

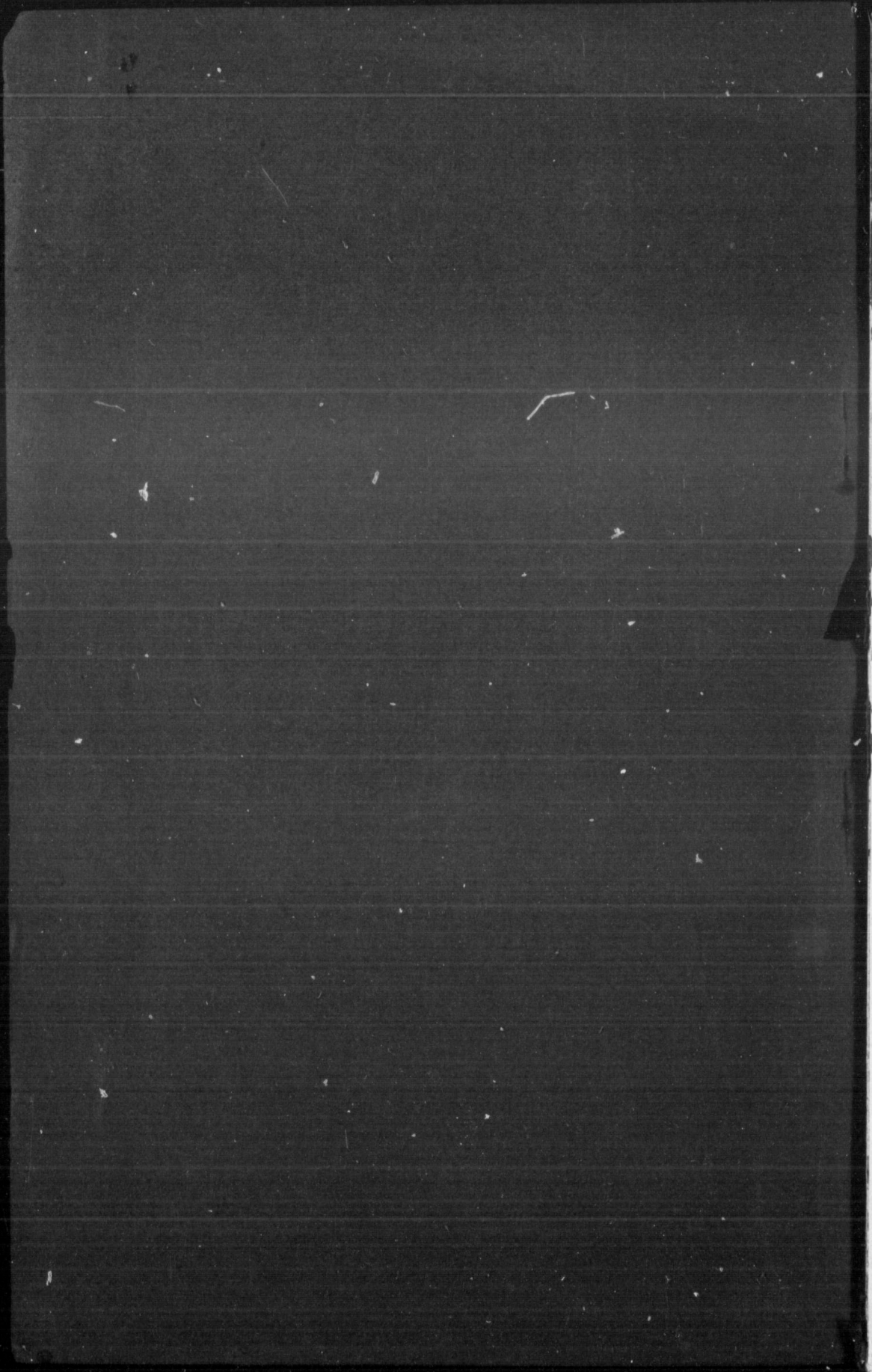
THIRTY-SIXTH
REPORT
OF THE
NOVA SCOTIA
Hospital for the Insane
FOR THE YEAR 1893.



HALIFAX, N.S.:
COMMISSIONER OF PUBLIC WORKS AND MINES,
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NOVA SCOTIA HOSPITAL FOR INSANE,

HALIFAX, N. S.

1893.

COMMISSIONER :

HON. CHAS. E. CHURCH, M. P. P., M. E. C.,
Commissioner of Public Works and Mines.

R. T. MURRAY, *Secretary to Commissioner.*

RESIDENT OFFICERS:

GEORGE L. SINCLAIR, *Medical Superintendent.*

W. H. HATTIE, M. D., *Assistant Superintendent.*

AUBREY S. HUNT, *Bursar.*

R. D. DICKSON, *Engineer.*

MRS. R. D. DICKSON, *Housekeeper.*

MISS H. SAMPSON, } *Head Attendants, Female Wards.*

MISS E. C. OGILVIE, }

ALEX. NICHOLSON, } *Head Attendants, Male Wards,*

ALEX. GRAHAM, }

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THIRTY-SIXTH ANNUAL REPORT
 OF THE
MEDICAL SUPERINTENDENT
 OF THE
NOVA SCOTIA HOSPITAL FOR THE INSANE,
 1893.

TO THE HONORABLE CHARLES E. CHURCH,
Commissioner of Public Works and Mines :

SIR,—

I have the honor to submit the 36th report of the operations of the Nova Scotia Hospital for the Insane, the first under my superintendency.

	M.	F.	Total.
Number of patients on register, Jan. 1, 1893,	181	182	363
Admitted during 9 months ending Sep. 30, "	43	50	93
Total under treatment for 9 months.... "	224	232	456
Total discharged for 9 months	46	56	102
Total remaining on register, Sept. 30 "	178	176	334
Daily average	188	188	376
Discharged as recovered	22	26	48
Discharged as improved	16	16	32
Discharged as unimproved (quiet but demented)	1	4	5
Died	7	10	17
	46	56	102
Percentage of death on daily average ... "	3.7	5.3	4.5
Percentage of death on whole number under treatment	3.1	4.3	3.7
Percentage of cure rate on admissions ..	51.2	52.0	51.6
Number out on trial.....	10	3	13

THE ADMISSIONS.

During the nine months, from January 1st to September 30th, there were admitted 93 cases of insanity.

As 17 of these patients were re-admissions, the number of different persons received was 76.

We have been able to find accommodation for nearly all the applicants, I may say for all of the class of cases for whose benefit this Hospital was erected. We must continue to reserve space for those whose insanity is of recent date and who are therefore the most curable cases, and to refuse those whose disease is of such long standing that it is unlikely to be benefited by treatment.

THE DISCHARGES.

Excluding deaths, we have discharged 85 patients.

Forty-eight we regarded as restored to the standard of health enjoyed previous to their attacks, in other words, as cured.

Thirty-two were decidedly improved and, five were sufficiently quiet to be manageable at their homes or in a County Asylum.

The deaths numbered seventeen (17), and were from the following causes:—

	M	F
Pulmonary Tuberculosis.....	3	4
Aneurism of Aorta (thoracic).....	1	
General Paralysis of the Insane	1	
Exhaustion of Chronic Melancholia	1	2
" " Mania		1
Cirrhosis of the Liver.....	1	
Bright's Disease.....		1
Cancer of Uterus.....		1
Pernicious Anaemia		1
	7	10

Expressed in percentages, our cure rate on admissions was 51.6 per cent., and the death rate on the daily average 4.5 per cent.

The counties of Richmond and Victoria removed a number of their patients, suffering from insanity of a chronic and quiet form, to the County Asylum in Mabou. The County of Pictou took some of the same class to its Asylum in Stellarton, and the City of Halifax removed a few to the ward for the insane connected with the Poor's Asylum. These removals gave us more room and enabled us to receive nearly all for whom admission was sought.

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THE INSANE OF THIS PROVINCE.

The report of the Census Statistician of the Dominion, shows that in the whole of Canada there were in 1891, 13,355 insane persons. Of this number 7,020 were inmates of the thirteen or more asylums. It remarks:—

“Nova Scotia has one asylum, and in addition a series of retreats partially intended for the poor, and partly for the insane and “idiotic.” In all these various asylums there are 506 patients.”

As our portion of the insane of the whole Dominion is 1,373, if the figures given are correct, there must be 867 not under any form of state or municipal care. If I might venture to criticise, I should say that, while the total number of insane in the province is probably correct as stated, in reply to inquiries made by me of the keepers of the County Asylums throughout the province, I am informed that on June 30th, 1893, there were in those institutions 346 inmates. During the year our daily average of patients has been 376, so that 722 of our insane are directly or indirectly under provincial care. This represents 54.1 per cent of the entire number, and is a better showing than that recorded by the Census Statistician. The report further says that “with the exception of Nova Scotia and Quebec, the principle adopted is state care, and even in these two exceptions the institutions are subject to government inspection,” and, “that in the United States after trial, the county care system has been generally abolished, and the state care principle substituted in its stead.”

In this Province the system of County Asylums was adopted as a means of meeting a pressing need, viz.: the unburdening of the wards of the hospital of a large number of incurable patients, whose presence blocked the admission of recent and curable cases. This object has been accomplished, but that it was the best way or the way likely to be followed in the future by the most enduring beneficial results, I very much doubt. Personally, indeed, I do not think it was or is the best solution of the problem, how to provide accommodation for the incurable insane and so prevent the overcrowding of this hospital. It was the promptest. Ultimately I think it will be necessary to erect in some other part of the Province a hospital for a mixed class of the insane, and to increase our accommodation here by the erection of separate buildings on the present grounds or on property to be acquired in the immediate vicinity. When this is done, the County Asylums can be used for poor houses and their insane inmates be transferred to one or the other of the Provincial institutions. The best authorities do not consider it to the true interests of the country or insane to remove from hospital wards the quiet, industrious class who are now being sent to county asylums, and to put in their places the turbulent, noisy, dirty and destructive. The judicious association of quiet and excitable cases is productive of good in many instances to both classes, and as the former constitute a large percentage of the workers, there is a

distinct loss sustained in the industrial department by their removal. It may cost the counties less to keep them in their asylums, but those left with us will very likely cost more than in the past, so that the financial gain to the municipalities is more apparent than real.

A question which can now reasonably claim our attention, is whether our convalescents are not entitled to more consideration than they have thus far received? I have no doubt that our inability to separate patients, struggling back to sanity, from the sights and sounds which greet the eye and ear in this house, retards, if it does not actually prevent, recoveries. True, we have a so-called convalescent ward, but in this isolation cannot be complete. It is still an integral part of the general hospital. What we require is a cottage, separate and some distance from this building, arranged like an ordinary dwelling, to which a convalescent patient can be transferred, in which more home-like surroundings exist, and where, though still under supervision, more privileges and personal liberty can be given than is possible now without inconveniencing the general management of the rest of the house.

A further improvement in our classification would result if we had a building constructed for and arranged as an infirmary, *i. e.* hospital. To this could be sent cases of bodily illness occurring among our people, and in it could be received many recent cases of mental disease, which require special care and a variety of treatment which it is difficult to give under present arrangements. This building could be in charge of a trained hospital nurse, and would enable us to give better instructions in general nursing to the pupils of the training school than now, as each pupil could serve a portion of her time in attendance upon patients suffering from ordinary bodily ailments.

CHANGES.

Since January we have practically abolished the use of mechanical restraint as a means of controlling the violent and destructive propensities of the insane. We strive, by extra attention on the part of the nurses, and by endeavouring to interest the patient in some kind of work, to attain the end for which it was considered necessary to employ restraints.

I have long thought that the systematic use of mechanical apparatus was injurious to the *morale* of a hospital. It changed the relationship which should exist between patient and nurse, and it tended to foster a feeling with the latter that there were other means than tact, skill and attention available to counteract faults on the part of the former, and so led to the neglect of the cultivation of those qualities which constitute the special training of a nurse. I am not a bigot on the subject, and when an occasion arises in which I think the camisole or muff a mode of treatment necessary, or better than intelligent watching, I shall use it.

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We have removed nearly all the fixed iron window guards in the halls, and so far without any appreciable increase in the amount of glass broken. In four wards on the female side of the house, and in three on the male, including the one occupied by our most excitable men, we have hung a number of neatly framed pictures. They interest the patients, appeal to their æsthetic sense, and certainly improve the appearance of the wards. No attempt at injuring them has thus far been made, and I do not anticipate that any will be. They are objects of interest, admiration and study. Our wards are so long, dimly lighted and dreary looking, that something to brighten them up and break the vacant stretches is much required.

The attendants of both sexes are now provided with a neat uniform to be worn when on duty. It is similar to the dress in use in nearly all the hospitals in the United States and Canada. It is certainly pleasing to the eye, and being a distinctive garb, I hope will create an "esprit du corps" and be productive of good.

The attendants, since January, have been dining at a separate hour and place from the patients. The change from the old system is so distinctly an advantage to patient and staff, that I shall extend it to include all meals. When it is remembered that our nurses live, move and have their being day and night in the same ward with patients, and that their rest is frequently disturbed by noise at night, I think we should not begrudge some small concessions to their personal comfort. I am convinced that as a result of studying more than has been done these matters we get a more willing and satisfactory service, and that thus the patients themselves are the real gainers.

The room provided for female attendants, to which they go upon leaving the wards on "off duty" hours (if it is not convenient for them to leave the premises), is also I believe much appreciated.

REPAIRS, ALTERATIONS AND WORK DONE.

In six verandahs new floors have been laid. The original floors, put down in two layers, rotted. The new ones are single, and having more incline, will, it is hoped, last longer. There are six more which require renewal.

Floors were also relaid in the wash house and laundry.

The window sashes and frames on the front of the house have been re-painted.

The gutters and cornices of the south wards have also been painted.

The wood work in six of the north wards has received a coat of paint. This was greatly needed, and we shall endeavor to finish the rest of the wards during the coming winter.

The wood bedsteads in all the male wards have been improved in appearance by a coat of paint and varnish. We hope eventually, to replace all these with iron bedsteads.

Pipes have been carried into the attics of both sides of the house, and connected with the main steam pipe in the cellar. A valve below regulates the supply. By opening this we can fill the attics with steam. As they are the most vulnerable parts of the house in case of fire, and steam is an excellent means of extinguishing fire, we think we have added a useful means of protection should the emergency arise.

In such a large building as this the every day repairs are enormous. The house is growing old, the floors of the wards are wearing out and require renewal, the roof requires frequent patching, the ceilings are constantly falling, the steam and water pipes give out, the paint grows shabby and furniture gets broken and has to be replaced. It is only a question of a short time now before extensive renewal of the mastic covering portions of the building must be made. It is worn through in patches, and large areas of brick are exposed to the deteriorating effects of wind and rain.

The west side of the roof of the detached building has been re-slatted and provided with new gutters. New conductors and gutters have also been put upon the laundry building.

We have rough cleared a large piece of land, entirely by patients' labor, and have constructed a road leading to it. The portion of the garden used as a dump has been cleared up, terraced and levelled preparatory to being used for hot beds.

By laying about 40 feet of pipe we have connected the hydrant system with the water main direct.

WATER SUPPLY.

This subject, to which reference has been made in reports of previous years, is now, happily, settled.

The connection which will soon be made with the Dartmouth water system will enable us to draw upon it should the supply from Lake Maynard become exhausted or greatly diminished.

The town of Dartmouth has extended along the Passage Road an 8 inch pipe. To this we are to be connected, and by means of valves can concentrate the pressure from their reservoir into our pipe. As it is several feet higher than ours we hope the increased pressure will greatly supplement the force of the gravity supply here.

Lake Maynard is unable to fully supply this institution and the sugar refinery. While it is not likely that we would ever be without water for ordinary purposes, there is no telling when an emergency might arise and the supply fail. We have been heretofore absolutely

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dependent upon the lake, having no reservoir, or means of storing. On two or three occasions it has gone dangerously low. It can be easily understood what a weight is lifted from our minds by knowing that there is no danger of a water famine.

WANTS.

We need new furniture for our wards—settees, chairs, tables and bedsteads.

A store room is also much wanted. It has been referred to in several former reports. We manage to get along without it by using unsuitable rooms. But it would be a great convenience to have a building especially designed for this purpose.

Our barn accommodation is painfully deficient. Again this year the hay crop is stored in the wood shed. Had the crop been as large as it promised at one time, a portion of it would have to be stacked.

The south side of the detached building should be re-pointed.

A portable oven is needed in the kitchen, and some means should be adopted to carry the steam from the boilers out of the cook house. New floors are required in at least two of the wards. When laid they should be of rift sawn pitch pine, or some other hard wood.

The Emerson ventilator on the main building should be covered with some form of cupola. One made of light cast iron, of open pattern, would not only protect the roof, but cover a very unsightly and prominent object.

THERAPEUTIC NOTES.

TREATMENT OF INSOMNIA. Although many new drugs have been introduced for the relief of this very common and distressing symptom, yet we are forced to admit that our success in its treatment is far from satisfactory. Of late we have been sparing in the use of hypnotics, especially in cases of recent development—depending largely upon a warm bath (with cold cloth to the head) at bed time, and sometimes supplementing this by a bowl of hot milk after the patient has been made snug in bed. Either of these measures alone generally secures more or less sleep, while their combination rarely disappoints us. It is unfortunate that such a simple means of treatment is not always applicable.

Of the drugs which we have used during the year, *Chloral* has not lost its place in our estimation, although only exhibited on rare occasions. *Sulfonal* has been in continuous use, and has secured the

desired result in carefully selected cases. When used guardedly it seldom fails, even in cases attended with marked maniacal excitement. But its use demands care as we have noticed ataxia and other toxic symptoms follow a single administration of a medium dose. *Paraldehyde* has proved effectual in a few instances where its taste was not objected to. In several cases of mild mania the sleeplessness yielded to a combination of *Urethan* and *Bromid of Sodium*, of each 15 to 30 grains. We have had particularly pleasing results follow the use of *Chloralamid* in melancholic patients. Dissolved in weak spirit a dose of 25 to 40 grains seldom requires repetition. In cases characterized by much motor excitement the addition of *Bromid of Potassium* is of distinct value. *Hyoscin* has been used in a few cases with its usual prompt and decided action. Its powerful effect must always demand careful administration and constant supervision of the patient. *Trional* has acted well upon patients specially selected for its study, but has not demonstrated any superiority over *Sulfonal* or *Chloralamid*. *Tetronal* has only been used as a sedative, and has given us results practically identical with those of *Sulfonal*.

TREATMENT OF EPILEPSY. In addition to regulation of the diet and careful attention to the bodily functions, we have made careful trials of several modes of treatment by medicinal means. Following the suggestion of Peterson, we abandoned the use of Bromides in certain selected cases, adopting instead his method of securing intestinal asepsis by the administration of *Beta-naphthol*. There was an immediate increase in the frequency of the convulsions, which persisted for some months, when we combined the *Beta-naphthol* with *Bromid of Potassium*. This method was continued for a time with much better results than with the antiseptic alone. At present we are giving the Bromid dissolved in *Cinnamon water*, which acts both as a corrective to the Potassium salt and as an intestinal disinfectant. The combination is giving very gratifying results, but we find that any change in treatment is likely to be followed, for a longer or shorter time, by a diminished number of fits. For those patients who are mainly afflicted with nocturnal attacks we still prescribe the Bromid in conjunction with *Chloral hydrat*, or tincture of *Digitalis*, or, in some instances, with both these drugs.

A very thorough trial of the method proposed by Weir-Mitchell has not convinced us in its favor. *Sulfonal*, either alone or combined with *Salol*, was administered in those cases which were deemed suitable, but in order to have any control over the frequency of the convulsions it was found necessary to push the drug to such an extent as to keep the patient in a continual state of stupor. Thus pushed *Sulfonal* undoubtedly does diminish the number of fits, but not to a greater extent than Bromides. It might be useful in cases where Bromides cannot be prescribed.

Acetanilid has not given us any encouragement in the treatment of epilepsy, and the same may be said of *Borax*. As yet we have had no experience with Boracic Acid.

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We insist upon free action of the bowels in our epileptic patients. A stock bottle of Castor Oil is kept in the epileptic ward, to be drawn upon as required, and in cases where constipation is the rule we are fond of prescribing the Compound Licorice Powder in dram doses at bed time.

VISIT TO ONTARIO ASYLUMS.

In May you were kind enough to give me an opportunity to visit some of the hospitals for the insane in Ontario. A full account of what I saw and learned was given you in a separate report. I trust that as a result of my observations and study, good may accrue to this institution.

Two things specially impressed me. One, the amount of personal liberty allowed the patients, (I mean the number who were given the parole of the grounds,) and as an apparent corollary, the contentment which resulted; and the other the large quantity of work done in which the patients assisted and the benefit to them and the hospital which followed. Work was not confined to out-of-door occupations, but in the various shops connected with the hospitals patients were largely employed. All the boots, shoes and wearing apparel, and the mats, rugs, brushes, brooms and carpets were made in sufficient quantities and at such rates that the domestic supplies were furnished by this means. Except at Toronto a large farm is found in connection with all the Ontario hospitals.

In finding occupation for our male patients we labor under many disadvantages. Our area of cultivated or cultivable farming land is small. We have no shops except the engineer's and carpenter's, and, lastly, the county asylums having taken our steady workers ("harmless" insane), we are left with those, who, if they work at all, do so in a fitful, irregular way. We have, however, made an effort, and during the months of May, June, July, August and September, more than 60 per cent. of our male patients have been engaged in some kind of work. The value of occupation as a means of treatment is recognized universally. It is very desirable that any patient who can or who desires to work should be given an opportunity of doing so. The pecuniary gain to the hospital may be small, but the benefit derived in the contentment of the worker is beyond price. Many a sufferer from mental disease has found in occupation the road which leads to recovery.

In winter we shall find much trouble in devising means of occupying our male patients. With the females it is always easier. There is ordinary housework, sewing, knitting, the laundry and kitchen to furnish employment. We shall endeavor to study this matter more thoroughly than it has been.

In both Kingston and Buffalo, N. Y., I found fully equipped training schools for nurses.

The desirability of educating those employed in caring for the insane is no longer questioned. The advent of the nurse trained in general nursing marks no more an advance in the management of the ordinary hospital than does the educating of the attendant in hospitals of this kind in the duties of both general and special nursing. Both are immense advances in providing for the intelligent care of the sick, whether the complaint be that of body or mind. In the hospitals mentioned the superintendents claim that nothing save good has resulted. As one remarked, "we would part with any department more willingly than with our school." The instruction given is practically the same as in ordinary hospitals. The nurses are taught the principles of general nursing and as well the special knowledge necessary to enable them to intelligently minister to those mentally afflicted. It is claimed that since such schools have been started, and a means thus offered worthy men and women of acquiring a profession, a better class can be attracted to undertake the duties of what has heretofore been regarded as a somewhat menial occupation.

With your approval we propose to organize such a school, and we hope in time to attain the results claimed to have followed such a method in other institutions. Of course, time is required to fully develop the idea. We must not expect too much at first or be disappointed if our hopes are not at once realized.

As an appendix to this report we print a circular letter which is sent to applicants for positions as pupil nurses. It gives some information as to the methods which we propose to follow and the scope which will be included in the teaching.

I was interested also in learning that the method of keeping accounts in other hospitals differed from ours in not charging to annual expenditure items which represented new work. For instance, why should the cost of a new wharf, or a new kitchen, or furniture, appear as an ordinary annual expense? Why not charge it to capital? The structures are permanent and are expected to last for years. Ordinary repairs should, of course, appear as part of annual expenditure, but not so additions to plant which are really original work. Were our accounts kept as are those in Ontario, the yearly expense of this Hospital would be considerably lessened.

In this connection also I would like to draw attention to the fact that with the class of patients now composing our population the per capita cost of keep cannot be made as low as in the days when we had a larger proportion of the quiet, non-destructive sort.

Our nursing staff should be in larger proportionate percentage. Our food account will be greater in quantity, and the amount of damage and destruction per capita will probably be greater. It will be entirely wrong to compare the cost of supporting the well behaved, cleanly, and quiet patients composing the ordinary inmates of the

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County Asylum with those under treatment here. The report of the Inspector may furnish some information as to why the rate is low in the County Houses.

It must be remembered that this is a hospital, and that our patients are expected to receive the most humane and enlightened treatment. Only a false and unjust economy would dictate that it be conducted as an asylum for ordinary paupers.

Partly in this connection I would suggest the desirability of having female patients sent here with one of their own sex as an escort. In some of the United States such a course is required by law. In others it is required only when the patient is not accompanied by husband, father, brother or son. In New York there is a penalty for sending a female patient to an asylum unaccompanied by a sane member of her own sex, and this year the State of Pennsylvania will be asked to enact a similar law. Sending a female in a condition of acute mania a long distance, and with no companion save a county constable, must strike any one as undesirable to say the least. The necessity, nay humanity, of having a female escort in such cases seems to me obvious on the ground of ordinary decency and morality.

On December 1st, 1892, at his own request, Dr. Reid, who for nearly fifteen years had been Superintendent here, was transferred to the Superintendency of the Victoria General Hospital in Halifax I, who had served under him from the date of his appointment, was promoted and have since reigned in his stead.

In leaving, the Doctor carried with him the best wishes of all the household.

During the whole period in which we were together our personal and professional intercourse was of the most cordial and friendly nature, and at no time was there a break in the harmony of our relations. That he may be happy and successful in his new duties is my earnest, heartfelt wish.

I acknowledge with pleasure the loyal support given me by my co-workers during the past nine months. To one and all I return my thanks. To Dr. Hattie especially I am indebted for most valuable professional assistance, always rendered willingly and well. The statistical tables accompanying this report have been compiled by him. Mr. George N. Murphy, a third year student, has been with us during the summer months. He has relieved both Dr. Hattie and myself of much routine work, and thus enabled each of us to enjoy a holiday and rest from professional duties. We thank him. A second assistant medical officer has not yet been appointed, but I trust soon will be, as the large number of patients of the type of those now here, tax too severely the time and attention of the present small staff.

ACKNOWLEDGMENTS.

I have to express my great indebtedness to the kind friends who took part in several very enjoyable entertainments.

On March 2nd, Mrs. Stewart, Mrs. Thorne, Mrs. Forbes, Mrs. H. D. Creighton, Misses MacKay, Allen and Drake, Messrs. H. D. Creighton, H. S. Creighton, Thompson and Dymond, and the members of the Dartmouth orchestra, viz., Miss J. Allen, Messrs. A. and J. Forsyth, Kem, Angwin and Drake.

On March 10th, Mrs. McConnell, the Misses Currie, Misses Waddell, Seaton, Hobrecker, McConnell, Muir, and Clark, and Messrs. McKittrick, Logan, McKay and Robinson.

On April 28th, Mrs. McConnell, the Misses Currie, the Misses McNab, the Misses Clark, Misses Dickie, Muir, Barnstead, McConnell and Putnam, and Messrs. McGlashen, Barnstead, Arthur and McKittrick.

On May 11th, the choir of the Lake (colored) Baptist Church, under the management of Mr. James T. Dustan, who kindly arranged the concert at our Hospital.

On June 2nd, Mrs. Stewart, Mrs. H. S. Creighton, Mrs. Forbes, Mrs. Thorne, the Misses Dustan, the Misses Allen, Misses MacKay, Mitchell and James, Rev. Mr. Stewart, Rev. Mr. Carson (of Pictou), Mr. H. S. Creighton and Mr. Dymond.

On July 28th, the Misses Currie, Misses Mowatt, McConnell, Brenton, Barnstead and Clark, Messrs. Newcombe, Barnstead, Logan, Wood and McLeod.

Lantern and musical entertainments were occasionally furnished by members of the hospital staff.

The regular fortnightly dances continued to prove one of the most attractive features of hospital life.

I am indebted to the British American Book and Tract Depot for several contributions of religious papers.

Mr. A. S. Hunt has frequently made most acceptable presents of numbers of the *Illustrated London News*, magazines, etc.

Mrs. Wilby generously donated a large bundle of English magazines.

Dr. DeWolf, a former superintendent of the hospital, has placed us under very great obligation by presenting to the hospital a large and valuable collection of bound volumes of psychiatric journals, and

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other literature upon insanity. This forms a most welcome addition to our library and is denoted as "the DeWolf donation."

Mr. J. A. Bell has thoughtfully supplied us with neatly printed slips for insertion into the frames containing the portraits of benefactors of the institution, which hang in the reception room. These slips give the names of and other particulars respecting the several benefactors.

Messrs. Hattie and Mylius continue to make frequent contributions of newspapers.

Our patients, or at least many of them, continue to take interest in what is occurring in the outside world. The newspaper therefore is a welcome visitor. To the proprietors of the following, which are regularly received, I acknowledge our indebtedness:—

- "Acadian Recorder," (tri-weekly.)
- "Acadian," (Wolfville.)
- "Messenger and Visitor," (St. John, N. B.)
- "Church Guardian," (Montreal.)
- "Colchester Sun," (Truro.)
- "Eastern Chronicle," (New Glasgow.)
- "Halifax Herald," (daily.)
- "Morning Chronicle," (daily.)
- "North Sydney Herald."
- "Progress," (Lunenburg.)
- "Monitor," (Bridgetown.)
- "Spectator," (Annapolis.)
- "Tribune," (Windsor.)
- "The Warden," (Arichat.)
- "Forward," (Sons of Temperance organ.)

The spiritual welfare of our people has been looked after by the following clergymen:—Revs. Messrs. Stewart, Morrison, Smallman, Johnston, Mellor, Gordon, Chute, Laing, Lathern, Underwood, Almon Skey, Archbold, Allison and Webster.

Misses Adams and McKenna continue to act as organists, relieved on one occasion by Mrs. Stewart.

Some of the choir of St. Peter's, Dartmouth, assist the singing at the Roman Catholic services, and boys from Garrison Chapel choir have helped us several times.

In addition to an afternoon service twice a month throughout the year, Rev. Charles Underwood, P. P., Dartmouth, has celebrated Mass at stated intervals.

The clergy of all denominations are always ready to minister to our sick and dying and to bury our dead. We are especially

indebted for services of this kind to Rev. Mr. Mellor, Father Underwood and Revs. Mr. Stewart, Johnston and Smallman, of Dartmouth.

We were delighted to be inspected by Dr. Page. His work, of which he makes a report to you direct, is not any less well done because of his genial, kindly manner. We hope his recovery from his late illness will in time be complete.

We have also been honoured many times by visits from you, accompanied by the Secretary. When from press of work you have been prevented paying your official visits you have been well represented by the Deputy Commissioner, Dr. Gilpin. For your great interest in the Institution and its inmates we are all grateful, and for your many acts of personal kindness I beg to return you my sincere thanks.

I am,

Your obedient servant,

GEO. L. SINCLAIR,

Medical Superintendent.

NOVA SCOTIA HOSPITAL FOR THE INSANE.

Halifax, N. S., September 30th, 1893.

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STATISTICAL TABLES.

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- Table 1. The Admissions, Re-admissions, Discharges and Deaths for the year 1893.
- " 2. The Admissions, Re-Admissions, Discharges and Deaths since opening of the Hospital.
- " 3. Mean Annual Mortality and Proportion of Recoveries.
- " 4. History of Annual Admissions.
- " 5. Causes of Death.
- " 6. Re-admissions.
- " 7. Ages on Admission and Discharge.
- " 8. Civil Condition on Admission, Discharges and Deaths for the Year 1893.
- " 9. Assigned Causes of Insanity.
- " 10. Alleged Ages, &c.
- " 11. Civil Condition of all Admitted.
- " 12. Former Residence.
- " 13. Former Occupation.
- " 14. Duration of Disorder on Admission.
- " 15. County, Provincial and Private Patients.
- " 16. Balance due the N. S. Hospital.
- " 17. Income.
- " 18. Expenditure.
- " 19. Statement for the Year.
- " 20. Garden Produce.
- " 21. Articles made by Patients.

 APPENDIX A.

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

APPENDIX B.

Circular Letter to Candidates for Admission to Training School.

TABLE I.
Showing the Admissions, Re-Admissions, Discharges, and Deaths for the Nine Months, Jan. 1st to Sept. 30th, 1893.

	MALES.		FEMALES.		TOTAL.
	M.	F.	M.	F.	
In Hospital 1st January, 1893.....			181	182	363
Admitted for the first time during the 9 months.....	34	42			76
Re-admitted during the 9 months.....	9	8			17
Total admitted.....			43	50	93
Total under care during the 9 months.....			224	232	456
DISCHARGED OR REMOVED.					
Recovered.....	22	26			48
Relieved.....	16	16			32
Not improved.....	1	4			5
Died.....	7	10			17
Total discharged and died during the 9 months.....			46	56	102
Remaining in Hospital Sept. 30th, 1893.....			178	176	354
Average number during the 9 months.....			188	188	376

TABLE II.
Showing the Admissions, Re-Admissions, and Deaths from the opening of the Hospital to the present date, September 30th, 1893.

	DISCHARGED OR REMOVED.			TOTAL.
	M.	F.	T.	
Persons admitted during the period of Thirty five years.....				2327
Re-admissions.....				474
Total of cases admitted.....	1508			2801
	DISCHARGED OR REMOVED.			TOTAL.
	M.	F.	T.	
Recovered.....	673	587	1260	
Relieved.....	262	208	470	
Not improved.....	56	43	99	
Not insane.....	1	0	1	
Died.....	338	279	617	2477
Remaining September 30th, 1893.....	178			354

	SUMMARY OF TOTAL ADMISSIONS, 1859 TO 1893.		BOTH SEXES.
	MALES.	FEMALES.	
Percentage of Cases Recovered.....	44.70	45.40	45.01
Relieved.....	17.37	16.09	16.80
Not improved.....	3.71	3.33	3.53
Died.....	22.42	21.57	22.02
Remaining.....	11.80	13.61	12.64
Total.....	100.00	100.00	100.00

Mortality and Proportion of Recoveries, per cent. of

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

YEAR.	ADMITTED.			DISCHARGED.												Remaining at completion of each year.			Average number Resident.			Percentage of Recoveries on Admission.			Percentage of Deaths on average No. resident.		
	M.	F.	T.	Recovered.			Relieved.			Not Improved.			Died.			M.	F.	T.	M.	F.	T.	M.	F.	T.			
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.												
1859	39	31	70	8	3	11	2	1	3	1	0	0	0	0	28	27	55	21	21	42	20.5	9.7	15.7	.0	.0	.0	
1860	32	31	63	8	6	14	2	0	3	2	3	4	3	4	45	50	95	34	36	70	25.0	19.3	22.2	8.8	2.8	5.7	
1861	38	22	60	14	9	23	4	1	5	0	7	10	3	7	55	55	117	55	50	105	36.8	40.9	38.3	5.0	14.0	9.5	
1862	31	12	43	12	9	21	1	1	2	0	0	5	1	5	74	62	130	69	52	121	18.7	75.0	48.8	5.8	1.9	4.1	
1863	30	17	47	17	5	22	6	0	2	1	6	6	1	6	75	67	142	76	62	132	56.7	29.4	46.8	7.1	1.0	4.5	
1864	23	23	46	8	10	18	1	2	3	0	3	4	6	10	82	72	154	80	71	151	34.8	43.4	39.1	5.0	8.4	6.6	
1865	24	22	46	12	16	28	5	2	7	1	9	5	14	79	71	150	81	74	155	50.0	72.7	60.9	11.1	6.6	9.0		
1866	25	18	43	12	7	19	6	4	10	3	1	3	5	80	77	157	91	75	166	47.6	33.3	40.5	1.2	4.1	2.0		
1867	40	46	86	12	7	19	1	1	5	1	4	4	5	87	82	169	86	81	167	48.0	39.0	44.0	4.6	1.2	3.0		
1868	41	38	79	22	11	33	1	2	3	1	1	2	6	111	105	216	99	97	196	20.0	26.0	23.2	6.0	8.7	7.3		
1869	43	27	70	12	12	24	3	2	5	1	0	1	14	121	124	245	120	114	234	53.6	29.0	41.8	10.5	8.6	9.5		
1870	34	32	66	18	18	36	3	3	6	0	8	13	28	134	126	260	133	128	261	67.6	56.2	62.1	15.5	6.5	10.7		
1871	44	33	77	20	19	39	3	3	6	0	0	13	27	130	129	259	129	131	260	45.5	37.6	50.6	10.4	10.5	10.4		
1872	36	38	74	24	20	44	3	1	4	0	0	14	17	128	140	268	128	138	266	66.5	52.6	59.4	8.5	4.3	6.4		
1873	34	33	67	17	19	36	6	0	6	0	0	10	14	129	150	279	133	145	278	50.0	57.5	53.7	7.5	2.7	5.0		
1874	68	46	114	22	21	43	6	1	7	1	12	24	24	156	162	318	144	156	300	32.4	45.6	37.7	8.3	7.7	8.0		
1875	45	43	88	23	21	44	2	3	5	0	12	8	20	164	173	337	162	169	331	51.1	48.9	50.0	7.4	4.7	6.0		
1876	51	43	94	24	24	48	4	3	7	0	14	25	173	178	351	171	176	347	47.1	55.8	51.0	8.2	6.2	7.2			
1877	54	39	93	23	29	52	5	3	10	3	16	183	179	362	178	183	361	42.5	74.3	55.9	7.3	1.9	4.4				
1878	36	38	74	23	17	40	9	4	13	2	4	13	176	188	364	183	187	370	63.9	44.7	54.3	6.9	2.1	3.5			
1879	44	45	89	21	22	43	14	1	28	1	12	20	172	189	361	176	192	368	47.7	48.8	48.3	6.9	4.2	5.4			
1880	37	43	80	10	19	29	2	0	2	0	19	9	178	204	382	176	200	376	27.0	44.1	36.2	10.8	4.5	7.4			
1881	51	40	91	21	20	41	2	6	8	2	10	23	194	205	399	187	212	399	39.2	50.0	45.0	5.5	6.1	5.7			
1882	50	46	96	26	26	52	14	13	27	0	13	16	193	207	400	189	211	400	52.0	56.0	54.0	5.2	2.3	3.9			
1883	39	47	86	29	20	49	15	20	35	1	9	17	178	206	384	190	214	404	74.3	42.7	56.9	4.7	3.7	4.2			
1884	70	42	112	25	20	45	23	1	4	5	14	23	207	212	419	194	215	408	35.7	52.3	41.9	7.2	4.1	5.6			
1885	57	57	114	29	25	54	23	22	45	0	16	30	198	198	396	206	216	422	50.8	43.8	47.3	6.8	7.4	7.1			
1886	68	44	112	24	14	38	21	15	36	1	6	14	214	193	407	211	194	405	38.3	36.8	33.9	2.8	7.2	4.9			
1887	57	47	104	21	25	46	22	15	37	2	20	31	206	189	395	213	198	411	36.8	53.1	44.2	9.3	6.1	7.5			
1888	44	32	76	22	14	36	19	11	30	2	13	18	194	178	372	206	189	395	50.0	43.7	47.3	6.2	9.4	7.8			
1889	58	36	94	30	19	49	11	12	23	15	9	22	185	163	348	192	172	366	51.7	52.7	52.1	4.3	5.1	4.7			
1890	57	54	111	29	20	49	17	12	29	2	10	24	184	170	354	194	180	374	52.6	37.1	44.5	5.1	7.1	6.4			
1891	44	57	101	22	20	42	10	7	17	7	8	21	181	182	363	189	184	373	50.0	35.1	41.5	4.2	7.1	5.6			
1892	44	50	94	22	26	48	16	16	32	1	7	10	178	176	354	188	188	376	51.2	52.0	51.6	3.7	5.3	4.5			
1893. (9 mos.)	1508	1293	2801	673	587	1260	262	208	470	56	43	99	338	379	617	Mean of thirty-five years.	44.6	45.3	45.0	6.1	5.2	6.1	5.2	5.2	6.1		

TABLE IV.—Showing the History of the Annual Admissions since the opening of the Hospital, with the Discharges and Deaths, and the number of each year remaining on September 30th, 1893.

YEARS.	New Cases.			Admitted.			Total.			Of each Year's Admission. Discharged and Died in 1893. (9 Months.)						In Hospital. Sept. 30th, 1893.					
	M.	F.	Total.	Relapsed Cases.		Total.	Recovered.			Not improved.			Died.			M.	F.	T.			
				M.	F.		M.	F.	T.	M.	F.	T.	M.	F.	T.						
1859.....	39	31	70			70									4	...	4				
1860.....	32	31	63			63									2	...	3				
1861.....	33	20	60	5	2	60									2	...	2				
1862.....	25	11	43	6	1	43									2	...	2				
1863.....	30	15	47		2	47									1	...	3				
1864.....	21	20	46	2	3	46									1	...	1				
1865.....	17	20	46	7	2	46									1	...	1				
1866.....	20	19	42	1	2	42									1	...	1				
1867.....	23	16	43	2	2	43									1	...	1				
1868.....	35	41	86	5	5	86									1	...	1				
1869.....	35	32	79	6	6	79									2	...	3				
1870.....	32	17	70	11	10	70									1	...	1				
1871.....	29	23	66	5	9	66									3	...	2				
1872.....	34	29	77	10	4	77									1	...	1				
1873.....	28	33	74	8	5	74									1	...	3				
1874.....	26	26	67	8	7	67									6	...	4				
1875.....	61	40	114	7	6	114									2	...	5				
1876.....	37	38	88	8	5	88									3	...	1				
1877.....	40	36	94	11	7	94									1	...	3				
1878.....	43	32	93	11	7	93									4	...	6				
1879.....	27	30	74	9	8	74									3	...	3				
1880.....	32	32	89	12	13	89									5	...	7				
1881.....	28	31	80	9	12	80									7	...	12				
1882.....	46	31	91	5	9	91									2	...	4				
1883.....	42	38	96	8	8	96									3	...	6				
1884.....	34	39	86	5	8	86									6	...	9				
1885.....	55	34	112	15	8	112									12	...	21				
1886.....	46	45	114	11	12	114									11	...	8				
1887.....	60	36	112	8	8	112									10	...	14				
1888.....	48	35	104	9	12	104									9	...	4				
1889.....	37	25	76	7	7	76									14	...	23				
1890.....	48	25	94	10	11	94									9	...	12				
1891.....	44	51	111	13	3	111									17	...	21				
1892.....	31	51	101	13	6	101									33	...	37				
1893 (9 Months).....	34	42	93	9	8	93									17	...	71				
Total.....	1252	1075	2801	256	218	2801	22	26	48	16	16	32	1	4	5	7	10	17	178	176	354

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TABLE V.

Showing the Causes of Death from the opening of the Hospital to the present date, September 30th, 1893.

CAUSES OF DEATH.	1860 to 1892.		1893.		TOTAL.	
	M.	F.	M.	F.	M.	F.
<i>Diseases of Nervous System:</i>						
Apoplexy and Paralysis.....	34	26	...	...	34	26
Epilepsy.....	21	13	...	...	21	13
General Paralysis of the Insane.....	55	7	1	..	56	7
Locomotor Ataxia.....	4	....	....	....	4	....
Exhaustion from Chronic Mania and Melancholia.....	12	11	1	3	13	14
Phrenitis and Abscess of the Brain....	3	....	....	....	3	....
<i>Diseases of Respiratory System:</i>						
Inflammation of the Lungs.....	14	10	...	...	14	10
Inflammation of Bronchi (Influenza) ...	2	2	...	...	2	2
Pulmonary Tuberculosis.....	72	104	3	4	75	108
Abscess and Gangrene of Lung.....	4	3	...	...	4	3
<i>Diseases of Circulatory System:</i>						
Organic disease of Heart.....	14	7	...	...	14	7
Aneurism.....	2	1	1	..	3	1
Gangrene of extremities.....	....	1	....	....	....	1
<i>Diseases of Abdominal Viscera:</i>						
Peritonitis.....	5	3	...	...	5	3
Enteritis.....	2	....	....	....	2	....
Diarrhœa and Dysentery.....	8	13	...	...	8	13
Gastric Ulcer.....	2	....	1	..	2	1
Hepatic Cirrhosis.....	....	3	1	..	1	3
Hepatic Abscess.....	....	1	....	....	....	1
Chronic Nephritis.....	6	2	..	1	6	3
Acute Cystitis.....	1	....	....	....	1	....
Psoas Abscess.....	1	....	....	....	1	....
<i>Specific Diseases:</i>						
Acute Delirium.....	11	6	...	...	11	6
Erysipelas.....	2	7	...	...	2	7
Enteric Fever.....	1	5	...	...	1	5
Cancer.....	4	2	..	1	4	3
<i>General Causes of Death:</i>						
General Debility and Old Age.....	39	39	...	...	39	39
Homicide.....	1	....	....	....	1	....
Suicide.....	7	5	...	...	7	5
Accident.....	1	1	....	....	1	1
Total.....	328	272	7	10	335	282

REVISION OF TABLE V.—This Table has been revised and reconstructed—and is now arranged in a form which is more easy of reference than formerly. I regret that, owing to the fact that no records of cases were kept previously to 1878, complete accuracy in this compilation has been impossible, but it has been prepared with every care from what data were available.

TABLE VII.
Showing the Age of Admissions, Discharges and Deaths during the nine months, Jan. 1st to Sept. 30th, 1893.

AGES.	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.			
	M.	F.	T.	Recovered.			Removed, Relieved or otherwise.			M.	F.	T.	
				M.	F.	T.	M.	F.	T.				
From 15 to 20 years.....	7	2	9	1	1	2	.....	.....	.....	.....	.....	.....	.....
" 21 to 30 "	12	9	21	5	10	15	1	1	.....	.....	.....	.....	.....
" 31 to 40 "	9	20	29	4	6	12	4	6	10	.....	.....	.....	.....
" 41 to 50 "	6	7	13	3	2	5	2	4	6	.....	.....	.....	.....
" 51 to 60 "	6	7	13	7	4	11	8	7	15	.....	.....	.....	.....
" 61 to 70 "	2	5	7	1	1	2	1	2	3	.....	.....	.....	.....
" 71 to 80 "	1	.....	1	1	.....	1	1	.....	1	.....	.....	.....	.....
Total.....	43	50	93	22	26	48	17	20	37	7	10	17	.....

TABLE VIII.
*Condition as to Marriage in the Admissions, Discharges and Deaths during the 9 Months
 January 1st to September 30th, 1893.*

	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.		
				Recovered.			Removed, Relieved or Otherwise.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	23	22	45	8	12	20	12	11	23	2	4	6
Married	18	20	38	13	10	23	5	6	11	5	3	8
Widowed.....	2	8	10	1	4	5	0	3	3	0	3	3
Total	43	50	93	22	26	48	17	20	37	7	10	17

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TABLE IX.

Showing the probable cause, apparent or assigned, of the disorders, in the admissions of the 9 months, Jan. 1st to Sept. 30th, 1893.

CAUSE.	THE ADMISSIONS.		
	M.	F.	T.
Ill-health from—			
Religious excitement.....	1	.....	1
Business worries.....	4	.....	4
Domestic trouble.....	.....	1	1
Grief.....	.....	1	1
Cause unknown.....	.....	3	3
Facial erysipelas.....	1	.....	1
Hereditary predisposition.....	16	15	31
Intemperance.....	1	2	3
Injury to head.....	1	.....	1
Epilepsy.....	2	.....	2
Puberty.....	.....	1	1
Puerperal.....	.....	3	3
Climacteric.....	.....	1	1
Unknown and re-admissions.....	16	21	37
Syphilis.....	.....	1	1
Congenital.....	1	1	2
Total.....	43	50	93

TABLE X.

Alleged Ages of all Admitted.

	1893. (9 months.)	1859—1892.	Total.
From 5 to 10 years.....	.....	4	4
" 11 to 20 "	9	183	192
" 21 to 30 "	21	740	761
" 31 to 40 "	29	631	660
" 41 to 50 "	13	453	466
" 51 to 60 "	13	351	364
" 61 to 70 "	7	165	172
" 71 to 80 "	1	55	56
" 81 to 90 " .....	.....	1	1
Unknown.....	.....	125	125
Total.....	93	2708	2801

TABLE XI.

Civil Condition of all Admitted.

		Married.	Single.	Widowed.	Unknown.	Re-admitted.	Total.
1859—1892	{ Males....	484	663	51	20	247	1465
	{ Females..	443	475	105	10	210	1243
1893 (9 months.)	{ Males....	15	18	1	9	43
	{ Females..	17	19	6	8	50
Total.....		959	1175	163	30	474	2801

Forme

Halifax C
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Cumberla
Pictou
Antigoni
Guysbor
Invernes
Richmon
Victoria
Cape Br
Hants
Kings
Annapol
Digby
Yarmou
Shelbur
Queens
Lunenb
Newfou
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TABLE XII.

Former Residence (Corrected by separation of Re-Admissions)

Total.	1893. (9 Months.)		1859-92.		Total. 1859-93.	Population, 1891.	
	Admissions.	Re-Admissions.	Admissions.	Re-Admissions.			
4							
192							
761							
660							
466							
364							
172							
56							
1							
125							
2801							
	Halifax City and County	18	5	687	174	884	71,358
	Colechester County	5	2	168	35	210	27,160
	Cumberland "	5	.....	119	23	147	34,529
	Pictou "	4	4	229	67	304	34,541
	Antigonish "	2	.....	60	8	70	16,114
	Guysborough "	4	.....	75	7	86	17,195
	Inverness "	3	1	55	2	61	25,799
	Richmond "	1	.....	40	3	44	14,399
	Victoria "	1	.....	42	5	48	12,342
	Cape Breton "	3	1	108	21	133	34,244
	Hants "	6	.....	109	29	144	22,052
	Kings "	4	.....	136	29	169	22,489
	Annapolis "	4	2	84	10	100	19,350
	Digby "	3	.....	42	6	51	19,897
	Yarmouth "	1	1	41	6	49	22,216
	Shelburne "	2	.....	32	5	39	14,956
	Queens "	2	.....	40	8	50	10,610
	Lunenburg "	2	1	85	17	105	31,075
	Newfoundland	2	.....	11	.....	13	.....
	New Brunswick	.....	.....	13	.....	13	.....
	P. E. Island	2	.....	2	.....	4	.....
	Barbadoes and St. Thomas	.....	.....	2	.....	2	.....
	United States	1	.....	17	.....	18	.....
	England	1	.....	2	1	4	.....
	Ireland	.....	.....	10	.....	10	.....
	Scotland	.....	.....	2	.....	2	.....
	Germany	.....	.....	2	.....	2	.....
	Norway	.....	.....	2	.....	2	.....
	Sweden	.....	.....	1	.....	1	.....
	India	.....	.....	1	.....	1	.....
	Italy	.....	.....	1	.....	1	.....
	H. M. Service	.....	.....	18	.....	18	.....
	Unknown	.....	.....	16	.....	16	.....
		76	17	2252	456	2801	450,326

	Total.
47	1465
10	1243
9	43
8	50
74	2801

TABLE XIII.—Former Occupation as far as ascertained.

	1893. (9 months.)		1859-92.		TOTAL.	
	M.	F.	M.	F.	M.	F.
Agent			1	....	1	....
Architect and Wife			1	1	1	1
Barristers and Wives		1	3	1	3	2
Bailiff and Wife			1	1	1	1
Bakers and Wives			2	5	2	5
Banker's Wife . . . . .			....	1	....	1
Blacksmiths and Wives			22	13	22	13
Barbers			4	....	4	....
Basket Makers and Wives . . . . .			....	3	....	3
Brewer			1	....	1	....
Book-Binders and Wife			5	2	5	2
Brass-Founders			2	....	2	....
Broom-Maker			1	....	1	....
Brakeman			1	....	1	....
Butchers and Wives			5	2	5	2
Cooks . . . . .			....	2	....	2
Carriage Makers and Wives			3	1	3	1
Carpenters, Wives and Daughters	1	....	50	48	51	48
Conductor's Wife . . . . .			....	1	....	1
Clerks, Book-keepers and Wives			32	6	32	6
Officers of Customs and Wife			5	1	5	1
Cabinet Makers and Daughters			6	3	6	3
Coat Maker . . . . .			....	1	....	1
Coopers			12	....	12	....
Coachmen and Wives			3	3	3	3
Coppersmith	1	....	....	....	....	....
Dyer			1	....	1	....
Druggists			3	....	3	....
Domestics		4	....	68	....	72
Engineers and Wives	1	....	10	9	11	9
Factory Employees . . . . .			....	3	....	3
Farmers, Wives, Sons and Daughters	15	12	472	249	487	261
Ferryman	1	....	....	....	....	....
Fishermen, Wives, Sons and Daughters	2	2	90	53	92	55
Gardener and Wives			1	3	1	3
Gentlemen and Women			15	48	15	48
Governess . . . . .			....	1	....	1
Grocers and Wives		1	7	2	7	3
Hotel Keepers, &c			8	3	8	3
Hatter and Wife			2	1	2	1
Hostler			2	....	2	....
Housewives		5	....	115	....	120
Light Keepers' Wives		1	....	1	....	2
Lobster Canners			1	....	1	....
Lumbermen and Wives			8	1	8	1
Labourers and Wives, Servants	7	5	174	191	181	196
Masons, Wives and Daughters			19	6	19	6
Ministers, Wives and Daughters			5	7	5	7

TABLE X

Music Teac
Millers and
Merchants
Milliners .
Mechanics
Miners, W
Moulders
Nurses . .
Physicians
Priests . .
Printers a
Painters a
Pensioner
Pedlars a
Photogra
Plumbers
Postmast
Reporter
Ropemak
Schoolte
Ship Cap
Sextons.
Seamen
Soldiers
Shoemal
Saddlers
Seamstr
Student
Shipwri
Surveyor
Shop K
Sailmal
Stone C
Tailors
Tanner
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Tobacc
Trader
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Vagran
Wool
Wheel
Wash
Watch
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TABLE XIV.
Showing the Duration of the Disorder on Admission, of the Admissions, Discharges and Deaths in the 9 months, January 1st to September 30th, 1893.

CLASS.	DURATION OF DISEASE, ETC., IN FOUR CLASSES.											
	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.		
				Recovered.			Removed, Relieved or Otherwise.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
FIRST CLASS.												
First Attack, and within three months of Admission	14	13	27	10	13	23	3	3	6	3	2	5
SECOND CLASS.												
First Attack, above three and within twelve months of admission	7	8	15	3	1	4	4	3	7	1	1	2
THIRD CLASS.												
Not first attack, and within twelve months of admission	11	13	24	5	10	15	2	2	4	...	2	2
FOURTH CLASS.												
First Attack or not, but of more than twelve months' duration on admission	11	16	27	4	2	6	8	12	20	3	5	8
Total	43	50	93	22	26	48	17	20	37	7	10	17

Main

Annapolis
 Antigonis
 Cape Breton
 Colchester
 Cumberland
 Digby . . .
 Clare District
 Dartmouth
 Guysboro
 St. Mary's
 Halifax C
 " C
 Hants, W
 " Ea
 Inverness
 Kings . .
 Lunenburg
 "
 Chester I
 Pictou .
 Richmond
 Shelburn
 Barrington
 Victoria
 Yarmouth
 Argyle D
 Queens .
 Province
 Private
 Brown a

TABLE XV.

Maintenance of Patients in Hospital, September, 30th, 1893.

COUNTY.	Males.	Females.	Total.
Annapolis	9	7	16
Antigonish .....	.....	1	1
Cape Breton	5	9	14
Colchester	24	11	35
Cumberland	12	14	26
Digby	9	8	17
Clare District	1	.....	1
Dartmouth Municipality	4	4	8
Guysborough	7	11	18
St. Mary's District	5	2	7
Halifax Co	5	9	14
" City	17	23	40
Hants, West	6	9	15
" East	4	3	7
Inverness	3	.....	3
Kings	14	12	26
Lunenburg	4	5	9
" Town .....	.....	6	6
Chester District	4	3	7
Pictou	9	9	18
Richmond .....	.....	2	2
Shelburne .....	.....	.....	.....
Barrington District	1	1	2
Victoria	1	3	4
Yarmouth	5	.....	5
Argyle District	1	.....	1
Queens	5	3	8
Province	14	10	24
Private	9	9	18
Brown and Bell Fund .....	.....	2	2
Totals	178	176	354

TABLE XVI.

Balance Due Hospital, Sept. 30th, 1893.

	Current Acct.	Old Balance, Due 1878.
Annapolis	\$ 1211 13	\$ 3620 21
Antigonish	909 84	1528 73
Cape Breton	3690 85	6166 53
Colchester	5714 86	459 27
Cumberland	3930 56	.....
Digby;	10839 88	895 79
Clare Municipality	448 11	.....
Guysborough	3353 32	.....
St. Mary's District	1593 30	809 77
Halifax County	1770 73	615 43
Halifax City—Claims on County .....	.....	5819 09
Halifax City	1078 52	.....
Dartmouth Municipality	861 89	.....
Hants, West	1279 33	.....
Hants, East	259 65	.....
Inverness	1202 45	19 91
Kings	2623 88	.....
Lunenburg	263 14	.....
Lunenburg Town	159 48	.....
Chester District	812 04	2896 73
Pictou	2486 44	.....
Richmond	1631 23	1423 67
Shelburne	60 58	.....
Barrington District	561 39	117 70
Victoria	216 99	2504 57
Yarmouth	4696 80	.....
Argyle District	104 82	.....
Queens	885 74	2547 33
Funds	0 00	364 31
Private Patients	6767 93	3833 02
	\$59414 88	\$33622 06

1893.

Jan. 1.

" "

Feb. "

March. "

April. "

May. "

June. "

July. "

August. "

Sept. "

1893.

Jan. 1.

Sept. 30.

TABLE XVII.

Statement.

1893.		
Jan. 1.	Stock on hand.....	\$ 7127 16
"	Warrants drawn	4214 98
Feb.	Warrants drawn	3938 30
March.	Warrants drawn	6190 20
April.	Warrants drawn	3807 20
May.	Warrants drawn	4691 92
June.	Warrants drawn	6342 83
July.	Warrants drawn	8421 40
August.	Warrants drawn	4705 45
Sept.	Warrants drawn	6040 02
		<u>\$55479 46</u>

EXPENDITURE.

1893.		
Jan. 1.	Stock on hand	7127 16
Sept. 30.	Warrants drawn for the year	48352 30
		<u>\$55479 46</u>

TABLE XVII—(CONTINUED.)

Statement.

1893.	
Amount of expenditure as per Table 19	\$46571 61
Amount deducted from Farm Account.....	489 10
Sept. 30. Stock on hand	8418 75
	<u>\$55479 46</u>
EARNINGS.	
1893.	
Maintenance and clothing	\$35330 68
Interest.....	1879 24
Sales accounts, sundries	489 10
Deficiency	9466 69
Stock on hand Sept. 30th.....	8313 75
	<u>\$55479 46</u>

Showing the

- Annapolis ..
- Antigonish ..
- Cape Breton ..
- Colchester ..
- Cumberland ..
- Digby
- Clare Distric
- Dartmouth (
- Guysboro ..
- St. Mary's D
- Halifax City
- " Co.
- Hants, West
- " East
- Inverness ..
- Kings
- Lunenburg .
- " "
- Chester Dist
- Pictou
- Richmond ..
- Shelburne ..
- Barrington ..
- Victoria ..
- Yarmouth ..
- Argyle Dist
- Queens
- Funds
- Private Pati
- Sundry Sale

TABLE XVIII.

Showing the amount received from Counties and other sources during the year 1893—(Income.)

Annapolis	\$	481 87
Antigonish		
Cape Breton		2140 78
Colchester		4000 19
Cumberland		1000 00
Digby		380 99
Clare District		294 30
Dartmouth (Municipality)		2512 19
Guysboro		657 58
St. Mary's District		3595 71
Halifax City		
" Co.		1402 82
Hants, West		1535 03
" East		8726 13
Inverness		
Kings		1029 08
Lunenburg		1731 53
" Town		550 77
Chester District		324 15
Pictou		1114 13
Richmond		58 40
Shelburne		300 00
Barrington District		6348 59
Victoria		1008 74
Yarmouth		181 78
Argyle District		3014 64
Queens		344 26
Funds		1347 59
Private Patients		489 10
Sundry Sales		
		<u>\$44570 35</u>

TABLE XIX.

Expenditure.

FOOD.			
Apples (Evaporated) . . . \$	3 75	Mustard	19 94
Apples	97 50	Malt	5 00
Allspice	3 40	Maccaroni	5 50
Arrowroot	5 00	Milk	1055 70
Broma	7 56	Molasses.	246 45
Baking Powder.	27 13	Mutton	58 38
Berries	48 59	Maccaroons	15 45
Beans	11 81	Nutmegs	6 60
Butter	1635 89	Oatmeal.	281 12
Barley	50 33	Oysters	1 20
Biscuit	77 12	Oranges	2 15
Beef	3511 33	Onions	26 70
Buckwheat	1 00	Pork	33 85
Curry	40	Pickles	3 00
Cocoa	4 65	Pepper	7 32
Cloves	2 00	Prunes	27 50
Cassia	8 00	Plums.	3 00
Chocolate.	2 00	Peas	60 90
Corn Starch	24	Potatoes.	628 54
Corn Meal.	70 44	Partridges	1 00
Cheese	85 82	Rice	107 57
Cranberries	18 04	Raisins.	42 23
Coffee	128 25	Sugar. Brown	328 78
Currants	46 80	Sugar, White	64 97
Cream Tartar	18 48	Shad	6 00
Evaporated Peaches.	2 10	Sauces	15 50
Essences.	7 70	Salt	30 86
Eggs.	100 14	Sausages	20 07
Fish, Fresh	448 95	Salmon	22 95
Fowls	19 15	Soda.	3 36
Flour	1671 00	Sago.	4 00
Fish, Dry.	270 73	Suet	14 25
Figs	4 59	Syrup	4 25
Ginger	3 20	Saur Kraut.	16 55
Gelatine	4 00	Tea.	661 26
Hams	106 77	Tapioca	1 20
Haddies	74	Tongues	3 00
Herring	55 00	Tomatoes.	11 32
Hops	6 00	Turkeys.	24 21
Lobsters	6 38	Veal	25 41
Lamb	65 70	Vinegar	77 39
Lard	14 96	Vegetables, evaporated.	9 50
Lemons	1 00		
Marmalade	2 85	Carried forward	\$12645 14
Mackerel	4 72		

Baskets . .
 Telephone
 Harness an
 Printing . .
 Wheelwrig
 Advances
 Medical C
 Insurance
 Cab Hire.
 Medical B
 Veterinary
 Statute L
 Recapture
 Expenses
 parcels
 Attendant
 Attendan
 Room .
 P. O. Box
 Horse . .
 Rugs, &c
 Carpet L
 Brad K
 Wringer

TABLE XIX.—(CONTINUED.)

brought forward..... \$12645 14

MISCELLANEOUS.

Baskets	\$ 19 05	Crutch Rubbers .	72
Telephone	100 00	Clothes Props ...	3 16
Harness and repairs..	46 05	Chloride Lime...	4 80
Printing	145 50	Smoking Hams..	42
Wheelwright.....	22 08	Chapel Fittings..	1 50
Advances to patients .	32 61	Belts	1 75
Medical Certificates ..	70 00	Lanterns	3 60
Insurance	200 00	Apparatus, Patho-	
Cab Hire.....	17 24	logical Work..	26 50
Medical Books	21 25	Oil Stove.....	1 50
Veterinary Surgeon ..	21 00	Directory	2 50
Statute Labor.....	21 00	Celery Plants ..	1 50
Recaptures	21 00	Binding Journal.	49 50
Expenses charged on		Meat Blocks	6 00
parcels	4 83	Lawn Mower....	6 50
Attendants' Uniforms.	289 80	Travelling Exps. of	
Attendants' Recreation		Superintendent	75 00
Room	84 00	Fruit Trees	13 20
P. O. Box	1 00	Strong Blanket..	6 80
Horse	163 70	Key Chain	2 25
Rugs, &c	6 90	Fan for kitchen .	7 30
Carpet Loom.....	8 73	Plans of Drains..	59 50
Brad Knives	11 75	Head Attendant's	
Wringer.....	6 50	Exps. to Kingston	50 00
			<u>\$1637 96</u>
		forward.....	\$14283 10

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TABLE XIX.—(CONTINUED.)

<i>Brought forward</i>		\$14283 10	
HOUSE EXPENSES.			
Butter Dishes....	\$ 6 00	Pearline.....	4 75
Blue.....	7 50	Razors & Strops..	7 20
Brooms.....	82 25	Recreation.....	59 18
Boots & Shoes....	487 40	Soap.....	286 60
Brushes.....	39 30	Shoe Blacking....	9 15
Buckets.....	33 32	Spoons.....	32 57
Clay Pipes.....	2 50	Shoes Repaired...	38 80
Clothes Pins....	0 90	Scissors.....	3 40
Crockeryware....	190 62	Stamps.....	84 92
Coal.....	4751 79	Straw.....	348 79
Dry Goods.....	2943 95	Stationery.....	181 59
Entertainment..	55 96	Starch.....	20 82
Furniture.....	479 04	Tinware & Repairs	119 95
Funeral expenses..	22 00	Tobacco.....	278 16
Ferriage.....	104 70	Telegrams.....	0 25
Gas Making.....	700 07	Washing Soda....	11 76
Ice.....	0 80	Wash Boards.....	2 25
Knives and Forks.	39 93	Wash Tubs.....	9 75
Matches (safety)..	16 80		
Oil, Kerosene....	8 60		\$11473 32
SALARIES.			
Officers.....	\$ 3629 15		
Pay List.....	10972 21		\$14601 36
MEDICINE.			
Wine.....	\$ 15 00		
Whiskey.....	11 00		
Drugs.....	353 31		379 31
<i>Carried forward</i>		\$40737 09	

Oats.....
Hay.....
Implemen
Pollard ..
Bran
Corn

Less sales

Smith-w
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Clearing
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TABLE XIX.—(CONTINUED.)

<i>Brought forward</i>		\$40737 09	
FARM.			
Oats.....	\$	220 50	
Hay.....		613 24	
Implements, Seeds, &c.....		287 44	
Pollard.....		121 00	
Bran.....		63 00	
Corn.....		4 50	
		<u>\$1309 68</u>	
Less sales Pigs, &c.....		489 10	820 58
REPAIRS.			
Smith-work.....	\$	129 90	
Lumber.....		498 39	
Repairs.....		2144 90	
Masons and Helpers' Wages.....		752 43	
Carpenters' Wages.....		360 00	
Engineers' Assistants Wages.....		730 00	
		<u>\$4615 62</u>	
EXTRAORDINARY.			
Clearing Land.....	\$	19 82	
Improving Grounds.....		28 50	
Laundry Floor.....		350 00	
		<u>\$398 32</u>	
SUMMARY OF EXPENSES FOR YEAR.			
Food.....	\$	12645 14	
Salaries and Wages.....		14601 36	
Medicine.....		379 31	
House Expenses.....		11473 32	
Miscellaneous.....		1637 96	
Farm.....		820 58	
Repairs.....		4615 62	
Extraordinary.....		398 32	
		<u>\$46571 61</u>	

TABLE XX.

Articles made by the Female Patients.

181 Caps,	69 Bed Sacks,
623 Shirts,	42 Braces,
332 Drawers,	28 Quilts,
10 Mits,	653 Sheets,
33 Socks,	35 Table Cloths,
235 Hose,	172 Bolster Cases,
43 Collars,	437 Pillow Cases,
495 Chemises,	137 Pillow and Bolster Ticks.
212 Night Dresses,	28 Mattress Covers,
212 Petticoats,	376 Rollers,
216 Dresses,	30 Sofa and Chair Covers,
180 Women's Drawers,	87 Window Blind,
134 Aprons,	288 Towels,
137 Waists,	5 Ottoman Covers,
19 Tea Bag,	53 Clothes Bags,
10 Jackets,	32 Mattress Ticks,
30 Hats (trimmed),	20 Curtains.
6 Shrouds,	

Mending for Male and Female Patients.

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APPENDIX A.

*Regulations for the Admission of Patients to the Nova Scotia
Hospital for the Insane.*

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

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

The Medical Certificates must be made out by duly qualified Medical Practitioners (those whose names are annually published in the "Royal Gazette,") or they cannot be received. See *Clause 21, Chapter 38, Revised Statutes, Fifth Series.*

These Certificates empower two County Magistrates to make out the Warrant and commit the Insane person to the Hospital.

N. B.—In any county in which the Municipal Council has appointed Magistrates to commit Insane persons to the Hospital for the Insane, two of those so appointed must sign the warrant.

Upon presentation of proper Medical Certificates and Warrant, or Bond, at the Office of the Commissioner of Public Works and Mines, an order of Admission will be furnished, with which order and the other papers accompanying the patient, admission at the Hospital follows.

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

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

Those about to be committed to the hospital should *invariably* be informed of it *before leaving home*. Everything like deception must be scrupulously avoided. No promises as to the precise time of their return should ever be made.

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

The following clauses of Chapter 38, of Revised Statutes, Fifth Series, are appended for information of those desiring the admission of a patient :

CLAUSE 21. In every case where admission is sought for a patient, a statement in writing in the form of Schedule A shall be filled up and sworn to before some justice of the peace by a party cognizant of the facts therein contained, and forwarded to the Medical Superintendent for examination; and *his answer and approval shall be received before the patient is forwarded*. No person shall be received into the Hospital for the Insane as a patient without a certificate as in Schedule B from two qualified medical practitioners in actual practice in the Province, of whom the one shall not be the son, brother, partner, or assistant of the other, the examination therefor having been made not more than 30 days before admission.

CLAUSE 22. In case of private paying patients, a bond shall be given to the Commissioner of Public Works and Mines, with sufficient sureties for payment of expenses, and a payment of one quarter's board shall be made in advance. Such bond may be sued on as often as shall be necessary, and recovery had in the supreme or county courts, according to the amount sued for and according to the ordinary practice of the court in like cases.

CLAUSE 26. In case such person shall have been certified to be insane by only one medical practitioner, before his apprehension, he shall be again examined and certified, as in Schedule B, by two duly qualified practitioners, to be appointed by the Commissioner of Public Works and Mines, before he shall be admitted into the Hospital.

CLAUSE 30. The Commissioner of Public Works and Mines, in the case of patients now in the Hospital for the Insane, or on whose behalf admissions are sought, and where, in his judgment, there are circumstances justifying a departure from the ordinary rates, may make special agreements for the amount and payment of board; and where a patient from violence or otherwise requires a special or extra attendant, such extra attendance shall be charged and paid for in the same manner as ordinary charges.

N. B.—The Superintendent has no power to admit a patient without the order from the Commissioner of Public Works and Mines.

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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 Commissioner of Public Works and Mines.

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

SCHEDULE A.—STATEMENT.

To be forwarded to the Medical Superintendent when application is made for the reception of a Patient.

Some member of the family or acquaintance (assisted by the attending physician, if practicable) should give a full and complete answer to each question—all facts thus given will be regarded as private or professional communication.

1. Name of patient (in full).
2. Where born.
3. Son (or daughter) of. Give names of parents, and state whether they are or are not blood relations.
4. Residence _____, County of _____
5. Age _____, last birthday.
6. State as to marriage. Single, married or widowed.
7. Number and age of children. If female, give date of last child-birth.
8. Occupation (or that of father or husband).
9. Personal characteristics. Give any physical defects or peculiarities. Habits as a child and since then; disposition and tastes; success in business or condition of life. Has the patient any vicious habits or always led a regular life; is he or she addicted to the moderate or immoderate use of alcoholic beverages, or if a total abstainer.
10. Family history. Give all facts pertaining thereto—if any relations have been insane, hysterical, nervous, or have had fits, convulsions or syphilis, and whether on paternal or maternal side. Have either been addicted to intemperate use of stimulants or narcotics?

11. Education.
12. Religion.
13. Previous attacks. State if patient has ever had convulsions, fits, or any previous attack of insanity. The age at time of attack, its character, duration and treatment employed. If sent to an asylum, state where, and the result of treatment. Give particulars of subsequent attacks, if any.
14. Previous health. Has the patient ever had sunstroke, or any injury of head, or any other serious injury, or any serious disease, such as fever, ague, syphilis, gout, rheumatism, consumption or affection of lungs, heart, brain, kidney, or other organ. Has patient ever been delirious, and if so, give supposed cause.
15. Present attack. Give date of any change in the usual condition of habits, disposition and temper. What was the change? Has he been rash or speculative of late in business, or has he exaggerated notions of his ability, strength, power, &c. What has been done so far as regards care or treatment?
16. Assigned causes. Give supposed cause or causes, predisposing or remote, and the existing or present cause.
17. Duration of present attack. Give date of commencement.
18. Whether subject to epilepsy. State if patient has falling sickness or fits of any kind.
19. State as to sleep. Sleepless or restless at night.
20. Appetite for food. Natural, depraved, fastidious or absent.
21. If dangerous to others, how? Give full particulars. State every attempt to injure others. Was it from sudden passion or premeditation? Has the patient been subject to mechanical restraint or confinement, and if so, where and in what form, and for how long a time?
22. If suicidal, in what manner. State whether attempted or threatened, and how often?
23. Present condition. Whether in usual health, or feeble and emaciated. Is the voice natural, or is there hesitancy or stammering in speech? Is there any paralysis, or loss of power of limbs? Is sight and hearing natural? Is patient excited or quiet, pleasant or moody and irritable? What is the occupation during the day and night? Is there failure in memory, or are his ideas exaggerated?
24. What delusions. Give their characteristics. Are there false impressions concerning the individuality or surroundings? Are the ideas connected, or is the mind continually wandering? Is a word dropped or forgotten in conversation, or misspelled or absent in his writing?

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25. Present habits and propensities. Is the patient filthy in habits or language, or destructive of clothing, furniture or glass? Is there indulgence in secret vice, and if so, how long?

26. Pecuniary circumstances, and to whom chargeable. Answer both questions.

27. Names and addresses of

I. Physicians.

II. Party giving the history.

III. Correspondent to whom letters may be addressed.

IV. Telegraphic address.

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

Sworn to before me, one of Her Majesty's justices of the peace for the County of....., this.....day of....., 18..

Name,....., J. P.

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 is to be stated. *No patient to be sent to Hospital until a reply shall have been received to this statement.*

NOTE.—All letters of inquiry will receive a prompt reply. Severe illness, or the occurrence of anything of moment, will be immediately communicated. Stamps must be enclosed to prepay replies.

 SCHEDULE B.—CERTIFICATE.

(a) Name in full. I, the undersigned (a)
 (b) Qualification. being (b) and in actual practice
 hereby certify that I, on the day of
 (c) Locality. 18 , at (c) in the County of
 separately from any other Medical Practitioner, personally
 (d) Name in full. 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 care of and detained
 under care and treatment; and that I have formed this
 opinion on the following grounds, viz.:

1. Appearance. 1. Facts, indicating insanity, observed by myself :
 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 signed the first certificate.

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APPENDIX B.

NOVA SCOTIA HOSPITAL FOR THE INSANE.

TRAINING SCHOOL FOR ASYLUM NURSES.

The authorities of the Hospital for the Insane, having decided to establish a training school for nurses, offer to give women desirous of becoming professional nurses, a course of training in general nursing, with special reference to the care of cases of nervous and mental diseases.

Those wishing to receive such a course of instruction must apply to the Superintendent of the Hospital for the Insane, Halifax, N. S.

The most desirable age for candidates is from twenty-one to thirty-five years. They must be in sound health, and with their application must send a certificate from some responsible person, testifying to their good health and moral character.

Successful applicants will be given one month's probation, at the expiration of which they will, if accepted, sign an agreement to complete the prescribed course of two years. The nurses in training reside in the hospital, and serve as assistant nurses in its wards. In case of misconduct or inefficiency they are liable to dismissal at any period of the course.

The instruction will include the general care of the sick; the managing of helpless patients in bed, changing bed and body linen, making of beds, etc.; giving baths, keeping patients warm or cool, preventing and dressing bed sores; bandaging, applying of fomentations, poultices and minor dressings; the preparing and serving of food, the feeding of helpless patients, and those who refuse food; the administration of enemas and use of the catheter; attendance upon patients requiring diversion and companionship; the observation of mental symptoms, delusions, hallucinations, delirium, stupor, etc.; and the care of excited, violent and suicidal patients.

They will also be given instruction in the best practical methods of supplying fresh air, warming and ventilating sick rooms in a proper manner, and taught to take proper care of rooms and wards, in keeping all utensils perfectly clean and disinfected, etc.; to observe the sick

accurately in regard to the state of the secretions, pulse, breathing, skin, temperature, sleep, appetite, effect of diet, stimulants, and medicine ; and the managing of convalescents.

The course will include a term in the infirmary ward under the charge of a competent hospital nurse, and lectures will be given at stated periods by the asylum staff. Examinations, chiefly on practical points, take place from time to time.

The pupils will be paid at the rate of ten dollars (\$10) per month during the first twelve months ; twelve dollars and fifty cents (\$12.50) per month during the remainder of the course, and at the end of this, if a satisfactory examination is passed and the nurse decides to remain in the service of the hospital, an advance will be given. In addition, the pupils are entitled to uniforms, board and washing.

They will be required to wear at all times, when on duty in the wards, the hospital uniform dress, etc.

When the course is completed, nurses who have been successful at the examinations will receive a diploma, certifying to their period of training, etc.