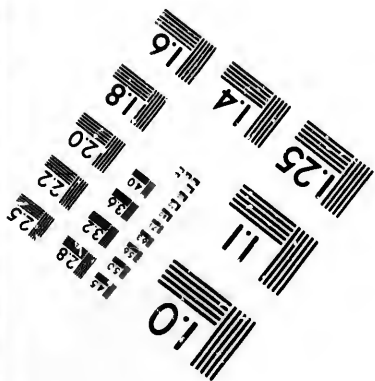
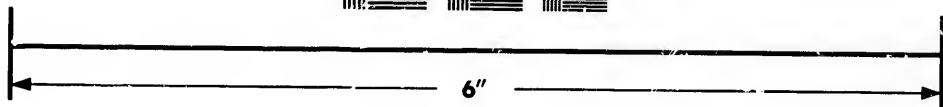
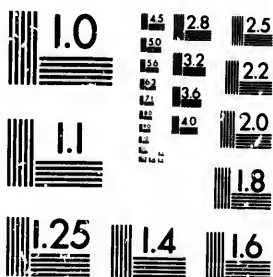


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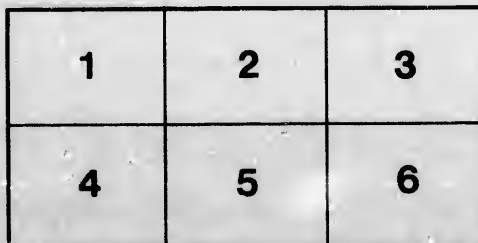
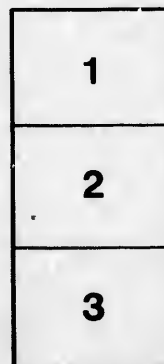
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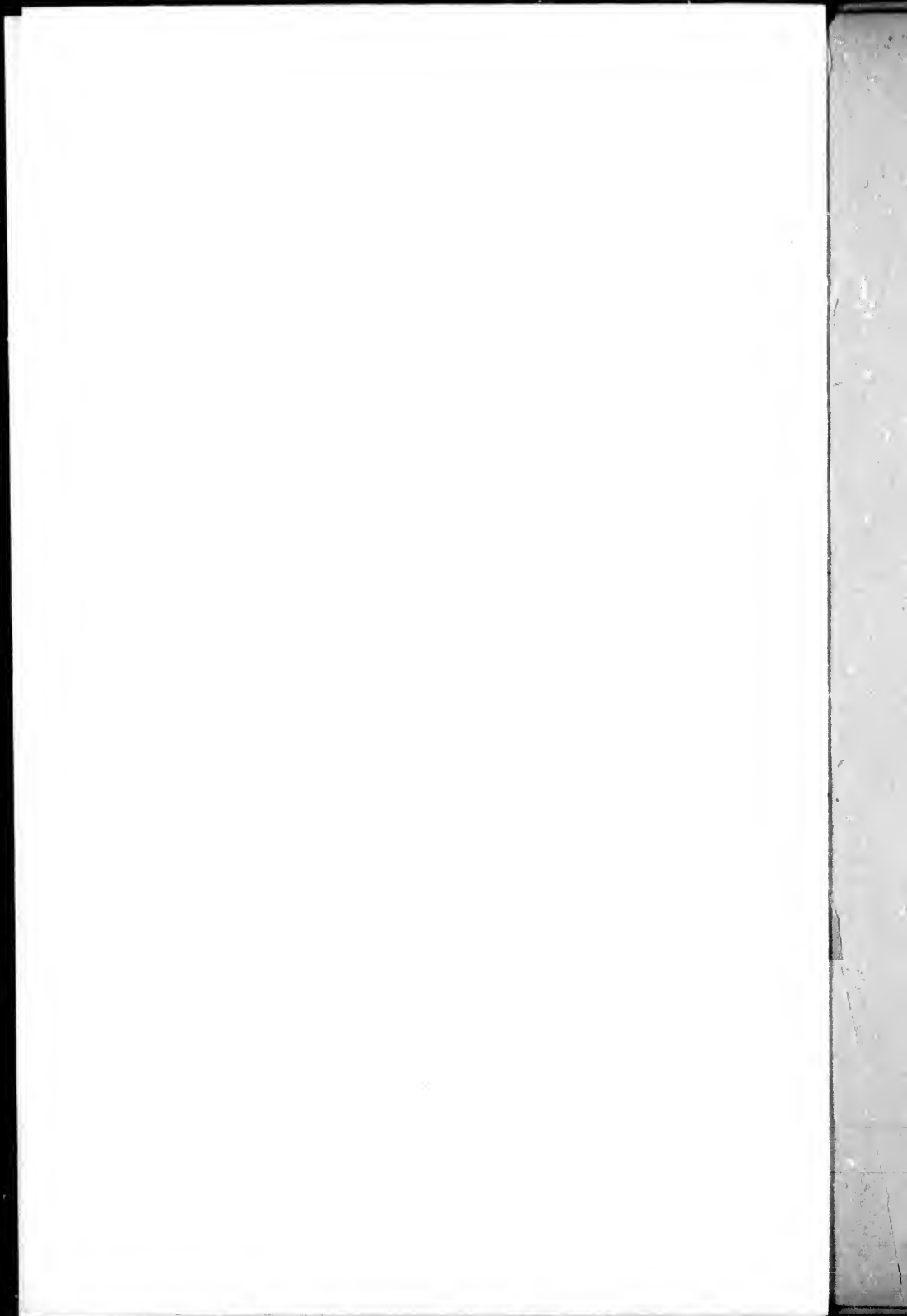
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# THE INSANE

IN THE  
PROVINCE OF QUEBEC

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(Report to the Honorable Provincial Secretary)

BY

Dr A. VALLEE

MEDICAL SUPERINTENDANT OF THE QUEBEC LUNATIC ASYLUM, MEMBRE ASSOCIÉ DE  
LA SOCIÉTÉ MÉDICO-PSYCHOLOGIQUE DE PARIS ET DE LA SOCIÉTÉ DE  
MÉDECINE MENTALE DE BRUXELLES

---

QUEBEC:

Printed by BELLEAU & Co.

1890

1944

MEMORANDUM

TO :

FROM :

SUBJECT :

1. The purpose of this memorandum is to

report on the results of the

investigation conducted during the

period from January to March 1944.

The results of the investigation are

summarized in the following paragraphs.

It was found that the

data obtained during the

investigation are in general

in agreement with the

theoretical predictions.

The results of the

investigation are

summarized in the

following table.

L

REPORT  
OF  
DR. A. VALLÉE.

---

Quebec, 20th January, 1890.

The Honorable the Provincial Secretary

SIR,

I have the honour to submit the accompanying report on the labours of the *Congrès de médecine mentale*, held at Paris during the course of last summer, and upon some of the establishments for the insane which I visited.

In the two last pages of my report, I have taken the liberty of giving some suggestions by way of conclusion.

I have the honour to be,

Sir,

Your obedient servant,

A. VALLÉE, M. D.



Quebec, 7th January, 1890.

Honorable C. A. E. GAGNON,  
Provincial Secretary,  
Quebec.

SIR,

Thanks to the kind authorization of the Government, I was enabled to take part in the *Congrès de médecine mentale*, held in Paris during last August. Specialists in mental diseases from nearly all parts of the civilized world attended this Congress, which dealt with the most varied subjects connected with the pathology, treatment, legal medicine, legislation and the relief of the insane. I was also present at the proceedings of the Congress on anthropology, legal medicine and public relief, at which various questions connected with mental alienation were discussed. Most of these subjects owing to their technical nature can be of interest only to physicians but, on the other hand, there are some the knowledge of which cannot but be of use to those who have to deal with the cause of the insane, especially legislators and those who are called upon to organize and direct the services of this important

branch of public relief, I therefore deem it my duty to submit you a summary report on the labours of these various congresses and upon some of the principal institutions for the insane which I had an opportunity of visiting.

During past years public opinion in our Province has been greatly aroused with respect to the relief of the insane and the organization of our asylums. This question which is a comparatively new one in our country is in every way worthy of the attention of the Government. Humanity is liable to many woes but there is none more distressing, I might say more humiliating, than that which attacks man in the noblest of his faculties. It has always excited the deepest interest not only in legislators and scientific men but also in the general public. Unfortunately it is beyond the power of human means to remove this evil more than any other and all we can do is to diminish its effects by beneficial legislation.

At one of the sittings of the Congress, Professor Ball read a report which he had drawn up jointly with Dr. Rouillard, the chief clinical lecturer on mental diseases in the Paris Faculty of Medicine. The paper was intituled: *De l'a*

*Législation comparée sur le placement des aliénés dans les établissements publics et privés.* (Legislation on the placing of the insane in public or private institutions.) I will take the liberty of giving a brief summary of this report which gave rise to a most interesting debate.

In all countries and in every age the confinement of the insane has been recognized as an inevitable necessity and this for three reasons, the weight of which cannot be denied.

The following are the reasons :

1. The necessity of protecting the public ;
2. The necessity of protecting the lunatic against himself ;
3. The necessity of the medical treatment of insanity which can be cured if submitted to proper treatment.

Therefore the necessity of protecting the lunatic against himself and society against him, and the possibility of curing him in confinement are the reasons which justify confinement.

The two-fold object which the legislator in all civilized countries has had in view has been to secure the confinement of the insane for the reasons we have just given and at the

same time to oppose all arbitrary confinement. These two objects are not in the least contradictory and, in practice, may be consistent with each other.

It yet remains to be seen whether, in some countries, legislation has not sacrificed the former condition to the latter and whether, under the pretext of defending individual liberty which is not threatened, there is not a danger of the insane being left uncared for and of society being left defenceless.

In all countries efforts have been made to establish a species of equilibrium between medical authority and the administrative or judicial authority. The balance inclines now to one side now to the other.

Amongst the countries where medical authority preponderates we may mention: Russia, Belgium, Austria, Sweden, Norway and France. In these countries the administrative authority controls medical action to a greater or less extent, but leaves the greater part to the physician. In France for over fifty years the insane have been under the law of 1838. This law drafted from a most humane point of view was

in a great measure inspired by the illustrious Pinel. This philanthropic physician devote his whole life to improving the lot of the insane ; he emancipated them as it were by raising them to the dignity of invalids. Consequently this law of 1838, drafted with exceptional care by very enlightened minds has been justly admired and taken as a model in other countries. Our legislators have taken from it the principal provisions respecting the admission and discharge of the patients.

Nevertheless, notwithstanding all the guarantees which it offered, the law of 1838, has been the object of attacks which have disturbed public opinion and have induced the public authorities to inquire into the matter. For instance, in 1882 the French Government submitted a bill to the Senate, which, while retaining the general plan and many of the provisions of the law of 1838, supplied certain deficiencies and made several important amendments. It was first drafted by an extra-parliamentary commission and afterwards submitted to a committee of the Senate which spent two years in careful consideration. Finally, in 1887, the new law was passed by the Senate but it

has still to go before the Chamber of Deputies.

There are certainly some very important reservations to be made with reference to some of the changes in the new law, especially that which tends to substitute judicial action to medical action in connection with the admission of the insane into asylums. This provision is a concession to public prejudices with reference to the possibility of arbitrary confinement. It is not inopportune to observe here that of all the alleged facts of this nature which served as a pretext for the revision of the law of 1838, not one has been judicially proved.

Consequently the Congress unanimously condemned this innovation which consists in calling upon the magistrates, on every occasion, to decide upon the sending of the insane to asylums.

Dr. Falret said that to leave the examination of the insane to the magistracy was to commit the same error as to transfer to the medical faculty the prosecution and sentencing of criminals. This provision is moreover impossible to execute. In the Department of the Seine there are over 3,000 insane sent to the

asylums every year. This would mean that the tribunals of the Department would have every year 3,000 insane or persons alleged to be insane, to examine, interrogate and keep in confinement or to discharge. But amongst these insane there are some, and they are perhaps not the least numerous, who can answer as well as the magistrate who questions them. How will the magistrates be able to decide if they do not take the advice of the physicians and if they do take it, can we not say that their intervention in the matter is fictitious.

Mr. Barbier, first President of the *Cour de Cassation*, said that he fully concurred in the remarks made by Mr. Falret. In his capacity of ex-magistrate he wished to state emphatically that he did not admit that the courts were competent to decide in cases of mental alienation. It would be a sorry present to give the magistracy to drag it, by exaggerating its powers, into a subject beyond its proper sphere. Not Medicine alone which protests against such an abuse, common sense itself is opposed to it. He therefore hoped that the provision would not be retained when the new law

came up for discussion before the Chamber of Deputies.

I have laid stress on this particular point and I have cited the evidence of two of the most eminent members of the Congress, because in this country we have to contend against pretty much the same prejudices with reference to illegal detention. There are many people who think that there is nothing easier than to arbitrarily confine sane persons.

Up to the present moment hardly one authentic case can be mentioned which has occurred in this Province, and I think I may say that with the guarantees which the present law gives us, such an accident is hardly possible. In fact no one can be admitted into an asylum without a certificate from a physician, a certificate from the parish priest, a minister or a justice of the peace, a certificate from the mayor of the municipality. Moreover, during the fifteen days following the admission, the medical board must examine the new comer and report to the Provincial Secretary upon his mental condition. It would be difficult to admit that all these controlling agents would combine with an unarowable object.



that of depriving a sane person of his liberty. I do not think that individual liberty is better protected in any other country than it is in this, by our legislation.

In France, the law of 1838 requires each Department to have a public establishment specially destined for the reception and treatment of the insane, or to enter into an agreement in that respect with a public or *private* institution of the Department or of another Department. Mr. Fallières said, in speaking of the reasons in support of the Bill: "We must not overlook the fact that one of the greatest drawbacks of the law of 1838, is this faculty given to the Departments of entering into agreements with private patients for the care of their insane. What is the result? These institutions are founded for speculative purposes and necessitate considerable expenditure.

"In order that the patients may receive that care which their condition requires, it would be necessary that the amount paid for them by the Department be so calculated as to cover their expenses and at the same time leave a reasonable profit for the managers. Now, in practice such is not the case, the average rate

per day being, when the last statistics were compiled in 1874, about 1 fr. 10 or 1 fr. 15.

“ It is consequently to be feared that, not finding sufficient remuneration in the prices paid by the Departments for their insane, the proprietors of these establishments may seek to obtain it by economizing in the treatment of the patients and by imposing upon them tasks beyond their strength and contrary to rational medical treatment.

“ Even laying aside the supposition of a culpable speculation on the insane, we are compelled to state that the Departments are not in a position to insist upon these establishments making the sacrifices necessary for securing an improved service.

“ Consequently, without wishing to incriminate all the private asylums, we think that to give them the care of the indigent insane would be to establish an inferior means of relief which would be to the detriment of this class of patients. The treatment of these unfortunates is a social duty which the public authorities have to perform by agents alike responsible and disinterested. It should never

become nor appear to be the object of a speculation."

Under the new Bill, the Departments which have entered into agreements with private establishments will be obliged within a specified delay to found an asylum which will belong to them or deal with a public institution.

Notwithstanding the fact that each Department is bound to have an asylum for its insane, official statistics show a want of proportion between the resources of the special establishments and the requirements of the population for whom these establishments are intended.

They show how well founded are the complaints to which the ever-increasing overcrowding of the public institutions gives rise. This is not peculiar to France, but is general and it is only necessary to open the special reports to see that everywhere, in Belgium, in Germany, in the British Isles, in the United-States, the number of insane is increasing to an alarming extent in the asylums which have become too small.

Thus, in the Province of Quebec, we had, fifteen years ago, but one asylum the number

of whose inmates did not exceed 800. In 1875 the St. Jean de Dieu asylum was opened with about 200 patients. At the present day the Quebec asylum has 875 and that of St. Jean de Dieu over 1100. There are also about 100 female idiots in the asylum at St. Ferdinand de Halifax. Now each of these establishments is more or less over-crowded and their enlargement is spoken of. This fact is, beyond a doubt, a most serious one and it is important to ascertain the cause and remedy for it.

The question has naturally arisen whether, owing to the progress of civilization, the excitement and necessities of our present way of living, the human race is not more predisposed, more apt, to contract insanity than formerly. This may be the case to a certain extent, but it is not sufficient to explain so rapid an increase in the population of our asylums. I consider that the over-crowding of our asylums may be attributed to two chief causes: 1st. The increased number of admissions; and 2nd. The constant increase in the number of those remaining in the asylums, owing to the fact that the number of admissions is always greater than the combined number of discharges and deaths.

As Esquirol so happily says, the asylum is *an instrument of cure*, that is to say an institution of special treatment where by means of isolation and a combination of hygienic conditions and medical methods, the patients may be cured or at least obtain an alleviation of their sorrowful fate.

Consequently we should send there at once :

1. All insane who are really dangerous.
2. All those who have any chance of cure and even of an improvement in their condition.

As to the others, viz: the majority of the imbeciles, weak-minded, the senile and hemiplegic demented &c., as Dr. Lunier very properly says, the asylums are not created for them and their place is with their families, and, in default of that, in hospitals for incurables where they used formerly to be placed and where they should now be admitted in virtue of the fundamental conditions under which such hospitals were established and have been maintained.

However, this distinction is very far from being observed in practice, and every year we see admitted to the asylums harmless imbe-

cile, demented and other patients who are entirely incurable, who are even physically incapable of doing any harm, and who, upon exaggerated reports from those who live around them, are confined, as a measure of public safety. For a long period and in all countries the most competent men have pointed out the evils which would result from the crowding into the asylums, of idiots, imbeciles, harmless incurables who take the place of those who are really insane, whose isolation and treatment are acknowledged to be necessary. On the other hand, it too frequently happens in recent cases of insanity, that the family, through a mistaken feeling of pride, through neglect or some other motive, endeavour to keep secret, as long as possible, the fact that one of their members is afflicted with mental alienation and hesitate to follow the advice given them to at once place their patient in an asylum. This feeling seems natural, but is never sufficiently reasonable, for it unnecessarily affects the chances of cure. Hence the many incurables who come later on to fill up the special establishments. It is now beyond a doubt that the first thing to be done in the treatment of insanity is to isolate the

patient ; nevertheless the word isolation must not be taken in its usual acceptation, but with the special meaning given to it by all alienists. It does not mean to shut up the patient and remove him from all contact with his fellow-creatures, but, on the contrary, to effect a radical change in his surroundings, alter his habits, separate him from his family, his friends, his servants, to surround him with strangers and arouse entirely new ideas in his mind. It is therefore urgent to have recourse as soon as possible to this therapeutic method and there will be all the more chances of success in proportion to the recentness of the disease. The care given by the members of the family only results in unfortunate delays and cannot but be prejudicial in most cases.

It is beyond a doubt that if these principles were more generally known there would be a perceptible decrease every year in the number of incurables admitted to the asylums. Would it not be advisable therefore to encourage the early placing of patients in asylums by granting, for instance, free board in all acute cases in which the disease has declared itself not more than fifteen days before admission ?

This is one of the principal causes of the over-crowding of the asylums, but there are others which are equally important, amongst which may be mentioned the inadequateness of the treatment and the idleness in which the patients are left through the absence of organized labour.

Moreover, one evil always begets another, and over-crowding continues and aggravates itself, as it were, by greatly decreasing the chances of cure. The effects of over-crowding as regards hygiene are to well known to require any remarks on my part, but from the special point of view now before us, I deem it advisable to point them out to you. It is a source of disorder and excitement in an asylum; for it necessitates large divisions in which medical police is difficult, in which the individual influence of the physician and his assistants on the patients is no longer effectively or satisfactorily exercised; and finally in which it is almost impossible to have a methodical and rational classification which is so necessary.

In view of the unfortunate results of the over-crowding of the asylums, it is urgent that every possible means be taken to provide a remedy.



This does not mean, however, that we should restrict the relief of the insane; on the contrary dangerous and curable patients should be confined in asylums as soon as possible, for they have greater chances of improvement and cure as their disease is more recent.

On the other hand, there is a certain class of harmless chronic cases, which may have a legitimate claim upon public assistance. Such are those who are unable to provide for their subsistence, and who have no family, or whose family cannot provide for them. Legislation should therefore tend as much as possible towards facilitating the confinement of all patients who may benefit by it; but it is advisable to attain this end by the fairest and most equitable means, as well as by means which will be most useful to all. These are data which should be understood by all who have anything to do with the insane and especially by physicians, who are nearly always called upon to give their opinion on the matter.

The best way to attain this end would be to develop clinical instruction on mental diseases, which is hardly taught at all in our universities. During the many years that I have been

the physician of Beauport asylum, I have had an opportunity of examining all the documents respecting the admission of the insane into that establishment. I have often been struck with the unsufficiency of by far too many of the certificates which are sent us by physicians who are otherwise very well educated. This is due to the absolute incompetency of those who sign them, and there is a deplorable deficiency in this. There is no doubt that the study of mental diseases is an essential part of a physician's duties; his general knowledge naturally leads him to understand and learn this speciality better than any one else, but he must have an opportunity of studying it. This branch, however, is not included in the curriculum of our schools, and on the other hand, it is evident that our practising physicians have hardly an opportunity of following the evolution of these diseases on the subject itself, as those who are suffering from them are never treated at home. Nevertheless, it frequently happens when a patient is quiet, that an indefinite delay is advised until he becomes aggressive, and he is then incurable.

It is certain that in many cases, if the physicians who are called upon to decide upon the

necessity of confinement would insist upon its being carried into effect at an early stage, the number of incurables in our asylums would decrease, and the proportion of cures would increase. Were the importance of prompt therapeutic intervention thoroughly understood, acute cases would be sent to us much earlier, and with the knowledge that the asylum should be above all a hospital, that is to say an instrument of cure, there would be no idea of filling it with imbeciles, idiots, harmless lunatics, who, if confined or sent for treatment, should only be sent to houses or institutions of refuge specially destined for the purpose and which would not be so costly.

These unfortunates should rather be considered as infirm persons than real invalids. Then, it being admitted that the asylum should be a place for treatment, too, much importance cannot be attached to its thorough organization from a medical point of view. We would thereby obtain the maximum of possible cures and consequently provide a remedy for the ever-increasing number of insane patients supported by the Government. In a well organized asylum (Constans, Lunier, Dumesnils.—

Report to the Minister of the Interior, 1874), where everything is done with order and method, the most obstinate, disorderly and refractory patient finishes by unconsciously becoming influenced by his new surroundings and amenable to authority, which is a first step towards his cure. But in order that an institution of that kind should be worthy of its destination there should be but one head whom all should obey. When there is divided authority in an asylum, the mind of the patient wanders, he does not know in whom he should confide, and without confidence, says Esquirol, there can be no cure. The separation of administrative and medical functions in an asylum is fraught with many dangers in this connection.

If constant conflicts are to be avoided, which are most prejudicial to the proper discipline of an establishment of the kind, there should be but one management and the physician is the natural head of a hospital in which everything must contribute to the treatment of the unfortunates in it, from diet and clothing up to the organization of labour and internal discipline. A well regulated asylum has, in order to do

the greatest possible good, only to use the means at its disposal. It does not require a long experience, says Dr. Marandon de Montyel, to become convinced of the uselessness of pharmaceutic means in the treatment of insanity. It is not with drugs that this sad disease can be cured, but by isolation, physical hygiene, work, hydrotherapeutics, and above all the physician's action.

This action of the physician on his patient should be constant; it makes itself directly felt during his visits and indirectly in the intervals between the visits through the staff of attendants whom the physician must have well in hand and all of whose words and actions must be inspired by him. Such is the opinion expressed by the General Inspectors of the insane in France, in 1878, and admitted by alienist physicians.

The supervision of the patients is above all a means of treatment in an asylum, and too much attention cannot be paid to the selection and training of a good staff of teachers. Nevertheless, notwithstanding all the care which may be taken, I am satisfied that it would be rather difficult to form, out of laymen or lay

women, a staff of nurses as reliable as one composed of members of a religious congregation. The care of the insane, perhaps more than any other work of self sacrifice, requires a tact, a patience and a disinterestedness which cannot always be obtained for money, and to every non-prejudiced mind, here as elsewhere, the Sister of Charity may be considered the ideal nurse. For some years past in France, there is a tendency to replace religious communities by lay nurses, not only in the ordinary hospitals, but also in the insane asylums. I asked some of the physicians of the asylums, which I visited, what they thought of this reform and most of them, speaking from an exclusively medical standpoint, considered it most regrettable.

In Belgium, on the contrary, there are religious orders in nearly all the principal asylums. For instance, the Female Asylum at Mons, and the Male Asylum at Tournai, belong to the State and yet there are Sisters of Charity in the former and Brothers of Charity in the latter. At Ghent there are also Brothers of Charity and as, in this establishment, labour is thoroughly organized as a means of treatment, the fore-

men of the workshops are Brothers. One of the great advantages of this system is the absence of the great evil of frequent changes of keepers and as the latter are employed for many years in nursing the patients, they acquire very valuable experience. The head physician of the institution, Dr Morel, pointed out to me in the ward for violent patients, an old Brother who had been in that division for thirty years and who, notwithstanding his feeble appearance, was able in to manage the most violent of them.

But I do not wish to enlarge at greater length on this question of the organization of the staff of keepers and nurses in asylums. I have already dealt more fully with this subject in a special report addressed to the Honorable Provincial Secretary, on the 31st October, 1885, and also in my annual report for the year 1886. But I deem it advisable to cite the opinion of one of the alienists who has contributed in the greatest measure to the improvement of asylum organization in France.

“Keepers in asylums, says Dr Parchappe, have duties of the same nature to perform as nurses in hospitals; their duties should be of greater dignity as they are of higher condition than those of paid servants.”

“ From this point of view in Catholic countries, sisterhoods supply the very best possible nurses for the female wards of our asylums. Everything that one can expect from woman's heart in the way of affectionate devotedness and compassionate, delicate, enlightened care, we get from the Sisters under conditions of self-abnegation and with guarantees as to morality that we cannot obtain to the same degree from lay nurses. The entire suppression of the lay element in the staff of female nurses in asylums is, in my opinion, an inestimable advantage which should be more generally and more unrestrictedly sought for.

“ Experience has shown that the drawbacks caused by a tendency to usurpation of power, which is generally imputed to religious congregations, do not exist in our public asylums, and while admitting that this result might have been obtained by the stipulations of the contracts and by the regulations, it is but fair to admit that several communities of nuns which have included the care of the insane amongst the objects of their foundation, have shown themselves worthy of their object by their aptitude, their devotedness and *esprit de conduite*, or administrative ability.



“ The reasons which justify the preference to be given to religious communities as compared with lay-women for the female wards, do not apply to religious communities of men for male wards. The formation of a good staff of keepers in these wards, as well as in the female wards, when religious communities are wanting, is a problem which has constantly been worked at and the solution of which has been considered possible by some alienists, only on the condition of the establishment of special institutions for training male nurses.

“ The realization of these theoretical views which would give rise to probably insurmountable difficulties is fortunately not indispensable. Experience has proved that it is possible to arrive at a sufficient degree of efficiency in the organization of a staff of keepers by the strict observation of certain rules of which only the principal ones need be mentioned: The appointment of a head keeper who should be a qualified, capable and reliable official ; the classification of the nurses into categories with certain definite regulations as to promotion ; a qualifying examination to be passed at the end of the year ; the adopting of a uniform, just and strict regulations for discipline.”

We have already seen that the first steps to be taken towards the cure an insane patient is to remove him from his ordinary surroundings, but in order that this isolation may be effective, he must not be left in a hospital abandoned to himself and to all the vices of his first education, and the evil propensities bred by disease. Such an isolation is more harmful than useful. He should be removed from his preoccupations, from his imaginary world, by subjecting him to the common law of labour. This is one of the principal conditions of the treatment. All the insane who are physically capable of it should be made to work whether their labour be productive or not, for it must not be looked upon exclusively as a means of increasing the resources of the institution. It should be employed in asylums chiefly, if not entirely, as a means of treatment and distraction.

Manual labour, especially in the open air, which involves the simultaneous or successive action of the locomotor muscles, together with a certain amount of application, should be given the preference over all other as a means of cure but on the condition that it be never allowed to fatigue the patient. It is generally

admitted that working in the fields is more beneficial to the health of the patients; however as this kind of occupation is not liked by all and as it is impossible in this country to indulge in it for a long period of the year the patients might be employed in work about the house or in easy trades under the supervision of competent keepers.

Amongst the asylums which I had an opportunity of visiting; that of Guislain, at Ghent, is certainly one of the best organized as regards the labour of the patients. In the month of September last, out of 489 patients, 325 worked regularly. Clothing of every kind was made in the asylum by the patients themselves and ordinary repairs to the buildings were likewise made by them. There are workshops for tailors, weavers, shoemakers, joiners, blacksmiths. At the head of each workshop is a foreman who is a skilled mechanic and all the other workmen are patients. Moreover some are occupied about the houses and yards and assist the keepers.

One can scarcely believe how greatly such a generalization of labour alters the appearance of an insane asylum. There is a feeling of

satisfaction and the eye is not saddened, as in our asylums, by the distressing spectacle of spacious wards full of idlers, who are left from morning till night to the impulses of their delirium and to the mercy of their evil instincts. I have visited many institutions for the insane. I have seen some more luxurious, more modern, but, thanks to its excellent internal organization, none impressed me so favorably as that of Guislain, which has been in existence since 1852.

It is moreover quite evident that in selecting the occupation to be given to the patients the physician must take into account their aptitudes, their tastes, their temperaments; their state of calmness or agitation. But it must never be forgotten that he is the only judge in these matters.

But is not alone sufficient that the head of the institution should be willing to organize labour in his establishment, the expense of providing what is required must be incurred once for all. In the first place it is necessary to have intelligent, patient and skilful foremen. It should be easy to procure such men if reasonable wages were paid. Then the plant required

for the various trades must be procured. But in the end this comparatively trifling expenditure would be soon compensated for by the proceeds of the patients' work.

The greatest difficulty in the organization of labour in insane asylums is to get the patients to work regularly and steadily. They are essentially restless and changeable and soon contract idle habits. They have to be stimulated and encouraged by the hope of a reward or remuneration, however small it may be. In the asylums which I visited and in which the patients' labour had assumed some proportions, all the patients are paid for their work. Thus, in France, a ministerial decision of the 6th April, 1884, and, later on, a regulation of the 20th March, 1857, established the principle that a slight remuneration was to be paid to insane persons who worked.

By the very fact, says the report of the general inspectors, that labour was considered as a therapeutic means, it became necessary to encourage the patients to devote themselves to it with a certain amount of assiduity. All work deserves wages; most of the insane are aware of this and consider that their labour should be

paid for. The working day is ten hours and it is paid nearly everywhere at the rate of two *sous*. It is not however necessary for the patients to work ten hours a day to obtain this remuneration ; all they have to do is a fair day's work. Thus the tailors, shoemakers, masons, joiners, benefit by this tariff. In most of the best asylums in France, patients who do *very productive* work get extra pay. The first fruit of these economies serves to form a reserve fund called *pecule de sortie* (discharge money) the object of which is to give the patient who is cured the means of reaching his home and of supporting him until he finds employment. With the surplus he can purchase whatever he likes or may take a fancy to.

In Belgium we find very nearly the same organization. At the Guislain asylum the work of each patient is paid according to its value. A great many, for instance, are employed in winding spools of cotton for a manufactory of Ghent, which pays them two *sous* per *kilo*.

We have just seen what an important *rôle* labour should play in a well organized asylum. It is beyond a doubt that it is one of the chief elements of cure, but it may be supplemented

by other methods of amusement and distraction which also form part of the moral treatment of the insane, such as outdoor walks, assemblies, music, games, etc.

Open air walks are an excellent hygienic exercise for quiet patients and they should be indulged in at all seasons when the weather is favorable. Games, dances and concerts may exert a beneficial influence provided they do not become the chief occupation of the patients and that they are used only as a means of diverting the mind from the habits of more serious daily labour.

However, nothing can be neglected as regards moral treatment and we should not hesitate to resort to such kinds of distraction when patients have to be kept from idleness and when it is impossible to do so by labour.

Music has a beneficial influence on most insane people and it is pretty generally resorted to. Thus in a great many asylums in France and Belgium, bands and schools for vocal music have been organized amongst the patients. In some establishments, elementary schools have been instituted for the purpose of amusing the

patients and providing them with a useful occupation.

We have considered some of the conditions which an asylum should comply with as an instrument of cure, and we have briefly pointed out the means which the asylum physician should have at his disposal in order to properly execute the mission confided to him. In this respect the Quebec asylum is far from having accomplished the same progress as has been accomplished elsewhere. There is hardly any medical organization, and it may be said that it is more of an asylum than a hospital for treatment. For thirty years the medical service has been performed by a house physician appointed by the proprietors. The number of inmates at that time was 400, it now exceeds 860, and, in some years, has even been much greater, and yet the medical staff has never been increased. That physician has not only to treat the diseases incidental to a population of 850 but he has also to correspond with the relatives, keep the medical registers, compile the annual statistics and make up the medical prescriptions. He is not the real head of the establishment and the inferior position he occupies takes away the *prestige* which he should have with the patients.



In order to render the medical treatment more efficient, the medical authority should be given the greatest weight by placing under his immediate control all the keepers and nurses. There should also be at least one house physician for each establishment (male and female). He should devote all his time exclusively to the patient, without having to attend to the pharmacy and book-keeping, correspondence, &c. At the St. Jean de Dieu asylum there are three attending physicians, and I am told that there will soon be a fourth one. They have nothing to do but to study and treat their patients ; the nuns carry on the correspondence, keep the books and dispense medicine.

The recruiting of a good staff of keepers is, as we have seen, one of the essential points in the organization of an establishment for the insane. Now, I do not think that proper discretion has always been used.

As to the organization of labour as a means of treatment there is none at all or hardly any. It is true that some of the patients are employed in various occupations, but there are very few who work steadily. Amongst the men and the women, there are some who assist the keepers in domestic duties ; but the very nature of such an occupation means but an interrupted labour

of short duration and which is chiefly done in the morning. In the last report published by the proprietors of the asylum we find that out 991 patients under treatment, 153 were employed in household work, 147 in the gardens and fields. Now, as I have just stated, the former cannot have worked for more than one hour a day in sweeping, making up the beds, &c., while the others work only a few days in the year especially during the haying season. Out of a total of 397 workers there were, therefore, only 97 who were more or less steadily employed in sewing, knitting, in the workshops, the laundry, the linen room and in the kitchen. This is a very small proportion compared to the number of inmates during the year. Moreover, as I said in my last annual report, the general household duties, even in a large establishment, are not sufficient to give occupation to all the patients who are able to work, and to attain this end some easy trades should be introduced. By this means it has been found practicable, in the United States and Europe, to give steady work to from 60 to 90 per cent of the patients. For some years past the asylums of Ontario have made considerable progress in this direction. From 1882 to 1887, the number of patients at work has increased

in proportion to the number of inmates, as follows: in the Toronto asylum, from 32.15 to 61.49; in the Kingston asylum, from 45.11 to 68.26, and in the London asylum, from 54.61 to 77.84. According to the report of the London asylum for the year ending the 30th December, 1887, out of 983 patients, the average number employed at work every day was 826 and the total number of those who worked was 947. The total number of days' work was 259,883.

We have already stated that the placing of idiots and imbeciles in asylums contributed in a great measure to the over-crowding of our asylums. In our Province the relief of these unfortunates has hitherto been mixed up with that of the insane. This amounts to the same as admitting deaf-mutes or blind into ordinary hospitals. An essential distinction must be made between the insane and idiots. The former are invalids who are susceptible of treatment, the latter are infirm persons whose condition may be improved, it is true, but who require a very different kind of care. Our law admits idiots and imbeciles only when they are *dangerous, scandalous, epileptic or deformed*.

This distinction is but fair, for in ordinary cases, these unfortunates require only the super-

vision and attendance of their families, and it is only when they have no family to look after them that the public authorities should do so. As I stated in one of my annual reports, asylums for the insane should not be refuges, and their character of hospitals for treatment should be maintained. On the other hand it is quite certain that a great many idiots and imbeciles should be confined, because they are dangerous or a source of scandal, or because they are unable to support themselves. But since the Government is obliged to take charge of them, would it not be better to place them in special establishments. This would be less expensive and allow of our improving their condition by educating them. For it must not be forgotten that a certain number of these idiots are susceptible of education to a certain degree. These are what professor Ball calls *spontaneous* or *partial* idiots. Some of them are more or less endowed with intellects which may be developed by exercise.

As Dr. Roussel says, the education of idiots cannot resemble ordinary education more than that of the youthful blind and deaf-mutes; it must be made to suit the condition of these incomplete organizations, out of which we cannot expect to form men with complete facul-

ties but which we may, economically and morally speaking, turn to advantage according to the rudiments of faculties and professional aptitudes which we discover in them.

The establishment of an institution for idiots should be based on such data as are now supplied us by science and observation, the essential elements whereof are hygiene, gymnastics in their widest sense, and varied kinds of labour.

At one of the sittings of the international Congress on Public Relief held at Paris in July last, Dr. Bourneville read a paper on the education and protection of idiot and epileptic children in France and abroad. The conclusion of his paper is as follows: "The fourth section of the international Congress on Public Relief expresses the wish that provincial, departmental or innter-departmental asylums be established wherever there are none which shall be devoted to idiot, imbecile and epileptic children, that is to say to the most important class of abnormal children." Dr. Bourneville attaches great importance to the vote which he proposed for, he says, foreign countries, in which no departmental or communal asylums exist, can rely upon such a vote. The project was unanimously adopted by all the members

present. On the other hand the Commission appointed to consider the Bill voted by the French Senate in 1887, suggests in its report that the State should erect one or more special establishments for the education of young idiots and the treatment of epileptics.

There are such establishments in several countries : England, Scotland, the United States, France etc. In England, the Earlswood asylum, founded in 1847, gives instruction to nearly 600 idiots of both sexes ; that of Darenth, which is much more recent, has schools for about 300 idiot boys and 300 idiot girls, and, finally, the Royal Albert asylum for idiots can receive nearly as many. In Scotland there are several asylums of the same kind amongst others that of Baldovan and that of Larbert. In all these institutions the results obtained have been most satisfactory. Dr. Roussel says that not only do they succeed in deriving a benefit from the work of those who are the least susceptible of being taught trades, such as the making of mats, but many are taught to work fairly well as basket makers, joiners, locksmiths, shoemakers, tailors, seamstresses, and printers, besides those engaged in agricultural labour for whom Earlswood has a farm of 90 acres with a sheep fold, byres and schools in which the more

intelligent receive a fuller education, so that some of them succeed, as musicians, draughtsmen, calculators etc., in securing a position in society and earning their livelihood in an honorable manner. To a French physician, Dr. Felix Voisin, is due the idea of reforming education so as to adopt it to idiot children. This work was afterwards taken up by Belhomme, Séguin and Delasiauve, and yet, after having started the movement, France has been left behind by England and the United States which merely appropriated its ideas. Nevertheless, the steps taken to educate young idiots who had been in the Salpêtrière for many years, and the colony established near the asylum of Vaucluse have already produced sufficient results to induce the General Council of the Department of the Seine and the Municipal Council of Paris to devote three millions of francs to the foundation of a special establishment under the direction of Dr. Bourneville for the youthful idiots of Bicêtre.

I had an opportunity of visiting these various establishments and I was greatly struck with their excellent organization and the wonderful results they obtain. In the Department of Dr. Jules Voisin, at the Salpêtrière, there is a section set apart for young girl idiots, to the number

of 150. These children are taught to read, to write, to sew and do various kinds of work. Many of them thereby learn to earn their living and some of them have been sufficiently trained to become underkeepers in the institution. The school, which consists of four or five classes, is still under the direction of Mademoiselle Nicole who founded it forty years ago. The system of education followed in it is very similar to those for deaf-mutes. Object lessons are chiefly given and objects are shewn to the children of which they are taught the names; such as vegetables, fruits, grains, tools, furniture and fuel. Of course it is difficult to secure the attention of such a class of pupils for any length of time, consequently the occupations are very various and interspersed with many recreations. However emulation is stimulated by examinations, competitions, etc., etc., and the success obtained is most encouraging. For instance, I saw amongst these unfortunates hydrocephalous and microcephalous idiots who could barely pronounce a few words when they were admitted, and who had been taught not only to speak, but to read, to write, to work and to make artificial flowers. Dr. Voisin pointed out to me a girl idiot about ten years old, who when admitted, two months before, was absolutely like a wild cat. No one could



go near her without being scratched, struck or being spat in the face. When I saw her she was quite gentle and tamed, and was beginning to speak.

The colony of Vaucluse was founded on the 1st July, 1876. It was intended to receive 116 young boys from 8 to 15 years of age, who were either idiotic or imbecile but in good bodily health; *gâteux*, uncleanly and epileptic patients being excluded. When I visited the institution there were 120 inmates and most of these children were occupied in one way or another either at school, in the workshops, at household work or on the farm. About 40 per cent are regularly employed in field labour under the direction of experienced farm foremen. Others learn trades and work in the shops while others attend school where they are taught reading, writing, arithmetic and the knowledge of ordinary things. The most intelligent even pass examinations on these various subjects.

But of all the establishments of this kind which I visited in France, the most important is, beyond contradiction, that of Bicêtre. Owing to the method followed there and the efforts of the staff trained by Dr. Bourneville, who may be considered as the founder of this new and

remarkable department, the idiot ward, at Bicêtre, may be considered as a model from which useful information can be derived. This institution for the education of idiot children is the outcome of the putting into practice of the doctrine laid down by Dr. Seguin about fifty years ago. This modest physician has been for the idiot child what Abbé L'Épée was for the deafmute; he devoted his whole life to his emancipation by seeking to elevate him by education to the dignity of a rational being. Foreign countries were the first to appropriate the ideas of Seguin, and it is only of late years that efforts have been made in France to place it on a par with England, the United States and other countries, as regards improving the condition of idiots.

At Bicêtre the basis of education lies in object lessons and lessons of action. Education and professional teaching are imparted in the schools and work-shops. All the spaces between the buildings have been converted into gardens for the purpose of object lessons: 1st. A garden for geometrical figures (trees cut in the shape of cones, cubes, etc); 2nd. A garden for surface figures (small plots surrounded with a box-tree border in the shape of triangles, squares, etc); 3rd. A flower-garden; 4th. A kitchen garden;

5th. An orchard with apple, pear, plum, cherry-trees, etc.; there is also a field with cereals and fodder-plants. 6th Finally a small grove of various kinds of trees extending to the end of the section.

All the children spend a certain number of hours, each day, in school alternating with work in the shops, gymnastic exercises, outdoor walks, etc. The organization of the teaching of trades is especially admirable and the following table which I have taken from the last published report, shows the results obtained.

WORKSHOPS.	Date of opening.	Number of apprentices.		Value of labours.
		January.	December.	
Joiner's shop...	26th Aug '83	34	34	6,467 francs 80
Shoemaker's do	8th Oct "	34	34	2,412 " 65
Sewing rooms..	8th " "	58	70	5,417 " 70
Locksmith's sh.	16 Jan. 1884	15	17	4,568 " 70
Basket making.	20 Oct. "	10	11	2,112 " 80
Stuffing .....	20 " "	13	14	236 " 75
Brushmaker's s.	26 Nov. 1888	13	2	38 " 40
		167	192	21,254 frs. 10

I have perhaps laid too much stress on this subject of the relief of idiots. I might, however, have said much more by giving, at length, the numerous details of the organization of the classes, the physical exercise, the hydrotherapy, the amusement of the children, but I think I have said enough to show what can be done in this connection. Up to the present we have remained entirely outside of this path of progress and if some day the Government should determine to make the relief of idiot or imbecile children a speciality, by establishing institutions for them, such as those I have just described, they will do away with the abuses which may result from the existing confusion in our insane asylums where these unfortunate children are mixed up with adults.

The immediate result of the organization of such a system for the idiots and imbeciles would be a perceptible decrease in the amount voted for the support of the insane, or, rather, this separation of the infirm from the sick would allow of an equitable distribution of the sums voted for that important branch of public relief. In fact the care of idiots and imbeciles

costs less than that of the insane, so that we could devote the amounts economized on the former to secure the better working of our asylums for the really insane.

Such a reform would be a great improvement on the present system, in so far as it would enable our asylums to retain their true character of institutions for the treatment of the insane. We might thus, by raising the wages in these establishments, increase and improve the staff of keepers and place the medical service on a proper footing. On the other hand, idiots and imbeciles would no longer be abandoned to the unfortunate consequences of their natural infirmity. Society would benefit by having these unfortunates become, if not beings quite adapted for social life, at least beings capable of doing useful work sufficient to defray a portion of the expense of their education. For we must not overlook the fact that most of these unfortunates have at least a spark of intelligence which may be kindled by education, and it is the duty of the Government to assume the initiative in this charitable work which would tend, as Esquirol energetically expresses it, to remove the mark of the beast from the forehead of the idiot.

We have just seen what it is possible to do towards improving the condition of idiot children, but there is another class of harmless and incurable insane who contribute to a great extent to the over-crowding of our asylums and who may, nevertheless, be assimilated to idiots as regards the relief to be afforded them. For instance, we have in our asylums a goodly number of the quiet, demented, maniac or melancholic patients without hallucinations, who have long since passed into the chronic state and become immobilized, if I may use the expression, in a form of inoffensive delirium, patients afflicted with a partial madness and even intermittent mania whose lengthy lucid intervals might without danger be passed in the bosom of their families.

What measures should we apply to these unfortunates? And, in the first place, would there be any benefit in ridding the asylums of them?

If we consider only the best interests of these establishments, the answer must evidently be an affirmative one. The asylum, whatever may have been said, must, above all, be an instrument of treatment. In order that the physician

may be able to treat his patients successfully he must not be encumbered with the care of incurables. It is these harmless incurables, whose daily inspection is truly the most wearying, the most monotonous and often the most useless of spectacles, that we should endeavour to relieve in another way.

Admitting on the one hand the possibility of removing certain patients from the asylums, and on the other hand, the undeniable advantages of such a step as regards the proper keeping of these establishments we may reduce to four the principal systems which have been proposed for effecting this twofold object :

1. It has been proposed to establish houses of refuge exclusively reserved for incurables ;
2. These unfortunates may be collected in agricultural establishments ;
3. They may be confided to the care of other families than their own ;
4. They may be sent back to their own families.

1. Physicians are not unanimous on the question as to whether it is advisable to have distinct asylums for the curable and incurable

insane. So say the Inspectors General of insane asylums, in France in their report for the year 1878. "The most radical opinion in this respect has been maintained by professor Griesinger of Berlin, who would have liked to see as many asylums as there are successive periods of insanity: city asylums for acute cases; country asylums for chronic cases; colonies or settlements for those in good bodily health. This opinion has been contradicted by all, even in Germany, the only country, however, with German Switzerland, where they admitted in principle for a certain time the separation of the curable from the incurable. In France, as well as in America, in England, in Belgium, in Spain, in Italy, in Russia, the separation of the curable from the incurable has never been admitted, and at the present time, it is given up nearly everywhere in Germany and Switzerland." Parchappe very properly observes that to adopt such separation as a fundamental principle in the classification of the insane in an asylum would be to uselessly complicate the problem to be solved and compromise its solution by the necessary exclusion of principles of classification, which are much more important and useful.



However, while admitting that this system of rigorous separation of the curable from the incurable presents serious disadvantages in practice it cannot be denied that there is in our asylums by far too large a class of unfortunates who would be better in refuges. The quiet demented, the *gâteux*, the harmless patients over 60 or 65 years of age and others of the same kind are of this class. Some suffer from primitive dementia while others have fallen into that intellectual and physical state since they have been in the asylum, after having been afflicted with some form of mental disease. The resources of the asylum are of no use to these patients, they are a source of encumbrance and increase the cost of expensive services which have not been organized for them and for which they become a positive inconvenience. On the other hand it is hardly possible to place these patients in ordinary hospitals. Houses of refuge should be established for them which might be attached to the insane asylums.

2. But in addition to this comparatively limited class of harmless, demented and *gâteux* patients, the ordinary inmates of an asylum, consist in a great measure of those chronic, more or less incurable patients who are spe-

cially deserving of attention as regards public relief.

In truth there is hardly any more hope of curing them and of curing the first mentioned ; but by getting them to work we can at least reduce the cost of their support while improving their condition. It is for these patients especially, that recourse has been suggested to the boarding system or again to establish farming institutions which have been called agricultural colonies but which are in reality only farms attached to close asylums.

At one of the sittings of the last Congress on Mental Medicine, held at Paris, Dr Baume read a treatise on the relief of the insane, in which he asked that the departments be obliged to establish, under the name of agricultural colonies, farms which would be distinct from, but dependent upon, and as near as possible to the public asylums, to which the quiet insane or idiots in good bodily health should be sent after their period of treatment or observation in the asylum was completed.

This suggestion gave rise to a very interesting debate at the close of which the Congress expressed the hope that to each insane asylum

there would be attached an agricultural colony in proportion to the number of inmates.

Some days previous, the Congress on public relief had voted a similar resolution at the request of Dr Magnan, the physician of the Ste-Anne asylum. "The asylum physician should establish, develop and extend the agricultural colonies and the familial system around his institution."

"In most of the insane asylums now in existence," wrote Dr Parchappe, in 1853, "there is a more or less extensive area of land cultivated by the insane. But it is chiefly in Great Britain that the material organization of farm labour by insane patients in asylum has attained its fullest development. "The farms of several English establishments, those of Hanwell and Surrey for instance, are on an extensive and costly footing; the stables, byres, swine-styes, etc., are of the best; the dairies are splendid. The manner in which the farm of Quatre-Mares has been fitted up and provided for on the advice of eminent agriculturists seems to me to make it a model to be followed, although it is not so extensive or so costly as the English farms."

Since Parchappe wrote the above, the development of agricultural labour in insane asylums has made constant progress both as regards importance and extent, in England, in Germany, in France and in the United States. During the month of July last (1889), I visited the colonies of Fitz-James and Villers attached to the Clermont asylum in the Department of l'Oise, France. This institution probably shows the most ample and successful application of the colony system which has hitherto been attempted. It comprises three different sections: the close asylum which is in the town of Clermont, and the two colonies, which are situated at a distance of two or three kilometres in the *communes* or municipalities of Fitz-James and Villers.

In the asylum proper there are boiler, cooper, joiner, locksmith, blacksmith shops, etc, in which some of the patients work under the direction of foremen. All around are extensive gardens where patients under treatment or observation and those who are not quiet enough to be sent to the colonies are employed in growing flowers and vegetables. The farm comprises 500 hectares under cultivation, but

a portion only belongs to the asylum, the greater part being rented. The general aspect is that of a grand and magnificent rural property ; nothing recalls the idea of restraint ; there are courts, gardens, wheat-fields ; the eye roams over a vast extent. The farm of Fitz-James is about 240 hectares, and that of Villers 260. The grounds of each touch the other, but the dwellings and farm buildings are at a distance of a fifteen or twenty minutes drive. Farming and stock-raising on a large scale are carried on. There is a director of agriculture for both farms.

At one end of the colony of Villers, in a charming situation, completely separated from the remainder of the farm, dwell about a hundred female patients who do the washing and mending for the whole establishment, that is about 1,500 patients. There are a huge lavatory through which a river runs, and an immense laundry with a steam engine to drive the apparatus which is all of the most recent pattern. The great amount of labour which is performed in this building make this section the most interesting portion of the colony.

At the time of my visit over 300 patients, male and female, were regularly employed at

various kinds of work in this double colony. There is a resident physician on each farm and both are under the control of the head physician of the asylum so that there is but one medical direction. Moreover, there is constant communication between the colony and the asylum. If any change occurs in the mental condition or general health of the patient necessitating his removal to the asylum, he is at once transferred there and another able-bodied patient comes to take his place; the asylum and the colony are a complement one of the other; one could not exist without the other. Such an organization may be looked upon as the ideal of the kind, since it contributes to relieve the asylum while increasing the comfort of many patients by giving them a healthy and agreeable occupation.

3. Is it possible to confide the insane to the care of strange families and can it be done to a sufficient extent to make it an institution?

The colony of insane at Gheel in Belgium, is the application on a large scale of this principle of the boarding out system. I already knew this remarkable institution by reputation, but I wished to study and see the working of the

system for myself. It was in the month of September last, (1889), that I visited this singular establishment where the insane are entirely free from restraint and share in the domestic life of the families to whom they are confided.

The village of Gheel is isolated in the centre of "La Campine" and is nine leagues in circumference, separated from all neighbours by a wide strip of moor and heath. Its geographical situation made it therefore particularly suitable for the establishment and development of a colony of insane which is said to have been founded in the sixth century by Ste. Dymphe. Tradition tells us that this young Irish princess wishing to escape from her father's persecution, sought refuge in a wild part of *La Campine* to the north of Antwerp. Her father found out her retreat and killed her. She was canonized and several persons afflicted with mental alienation having been cured at her tomb, Ste. Dymphe was considered as the patron saint of the insane. The sick flocked to her tomb in everincreasing numbers and gradually a small village grew up around it and imperceptibly the relatives and friends of the pilgrims

who were not cured acquired the habit of leaving them with inhabitants of the place, who received them into their families, and adopted a humane and kind method of treatment which was in strong contrast to the cruel and savage method followed in the hospitals for the insane of that day. It is not surprising therefore that more cures were obtained there than in those sorry hospitals which were more like prisons, where the vacillating reason of those who were confined in them flickered away before being extinguished for ever.

Up to about the middle of this century the colony had developed itself spontaneously without the aid, as well as without the salutary control of public authority. Private enterprise left to its own resources had engendered abuses which had to be suppressed. It is beyond a doubt that it is to the devotion to Sainte Dymphé that Gheel owes its existence as a colony for the insane but it must not be imagined that it is through a purely religious spirit that the inhabitants of the place received and sheltered the unfortunates who were brought to them. The former organization left much to be desired ; there was no curative



treatment, the food was insufficient and coarse and the means of restraint were left to the will of the nurses.

The colony, was completely reorganized by a regulation dated the 1st May, 1850. The supervision was taken away from the municipality and transferred to the State. At the present day the 18 hamlets composing the municipality of Gheel, are divided into four sections at the head of which is a physician with four keepers, whose duty it is to move about all day long through their sections, inspect the rooms, ascertain both by day and by night that the patients are cared for and treated according to the regulations. The medical service is under the direction of an inspecting physician Dr. Peeters.

An infirmary has also been built in the centre of the town which is in reality an ordinary close asylum. In it are placed : 1. Patients on arriving, who are kept under observation for five days before being placed in the families ; 2. Those who are attacked by serious incidental diseases which cannot be treated in the private houses ; 3. Those who are confined for having been guilty of insubordination, intoxication, etc.

The patients treated at Gheel may be divided into two classes : the boarders, or paying-patients and the indigent patients. In each house only two or three patients are received and they must always be of the same sex. They live entirely with the family which has received them take their meals with them and share their labours, sorrows and joys.

The indigent patients are divided into three categories : the cleanly, the *demi-gâteaux* or partially uncleanly and the *gâteaux* or uncleanly. The first class cost 84 centimes a head per diem ; of which only 60 centimes go to the family ; the balance goes to pay the general expenses of administration and the medical service. The partially uncleanly (*demi-gâteaux*) cost 94 centimes, 70 of which are for the family ; the uncleanly (*gâteaux*) cost 99 centimes, 75 being for the family. Open air, full liberty, home life, such are the fundamental principles of the system as followed in the Flemish colony. It is forbidden to admit suicidal, homicidal or incendiary insane. In a colony of this kind, as Dr. Moreau, of Tours very properly says, the lunatics have not entirely lost their dignity of reasonable beings for they have

not entirely broken off with society to which they remain bound by all the intellects which the disease has spared.

Gheel has been considered by some as the Paradise of the insane. In any case, in a general way it produces a favorable impression. In certain respects such an organization of the farming out system might be considered an ideal method of relief for a good many incurable and harmless insane; but in practice it is hardly possible to found at once villages for the insane similar to the village of Gheel; this would require a combination of geographical, social and pecuniary conditions which it is impossible to secure.

But there is a middle course. For instance, in England, what is called the "cottage system," the "Lock system" of Bucknill, are applications of the same idea reduced to reasonable proportions. Attempts have also been made in this country to place some insane patients with neighbours around the large asylums under the direct supervision of the physician of the establishment. In Scotland there is another form of the same system. The insane are scattered in villages, which are distant from each other,

with farmers whose only duties are those of common inspectors. This system might with advantage be adopted in this Province and the law should allow the medical board whenever an opportunity occurs, to place certain harmless patients with families who would be willing to care for them and capable of assuming such a responsibility and of properly performing their duties. As regards the change of *regime* it can only be an exceptional measure; but within these limits it is perhaps a good thing as for some patients it would be more agreeable to live in a small private circle than in a crowded ward. Moreover it would always be understood that in case of agitation the patient should always be sent back to the asylum.

4. We have seen how important is the early treatment of mental diseases as regards their cure. On the other hand, a well organized asylum is considered by all alienists as the chief means of cure. While taking every precaution against the possible occurrence of illegal confinements the law should facilitate the placing in asylums of all the insane who have the slightest chance of cure. As regards the others they should be

admitted into the asylums only when they are dangerous or without means of support or have no families. Patients who are admitted at an early stage of the disease and are treated in time, represent nearly all the cases of cure published in the statistics of special establishments, but there are also a great many who, in spite of treatment and by the very nature of their disease, become incurable and pass into the chronic stage. It has been asked whether it would not be advisable to send them back to their families after a certain time instead of keeping them for an indefinite period in the asylums. Families in poor circumstances who would resume the care of their harmless insane would be paid an amount equal to what it costs to board them in the asylum. This was strongly recommended by some alienist physicians, but it is evident that it can only apply to a limited number of patients.

In effect it would be necessary to eliminate all those whose insanity, in becoming chronic, has continued to be dangerous, either continuously or at close intervals and unfortunately these constitute the majority of chronic cases. It would be possible therefore to remove from

the asylums only those patients who, although dangerous when admitted, have ceased to be so and have become quiet and harmless; but even in these cases their being sent outside will be subject to the condition that they have relatives who are disposed to receive and care for them. In any case this system of sending the insane to their relatives cannot be assimilated to the system followed at Gheel and in the vicinity of some asylums in Europe. In the latter case the close asylum is the centre of the organization, and it is the focus whence the medical supervision radiates over the whole colony. The patients enjoy the illusion of complete liberty and the advantages of home life, but as soon as unfavorable symptoms appear in their mental condition, they are at once replaced in confinement. Moreover it must not be forgotten that as a rule the insane are less easily controlled in their own families than in strange ones and experience has shewn that a great many patients who are absolutely undisciplined in the midst of their own families become quiet and submissive in other families.

We have considered all the various kinds of relief which have been suggested and applied

in favour of the insane. But there is another class of unfortunates, such as alcoholic patients, victims of morphine and similar habits, who are deserving of the attention of the public authorities. Subjects of this kind without being precisely insane should be subject to restraint for their own personal interest as well as in that of society. Thus in a special report submitted to the Congress on mental insanity by Drs Motet and Vetault, similar wishes were expressed as follows :

“The Congress, in view of the dangers with which alcoholism threatens society, families and individuals, and admitting that there should be a distinction between simple drunkenness, pathologic drunkenness and chronic alcoholism, expresses the hope that as a means of social protection, permanent administrative measures will be taken as regards alcoholic patients according to the category to which they belong ; that the legislative authorities will give their sanction to the labours of Claude (des Vosges) of Messrs M. Roussel and Léon Say.”

“That one or more special establishments be founded for habitual drunkards, alcoholic

patients who have committed crimes or offenses and who have been acquitted in consequence of their mental condition. That the duration of their confinement be determined by the courts after a medico-legal inquiry."

"That their discharge even at the expiration of the determined period be postponed if there is danger of a relapse That, as these establishments are of the nature of a house of treatment and not of repression, they be organized with a strict discipline and that labour be compulsory. That judicial and administrative statistics be published so as to show the results of these measures."

But in order to obtain from these establishments all the results which they are expected to yield, they must be exclusively reserved for inebriates. We have at Quebec the Belmont Retreat, which has been founded for inebriates. Unfortunately of late years, this institution seems to have abandoned its original destination and insane of all kinds are admitted to it. Such a mixing up of mere inebriates with the insane is much to be regretted in every respect. However, in this country, as elsewhere, we have to contend against this social evil of alco-



holism which is becoming aggravated, and it would be advisable to have special establishments for inebriates as recommended by the Congress on mental ailments held at Paris. This would have the effect of curing many of these infortunates and preventing them from falling into confirmed insanity, as happens in but too many cases.

Before concluding this report I would like to say a word about the plan generally followed in the insane asylums which I visited. These have seldom more than one story above the ground floor but cover more ground. The dormitories are on the first floor and below them are the dining rooms and day-wards, so that in the morning on rising the patients go downstairs and at night they go to bed upstairs. Most of the more recently built asylums consist of separate wings which enables a better classification to be made of the patients. Thus, in France, a strict classification is imposed by law and comprises the following groups: the quiet, the partially quiet, the excited, the partially excited, the uncleanly and in nearly all asylums the epileptics are separated from the others. This separation is always maintained,

for each group has its court yard. A covered gallery, 12 to 15 feet in width by 100 to 150 feet in length, runs along the ground floor and serves as a covered promenade in rainy weather. The doors are always open in fine weather and lead into an extensive court planted with trees and flowers and bounded on three sides by ditches about five feet wide, in the middle of which is a wall about two or three feet higher. This gives the patients the illusion that they are in full liberty for they can see all over the surrounding country, for the wall that separates them from it is hidden in a wide ditch. The asylums of Ville-Evrard and Vaucluse, at the gates of Paris, one near the banks of the Marne, the other on the summit of a hill bathed by the pretty river Orge, are models of this kind which all strangers admire. The hateful iron gratings which were formerly placed in the windows of asylums and gave them the gloomy aspect of prisons have disappeared in most of the new establishments. They are replaced by a very simple kind of windows which look like all other windows. They are however different in this that they are locked and the frames which hold the glass are of iron and not of wood. This prevents escapes.

It is quite certain that as regards the comfort of the insane, this system of one story wings offers great advantages, for it renders classification easier and allows the patients to go out every day in the courts opposite each wing. On the contrary, in asylums with several stories the patients may pass months without seeing the sky otherwise than through the gratings in their windows. Besides, in these asylums there is frequently but one court-yard in which quiet and excited patients mingle when they go out for exercise.

Although this report may be too lengthy, I would have still to speak of certain questions respecting the legislation for and the relief of the insane ; but I have already dealt with them in my annual reports and I do not consider it necessary to revert to them.

But by way of conclusion, I would like to make the following suggestions : 1. Insane asylums should retain their character of hospitals for treatment and be reserved as much as possible for dangerous or curable patients ; 2. As it is generally admitted that mental diseases are all the more curable according as they are recent, the legislation should make the

conditions of admission as easy as possible for patients who are to be treated ; 3. Labour should be organized as a means of treatment in our asylums and workshops should be set up in them and agricultural work made more general so as to provide occupation for the able-bodied insane ; 4. Imbecile and idiot children should be placed in institution where efforts would be made to educate them and teach them trades which would enable them to earn their living ; 5. Asylums for inebriates should not receive ordinary insane patients for such a commingling gives rise to serious drawbacks ; 6. The uncleanly and demented patients should be placed in refuges where they would receive the treatment they require at a lower cost than in the asylums ; 7. The medical board should be authorized to hand over to families who are able to take care of them, certain harmless, quiet and incurable patients who are able to work under supervision ; these patients to be sent back to the asylum when necessary ; 8. The system of discharges on trial should be made more general for harmless patients with provision for their being at once sent back if necessary. The present law allows the medical board to grant these discharges on trial but the pro-

pietors of the asylum have, during the past two years, refused to acknowledge our authority in this connection. I have already called your attention to this in my annual reports for the years 1886 and 1887.

I have the honour to be,

Sir,

Your obedient servant,

(Signed), A. VALLÉE,

M. D. L.

Medical Superintendent of Quebec

Insane Asylum.

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our autho-  
ready called  
reports for

ALLÉE,  
M. D. L.  
Quebec  
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