

NOVA SCOTIA

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HOSPITAL FOR THE INSANE,

HALIFAX, N. S.

Fifteenth Annual Report of the Medical Superintendent.

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HALIFAX, N. S.
1872.

Commissioner of Public Works and Mines.
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Housekeeper.
MRS. R. D. DICKSON.

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

Engineer.
MR. R. D. DICKSON.

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REPORT
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FOR THE YEAR
1872.

To the Honorable the Commissioner of Public Works and Mines:

SIR,—I have the honor to submit the report of the Nova Scotia Hospital for the Insane for the year ending December 31, 1872, being the fourteenth year of its operations.

The professional results may be pronounced satisfactory, the rate of recovery being very high, fifty per cent (50) in proportion to the admissions; while the mortality rate, although beyond our ordinary average, is lower than last year, and within a fraction the same as the average of all the English Asylums.

During the past twelve months seventy-seven (77) have been admitted; forty-four (44) males, and thirty-three (33) females. With two exceptions only (1868-69) this is the highest number received in any one year since the opening of the Hospital. The total number under care in 1872

was three hundred and twenty-nine (329). The daily average for the year was two hundred and fifty-eight (258).

The discharges were seventy (70) in number; thirty-six (36) males, and thirty-four (34) females, leaving on the record of the close of the year two hundred and fifty-nine (259) including two who were absent on trial.

Of those discharged, thirty-nine (39) were recovered, being fifty per cent. (50) on the admissions; and twenty-seven (27) died, equal to ten and a half per cent., nearly, (10.46) upon the average number resident.* Calculated *on the whole number under care* the mortality rate this year was eight and one-fifth per cent. (8.20).

Of those who died during the year six were upwards of sixty years of age, two being over seventy; and one each had been more than twelve and thirteen years in Hospital, respectively. Six died from Pulmonary Consumption; three each from Paralysis, Epilepsy, Paresis, Erysipelas, and Acute Mania; and one each from Heart Disease, Ascites, Pulmonary Congestion, Apoplexy, Compression of Brain (accident), and Organic Brain Disease.

Several of those received were only sent to be nursed during their last illness, five having died within one month, and other five within three months after admission.

* The Commissioners of Lunacy report the English death rate as 10.38 per cent. on the average numbers resident. The recoveries give a percentage of 40 for the whole kingdom.—*Journal Mental Science, Jan., 1873.*

The re-admissions in 1872 of those who had formerly been residents of the Hospital and had been discharged, were fourteen (14); while of those "on trial," five (5) were returned to our care before their period of probation had terminated. Reference will again be made to this under the heading "premature removals."

During the fourteen years the Hospital has been in operation, eight hundred and thirty-eight (838) have been admitted, and five hundred and seventy-nine (579) discharged as follows, namely, one hundred and sixty-five (165) have died; twenty (20) have been removed unimproved; sixty-four (64) have been sent home more or less relieved, and three hundred and thirty (330) have been discharged as recovered.

The second table in the appendix exhibits these figures very clearly, distinguishing the relative numbers of each sex, and in a condensed summary shows the exact proportion of those recovered, relieved, died, or remaining for the whole period. Probably no better table could be framed by which to compare the results of different institutions, when similarly circumstanced, than this brief and comprehensive summary.

Principal Occurrences of the Year.

In Hospital life the incidents of one week follow almost undeviatingly those of the week before, one month succeeds another without much variation, and year after year passes with little to distinguish its events from those of the years that have gone before.

It becomes an object worthy of our study and attainment to vary the course of events from time to time, and to introduce into the Hospital sphere some resemblance to the every day life of citizens of the outside world.

With this view we encourage the visits of the patients' friends and of strangers; we send our inmates, as opportunity offers, beyond the Hospital grounds; we seek for the various means of amusement for the patients; and we provide them, thanks to the generosity of the press, with all the daily and weekly papers of the city, and the principal ones of the country districts.

DEATH OF CHIEF COMMISSIONER.

No event of the past year has been so important, none so sad, none so much to be regretted, as the early decease of our worthy and highly esteemed Commissioner, the Honorable William

Garvie. Deeply interested in the welfare of every inmate of the Hospital, courteous and kind to all, solicitous for the best care of the insane of every grade, and holding the most liberal views as to the proper provision to be made for the dependent classes, our late Commissioner had greatly endeared himself to the hearts of all, and his demise has occasioned a loss such as we have not been called to mourn since the decease of our first Commissioner, the Honorable Hugh Bell.

EXTENSION OF HOSPITAL.

This is to us a note-worthy event, and one that calls for sincere thankfulness. The present extension completes the building, and when finished will afford accommodation for ninety additional patients. It will enable us to carry out a more complete system of classification and separation. It will also give admission to many whom hitherto we have most unwillingly been compelled to refuse for want of room.

The work, commenced in May, has thus far been carried on vigorously and well. The first two sections were roofed in before the setting in of winter, and a good supply of building material is now on the grounds for the early prosecution of the remaining portion of the work on the opening of Spring. By the contractors, Messrs. Brunton and McNab, the whole is being substantially built,

and it is due to them to state that on the part of the numerous workmen in their employ no interference is had with the patients, nor any annoyance given to our staff. Inconvenience we have had to submit to unavoidably, and more especially owing to want of space for building materials, but every disposition has been shown to meet the wishes of the officers of the Hospital in every proceeding connected with the work in hand.

In following out the original design, we extend the building to the margin of the boundary line on the north, and this has necessitated our obtaining at once additional land for an entrance road. This want was alluded to in last year's Report, and provision was made by the Legislature in the amended Act of last session for the acquisition (by arbitration if necessary) of such an amount of land as would give ready access to the front of the building. Under this Act three and one-third acres are about to be set apart for this purpose by appraisement.

VISITORS.

The unvarying sameness of our secluded mode of living has been this year most agreeably varied by the welcome visits of kind friends, of influential personages, and of distinguished foreigners.

The well known American Philanthropist Miss Dix, who justly fills a place in each of the three

classes above named, has honored the institution by paying us a visit during the autumn months both on her route to Prince Edward's Island, and thence to Quebec. To Miss Dix we are indebted for the selection of the site on which the Hospital is built, than which as regards situation no choice could possibly have been more judicious. To her also we owe the very excellent design of the building kindly furnished by Dr. C. H. Nicholls, the Superintendent, and Thos. U. Walter, Esq., Architect of the Government Hospital for Insane at Washington. Miss Dix has recently placed us under further obligations as noticed under the heading 'Acknowledgements.'

We have been favoured this year by visits from members of the Government collectively, and individually, more frequently than in any other season. These official visits tend to encourage the officers of the Hospital, and stimulate to continued effort. They are gratifying also to patients and attendants, as showing that they are cared for and looked after by those having their welfare at heart. The results of these visits we trust has been to interest more deeply than ever the governing powers in the requirements of the insane as a dependent class, in their curability when brought early under treatment; and in the social and pecuniary benefit of extending to them the most ample protection of the State.

The Board of Commissioners have visited the Hospital from week to week, frequently at uncertain intervals, and have recorded the results of their

inspections in their Report Book. The following extracts will show the opinions they entertained at the time of their several quarterly meetings.

Mount Hope, 20 April, 1872.

"The Commissioners visited all the wards on both sides of the House, the Store, Kitchen, Laundry, and some of the out-houses. The Wards and bed-rooms were found in their usual clean and orderly condition. The Groceries, Flour, Beef, and others stores, of excellent quality. The Kitchen and Laundry clean and tidy."

20 July, 1872.

"The Commissioners visited the Wards, Stores and other departments of the institution, and have the pleasure to state that everything was found in a satisfactory condition. The patients generally in excellent health."

19th October, 1872.

"The Commissioners visited various departments of the institution, including the Stores, and found everything in a satisfactory condition."

The Committee upon Humane Institutions appointed by the Legislature, paid their customary visits during the session, and after alluding to other charitable institutions have reported as follows:

"The Committee have also, as usual, visited the lunatic asylum, and have again to report their most unqualified approval of the care and skill exercised by the Superintendent, assistant physician, and officers."

Many other members of both branches of the Legislature have also favored us with their presence, not only in the Wards of the Hospital, but also in our Recreation Hall, witnessing the pleasing sight of joy given to the sorrowing, of pleasure imparted to the sad, and of happiness bestowed on those to whom it was doubly a blessing.

The presence of our own and of foreign Ships of

War in the harbor during the past summer gave us the privilege of having the welcome company of their medical and other officers, as well on occasions of recreation as at other times, and a most pleasing recollection remains with our whole household of their kind courtesy and good will.

EXCURSION.

Through the liberality of the Directors of the Halifax and Dartmouth Steamboat Company, and the thoughtful kindness of the obliging Manager, Captain McKenzie, we have once more been favored with a treat such as the inmates of Hospitals seldom have the means of enjoying; namely, an afternoon excursion on our beautiful harbor, the pride of every Nova Scotian.

Upwards of one hundred patients, with their attendants and the domestics of the institution, together with the outside employes and their families, were conveyed in the good steamer "Mic Mac" to Bedford Basin, thence to the North West Arm, around Saint George's Island to the South Eastern Passage, and again North to the Narrows, saluting the Flag Ship, the "Royal Alfred," in passing. Music and refreshments were provided as usual, and the day being fine, all on board enjoyed themselves heartily, fully appreciating the kindness which had enabled them to spend a day so pleasantly.

CIRCUS.

A party of forty patients, suitably attended, availed themselves of an opportunity courteously granted to witness an afternoon performance at Stone & Murray's Circus on the Halifax Common during the summer. They were conveyed in boats across the harbor, landing at the Queen's Wharf, and enjoyed the trip thoroughly, nor was it soon forgotten.

SLEIGH DRIVES.

In this northern latitude we have occasionally during winter a means of enjoyment almost unknown to our more southern, and entirely so to our British confreres. The exciting music of the jingling bells, the gliding motion of the graceful sleigh, the bracing air of a bright winter day, all unite in affording the patients the most pleasant, and enlivening, and healthful pastime that can be wished for. A moon-light drive for the attendants gives them also new energy for their arduous and harassing duties. These annual treats are looked forward to with pleasing anticipation by all, and afford a theme for remarks and conversation long afterwards, thus giving not only a day's enjoyment, but also more lasting gratification.

CONCERTS, &C.

Several very pleasing concerts were kindly given during the year, which are elsewhere alluded to under "Acknowledgments." Magic Lantern exhibitions with dissolving views, Readings and Recitations, Entertainment by the Band of Hope, Amateur Minstrels, Dancing Parties, and Dramatic Performance by resident sub-officers, together with the customary observance of time-honored festivals, formed the chief modes of recreation resorted to during the past twelve months.

These are all undertaken and promoted with a view to their good effects in encouraging self-control in those who attend, in affording an essential break in the daily routine, and in diverting the patients' attention from their own troubles (no less painful because imaginary), to the outer sphere where their individuality is lost sight of, and their sympathy for others is brought into healthy action.

A moderate use of these and similar means of entertainment affords a degree of enjoyment which the most fastidious would not deny to our stricken household. The remark of a venerable pastor, now deceased, made on his first visit to the Hospital often recurs to us on these occasions. "Doctor," said the worthy clergyman, addressing the Superintendent, "you know that *in my parish*

I preach against card-playing and dancing, but *here* you may dance and play cards as much as you like."

PREMATURE REMOVALS.

As will be noticed on referring to Table 16 of the Appendix to this Report, fourteen patients have been re-admitted during the year. These have been for the most part recommended for discharge "on trial," and having remained with their friends for various periods, have at last relapsed, and it has been found necessary they should return to Hospital.

Independently of these, several have been allowed on earnest solicitation, although not without remonstrance when only partially recovered, to test their fitness to remain at home. The friends are urgent, the patients not less so, and the Superintendent's concurrence is earnestly implored, and is more or less freely awarded. The Hospital is not a prison, and the right of relatives to remove patients is seldom disputed.

When the friends are amenable to advice, those patients only are removed whose advanced convalescence warrants their being discharged. This year it has happened otherwise in five instances, and almost immediate re-admission has been

sought in the case of those thus prematurely removed. Their recovery has been indefinitely postponed, and friends are convinced, when too late, of the error they committed.

The large number of re-admissions, one hundred and eight [108] in all, goes far to disprove an assertion very frequently made, that we detain patients in Hospital who ought to be at home. Certainly no one connected with the institution can have the slightest interest in delaying the discharge of a patient for a single day beyond the time at which they can leave with safety.

ACCIDENTAL HOMICIDE.

One of the most distressing events of the past year was a hasty quarrel between two of the male patients, who while scuffling in the corridor fell violently to the floor, one of them receiving an injury by the fall, which terminated fatally a few hours afterwards.

The occurrence was sudden and unpremeditated, and attracted the attention of those in charge, who promptly interfered to separate the combatants, but before this could be done, the fall took place which resulted so lamentably. A coroner's inquest was held, and a verdict returned exonerating all from blame.

BOARDING OUT OF PATIENTS.

Provision having been made by the amended Act of last Session for removal of patients, permitting those deemed suitable by the Superintendent to reside with families adjacent to the Hospital premises, advantage was taken of this salutary legislation, by placing with the gate-keeper's family a married patient far advanced in pregnancy.

The arrangement was in every way satisfactory. The patient was near enough to be regularly visited, and while requiring vigilant oversight at times, was not so troublesome in any respect as to preclude her remaining at the cottage for some weeks after her accouchement. She returned eventually to the Hospital and is now with us, her husband having taken the babe to his residence in the country.

As a temporary means of affording relief to the crowded wards, this boarding-out system has much to recommend it. A small number of patients whose insanity is of a mild and manageable character, may be conveniently lodged and fed within a reasonable distance, being still under the supervision of the officers of the Hospital.

This plan has several advantages over the cottage system, a system which is often advocated by persons not familiar with Asylum life. The cost of maintenance is not increased, as it is un-

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avoidably and materially where Hospitals are constructed on this detached plan. The mutual consent of the parties makes this really a more home-like and a more desirable mode ; the families affording rather convalescent homes, than being mere branches of an Asylum, such patients only being generally sent, as would be remitted to their homes, if they had any home to go to.

INDUSTRIAL PURSUITS.

There is so much of sameness and routine in the daily work performed at the Hospital, that its real importance is apt to be under-estimated, and its true value as a curative means not fully appreciated.

We chronicle from year to year the various kinds of amusement and recreation which are resorted to ; but too often we omit to notice the large amount of useful work which has been accomplished.

With a full staff of attendants and domestics, upon whom devolves the responsibility for all the manual labor that has to be done, there yet remains no end of work that they could not possibly get through with by themselves. Their daily duties are materially lightened, and their ordinary task far more easily accomplished by

having the willing co-operation of the patients under their care. To obtain this help, they must have the good-will of those entrusted to their over-sight, and as the work must in all cases be voluntary, self interest becomes a powerful motive for the greatest kindness and forbearance towards the patients on the part of the attendants.

In order that those who have not the opportunity of visiting the Hospital may know what kinds of employment the patients are engaged in from day to day, a short synopsis of their routine work will not be out of place in this report.

Commencing in the early morning, the halls and corridors have to be swept and cleaned, the bed rooms put in order, the breakfast distributed to the different Wards, and when the morning meal is over, the dishes have to be returned to the kitchen. Simple as all this may appear, it involves no small amount of work, when it is considered that a household of over three hundred individuals has to be thus cared for.

No sooner is breakfast over than the regular daily work is undertaken. One party of patients accompanies the gardener to help him in his duties, and another party goes with the farm-attendant to engage in husbandry. Besides the garden and field parties, others go to assist the fireman at the Boiler House, others again to give their help in the kitchen, or the Laundry, or the Bakery, or the Root House, or the Ice House; some again to aid

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the carpenter, others to man the boat; some are employed in glazing, some in cutting oven-wood, and others at the forge and anvil; two in one direction, three in another, almost invariably, however, under the supervision either of an attendant or other responsible person.

This outside work for the men is the best in every sense, being not only healthful and invigorating, but affording them the satisfaction of being serviceable to others. It is seldom that those of the insane who are able to work, are too dull to enjoy the pleasing consciousness of being usefully employed.

Besides general out-door work there is special Ward work constantly to be done. Floors and doors, and windows, and walls to be kept thoroughly clean, dining rooms to be attended to, tables arranged for each meal, and dishes of food to be carried to and from a central kitchen, elevated to the several wards, and distributed to those who are to partake of it.

The entire labor does not devolve, however, upon the patients although they perform a large share of it. Our rule relating to this is as follows: "Attendants when in charge of patients at work, shall on all occasions take a part in the labor, and encourage them to diligence and industry by their own good example."

On the womens' side of the house the labor is for the most part of a sedentary kind, sewing, knitting

mat making, quilting, mending, and the like. All this and much more is done in the several wards from day to day.

A party of women patients go regularly to the laundry as required, and others daily to the central kitchen, where they assist the domestics very materially. Those accustomed to the use of the needle assemble in the sewing room every morning and afternoon from the various halls, and are here engaged in making up all the clothing required, both men's and women's. Besides all that can be done by hand, two sewing machines are in use, the larger (used in tailoring) being driven by a miniature steam engine. To show how much work is done on the women's side, independently of ward work and mending, I append a list for 1872 furnished by the Supervisor.*

*ARTICLES MADE BY PATIENTS.

350 shirts,	150 dresses.
82 flannel shirts.	18 jackets.
75 " drawers.	2 colored skirts.
18 cotton "	162 cotton chemise.
40 fleecy shirts.	10 woolen "
79 coats.	42 flannel petticoats.
169 pairs pants.	374 sheets.
59 vests.	232 pillow cases.
115 neck ties.	31 pillow ticks.
423 pairs woollen socks.	105 bolster cases.
100 " " stockings.	50 bolster ticks.
6 " cotton "	149 bed ticks.
32 " mittens.	37 quilts.
38 night gowns.	67 comforts.
24 night caps.	272 towels.
9 day caps.	25 toilet covers.
61 aprons.	15 table cloths.
14 hoods.	9 mattress covers.
33 hats and bonnets.	

The ordinary house work gives steady employment to a considerable number every day, or at least every morning, for this kind of work is finished up early in the day. Visitors in expressing their admiration of the state of the wards often ask, "how is it possible to keep the floors so beautifully white and clean?" If they were to pass through the corridors immediately after the breakfast hour, they would have no occasion to ask this question.

While work of a menial kind has of necessity to be done, yet even fancy work is not omitted. Netting, crocheting, tatting, embroidery and the like, engage the attention of those accustomed to such employment, and contrary to what many would suppose, is often of the greatest service as a remedial measure.

We remember distinctly several of our lady patients, who, on their recovery, attributed their restoration mainly to the gentle friendly persuasion of a constant visitor in the wards, by whom they were induced after a time to make the attempt at fancy work, were kindly encouraged in their early efforts, and were eventually led on to do a great deal more, until at last they worked regularly of their own accord, and with increasing cheerfulness. They no longer dwelt intently on the past, but their thoughts were imperceptibly led into other channels, and their attention engaged in daily duties. They thus lost sight of their own misery, in ministering to the comfort of

those around them. Gradually they awoke, as it were, from sleep, and saw everything in its true light, looking back upon the past as on a dream.

Notwithstanding all the work done on the women's side, large parties of them go out from every hall morning and afternoon (weather permitting) and enjoy the bracing air, fresh from the broad Atlantic. Although their daily labor is sedentary, they take a great deal of out-door exercise, so that between working and walking little time is left for brooding over old troubles or getting into new ones.

ESCAPES.

During the past year the attempts at escape have been less numerous than heretofore, and our searching parties have generally been successful in overtaking the runaways soon after their leaving. In two instances, however, the patients made good their escape and succeeded in reaching their homes. By watching for a favorable opportunity, they managed to elude the vigilance of their pursuers. They were convalescent at the time, and would soon have been discharged in the ordinary way, but being impatient they would not wait for this. Both were allowed to remain with their friends, and a probationary period was granted in

order to test the completeness of their recovery. After this had been satisfactorily established, their discharge was made final, and they have since continued well.

INSANE CONVICTS.

Men who have perpetrated gross crimes, and have either been acquitted on the ground of insanity, or have become insane subsequent to their commitment, are by no means proper associates for the general class of Asylum patients. They either entertain delusions of a most dangerous character, which have impelled them to the commission of crime, or they have inherent in them a degree of moral perversion uncontrolled by the restraining power of reason.

In the former case the delusions are often craftily concealed, and the criminal act for which they have been arrested is liable to be repeated at any moment. When imaginary commands are believed to be whispered into the patient's ear by an invisible being, the impulse to fulfil these commands becomes irresistible, and with wonderful cunning the first favorable opportunity is taken advantage of to carry them out.

On the other hand, if a man's propensities be naturally vicious, his morals corrupt, his dis-

position intensely selfish, if indeed he is generally known as a thoroughly bad man, his character is not improved in any respect by an attack of insanity. The thin veil of dissimulation falls off, and the man stands forth a mere animal; his instinct and passions take the place of intellect and reason, and a dark picture of human depravity is presented.

While we have naturally every desire to shield the innocent victims of disease from undeserved punishment, we are not by any means required to shelter the wilful perpetrators of base deeds from the penalty justly due to their crimes. The uncertainty, however, attending the decisions of the wisest men, as to the responsibility of criminals on whose behalf the plea of insanity has been urged, this unavoidable uncertainty, and the grave doubt which arises in many cases, afford a strong argument in favor of assigning a modified degree of punishment in proportion to whatever extenuating circumstances may be brought to light, whether as regards constitutional impetuosity of temper, inherent instability of purpose, or any mental infirmity short of actual insanity.

If the plea of insanity has often been improperly resorted to, it has been owing mainly to the repugnance of juries to have the extreme penalty of the law inflicted, and not to medical testimony, which though given against the prisoner, often fails to prevent an acquittal, so averse are people in general to punish those who may possibly be innocent.

On the border land between sanity and insanity, a doubtful class is found, embracing no small number of cases, who, if they inherit vices, inherit also weaknesses, and who, while less responsible than others, yet require legal restraint. These should be kept apart from those whose infirmity is acknowledged to be the result of disease. Men who have committed homicide or have been guilty of arson, or have been habitual law-breakers, even though ascertained to be insane, should not be sent to any other than a special Asylum for the criminal class.

Such institutions are found in England and in the United States, and one has been several years in operation at Kingston, Ontario, and is now under the control of the Dominion Government. To this, which is known as the "Rockwood Asylum," all the really dangerous insane ought to be sent from the various Provinces. True, it is larger, far larger, than is actually required for the criminal class alone, and it is now made use of for ordinary warrant cases belonging to the Eastern portion of Ontario; that is to say, patients who have been committed to gaol because they were insane. Of this class three hundred and twenty-five (325) were there at date of last report of the Inspector of Asylums, &c., for that Province.

Of the convict class it contains thirty-eight (38) transferred from the Kingston penitentiary, in connection with which it was originally built.

Besides these it has admitted fifteen (15) convicts from Ontario, and seven (7) from Quebec.

The question whether these insane convicts should be chargeable to the Dominion or to their respective Provinces, is one for competent authorities to determine. It is represented as a hardship that Ontario is compelled to pay for the maintenance of the fifteen above alluded to, while Quebec is not thus taxed.

We have under care at this Hospital five patients of the criminal class; four admitted from the Provincial Penitentiary several years ago, and one sent from the gaol at Guysboro' this present year. Of these five, two have committed manslaughter, if not murder; one was sentenced for arson; one for assault with criminal intent; and one remains the nature of whose crime was not specified on admission.

There are three cogent reasons why these men should be transferred to the Rockwood Asylum.

First. They are not fit associates for our ordinary patients. Their history is known through the wards, and they are often tauntingly reminded that they are convicts, murderers, &c. This reproach is liable at any time to excite them to further acts of violence. Looking at their antecedents, it is not to be wondered at, that our other inmates think it a disgrace to be in their company.

Second. They have here every facility for escape. When out for daily exercise nothing but

the unremitting care of well-trained attendants prevents their making their way into the woods close by, and from thence to any part of the Province. We have no high enclosures, no walled airing courts, no sufficient check whatever upon an occurrence of this kind, neither if we had sufficient space (which we have not) would it be thought desirable to incur, for so small a number, the expense of prison-like enclosures.

Third. Suitable provision has already been made for insane convicts in an Asylum belonging to the Dominion, which institution is now made available for two of the Provinces, and ought to be open to all.

ACKNOWLEDGMENTS.

Our thanks are due to all that have kindly considered the various requirements of the Insane. Every year brings its long list of acknowledgments, and our hope is that this will ever continue. May the spirit of benevolence never die out among us, which animated the Bells, the Browns, the Binneys, the Forresters, and the Carmans of Halifax, to bestow freely their worldly goods for the benefit of suffering humanity.

We are deeply indebted to the Government and the Legislature for providing so liberally the large

amount required for the completion of the Hospital. The need of additional accommodation had been clearly shown, and your Superintendent has cordially to acknowledge the prompt response. The Hospital, when finished, will stand as a creditable monument of the charity and philanthropy of the Province, such as every Nova Scotian may well feel proud of.

Our renewed thanks are tendered to the Ministers of the Gospel, who Sabbath after Sabbath proclaim glad tidings to our stricken household. Nor do their unrequited labors end here, they give their ready attendance in all cases of illness, and administer the consolations of religion to the sick and dying.

To the Press we owe many obligations for their continued liberality. The daily and other papers are eagerly sought after in the various wards, and serve to beguile many an hour otherwise weary enough. The following papers are regularly received, namely:

- The "Abstainer,"
- " "Acadian Recorder," (daily),
- " "British Colonist,"
- " "Christian Messenger,"
- " "Church Chronicle,"
- " "Colonial Standard," (Pictou),
- " "Eastern Chronicle," (New Glasgow),
- " "Evening Express," (daily),
- " "Halifax Citizen,"
- " "Halifax Reporter and Times," (daily),
- " "Liverpool, N. S., Advertiser,"

The "Morning Chronicle,"
" "Presbyterian Witness,"
" "Provincial Wesleyan,"
" "Windsor Mail,"

with occasional numbers of the "Morning-Side Mirror," Edinburgh ; "the "York Star," England ; and the "Meteor," Tuscaloosa, Alabama ; published in their respective Asylums ; as also of the "Scotsman," Edinburgh, and the London "Lancet," with flattering notices of this Institution.

For Illustrated and other Australian papers we are indebted to Mrs. Montagu, of Dartmouth ; and for monthly packets of interesting serials, to the British North American Tract Society.

Miss Cogswell has kindly donated a number of well selected books for our Library on more than one occasion—about fifty volumes in all.

Dr. H. Skey Muir, Staff Assistant Surgeon, when leaving Halifax presented us with a set of large Chromo Lithographs of Raphael's Cartoons, which have been framed and now adorn the walls of one of our wards. We are indebted to Mr. Cecconi for an acceptable picture frame.

For kind presents to individual patients we owe thanks to Mrs. Cornelius, Miss Morrison, Mr. Ellis, H. M. S. "Royal Alfred," and Lieutenant Eyre, R. N.

Miss Dix, on the occasion of her visit, gave keepsakes to several patients, and presented two handsome clocks for the women's wards, and subse-

quently sent a number of plain and colored engravings to enliven our walls.

To the Directors of the Halifax Steamboat Company, and their obliging Manager, Captain McKenzie, our best thanks are tendered for the Excursion in the "Mic-Mac" already alluded to.

To Messrs. A. & W. Mackinlay, publishers, we are indebted for Owen's Chronographical Chart, handsomely mounted, a most interesting historical map.

Mrs. H. Y. Mott has once more placed us under obligation by forwarding a bountiful supply of fruit cake for the patients, which was distributed on Thanksgiving Day. In her removal to Dartmouth the inmates of the Hospital will miss the constant kindness and courtesy of a most friendly and considerate neighbor.

For several very pleasing Concerts we have to return thanks to Mrs. Gordon, Miss Deuchmin, Miss Ratchford, Miss Harrington, Miss Black and Miss Major; to Rev. H. L. Owen, M. G. Black, Esq., C. H. M. Black, Esq., J. G. Smith, Esq., S. Harrington, Esq., H. J. Mills, Esq., Control Department, and Mr. Arthur Mills; also to Mr. Morrison, Mr. Pyke, Mr. Craigen, Mr. S. Howe, and Mr. Wilson.

For interesting readings and recitations we tender our acknowledgments to Mr. Constant and Dr. Trenaman, and for magic lantern exhibitions to Rev. R. Warren, M. D., and Mr. Mills.

For an evening's entertainment, musical and recitative, we owe our indebtedness to the Rosebud Band of Hope as in former years—and for music on the occasion of several re-unions to our Engineer, Mr. Dickson, as also to the Band of H. M. S. "Royal Alfred," through kindness of Joseph Ellis, Esq., and Capt. Dathan, R. N.

For sleigh drives for several of the patients and attendants, our thanks are due to G. G. Dustan, Esq., Chairman of the Board of Commissioners.

For leave of absence kindly granted on several occasions, your Superintendent desires to offer his sincere acknowledgments, as also for the unvarying kindness and support of individual members of Government, in conducting the affairs of the Hospital during the illness and absence of the late Chief Commissioner.

The ready aid afforded by the Assistant Physician, Dr. R. W. McKeagney, in the daily duties of the Hospital, and in preparing the elaborate tables appended to this Report, is cheerfully acknowledged.

The subordinate Officers and the Attendants also deserve commendation. To their steady devotion to duty and willing co-operation much is due for whatever success has been achieved in carrying out the benevolent designs of the Institution.

REQUIREMENTS.

In view of possible occurrences, and taking warning by disastrous events which have befallen more than one of the Hospitals for Insane in the neighboring Republic, it is desirable that ample provision be made against fire. A three or four inch pipe ought to be laid around the whole Hospital, at a suitable distance to be available for fire purposes. If this were connected with our six inch main, and again with the pump attached to our engine, a powerful stream of water could be thrown over the highest part of the building. I would respectfully urge this precautionary measure.

A new store room for supplies is much required, and might be conveniently placed between the Hospital and the detached building, affording ready access from the kitchen on one side and the wards on the other.

The present barn has been in use for about fifteen years, and is too small, and too near the Hospital. Instead of repairing this, which is now becoming dilapidated, it would be well to erect another, further in the rear of the Hospital, adapting it to our present wants.

Improvement in our sewerage has become a necessity, especially in connection with our gas works—the tar from which is becoming more and more offensive and hurtful.

A suitable Mortuary is one of our requirements not to be lost sight of. In every well-appointed Hospital, proper provision is made for holding post mortem examinations.

Besides the triangular strip of land recently surveyed for the purpose of an entrance road to the front of the Hospital, additional land is urgently needed for an exercising ground for the patients, for a bleaching ground in connection with the laundry, for the prevention of encroachment and for securing proper privacy, as well as for the improvement of the grounds, and above all for tillage purposes, since farming is an occupation beneficial to the patients and profitable to the Province.

New fencing is becoming an absolute necessity having been postponed heretofore in view of a probable change of boundary; seeing that the extension of our premises both north and south could only be a question of time. A substantial stone wall at a distance from the Hospital, and a hedge of hawthorn where the division line is within view of the windows, would form the best means of enclosure.

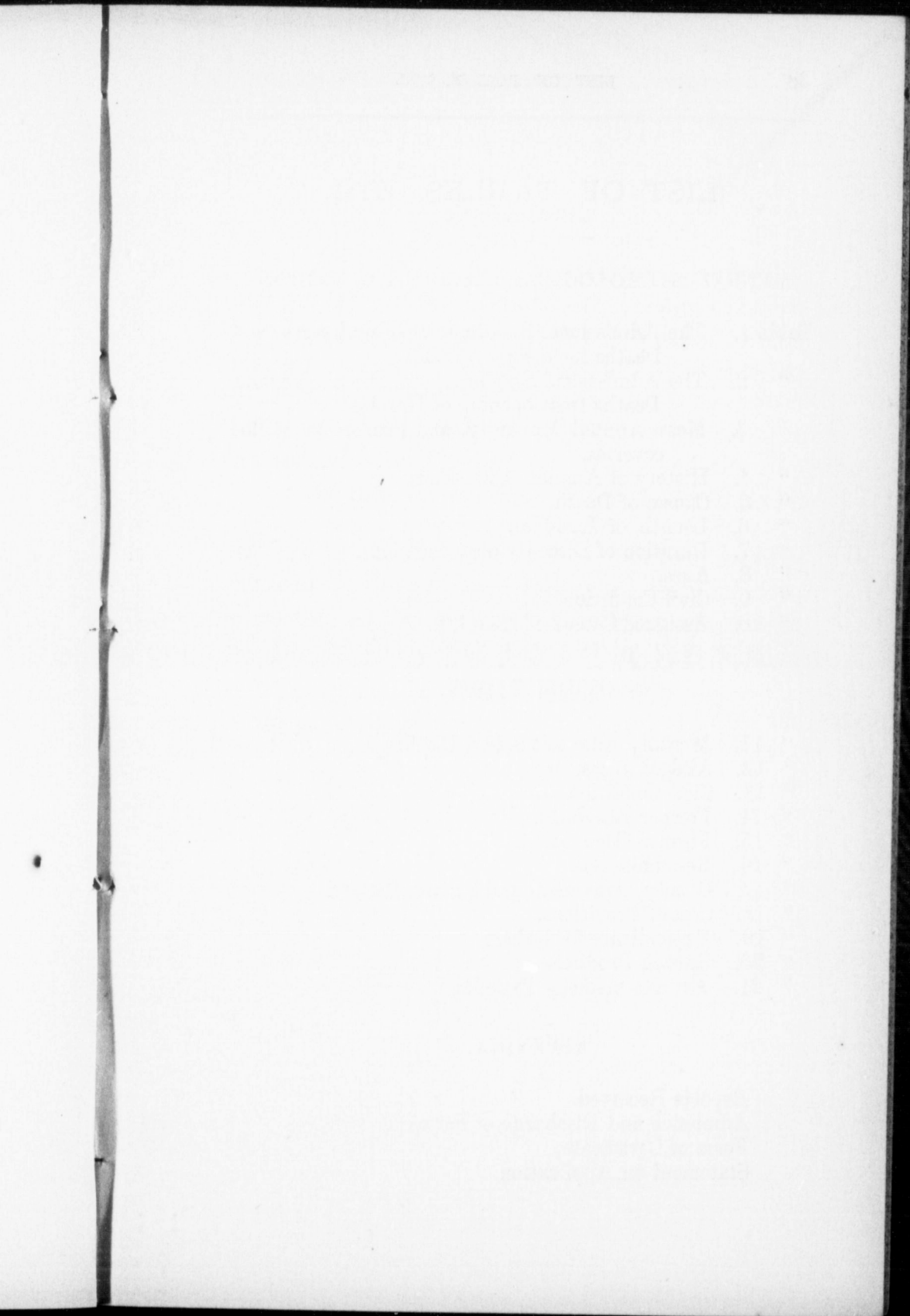
A fence is also required around Lake Maynard to show the extent of margin belonging to the Government and the Hospital, as well as to prevent encroachment. The attempt to open a sewer to the very border of the lake was happily frustrated, but it is liable to be repeated at any time unless decided action be taken to prevent a recurrence.

CONCLUSION.

Taking a retrospective view of the past year, we have much to be thankful for, in that no fatal epidemic has prevailed; a very fair proportion of patients have been restored to their families and friends; the new wing of the Hospital is steadily approaching completion; and our efforts on behalf of the insane are cordially seconded by the Government, the Legislature, and the community.

With gratitude to the Supreme Ruler for His protecting shield, and committing our future unreservedly to Divine Providence, the duties of another year are hopefully begun.

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



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- " 7. Duration of Disorder on Admissions.
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STATISTICAL TABLES.

TABLE I.
Showing the Admissions, Re-Admissions, Discharges and Deaths for the year 1872.

	Males.			Females.			Total.
	M.	F.	T.	M.	F.	T.	
In Hospital, 1st January, 1872.....				122	130		252
Admitted for the first time during the year.....	34	29	63				
Re-admitted during the year.....	10	4	14				
Total admitted.....				44	33		77
Total under care during the year.....				166	163		329
DISCHARGED OR REMOVED.							
Recovered.....	20	19	39				
Relieved.....	3	1	4				
Not improved.....	0	0	0				
Died.....	13	14	27				
Total discharged and died during the year.....				36	34		70
Remaining in Hospital December 31st, 1872.....				130	129		259
Average number resident during the year.....				125	133		258

TABLE 2.
Showing the Admissions, Re-Admissions, Discharges and Deaths from the opening of the Hospital to the present date.
 December 31st, 1872.

	DISCHARGED OR REMOVED.			Males.	Females.	Total.
	M.	F.	T.			
Persons admitted during the period of fourteen years				405	325	730
Re-Admissions				60	48	108
Total of cases admitted				465	373	838
DISCHARGED OR REMOVED.						
Recovered	186	144	330			
Relieved	40	24	64			
Not improved	16	4	20			
Died	93	72	165			
Total discharged and died during the fourteen years				335	244	579
Remaining December 31st, 1872				130	129	259
Summary of Total Admissions, 1859 to 1872.						
Per centage of Cases				Males.	Females.	Total.
Recovered	40.00	38.61		40.00	38.61	39.38
Relieved	8.60	6.44		8.60	6.44	7.65
Not improved	3.44	1.07		3.44	1.07	2.39
Died	20.00	19.30		20.00	19.30	19.69
Remaining	27.96	34.58		27.96	34.58	30.91
Total	100.00	100.00		100.00	100.00	100.00
Mean Annual Mortality, 1859 to 1872	6.2	5.1		6.2	5.1	6.3

TABLE 3.
Showing the Admissions, Discharges, and Deaths, with the Mean Annual Mortality, and proportion of Recoveries

TABLE 4.

Showing the History of the Annual Admissions since the opening of the Hospital with the Discharges and Deaths, and the number of each year remaining on the 31st December, 1872.

YEAR.	ADMITTED.						Of each year's Admissions, Discharged, and Died, in 1872.						Total Discharged and Died of each Year's Admissions to 31st December, 1872.						Remaining of each year's admissions, 31st Dec. 1872.										
	New cases.		Relapsed cases.		Total.		Recovered.		Relieved.		Died.		Recovered.		Relieved.		Not improved.		Died.										
	M.	F.	M.	F.	Total.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
1859	39	31	.....	.....	70	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	14	9	23
1860	32	31	.....	.....	63	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	7	12	19
1861	33	20	.....	.....	60	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5	9	14
1862	25	11	.....	.....	43	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	10	7	17
1863	30	15	.....	.....	47	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4	3	7
1864	21	20	.....	.....	46	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	11	4	15
1865	17	20	.....	.....	46	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5	3	8
1866	20	19	.....	.....	42	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4	4	8
1867	23	16	.....	.....	43	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	4	7
1868	35	41	.....	.....	86	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	6	8
1869	35	32	.....	.....	79	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	8	8	16
1870	32	17	.....	.....	70	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	2	5
1871	29	23	.....	.....	66	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	11	6	17
1872	34	29	.....	.....	77	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	9	7	16
Total....	405	325	60	48	838	20	19	39	3	1	4	13	14	27	186	144	330	40	24	64	16	4	20	93	72	165	130	129	259

TABLE 5.

TABLE 5.
Showing the Causes of Death for each year from the opening of the Hospital to the present date, December 31st, 1872.

CAUSES OF DEATH.	1860.		1861.		1862.		1863.		1864.		1865.		1866.		1867.		1868.		1869.		1870.		1871.		1872.		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Cerebral or Spinal Disease.																											
Apoplexy and Paralysis.....					2												1		2								4
Epilepsy.....			1	1							2	1				2											12
Paresis.....			1	1	1				2	1						1											13
Mania Melancholia, and Dementia.....			2	4					2	1		1	1			1											20
Abscess of Brain.....																											1
Thoracic Disease.																											
Gangrene of Lung.....																	1										3
Inflammation of Lungs, Pleure or Bronchi.....										1	1						1										10
Pulmonary Consumption.....			1	1	1				3	1	1					3	7		5	2	8			7	3	3	51
Disease of Heart, &c.																1											12
Abdominal Disease.																											
Inflammation of Stomach, Intestines or Peritoneum.	1				1						1	1															7
Disease of Kidney.....																											1
Ascites.....																											1
Diarrhoea.....																											1
Cancer.....																											3
Fever.....																											4
Erysipelas.....																											4
General Debility of old age, &c.																											4
Suicide and Accident.....			1																								4
Total.....	3	1	3	7	4	1	5	1	4	6	9	5	1	3	4	1	6	8	7	6	14	11	20	8	13	14	165

TABLE 6.
Showing the length of Residence of those Discharged Recovered, and of those who have Died in the year 1872

LENGTH OF RESIDENCE.	Recovered.			Died.		
	M.	F.	T.	M.	F.	T.
Under 1 month.....	2	.....	2	1	2	3
From 1 to 3 months.....	4	1	5	1	2	3
“ 3 to 6 “.....	2	8	10	2	.....	2
“ 6 to 9 “.....	3	2	5	1	.....	1
“ 9 to 12 “.....	4	3	7	.....	.....	.....
“ 1 to 2 years.....	4	2	6	.....	2	2
“ 2 to 3 “.....	0	1	1	2	3	5
“ 3 to 5 “.....	1	.....	1	2	1	3
“ 5 to 7 “.....	.....	.....	.....	2	1	3
“ 7 to 10 “.....	.....	1	1	2	1	3
Over 12 years.....	.....	1	1	.....	2	2
Total.....	20	19	39	13	14	27
	Y.	M.	D.	Y.	M.	D.
Average Residence since last Admission, {	0	10	7	3	4	1
Males.....	1	11	7	3	9	25
Females.....						

TABLE 7.

Showing the Duration of the Disease

TABLE 7.

Showing the Duration of the Disorder on Admissions, Discharges and Deaths during the year 1872.

CLASS.	Duration of Disease on Admission, etc., in Four Classes.											
	The Admissions.			The Discharges.						The Deaths.		
	M.	F.	T.	Recovered.			Removed, Reliev'd or otherwise.			M.	F.	T.
				M.	F.	T.	M.	F.	T.			
FIRST CLASS.												
First attack, and within three months on admission.....												
13	9	22	5	5	10	2	1	3	4	2	6	
SECOND CLASS.												
First attack, above three and within twelve months on admission.....												
2	3	5	1	2	3				1		1	
THIRD CLASS.												
Not first attack, and within twelve months on admission.....												
23	16	39	12	8	20				3	4	7	
FOURTH CLASS.												
First attack or not, but of more than twelve months on admission.....												
6	4	10	1		1			1	1		3	6
	1	1	1	4	5						2	2
	33	77	20	19	39				3	1	4	13
44												14
											27	
Total.....												

TABLE 8.

Showing the Ages of the Admissions, Discharges, and Deaths during the year 1872.

AGES.	The Admissions.			Recovered.			The Discharges.			The Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	The Admissions.			Recovered.			The Discharges.			The Deaths.		
From 15 to 20 years.....	1	3	4	.....	2	2	.....	.....	.....	.....	1	1
" 20 to 30 ".....	10	7	17	3	3	6	.....	.....	1	.....	2	6
" 30 to 40 ".....	11	8	19	.....	2	2	2	2	.....	2	3	5
" 40 to 50 ".....	10	5	15	7	2	9	.....	.....	.....	4	2	6
" 50 to 60 ".....	.....	3	3	1	2	3	1	.....	.....	1	.....	1
" 60 to 70 ".....	2	1	3	.....	1	1	.....	.....	.....	1	3	4
Unknown & Re-admissions	10	6	16	9	7	16	.....	.....	.....	1	3	4
Total.....	44	33	77	20	19	39	3	1	4	13	14	27

TABLE 9.
Condition as to Marriage in the Admissions, Discharges, and Deaths, during the year 1872.

	The Admissions.			The Discharges.						The Deaths.		
	Recovered.			Removed, Re- lieved, or other- wise.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single.....	13	10	23	5	7	12	1	1	2	7	5	12
Married.....	21	17	38	7	7	14	2	.....	2	4	5	9
Widowed.....	.....	2	2	.....	.....	.....	.....	.....	.....	1	2	3
Re-admissions, and not ascertained.....	10	4	14	8	5	13	.....	.....	.....	1	2	3
Total.....	44	33	77	20	19	39	3	1	4	13	14	27

TABLE 10.

Showing the probable Causes, apparent or assigned, of the Disorder in the Admissions, Discharges and Deaths of the year 1872.

CAUSES.	The Admissions			The Discharges.						The Deaths.			
				Recov'rd.			Relieved.						
	M	F	T.	M	F	T.	M	F	T.	M	F	T.	
MORAL.													
Domestic Trouble....	1	1	2								1	2	3
Grief.....	4		4		2	2						1	1
Fright.....	4	1	5	2		2	1		1				
Dispute as to property.....	1		1		1	1	1		1				
Over Study.....	1		1									1	1
Disappointed Affection.....		2	2										
Disappointed as to property.....				4		4							
Desertion.....	1	1											
Religious Excitement.....				1		1		1	1		1	1	
PHYSICAL.													
Exposure and Frost Bite....	1		1										
Intemperance.....	2		2	2		2					1	1	2
Concussion of Brain.....	3		3	1		1							
Over exertion, &c.....	2		2	1		1	1		1				
Loss of sleep.....					1	1							
Measles.....	1		1								2		2
Erysipelas.....	1		1										
Hereditary.....	5	5	10		1	1					1	3	4
Disease of Brain.....	2		2										
Rheumatism.....	1		1										
Sun stroke.....	2		2										
Fever.....	1	1	2		1	1							
Epilepsy.....		1	1								2	1	3
Puerperal.....		5	5		3	3						1	1
Climacteric change.....		1	1										
Uterine Disease.....				1	1								
Not stated.....	12	15	27	9	9	18					6	3	9
Total.....	44	33	77	20	19	39	3	1	4	13	14	27	

TABLE 11.

Monthly Admissions and Discharges from January 1859 to December 31st, 1872.

TABLE 12.

Alleged Ages of All Admitted.

	1872	1859 to 1872.	Total.
From 5 to 10 years.....		4	4
“ 10 to 20 “	4	39	43
“ 20 to 30 “	17	194	211
“ 30 to 40 “	19	172	191
“ 40 to 50 “	15	128	143
“ 50 to 60 “	3	80	83
“ 60 to 70 “	3	50	53
“ 70 to 80 “		23	23
“ 80 to 90 “		1	1
Unknown.....	16	70	86
Total	77	761	838

TABLE 13.

Civil Condition of All Admitted.

	Married.	Single.	Widowed.	Unknown.	Re-admitted.	Total.
1859-'71 { Males.....	131	208	14	18	50	421
{ Females	123	137	28	8	44	340
1872 { Males.....	21	13			10	44
{ Females.....	17	10	2		4	33
1859-'72 { Males	152	221	14	18	60	465
{ Females.....	140	147	30	8	48	373
Total.....	292	368	44	26	108	838

Hali
Colc
Cum
Picto
Anti
Guys
Inver
Rich
Victo
Cape
Hant
King
Anna
Digby
Yarm
Shelb
Queer
Luner
Newfo
New
P. E.
Barba
St TH
Unite
Engla
Irelan
Scotla
Germa
Norwa
Swede
India
H. M.
Unkno

TABLE 14.

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

	1872.		1859-71.		Total 1859-72.	Population in 1871.
	Admissions.	Re-admissions	Admissions.	Re-admissions		
Halifax City and County...	26	8	224	38	296	56963
Colchester County.....	7	.....	47	8	62	23331
Cumberland "	1	1	27	4	33	23518
Pictou "	5	3	71	11	90	32114
Antigonish "	2	.....	13	2	17	16512
Guysboro' "	2	.....	19	1	22	16555
Inverness " .....	.....	.....	10	.....	10	23415
Richmond " .....	.....	.....	5	.....	5	14268
Victoria "	1	.....	6	.....	7	11346
Cape Breton "	1	.....	31	9	41	26454
Hants "	2	.....	41	8	51	21302
Kings "	5	1	39	3	48	21509
Annapolis "	4	.....	19	2	25	18121
Digby "	1	.....	5	1	7	17037
Yarmouth "	2	.....	7	.....	9	18550
Shelburne "	2	.....	1	1	4	12417
Queens "	1	.....	13	3	17	10554
Lunenburg "	1	1	23	3	28	23834
Newfoundland .....	.....	.....	3	.....	3	
New Brunswick.....	.....	.....	10	.....	10	
P. E. Island.....	.....	.....	2	.....	2	
Barbadoes .....	.....	.....	1	.....	1	
St Thomas.....	.....	.....	1	.....	1	
United States.....	.....	.....	15	.....	15	
England .....	.....	.....	2	.....	2	
Ireland .....	.....	.....	6	.....	6	
Scotland.....	.....	.....	1	.....	1	
Germany.....	.....	.....	1	.....	1	
Norway.....	.....	.....	2	.....	2	
Sweden.....	.....	.....	1	.....	1	
India .....	.....	.....	1	.....	1	
H. M. Service.....	.....	.....	9	.....	9	
Unknown.....	.....	.....	11	.....	11	
Total.....	63	14	667	94	838	387800

TABLE 15.

Former occupation, so far as ascertained.

	1873.		1859-71.		Total.	
	M.	F.	M.	F.	M.	F.
Architects' Wife.....				1		1
Barrister.....			1		1	
Bakers' Wife.....				1		1
Blacksmiths and Wives.....		1	4	6	4	6
Barbers.....			3		3	
Basket Makers.....				1		1
Brewer.....			1		1	
Bookbinder.....	1		1	1	2	1
Brass Founder.....			1		1	
Butcher and Wife.....			1	1	1	1
Carpenters and Wives.....	2	3	13	10	15	13
Clerks, Book-keepers and Wives	2		9	1	11	1
Officers of Customs.....	1		1			
Cabinet Makers and Daughters	1		2	2	3	2
Colliers.....	1		5		6	
Coopers.....	3		3		6	
Coachman and Wife.....			1	1	1	1
Dressmakers.....				4		4
Engineer and Wife.....			1	1	1	1
Farmers, wives, sons, daughters.	9	6	127	60	136	66
Fishermen, wives and daughters.	5	2	15	5	20	7
Gardener and Wife.....	1	1			1	1
Gentleman and Gentlewomen..		4	9	14	9	18
Governess.....				1		1
Gold Miner.....			1		1	
Grocer and Wife.....			1	1	1	1
Hotel Keepers.....			3		3	
Hostler.....			1		1	
Laborers, and wives, and servants	5	6	44	59	49	65
Lumbermen.....			1		1	
Masons and wives and daughters	2		9	3	11	3
Ministers and daughters.....	1		2	1	3	1
Millers and Widows.....	1		1	2	2	2
Merchants and wives.....		1	1	10	1	11

TABLE 15—Continued.

Former occupation, so far as ascertained.

	1872.		1859-71.		Total.	
	M.	F.	M.	F.	M.	F.
Milliners.....				2		2
Moulder's Wife.....		1				1
Physician, Wife and Daughter..			1	2	1	2
Priest.....			1		1	
Printers.....	2		5	1	7	1
Painters.....			6	1	6	1
Pensioners and Wives.....			2	5	2	5
Pedlars and Wives.....			4	1	4	1
Plumbers and Tinsmiths.....			2		2	
School Teachers, wives, daughtr's		2	9	6	9	8
Ship Captains, Wives, Stevedore		1	5	4	5	5
Sexton.....	1				1	
Seamen and Wives.....		2	31	9	31	11
Soldiers and Marines.....	1		9		10	
Shoemakers and Wives.....	3		10	2	13	2
Saddlers.....			2		2	
Seamstress.....		1		4		5
Students.....			3		3	
Shipwright.....	1				1	
Surveyors.....			1		1	
Shopkeepers.....				2		2
Tailor's Wife.....				1		1
Tanner's Wife.....				2		2
Teamster and Wife.....			1	1	1	1
Tobacconist.....	1				1	
Trader.,.....			1		1	
Wool Sorter.....			1		1	
Wheelwright.....			1		1	
Washerwomen.....				6		6
Watchmen and Wives.....			1	2	1	2
Watchmaker.....			1		1	

TABLE 17.

Maintenance of Patients in Hospital, December 31st, 1872.

	M.	F.	Total.
Annapolis County.....	3	6	9
Antigonish "	3	2	5
Colchester "	4	4	8
Cape Breton "	6	5	14
Cumberland "	2	1	3
Digby " .....	.....	1	1
Guysboro' "	4	1	5
Halifax "	34	37	71
Hants "	6	5	11
Inverness "	5	1	6
Kings "	7	9	16
Lunenburg "	2	3	5
Pictou "	13	18	31
Queens "	1	2	3
Richmond " .....	.....	1	1
Shelburne "	2	.....	2
Victoria "	2	.....	2
Yarmouth "	2	1	3
Province of Nova Scotia.....	21	12	33
Private Patients.....	10	14	24
Brown Fund.....	1	3	4
Bell Fund.....	.....	2	2
Total.....	130	129	259

TABLE 18.

Cost of the Principal Items of Provisions for the year 1872, Compiled from the Quarterly Returns.

ARTICLES.	ARTICLES.				Con't. Prices.	
	Quarter End- ing March 31.	Quarter End- ing June 30.	Quarter End- ing Sept. 30.	Quarter End- ing Dec. 31.	1871.	1872.
Flour	108	107½	101	126	\$7 00	\$7 25
Butter	1188	1203	1214	1334	23½	22
Tea	569½	531	547½	564½	38	38
Brown Sugar	2339	2464	2558	2629	9½	9½
Crushed Sugar	192	166	233	160½	12	13
Coffee	109	90½	98	102	20	20
Chocolate	98	101	106	101	25	25
Beef	12335½	909 09	11757	853 58	7 50	7 37
Pork	1297	97 27	66	1082	7 50	7 37
Mutton	865	63 73	2147	156 51	7 50	7 37
Veal . . . . .	..	405	..	..	7 50	7 37
Peas	370	13 88	..	200	03½	03½
Molasses	649½	539	468½	582½	37	39
Rice	936	816	965	1083	05	05
Barley	681	40 86	851	706	06	06
Oatmeal	1531	53 59	1646	1752	03½	03½
Corn Meal	1703	42 54	1796	2416	02½	02½
Fish (Dry)	3380	160 55	3391	3610	04½	04½
Cheese	186½	46 61	190½	177	25	25
Biscuit	573½	41 58	517½	579½	07½	07½
Apples	17½	13	..	17½	2	2
Potatoes	481	192 40	481	496½	75	75
Vinegar	54	12 96	9	10 32	50	40to80
Salt	9	14 90	9	16 10	24	24
Onions	530	23 85	707	33 70	1 50	1 80
Total	\$3616 25	\$3431 50	\$3501 88	\$3838 54	1 04½	04½

Average daily number of Patients 238 being at the rate per annum for Provisions per patient \$55.77.

TABLE 19.*Expenditure for Labor, as shown by the Pay Lists, also for Salaries, 1872.*

January.....	\$491 64	
February.....	470 42	
March.....	471 13	
Salaries.....	1452 00	\$2885 19
April.....	469 17	
May.....	487 25	
June.....	480 19	
Salaries.....	1450 00	2886 61
July.....	489 09	
August.....	479 11	
September.....	505 17	
Salaries.....	1450 00	2923 37
October.....	487 28	
November.....	490 17	
December.....	498 27	
Salaries.....	1450 00	2925 72
Total.....	\$11620 89	

The expenditure for salaries and labor has been higher in 1872 than in the previous year by \$869 71, while the cost of provisions has been less by \$223 59. The tables showing these items have never included the whole cost for either, since many small articles as fruit, spices, tobacco and the like were not specified in the former, nor was the amount of artificers' wages included in the pay list, as these were more strictly chargeable to repairs than to maintenance.

Our improved system of book-keeping has enabled us to classify the various items, and the following is the result.

The annual cost for each patient has averaged, for Food.....	\$61 08
" House Expenses.....	54 94
" Salaries & Wages.....	45 04
" Medicines.....	1 15
Total.....	162 21

If to this be added \$24 43 as the average per patient for repairs, insurance, improvements, and various extras, the cost for each inmate for the past year has been \$186 64, or \$3 59 per week.

TABLE 20.*Field and Garden Produce, 1872.*

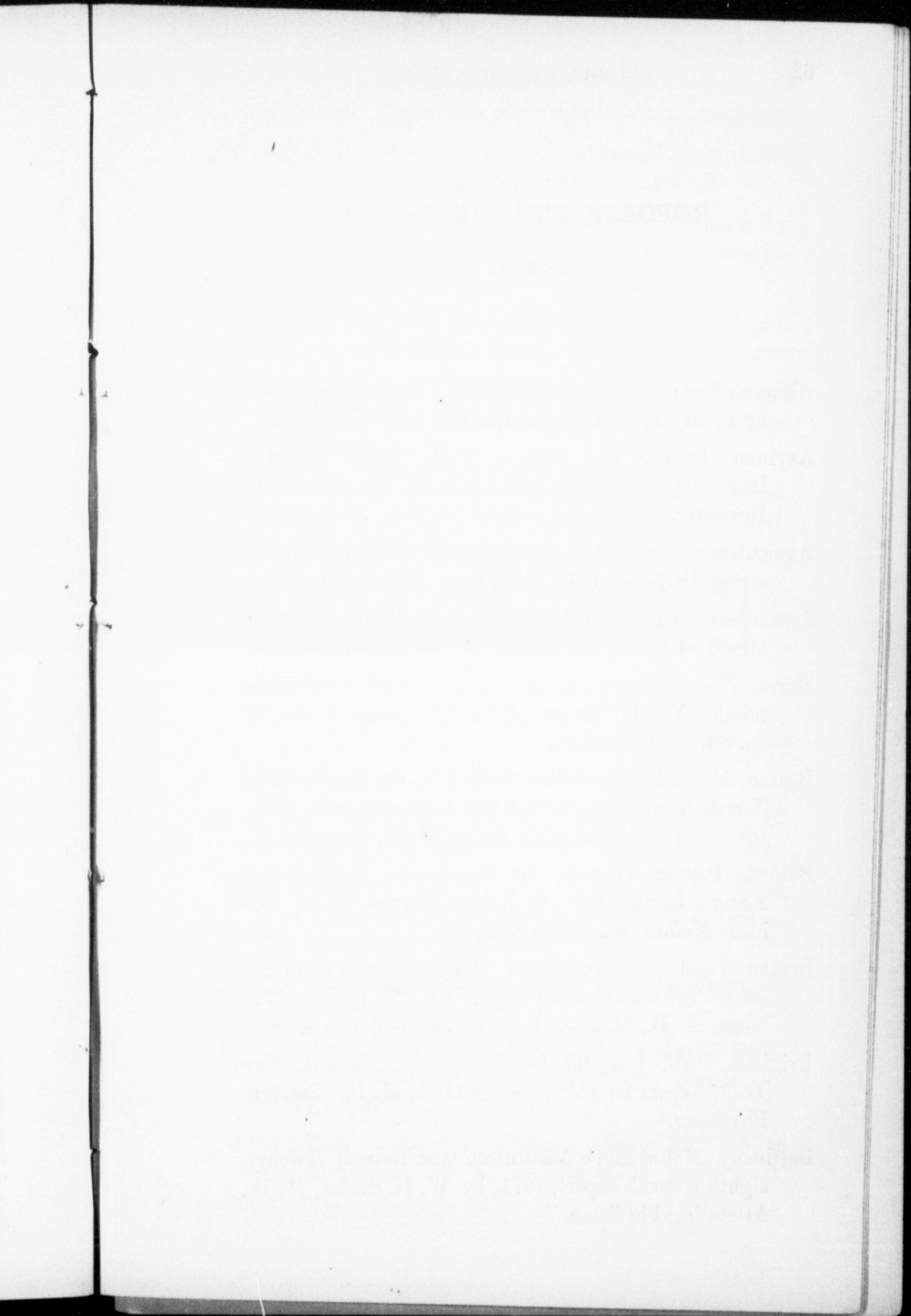
Carrots	240 bushels.	Beans	44 bushels.
Parsnips....	54 “	Peas	26 “
Beets	135 “	Onions	“
Turnips.....	30 “	Tomatoes.....	21 “
Mangold.....	320 “	Rhubarb.....	34 “
Radishes	13 “	Corn.....	20 “
Celery.....	377 “	Lettuce.....	63 dozen.
Cabbage.....	1366 “	Squash	103

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

TABLE 21.*List of Articles made by the Female Patients, 1872.*

350 shirts,	150 dresses,
82 flannel shirts,	18 jackets,
75 “ drawers,	2 colored skirts,
18 cotton “	162 cotton chemise,
40 fleecy shirts,	10 woollen “
79 coats,	42 flannel petticoats,
169 pairs pants,	374 sheets,
59 vests,	232 pillow cases,
115 neck ties,	31 pillow ticks,
423 pairs woollen socks,	105 bolster cases,
100 “ “ stockings,	50 bolster ticks,
6 “ cotton “	149 bed ticks,
32 “ mittens,	37 quilts,
38 night gowns,	67 comforts,
24 night caps,	272 towels,
9 day caps,	25 toilet covers,
61 aprons,	15 table cloths,
14 hoods,	9 mattrass covers.
33 hats and bonnets,.	

Made by Tailor.—22 coats, 8 pants, 6 vests.



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APPENDIX.

ADMISSION OF PATIENTS

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

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

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

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

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

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

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

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

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

DISCHARGE OF PATIENTS.

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

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

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

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

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

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

Name

Address

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

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

CERTIFICATE.

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

1. Facts indicating insanity observed by
 myself: *

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

g) State the information and from whom.

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

Name

Place of Residence

Date

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

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