TABLE II.

CAUSES OF RE-ADMISSION.

	Total.		Read. after more than one year's absence.					Read. after less than one year's absence.			Grand total.	
			1st Read.	2nd Read.	3rd Read.	5th Read.	1st Read.	2nd Read.	3rd Read.			
	M	F	M	F	M	F	M	F	M	F		
Physical causes.	Female diseases		2	2								2
	Insolation		1	1								1
	Epilepsy		1					1				1
	Fevers		1	1								1
	Intemperance, &c.		2	1	1				1	1		3
	Congenital defect		2	1			1		1	1		3
Moral causes.	Grief		1	1		1	1					2
	Disappointments			1		1						1
	Business troubles		2	1					1			2
	Domestic troubles			1					1			1
	Excessive emotion		1	1				1		1		2
	Hardship, poverty		1	1								1
	Unknown causes		1	1	1	1						2
	12	10	5	4	2	2	1	2	3	2	1	22

There exists a fact which is sufficiently remarkable to excite attention and which is, however, very seldom observed, it is this; hereditary cases are much more exposed to relapses than are the ordinary ones. This tendency of hereditary insanity to relapses is one of its most special characteristics.

When a patient has frequently been sent to an asylum one may almost infallibly come to the conclusion that he is afflicted with hereditary insanity; and in the majority of

these cases this madness appears under the same form and extends over the same period.

The determining causes of relapse are rather numerous ; those which occur the most frequently are hereditary madness, intemperance, debauchery and domestic affliction.

TABLE III.
FORMER RESIDENCE OF PATIENTS.

	Admitted during the 12 months.			Admitted since 1845.		
	M.	F.	Tot.	M.	F.	Tot.
Coming from Cities.....	19	25	44	428	509	937
“ “ Gaols.....	23	6	29	824	595	1419
“ “ Districts...	31	36	67	662	590	1252
“ “ Hospitals..		1	1	72	96	168
“ “ Abroad....				28	22	50
“ St. John's Asylum.				10	7	17
Totals.....	73	68	141	2024	1819	3843

Percentage of the number of insane coming from gaol :—

On the total number of admissions..... 36 . 92 p. c.

On the admissions during the year 20 . 56 p. c.

The rural districts always send us the greater number of patients and this, it is easy to conceive, is due to their immense population compared to that of all the cities put together.

The number less than it

As usual, come to us enable us to

Once more keeping of

that these in some inst

are detained

They are p malefactors.

deprived of which is nee

be transferred ing their rec

The number of patients coming from gaol is somewhat less than it was last year.

As usual, notwithstanding our reiterated complaints, they come to us without any, or with insufficient, information to enable us to become acquainted with their past history.

Once more we must say that gaols are not suited for the keeping of the insane. Still, it not unfrequently happens that these unfortunates pass more than a month in them; in some instances, whilst waiting for some one or other, they are detained three, four, five and six months if not more. They are placed in contact with debauchees, thieves and malefactors. They are kept in too strict a confinement, deprived of the society which would suit them, of the care which is necessary to them and they come out of the gaol to be transferred to an asylum after the best chances of effecting their recovery have been lost.

same form and

ner numerous;
are hereditary
esthetic affliction.

ENTS.

mitted since
1845.

F.	Tot.
509	937
595	1419
590	1252
96	168
22	50
7	17
19	3843

m gaol :—
3 . 92 p. c.
0 . 56 p. c.

umber of
to their
ities put

TABLE IV.
CIVIL CONDITION.

	Admitted during the 12 months.			Treated during the 12 months.		
	M.	F.	Tot.	M.	F.	Tot.
Single.....	39	43	82	341	301	642
Married.....	31	19	50	148	162	310
Widowed.....	3	6	9	25	32	57
Unknown.....				8	1	9
Totals.....	73	68	141	522	496	1018

From year to year we have to remark that from amongst the unmarried people comes the greater part of our population ; this fact alone should be sufficient to modify the ideas of a great many who seem to dread the cares of married life and the responsibility of domestic duties.

LANGUA

French...

English...

Others...

REL.

Catholic...

Protestant.

Unknown.

TABLE V.
LANGUAGE.

LANGUAGE.	Admitted since 1845.	Admitted during the 12 months.
French.....	2261	107
English.....	1554	32
Others.....	28	2
	3843	141

Treated during the 12 months.

M.	F.	Tot.
41	301	642
8	162	310
5	32	57
8	1	9
2	496	1018

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of our popu-
modify the
the cares of
duties.

TABLE VI.
RELIGION.

RELIGION.	Admitted since 1845.	Admitted during the 12 months.
Catholic.....	3170	126
Protestant.....	609	14
Unknown.....	64	1
	3843	141

TABLE VII.

ORIGIN.

	ORIGIN.		
	Admitted during the 12 months.		
	M.	F.	Tot.
Canada.....	58	45	103
Scotland.....	6	3	9
England.....	2	4	6
Ireland.....	7	13	20
Italy.....		1	1
Indian.....		2	2
	73	68	141

Liberal p
 Soldiers a
 Industrial
 Teachers o
 Agricultur
 Manual or
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 Beggars....
 Servants...
 Prostitute.
 Without o
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TABLE VIII.
OCCUPATIONS.

ORIGIN.	
Admitted during 2 months.	
F.	Tot.
45	103
3	9
4	6
13	20
1	1
2	2
8	141

ADMITTED DURING THE 12 MONTHS.			
	M.	F.	Tot.
Liberal professions.....	2	.....	2
Soldiers and seamen.....	2	.....	2
Industrial or commercial professions.....	5	3	8
Teachers or students.....	.....	2	2
Agricultural occupations.....	29	.....	29
Manual or mechanical professions.....	8	.....	8
House-keepers.....	.....	30	30
Beggars.....	3	1	4
Servants.....	14	13	27
Prostitute.....	.....	1	1
Without occupation.....	9	18	27
Occupations unknown.....	1	.....	1
Totals.....	73	68	141

At the first glance we see in the above table that agricultural and manual occupations supply the greatest number of patients; but on the other hand it must not be forgotten that they are followed by the greater number and that, if it was possible to establish an average percentage, we would be able

to show that the frequency of insanity is always in proportion to those occupations which make man dependent on the vicissitudes of society; and we are convinced that the liberal professions and commercial pursuits give the highest percentage of cases of insanity.

TABLE IX.
AGE WHEN ADMITTED.

AGE.	ADMITTED DURING THE 12 MONTHS.			TREATED DURING THE 12 MONTHS.			ADMITTED SINCE 1845.		
	M	F	Total.	M	F	Total.	M	F	Total.
Under 15 years	3	4	7	12	12	24	43	43	86
From 15 to 20 years.....	4	4	8	23	32	55	119	127	246
“ 20 to 25 “	14	6	20	73	74	147	295	237	532
“ 25 to 30 “	5	10	15	80	79	159	291	293	584
“ 30 to 35 “	10	9	19	82	70	152	263	249	512
“ 35 to 40 “	9	3	12	61	49	110	227	201	428
“ 40 to 45 “	7	9	16	51	63	114	207	175	382
“ 45 to 50 “	5	4	9	40	36	76	165	115	280
“ 50 to 60 “	10	6	16	73	41	114	224	197	421
“ 60 to 70 “	5	5	10	23	26	49	138	121	259
“ 70 to 80 “	1	7	8	4	11	15	43	48	91
80 years and over.....	1	1	2	3	3	6	9	13	22
Totals	73	68	141	522	496	1018	2024	1819	3843

Among epileptics.

It is also that the ten at that per most power

It is in the the greatest

Manhood own faults,

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Among children we find only idiots, imbeciles and epileptics.

It is also in the earlier stage of life, at the age of puberty that the tendency to hereditary insanity is manifested. It is at that period that the cerebro-spinal system receives the most powerful impressions.

It is in the middle age of life that the intellect, while in the greatest state of activity, is the most frequently wrecked.

Manhood is also the period at which, in addition to its own faults, hereditary failings have to be atoned for.

ADMITTED SINCE 1845.		Total.
M	F	
13	43	86
9	127	246
5	237	532
1	293	584
249	512	
201	428	
175	382	
115	280	
197	421	
121	259	
48	91	
13	22	
1938	43	

TABLE X.
MANIFESTATION OF THE DISEASE.
PREVIOUS TO ADMISSION.

ADMITTED DURING THE 12 MONTHS.	M.	F.	Total.
One month and under.....	8	3	11
From 1 month to 6 months.....	12	14	26
“ 6 “ to 1 year.....	7	2	9
“ 1 year to 2 years.....	3	2	5
“ 2 “ to 3 “.....	3	6	9
“ 3 “ to 4 “.....	2	1	3
“ 4 “ to 5 “.....	2	3	5
“ 5 “ to 10 “.....	4	4	8
“ 10 “ to 15 “.....		2	2
“ 15 “ to 20 “.....	1	1	2
“ 20 “ to 25 “.....		1	1
25 years and over.....	1		1
From birth.....	5	6	11
Undetermined time, not remote.....	12	12	24
“ “ of long standing.....	11	10	21
Unknown.....	2	1	3
Totals.....	73	68	141

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Average duration of the disease previous to admission:—

Males,	43	Duration :	2	years,	6	months,	13	days.
Females,	39	“	3	“	5	“	12	“
Both sexes,	82	“	2	“	11	“	27	“

It has been fully proved that the most powerful cause of incurability is delay in placing the patient in an asylum and it is established that, if admitted within the first three months of the disease, more than one half of the cases are cured. It is contended that when the disease has lasted from six months to one year, two out of five cases may be cured. During the second year, the cure is very difficult to obtain and that only in exceptional cases. This year, we are sorry to have repeat that more than one half of the patients were admitted after having been ill for more than two years. Under these circumstances one half of these patients admitted goes to swell the number of incurables accumulated during the previous year.

Dr. Walther, a German physician, in a treatise on the crowding of asylums (Medico-psychological Annals, March 1872) attributes this partly to the real increase of cases of insanity and to the want of psychiatric knowledge on the part of the great majority of doctors which results in the practitioner, who is called in to attend an insane person, too frequently endeavoring to treat him whilst surrounded by his own family, instead of sending him to an asylum. Treatment at home hardly ever succeeds and when, after precious time has been lost, it is decided to put him in a proper establishment, very little hope is left of his recovery.

These observations of Dr Walther give to Dr Plante, physician in chief of the Lommelet asylum, at Lille, the opportunity of expressing a desire which might be appropriately repeated in this country.

ASE.

	F.	Total.
	3	11
	14	26
	2	9
	2	5
	6	9
	1	3
	3	5
	4	8
	2	2
	1	2
	1	1
....	1	
6	11	
2	24	
0	21	
	3	
	141	

«To obtain this *desideratum*, he says, we must hope
«that the study of psychiatry will be made obligatory on all
«medical students. This very important branch of the
«healing art is too frequently neglected.

«To enable students to become familiar with psychiatric
«pathology, it is necessary that asylums or at least wards
«of hospitals, for the treatment of the insane, should exist
«in the neighbourhood of schools of medicine.»

It is a matter for regret that, in this country, it has not
been deemed advisable to supply this omission when it is a
well known fact that in all the greater cities of the Domi-
nion, such as Quebec, Montreal, Toronto, Kingston and Ha-
lifax, which have the advantage of schools of medicine in
their midst, there are large asylums close at hand in which
the medical students could acquire all necessary knowledge
respecting the first treatment to be followed in cases of
insanity.

DISEASES C

FORM

DISEAS

Acute mania.

Chronic mania

Monomania. . .

Lycerania . . .

Dementia.

Senile dement

Paralytic mania

Imbecility

Idiocy

Epileptic mania

Totals

TABLE XI.
DISEASES OF PATIENTS ADMITTED DURING THE 12 MONTHS.

FORM OF DISEASE.	SEX.	TOTAL.	COMPLICATIONS.										TOTAL.	
			Congenital, Paralytic,	Epileptic,	Puerperal,	Hysterical,	Uterine Disorders	Onanism,	Inebriety,	Hereditary,	Homicidal,	Suicidal.	M.	F.
Acute mania.....	M.	36		1					7	9	2	6	36	22
	F.	22			5	1	2		3	5		3		
Chronic mania....	M.	9							1				9	12
	F.	12	1				1			3	2			
Monomania.....	M.													
	F.													
Lycerania.....	M.	10							2	1	3	6	10	13
	F.	13		1	3					3	1	3		
Dementia.....	M.	2	1							1		1	2	
	F.													
Senile dementia...	M.	2	2										2	6
	F.	6												
Paralytic mania...	M.	3	3	1					2			1	3	
	F.													
Imbecility.....	M.	6	4							1	1		6	6
	F.	6	3	1										
Idiocy.....	M.	3	1							1			3	5
	F.	5	4											
Epileptic mania...	M.	2		2								1	2	4
	F.	4		4		1						1		
Totals.....		141	12	7	10	8	1	4	15	24	7	24	73	68

We have had seventy nine cases of acute and chronic mania. It is the most frequent form of insanity ; it is expansive, prolonged, habitually accompanied by deceitful conceptions of the mind, illusions and hallucinations. In a certain number of cases the disorder is remittent and it is then a fortunate circumstance which indicates a favorable turn and often an approaching cure. Intermittence is a phenomenon of less frequent occurrence, and is especially noticeable in cases of relapse ; but, in general, it is an unfavorable sign, for, after a certain number of periods of convalescence, followed by relapse, the patients become incurable.

The cases of acute and chronic lypomania are twenty three in number. This form of depression always has its origin in the effect of physical or moral sufferings which are encountered at every step during our existence. If lypomaniacs are not the most interesting cases, they are certainly the most worthy of attention and require the most constant care. Some of these patients remain not only for weeks, but for months and years in a state of stupor as if terrified by the conceptions of their diseased imagination.

A certain number of them are impelled to take their lives, and watch for the first opportunity to commit suicide.

These unfortunate patients are so completely under the influence of their preoccupations that even the most attentive superintendence is not always sufficient to frustrate their attempts or to prevent an irreparable catastrophe.

There are certain forms of insanity which completely defy cure such as : confirmed dementia, senile dementia, epileptic mania, paralytic mania, certain chronic forms of mania and of lypomania, idiocy and imbecility.

Paralytic mania (*paresis*) or progressive paralysis or even

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paralytic dementia is particularly caused by excessive intellectual labour, great preoccupation, constant anxiety, the desire for riches and for material pleasures, the immoderate use of spirituous liquors and venereal excesses. Its victims are more frequently taken from amongst the better classes and amongst persons of a robust constitution ; it is less frequently to be found amongst women. This comparative immunity which they enjoy is not inherent to their sex, but is due to the fact that they are not liable to the same causes.

Even the most attentive and the most intelligent treatment has very little effect on epileptic mania. This class invariably contains the greatest number of dangerous subjects who, at the most unexpected moment, will strike and kill.

TABLE XII.
SUPPOSED CAUSES OF INSANITY.

ADMITTED DURING THE 12 MONTHS.		M	F	Tot.	DETERMINING CAUSES.			
Heredity.	direct.			Tot.	M	F	Tot.	
	mixed	Paternal (father, grand-father, grand-mother, uncle, aunt). Maternal " ")	6	5	11	11	10	21
		Paternal and maternal.	6	4	10	3	4	7
		Collateral, brothers and sisters.	2	1	3	3	4	7
	Collateral and paternal and maternal)	4	6	10	1	6	7	
	paternal and maternal)	1	1	2	4	3	7	
	Consanguinity of parents.	1	1	2	7	1	8	
	Epilepsy and other nervous diseases	1	2	3	1	1	2	
	Previous attacks of mental alienation	6	6	12	1	1	2	
	Overwork fatigue	20	19	39	2	2	4	
		1	2	3	3	3	6	
	Totals	48	46	94	5	5	10	
					Physical causes.			
					Mixed cau.			
					Moral Causes.			
					Congenital defect.			
					Falls, blows, wounds & abscess. in the head.			
					Convulsions, Epilepsy			
					Old age.			
					Fevers.			
					Alcoholic excesses.			
					Insolation			
					Bad treatment.			
					Other physical causes			
					Disorders of the genital functions.			
					Female diseases.			
					Excessive coition, onanism, dissipation.			
					Exposure and hardship			
					Late hours, excessive intellectual labor.			
					Disappointed love.			
					Grief.			
					Domestic troubles.			
					Loss of fortune.			
					Fear.			
					Business troubles.			
					Jealousy.			
					Ambition—Idleness			
					Religion.			
					Unknown causes.			
					12	10	22	
					3	6	9	
					2	2	4	
					1	1	2	
					4	4	8	
					3	1	4	
					4	5	9	
					1	2	3	
					2	4	6	
					2	2	4	
					5	3	8	
					3	3	6	
					2	2	4	
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					2	2	4	
					3	3	6	
					3	3	6	
					9	9	18	
					4	4	8	
					3	3	6	
					1	1	2	
					2	2	4	
					3	3	6	
					6	6	12	
					12	10	22	
					73	68	141	
					Totals	Totals	Totals	

To discover difficult tasks, it is impossible to trace them

Moreover, reduced from is not always exercised by final catastrophe which have has intention

Amongst the producing an immoderate sufficiently prominent with related cases of disastrous and cause so many tragic troubles, disorders of the

The most commoning the frequent opinions vary widely views the subject

Several eminent and Thurnham

1. That insanity admitted in the

2. That insanity her daughters

To discover the causes which produce insanity is the most difficult task, and with the inaccurate information supplied us, it is impossible for us, in a great number of cases, to trace them out.

Moreover, every one is aware that madness is not produced from a single cause but from a series of causes and it is not always very easy to determine the amount of influence exercised by each particular one. Very frequently even, the final catastrophe has been brought on by circumstances which have escaped observation or the existence of which has intentionally been hidden by the parents.

Amongst the causes of a secondary nature which assist in producing and which bring on insanity, we may cite the immoderate use of spirituous liquors. Not that use which is sufficiently pronounced and continued to produce *delirium tremens* with its well defined characteristics; but those isolated cases of excess, too frequently repeated, which have so disastrous an influence on the nervous system and which cause so many nervous affections. Next in order are domestic troubles, diseases to which females are subject, and disorders of the nervous system.

The most conflicting opinions have been advanced respecting the frequency of hereditary predisposition. These opinions vary with the stand point from which each observer views the subject.

Several eminent specialists, such as Baillarger, Esquirol and Thurnham contend :

1. That insanity in the mother is more frequently transmitted in the ratio of one third.
2. That insanity in the mother is oftener transmitted to her daughters than to her sons in the ratio of one fourth.

ITY.	
7	2
1	1
3	6
12	10
22	22
Totals..... 13 68 141	
IV	
Ambition—Idleness.....	1
Religion.....	3
Unknown causes.....	6
Totals..... 48 46 94	
Totals.....	

3. That insanity in the father is transmitted oftener to his sons in the proportion of one third.
4. That the sons inherit insanity in the same proportion from their fathers as from their mothers but that insanity in the mother is inherited by her daughters twice as often as it is from their fathers.

TABLE XIII.
PROBABLE CHANCES OF CURE.

OF THE PATIENTS ADMITTED DURING THE YEAR.			
	M.	F.	Tot.
Chances of cure—favorable.....	33	27	60
“ “ doubtful	17	19	36
“ “ unfavorable	23	22	45
Totals	73	68	141

Percentage of favorable cases on the admissions for the year :

Males,	73,	Favorable admissions,	33 p. c.	45.20
Females,	68,	“ “	27 p. c.	39.70
Both sexes,	141,	“ “	60 p. c.	42.55

We have endeavored to place in the class of unfavorable cases, offering a chance of cure, the greatest possible number of the admissions during the year, omitting only those pa-

tients who
or even fro
imbecility,
dementia,
into the cla

tients who, from the previous lengthy duration of the disease or even from the nature of their insanity, such as: idiocy, imbecility, paralytic dementia, epileptic dementia, confirmed dementia, offer no likelihood of any cure and at once fall into the class of incurables.

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E.

YEAR.	
F.	Tot.
27	60
19	36
22	45
68	141

the year :

- c. 45.20
- c. 39.70

- c. 42.55

avorable
number
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THIRD PART.

DISCHARGES.

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

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

The division of the tables is as follows :

TABLE I.

Patients discharged during the 12 months.

TABLE II.

Nature of the disease of discharged patients.

TABLE III.

Duration of the disease before admission.

TABLE IV.

Principal causes of insanity.

TABLE V.

Duration of treatment.

TABLE VI.

Total duration of the disease from its manifestation.

TABLE VII.

Age at time of discharge.

PATIENTS

Recommended
charge.....

Claimed by r

Transferred..

Escaped.....

Totals. .

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TABLE I.
DISCHARGES.

PATIENTS DISCHARGED DURING THE 12 MONTHS.																
	MENTAL CONDITION									Grand total.	Patients discharged since 1845.					
	Cured.			Im-proved.			Unim-proved.									
	M	F	Total.	M	F	Total.	M	F	Total.			M	F	Total.		
Recommended for discharge.....	17	16	33	..	..	..	..	..	..	..	17	16	33			
Claimed by relatives...	5	..	5	..	3	3	2	1	3	7	4	11				
Transferred.....	1	..	1	1	..	1	3	..	3	5	..	5	808	653	1461	
Escaped.....	1	..	1	3	..	3	2	..	2	6	..	6				
Totals.....	24	16	40	4	3	7	7	1	8	35	20	55				

In England, in the United States and in France, as elsewhere, when it is desired to obtain a percentage of cures, all the insane considered incurable and classified as such, are omitted ; and in the case of institutions whose incurable patients are transferred to other establishments it is not usual to establish the percentage of cures on the total number treated but only on the number of cases recently admitted and the class of patients likely be cured or whose condition may be improved.

This is the method we have always conscientiously followed.

The intelligent reader will easily be convinced of this in looking over the numerous statistics given in our reports.

Percentage of discharges of those cured among favorable cases to the 30th June, 1876 (86 m. 72 f.)

Favorable cases,	Discharged cured,	Average.
158	40	25.31 p. c.

Percentage of discharges of those cured and improved among favorable cases to the 30th June, 1876.

Favorable cases,	Discharged cured, and improved	Average.
158	47	29.74 p. c.

Population under treatment on the 30th June, 1876	Favorable cases.	Average.
877	158	17.11 p. c.

Admissions, (12 months).	Discharged cured.	Average.
141	40	28.36 p. c.

Although this percentage of cures may not appear very high, we still have reason to be proud of it.

In a future report we propose doing justice to certain exaggerated statistics published by certain superintendents of Canadian Asylums which are founded on erroneous data.

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TABLE II.
FORM OF THE DISEASE OF DISCHARGED PATIENTS.

PATIENTS DISCHARGED DURING THE 12 MONTHS.												
FORM OF THE DISEASE.	MENTAL CONDITION.									GRAND TOTAL.		
	Cured.			Im- proved.			Unim- proved					
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Mania.....	19	10	29	3	1	4	2	1	3	24	12	36
Lypemania.....	4	6	10	1	...	1	2	...	2	7	6	13
Monomania.....	...	...	...	...	...	...	1	...	1	1	...	1
Epileptic mania.....	1	...	1	...	1	1	1	...	1	2	1	3
Dementia.....	...	...	...	1	1	2	1	...	1	1	1	2
Totals..	24	16	40	4	3	7	7	1	8	35	20	55

The simple and particularly acute forms of disease invariably show the greater numbers of cures. Sometimes cases of cure occur in the diseases which are considered chronic, but they are exceptional and are due only to an extraordinary and unexpected improvement in the physical health of the patient.

TABLE III.
DURATION OF THE DISEASE BEFORE ADMISSION.

DURATION.	MENTAL CONDITION.									GRAND TOTAL.		
	Cured.			Im-proved.			Unim-proved.			M	F	Total.
	M	F	Total.	M	F	Total.	M	F	Total.			
1 month and under.....	5	2	7							5	2	7
From 1 to 2 months.....	2	2	4	1		1				3	2	5
“ 2 to 3 “	2	3	5	1		1				3	3	6
“ 3 to 6 “							1		1	1		1
“ 6 to 12 “	1		1							1		1
“ 12 to 18 “	2	3	5							2	3	5
“ 18 to 24 “												
“ 2 to 3 years.....		3	3			1		1		1	3	4
“ 3 to 4 “			1		1					1		1
“ 4 to 5 “												
5 years and over.....						1		1		1		1
Undetermined, but recent....	9	2	11	1		1				10	2	12
Undet, but of long standing.	1	1	2	1	1	1		1	2	2	2	4
Unknown.....	2		2	2	2	2	1	3	4	3	7	7
Since childhood.....						1		1		1		1
Totals.....	24	16	40	4	3	7	7	1	8	35	20	55

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Of 40 cases of recovery, the previous duration of the disease in 25 cases, was as follows.

Males :	4 months, 3 days.
Females	11 " 8 "
Both sexes	7 " 20 "

This table bears out in a particular degree our remarks on the chances of cure in proportion to the previous duration of the disease before admission.

With time, the chances of cure decrease and, after three or four years, the patients are invariably considered incurable ; from this it must not be imagined that no hope remains, for three of our patients were discharged, this year, as cured, after having been more than three years in the establishment.

MISSION.

MONTHS.

GRAND TOTAL.		Total.
M	F.	
5	2	7
3	2	5
3	3	6
1	...	1
1	...	1
2	3	5
...
1	3	4
1	...	1
...
1	...	1
...	2	12
2	4	6
3	7	10
...	1	1
20	55	75

TABLE IV.
PRINCIPAL CAUSES OF INSANITY.

DETERMINING CAUSES.		MENTAL CONDITION.									GRAND TOTAL.		
		Cured.			Improved.			Un-improved.			M	F	Total.
		M	F	Total.	M	F	Total.	M	F	Total.			
		M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.
Physical.	Falls, blows on the head...	1	1	2	1	1	1	1	1	1	2	1	3
	Alcoholic excesses.....	4	4	8	2	2	4	2	2	4	6	6	12
	Serious illness.....	3	2	5	1	1	2	1	1	2	3	3	6
Mixed	Hereditary.....	1	1	2	1	1	2	1	1	2	1	1	2
	Violent emotion.....	1	1	2	1	1	2	1	1	2	1	1	2
Moral.	Anxiety, fear.....	2	2	4	1	1	2	1	1	2	2	2	4
	Losses, reverses in business	1	1	2	1	1	2	1	1	2	2	2	4
	Griefs, domestic troubles...	2	2	4	1	1	2	1	1	2	2	1	3
	Religious excitement.....	1	2	3	1	1	2	1	1	2	2	2	4
	Ambition.....	1	1	2	1	1	2	1	1	2	1	1	2
	Jealousy.....	1	3	4	1	1	2	1	1	2	1	3	4
	Poverty, hardship.....	2	2	4	1	1	2	1	1	2	2	1	3
	Convulsions, epilepsy.....	1	1	2	1	1	2	1	1	2	2	1	3
	Deception in love.....	1	2	3	1	1	2	1	1	2	1	2	3
	Uterine disorders.....	1	1	2	1	1	2	1	1	2	1	1	2
	Unknown.....	5	2	7	3	1	4	3	1	4	8	3	11
Totals.....		24	16	40	4	3	7	7	1	8	35	20	55

PATIENT	DURATION
	1 month and under
	From 1 to 2
	" 2 to 3
	" 3 to 6
	" 6 to 9
	" 9 to 12
	" 12 to 18
	" 18 to 24
	" 2 to 3
	" 3 to 4
	" 4 to 5
	5 years and over
	Totals.....

Average per the year:

Males...
Female...
Both sexes...

TABLE V.
DURATION OF TREATMENT.

PATIENTS DISCHARGED DURING THE 12 MONTHS.										Patients.					
DURATION.	MENTAL CONDITION.									discharged					
	Cured.			Im-proved.			Unim-proved.			since 1845.					
	M	F	Total.	M	F	Total.	M	F	Total.	M.	F.	Total.			
1 month and under...	2	1	3	..	1	1	.....	2	2	4	47	39	86	
From 1 to 2 months	1	1	2	.....	.....	.....	.....	1	1	2	64	37	101
" 2 to 3 "	..	..	..	1	1	2	.....	1	1	2	85	62	147
" 3 to 6 "	7	6	13	1	..	1	2	..	2	10	6	16	168	124	292
" 6 to 9 "	3	4	7	.....	.....	.....	.....	3	4	7	80	78	158
" 9 to 12 "	5	1	6	.....	.....	.....	.....	5	1	6	69	53	122
" 12 to 18 "	3	1	4	1	..	1	2	..	2	6	1	7	93	60	153
" 18 to 24 "	1	1	2	1	1	1	2	3	47	43	90	
" 2 to 3 years.	.....	.....	.....	1	1	.....	.....	1	1	.....	45	40	85
" 3 to 4 "	1	..	1	1	..	1	1	..	1	3	..	3	26	18	44
" 4 to 5 "	1	..	1	.....	.....	.....	.....	1	..	1	14	18	32
5 years and over.....	..	1	1	2	..	2	2	1	3	70	81	151	
Totals.....	24	16	40	4	3	7	7	1	8	35	20	55	808	653	1461

Average period of treatment of patients discharged during the year :

Males..... 1 year, 5 months, 23 days.
 Females..... — " 11 " — "
 Both sexes..... 1 " 2 " 11 "

TABLE VI.
TOTAL DURATION OF THE DISEASE FROM ITS
MANIFESTATION.

DURATION.	MENTAL CONDITION.											
	Cured.			Improved.			Unimproved.			GRAND		
	M	F.	Total.	M	F.	Total.	M	F.	Total.	TOTAL.		
From 1 to 2 months.....												
“ 2 to 3 “												
“ 3 to 6 “	4	2	6						4	2	6	
“ 6 to 9 “	1	5	6			1		1	2	5	7	
“ 9 to 12 “	1		1						1		1	
“ 12 to 18 “	5	3	8	1		1			6	3	9	
“ 18 to 24 “	1		1						1		1	
“ 2 to 3 years		1	1			1		1	1	1	2	
“ 3 to 4 “	1	1	2	2		2			3	1	4	
“ 4 to 5 “												
5 years and over.....		1	1			2		2	2	1	3	
Undetermined but recent....	10	2	12	1	2	3			11	4	15	
Undeter., but of long standing	1	1	2			2		2	3	1	4	
Unknown.....				1	1		1	1		2	2	
Since childhood						1		1	1		1	
Totals.....	24	16	40	4	3	7	7	1	8	35	20	55

This table gives additional corroboration to our statement that the disease is cured during the first months after its beginning.

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TABLE VII.

AGE WHEN DISCHARGED.

AGES.	Discharged during 12 months.			Discharged since 1845.		
	M	F.	Total.	M	F	Total.
	Under 15 years.....	1	1	9	11	20
From 15 to 20 years.....	1	1	2	56	47	103
“ 20 to 25 “	5	4	9	138	96	234
“ 25 to 30 “	4	2	6	126	116	242
“ 30 to 35 “	5	4	9	122	103	225
“ 35 to 40 “	3	.....	3	84	60	144
“ 40 to 45 “	3	2	5	88	62	150
“ 45 to 50 “	6	1	7	73	49	122
“ 50 to 60 “	6	2	8	67	71	138
“ 60 to 70 “	2	3	5	34	32	66
“ 70 to 80 “ .....	.....	.....	.....	11	6	17
Totals.....	35	20	55	808	653	1461

It is amongst middle aged persons that we find the greatest number of cures. Outside of this age we still find cases of cure and of improvement but they are rare and it will be easily understood that, with age, everything becomes duller in the human system which no longer retains sufficient vitality to resist morbid influences.

FROM ITS

MONTHS.

ION.

GRAND TOTAL.		
M	F.	Total.
4	2	6
2	5	7
1	1
6	3	9
1	1
1	1	2
3	1	4
.....
2	1	3
11	4	15
3	1	4
.....	2	2
1	1
35	20	55

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FOURTH PART.

DEATHS.

The tables of deaths are given as follows :

	TABLE I.
Deaths.	—
	TABLE II.
Deaths classified to the nature of mental insanity.	—
	TABLE III.
Duration of treatment.	—
	TABLE IV.
Age at death.	—
	TABLE V.
Cause of death.	

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TABLE I.
DEATHS.

INSANE PATIENTS DECEASED DURING THE 12 MONTHS.			
	M.	F.	Total.
Through sickness.....	32	13	45
Totals.....	32	13	45

PERCENTAGE OF THE DEATHS :

	Treated.	Died.	Percentage.
Males.....	522	32	6.13 p. c.
Females.....	496	13	2.62 p. c.
Both sexes.....	1018	45	4.42 p. c.

Duration of treatment of patients who died during the twelve months :—

Males.....	6 years, 6 months, 2 days.
Females.....	3 “ 3 “ 18 “
Both sexes.....	4 “ 10 “ 25 “

This very satisfactory percentage of 4.42 per cent in the deaths during the year is not an isolated or exceptional fact. For, if we look over the past four years we find for that period an average percentage of 5.75 per cent.

In France the average percentage of deaths in all the asylums is over ten per cent.

We find in the official report for 1876 of the Imperial Commissioners in England that the average mortality in all the establishments put together is 8.70 per cent but that, in a great many asylums, it is heavy. For instance, in the North Wales Lunatic Asylum we find thirteen per cent; in the Birmingham Borough Asylum 13.06 per cent: in the Joint Counties Asylum, Carmarthen, 12.06 per cent; in the Somerset County Asylum 12.10 per cent; in the Gloucester County Asylum 13.00 per cent; in the Norfolk County Asylum 13.11 per cent; in the Sussex County Asylum 15.02 per cent; in the Chester County Lunatic Asylum 15.02 per cent; in the Staffordshire Asylum 17.37 per cent and finally in the Cambridge County Asylum 19.02 per cent.

We have no intention whatever, in giving these statistics, to depreciate the prestige of the English institutions which are of the highest order, under the direction of men of profound science, eminently qualified for their positions, the duties of which they zealously perform. Our only object in showing the favorable result obtained by our establishment is to put an end to the calumnious insinuations directed against it by evil minded persons.

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TABLE II.
DEATHS CLASSIFIED ACCORDING TO THE NATURE
OF MENTAL DISEASE.

INSANE PATIENTS DECEASED DURING THE 12 MONTHS.

	M.	F.	Total.
Suffering from :			
Acute mania.....	4	1	5
Chronic ".....	8	3	11
Acute lypemania.....	2	4	6
Chronic ".....	2	2	4
Monomania.....	3		3
Ordinary dementia.....	1	2	3
Senile ".....	4		4
Paralytic insanity.....	4		4
Epileptic ".....	3		3
Imbecility.....	1	1	2
Idiocy.....			
Totals.....	32	13	45

Later on, the rate decreases to be again increased in conformity with the usual rules. It must not, moreover, be forgotten that a certain number of people weighed down by old age and infirmity come to us every year and go to swell the death rate.

TABLE IV.
AGE AT DEATH.

INSANE PATIENTS DECEASED DURING THE 12 MONTHS.			SINCE 1845.			
Ages.	M	F	Total.	M	F	Total.
Under 15 years	1	...	1	16	10	26
From 15 to 20 years.....	1	1	2	15	18	33
“ 20 to 25 “	2	...	2	50	47	97
“ 25 to 30 “	1	3	4	67	67	134
“ 30 to 35 “	2	1	3	81	77	158
“ 35 to 40 “	4	2	6	87	74	161
“ 40 to 45 “	2	...	2	91	76	167
“ 45 to 50 “	4	...	4	71	49	120
“ 50 to 60 “	6	1	7	110	124	234
“ 60 to 70 “	6	2	8	111	101	212
“ 70 to 80 “	3	2	5	47	45	92
80 years and upwards.....	...	1	1	15	15	30
Totals	32	13	45	761	703	1464

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

Males.....	48	years,	0	months,	11	days.
Females.....	48	"	6	"	27	"
Both sexes.....	48	"	3	"	19	"

The usual remarks as to age still apply; it is during the period from thirty to fifty years that madness predominates and frequently assumes the most serious forms.

The increase of the rate of mortality at that period of life results from the above two causes, which, this year, carried off fifteen patients.

The deaths amongst our inmates from sixty to eighty years of age have been much more numerous than last year.

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TABLE V.
CAUSES OF DEATH.

INSANE PATIENTS DECEASED DURING THE 12 MONTHS.			
Diseases :	M.	F.	Tot.
Diseases of the brain and nervous system.	Cerebral congestion.....	1	1
	Paralysis.....	4	1
	Epilepsy.....	2	2
	Nervous exhaustion.....	2	2
Disease of the heart.	Insufficiency of valves...	2	2
Diseases of the lungs.	Phthisis.....	7	1
	Congestion.....	1	1
Diseases of the digestive organs.	Disease of the liver	1	1
	Chronic diarrhoea.....	2	2
	Dysentery.....	1	1
Various diseases.	Anthrax.....	1	1
	Marasma.....	3	3
	Anemia	5	2
	Typhoid fever.....	1	1
	Senile debility.....	2	3
Totals.....	32	13	45

As usual, diseases of the cerebro-spinal system have largely contributed to the death rate of the year and seem to have surpassed those of the other organs. We have to register five cases of paralysis, two of epilepsy and two of nervous exhaustion. Next in order come diseases of the lungs which give one case of congestion and eight of pulmonary phthisis and then we have on the table the deaths due to marasma, anemia, and senile debility which are amongst the most frequent causes of death.

FIFTH PART.

SUMMARY.

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

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

TABLE I.

Movement of the population.

TABLE II.

Duration of residence.

TABLE III.

Age.

TABLE IV.

Diseases of patients remaining.

TABLE V.

Probable chances of cure.

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TABLE I.

MOVEMENT OF THE POPULATION.

	M.	F.	Total.	M.	F.	Total.
Population on 1st July, 1876.....				449	428	877
Admitted during the 12 months.....				73	68	141
Totals.....				522	496	1018
Discharges.....	35	20	55			
Deaths.....	32	13	45			
Totals.....	67	33	100	67	33	100
Totals.....				455	463	918

TABLE II.
DURATION OF RESIDENCE.

INSANE PATIENTS REMAINING ON 30th JUNE, 1877.			
DURATION.	M.	F.	TOTAL.
Under 1 month.....	7	8	15
From 1 to 2 months.....	7	7	14
“ 2 to 3 “	3	1	4
“ 3 to 6 “	16	7	23
“ 6 to 12 “	21	32	53
“ 12 to 18 “	26	23	49
“ 18 to 24 “	34	28	62
“ 2 to 3 years.....	35	40	75
“ 3 to 5 “	77	84	161
“ 5 to 10 “	101	93	194
“ 10 to 15 “	63	60	123
“ 15 to 20 “	26	25	51
“ 20 to 25 “	20	38	58
“ 25 to 30 “	14	13	27
30 years and upwards.....	5	4	9
Totals.....	455	463	918

AVERAGE DURATION OF RESIDENCE.

Males..... 455 : 7 years, 8 months, 10 days.
 Females..... 463 : 8 “ 1 “ 16 “
 Both sexes..... 918 : 7 “ 10 “ 28 “

TABLE III.
AGE.

INSANE PATIENTS REMAINING ON 30TH JUNE, 1877.

STATEMENT OF AGES.	M.	F.	Total.
Under 15 years.....	4	5	9
From 15 to 20 years.....	9	11	20
“ 20 to 25 “	40	28	68
“ 25 to 30 “	55	50	105
“ 30 to 35 “	56	57	113
“ 35 to 40 “	65	55	120
“ 40 to 45 “	48	62	110
“ 45 to 50 “	44	47	91
“ 50 to 60 “	82	72	154
“ 60 to 70 “	37	55	92
“ 70 to 80 “	14	18	32
80 years and upwards.....	1	3	4
Totals.....	455	463	918

TABLE IV.
DISEASES OF PATIENTS REMAINING ON THE 30TH JUNE 1877.

FORM OF THE DISEASE.	SEX.	TOTAL.	COMPLICATIONS.											TOTAL.	
			Congenital.	Paralytic.	Epileptic.	Puerperal.	Hysterical.	Uterine disorders.	Onanism.	Inebriety.	Hereditary.	Homicidal.	Suicidal.	M.	F.
Mania	M	124	..	1	1	2	14	8	6	7	124	97
	F	97	..	1	..	13	3	8	3	6	7	..	4		
Chronic mania	M	137	4	8	6	3	2	137	139
	F	139	..	5	4	1	2	3	..	1	7	2	5		
Monomania	M	14	2	1	14	6
	F	6	2	..	1		
Lypomania	M	46	..	..	..	..	..	5	4	2	3	14	46	57
	F	57	..	1	..	6	1	2	..	1	3	1	7		
Chronic lypomania ..	M	10	..	..	..	..	..	1	..	1	1	..	10	6
	F	6	3	1	..	2	1	2	..	4		
Dementia	M	28	..	1	..	..	..	4	..	1	1	1	28	37
	F	37	..	1	1	..	..	..	..	4	..	1		
Senile dementia	M	2	..	1	1	..	..	..	..	..	..	..	2	8
	F	8	..	..	..	..	..	..	..	..	..	..
Paralytic mania	M	11	..	11	..	..	..	..	4	..	..	1	11	4
	F	4	..	..	..	1	..	..	1	..	..	..
Imbecility	M	44	37	..	1	..	..	6	1	2	2	..	44	65
	F	65	43	1	4	..	2	..	3	..	9	..			
Idiocy	M	10	8	..	1	..	..	..	3	1	..	..	10	11
	F	11	6	1	1	..	..	..	..	..	..	..
Epileptic mania	M	29	29	2	2	1	..	1	29	33	
	F	33	..	1	33	..	2	2	1	..	3	2			
Totals		918	94	25	76	24	11	15	33	45	62	20	50	455	463

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TABLE V.
PROBABLE CHANCES OF CURE

OF INSANE PATIENTS REMAINING ON 30TH JUNE 1877.

	M.	F.	Total.
Chances of cure—favorable.....	76	52	128
“ “ very doubtful.....	69	65	134
“ “ unfavorable.....	310	346	656
Totals.....	455	463	918

Year	Month	Day	Time	Location	Remarks
1911	10	15	10:00	St. Paul	...
1911	10	16	10:00	St. Paul	...
1911	10	17	10:00	St. Paul	...
1911	10	18	10:00	St. Paul	...

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TREATMENT.



As in the past, the patients under our care have been placed in a condition conducive to calm and repose of the mind and surrounded with the attention which their state required.

Their stay in the asylum is the first indication of their treatment; they are withdrawn from the unpleasant influences which have favored the development of their disease.

The state of isolation in which the patient finds himself at the asylum has a beneficial influence upon him, and we have often had an opportunity of noting this on the arrival of violent and excited madmen who have hitherto been refractory and unmanageable and are frequently brought to us in irons. Hardly have they passed the threshold of the asylum that they are set at liberty amongst the other patients. Generally a perceptible calmness becomes apparent in most of them. They no longer find the same causes to produce excitement; on the contrary they are received with consideration and kind words, and meet with sympathy and encouragement. Calmness gradually returns and a marked cessation is noticeable in the fierceness of their delirium. Moreover, the spirit of order and of discipline, which reigns every where around them, impresses them and greatly diminishes the violence of their morbid impulses.

The patient once placed in the hospital, the first condition necessary to his treatment is fulfilled and we come to his assistance sometimes by means of those therapeutic agents

which science places at our disposal, and sometimes by means of a moral treatment

PHYSICAL TREATMENT.—Every one is aware that there is no specific remedy for madness; still, mental medicine has since a few years made marked progress and it now places powerful weapons at the disposal of scientific and experienced physicians to enable them to contend against this sad disease.

We put forth every endeavour to keep ourselves at the height of our mission and to enable us to render the greatest possible service to the unfortunates confided to our care. With very few exceptions, physical treatment of mental disease is only applicable and effective in cases of recent date. Acute mania, in particular, accompanied by violent delirium, continual agitation and prolonged wakefulness, requires an energetic medical treatment. In these cases, sedatives are of great use. Chloral and bromide of potassium, when employed at the commencement of the disease, have a marked effect; they modify and perceptibly diminish the violence of the symptoms. They bring on a refreshing sleep and sooth to a considerable degree the excitement of the first stage of the malady.

It frequently happens that certain insane persons, particularly maniacs and lypemaniacs at the first stage of the disease, refuse to take any nourishment. After having in vain exhausted all efforts at persuasion, we have recourse to energetic measures in order to save the lives of these unfortunates, and we are forced to use stomach pumps to make them take broth, milk and stimulants and it is seldom found that patients refuse to eat for any length of time after undergoing this treatment.

We have derived excellent results from the use of fortifying tonics and nervous stimulants. Shower and ordinary

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baths are of great service in certain cases of acute mania which have degenerated into stupour and especially in several cases of profound lypemania.

Solitary confinement is only resorted to in order to isolate and soothe patients when they are a prey to violent paroxysms of excitement. We are sometimes compelled to employ certain methods of coercion such as : handcuffs, leather muffs and mittens, straight jackets, etc., to restrain violent and dangerous persons, and for the purpose of keeping them from injuring themselves or of preventing such regrettable acts of violence as they might commit.

Cases which have become chronic require the care of the physician chiefly for the general state of their health.

In the interest of all, the rules of hygiene are scrupulously observed. The ventilation is good, the temperature uniform, the food healthy and of the best quality. Meals are served at regular hours and the same applies to bed-time and rising. The wards and dormitories are very clean and comfortable. The personal cleanliness of the patients and that of their clothing is carefully attended to. With the exception of a few specified by the physician, all the patients are bathed once a week.

These habits of attention and cleanliness not only keep up the regular working of the pores of the skin but, in the case of certain individuals, develop ideas of order and of self respect.

We also have a large yard for each establishment and during fine weather the patients go out every day to take exercise and breathe the fresh air. The women's yard is spacious and well shaded and we are now occupied in enlarging that destined for the men and are planting trees so as to give them more shade.

MORAL TREATMENT.

The moral influence which is brought to bear on the patient has a tendency to diminish and, as it were, to make him forget his morbid fancies and bring him back to real life.

We can also, it is true, employ mild measures such as exhortations, brisk emotions, surprises &c. In certain asylums intimidation is used but, as a rule, very little can be obtained from these various means. We are of opinion that it is better to occupy the patient so as to make him forget his frenzied ideas.

In order to secure this result we endeavor to divert his mind in every possible way. The series of amusements consists in readings, conversations, promenades, picnics, dances, dramatic entertainments, concerts, exhibitions of the stereopticon, open air entertainments to the enlivening strains of the band, illuminations &c. Of all these amusements our patients prefer dancing; they enter into it with great heartiness and never fail to take part in the dances given every week.

During the fine summer evenings, the patients often assemble in front of the main building occupied by the females. Roman lamps are lighted and in a twinkling the whole of the grounds look like a scene in fairy land, while the band plays its finest tunes.

On certain occasions such as *St. Jean-Baptiste* day and on other popular holidays the loud and sonorous detonations of cannon are united to the sounds of the band; rockets are fired whose high and brilliant flight gives rise to exclamations of surprise and satisfaction from our patients and balloons are sent up, the effect of which is always new and striking.

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The band which contributes to such an extent towards increasing the brilliancy of our *fêtes* is composed of the employees of the asylum; five or six of our inmates also form part of it. They acquit themselves with great precision and to the great satisfaction of their leader, Mr. Vézina. Under the direction of this able master, the band has made rapid progress, and is an honor to our establishment and to its leader. Every thing which strikes the eye of an insane person and directly affects the senses produces a greater impression on him and is consequently more likely to divert him. We give as many opportunities as possible of being present at the dramatic entertainments which take place in the room generally used for large meetings. Madame Vincelette organises these dramatic entertainments and their success reflects credit on her management. Sometimes distinguished artists from the city are kind enough to assist us. Messrs Wiallard and Lyonais have participated in some of our entertainments. They sang comic songs which were a source of great amusement to our patients and we tender them our thanks.

In the interior of the wards the patients amuse themselves by playing cards, draughts, bagatelle and pigeon-hole. Some of them know how to play on the violin and get up improvised dances. In the basement of the men's building there are two bowling alleys for those who wish to use them.

Whilst amusing our patients, we endeavor to give them the advantage of storing their minds with useful knowledge and of profitably employing their leisure time during their stay in the hospital. by placing at their disposal an extensive collection of select books. Several of them take advantage of these opportunities with so much ardour as to induce us

to incur additional expense in order to keep up and increase our library.

All the patients who are in a position to derive advantage from the exercise of religious duties, are anxious to attend them and a certain number appear to profit greatly by them. Amongst the various methods of moral treatment, the most important is, undoubtedly, manual labor which enables the patient to take exercise while it, at the same time, diverts and gives rest to his mind. Working in the open air especially is very beneficial.

We employ a large portion of our male inmates, the majority of whom belong to the agricultural class, in farm work and gardening. The asylum owns an extensive farm, supplied with the newest of agricultural implements and worked in accordance with the best principles of agriculture. Under the direction of the head farmer, several of our patients enjoy themselves in doing farm-work during the summer season. Several derive therefrom a beneficial effect on their general health; their appetite and digestion improve, they find in it a pleasant and favorable diversion; although it produces bodily fatigue, still, it gives rest to the mental faculties.

Several are employed in household work, in knitting and in the sewing rooms as well as in the various workshops of the establishment. Under the influence of this physical, therapeutic and moral treatment, calmness of mind is restored, frenzied ideas disappear, the clouds which darken the intellect are removed, reality begins to make itself visible to their minds and, in a short time, reason resumes its sway in the case of a certain number of these unfortunates who are often sufficiently recovered to be restored to their families.

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