

1874.

REPORT

OF THE

QUEBEC LUNATIC ASYLUM

Addressed to the Honorable the Prime Minister
of the Province of Quebec.

BY THE

MEDICAL SUPERINTENDENTS.

Printed and Translated by order of the Legislative Assembly.



QUEBEC:
PRINTED AT THE "MORNING CHRONICLE" OFFICE.

1875.

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MATRON . .

ASSISTANT

FARMER . .

ENGINEER .

PORTER . .

INSPECTORS
OF ASYLUMS

COMMISSIONER

VISITING PHYSICIAN

CHAPLAINS . .

Quebec Lunatic Asylum,

1874.

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THE QUEBEC LUNATIC ASYLUM.

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TO THE HONORABLE

THE PROVINCIAL SECRETARY,

Premier of the Province of Quebec.

SIR,

We have the honor to submit to you our medical report on the Quebec Lunatic Asylum for the term ending the 30th June, 1874.

The report covers a period of twelve months.

Our last report was supplemented with observations upon certain questions connected with mental disease which it was necessary to make public, and we have been agreeably flattered at the kind reception thereto accorded by the Government.

The judicious liberality displayed in the publication of this Report, was a proof in itself of your appreciation of it, and enabled us to advantageously exchange the results of our labours with those of the Superintendents of Asylums in Europe and America.

We are also pleased to note the very general favor with which the observations in question, made with a desire to subserve the public interests, have been received and appreciated; many have even profitted by the occasion to express their approval of the pertinence of our suggestions and advice.

The clergy have condescendingly signified their valuable approbation, and every letter we have had the honor of receiving from Their Lordships the Bishops of this Province has contained flattering expressions and words of encouragement.

A number of distinguished Specialists in the treatment of lunacy, abroad, have also availed themselves of the communication of our report to convey to us their approval of the policy of the Government with respect to our unfortunate insane.

We may also specially mention the very substantial support which the Press has extended to us upon this occasion; even going beyond the limits usually assigned to journalistic reviews of Provincial blue-books. Several newspapers even went to the length of exhaustively criticizing our work, and by so doing have happily seconded our efforts in enlightening the public upon the obvious actual necessity of bestowing greater attention on the question of mental disease. Among the writings of those who have so generously come forward to aid our mission, we have particularly remarked those which have fallen from the pen of Mr. Benjamin Sulte, occupying several columns of the *Opinion Publique*; and of Mr. Maligay, in the *Franc-Parleur*, which, when united, form a pamphlet of about 71 pages; and, lastly, those of the Editorial Departments of the *Minerve*, the *Globe*, the *Evénement*, the *Nouveau-Monde*, the

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Montreal Witness, the *Courrier du Canada*, the *Budget*, the *Montreal Gazette*, the *Courrier d'Outaouais*, the *Canadien*, the *Echo de Lévis*, the *Mercury*, the *Constitutionnel*, the *Gazette de Joliette*, the *Courrier de St. Hyacinthe*, the *Franco-Canadien*, the *Messenger de Sorel*, and of a large number of others, the remarks of which would occupy too much space to reproduce textually. It is however a pleasure to us, in the few lines following, to give their substance, because not only is the latter an expression of the general sentiment, but is also apparently dictated in a spirit of sympathy, which establishes how much the Province desires to be associated in an effort in favor of the unfortunate beings entrusted to us, but as further showing, by the favorable reception of our report, how much interest is taken even in minute details of all matters affecting those who are unhappily deprived of reason.

The following lines are borrowed from an editorial article that appeared in the *Morning Chronicle*, in which the writer has done us the honor of saying that he hesitates to classify our comprehensive work in the category of the ordinary official blue-books, and therefore entitled to more than passing notice. To our view, he adds: "It would be better described as an instructive history of the institution and its career, joined to an extended and ably penned treatise on mental alienation, its causes and treatment, in which those important questions, in all their relations to the unfortunate sufferers themselves, to society and to the State, are discussed in a clear, concise and masterly manner, supported by figures, the examples of other countries, and copious extracts from the writings of the most eminent specialists of past and present days.

"Every line of it bears the impress of a thorough knowledge of the subject and deep and serious study on the part

of the author, coupled with true sympathy for the unfortunates whom Providence has bereft of reason and committed to his care, while the logic of the deductions, the practical character of the recommendations, and the easy and natural manner in which the whole is written, render it not only valuable to the economist, statesman and philanthropist, but deeply interesting to the general reader. An admirable feature of the work is the excellent classification of its subjects, which makes them exceedingly easy of reference, and enables the reader to embrace at a glance everything bearing upon that particular feature of the general question with which he may be desirous of making himself acquainted.

“ We have only to add that we warmly compliment once more the Medical Superintendents of the Asylum, on the excellent results of their management, and on the clear, comprehensive and intelligent manner in which they have made them patent to the public, at the same time, that we feel it our duty to say, that the appearance of this report some time sooner would have dispelled many erroneous ideas, and removed many false impressions which seem to have existed in regard to the Quebec Asylum and its administration.”

The Inspectors of Asylums and Prisons, have also honored us by citing long and numerous extracts from our report, in their remarks on the state of the Asylum. Their courtesy and their adhesion to the ideas set forth in our pages, which they quote, prove the opportuneness of our observations.

We trust, Sir, that we may be here permitted to offer to all, our sincere and cordial thanks, and to assure them that

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the unanimous approbation which we have received, animates us to perseverance in our exertions.

These statements are undoubtedly flattering ; but to us, as medical men, there were others which were even of higher importance, and which were hailed by us with joy as affording so to speak the greatest proof of the success of our labors. We allude to the sentiments expressed by our medical *confrères*.

We dealt in our report on the importance of an appropriate treatment in the various cases of mental alienation, and also on the necessity of instruction in mental diseases in our Universities, and we are fortunate in having given a new impetus towards this desirable end.

The favorable words with which the medical body generally have acknowledged receipt of our report, and the able review published in *L'Union Médicale*, (1) and in the *American Journal of Insanity*, (2) under the direction of an eminent specialist, Dr. Gray, amply repay our exertions, and encourage us to add to this report a few fresh notes respecting our Asylum and the question of Mental Disease.

We may also add; although the observations which accompany our Annual Report are in general the same, there are however certain facts and remarks which are not, to speak exactly, precisely in the nature of a medical report, the examination and explanation of which keep the Public informed upon an institution in which they are deeply interested.

(1.) Appendix B.

(2.) Appendix B.

With this end in view, we trust we may be permitted to say a few words on the medico-administrative system adopted in our Asylum, and to lay before you a statement shewing the amount of extraordinary expenses incurred this year on account of repairs, improvements, &c.

Some of the statistical returns of our last report having been questioned by the superintendent of an Asylum in this Province, we deemed it our duty to reply at once; but, as in apparently rectifying our remarks in relation to his own establishment, upon the plea that we were leading the public into error, he permitted himself to bring further accusations against our institution; we therefore considered it advisable, in the interest of those who did not see our defence, to add it in an Appendix. (1)

We are persuaded that the explanations contained in the reply are sufficient to remove the doubts which, whether intentionally or not, he desired to excite against us and our establishment, and that they will still further confirm the statements which we published on semi-official information, after having satisfied ourselves of their accuracy.

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Provisions relating to the medical and hygienic attendance on the Lunatics.--Interior economy of the establishment.

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It is admitted by every one that discipline is indispensable to the existence of any establishment however small it may be. It is necessary to maintain order, and is the basis of every true system of administration: no institution can exist without this condition, and it should be the subject of earnest attention on the part of those directing such establishments.

To secure a good supervision in reference to medical administration, especially in a lunatic asylum, two conditions are indispensable; firstly, a judicious classification of the inmates; secondly, a system of rules to which all must be subject and obey.

In our establishment the classification of the patients is made as much as possible in relation to their mental status, according to the exigency of the disease, the nature of the attentions they must receive, and the state of sociability with which each of them may be endowed; that is to say, according to their disposition to live among their fellow creatures.

The discretion required to make such classification demands continuous and frequent labor, because, as a rule, more than three-fourths of lunatics are dangerous and require confinement. No confidence can be placed in any of them, even those whom long experience has judged inoffensive. An insane patient being considered docile, may be classified one day as inoffensive, yet on another occasion be otherwise classed, on account of changes which may occur in his disposition, peaceful, up to that time. He may

become dirty in his habits, destructive or violent, and it would be imprudent to leave him among his room companions. Such classification once made, each patient must be attentively looked after; his habits, his tastes and tendencies, and any unfavorable manifestations, if they appear, observed, so that he can be protected against any results which might produce in him sudden or unforeseen irritation.

Our establishment is governed by rules and regulations. However, as with individuals, they are subject to modifications, and must, besides, vary according to the time and the disease, conformably to the occupation of the patient or the discipline to which he may be submitted. The adaptability of such and such rules depends on a variety of circumstances which cannot always be the same in a lunatic asylum. Above all, discipline can only produce good results in so far as its application is judicious.

To attain this *desideratum*, our daily efforts tend.

In order to better understand the kinds of discipline adopted in our establishment, it is necessary to give a classification of the rules imposed; the measures of repression adopted; the occupation and mode of daily life.

Classification.—The patients are divided into two large sections, Male and Female.

They are separately housed.

The Male section, as well as the Female, is divided into into twelve groups—each under the guardianship of a special chief called the head of the room.

One of these groups comprises the list of furious, excited

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and destructive patients, a second includes the convalescent cases; the other groups consist of the peaceable and inoffensive inmates.

A word, in passing, on each of these cases: 1st. The violent, excited and destructive; 2nd. The peaceable and inoffensive cases; 3rd. The convalescent cases.

1st. Violent, excited and destructive patients.—It is well understood how important it is to separate such cases from the peaceable or convalescent ones. These patients, in fact, require a special department, and must be separated as much as possible, (as in fact they are,) from the centre of the establishment. The guardianship which they require must be more severe, and the continual and assiduous attention which their state demands, is wholly different from that required by the other patients.

They are placed together and have communication only amongst each other. They have their own rooms where they can meet during the day whenever their condition permits. They are supplied with washstands, closets, bathrooms and refectories, from which any article, which could prove dangerous in their hands, is excluded. Those who refuse food, or who cannot help themselves, are separately attended to by the keepers.

The destructive ones receive special care on the part of the keepers, whose duty it is to remove anything offensive which they may observe. They are each placed at night in separate cells.

As we have here mentioned the word *cell*, it is perhaps as well to remark that a very well-known class of people are led away with the idea that a cell must be a sort of dungeon, dark and incommodious, deprived of air, light

and heat, into which the insane are thrust, without clothing, on to beds of damp straw. This is a ridiculous mistake, a gross error in imagination on their part. Our cells are small rooms, very tidily kept, well lighted during the day, warm during the winter, and possessing all the advantages of thorough ventilation; each patient is provided with a comfortable bed.

How many gaol sheltered paupers, among our sane population would not, on their return to their homes, envy so agreeable a place to dwell in? One of our well known citizens, attached to the staff of the "CHRONICLE" of this city, visited our institution, some months since, and in a minute and well written description, he expressed himself, in speaking of these cells, as follows:

"Although their small rooms bear the name of *cells*, they are after all separated rooms because separation is considered as the surest means to calm the excited patient. Each cell contains a comfortable and neat bed, and when the door of the cell is closed the patient receives sufficient light without at the same time disclosing any object of an irritating nature."

2nd. Peaceable and inoffensive cases.—The inoffensive cases, and they form the largest number, are lodged in spacious rooms. Each group of which this category is composed, is under the care of a keeper in chief, aided by assistants, proportionate in number to that of the patients. Every group has its common room, dining hall, common and special bed-rooms, bath rooms, wash rooms, water-closets and some isolated cells. This part of the building, besides, is more appropriately arranged and suited for its purpose than where the noisy and indecent are located. The windows look out on the finest parts of our gardens,

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and from their rooms the patients can enjoy a very agreeable view.

The visits of strangers who pass through the rooms, also form means of recreation to a great number of the inmates, and especially to those who rarely go out.

It is principally among this class that those patients who can be employed at manual labor are met with; so that a large number of them only enter their rooms at meal time and evening, before going or when returning from work. It can be well understood how the moral relief given by this apparent liberty to some of our poor patients amply indemnifies them for the vigilance which they are obliged to submit to.

3rd. Convalescent patients.—There is not a benevolent institution for the convalescent insane in the Dominion. In our establishment however we have on the asylum grounds a little villa, to which the patients of this category are transferred.

Upon losing the use of their intellectual faculties, many of these unfortunates have lost recollection of the society among which they formerly lived. During their convalescence they appear to issue from a protracted dream, almost forgotten of themselves. They begin by analyzing the various sentiments of their minds. They experience satisfaction, inasmuch as everything around them gives them peace and enjoyment. Their ideas are enlarged, they recognise themselves, and from that they proceed to comprehend the sympathizing expressions and kind foresight of those around them, and really commence to enjoy all the pleasures of family life even before they return to it.

They evince a desire to be free to re-occupy their position in society, but for this they must be prepared by degrees. For these reasons they are separated from the rest of the patients. The idea of associating with the insane gradually disappears from their thoughts, and by means of this treatment, which proves that they are convalescent, and inculcate into their minds that they can assist their recovery by their own efforts.

The villa has, up to the present time, been intended only for men, but the desirable results produced for some years in our establishment by this transfer, has so much convinced us of the desirability of this system, that we have decided on opening a new villa attached to the asylum, and which will be exclusively reserved for convalescent women.

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REGULATIONS.

MEDICAL SUPERINTENDENTS.

- 1° The Medical Superintendents have full authority over the whole establishment on medical and administrative matters.
- 2° Everything appertaining to medicaments, therapeutic and hygienic prescriptions, and the care of the sick, is especially under their control.
- 3° They establish disciplinary rules.
- 4° They decide on temporary and final discharges.
- 5° They authorize what communication the patients may have with their families.
- 6° They have supervision of the correspondence.
- 7° They audit the accounts and authorize the requisitions sent in.

8° Everything going beyond the regulations and doubtful cases are left to their authority, and to them appeal must be made.

ASSISTANT-PHYSICIAN.

The Assistant-Physician is specially charged with the infirmary and the chemical branches, where he must maintain order and the most scrupulous cleanliness.

1° He must visit the rooms at least once a day, enquire into the state of health of the patients, attend to complaints, look after the ventilation, to the state of the temperature, to the cleanliness of the rooms, and assure himself whether the medical prescriptions are complied with.

2° He will fill up the diet roll, and direct the compulsory feeding operations.

3° He must superintend the administering of shower baths.

4° He must perform all *post mortem* examinations.

5° He shall compile the history of the patients' cases.

6° He must conform to the rules of the Medical Superintendents in everything relating to the moral and physical treatment of the patients.

7° He must not be absent from the establishment during the absence of the Warden, unless he be replaced by one of the Superintendents. These absences must be seldom and only when caused by necessity.

8° He shall decide on the patients.

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8° He shall, in the absence of the superintendents, decide on the expediency or in expediency of visits to the patients.

9° He shall regulate the discharges and the pleasure trips of the patients, designating those who may take part therein.

10° He shall make a return to the superintendents of any irregularity, complaint or demand, which he shall take note of, when they are addressed to him.

11° He shall decide upon what shall be subsequently done, when he receives notice that a patient has been placed in a cell for urgent reasons.

THE WARDEN.

1° The Warden is charged with the direction of the servants of the establishment.

2° He oversees the correspondence and the accounts.

3° He has charge of the furniture.

4° He has the chief direction of all subordinate officers and employees.

5° As often as his occupations permit, he shall make a general round to assure himself of the punctuality with which the nurses and servants perform their duties.

6° He shall take care that the regulations relating to the dietary regimen and the beds be punctually made up.

7° He shall watch over the condition of the buildings, work-shops, shops, cellars, &c., &c.

8° He must not absent himself from the Asylum unless he can be replaced by the Physician, Matron, or Assistant-Matron.

9° He shall preside at the large meetings of the patients, such as dancing and theatrical entertainments, &c., so as to maintain good order. On exceptional occasions he may be replaced by an officer of the house.

10° In the absence of the Physicians, he may adopt disciplinary measures.

11° He must obtain the consent of the Medical Superintendents for any extraordinary expenses, and submit the accounts to them.

THE MATRON.

1° The matron fulfils all the duties of a good house-keeper.

2° She has the direction of the kitchen and the table.

3° She manages the laundry.

4° She looks after the linen, the clothing, the beds and bed-room articles.

5° Every day, after breakfast, she must make a general round to assure herself of the personal cleanliness of the inmates, to enquire into their wants, and look over the rooms and beds.

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6° She shall give particular attention to the patients placed in the infirmaries, and provide for them all the care which a woman is capable of.

7° She shall most specially look after the servants of the house.

8° She must not absent herself from the house at the same time as her assistant, and she must be replaced by the latter or an officer of the house.

THE ASSISTANT-MATRON.

1° The assistant-matron receives orders from the matron as to what she is to do.

2° She is obliged, at bed-time, to make a general visit in the women's department, to assure herself that every thing is in order, and whether the patients require any particular attention.

3° She cannot absent herself except by the permission of either the Warden or of the Matron, and never in the absence of the latter.

4° With the matron, she watches over all the establishment in regard to the care of the patients, as to the good conduct of the servants and the management of the kitchen, where such superintendence must be careful, and where a strict economy must be maintained.

GENERAL RULES APPLICABLE TO ALL THE EMPLOYEES
OF THE HOUSE.

1° The employees are responsible for the patients whom they employ to work, or whom they accompany in their recreations.

2° It is forbidden to any employee, under any pretext, to lend keys to any of the patients upon any pretext whatever. No key shall be permanently left in the possession of any patient, without the permission of the superintendent physicians.

3° The entering without authority into the room, workshop, &c., occupied by a different sex, is especially forbidden.

4° Every letter written or received, every parcel received or sent, by or for the patients, must be left at the office.

5° The guardians must not give any information, and further, not express any opinion on the state of the patients.

6° The employees shall be careful in their manners and deportment, so as to set a good example to the patients.

7° From 9 to 10 o'clock, p.m., the servants may employ themselves about their own affairs; at 10 o'clock all the lights must be extinguished.

ROOM ATTENDANTS.

The classification of the patients in the different divisions or rooms is made by the physician, according to the mental state and social disposition of the patient.

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A keeper or guardian in chief is placed over each division, who has assistants or sub-guardians under his control.

The lunatic, from his admission into a division, is placed under the guardianship of a keeper.

GENERAL DUTIES OF THE CHIEF ASSISTANT-KEEPER.

The keepers are obliged to give the patients the attention which their case demands. Their conduct towards them must be full of regard, solicitude and charity.

They must remember that the patients are irresponsible, and in consequence incapable of protecting themselves, and generally that their condition is caused by misfortune.

1° The keepers shall have frequent intercourse with the patients, they shall adopt every possible means to gain their friendship and confidence.

2° The attention given to the patients must not be limited to their personal cleanliness, or the cleanliness of the rooms in which they live, but their principal object must be to study, to calm and console them. Kind answers only must be given to the patients, mocking words or gestures must not be used towards them ; if they are ill-used by the patients, they must not adopt any retaliatory measures.

Any nurse or warden convicted of disobeying this regulation will be immediately dismissed, or brought before a correctional tribunal, according to the offence.

3° In the presence of strangers they must not explain the acts of the patients, they must not divulge the names nor give any information, they must not contradict the patients in a rude or violent manner, nor say anything to displease or irritate them.

4° They must watch over with particular care the patients disposed to attempt suicide.

5° On the slightest refusal on the part of a patient to partake of his food, the keepers shall notify the physician in attendance.

6° They must not employ any coercive measures such as the straight jacket, muffs, the cell, &c., without the advice of the physicians, unless in a case of urgency; in such case they shall give notice to the physicians, without delay, giving their reasons for so doing.

Any keeper who has to place a patient in a cell, must not leave him till he be calm.

He must endeavor to quiet him by kind and affectionate words, and an endearing manner, and to make him understand that the momentary seclusion is not a punishment, but a prudential measure, taken in his interest.

7° They shall take care to conceal the keys in their possession.

8° They shall zealously and devotedly fulfil the orders of their superiors.

9° They shall be obliged to notify the physician whenever a patient is ill.

10° Each retiring to his care, he must attend to the demands of the patients, and with the papers or records or maps.

The keepers shall notify the physician if necessary.

11° It is forbidden for the employees to use the authority of the physician to forbid or to lend to the patients, or to the employees, or to the ever.

12° Any convicted of a crime, or patient, shall be punished.

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1° The chief, in order to be dangerous weapon.

10° Each keeper, in his respective duties shall, before retiring to rest, assure himself that the patients, confided to his care, have received the attention which their situation demands, and that the rooms, in which are the dangerous patients, are firmly closed, and to carefully avoid leaving with the patient *any dangerous articles, such as knives, belts, cords or matches.*

The keepers, moreover, must see that each patient sleeps in bed. They shall assist in dressing and undressing the patients, if necessary.

11° It is expressly forbidden for any of the subordinate employees to purchase anything for the patients, without the authority of the physicians or the warden. It is also forbidden for any employee to receive any deposit or loan, or to lend the patients any sum of money, or to buy from them, or to exchange with them, in any manner whatsoever.

12° Any servant, being in charge of a patient, who is convicted of having entered a tavern with or without his patient, shall be *immediately dismissed.*

13° Every employee, convicted of drunkenness or immoral conduct, shall be immediately dismissed.

SPECIAL DUTIES OF THE CHIEF KEEPER.

1° The chief keeper shall visit the patient when admitted, in order to find out if he has on his person any dangerous weapon. He shall give each patient a bath for

cleaning purposes, and if he notices any sign of disease on his body, he shall inform the physician. He shall cut his hair and nails. He shall attire the patient in the clothes of the Asylum. He shall investigate as to whether the patient has with him any instruments by which he might escape, or commit suicide, or make any attempt against his companions.

The same provisions are applicable as to the injuring of the furniture or the walls.

2° After the retiring of the patients, and enquiring into their wants, he shall shut the doors himself.

3° He shall, everywhere, maintain strict cleanliness.

4° He shall specially maintain personal cleanliness and the comfort of the patients in his ward.

5° He shall see that convenient clothing be provided, that the beds are well made, and that there is complete ventilation.

6° He shall maintain order and decency, he shall subdue tumultuous actions, violent conversations, loud talking and vociferation.

7° He shall endeavor to soothe the patients, to encourage them, by giving them good advice, and to gain complete ascendancy over them, and prevent them from sleeping or idling in the passages.

8° In exceptional cases, when necessary to secure the limbs of any patient by order of the physician, he shall take care that the skin is not hurt, and that the circulation of blood is not in any way interrupted.

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9° He shall notify the physician of the changes in the state of the patients, and of the effect of the measures adopted.

10° He shall be held responsible for the linen of the department which he shall keep under lock and key.

11° He shall be responsible for the patients in his care, and if any escape by his fault, he shall incur the expenses of their recapture.

DINING-ROOM REGULATIONS.

1° The keepers must see to the placing of the patients at table, watch them, and take care to assist those patients who are incapable of helping themselves.

2° They shall take particular care of the knives, forks and spoons, and count them after the meal to see that none are missing. If it happen that any are missing, he must immediately inform the physician, the warden, or matron.

3° The greatest cleanliness must be maintained in the Dining Room; and any fragments must be immediately gathered up.

4° The keepers shall see that all the extras, ordered by the physicians, are duly administered.

INFIRMARY SERVICE

1° The infirmary attendants are intrusted with the care of all the patients.

2° They shall make it their duty to study the symptoms of the patients as much as possible, and communicate to the physicians their observations respecting them. Upon anything happening of an alarming nature, they must immediately notify the physician.

3° They must pay special attention to the regimen and giving of the medicines ordered.

BATHING REGULATIONS.

1° Baths shall not be given except by order of the physician.

2° Shower baths shall only be given in the presence of the physician.

3° The keeper-in-chief must be present at the administration of baths, and watch the patient during the whole time of the operation, and at no time shall he leave the patient alone in the bath.

4° It is necessary that a patient, to whom a cold bath is prescribed, be not in a perspiration. The necessary means must be taken that when a patient leaves a warm bath he be not exposed to cold, above everything cold feet. On leaving the bath he must be rubbed down with dry linen.

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NIGHT ATTENDANCE.

In each large division of the men's ward, and of the women's ward, there are special attendants for night attendance.

1° The first watch is from bed-time to one o'clock; the second from one o'clock to rising. These attendants constantly walk through the rooms, dining-rooms, passages and dormitories of the institution without making any noise, and without needlessly remaining in any one place for any length of time, unless compelled to do so by duty.

2° They shall listen attentively at the cell doors to hear if anything unusual is occurring, and in a case of doubt enter the cell. If in the course of their visits they find any of the patients excited, they must endeavor to calm them, and give them all the care their condition requires.

3° In the infirmaries they shall give special attention to the patients. When necessary, they will awaken the day attendants to give aid, and in cases of urgency they must immediately summon one of the officers.

4° They shall take a note of the time, and report on the following morning to the physician, or the warden, on any important fact.

KITCHEN SERVICE.

1° The chief cook superintends at the preparation of the meals.

2° The first day of the week he must prepare the diet roll, which he must scrupulously follow, and, under the direction of the matron or her assistant, change the fare as much as possible.

3° He shall supervise the kitchen and utensils, and see that both are kept scrupulously clean.

4° He shall have the direction and control of the assistants under him.

5° Under the orders of the assistant-matron, he shall receive the provisions.

6° At 9 o'clock he shall extinguish the gas.

LAUNDRY SERVICE.

1° The head laundress fixes the day for washing, with instructions from the matron.

2° She is charged with the direction and surveillance of the assistants under her ; she is responsible for the patients employed by her.

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3° She is responsible for everything taken to the laundry; she must in consequence, notify the matron of anything missing. She shall mark in a note book, from which she must furnish extracts to the matron, while also submitting to her the account of the linen torn or unfit for further use.

4° The linen and clothing of the patients shall be marked by numbers, and the persons employed to fold and distribute the linen must be careful not to mix them, so as to avoid confusion. They will place aside the articles to be mended, to send them to the sewing room, where the keepers will receive them.

5° The men's linen must be distributed on Wednesday, the women's on Friday.

6° A general washing shall be made on Saturday, and the chief should see that everything is in its proper place; the ironing boards and irons, &c., shall be under lock and key.

7° On Friday, from 2 to 4 o'clock, the nurses shall have permission to iron their linen; but it is strictly forbidden, as well for them or any other employees, to go to the laundry at any time, except on duty.

8° The chief herself shall give out the soap, and must use the greatest economy.

PORTERS.

1° The porter is entrusted with the care of the principal entry of the Asylum. He must be prudent, polite and assiduous.

2° He is specially instructed in reference to the rules concerning visitors ; in case of any doubt he must take the advice of the superintendents or of one of the officers.

3° He must not give any information respecting the state of the patients, unless otherwise ordered.

4° He shall prevent the servants and patients from standing in the vestibule, and above all, he shall not permit any one to smoke in the passages or parlors.

5° He must specially provide that no letters or parcels, &c., are delivered by any visitor or other persons to the patients without express permission. He must also prevent visitors and others from taking charge of letters, parcels, &c., given by patients, without express permission from the physicians or warden.

6° He shall acquaint visitors with the rules to be observed by them when visiting the institution.

THE MESSENGERS.

1° The messengers shall execute only the orders given by the officers of the house.

2° They shall not make any purchases for the patients, without the authority of the physician, warden, or the superintendents.

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VISITORS.—THEIR ADMISSION.

1° With the exception of Sundays and *Fêtes* of obligation, visitors shall be admitted every day between the hours of 9 and 11 A.M. and from 1 to 4 P.M.

2° Residents of the city and *environs* may see their friends on Mondays and Fridays only, between 8 and 11 o'clock in the morning and between 2 and 4 P.M., with the permission of the resident physician or of the superintendents.

3° Visitors cannot walk in the grounds or visit the establishment without special permission.

4° They are requested not to keep near the windows when outside, nor to converse with the patients inside.

5° It is expressly forbidden to deliver or receive from any of the patients any letter or parcel whatever, without the permission of the physicians or the warden.

6° Visitors are requested not to speak to the patients, or laugh at or mock them, or to make any remark which might cause them pain.

7° Under ordinary circumstances vehicles are not allowed on the grounds.

8° No visitor is allowed to remain in the Asylum or on the grounds after dark, without special permission, unless he is visiting one of the officials.

There are many other regulations in force, such as those respecting the different workshops, which being of small interest, we do not reproduce here.

OCCUPATIONS.

Occupation often takes the place of amusement, and more frequently still the amusements themselves are sources of occupation. For this reason we think it better to treat of them together.

A regular life is one of the necessary conditions of hygiene, both physical and moral.

Manual exercise methodically prescribed also, as we stated in our last report, is necessary and almost indispensable to many for their treatment, and it is also necessary for the preservation of order and good morals.

Continued activity is necessary to the body in order that it may retain its strength.

So much for physical hygiene.

Amusements have the effect of relieving the mind from *ennui* or depression, and it is only by inducing the patient to follow up as much as possible a regular course of life and occupation that one succeeds in keeping his mind from dwelling on exciting or melancholy subjects.

A life employed in useful occupations and in various kinds of amusement, gives a new channel to the warped ideas of the patient, dispels his mad thoughts, and makes him feel inwardly more at ease, without his being able to analyse his feelings.

So much for moral hygiene.

The patient must be kept occupied in moderation, amused without fatigue, and led towards recovery without consciousness of the means.

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He will not feel his occupations burdensome, if they are suitable to his sex, his tastes and temperament, and his amusements will prove a favorable source of distraction, if they are many and varied.

It is with the intention of being useful to our patients, as well as in a medical point of view, that we have done all in our power to organize a system of labor suitable to an institution such as ours.

The farm, like the different workshops, is under a superintendent, assisted by a number of skilled laborers, amongst whom a certain number of patients are distributed, according to their tastes, habits and capacity for work. Each superintendent receives every morning a certain number of patients, of whom he has the care, and who work under his superintendence, and every evening he delivers them to the care of the keeper, from whom he received them in the morning.

Some are employed about the building or in the kitchen, and others in agriculture, in the fields or in the garden. Some women are engaged in sewing, or in knitting, or working in the wash-house or laundry. The men are employed in the workshops, either as mechanics, tailors, shoemakers or blacksmiths, or in the slaughter house, the stables, the shops or the bakery. Among the number who do not work out of doors, some amuse themselves with illustrated papers, music or cards, others with fancy work such as carving in ivory, wood or bone. Some are engaged in correspondence, which is, to say the least of it, generally of a very original kind, while others devote themselves to writing, every line of which discovers the wanderings of their mind.

Such occupations hold a middle place between manual labour and amusement properly so called.

Their amusements are music, theatres, dancing, walking, pic-nics, *tableaux vivants* and concerts, public amusements when possible, such as circuses, panoramas, illustrated lectures, &c., in a word everything which appeals to the eye and ear, as it must be remembered these are the means which serve to distract a mind deprived of the light of reason.

It is for this reason that we endeavour to select as many kinds of amusement as it is possible for them to participate in.

Such are the various occupations which we offer to our patients.

COERCIVE MEASURES.

These means are varied without being numerous, and depend entirely on the nature of the delirium with which the patient is afflicted. In no case, however, are the means for subduing a patient used as a punishment.

Although we have the greatest objection to the use of mechanical appliances for restricting the freedom of the patients, we are sometimes driven to use them of necessity, when the safety of the patients or of the keepers requires it. Many days frequently elapse without one being obliged to have recourse to such means, but we believe it necessary to prevent fights, wounds, and trouble generally, which would result from their total disuse. Would it not be blameable in the extreme to allow a patient freedom of action

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at the price of security to the keepers, and perhaps even of their lives? M. de la Maëstre, a colleague who is an authority on the subject, says: "The English system of non-restraint (superintendence and repression by keepers; isolation in cells,) is only a system of physical restraint in disguise." (1)

"If, for example, the disease of a patient leads him to make improper use of his hands, either on his own person or on that of his companions, we guard against accidents by using a straight jacket, an article which looks a good deal like a waistcoat with sleeves, except that it closes behind, and has sleeves longer than the arms and closed behind.

At other times, we make use of handcuffs, made of leather and tied to the waist, in which the hands of the patient are imprisoned.

If the patient is much excited and noisy, he is then placed in *solitary confinement*.

In exceptional cases, we have recourse to *baths* and *shower baths*. When this is deemed necessary, it is performed under the direction and in the presence of the physician of the establishment, who judges of its expediency and of the requisite time to produce a favorable result."

Such are the coercive measures we employ. We should add that recourse to them is only had when all milder processes have failed.

(1) Lommet Asylum, by Dr. Planque.

A DAY AT THE ASYLUM.

The days at the Asylum are not the same from one year's end to the other. Summer days are not the same as winter days, they vary according to the time and the season, and also according to the sex and condition of the patients.

Rising.—The bell for rising in the morning rings at five o'clock in summer, and somewhat later during the winter.

The keeper sees that each patient leaves his bed, (except in cases of indisposition,) and gets ready to leave the dormitory in time for breakfast. Those whose health necessitates some special care, receive all the attention and assistance requisite from the keepers, who also administer any medicines which may have been prescribed. Special cases are washed and dressed, an operation which has sometimes to be renewed several times during the day. The patients whose health admits of it, assist the keepers in cleaning up the rooms, making the beds and opening the windows, so that the place may be thoroughly ventilated.

Breakfast.—At 6 o'clock in summer and 7 o'clock in winter.

Every dining-room contains all the necessary utensils such as plates, knives, forks, spoons, cups, &c., &c. The tables are laid by the keepers, and the patients are seated around in the ordinary way. Coffee, tea, meat, &c., &c., are sent up from the kitchen by means of *sliding cupboards*.

Each dining-room has a *diet roll*—which the keeper is obliged to observe with respect to the patients. The chief cook has a copy of this *diet roll*—and sends up to each dining-room the food and drink accordingly.

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The patients are generally quiet during meals, and appear satisfied with the food set before them.

A word in passing on the article of food.

The food supplied to our patients is abundant in quantity, and in quality such as would excite the envy of many. We may even say that the patients are better fed than many workmen in the city, and that their general comfort is much greater than that of the society from which they are drawn; it is greater from a hygienic point of view, owing to the variety of food and the regularity with which they receive it.

We are happy to be in a position to say that no expense is spared in procuring the best possible quality for the patients.

While on this subject I may quote the following from a work already cited:

(1) "Our first visit was to the kitchen where we found, for the direction of the chief cook, a most liberal bill of fare. On a table down the centre of the room were ranged wooden dishes containing excellent boiled beef, pork and vegetables. Around these dishes were wooden plates filled with bread and potatoes, and we tasted excellent soup which was in course of preparation. In addition to an abundance of these ordinary provisions were added as *extras* milk, porridge, rice, tea, &c., &c., for patients who did not like ordinary kinds of food, and the whole appeared to be of the best quality. We have been informed that the consumption of meat is about 480 pounds daily, and every thing else in pro-

(1.) Morning Chronicle.

portion. This is easily understood when we think that 30,000 pounds of butter are used annually in the Asylum."

When breakfast is over, the remains are sent to the kitchen, the dishes are washed and put away in the cupboards.

The keepers then take their breakfast in turns, that is to say, while some breakfast the others have charge of the patients in their respective rooms.

Prayer or Mass.—Prayer is said every day at 7½ o'clock, and three times a-week the Chaplain says Mass, after which the patients return to their respective rooms.

Work.—The foremen of the workshops then come to the keepers, for those of the patients who are in a condition to engage in the different occupations which we have already spoken of. These patients are then under the entire control and responsibility of these foremen.

Medical Visit.—At half-past eight o'clock the medical visit commences.

When the physician comes into the room, the keeper in charge of the patients in that division, makes his report on any occurrences since the previous visit, and of the health of the patients under his care.

The physician examines them, and sends the cases he thinks advisable to the infirmary. He listens to all complaints and requests, and sees that the room is clean and properly ventilated.

He enquires into the *diet roll*, makes the needful alterations, and passes on to the next room.

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The *diet roll* is in tabular form, setting forth the different articles of food which the physician had prescribed for the patients, and the hours at which such food is to be given them. This form is hereunto annexed and marked A. A single glance will shew its necessity and great utility.

When the medical inspection is over, strangers are admitted to visit the establishment until eleven o'clock.

Dinner.—At 11 o'clock all the patients return to their rooms, the keepers lay the tables and dinner is served at 11.30 o'clock.

Each patient takes the place occupied by him at breakfast, and the meal is taken in the same order as that followed at breakfast.

At one o'clock each foreman has the same patients allotted to him as in the morning, and they then return to their work. Visitors are then admitted until 4 o'clock. After dinner the keepers take their patients out for a walk.

Those whose constitution is delicate and require nourishment may have a slight repast about 3 o'clock, generally of buttered toast and tea.

Supper.—The supper hour is 5.30 o'clock. Between half-past six and seven o'clock the keepers get the beds ready for the night.

Evening Prayer is said in the chapel at 7 o'clock for the whole establishment.

Evening Recreation is from half-past seven to nine o'clock and is generally most enjoyed by the patients, as at

that hour a large number of the servants of the establishment have finished their day's work, and join the patients in their amusements. They are advised and directed by the Warden, Mr. Vincelette, and the Matron, his wife, who do not spare themselves in their efforts.

As formerly, our patients have their usual amusements, walking, dancing, looking over pictures, music, concerts, *tableaux vivants*, dramatic representations, &c. These which were originally in private have, this year, become more public. Several took place in the open air, and we are happy to say, that on each of these festive occasions a large number of citizens from Quebec were present as spectators. The approval of the press has shewn us that our efforts met with the approbation of the public, and we intend shortly to make arrangements for the purpose of increasing the number and variety of these entertainments.

Sleep.—The hour for retiring to rest is 9 o'clock, except under exceptional circumstances which very rarely happen. Each keeper counts his patients, sees that they are all present in the dormitory, that they retire to rest, and are comfortably settled in their beds. If he observes anything unusual he must immediately give notice to that effect. He also sees that the doors and windows are closed and the lights extinguished.

Night Watchmen.—In every section a keeper is stationed for the general superintendence of the rooms during the night. His duty is to visit the rooms during the night, and the time and number of his visits is recorded by a clock with an indicator for that purpose. *It affords the authorities positive proof of the watchfulness of the keepers.*

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Such is the daily life of our keepers and of our patients. This sketch does not mention a number of details which are not, properly speaking, a part of the daily routine, but which have reference, like everything else, to the interior management of the establishment and are of occasional occurrence.

The underclothes and bed linen are changed once-a-week. Occasionally, according to the season of the year, the patients are bathed under the care of the keepers, who also attend to cutting their hair and shaving them.

In addition to the constant supervision of the Medical Superintendents, of the officials, and all the employees of the establishment, there is the inspection of the Government officials, which offers every reasonable guarantee for the proper care of the establishment. The visiting physician goes through the rooms every day, sees the patients, talks to them, and notes down in a book any remarks suggested by his inspection. The Commissioners, either individually or collectively, visit the establishment weekly, and we are honored by a visit from the Inspectors of Asylums and Prisons, in a body, every three months, and frequently separately during the year.

EXPENSES.

We shall now say a word about the extraordinary outlay at which we have been within the last twelve months.

We estimate an excess of \$12,000 in our annual expenses this year. This is due to alterations which we have made in our buildings, and to other causes, which we shall mention :

1° We have entirely changed the system of heating the establishment, as we came to the conclusion that the old system hitherto followed was defective. Now each room is so heated that the temperature can be regulated at will, therefore no room derives its heat from an adjoining room.

It is easily understood that such a radical change necessitated a large outlay, but we never hesitated a moment, when the comfort of our patients was at stake.

2° The Chapel, which was at first built for a limited number of patients, has been enlarged to meet present requirements, and, from its increased size and the alterations which have been effected, presents a handsome appearance.

3° It became necessary to cover the roof of the central pavilion with galvanized iron, so as to protect the interior of the building from heavy rain, and for the same purpose we had the cupola over this part of the building also covered with the same material.

4° We also had a new building erected adjoining the store-houses of the Asylum, for storing a part of the farm products and provisions necessary for the use of the establishment. This building is of stone, 90 feet by 40, and three stories high.

5° Finally, the most serious reasons of these additional extraordinary expenses have been the increase in the rate of wages and the price of fuel, and especially the loss occasioned by the removal to other institutions, of peaceable and inoffensive cases, chosen from amongst the idiots and other patients supposed incurable. These old cases of chronic madness, all that class long used to the routine of the establishment, gave but little trouble, and were the least

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expensive in the house. Many of them were very useful, and made up for the extra expenses which violent and dangerous cases give rise to, as the amount paid for the keep of the latter is far from covering the outlay they occasion.

It cannot be denied that many of the recent cases, which were of acute delirium, are the most expensive, and owing to the kind of attention their state requires, cost much more than chronic cases.

In the interests of the Institution, we have deemed it our duty to appeal to the Government against these changes which very naturally effect the existing contract.

The allowance notwithstanding remains unchanged.

As to the advisability of our system, considered in relation to the advantages it offers to the patients, to its economy, and finally to the efficient organization of asylums, we are supported in our opinion by the highest authorities on this question, and expressed ourselves upon it too fully in last year's report to reopen the question now.

We respectfully refer all those who feel any interest on this point to our report of 1872-3, in the *Summary* under the words "*Incurable*," "*Should separate asylums be maintained for curable cases and for those considered incurable*," where the subject is so fully treated as to draw public attention to this important question.

In addition to the numerous authorities which we have cited, we will only add the following, taken from the report of the North Carolina Asylum for 1874, page 31, by Dr. Grisson, who has treated the subject so fairly and so ably, that we give his opinion at length. It has all the greater weight, as Dr. Grisson has no personal interest in the two methods of treatment.

“ After full and free discussion and the efforts of years to obtain the most reliable data to govern a decision, the association of superintendents resolved : *that insane persons considered incurable, and those supposed to be curable, should not be provided for in separate institutions.*

“ As often as recurring necessities in different States have forced inquiries upon this topic, this judgment has been reiterated, fortified by repeated experience, that any institution which departs from the management of a curative hospital, or is founded merely as an alms-house for the hopeless insane, invariably degenerates and finally becomes a disgrace to the management and an eye-sore to the public, and a gulf of despair to the wretches immured therein. All history shows that whatever may have been the character of the original institution, to this condition must it come at last.

“ The reasons for such degeneracy lie deep in the constitution of human nature, says the venerable Dr. Chipley, of Kentucky, who superintends an institution, the first patient of which he received in person half a century ago.

“ If you start out with a certain principle as a base of action, that principle will permeate everything connected with the institution you are to establish. The one grand idea in the proposed scheme is cheapness. The gentleman who may be placed at its head, will, from the moment of his connection with it, understand that this institution is established for the purpose of saving money.

“ He has no medical reputation at stake, as it is conceded that the patients are incurable and therefore no stimulus to effect in the proper line of his profession.

“ His credit can only arise just in proportion as he diminishes the expenses. Now any one who will reflect for a

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moment must see how such an organization will work the utter destruction of those placed in its charge.

“Again, it has been well said that a powerful reason for the difference in the constantly diverging character of the institutions may be assigned as follows. In the present Asylum there is a constant stream of visitors; friends of patients are looking into their condition, and the officers and employees have the knowledge that persons are recovering and going out into the world and reporting the condition of the institution and the treatment they receive. True the sense of duty which every man should feel, ought to lead him to do right, whether his conduct is exposed to the world or not. That is quite true in principle, but we have to deal with all classes of people in these institutions, and it will not do to rely upon the conscientiousness with which men ought to perform their duties. It is a great deal better, in addition to whatever principle and whatever amount of faith we may have, that there should be a little watching. Nothing of this kind occurs in institutions exclusively for the chronic insane. There are very few persons who will suffer their friends to go there if they can help it, and persons sent there, as a necessity, will not be likely to receive great attention from their friends.

“Based on the principle of frugal, if not parsimonious, expenditure, such institutions cannot command the services of four officers, of men of superior qualifications, and even if they could, in rare cases only could the mass of incurable disease within its walls present a sufficient stimulus to retain men who feel that their noble mission is to relieve the infirmities of their fellow creatures.

“The same influences should finally affect Board of Managers, interest would flag and neglect follow. When it may

possibly happen that this should not occur, is it not wise to fix upon conditions the most likely to *ensure* effective management.

“ Besides, there is beyond these considerations the impressive fact, as the lamented Dr. Brigham observes, that we have no certain knowledge what patients are absolutely incurable, and in cases of remission it would operate with terrible effect. It would cut off all hope, and so inevitably deprive us of its vital stimulus in moral treatment. The patient would feel that he was doomed, and no longer struggle in the descent to final intellectual death, and his friends would receive it as a sentence of life-long imprisonment. Who can tell, in every Asylum, how great is the influence of cheerful hope excited by the gradual recovery of associates, and their departure for the glad welcome by the home fire-side once more ?

“ The degeneration of our system to the keeping of mere alms-houses for the chronic insane, would not fail to strengthen the prejudices of that portion of the community who have never visited an Asylum, and examined its beneficial working as an hospital, but even yet confound it with the receptacles of former times. The legitimate results of such treatment may be witnessed in the Asylums for the chronic insane to be found in some parts of Europe, as for example, at Genoa, where the clashing of chains, the howlings, and groans, and curses revive all that is dark and fearful in past history, and the affrighted visitors look upon the torments of the doomed never to cease until hushed by the pitiful hand of death.

“ But if it were practicable, in a medical point of view, to build separate establishments for the two classes of insane, after the difficulty of designating the proper cases for isolation, wherein is the economy to be secured ? Shall not

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the chronic insane patients require about as much food, about as much clothing, about as much warmth in winter, and about as much fresh air as the curable insane patients? If so, we can take care of the chronic insane, with really more economy on the present plan than in a separate institution. Will any man say that his father, or mother, or friend, because calamity deepens over his head in the lapse of years, should be deprived of the comforts he may now enjoy, and exist upon the barest necessities to avert famine and freezing? Does he enjoy too many privileges at the present rate of support? Compare the annual cost per patient in the asylum as now constituted, with the average of the institutions of every character throughout the Union, and note how it falls below that average, and is equalled in economy of expenditure by very few.

“There is another consideration of much weight, in connection with the cost of attendance. An experienced superintendent says :

“It is my firm belief that the cost of the maintenance of the whole number of patients will be greater in separate institutions than when you treat them together. For example :—In an institution accommodating 250 patients, 150 are supposed to be incurable. We have an incurable establishment to which we remove 150, leaving 100 acute cases, or cases supposed to be curable. Now, does any gentleman suppose that having removed the 150 cases, you can reduce the number of employees required for the other 100? Does not every one know from his own experience, that absolutely fewer employees are required with 250 patients of chronic and acute cases, than for 100 acute cases simply, under treatment? You will have absolutely to enlarge your pay-roll. Of course, you will not require as extensive supplies for the 100 as for 250, but that does not matter, for the 150 must be supported elsewhere. The

paid labor for the 100 will be greater than for the 250, because of the chronic cases, and in the 150 there will be a considerable number who will prove a benefit to the institution—doing a very considerable amount of work, and saving a very considerable amount of expense. Every one knows that there are a large number of little things which are constantly being done about an Institution, by the chronic insane, which would have to be paid for, in an establishment from which they had been removed.”

“ While I am not prepared to go as far as these figures would indicate, because of the settled rule in the institution of which I have charge, which forbids the instruction to any patient of the responsibility which duly belongs to the attendant, yet I cannot forbear to add the testimony of experience to the quieting and soothing influence of the chronic insane upon acute cases, as in a great measure replacing the enlarged number of attendants necessary to give a cheerful and healthful tone, to a ward where there are many patients of recent cases, disposed to exciting grief or violence.

“ Many of the most interesting and agreeable companions in the wards of our insane hospitals are those who have long been considered incurable, and the moral effect of their ready obedience to salutary regulations for the comfort of the whole, is incalculable ; the violent case of recent admission finds himself met on either side by the impalpable cushion, as it were, of patience and quiet, and not unfrequently the most tender relations of friendship and sympathy spring up between these unfortunates, and aid in the rest and nutrition of the brain upon which all hope of recovery must depend.

“ The same influence will ultimately produce the same effects on the board of management, interest will gain

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ground, and negligence will result therefrom. Why should the contrary not be the case? Is it from a want of wisdom in those charged with the establishment of conditions to secure the well-being of the institution?

“ Moreover, setting aside these considerations, the most striking fact, as the late Dr. Brigham observes, is that we are never certain if such patients are incurable, and that in the event of their being sent back, most disastrous results would be produced. It is sufficient to make us lose hope, and to deprive us of every chance of success in moral treatment.

“ This idea, once rooted in the patient's mind, will cause him to believe that hope no longer exists for him, and will remove his desire to resist the final loss of intellect, and his friends will understand that he is condemned to a life long seclusion from the world. Who can tell the soothing power of hope to those shut up in asylums, when they learn of the cure of their companions, and when they see them leave to again enjoy the happiness of family life. *

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“ But if in a medical point of view, it were possible to establish separate institutions for the two classes of insane, despite the difficulty of dividing the classes, what advantage in point of economy would result?”

It has come to our knowledge, that a *memorandum* without date, but bearing the signature of four citizens of the City of St. John, united in committee by order of the

council of that city, has been submitted to you, on the subject of an Asylum at St. John, for the information of the Lieutenant-Governor in Council.

It is disagreeable for us again to revert to this Asylum, but this report, the spirit and meaning of which cannot be mistaken, contains such gross errors respecting our establishment, that we feel obliged, in spite of ourselves, to again raise our voices, and protest against such abuses.

Your Government, in asking information about the St. John Asylum, must have experienced considerable surprise, on only finding, in place of the information asked for, a jumble of ideas tending to prove that the Quebec Asylum was very inferior to that of St. John.

Such however was not the information which the Government desired to obtain. These gentlemen have, without doubt, forgotten that the Inspectors, the Commissioners, the Visiting Physicians, and the Medical Superintendents of our establishment are sufficiently initiated in that speciality, and have sufficient intelligence to be able to furnish to the administrative authorities, all the information which they may desire, relative to the subject of the Quebec Asylum.

We have already been constrained to reply to an attack of this kind, directly brought against our establishment by the Superintendent of the St. John Asylum, and we are of opinion that that gentleman's friends should have kept in mind the very lucid descriptions and explanations which we gave him in reply to his Report of 1872 ; but it becomes our painful duty to again remark to you that the report in question is a faithful echo, and occasionally the exact copy of the report of the Superintendent, of the St. John Asy-

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lum. A similar idea seems to have prevailed at the drawing out of this manifesto, and the particular views expressed by these gentlemen, seems to have been made under the persistent influence of very interested pressure. But have these gentlemen, who consider the results of their system so superior to our own, any right to occupy themselves in our affairs. Their Superintendent, to place his merits in bold relief before the public, complains bitterly that formerly he only had incurable patients under his care. For instance, he admitted in 78 cases, he had twenty idiots who never had been or would be possessed of reasoning faculties. (*Report of Insp.*, 1862.) Elsewhere, in his report of 1863, he declared that out of the 62 insane persons, who remained under his care, there were just grounds to hope that 13 among them might be cured, the others (49) were considered incurable. In 1865 he told us that out of 77 cases there were 47 incurables, 18 doubtful, and 12 who might probably be cured.

If, however, in spite of his complaint, and with an insane population whose number of incurable cases would be yearly augmenting in proportion to the admissions—which does not surprise us—the Superintendent has discovered means to show to his Committee *a miraculous percentage of cures*, ought not those gentlemen to have sufficient matter to congratulate themselves upon without interfering with the systems of others.

We believe, however, that the Committee allowed themselves to be a little dazzled by this marvellous percentage of the St. John's Superintendent: these miracles, it is true, can be explained; and it is what we have undertaken to do, when under the head of discharges, we speak of those cured, and we take occasion to compare the result of our institution favourably with those of others.

For the moment we will content ourselves with submitting the following remarks :

We must admit that all those who are discharged, either by simple discharge, whether improved or not, or who escape, or removed at request of friends, during the course of the year, must not be considered among the cures. If we had had the bad faith to include as so many cases of cure, all those discharged, we would have obtained a larger percentage than that of the St. John Asylum ; and to prove it, it would suffice for us to use for a moment this method of comparison, all incorrect as it is, and to apply it to our statements, and to base our calculations not on imaginary figures, but upon official documents.

Thus we find (page 11, of Inspector Langmuir's report, Ontario, in 1873,) that in 1872, there were in the three Asylums of Ontario, (London, Toronto and Kingston,) in all 164 discharges. This figure, Mr. Langmuir says, is in the proportion of 9.21 p. c. to all the patients treated: 51.42 p. c. of the admissions for the year : 10.90 p. c. on the patients remaining.

On his side, the superintendent of St. John's gives us for the same year the following for his institution :

Patients treated.....	101	Discharged.....	7	Percentage.....	6.93
“ admitted.....	23	“	7	“	30.43
“ remaining	85	“	7	“	8.23

The report of the Quebec Asylum for the same year shows the following :

Patients treated	1103	Discharged.....	110	Percentage.....	9.97
“ admitted	315	“	110	“	34.72
“ remaining.....	884	“	110	“	12.44

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These various statistics, in one table, would be as follows :

	Ontario.	St. John's.	Quebec.
Percentage of the patients treated.....	9.21	6.93	9.97
“ “ “ admitted	51.42	30.43	34.92
“ “ “ remaining.....	10.90	8.23	12.44
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		45.59	57.33

We thus show a result more favorable by 11.74 than St. John's, and if we applied for several years this method of comparison, *which is not ours*, but which we have adopted for the moment, following Mr. Langmuir's system, for several years, we should attain a similar result, always showing the superiority of the Quebec Asylum over that of St. John, and placing ourselves advantageously in juxtaposition with the Asylums of Ontario, so highly appreciated by the Committee of St. John.

Are not these facts and statistics palpable proof of the exactness of our statements, and do they not warrant us in presuming that our ratio of cures is at least as large as that of St. John ?

So much for the number of cures.

As to the nature and degree of these cures of our patients at the time of leaving the Asylum, our table of re-admissions shows of itself that in the majority the result has been excellent and lasting.

The enemies of the system of *farming out patients* have imagined that they find in the method itself, a pretext for maliciously insinuating to the public that we keep our patients as long as possible, so that we may be benefitted pecuniarily, and profit by their board, and, that with this purpose in view the patients placed under our care are returned to their friends only at the last moment.

We allege at once, in answer to this, that we would think a man very dishonest to believe him capable of any such manoeuvre. However, if it were possible to find any one wicked enough to be able to entertain such a project, it would certainly not be at Quebec Asylum, that he should be sought for, because he could not be found at the head of an establishment in which more than any where else the interior management is subject to such strict outside supervision,—every three months by the Inspectors,—every week by Commissioners,—and every day by the Visiting Physician,—and finally, at all times by the Superintendents and their staff of officers. We know that your government are assured of the honesty of our purpose; but the public who unfortunately are more prone to listen to evil than to good reports, should be placed on its guard against such perfidious accusations, which after all, are only the language used by jealous rivalry. However malevolent these accusations may be, we find in them the tacit avowal that they have not dared to accuse us of returning uncured patients to their families. That is an admission that even our adversaries could not refuse us.

So much for the nature and degree of the cures.

Now, can those gentlemen, partisans of the other system, say as much for themselves. If we were permitted to be as little charitable towards them as they are towards us, might we not reply to their insinuations by saying to them, that inasmuch as they have no pecuniary interest at stake, they endeavor to make as many discharges as possible in the course of the year, and send their patients away on the slightest sign of improvement, so as to impose upon the public their reputation as specialists. They gratuitously accuse us of keeping our patients too long:—have we not the same right to accuse them of discharging theirs too soon, and to palliate such unworthy conduct, that

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not only do they omit to speak of the number and nature of their re-admissions, but they have also dared to declare as cured those who were discharged when only partly cured or improved. And what have they to say, if it is not that by this subterfuge, they thought to blind the public as to their work and deceive them as to ours. But we are sure that your government and the public itself are aware of the character and aim of such hostility, and will do us ample justice by acknowledging that the patients who leave the Quebec Asylum could not have been detained there any longer than was absolutely necessary for their cure, and that at least our patients leave the Quebec Asylum in as great a number and in ameliorated mental condition as from that of St. John.

The results that we have shown could still, if we wished to consider them from another point of view, bring further testimony in favor of our establishment.

In this province, the idiots, imbeciles, chronic and acute cases, susceptible of cure, have been maintained together. Beauport being the first establishment founded in Lower Canada, had to get the nucleus of its inmates from among old quasi-incurable patients who had been, up to that time, detained in gaols and hospitals. Moreover, its existence dating much further back than the St. John Asylum, which was subsequently founded, a larger proportionate increase in its numbers has taken place, and when we establish an average of discharges upon the whole number of patients treated, we ought, to be just to ourselves, to take into account the composition of that inmate population.

When we wish to establish a parallel between two institutions, we must not, at least, forget to consider the proportion which exists between the number of cures and the

population. The feeblest intelligence can always understand such an evident proportion, and it is to be regretted that the Committee of St. John have forgotten it.

There is, however more than this, instead of admitting this principle, these gentlemen thought it easier to distinguish themselves by trying to say evil of others: we will explain ourselves:—each of the figures of our last report was carefully examined and placed in our statement, in the clearest and most honest manner. We have stated the average of discharges to be 47.15 p. c.

It was very easy for the Committee to take this report, the existence of which they were aware, seeing that it was the cause of their alarms and their outcries, and see for themselves if our figures were really the same as those in their possession; but no,—such search would have greatly interfered with the effect of their claim, which was perhaps necessary for the St. John Asylum. Also in place of allowing us the figures, 47.15 p. c. of discharges for Quebec, they preferred to shut their eyes, and have placed them at 16 per cent, as Dr. Howard insinuates in his last report. They had better ask their superintendent whence came his authority to so injuriously transpose our figures, and caution him that it is always imprudent to boldly affirm a fact upon no other evidence except his own appreciations, which have not always been proved exact. This would have put them on their guard, for not a line of their memorial is supported by other proof than the word of their superintendent, who himself, in this case, certainly does not prove what he has advanced.

As for us, with our percentage of 47.15, of the discharges, we have not dreamt of imitating the pretensions of the St. John Superintendent, and put ourselves, like he done, at the head of the list; our desires are more modest, and

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if, in spite of our figures, between which there is an accordance in our numerous tables, the Committee yet persists in finding our percentage of cures very feeble, we may state that this is not due to the figures themselves. They can perhaps find a clearer explanation in the following statement, made by the late Dr. W. Nelson, when speaking of the United States Asylums, an appreciation which may also serve as a subject for meditation to the officious defenders of the St. John Asylum :—

“In speaking also of the disappointments experienced by the rarity of rapid cures in the Asylums, it is necessary to add that these disappointments may be attributed to the *boastful reports* of some of these establishments in the United States. In many of these reports things are represented under too bright an aspect, and as was remarked of them by a clever medical superintendent of this Province: ‘The impression which they leave on the mind resembles the fortunate cures made by mineral waters, and the establishments where they cure all the diseased by cold water, just as if the different Lunatic Asylums were rival establishments fighting to the death to obtain the greatest number of supporters.’”

Many of these reports *can have no other effect than to confirm the public in error*, not as may be remarked by voluntary erroneous statements, but by a *calculation based upon an average of cures in cases the most recent and favourable*. We may add the following, *without comments* :—

“If I have remarked at length on this subject, it is because I see that persons have an erroneous idea with regard to these Asylums, and the end for which they were instituted. In depicting the numerous and difficult duties which the superintendents have to fill, people are not

wanting who imagine that they are endowed with the gift of prescience. *These persons are pleased to dogmatise, and censure although completely ignorant of the matters of which they speak, and with an unpardonable amount of assurance, cause alarm and doubt among the people whose good opinion and support are so essential to obtain satisfactory results.*" (Special Report of Dr. Nelson, 1861, page 39.)

As to the other contents of the report, in which they have tried to prove the inferiority of the system followed at Quebec, what need have the Committee again to complain ?

These gentlemen do not live with us, and consequently have no reason to envy us, as they hold their system to be the best. It would suit them better to keep silent, and endeavour to obtain the best results from the system which they follow and admire so much.

Those who find themselves on the right road, ought not to try and maintain themselves in it by throwing blame on others. They say they have a model Asylum, let them keep it, and try to preserve it so, without trying to obtain insane patients under the same conditions as at Quebec. If Dr. Howard, and the signers of the report to which we have alluded, consider our system bad and improper (1), they show us how much confidence the public administration can place in them, when they come of their own accord, not only to tell us of their readiness to adopt, but also to solicit it.

(1.) N. B.—This system, which they assert to be so bad, does not prevent its being very much adopted in England, where there are, according to the report of 1872 of the Imperial Commissioners, 4,683 insane patients in private establishments. France herself possesses about 30 private Asylums, while the average of the inmates is above 200. Some of them have about 500 inmates. Such as Ste. Magdeleine, l'Ain, Sacré-Cœur, Côte du Nord, Seyme, Lot, St. Jean de Dieu, Rhone. Clermont sur Loise, the latter establishment which is so distinguished by its branch institution, FitzJames, had last year 1,600 inmates. This establishment is private, founded by Dr. Labitte, senior, and is to-day owned and directed by his sons, the four brothers Labitte, all physicians.

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As for ourselves personally, we are little disposed to occupy further time in refuting errors which appear to us, after all, to be but the result of a rivalry, in which we do not wish to take part. If the defenders of the St. John Asylum, desire to establish the superiority of their institution, and if, above all, they wish specialists to admit without contestation a percentage of cures so astonishing under conditions so unfavourable, with a population composed, in a greater part, of incurables, as has been alleged, hundreds of times by their superintendent, they are bound to furnish all the necessary data to permit us to appreciate the gravity of the disease, and the causes more or less favourable which might contribute to assist or assure the cure. It would be advantageous to try and have published in the reports of their Asylum, more detailed tables as to the movements of its inmates; upon the classification of mental diseases, the time and duration of the disease before and after admission; the complication, which may more or less influence the prognosis, the relapses among those cases which are afterwards cured; the escapes; the patients who are claimed without being cured. This must be done to prevent the public from being altogether misled, and they ought to take care that no important facts are advanced respecting their Asylum and other institutions without being sustained by more conclusive proofs.

Such are, sir, some of the reflections which we desire to communicate to you.

We have always congratulated ourselves on the regard and kindness which we have received from the Inspectors, the Commissioners and the Visiting Physicians.

Our several Chaplains display their accustomed zeal in the exercise of their ministry.

We have much pleasure in testifying to the constant activity of our Assistant Physician, Doctor Bélanger, and his considerate attention to the sick.

Our Warden, Mr. Vincelette, continues worthily to occupy his place of trust. Madame Vincelette and her assistant Miss Adam, fulfil their duties with much vigilance and exactitude.

We are, this year, regretfully compelled to announce the death of Robert Middleton, Esquire, whose services we mentioned in our last report. This gentleman, without being officially attached to our establishment, nevertheless consecrated for several years a large portion of his time, every Sunday giving instruction to those patients who were of his *persuasion*. He was devoted to them, and in return gained their friendship and confidence.

We have waited until now to inform you in the most official manner, of the regret we felt in the unexpected death of this good man, and to transmit to his family the expression of our most lively sympathy.

We consider it a duty to add some lines to his memory, and to set apart in a special page the principal traits which we remember of his life, and the fine qualities which adorned his mind and heart.

We are very happy also to present our sincere thanks to several persons, who have contributed to the enlargement of our library, and added to the amusement of our invalids.

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reveals a sympathy, which we desire should be felt by a greater number. Our institution, the very existence of which is so intimately connected with the sentiment of pure christian charity, merits the public attention in a special manner. All ought to take an interest in its prosperity, on account of the favorable results which it is called upon to produce. We have said in our preceding reports, and we now repeat that amusements exercise a moral influence on the treatment of the insane. The more numerous and varied the amusements are, the better the result.

As for us, we offer to the patients all the amusement that our means will permit of, but you must understand that it is impossible for an institution like this (the expenses becoming each day more considerable, and always left in the personal charge of the Proprietors, the grant not being increased in proportion) to give them more, and we do not hesitate to say that the assistance of the public would be more valuable, if it were more general.

Thus, believing that it is our duty, we appeal to all in behalf of these poor unfortunates! No one can refuse them a portion of their sympathy, for who knows if, being indifferent to their wants, they may not in their turn be one day victims of this indifference! Reason does not belong to man, and He, from whom it is held, can also deprive man of it! Talents, Intellect and Judgment do not place him beyond misfortune! Any one whose judgment is right, and heart good, will appreciate the immense misfortune which weighs on the unfortunate insane, and will understand that their duty is to work with us for the cure of these invalids. A small charity would be very little for each one to give, and meanwhile they would altogether contribute much to a cause which is their own. How many families could, without taking an iota from their ease, or

even from their pleasures, send to these unfortunates some books which have long lain on their library shelves unopened or unused, or their generosity might take the shape of engravings, or pictures which perhaps lie in the garret, these would enable us to replace those which are torn every moment ; or again some old cards or games ; in a word, a thousand and one of those things acquired by them with the object of amusement, and which have been put aside from age. (1) We might also add to this list, devotional and illustrated books and papers.

We have mentioned *newspapers* ; we will profit by this to address ourselves to the press.

Here we appeal to all newspapers without exception ; to those of the villages and rural districts as well as those of the cities.

Our patients come to us from all parts of the country, and each takes a great interest in reading the paper from his own locality, to which perhaps he had been a subscriber before his illness. Nothing in fact is better calculated to recall to him his friends and family than to read the daily details and incidents happening amongst those with whom he has lived.

One number of a paper each day is very little for an editor, so long as his subscribers are served, and, if each of them would address to the inhabitants of the Asylum one number per day, this supply would merit a grateful acknowledgment on the part of a large portion of our inmates. He could thus contribute to the benefit of patients without inconveniencing himself.

(1) Our American consins are very generous towards their institutions, and every year considerable sums are sent to aid in procuring amusements for the patients. Many of their institutions annually acknowledge receipts of gifts of this nature for several thousands of dollars. One among others (Pennsylvania Asylum) received last year \$7,500 in money and in gifts for this purpose.

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More than all others perhaps, our journalists have been witnesses of the large share of work which has devolved upon us in producing amusements for the benefit of our patients; they are also aware of the continual expenses incurred by us for this purpose. They have been present at our dramatic entertainments, and know how much it costs for such representations; they have applauded the brilliant *tableaux-vivants*, the success of which depended after all, upon the beauty and variety of the costumes, they have seen our pyrotechnical displays; they have heard the enjoyable music of our band, the acquisition of which is always expensive, because its management and maintenance is confided to a salaried professor.

These details suffice without adding others to convince them of the efforts we make, and they may rest assured that they, like others of the community, have a duty to perform to these unfortunates, by adding to the kind words which they have always used towards them, a yet more tangible proof of their sympathy by not forgetting to furnish them with a copy of their papers.

The example has already been given.

This year we have the pleasure of acknowledging the reception of vol. 1, of the Census of 1871, by the kindness of Dr. J. C. Taché, Dr. Pourtier also made a present of a magnificent collection of Canadian and French views, Mr. J. B. Martel also sent us a few books. We have also received several numbers of the "Canadien" and of the "London Illustrated News," from R. Hamilton, Esquire; the editors of the "L'Événement," of the "Morning Chronicle," of "Le Journal de Québec," "Quebec Gazette," "L'Écho de Lévis," the "Weekly Witness," of Montreal, the "Boston Pilot," have now and then sent several numbers of their papers, and Mrs. Owen Murphy has very obligingly added several illustrated papers.

We thank them all in the name of our establishment, and we have good hopes that this generous example will be followed by all the families of the Province, and by the Press who, we are sure, will not forget to reserve the last sheet of each issue for the poor patients of the Asylum.

Other persons, visitors, have added their contributions to the fund destined to the amusement of the patients, and their cards have made known to us the following names of those who gave a dollar and upwards.

Messrs. Geo. McIntosh, Debets, Paris, France ; G. Croft, Montreal ; S. H. Higgins, Westfield ; Langdon, Mass. ; Hall Bros., Boston ; David Perreault, Montreal ; E. H. Thostor, Montreal ; R. B. R., Savannah, Georgia ; A. M. Hargadin, St. Louis ; I. M. A. Archambault, I. de E., Montreal ; J. B. Augé, Montreal ; Grame Harrison, N. Y. ; Hector Létourneau, Montreal ; E. E. Hoffman ; Boston ; H. Saunders, B. Columbia ; Machgeels, Montreal ; G. Fowler, Stone Point, N. S. ; Louis Carle, Montreal ; Thos. Williams, Wm. McCarthy, Quebec ; Damase Pelletier, Quebec ; L. S. Bergeron Lotbinière ; E. Cohen, Brussels, E. Haardt, Belgium ; Revd, Ernest King, Rich. Walsh, New Liverpool ; John Salmon, Chicago, Ill. ; J. U. Laird, Quebec ; J. G. Browne, Montreal ; Moses Browne, Malboro, Mass. ; O. Dufresne, Montreal ; Dame J. H. H. Beaulieu, Montreal.

To these we offer our most sincere thanks. Account will assuredly be kept of this kind action, and they themselves know that generosity towards those unfortunate creatures brings more happiness to the giver than the recipient.

We also take this opportunity to return our thanks to the Commissioners and to the learned Societies of Canada and abroad who have forwarded us their reports.

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Quebec, J

The numerous reports addressed us by our medical confrères, superintendents of Lunatic Asylums, are received with the greatest interest.

These reports are of great utility and afford us much important information on the speciality we profess. We have made it our duty, as heretofore, to address them a copy of our work in return.

Being persuaded that you will favourably accept these remarks, we address you this report, and

We have the honor to remain,

Sir,

Your very humble Servants,

J. E. J. LANDRY, M. D.

F. E. ROY, M. D.

Quebec, July, 1874.

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MEDICAL REPORT.

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Our medical report of this year includes the same division of subjects as that of last year. This method of division, in addition to having the merit of clearness, has also the inappreciable advantage of placing under the eyes of the reader, by means of numerous tables, the most important statistics.

To avoid repetition and not to enter into long comments, as we did last year, we will confine ourselves to some of the considerations which present themselves from an examination of the figures shown by the tables.

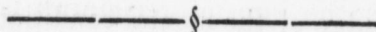
These statistics include the entire history of mental alienation, as it affects our institution. We are not only enabled at a glance, to judge of the mental condition of the population admitted into our establishment, but we can also in the same manner appreciate the exact value of the results obtained in the treatment of this terrible disease.

On the admission of the patient, these statistics give as far as it is possible, his history, stating with his age, his civil status, his origin, religion, the previous character of the disease, the probable cause of the attack, and shows the

probable result, and that which is obtained. In fact, the complete statistical tables, when studied and reasoned out, are an irrefragible proof of the success or inefficiency of an establishment.

To a superficial reader these statistics would seem very tedious, but to the learned and serious observer, they are so many irrefutable arguments, the basis of all reasoning, provided always that the figures are given in good faith.

Persons not familiar with questions concerning mental aberration cannot always deduce from the figures of a table the proper conclusions, and for this reason we have deemed it our duty here and there, to add some explanatory remarks, which may be of some use in drawing attention to certain important details which otherwise might not be noticed.



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MOVEMENT OF THE INMATES.

The following table shows the ingress, egress, and deaths, among the inmates of the Asylum, during the year ending the 30th June last.

	Males.	Females.	Total.
Remaining on 30th June, 1873.	448	436	
Admitted during the 12 months, (1873-74)..	105	99	
Total.....	553	535	1,088
Discharged.....	77	27	
Died.....	33	31	
Total..	115	58	173
Remaining on 30th June, 1874.....	438	477	915

The inmates remaining—884 patients, on the 1st July, 1873, with the admissions for the year—204, give a total of 1088 patients treated. Of this number are noted, 104 discharges and 69 deaths in the register, leaving at the end of the year 915 patients under treatment.

The increase in the inmates remaining is consequently only 31 over last year. This increase will be considered very slight when we learn that by the last census of 1870-71, there were 2000 insane persons in the Province of Quebec not confined in asylums.

Having shown the movements of the inmates of the Asylum for the year just closed, we think it useful, for those specially occupying themselves with diseases of the mind

to extend this table and give the total number of those treated in the Asylum since its foundation.

Years.	ADMITTED.			DIED.			DISCHARGED.			REMAINING.			Annual Increase.
	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.	
1845	46	49	95	1	3	4	.....	1	1	45	45	90	...
1846	32	26	58	6	10	16	11	7	18	60	54	114	24
1847	26	24	50	8	10	18	10	13	23	68	55	123	9
1848	36	24	60	12	4	16	9	4	13	83	71	154	31
1849	33	35	68	25	15	40	16	11	27	75	80	155	1
1850	46	23	69	17	8	25	11	16	27	93	79	172	17
1851	18	21	39	21	18	39	9	11	20	81	71	152	...
1852	45	39	84	6	10	16	8	2	10	112	98	210	58
1853	35	61	96	20	17	37	22	17	39	105	125	230	20
1854	60	52	112	36	24	60	21	20	41	108	133	241	11
1855	51	165	116	15	13	28	23	14	37	121	171	292	51
1856	64	52	116	27	16	43	20	18	38	138	189	327	35
1857	84	59	143	27	16	43	33	17	50	162	215	377	50
1858	64	44	108	22	26	48	33	22	55	171	211	382	5
1859	52	52	104	17	22	39	21	18	39	185	223	408	26
1860	54	52	106	26	24	50	17	21	38	196	230	426	18
1861	32	22	54	18	10	28	15	10	25	195	232	427	1
1862	37	22	59	14	12	26	13	12	25	205	230	435	8
1863	55	84	139	24	18	42	14	16	30	222	280	502	67
1864	71	84	155	25	24	49	32	20	52	236	320	556	54
1865	60	42	102	14	39	53	28	20	48	254	303	557	1
1866	81	72	153	19	33	52	31	24	55	285	318	603	46
1867	59	69	128	36	30	66	30	19	49	278	338	616	13
1868	88	71	159	20	23	43	17	22	39	329	364	693	77
1869	78	60	138	31	43	74	25	17	42	351	364	715	22
1870	77	79	156	36	37	73	32	32	64	360	374	734	19
1871	92	75	167	35	25	60	29	24	53	388	400	788	54
1872	121	80	201	37	28	65	44	14	58	428	438	866	78
1873	61	53	114	22	22	44	19	33	52	448	436	884	18
30th June 1874.	105	99	204	38	31	69	77	27	104	438	477	915	31
Totals.....	1763	1590	3353	655	611	1266	670	502	1172				

This table shows the progressive increase in the admissions from 1845 to 1874.

During the long period of 29 years, our establishment has received 3,353 patients. Of this number 1,172 were discharged, 1,266 died, leaving 915 patients under treatment.

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PERCENTAGE OF DISCHARGES AND DEATHS * (*SORTIES*.)

Admitted...3,353 Discharged and died (*sorties*)...2,438
per cent 72.71.

PERCENTAGE OF DISCHARGES ALONE.

Admitted.....3,353 Discharged.....1,172
per cent 34.35.

PERCENTAGE OF DEATHS.

Admitted.....3,353 Died..... 1,266
per cent 37.74.

The percentage of the ascertained result is as follows :

Admissions.....3,353	}	Discharged, 1,172 per c. 48.07.
Remaining..... 915		
Ascertained results....2,438	}	Died, 1,266 " 51.92

We have here carefully established the percentages upon which our arguments in the chapter on "discharges and deaths, (*sorties*)" will be based. At the proper time and place we will revert to these figures.

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* The French word *sortie*, in the original report, and paraphrased by the words *discharged and died*, includes both those expressions. This word, the meaning of which is special is met in every Asylum report; but in a great many the word is used without its technical value or its meaning, and bearing being explained to the reader who, to a certain extent, without this knowledge, is confused thereby, and he considers these *sorties* as so many cures, which he places to the credit of the establishment. This omission is so much the more to be blamed, as oftentimes there are no tables to guide the reader, whose ignorance seems to be made use of to cause him to believe in miracles.

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Annual Increase.

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DURATION OF RESIDENCE.

Insane treated since 1st July, 1873, (12 months.)			
DURATION.	M	F	Total.
One month and under.....	16	14	30
From 1 to 2 months.....	9	6	15
“ 2 to 3 “.....	12	10	22
“ 3 to 6 “.....	36	30	66
“ 6 to 12 “.....	50	49	99
“ 12 to 18 “.....	43	36	79
“ 18 to 24 “.....	40	25	65
“ 2 to 3 years.....	43	54	97
“ 3 to 5 “.....	69	65	134
“ 5 to 10 “.....	98	84	182
“ 10 to 15 “.....	54	66	120
“ 15 to 20 “.....	49	55	104
“ 20 to 25 “.....	16	31	47
“ 25 and over.....	18	10	28
Totals.....	553	535	1088

AVERAGE DURATION OF RESIDENCE.

Males.....6 years, 5 months, 18 days.

Females.....7 years, 3 months, 28 days.

Both sexes.....6 years, 10 months, 23 days.

The average length of residence, although high, is easily explained by the nature of the cases admitted.

Our establishment having been now twenty-nine years in existence, was the first institution organized in the

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Province of Quebec, for the reception of the insane. The formation of its population -idiots, imbeciles and incurables—transferred from the convents and prisons, gave no chance of cure, and the number could not be decreased except by death as there were no transfers.

The regular admissions that afterwards took place, were hardly better. These consisted in great part of idiots, and chronic cases, who after having been kept by their families during 2-6-10 or more years, were sent to the Asylum, more for the sake of procuring for them a comfortable dwelling than as a means of cure. The continuation of our tables, those of age, mental classification, and especially of the duration of the diseases previous to admission, conclusively establish this.

Having given this explanation, we take pleasure in drawing attention to another part which naturally arises from the figures of this table. The long duration of the residence of these old chronic cases, contributes to show the efficiency of the hygienic treatment in our establishment of these unfortunates.

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DISEASES TREATED DURING THE 12 MONTHS.

FORM OF DISEASE.	SEX.	TOTAL.	COMPLICATIONS.											
			Congenital.	Periodical.	Paralytic.	Epileptic.	Puerperal.	Hysterical.	Uterine disorders.	Onanism.	Inebriety.	Hereditary.	Homicidal.	Suicidal.
Mania.	M	123	...	5	1	...	...	...	...	4	16	15	3	4
	F	101	...	3	1	...	8	3	8	3	9	7	...	3
Chronic mania.	M	149	...	9	1	...	...	...	...	8	7	8	2	3
	F	184	...	10	5	1	4	3	2	...	...	5	1	4
Mono-mania.	M	11	...	...	...	1	...	...	...	...	...	1	...	...
	F	1	...	...	...	...	...	...	...	...	...	...	...	...
Lype-mania.	M	73	...	...	...	1	...	...	...	12	13	1	1	15
	F	63	...	...	2	...	3	3	1	3	...	3	1	9
Dementia.	M	44	...	...	...	...	...	...	...	5	...	2	2	...
	F	64	...	...	2	3	1	...	1	...	...	5	...	2
Senile dementia.	M	6	...	...	1	1	...	...	...	...	...	1	...	1
	F	10	...	...	1	...	...	...	...	...	...	...	...	...
Paralytic insanity.	M	25	...	...	...	1	...	...	...	6	...	...	...	1
	F	4	...	...	...	...	1	...	...	1	...	...	...	...
Imbecility.	M	42	36	...	...	2	...	...	...	6	...	1	...	...
	F	70	43	...	1	4	...	3	1	3	...	10	1	...
Idiocy.	M	51	36	...	...	11	...	...	...	...	...	6	1	...
	F	10	6	...	...	2	...	...	...	...	...	1	...	...
Epileptic mania.	M	29	...	...	...	29	...	...	...	2	2	1	...	...
	F	28	...	...	1	27	...	1	1	1	1	...	2	...
Totals.....	.....	1088	121	27	16	83	17	13	14	45	55	68	15	42

This table, the last in this chapter, is one of the most important in our medical report.

Giving all the dis the menta a statemen pretty cor

It would which carr confine ou acquainted the favora attacked by in chronic mania, par tained, so t ble. As far that the pos ment even tion the fav sented by a sion is easi only 360 o ing a perce

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Giving the mental classification with the complication of all the diseases treated during the year, it shows at once the mental condition of 1088 patients, and permits us, after a statement of the nervous affections, to get at a glance a pretty correct general prognostic.

It would take too long to study this table in all its bearings, which carry with them numerous considerations. We will confine ourselves to one only. Although one may be better acquainted with mental diseases still we know that among the favorable cases, cures are effected especially on patients attacked by mania or lypemania of an acute character, whilst in chronic mania, ordinary or senile dementia, chronic monomania, paralytic and epileptic insanity, cures are rarely obtained, so that these cases come to be considered as incurable. As far as concerns imbeciles and idiots, it is well known that the possibility of attaining a certain degree of improvement even arises in very few cases. If after this explanation the favorable cases are summed up, that is those represented by acute mania and lypemania, the sorrowful conclusion is easily arrived at, that of these 1088 cases, there are only 360 on whom all our hopes must be based for obtaining a percentage of cures.

If the merits of institutions depended upon the percentage of cures, our efforts, leaving aside scores of adverse and unforeseen circumstances, would remain for a long time unknown.

When a percentage of cures is advanced to prove the efficiency of an establishment, this percentage must be calculated upon the number of cases considered in the beginning of the year as susceptible of cure, and not upon the total number treated during the year, as the majority of these patients are not susceptible of cure. Thoughtful persons are aware of this and ask for statements so as to judge

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Homitidal.	Suicidal.
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impartially of the merits of an institution, as they also know how to take for what it is worth—a percentage given, without other figures or proofs, and that such pretension is only a proof of a desire to mislead the public at all hazards.

In ending this chapter on the movement of our population during the past 12 months, we think it useful to show the number of the patients whom we were able to put to manual labor, and the different kinds of work at which they were employed.

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OCCUPATION.

AVERAGE WORK OF THE PATIENTS DURING THE YEAR 1873-74.			
OCCUPATION.	M	W	Total.
Household work.....	63	62	125
Gardening and farming.....	56	7	63
Sewing and knitting.....	...	60	60
Workshops.....	15	...	15
Wash-house and laundry.....	3	16	19
Cooking.....	7	5	12
Totals.....	144	150	294

Such has been the movement of our population for the year 1873-74. This general view will advantageously facilitate the knowledge of the details given in the three following chapters. Admissions—Discharges—Deaths.

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ADMISSIONS.

The number of admissions during the past 12 months was 204, classed as follows :

ADMISSIONS.

		M	F	Total.
Admitted for the first time.....		93	88	181
Re-admissions, after escape.....		5	...	5
Re-admissions of those discharged from 1845, to 30th June, 1874, after more than one year's absence.	1st Re-admissions.....	3	4	7
	2nd " .....	...	3	3
	3rd " .....	...	...	...
Re-admissions of those discharged after less than one year's ab- sence.	1st Re-admissions.....	3	3	6
	2nd "	1	...	1
	3rd "	1	1
Totals		105	99	204

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The difference that exists between the number of men admitted compared with that of women, as was the case last year, is so little perceptible, that it is impossible to conclude that insanity predominates in one sex, although the predisposing and exciting causes greatly differ in both.

The admissions during the course of the last year have been more numerous than during the preceding one. This result, in our opinion is to be attributed principally to the initiative of the Government, which knowing the advantages to be derived from a prompt admission, and a proper and timely treatment has hastened to satisfy the demands for admission.

This perceptible increase in the number of admissions each year will continue until such time as the surplus of the population not yet provided for shall have found place in Asylums.

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The following table gives the different causes of re-admission.

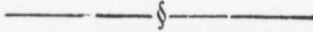
CAUSES OF RE-ADMISSION.

	Total.		RE-ADMISSION after more than one year's absence.						RE-ADMISSION after less than one year's absence.						GRAND TOTAL.
			1st. Rea.		2nd. Rea.		3rd. Rea.		1st. Rea.		2nd. Rea.		3rd. Rea.		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Blows on the head.....	2	...	1	...	...	...	...	...	1	...	...	...	...	...	2
Ill-treatment.....	1	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Intemperance and debauchery.....	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1
Uterine diseases.....	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1
Abuse of tobacco.....	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Domestic troubles.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Grief.....	...	1	...	...	1	...	...	...	...	...	...	...	...	...	2
Severe study.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Congenital predisposition...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	1
Periodical mania.....	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1
Unknown causes.....	2	5	1	2	...	1	...	...	2	1	...	...	...	...	7
Totals.....	7	11	3	4	...	3	...	...	3	3	1	...	...	1	18

The number of re-admissions of those discharged for the current year, is not considerable—being eight in all—for the most part, moreover, these re-admissions are caused by the fact of the patients' discharge having been obtained

on the demand of their relations, even before convalescence has been sufficiently established.

Upon returning to their homes, these patients are not sufficiently prepared to struggle against the unfortunate circumstances which have occasioned a first attack of the disease. Being too weak to bear up against the moral causes of excitement which still are dominant, they, on returning to the localities where they have lived previous to entering the Asylum, relapse into their former condition, and have to be sent back to our establishment.



The following table indicates the localities, towns, districts, prisons and hospitals whence came the patients, who have been treated in our establishment, more particularly those admitted within the last 12 months :

FORMER RESIDENCE OF PATIENTS.

	Admitted during the 12 months.			Admitted since 1845.		
	M	F	Total.	M	F	Total.
Coming from Cities.....	20	21	41	368	421	789
“ Gaols.....	37	29	66	733	561	1294
“ Districts.....	45	44	89	565	495	1,060
“ Hospitals.....	2	4	6	70	91	161
“ Abroad.....	1	1	2	27	22	49
Totals.....	105	99	204	1,763	1,590	3,353

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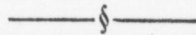
Single.....
Married.....
Widowed.....
Unknown.....
Totals.....

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Percentage of the number of patients who came from Prisons :

On the total number..... 38.65 p. c.
 On the admissions during the 12 months... 34.31 p. c.

Thanks to our yearly reiterated appeals against the custom of putting the insane in prisons, instead of sending them directly to the Asylum, we find with pleasure that the number coming from prison is proportionately smaller than during the preceding years. This is a step in the right direction ; let us hope that before long we shall have no reason to complain of a practice so prejudicial to the cure of the patient.



CIVIL CONDITION.

	Admitted during the 12 months.			Treated during the 12 months.		
	M	F	Total.	M	F	Total.
Single.....	63	61	124	380	318	698
Married.....	38	28	66	150	181	331
Widowed.....	3	9	12	18	34	52
Unknown.....	1	1	2	5	2	7
Totals.....	105	99	204	553	535	1,088

Although idiots and imbeciles have been classed in the category of unmarried patients, we find each year that the

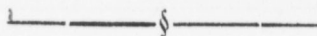
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number of these last compared with the other civil conditions is enormous, and we cannot explain this otherwise than by the reasons given in the report.

The reason of this proportionate excess is due to circumstances which naturally appertain to their condition, that is to say, to the influence of celibacy as a general predisposing cause of mental alienation. This influence is not directly exercised, but it results from many causes, which always accompany a similar course of life. Thus, celibacy is unfavorable to a regular life and encourages dissipation; a bachelor lives freely, and without a moral standing in society.



RELIGION.

RELIGION.	Admitted since 1845.	Admitted during the 12 months.
Catholic	2,764	176
Protestant	528	24
Unknown.....	61	4
Totals.....	3,353	204

The population of the Province of Quebec, as shown by the census of 1871, is divided as follows, according to religious belief :

Religions.	{	Catholic.....	1,019,850
		Protestant.....	166,957
		Other beliefs or unknown...	2,709

Total population of 1871..... 1,191,516

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English.. ...
Others... ..
Totals

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LANGUAGE.

LANGUAGE.	Admitted since 1845.	Admitted during the 12 months.
French.....	1,928	147
English..	1,404	56
Others..	21	1
Totals.....	3,353	204

We have grouped by *language* the patients treated in our establishment, *from the beginning of the institution*, in the absence of sufficient information as to their origin and nationality.

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With the assistance of details which we have obtained respecting patients admitted during the past eighteen months, we have been able to compile the following table.

Here again we have to regret that the questions contained in the forms required to be filled up in applications for admission have not been properly answered; this want

deprives us of a good deal of information, which would hereafter be of great service to those who study statistics.

ORIGIN AND NATIONALITY.

	ORIGIN.			NATIONALITY.		
	Admitted during the 12 months.			Treated during the 12 months.		
	M	F	Total.	M	F	Total.
Canada	79	65	144			
Scotland.....	5	3	8			
United States.....	...	1	1			
France.....	1	1	2			
England.....	3	3	6			
Ireland	13	25	38			
Sweden	1	...	1			
Unknown.....	3	1	4			
Totals	105	99	204			

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The patients are classed as follows with respect to their occupations previous to admission :

OCCUPATIONS.

ADMITTED DURING THE 12 MONTHS.			
	M	F	Total.
Liberal professions.....	...	...	...
Soldiers and seamen.....	4	...	4
Annuitants or proprietors.....	...	...	...
Industrial and commercial professions.....	10	...	10
Teachers or students.....	3	2	5
Agricultural professions.....	25	...	25
Manual and mechanical professions.....	19	3	22
House-keepers .....	...	37	37
Laborers.	22	12	34
Without profession.....	21	37	58
Unknown professions.....	1	8	9
Totals.....	105	99	204

We are of opinion that a profession in itself does not enter largely into the genius of mental afflictions, but certain conditions cause in individuals a perturbation of the nervous system, particularly alcoholic drink, and by reference to the above citations, it may be seen that is the greatest cause of the return of the disease.

The patients are classed as follows as to age when admitted :

AGE WHEN ADMITTED.

AGE.	ADMITTED During the 12 months.			TREATED During the 12 months.			ADMITTED Since 1845.		
	M	F	Total.	M	F	Total.	M	F	Total.
Under									
15 years..	3	1	4	17	9	26	39	36	75
15 to 20 years.....	5	9	14	36	32	68	108	108	216
20 to 25 "	20	17	37	75	82	157	249	213	462
25 to 30 "	14	9	23	86	85	171	259	261	520
30 to 35 "	13	20	33	77	76	153	230	220	450
35 to 40 "	9	9	18	49	64	113	198	180	378
40 to 45 "	12	12	24	68	59	127	181	153	334
45 to 50 "	5	3	8	39	43	82	145	103	248
50 to 60 "	12	9	21	70	51	121	190	171	361
60 to 70 "	4	7	11	21	24	45	116	103	219
70 to 80 "	7	2	9	14	6	20	40	33	73
80 and over.....	1	1	2	1	4	5	8	9	17
Totals.....	105	99	204	553	535	1088	1763	1590	3353

AVERAGES OF THE AGES.

ADMITTED DURING THE YEAR.

Males.....	38 years	0 months	3 days.
Females.....	36 "	6 "	20 "
Both Sexes...	37 "	3 "	11 "

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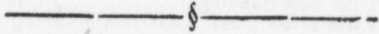
POPULATION TREATED.

Males.....	35 years	10 months	2 days.
Females.....	36 “	5 “	15 “
Both Sexes...	36 “	1 “	23 “

ADMITTED SINCE 1845.

Males.....	31 years	2 months	5 days.
Females.....	32 “	1 “	13 “
Both Sexes...	31 “	7 “	24 “

The number of patients treated, who, at the time of their admission had attained the advanced age of from 50 to 80 years amounts to 191. This population coming for the greater part under the classification of Chronic Mania and Senile Dementia, offers very few chances of cure, and tends to augment considerably the list of cases considered incurable.



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Total.
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MANIFESTATION OF THE DISEASE, PREVIOUS TO ADMISSION.

ADMITTED DURING THE 12 MONTHS.	M	F	Total.
Under one month.....	8	4	12
From 1 month to 6 months.....	23	15	38
“ 6 “ 1 year.....	9	7	16
“ 1 year to 2 years.....	4	4	8
“ 2 “ 3 “.....	12	6	18
“ 3 “ 4 “.....	2	8	10
“ 4 “ 5 “.....	3	5	8
“ 5 “ 10 “.....	6	8	14
“ 10 “ 15 “.....	1	5	6
“ 15 “ 20 “.....	3	3	6
“ 20 “ 25 “.....	1	5	6
“ 25 “ 30 “.....	...	...	...
“ 30 “ 35 “.....	...	...	...
“ 35 “ 40 “.....	1	...	1
Since birth.....	14	9	23
Undetermined time, not remote.....	2	2	4
“ “ “ of long standing.....	12	9	21
Unknown.....	4	9	13
Totals.....	105	99	204

Information obtained in 143 cases allows us to establish the average duration of the disease before admission as follows:

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Female

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Males.....	73	Duration	3	years	2	months	8	days.
Females...	70	"	5	"	2	"	6	"
	—		—		—		—	
Total....	143	"	4	"	2	"	7	"

This average, however unfavorable it may appear, would be much more so if it comprehended the 44 admissions of which 33 are cases in which the disease exists from infancy, and the remaining 21 in which the disease dates from a considerable but unknown period.

We cannot do better than repeat here the remarks which we made last year with reference to the said table.

The chances of cure depend on the time of the commencement of the disease. It is therefore of importance to all, who interest themselves in the practical success of our establishment, that they should understand the origin and nature of the diseases of those who are entrusted to our care. This table thus becomes, from this point of view, one of the most important in our medical report, inasmuch as it tends to show the more or less favorable prospect of cure in the patients admitted during the 12 months.

We find, on consulting the tables given by Tucke, as well as those of Esquirol, Pinel and their successors, that the average time in which there is a chance of cure, is a little less than one year, and that after the third year, the probability of cure is only about at the rate of one eighth per cent.

By returns from *Great Britain*, 9 out of 10 insane patients are cured when subjected to medical treatment during the three months following the breaking out of the disease,

(opinion expressed by Lord Ashley in the House of Commons on a motion of the 6th June, 1845.)

The *United States* show similar results.

On studying this table well, we see how many of these unfortunate people, on the 204 admissions, come under the denomination of favorable cases. The total number of admissions who have been less than two years suffering from insanity, is but 78, and this is the favorable class—the balance 126—who have been laboring under this affliction from 2 to 40 years, may be considered as cases offering very small chances of recovery.

DISEA

FORM

OF

DISEASE

Mania.

Chronic
mania.

Mono-
mania.

Lype-
mania.

Dementia.

Senile
dementia.

Paralytic
mania.

Im-
becility.

Idiocy.

Epileptic
mania.

Totals.....

DISEASES TREATED DURING THE 12 MONTHS.

FORM OF DISEASE.	SEX.	TOTAL.	COMPLICATIONS.											
			Congenital.	Periodical.	Paralytic.	Epileptic.	Puerperal.	Hysterical.	Uterine Disorders.	Onanism.	Inebriety.	Hereditary.	Homicidal.	Suicidal.
Mania.	M	31	...	5	...	...	...	...	...	1	6	3	1	3
	F	36	...	3	1	...	1	2	5	1	4	5	2	1
Chronic mania.	M	20	...	...	...	...	...	...	...	2	3	2	...	1
	F	21	...	...	...	...	...	1	...	...	...	1	...	2
Mono- mania.	M	2	...	...	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	...	...	...	...	...	...	...	...	...	...
Lype- mania.	M	16	...	...	...	1	...	...	...	3	1	...	1	3
	F	14	...	...	1	...	3	1	...	...	...	1	2	5
Dementia.	M	2	...	...	...	...	...	...	...	...	...	...	1	...
	F	4	...	...	...	...	...	...	...	...	...	3	...	1
Senile dementia.	M	3	...	...	1	1	...	...	...	...	...	1	...	1
	F	3	...	...	1	...	...	...	...	...	...	...	...	...
Paralytic mania.	M	6	...	...	...	1	...	...	...	...	4	...	1	1
	F	...	...	...	...	...	...	...	...	...	...	...	...	...
Im- becility.	M	6	3	...	...	...	...	...	...	...	...	...	...	...
	F	8	8	...	...	...	...	...	...	...	...	2	...	...
Idiocy.	M	11	9	...	...	3	...	...	...	...	...	2	...	...
	F	6	3	...	...	2	...	...	...	...	...	1	...	...
Epileptic mania.	M	8	...	...	...	8	...	...	...	...	1	1	...	...
	F	6	...	...	...	5	...	1	...	...	...	1	...	...
Totals.....		204	23	8	4	21	4	5	5	7	19	23	8	18

It must be remarked that chronic forms of diseases are always the most numerous. By referring to and studying the two last tables, and by taking our observations into consideration, this result will not be at all surprising. The medical consequence is easily deduced, that is that more than three-fourths of the admissions for the current year are considered as incurable cases, and why?

Allow us to leave the answer to this question, to one of the most able pens in France that treats on this subject of mental aberration. "If," says Dr. Bonnet, "for many reasons that ought not to exist, principally financial, patients had been admitted at the commencement of the disease, the cures would be very numerous, and greatly to the profit of the individual, the family and the public purse. The persistent refusal to admit patients except in the last extremity, finally causes an overcrowding of the hospitals. In the question of admission of patients, it is a very bad calculation to restrict our views to the present: by doing so the future is at each moment endangered—we imagine that we thereby diminish our expenses, whereas on the contrary we increase them. For the last twenty years physicians on lunacy have insisted on this point—but in vain—and yet during all this time outsiders, who understand nothing about this subject, remain obstinate, and will not listen to anything in reason.

In consequence of ignorance and obstinacy in the modes of obtaining admission, I affirm that there will be no longer any necessity for having physicians in insane asylums. Nurses of several years experience will suffice.

The departments complain of the increasing expenses—for my part I do not pity them—Have your patients admitted at an earlier date, and your hospital staff will grow smaller, in consequence of the discharges being more numerous.

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The increase of the population will be checked, the greater the movement in this direction becomes. Conditions become more fixed, financial interests will have no cause to complain, and these individuals would be brought back to their normal state and to society; whereas they have no possible chance under existing circumstances.

“Though it may appear almost incomprehensible, on this point, moral and material reasons concur—and what I say is so very plain, for any one who will but listen ever so lightly, that I leave aside now all questions of feelings with regard to family ties and those which concern them both in the present and the future.

“I simply respectfully enunciate theories which are borne out and verified in daily practice. I hope most ardently that after so many years of antagonism between science and routine, those ideas will be at least taken into consideration. I do not expect it, for I have had too much experience to allow me to do so. The public do not wish to place their confidence in these things, of which they know nothing, and they preconceivedly revolt against experience. An obstacle presents itself, and they wish to surmount it by storm, by referring to exploded ideas with misconceived and erroneous theories.

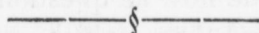
“What is the result of this obstinacy in wishing to decide everything by one's own experience; in listening to the behests of science without obeying her orders, or listening with merely a mixture of *ennui* and respect. Science is silent; she waits, and accepts what she cannot prevent—but then she comes and informs us that the affliction is ever on the increase. Why not have hearkened a little?

“Let the insane be sent to the asylum, as soon as possible, after the first appearance of the disease. Let us not plunge

ourselves into any social or administrative theories affecting a utopian or obsolete system. Let us remain within the limits of the laws of health, of medical reason and of legal philosophy.

“Mental diseases resemble ordinary afflictions. The earlier the disease is attended to, the more numerous are the chances of recovery.”

“*Rapport sur l'Asile 'de la Roche Gandon,'* page 61.”

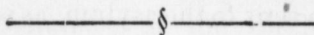


PROBABLE CHANCES OF CURE.

OF THE INSANE PATIENTS ADMITTED DURING THE YEAR.			
	M	F	Total.
Chances of cure—favorable.....	37	25	62
“ “ doubtful.....	27	30	57
“ “ unfavorable.....	41	44	85
Totals	105	99	204

Percentage of favorable cases on the admissions for the year :

Males,.....	105 favorable admissions,	37 per cent,	age 33.14
Females,...	99 “ “	25 “	25.25
Both sexes,	204 “ “	72 “	30.29



ADMITTED DURING THE 12 MONTHS.
 DETERMINING CAUSES.
 M F Total.
 PREDISPOSING CAUSES.
 M F Total.

SUPPOSED CAUSES OF INSANITY.

PREDISPOSING CAUSES.		M	F	Total.		
Hereditary,	direct {	2	3	5		
	Paternal (father, grand-father, grand-mother, uncle, aunt).....	2	1	3		
	Maternal (" ")	2	2	4		
	Paternal and Maternal.....	2	2	4		
collateral—	3	3	6			
Brothers and sisters.....	2	2	4			
mixed {	2	2	4			
Collateral and paternal.....	2	2	4			
and maternal.....	1	1	2			
paternal and maternal	1	1	2			
Totals.....	14	10	24			
DETERMINING CAUSES.		M	F	Total.		
Physical causes,	Congenital defect.....	14	9	23		
	Falls, blows, wounds and abscesses in the head	4	1	5		
	Convulsions, Epilepsy.....	9	8	17		
	Old age.....	3	2	5		
	Abuse of tobacco.....	1	..	1		
	Alcoholic excesses.....	10	4	14		
	Sun strokes.....	1	..	1		
	Other nervous affections.....	1	1	2		
	Other physical causes.....	1	2	3		
	Mixed causes,	Disorders of the genital functions.....	..	3	3	
		Female diseases.....	..	5	5	
		Excessive coition, onanism, dissipation.....	2	1	3	
		Exposure and hardship.....	4	4	8	
		Late hours, excessive intellectual labor.....	2	..	2	
		Moral causes,	Pride, ambition.....	3	3	6
			Disappointed love.....	1	6	7
			Grief.....	3	13	16
			Domestic troubles.....	2	..	2
			Loss of fortune.....	3	..	3
	Fear.....		6	1	7	
Surprise.....	1		1	2		
Jealousy.....	1		..	1		
Anxiety.....	4		2	6		
Religion.....	6		8	14		
Unknown causes.....	29	25	54			
Totals.....	105	99	204			

DISCHARGES.

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Under this head, are included the names of those that have been struck out of our books, for every other cause but death. Namely: those cured, improved, unimproved, escaped and transferred.

The state of the patients that left this Asylum during the last twelve months, contained in this report, is about the same as that of the preceding year.

Those that were discharged amounting to 104, can be divided as follows :

DISCHARGES.

	PATIENTS DISCHARGED DURING THE 12 MONTHS.									Patients Discharged since 1845.					
	MENTAL CONDITION.												GRAND		
	CURED.			IM- PROVED.			UNIM- PROVED.			TOT. L.					
	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.
Recommended for discharge.....	24	16	40	.....	.....	.....	.....	.....	.....	24	16	40			
Claimed by relatives....	.....	.....	.....	2	6	8	2	.....	2	4	6	10			
Transferred.....	.....	.....	.....	.....	.....	.....	44	5	49	44	5	49	670	502	1172
Escaped.....	.....	.....	.....	2	.....	2	3	.....	3	5	.....	5			
Totals.....	24	16	40	4	6	10	49	5	54	77	27	104			

Those that have been cured, receive their liberty on our recommendation.

Those who are convalescent, and are discharged sometimes, at the request of relations, sometimes with our approbation, sometimes without it. These premature discharges are the cause of a great number of re-admissions. At any rate, for a certain number, small, it is true, and they are those whom we have recommended to be discharged, at the urgent request of relatives, we thought that convalescence would be continued up to complete recovery on their returning to their homes.

Those who have been transferred to St. Jean de Dieu, (Montreal,) were quiet and inoffensive idiots.

In face of the overcrowding of asylums, the number of patients has been tried to be diminished by placing the chronic and acute cases in different establishments. This measure is far from being generally approved. The contact of chronic patients, who are usually quiet, with those that are not, generally tends to allay the wildness of the others, and also in a great measure helps to maintain discipline and order by force of example; it is by this means only that any work can be done. Nevertheless, the premature cessation of treatment, the asylums for incurable cases, not having the means at their disposal, might prevent certain cures that would have been effected with further care. In Germany and the United States, the system of separation has been tried, but having several years since found out the disadvantages of this system, it has been condemned, and those cases that seem incurable are placed with those that are presumably incurable.

To all the extracts that we cited in our previous report, 1872-73, we may add the following :

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“ Placing those that are quiet, but unable to work, (idiots and imbeciles) in hospitals, is not justifiable, because it would cause a great deal of trouble and inconvenience. Nevertheless what would these poor unfortunate creatures gain by it, whom society deprives of liberty, to be kept in a hospital, instead of a ward of an asylum? Would they not receive in an asylum the special care required of their case, appropriate to the cause of their malady, and at the same time the care that their unfortunate position requires? ”

“ Is this sending back to their families, or caretakers, or relatives, of the incurable but not dangerous, desirable upon either economic or humane grounds? ”

“ One great difficulty is, that a great number are subject to relapse into a state of madness and moments of excitement, which would not allow them to be far removed from the asylums. Therefore we ought not think of scattering them among different villages; we also fear they would not receive the necessary care, and their diseases would not be closely attended to by the families in which they would be placed, and that they would be often the subjects of inhuman raillery. ”

“ Until now we have contented ourselves with an agricultural colony annexed to the asylum, similar to the one at Clermont (*Oise, Fitz James' Colony, Brothers Labitte*, a private establishment, one of the finest in the world, and containing *over 1,600 patients*). We think that the system of asylums as with us, connected with a farm, is to be preferred, unless a very large population would permit of a complete colonial establishment. ”

“ The lunatics are under the eye and care of a physician, and not deprived of medical treatment, they participate in the

moral influences and good impressions induced by his influences." *Report of 1873, of the Lunatic Asylum at Lommelet, (North,) by Dr. Planque, page 44.*

The escapes are very few indeed considering the large number and the great freedom of our patients. This is a remarkable fact, and one which speaks greatly in favor of the supervision of our employees.

The average of discharges can be considered from several points of view.

The percentage can be taken upon the number of admissions since the foundation of the asylum; or again the admissions during the year, or otherwise, the whole number treated during the year. Moreover these discharges include, cured, improved, non-improved, escaped and transferred; each of these different categories afford a subject of special study, and brings as a result a special contingent of statistics, the knowledge of which increases the general welfare.

Yet there is one method of percentage which ought to be stated before all, that is the discharges of those cured based on the number of favorable cases placed under our care at the beginning of the year. We do not know a more correct method of trying as much as possible to get the real meaning, than to first take into account the population in our hands at the beginning of a year, and take therefrom, either directly or indirectly, everything that might influence our calculations, such as the accumulation of cases presumed incurable, (chronic cases,) &c., on the result or average of cures that ought to have been obtained during the year.

We do not add those admitted during the year to those favorable cases under treatment at the beginning of the year, so

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as to increase the average, because the great number of these last will only be referred to in the following year. Besides all come to us at different periods for treatment, some at the beginning, some at the middle, others at the end, so that it is hardly possible to bring in the proportion of those who enter during the last month, the last weeks, or even the last days. Our experience then should be based on those favorable cases that remain over from the preceding year. To do otherwise would not be just to ourselves. At any rate the method of keeping an account of the year's admissions would hardly give satisfactory proof as to the correctness of our statistics, and our confrères agree with us, as can be seen by reference, among others, to the *Report of the Royal Asylum of Mount Rose* :

“The method of calculating the cures according to the total number of admissions into asylums, gives a very small idea of the chances of cures in cases of recent insanity, or the efficiency or inefficiency of the treatment. It is a well known fact, that the greater number of persons placed in asylums, are sent there, not with the object of obtaining their cure, but as a measure of safety. The cases of epilepsy, paralysis, idiocy, dementia, and chronic monomania, among which there is the very smallest chance of cure, tend to greatly increase the number of annual admissions, and this number, compared with the favorable cases, consequently affects the average of the percentage of cures.” (*Mount Rose Royal Asylum, Report of 1870.*)

We mention these details with the object of proving the sincerity and good faith which is contained in our statistics. It is at least the method which has been always followed in our previous reports.

We continue to give these details, to let those understand who are tempted to read these lines and look over

figures, solely with the object of giving themselves the strange pleasure of changing them and diminishing their value in the eyes of the public—as *has already been done*—so that they cannot, for the future, plead ignorance of the facts, and of the method by which we have obtained our results.

Let us see now the different percentages which one can extract from the tables we have given. We will follow the following order :

1° Percentage of discharges of those *cured* among *favorable* cases to the 30th June, 1873.

Percentage of chances of *cure* on all the patients treated since June 30th, 1873.

2° Percentage of discharges of those *cured* and *improved* upon the admissions for the year.

Percentage of *discharges* on the admissions of the year.

3° Percentage of discharges *since 1845*, on the *admissions* during the *same period*.

4° Percentage of discharges on the number treated, admitted and remaining.

5° Foreign statistics compared.

If any one would cast their eyes over some of the tables of our last report, especially page 134 : *the duration of residence at Asylum* ; and page 138 : *nature of diseases of patients under treatment, 30th June, 1873*, and add up the cures of chronic mania, dementia, senile dementia, monomania, paralytic mania, imbecility, idiocy, and epileptic mania, they will arrive by this calculation at a considerable number of cases presumed to be incurable, which, deducted from the

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rest of the number treated, gives a number of favorable cases, which we will assume as a base for the percentage required.

The cases then, that were presumed to be incurable, give a total of 644, which, deducted from the total number under treatment, 884, leaves 240 cases of mania and lypomania, of which however 111 were after examination considered as very unfavourable; thus leaving with chance of success only 129 cases, as indicated in the table on page 192, in our last report of 1872 and 1873.

Of these 129 favorable cases, 40 were cured by our treatment, that is to say, 31 per cent.

Favorable cases.	Discharged of cured.	Average.
129	40	31 p. c.

Such is the *net* result of our cures this year, and such also are the means by which we obtain this average percentage.

The figures cannot be more exact or the method clearer.

These statistics—the most important, inasmuch as they are the nearest to the real result obtained—being given; we can, to understand the Report, consider the discharges from all the other points of view that we have mentioned, and even if they are secondary, are nevertheless very useful to help us. At any rate, to compare our establishment with other asylums, and to show that the result obtained in Quebec can, without fear, be placed side by side with those of the largest asylums of Europe and the Continent of America.

Favorable cases.	Discharged cured and improved.	Average.
30th June, 1873. 129	50	38.76 p. c.

Number under treatment, 30th June, 1873.	Favorable cases.	Average.
884	129	14.59 p. c.

The average of favorable cases (14.59 p. c.) is not very promising, and if the total of discharges, considered from various points of view, is not higher, it is necessary to acknowledge, as we have many times had occasion to, the large number of chronic cases that we receive each year, and who accumulate in our establishment.

Nevertheless, the results of our mode of treatment have been very satisfactory, as it is on an equality with those of other institutions placed in similar conditions as regards numbers.

If we compare the number of discharges,—*discharged cured,—discharged cured and improved*—in the 12 months, with the total number of admissions for the same time, we will get the following :

Admissions (12 months.)	Discharges.	Average.
204	104	50.98 p. c.
Admissions (12 months.)	Discharged cured.	Average.
204	40	19.60 p. c.
Admissions (12 months.)	Discharged cured and improved.	Average.
204	50	24.50 p. c.

Certain Reports, at times, give a more satisfactory average percentage, it is true ; but the result is obtained by taking the number of discharges only as a base for the average of cures. This subtle method, frequently employed without any comment, leaves the reader under a wrong impression. Thus the discharges being numerous in some institutions by means of the transfers, the managers not being able to obtain a satisfactory result by taking the percentage of cures, adopt a different method. They simply classify as

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Discharged, all Returns and Deaths. This may be true in some cases; but in this case it would become erroneous if no note or explanation were added, as it gives a percentage which seems more favorable than it is in reality. If we follow this method, we obtain from the numbers in our establishment since its foundation the following result :

Admitted.	Discharged.	Average.
3,353	2,438	72.71 p. c.

If nevertheless by discharges we meant those cured, and if we deducted the number left on the 30th June, 1874, the result would be quite different.

That is to say, since its foundation, 1845, our asylum has received in its halls 3,353 patients. Deducting 915 patients now under treatment, with more or less favorable chances of cure, we would have 2,438 on which to base the average of those discharged.

Known result.	Discharged	Average discharged.
2,438	1,172	48.07 p. c.

This last mode without being the best, as it cannot under any circumstances show the real advantages or success obtained, seeing that it does not take into account the condition of the inmates, is, however, that which we should, for the time being adopt; so as to compare our own with foreign statistics.

According to the method adopted in Ontario, the percentage of our discharges, is as follows,:

Patients treated.....	1088	Discharged.....	104	9.55 p. c.
“ admitted.....	204	“	104	50.98 “
“ remaining } on 30th June, 1874. }	915	“	104	11.36 “

The results obtained in our institution, without in any way being the highest of all similar institutions, are never-

theless far from being the lowest. The *juste milieu* which they take makes it presumable that they are correct. These results far from showing any weakness, have the advantage of not erring on the score of gross exaggeration.

This percentage when compared with those given by the Ontario and St. John Asylums, shows that the results obtained in the Quebec Asylum, are not so bad as has been pretended by certain malevolent and interested parties :

	Ontario Asylums.	St. John.	Quebec.
Percentage of the inmates treated..	9.21	6.93	9.55
“ “ “ admitted...51.42	30.43	50.98	
“ “ “ remaining..10.99	8.23	11.36	
	71.53	45.59	71.89

Let us now consult foreign statistics, and they will satisfactorily show that we have reason to be proud of our success.

Let us look at *France*.

Not having been able to procure the last general reports, we take, from the return of the Director General of the *Département de la Seine* (year 1864, page 57,) the following extract :

The number of lunatics treated in 1862, compared with the 1,109 discharges during the same year, give the following proportions :

For all Asylums :

Average of discharges for men.....	1 in 5.16,	or 19.34 p. c.
“ “ “ women.....	1 in 6.38,	or 15.66 “
“ “ “ both sexes..	1 in 5.80,	or 17.22 “

Asylums de la Seine (properly so called :)

At *Bicêtre* and *Salpêtrière*, out of a lunatic population of 3,339 persons, without taking into account the patients

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discharged before cure, the number of discharges after cure was 391, viz :

For men... ..	205, say 1 in 6.91, or 14.36 p. c.
“ women.....	186, say 1 in 10.27, or 9.72 “
“ both sexes.	391, say 1 in 8.53, or 11.70 “

Statistics of 1869 for the *United Kingdom of Great Britain and Ireland.*

We quote from the *Journal of Mental Science*, January, 1870, page 595, the following passage :

“By these statistics, we learn that the average percentage of cures on admissions since 10 years, was for county and borough asylums, 33.93 per cent, for enregistered hospitals 40 p. 100 :—for licensed metropolitan establishments 27.60 per cent :—for naval and military hospitals 18.49 per cent—for asylums for criminals 6.49 per cent. That of private patients treated at their homes is only 8.85 per cent.”

The English statistics are based upon the admissions for the year, and not upon the total number treated.

We again find the following statistics in the report of the Derbyshire County Asylum, 1873 :—“From another calculation from the mean number of residents in our asylum the proportion of cures is 14.40 per cent, and if we calculate from the number of those we have treated during the year the proportion is 10.91 p. c. The average of cures for the last 14 years from 1859 to 1872 inclusively, such as is contained in commissioner's report table IV., published in the 21st return for 1872, is 35.68 p. c. Our average of cures (47.70 p. c.) may therefore be regarded as satisfactory.” *22nd Report, 1873, p. 100*

PRINCIPAL CAUSES OF INSANITY.

PATIENTS DISCHARGED DURING THE 12 MONTHS.

DETERMINING CAUSES.	MENTAL CONDITION.						GRAND						
	CURED.			IM-PROVED.			UNIM-PROVED.			TOTAL.			
	M	F	Total.	M	F	Total.	M	F	Total.				
Physical.	Congenital vices.....					43	3	46	43	3	46		
	Falls, blows on the head.....	4		4					4		4		
	Alcoholic excesses.....	1	2	3	2		2		3	2	5		
	Diseases of women.....		1	1						1	1		
	Sun strokes.....						1		1		1		
Mixed.	Other physical causes.....	1	1	2					1	1	2		
	Bad treatment.....					1		1	1		1		
	Late hours.....		1	1	1		1		1	1	2		
Moral.	Onanism, &c.....	2		2		1		1	3		3		
	Anxiety, fear.....	4	1	5					4	1	5		
	Losses, reverses in business.....	2		2		1		1	3		3		
	Grief, domestic troubles.....	1	4	5	1	1	2		2	5	7		
	Religious excitement.....	3	1	4					3	1	4		
	Unknown.....	1	2	3	4	4	2	1	3	7	10		
	Pride and ambition.....	1		1					1		1		
	Home-sickness.....	1		1					1		1		
	Trouble, bereavement.....	1	1	2					1	1	2		
	Convulsions.....	1		1			1	1	1	1	2		
	Deception in love.....		2	2					2		2		
	Abuse of use of tobacco.....	1		1					1		1		
	Internal troubles.....				1	1				1	1		
	Totals.....	24	16	40	4	6	10	49	5	54	77	27	104

The elements of accidents are here the same as those mentioned in our Chapter on admissions.

DURAT

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DURATION OF THE DISEASE BEFORE ADMISSION.

PATIENTS DISCHARGED DURING THE 12 MONTHS.														
DURATION.			MENTAL CONDITION.						GRAND					
			CURED.			IM-PROVED.			UNIM-PROVED.			TOTAL.		
			M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.
1 month and over	2	1	3								2	1	3	
From 1 to 2 months.....	4	3	7								4	3	7	
" 2 to 3 "	4	2	6	1	1						5	2	7	
" 3 to 6 "	5	5	10	1	1						5	6	11	
" 6 to 12 "	1	1	2								1	1	2	
" 12 to 18 "	1	1	2	1	1	1	1	1	1	1	3	1	4	
" 18 to 24 "				1	1						1	1	2	
" 2 to 3 years.....														
" 3 to 4 "		1	1								1	1	2	
" 4 to 5 "							1	1	1	1	1	1	2	
" 5 and more.....				2	2	4	1	1	2	3	3	3	6	
Undetermined, but recent.....	3		3								3		3	
Unknown.....	4	2	6	2	2	4	1	1	2	5	4	9	13	
Congenital							45	4	49	45	4	49	53	
Totals.....	21	16	40	4	6	10	49	5	54	77	27	104	131	

Out of the 40 cures obtained, we show in 32 cases the duration of illness before admission, as follows :

Men	3 months 26 days.
Women	5 " 19 "
Total.....	4 " 22 "

as those

Cases in which the diseases not known, are recent, and date within the year as to its duration.

This table specifies the same results as heretofore. It is in the first year of entrance that cures are for the most part effected, which again show what we have heretofore said, that patients should be sent in as soon as is possible.

NATURE OF THE DISEASE OF DISCHARGED PATIENTS.

PATIENTS DISCHARGED DURING THE 12 MONTHS.												
NATURE OF THE DISEASES.	MENTAL CONDITION.						GRAND					
	CURED.			IM-PROVED.		UNIM-PROVED.	TOTAL.					
	M	F	Total.	M	F	Total.	M	F	Total.			
Mania.....	13	12	25	1	6	7	3	3	17	18	35	
Lypemania.....	10	4	14	3	...	3	...	...	13	4	17
Monomania.....	...	...	...	...	...	...	...	...	...	...	...
Paralytic insanity.....	...	...	...	...	...	...	1	1	1	...	1
Dementia.....	1	...	1	...	...	...	...	...	1	...	1
Imbecility.....	...	...	...	...	...	...	1	1	1	...	1
Idiocy.....	44	5	49	44	5	49
Totals.....	24	16	40	4	6	10	49	5	54	77	27	104

The cures obtained during the year, with the exception of one case, were confined to acute cases.

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DURATION OF THE TREATMENT.

PATIENTS DISCHARGED DURING THE 12 MONTHS.										Patients discharged since 1845.					
DURATION.	MENTAL CONDITION.									GRAND TOTAL.					
	CURED.			IM-PROVED.			UNIM-PROVED.			M	F	Total.			
	M	F	Total.	M	F	Total.	M	F	Total.						
1 month and under.....	1	...	1	...	...	...	1	1	1	1	2	41	31	72
From 1 to 2 months...	1	...	1	...	1	1	...	...	1	1	2	56	33	89
“ 2 to 3 “ ...	1	1	2	...	...	...	1	1	2	2	4	76	56	132
“ 3 to 6 “ ...	9	4	13	...	...	...	4	1	5	13	5	149	103	252
“ 6 to 9 “ ...	4	1	5	1	...	1	3	...	3	8	1	65	67	132	
“ 9 to 12 “ ...	2	4	6	1	...	1	2	...	2	5	4	57	47	104	
“ 12 to 18 “ ...	4	3	7	1	...	1	3	...	3	8	3	69	45	114	
“ 18 to 24 “ ...	1	2	3	...	1	1	4	...	4	5	3	43	40	83	
“ 2 to 3 years.....	1	1	2	...	2	2	3	...	3	4	3	39	31	70	
“ 3 to 4 “ .....	...	...	...	1	...	1	4	...	4	5	...	19	10	29
“ 4 to 5 “ .....	...	...	...	1	1	...	3	...	3	3	1	11	11	22
“ 5 years and over.	...	...	...	1	1	22	2	24	22	3	25	45	28	73
Totals.....	24	16	40	4	6	10	49	5	54	77	27	104	670	502	1172

AVERAGE DURATION OF TREATMENT.

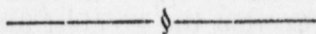
Men..... 8 months 18 days.
 Women..... 11 “ 10 “
 Both Sexes..... 10 “ 4 “

The observations made in the table of duration of the diseases prior to entry, apply as well to this one. It is during the first year that the greatest number of cures are effected.

TOTAL DURATION OF THE DISEASE FROM ITS MANIFESTATION.

PATIENTS DISCHARGED DURING THE 12 MONTHS.												
DURATION.	MENTAL CONDITION.											
	CURED.			IM-PROVED.			UNIM-PROVED.			GRAND		
	M	F	Total.	M	F	Total.	M	F	Total.	TOTAL.		
	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.
From 1 to 2 months.....	...	...	...	...	...	...	...	...	...	...	...	...
“ 2 to 3 “i.....	...	...	...	...	...	...	...	...	...	...	...	...
“ 3 to 6 “ 5 3 8	5	3	8	...	...	...	...	...	...	5	3	8
“ 6 to 9 “ 5 2 7	5	2	7	...	...	...	...	...	...	5	2	7
“ 9 to 12 “ 1 1 2	1	1	2	...	...	...	...	...	...	1	1	2
“ 12 to 18 “ 6 4 10	6	4	10	2	2	4	1	1	2	9	4	13
“ 18 to 24 “ 2 4 6	2	4	6	...	...	...	...	...	...	2	4	6
“ 2 to 3 years.....	...	...	...	...	...	...	...	...	...	...	...	...
“ 3 to 4 “ 1 1	1	1	2	...	...	...	...	...	...	1	1	2
“ 4 to 5 “ 1 1 2	1	1	2	1	1	2	1	1	2	2	1	3
“ 5 and over..... 1 1 1 3 4	1	1	2	1	3	4	2	1	3	4	4	8
Undetermined, but recent..... 1 1	1	1	2	...	...	...	...	...	...	1	1	2
Unknown..... { 2 2 4	2	2	4	2	2	4	45	4	49	2	4	6
Totals..... 24 16 40	24	16	40	4	6	10	49	5	54	77	27	104

The remarks, which we have made on the preceding table, equally apply to this one.



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AGE WHEN DISCHARGED.

AGES.	DISCHARGED DURING THE 12 MONTHS.			DISCHARGED SINCE 1845.		
	M	F	Total.	M	F	Total.
Under 15 years.....	3	...	3	8	8	16
From 15 to 20 years.....	11	3	14	50	37	87
“ 20 to 25 “	14	3	17	114	84	198
“ 25 to 30 “	13	6	19	105	101	206
“ 30 to 35 “	9	5	14	108	82	190
“ 35 to 40 “	3	3	6	70	47	117
“ 40 to 45 “	9	2	11	75	44	119
“ 45 to 50 “	3	1	4	54	33	87
“ 50 to 60 “	8	3	11	52	46	98
“ 60 to 70 “	1	1	2	25	17	42
“ 70 to 80 “	3	...	3	9	3	12
Totals.....	77	27	104	670	502	1172

It is in the middle age between 20 and 60 years that cures are effected. Even beyond this period we find some improvement, but they are few, and one can easily understand that at an advanced age, a cure is very hard to be effected, as the patients of weak constitution cannot any more resist morbid impressions.

FROM ITS

GRAND TOTAL.		
M	F	Total.
5	3	8
5	2	7
1	1	2
9	4	13
2	4	6
1	...	1
2	1	3
4	4	8
1	...	1
2	4	6
45	4	49
77	27	104

preceding

DEATHS.

We cannot help repeating here, what we said in our last report, that the death-rate, of the patients in the Asylum, like that of their cure, depends, first, on the nature of the disease of those treated, and, secondly, on the physical and moral condition of the patient when admitted.

The death-rate must necessarily be larger, and that of the cures smaller among a population, the majority of whom are chronic cases, whilst on the other hand the cures effected are more numerous, and the death-rate less in Institutions which receive only acute cases, and does not embarrass themselves with chronic cases, but transfer them to other establishments. Besides this, a great number of deaths are due to the bad health of the patients when brought in.

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DEATHS.

INSANE PATIENTS DISEASED DURING THE 12 MONTHS.			
	M	W	Total.
Through sickness.....	38	31	69

PERCENTAGE OF DEATHS.

	Treated.	Died.	Average.
Men	553	38	per cent. 6.87 -
Women.....	535	31	" " 5.79
Both Sexes..	1,088	69	" " 6.84

This exceptional percentage is very favorable, and will always be a good answer to those who may be tempted to desparage our establishment.

§

DEATHS CLASSIFIED ACCORDING TO THE NATURE OF MENTAL DISEASE.

INSANE PATIENTS DECEASED DURING THE 12 MONTHS.			
	M	W	Total.
Suffering from :			
Acute Mania.....	7	5	12
Chronic Mania.....	3	5	8
Acute Lypemania.....	6	4	10
Chronic ".....	...	1	1
Monomania.....	...	...	...
Ordinary Dementia.....	4	8	12
Senile ".....	3	5	8
Paralytic Insanity.....	8	...	8
Epileptic ".....	2	2	4
Imbecility.....	3	1	4
Idiocy.....	2	...	2
Totals.....	38	31	69

During the period just elapsed, chronic forms of mental alienation give, on the total number of deaths (69,) the following percentage :

Chronic mania and lypemania..	9	say	13.04	per cent.
Simple and senile dementia.....	20	"	28.98	"
Paralytic and epileptic insanity...	12	"	17.39	"
Imbecility and idocy.....	6	"	8.69	"
—				
Total chronic affections.....	47		68.11	"
Acute diseases (22) only give a percentage of..			31.88	"

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DURATION OF TREATMENT.

INSANE PATIENTS DECEASED DURING THE 12 MONTHS.				SINCE 1845.			
DURATION.		M	F	Total.	M	F	Total.
1 month and under.....		5	2	7	42	21	63
From 1 to 2 months.....		3	1	4	44	22	66
“ 2 to 3 “		4	...	4	58	30	88
“ 3 to 6 “		3	4	7	84	58	142
“ 6 to 9 “		2	2	4	53	43	96
“ 9 to 12 “		2	...	2	44	36	80
“ 12 to 18 “		4	3	7	59	67	126
“ 18 to 24 “		5	4	9	44	45	89
“ 2 to 3 years.....		2	5	7	61	69	130
“ 3 to 4 “		4	...	4	51	39	90
“ 4 to 5 “ .....		...	2	2	26	42	68
“ 5 to 10 “		2	2	4	48	85	133
“ 10 to 15 “ .....		...	6	6	30	42	72
“ 15 to 20 “		1	...	1	5	8	13
“ 20 and upwards.....		1	...	1	6	4	10
Totals.....		38	31	69	655	611	1266

It will be seen by this table that the duration of the residence, in the Asylum, of the majority of those deceased since 1845, was very long. This longevity conclusively shows the real advantage offered by our institution as regards hygiene and the treatment given to the patients. It is well worthy of note that many come to the Asylum greatly debilitated physically. Their organization however has been strong enough to enable them to hold

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W	Total.
5	12
5	8
4	10
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8	12
5	8
...	8
2	4
1	4
...	2
31	69

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9 “
9 “
11 “
38 “

out for a long time. This is peculiar to all asylums, and in answer to the reproaches of those who seek their living in scandal, and write against our establishment, we wish, to use an expression of Mr. Bonnet's, to set forth in what state a great number of patients come to us, and how much carelessness and hard treatment they have been subjected to before coming. We must say that the hospitality shewn them by persons of disinterested motives and of experience is a kindness which cannot be too much appreciated ; but it is our duty to receive them as they are and as they are presented to us and to apply all the resources in our power to improve their mental condition.

§—
AGE AT DEATH.

INSANE PATIENTS DECEASED DURING THE 12 MONTHS.				SINCE 1845.		
AGES.	M	F	Total.	M	F	Total.
Under 15 years.....	...	...	...	15	10	25
From 15 to 20 years.....	...	1	1	14	16	30
“ 20 to 25 “	2	...	2	44	42	86
“ 25 to 30 “	1	1	2	60	53	113
“ 30 to 35 “	7	1	8	73	69	142
“ 35 to 40 “	5	3	8	77	65	147
“ 40 to 45 “	2	3	5	78	69	147
“ 45 to 50 “	3	3	6	62	46	108
“ 50 to 60 “	6	9	15	92	108	200
“ 60 to 70 “	4	5	9	90	87	177
“ 70 to 80 “	7	3	10	38	35	73
“ 80 and upwards.....	1	2	3	12	11	23
Totals.....	38	31	69	655	611	1266

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AVERAGE AGE AT DEATH.

Men.....	43	years,	9	months,	23	days.
Women.....	42	"	3	"	3	"
Both Sexes.....	43	"	0	"	13	"

This table shows a more than ordinary longevity in Asylums, and recommends itself by its importance, inasmuch that it explains and materially supports the large figure of death-rates among the insane.

The advanced age, at which the great majority of the deaths take place, conclusively shows that the patients had reached the term of their natural life, and for the small number who die comparatively young, we may say that their insanity is often the result of some serious physical change.

CE 1845.

F	Total.
10	25
16	30
42	86
53	113
69	142
65	147
69	147
46	108
108	200
87	177
35	73
11	23
611	1266

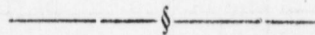
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CAUSES OF DEATH.

INSANE PATIENTS DECEASED DURING THE 12 MONTHS.				
DISEASES.		M	F	Total.
Diseases of the brain and nervous system.	Cerebral congestion.....	2	...	2
	Paralysis.....	6	1	7
	Epilepsy.....	1	2	3
	Nervous exhaustion.....	3	...	3
	Cerebral fever.....	1	1	2
Diseases of the heart..	Hypertrophy.....	...	1	1
	Insufficiency of valves.....	1	...	1
Diseases of the lungs..	Empyema.....	1	...	1
	Phthisis.....	5	2	7
	Congestion.....	1	...	1
	Bronchitis.....	...	1	1
Diseases of the digestive organs.....	Disease of the liver.....	...	1	1
	Dropsy.....	1	...	1
	Chronic diarrhœa.....	1	...	1
	Dysentery.....	...	1	1
	Peritonitis.....	2	...	2
Various diseases.....	Asphyxia.....	1	...	1
	Tuberculosis.....	...	1	1
	Erysipelas.....	...	1	1
	Marasma.....	3	5	8
	Anemia.....	3	9	12
Other causes.....	Old age.....	6	5	11
	Not known.....	1	...	1
Totals.....		38	31	69

In an Asylum, paralysis, phthisis, marasme, and old age, always predominate among the causes of death.

We should then come to the conclusion that the death-rate this year predominates among the impotent, and such patients as have laboured under serious diseases for a long time.



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MONTHS.		
M	F	Total.
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6	1	...
1	2	...
3
1	1	...
...	1	1
1	...	1
1	...	1
5	2	7
1	...	1
...	1	1
...	1	1
1	...	1
1	...	1
1	1	2
2	...	2
1	...	1
...	1	1
...	1	1
3	5	8
3	9	12
6	5	11
1	...	1
...
38	31	69

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SUMMARY.

There were in the Asylum on the 1st July, 1873, 884 patients, of whom 448 were males, and 436 females.

During the 12 months 204 were admitted (105 men and 99 women.)

104 left the establishment, who were either cured, improved, who had escaped, or were transferred, and 69 through death. In all 173 discharges, (115 males and 58 females.)

There remained at the end of this term 915 patients, of whom 438 were men and 477 were women.

These figures may be grouped in a single table, so as to give a general view of the movement of the population of our Asylum, within the last 12 months.

	M	F	Total.	M	F	Total.
Population on 1st July, 1873.....	...	...	...	448	436	884
Received during the 12 months.....	...	...	...	105	99	204
Totals.....	...	...	...	553	535	1088
Discharges	77	27	104	...	...	...
Deaths.....	38	31	69	...	...	...
	115	58	173	115	58	173
Totals.....	...	...	...	438	477	915

After having thus gone over the various changes that have taken place during this term, public attention naturally turns to the remaining population, and it may be, with reason, asked, what expectation of cure can be held out by the treatment to be continued towards those now in the asylum?

We have already had occasion to say that this prognostic is most important, being the only given data by which we can determine the percentage of cures that shall determine the success of an establishment. Notwithstanding the study we give to it, there always remains more or less uncertainty, by reason of the numberless unforeseen complications which arise during the course of the diseases, delaying the recovery of the patient and frustrating our efforts.

To come to a reasonable solution, three tables in addition to special information received concerning each patient,

are necessary
of the patient
complicated

Under 1
From
"
"
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" 1
" 1
" 2
" 3
" 4
" 10
" 15
" 20
" 25

Men
Women
Both

are necessary ; these are the duration of residence, the age of the patients and the nature of their diseases with their complications.

§

DURATION OF RESIDENCE.

INSANE PATIENTS REMAINING ON 30th JUNE, 1874.

DURATION.		M	F	Total.
Under 1 month.....		10	11	21
From 1 to 2 months..		5	4	9
“ 2 to 3 “		6	8	14
“ 3 to 6 “		20	21	41
“ 6 to 12 “		33	42	75
“ 12 to 18 “		31	30	61
“ 18 to 24 “		30	18	48
“ 2 to 3 years		37	46	83
“ 3 to 5 “		57	62	119
“ 5 to 10 “		87	79	166
“ 10 to 15 “		48	60	108
“ 15 to 20 “		44	55	99
“ 20 to 25 “		14	31	45
“ 25 and upwards.....		16	10	26
Totals.....		438	477	915

AVERAGE OF DURATION OF RESIDENCE.

Men..... (438) 7 years, 4 months, 10 days.
 Women..... (477) 7 “ 4 “ 19 “
 Both Sexes..... 7 “ 4 “ 14 “

We take this opportunity to respond to the calumnies which the authors of the St. John Asylum's memorandum have reproached us with, respecting the long duration of residence of the patients. We are happy to attest in the most candid and forcible manner, that as the incurable cases do not leave the establishment unless called away by death; that the longer they remain with us, is the best proof of the excellent sanitary and hygienic system adopted in our asylum.

§

A G E S.

INSANE PATIENTS REMAINING ON 30th JUNE, 1874.				
STATEMENT OF AGES.		M	F	Total.
Under 15 years		6	3	9
From 15 to 20 "		8	15	23
" 20 to 25 "		35	32	67
" 25 to 30 "		45	41	86
" 30 to 35 "		65	72	137
" 35 to 40 "		47	47	94
" 40 to 45 "		54	67	121
" 45 to 50 "		41	47	88
" 50 to 60 "		78	87	165
" 60 to 70 "		37	50	87
" 70 to 80 "		19	14	33
" 80 and upwards.....		3	2	5
Totals.....		438	477	915

DISEASE

FOR

DIS

Mania...

Chronic m

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Dementia

Senile de

Paralytic

Imbecilit

Idiocy.

Epileptic

Totals

**DISEASES OF PATIENTS REMAINING ON THE
30th JUNE, 1874.**

FORM OF THE DISEASE.	SEX.	TOTAL.	COMPLICATIONS.											
			Congenital.	Periodical.	Paralytic.	Epileptic.	Puerperal.	Hysterical.	Uterine Disorders.	Onanism.	Drunkenness.	Hereditary.	Homicidal.	Suicidal.
			Mania.....	M	103	...	5	1	3	14	2	3	4
	F	83	...	3	1	...	6	3	8	3	6	5	...	2
Chronic mania.....	M	142	...	9	1	...	...	...	...	7	6	7	2	2
	F	174	...	10	5	4	3	3	1	...	...	4	1	2
Monomania.....	M	11	...	...	...	1	...	...	...	...	...	1	...	...
	F	1	...	...	...	...	...	...	...	...	...	...	...	...
Lypemania.....	M	37	...	...	...	...	...	...	...	2	1	1	...	7
	F	44	...	...	...	...	2	1	1	1	...	2	...	2
Chronic Lypemania...	M	17	...	...	...	1	...	...	...	6	1	...	1	2
	F	10	...	...	2	...	1	2	...	2	...	1	1	3
Dementia.....	M	39	...	...	...	...	...	...	...	5	...	2	1	...
	F	56	...	...	2	2	1	...	1	...	...	4	...	2
Senile dementia.....	M	3	...	...	...	1	...	...	...	...	...	...	...	1
	F	5	...	...	...	...	...	...	...	...	...	...	...	...
Paralytic mania.....	M	16	...	...	...	1	...	...	...	...	4	...	...	1
	F	4	...	...	...	...	1	...	...	...	1	...	...	...
Imbecility.....	M	38	33	...	...	2	...	...	...	6	...	...	...	...
	F	69	42	...	1	4	...	2	1	3	...	9	...	...
Idiocy.....	M	5	2	...	...	4	...	...	...	...	...	2	1	...
	F	5	1	...	...	1	...	...	...	...	...	...	...	...
Epileptic mania.....	M	27	...	...	...	3	...	...	...	2	2	1	...	...
	F	26	...	...	1	3	...	1	1	1	...	2	...	...
Totals.....		915	78	27	15	27	14	12	13	41	35	43	28	.....

F	Total.
4.	
3	9
15	23
32	67
41	86
72	137
47	94
67	121
47	88
87	165
50	87
14	33
2	5
77	915

Percentage of the nature of the disease of the remaining patients 915.

Mania, 20.32—Chronic Mania, 34.54—Monomania, 1.31—Lypemania, 8.85—Chronic Lypemania, 2.95—Dementia, 10.38—Senile Dementia, 0.87—Paralytic Mania, 2.18—Imbecility, 11.69—Idiocy, 1.09—Epileptic Mania, 5.79.

Cases of mania, 20.32, and of Lypemania, 8.85, giving an average of 29.17 p. c., of the cases in which we have some hopes of cure. But of the number 267, we must deduct 152, considered as very doubtful and not favorable, on account of the length and complication of their disease, leaving 115 cases favorable for cure, as is shown in the following table :

PROBABLE CHANCES OF CURE.

OF THE INSANE PATIENTS REMAINING ON THE 30th JUNE. 1874.			
	M	F	Total.
Chances of cure—favorable.....	75	40	115
“ “ very doubtful.....	32	65	97
“ “ unfavorable.....	331	372	703
Totals.....	438	477	915

This near as shadow

The c We hav If on o treatmen we on tunate, bring t to prese as possib have ju lected in sible, an increasin follows each year

To sh fulness table of populati report of contains followin *State Lu Hospital Hospital*

This prognostic is only an approximation, but it is as near as possible to the probable results that we have foreshadowed.

The category of the non-favorable cases seems the largest. We have given the reason for this in a preceding chapter. If on one hand we submit to a special and minute treatment, the cases that are capable of being cured, we on the other never forget those who are more unfortunate, and always give them our best attention, if not to bring them round to complete intelligence, at any rate to preserve their health and to prolong their lives as long as possible. Their long sojourn among us, proves what we have just stated. In our asylum, patients are never neglected in order to get rid of them in as short a time as possible, and as every year their numbers are continually increasing and receive the same special care; it therefore follows that our numbers are continually increasing, and each year, a larger figure is the result.

To show the advantages of our asylum, and the truthfulness of our statements, we must add to our report a table of Recapitulation, which shows the movement of our population, and which we place side by side with a report of the "Board of Public Charities, page 206," which contains a recapitulation of the results obtained in the following asylums in the State of Pennsylvania, U. S.: *State Lunatic Hospital, Western Pennsylvania Hospital, State Hospital for North District, Friends' Asylum, Pennsylvania Hospital and Philadelphia Hospital.*

RECAPITULATION.

(PENNSYLVANIA ASYLUM, UNITED STATES.)

MOVEMENT OF POPULATION.	M	F	Total.
In Hospital on 1st January, 1872.....	1,076	1,096	2,175
Admitted during the year.....	693	602	1,295
First admission.....	554	508	1,062
Second ".....	84	64	148
Third ".....	28	18	46
Fourth ".....	10	6	16
Fifth " and over.....	17	6	23
Number treated.....	1,769	1,698	3,467
Discharged—Cured.....	197	180	377
" Improved.....	173	147	320
" Unimproved.....	153	79	232
" Not insane.....	2	2	4
" Died.....	123	102	225
Total discharges.....	648	510	1,158
Percentage on cures treated (Both Sexes.).....	11.15	10.61	10.89
" Deaths " ".....	6.96	6.01	6.50
" on average cures.....	17.45	15.26	16.23
" " deaths.....	10.89	8.64	9.75
Number of patients remaining at the end of the year	1,121	1,188	2,309
Average number during the year.....	11,289	11,795	23,084
Highest number during the year.....	1,229	1,260	2,489
Lowest " " ".....	999	1,076	2,075

State Lunatic Asylum, Western Pennsylvania, State Hospital for North District, Friends' Asylum and Philadelphia Hospital for the Insane.

RECAPITULATION.

(QUEBEC ASYLUM.)

(S.)

	Total.
5	2,175
2	1,295
8	1,062
4	148
8	46
3	16
6	23
8	3,467
0	377
7	320
	222
2	4
2	225
0	1,158
1	10.89
1	6.50
6	16.23
4	9.75
8	2,309
5	23,084
0	2,489
6	2,075

MOVEMENT OF POPULATION.		M	F	Total.
Remaining on the 30th June, 1873.....		448	436	884
Admitted during the year.....		115	99	204
First admission.....		93	88	181
Second ".....		6	7	13
Third ".....		1	3	4
Fourth ".....		.....	1	1
Re-admission after escape.....		5	.....	5
Treated during the year.....		553	535	1,088
Discharged—Cured.....		24	16	40
" Improved.....		4	6	10
" Unimproved.....		49	5	54
" Died.....		38	31	69
Total discharged.....		115	58	173
Percentage of discharges on population treated.....		.....	.....	9.55
" " on the admissions of the year.....		.....	.....	50.98
" Cured " " " ".....		.....	.....	19.60
" Cures and improvement " ".....		.....	.....	24.50
" on deaths of the population treated.....		6.87	5.97	6.34
Population remaining on the 30th June, 1874.....		438	477	915
" admitted since 1845.....		1,763	1,590	3,353
" discharged by return.....		670	502	1,172
" discharged by death.....		655	611	1,266
Percentage of discharges on total population admitted.....		.....	.....	72.71
" " by returns.....		.....	.....	34.35
" " by deaths.....		.....	.....	37.74
" on known result (24.38) of returns.....		.....	.....	48.07

State Hos-
pitals Philadelphia

REPORT OF THE CATHOLIC CHAPLAIN OF THE QUEBEC
LUNATIC ASYLUM.

Quebec, July, 1874.

To the Hon. Provincial Secretary, Quebec,

SIR,

Knowing that Drs. Landry and Roy were about publishing their annual report on the Lunatic Asylum which the Provincial Government has entrusted to their care, I deem it my duty to contribute mine for the religious part of which I have charge.

During this, as in preceding years, services on Sundays and holidays have been held in the morning and in the course of the afternoon with the greatest regularity. Those patients who are capable of profiting by religious exercises and instruction, in French as well as in English, very willingly attend the chapel under the care of those who are in charge of them. It is surprising to me with what devotion they listen to the services and the attention they give to the instruction.

Only the violent are excluded from the chapel, and it is not rare to hear them complain when they are deprived of what they term their rights. Several among them can be admitted to the Sacraments of Penance and Holy Communion, others, the greater number, have the same advantage in their lucid moments. The male and female keepers rival each other in zeal to bring them to the tribunal of penance,

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when they find them able to confess with devotion. The patients generally retain their religious habits, and inquire as to the dates of the grand feasts of the year, and they prepare themselves as much as their intelligence will permit, to celebrate them by a renewal of fervor. On the previous evening to these occasions, I go to hear their confessions, to instruct them and to prepare them for the Holy Communion. On these solemn occasions I have the pleasure of admitting to the Holy Table a number which varies sometimes, but amounts at times to 80.

The pious practice of making the stations of the Cross, to visit the Blessed Sacrament, and to say the evening prayer together, still exists in full force, thanks to the solicitude and assistance of Mr. Vincelette.

The patients in danger of death are the objects of the most solicitous attention. Dr. Bélanger informs me of the time when it is necessary to administer the last sacraments.

It is undoubtedly a great consolation for those who have in this asylum relations or friends, to know that they are in no way neglected with regard to religious administrations.

I may be permitted to add that it is not only on the subject of religion that the patients of this establishment are well treated. Drs. Landry and Roy do not omit to provide for their patients the comforts of ordinary life. Dr. Bélanger, Mr. Vincelette and his wife, possess the secret of procuring, not only that which is necessary for the patients, but also of furnishing them various recreations, such as dramatic performances, singing, music, &c.

Last year, a band of musicians, instructed by a professional band-master, has been organized, and their progress

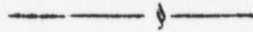
is really surprising. This report would not be complete if I omitted to state that the numerous employees of this institution deserve praise for their good conduct, their charity, and their devotedness to the patients under their charge.

I have the honor to be,

Your very obedient Servant,

J. B. Z. BOLDOC, Pt,

Chaplain.



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REPORT OF THE PROTESTANT CHAPLAIN OF THE
QUEBEC LUNATIC ASYLUM.

Quebec, July, 1874.

To the Hon. Provincial Secretary, Quebec.

SIR,

No circumstance of more than ordinary interest, has occurred among the patients under my spiritual charge, since my report of last year.

Divine services have been celebrated as heretofore with regularity, and have been as regularly attended. The patients whose malady has necessitated a long residence in the asylum, attend service as regularly as Sunday comes round, I still see the old faces there. Some are irregular, and come only now and then, as their health, mental or physical, will permit. There are but few who will not come at all.

By a rule in the management of the institution, no pressure is put upon the patients. Facilities are given them to attend Divine Service, and they are brought to it, and taken from it when over. No one is forced against his inclination to go to church, so that the congregations are voluntary. There are generally more than 30 present, the men attending in greater numbers than the women.

I often distribute tracts, which are eagerly sought after, and read; but cannot keep up a sufficient supply of new matter. There is a small library provided by the proprietors, but it requires enlargement, for a few books are soon read through by people who have so much spare time, as dwellers in a Lunatic Asylum. Many who read this report will perhaps give them some light works of travel, or of fiction,

out of their libraries to while away a few hours of what must be a weary existence.

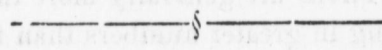
Bibles and prayer books are in much request. As may be supposed these will not last so long, in the hands of the patients, as in the hands of people in the full possession of their faculties.

My visits, to the patients in their wards, or in the hospital are always received with great pleasure, and it must be a source of gratification to their friends, to know that a direct personal interest, is taken in their welfare. I am constantly in receipt of communications from them on the subject of their progress towards recovery.

I have the honor to be,

W. S. VIAL,

Protestant Chaplain, Q. L. A.



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OBITUARY.

Six months have hardly elapsed since we had the painful duty of recording the decease of Robert Middleton, Esq., by which event the asylum was deprived of one of its most devoted friends.

Too many memories are called up respecting him, his amiable character and the valuable services he has rendered us, that we cannot reproduce them here; but we will not pass over in silence the loss that his death has occasioned us.

Men gifted as he was with a fine intellect and a noble and generous heart, go through life doing good, and leave behind them the benefit of their example which afterwards yields a harvest of good. A Journalist for nearly forty years, his writings shine with the pure love of truth which animated him. More adopted for usefulness than fitted for political strife, he only worked to render himself useful to humanity.

It was in this connection, with the pursuit of this purpose, that attracted him to the Quebec Asylum: the hope of consoling the unfortunate, in inspiring broken hearts with courage, and of taking his share in a christian duty.

He was a candid sympathiser with the suffering and loved the unfortunate; no matter what the nature of their troubles or their wants, all who suffered were entitled to his love, his tenderness and his protection.

Dividing his time between the pulpit and the prayer room, in attending to his family, in visiting the sick and editing his newspaper, he was always occupied and always ready to do good, never asking assistance, contenting himself with little and accepting any condition of affairs so long as it did not interfere with his duties.

His whole existence was passed in the performance of his duty, and one might well ask whether he, who so well knew man's mission in this world was not altogether happy here below, what happiness is not in store for him hereafter? He was sensitive, because his heart was the centre of the best sentiments, and we do not believe that he ever wounded any one by an evil word or vengeful action. He lived amongst us as a friend and a brother, and departed this world only regretting that he could no longer stay in it to do good. He died at the age of sixty-four years. His connection with the asylum dates from 1853, nearly twenty-one years. Doctors Douglas, Frémont and Morrin having then requested him to aid as protestant chaplain of the asylum, he was authorized to accept the position, and in September of that year commenced his regular ministrations which continued until 1867, when it was thought necessary to appoint a salaried chaplain to fulfil these functions. Mr. Middleton, not being ordained, was not a candidate for the office; but he nevertheless continued his visits to the asylum and gave his services gratuitously as before; we always received him with pleasure, for, in addition to his being an accomplished gentleman, we felt that it was a proof of affection on his part, and a necessity with him of sympathising with our patients whom he inspired with a loving friendship, whether they were protestant or catholic, so affectionate and obliging was he to all.

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He died in the accomplishment of his labour of love.

Mr. Middleton was personally one of our dearest friends, and we feel compelled to state how deeply we are affected by his loss. We know how severe a trial to his family his death must be, and we here think it our duty to convey our heartfelt sympathy to Mrs. Middleton. Divine Providence will impart resignation to her in the sorrow with which he has seen fit to visit her. We assure her that we shall retain the remembrance of the precious services rendered to our patients by him whose unexpected death has left a void in the circle of sincere friends whom he had gained by his large heartedness and good qualities.

APPENDIX A.—REGISTER OF PATIENTS IN THE QUEBEC LUNATIC ASYLUM.

DATE.		No.		Name.		Age.	Sex.		Religion			Birth place.	Residence.		Date of residence in Canada.		Coming from.		Civil Condition.			Presumed cause of Insanity.		Duration of disease before admission.		Number of		Deaths.		REFERENCES AND REMARKS.	
Men.	Women.	Catholic.	Protestant.	Others.	Origin.	Township.	County.	Date of residence in Canada.	Coming from.	Occupation.	Married.	Single.	Widowed.	Duration of disease before admission.	Admissions.	Attacks.	Discharged.	Deaths.	REFERENCES AND REMARKS.												

DATE.	
No.	

APPENDIX A.

TER OF THE QUEBEC LUNATIC ASYLUM.

FORM OF THE DISEASE AND COMPLICATIONS.		Chances of Cure.	MENTAL CONDITION OF THE PATIENTS.		REMARKS.
			Discharged.	Deaths.	
Paralytic.					
Epileptic.					
Puerperal.					
Hysterical.					
Uterine diseases.					
Onanism.					
Drunkenness.					
Tobacco.					
Opium.					
Poison.					
Hereditary.					
Homicidal.					
Suicidal.					
Presumed cause of Insanity.					
Curable					
Doubtful.					
Unfavorable.					
		Cured.		Cured.	
		Improved.		Improved.	
		Unimproved.		Unimproved.	
				Returned.	
				Deaths.	
				Number of days passed in Asylum.	

APPENDIX A.—REGISTER OF DEATHS.

No.	NAME.	Date of the discharge.			Age on admission.	SEX.		RELIGION.			CLASSIFICATION.	CAUSE OF DEATH.	Age when attacked.	Age at death.	Total duration of disease.	Length of disease before admission.	Duration of residence	Birth.	REMARKS.	
		Day.	Month.	Year.		Men.	Women.	Catholic.	Protestant.	Others.										

APPENDIX A.—QUEBEC LUNATIC ASYLUM.

DIET SHEET, (DAILY,) FROM THE DAY OF TO DAY OF 187

ROOM No.

1. The first thing I noticed when I stepped
 out of the plane was the fresh air. It felt
 like I had been in a bubble for hours.
 The view from the window was
 absolutely stunning. The clouds were
 like a soft blanket below me.
 I had never seen anything like this
 before. The sun was shining brightly,
 and the sky was a deep, clear blue.
 I felt like I was on top of the world.
 The pilot's voice came over the
 intercom, telling us to fasten our
 seatbelts. I looked out the window
 one last time before the plane took
 off. The ground was so far away now.
 I was flying. I was really flying.
 The pilot's voice came over the
 intercom again, telling us to relax.
 We were going to be there in a few
 hours. I closed my eyes and
 smiled. This was my chance to
 see the world from a different
 perspective. I was going to have
 the best trip of my life.

APPENDIX A.

MALE DEPARTMENT,

187

<p>Hall, Bed, No. Entered the Hospital, Result,</p> <p>Reg. No.</p> <p>Entry in daily Register, page References,</p> <p>Commencement of disease, Physical, } Physical, (intemperance, poisoning, injury, onanism, suppressed catamenia, child-birth, critical age, } Not appreciated, } Seasonable influences, } Relations to other diseases or derangement, } Premonitory symptoms and for what length of time supposed to exist before the disease. } Duration of the disease before admission, } Form of Disease, } Whether Hereditary, } Suicidal, } Dangerous to others, } Puerperal, } Subject to epilepsy, } Duration of existing attack, } Number of previous attacks, } Age at first attack, } Bodily condition, } Weight of body on admission, } Shape and dimensions of skull, } Speech, } Sight, Pupils, state of retina, } Hearing, } Sensibility, } Movement, } Temperature, } Perspiration, } Circulation, Pulse, } Respiratory organs, } Tongue, digestive functions, } Urine, quantity, reaction, density, composition, } Uterine functions.</p>	<p>Name, Age, Complexion, Occupation, Social Relations, Time of Residence in Canada, Place of Residence, Degree of Education, Height, Hereditary influences, (whether traceable to consanguinity or intemperance of parents.)</p> <p>Nativity, Religion, Habits,</p>
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APPENDIX B.

REVIEWS AND OPINIONS OF THE PRESS.

(American Journal of Insanity.)

REPORT OF THE QUEBEC LUNATIC ASYLUM, 1872-73.

DRS. J. E. J. LANDRY and F. E. ROY.

Dr. Roy has furnished a long and detailed report not only on matters relating to the working of the Asylum over which he so ably presides, but also on the subject of insanity, the causes that produce it, its pathology and other questions of interest. This report is equal in value to many volumes discussing the subject under its various aspects and relations. His statements are based on statistical returns and numerous quotations from English, American and foreign authors. It is not enough that the Medical Superintendents of such institutions should confine themselves in their official returns to bare figures. Dr. Roy deserves thanks for having broken through that system and furnished to the profession the well pondered results of clinical observations.

July number, 1874, page 109.

(Union Médicale.)

QUEBEC LUNATIC ASYLUM, PROVINCE OF QUEBEC,
 REPORT 1872-73.

We must congratulate the proprietary directors of the Quebec Lunatic Asylum, better known under the name of the Beauport Asylum, for having given to the Annual Medical Report of that institution the development it required in connection with the important questions it has to deal with. If there be a branch of serious medical study which has been overlooked in this country by practitioners, it certainly is this one; and we therefore trust that the interesting essay we have perused with so much advantage and pleasure, will tend to draw the attention of thinking men, especially those among the medical profession of the country to the various questions of mental aberration. Our object is for the moment to give a condensed analysis of the report, reserving to ourselves the privilege of discussing later on some questions that may prove of interest to our readers.

The medical report is prefaced by a letter of some thirty pages, addressed by the Medical Superintendents to the Honorable Gédéon Ouimet, Premier of the Province of Quebec. The preface contains some very interesting details relating to the Beauport Asylum, and indicating the advancement the institution has made. Its foundation in 1845 marks the beginning of scientific treatment of the insane in the Province. The first page of the report is embellished by an excellent photograph, giving a good idea of the site, and the extensive premises of the asylum, showing how much this institution, which had begun so humbly, has since increased.

The medical report contains a number of questions full of interest for our readers.

The report we are now examining concludes by drawing special attention to the necessity of studying nervous diseases and founding professorships for the study of mental diseases. The author from his position has been enabled to ascertain, that the want of psychological medical knowledge has been attended in this country by evil results. The introduction of clinical knowledge into the study of insanity and the establishment of special professorships for mental alienation, are measures as important for the patient, and those connected with him as they are to the interests of medical jurisprudence. The arguments brought forward in favor of this proposition, and the authorities cited in its support, coming as they do from a person with so much experience as Dr. Roy deserve the most serious consideration.

The work now under examination is concluded by the reports of the Catholic and Protestant Chaplains and both bear evidence to the favorable influence that religion bears on the mind of the insane.

We have sought in this notice to give some idea of a work which under every aspect cannot fail to be interesting and instructive. It is a medical work and treatises on medical subjects are so scarce in this country that we have endeavoured as much as our space would permit to make it as generally known as possible. We cannot, however, recommend its perusal too strongly to those who take an interest in medical studies in particular and the institutions of the country in general.

GEORGE GRENIER, M. D.,

Editor of "*L'Union Médicale*."

APPENDIX C.

PREFACE OF THE REPORT FOR 1872 OF THE SUPERINTENDENT OF THE ST. JOHN'S PROVINCIAL ASYLUM OF QUEBEC.

St. John, December 30, 1873.

Inasmuch as the proprietors of the Beauport Lunatic Asylum have published a special report of that institution, and placed copies of it in the hands of the Provincial Legislature, and as such report is likely to give a very false impression of the Provincial Lunatic Asylum, at St. John's, I consider it due to the members of the Provincial Legislature, and to myself to lay before Parliament and the public my report of 1872, forwarded nearly a year ago to the Board of Inspectors. The report says my "average expense is \$265 85". This is not correct. My report shows it is \$232 55, which is quite enough. The report goes further: It says, this expense does not take into account the value of the buildings. Such is not correct, it covers all expenses. If cheapness be the sole object of the Government in the treatment of lunatics, possibly the farming system is the one they will adopt. But as my report shows, the principal consideration is the cure of the lunatics. However, before the farming out system is proved even to be the cheapest, I should have as large a number of patients under my charge as is given by the Government to Beauport. I have frequently notified the Government, that, if they preferred the contract system, I was prepared to take for this section of the Province, a similar contract to that given to the proprietors of Beauport.

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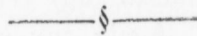
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Now, Sir, with your permission, I will make a few remarks as to my average expenditure as compared with that of Beauport and other Asylums. If from all the sums of money I have received since the inauguration of confederation in 1867 amounting to \$110,905.58—there be deducted the moneys I have paid into the Government, namely: \$1,770.42; I should be debited with \$109,135.16 in 5½ years. Let there be deducted from this amount for repairs, new buildings and improvements \$6,812.53; and the balance making \$102,322.63 will be the amount used in the maintenance of the Asylum during 5½ years, or making an average for each year of \$18,604.11. Moreover as my average number of patients for each year has been eighty this would make an average for each patient of \$232.55 per annum. But there would still have to be made allowance for expenses over which I had no control. For example, up to the present month, I have been obliged to keep a horse and man for no other purpose than for drawing water. Now, thanks to the enterprise of Louis Molleur, Esq., of this town, I have been able to sell the horse and discharge the man, thereby reducing water expenses more than one-half. Again my average expenditure for fuel has been \$1,394.62 one-half of which in a well regulated Asylum, with proper heating apparatus, would be sufficient for six or seven hundred patients. There are also to be taken into consideration my wretched apology for a laundry, my imperfect arrangements for cooking, and my want of land, there being only a simple plot of ground attached to the building, for raising vegetables. Add rents, taxes and insurance; the latter should not come out of the funds allowed for maintenance or be charged to it, and the former would not have to be paid if I had a proper Asylum.

With all these disadvantages, Sir, should it not go to the credit of my account, that out of 308 lunatics, I discharg-

ed cured 130 ; for it must be borne in mind that while a medical superintendent should not waste the money entrusted to him, his chief consideration should be the cure of those committed to his charge.

Toronto has an Asylum worthy of any European city, provided with ample means, for the classification and treatment of lunatics, it is under the charge of a skilful, learned and careful medical Superintendent, with an excellent staff of officers ; the same may be said of the other Asylums of Ontario. Yet the percentage of discharges from all the Asylums of that Province since 1841 is only 47 per cent., and as a large portion of these discharges were not considered cures, the number of those really cured, probably did not exceed 30 per cent. The percentage of the Halifax Provincial Hospital for the insane, since its commencement, is 39.6 ; that of Beauport not more than 16 ; that of the Missouri State Asylum about 15 ; that of Northampton Asylum (Mass.), 29. The percentage of cures at the St. John's Provincial Asylum since its foundation is 43. This speaks for itself.



Reply of the Proprietors of the Quebec Lunatic Asylum, to the statements made by Dr. Howard, Superintendent of the Provincial Lunatic Asylum, St. John's, P. Q., in his Report of 1872, and in the Preface thereto recently published.

The proprietors of the Quebec Lunatic Asylum have learned in the most accidental manner, that the superintendent of the Provincial Lunatic Asylum, at St. John's, P. Q., has caused to be publicly circulated printed copies of his report, for 1872, accompanied by a preface, in which

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alluding to their special report recently issued, he assigns, as one reason for his so doing, that such special report is likely to give a very false impression of the institution at St. John. They therefore consider it due to the Provincial Legislature, the public and themselves to reply to the same, in order that the public mind may not be led astray by erroneous statements of facts or defective system of reasoning.

Without desiring here to do more than signalize the obvious want of courtesy on the part of Dr. Howard, in failing, intentionally or accidentally to communicate to them the circular in question, they must say that the author is laboring altogether under "a false impression." In drawing the comparison between the average annual cost to the State per head of patients in the Quebec Asylum, and their cost in the other institutions mentioned; the simple object of the proprietors of the Quebec Asylum was not to make an invidious distinction, but to point out the advantages of their own establishment and system, without however, wishing or intending to prejudice public opinion against any other. They could possibly have no interest in desiring to hurt a sister institution, and moreover, such a line of conduct is utterly opposed to their views and practice of the social amenities of life. They fairly admit that their object was to prove that the system upon which the Quebec Asylum is upheld, is the cheapest and most advantageous to the country; at the same time they do not wish to support their position by any false statements, which in the long run, could only injure the cause they seek to promote. They therefore cheerfully avail themselves of this opportunity to correct the statement in their report, that the average annual cost per head of patients in the St. John's Asylum was as high as \$265.85. But while they learn with pleasure that the cost in question was smaller than they mentioned, and are

extremely sorry to have committed an apparent injustice towards the St. John's Asylum, they feel it due to themselves to state that their mistake was involuntary. It was attributable to the fact, that Dr. Howard's reports of 1870 and 1871 were not published, and his report for 1872 had not been issued at the time the Quebec Asylum report was sent to the Government. They used however every diligence and care to avoid falling into error. They applied directly to official sources for information on the subject and were given to understand that on the 30th June, the close of the fiscal year 1872-73, the St. John establishment contained 75 patients. As Dr. Howard has, up to now, been accustomed to make his reports cover the twelve months from January to the 31st December, a date like the 30th June, in the middle of the year, would be more favorable to him. According to the public accounts of the fiscal year 1872, page 79, his total expenses appeared to be for the twelve months \$19,938.71. Now taking these data and assuming them to be correct, and it cannot be denied that they are favorable to Dr. Howard, if it be remembered that they were used to draw conclusions for 1873, when it is reasonable to admit that the population of the St. John's Asylum must have increased—it will be found—by dividing the sum total of the expenses of the average number of inmates, that the average individual cost was \$265.85 as set down in the report of the proprietors of the Quebec Asylum. But Dr. Howard who had the advantage of personal information, says the average cost per head was not \$265.85, but \$232.55. We shall make use of his own report. He contends in the preface to his report for 1872, that this sum of \$232.55 covered all expenses. We assert that it does not take into account the value of the buildings, which belong to the Government and must be so regarded until the contrary be shewn. And on page 4 of his report he not only contradicts himself

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most flatly, but undeniably proves the contrary, when he says that an amount of \$6,812.23 must be deducted for repairs, new buildings and improvements, from the total sum received by him from the Government since Confederation, as he does again on page 9, where he places rent and taxes, repairs, insurance and improvements as items of expenditure.

These contradictions will satisfy the impartial reader of the value of Dr. Howard's allegations. But the proprietors of the Quebec Asylum would go further and establish more conclusively that the *per capita* cost in his establishment is a great deal larger than he wishes to make out, even accepting his own figures as perfectly correct. He says, that the aggregate number of days the whole of his patients have been in the Asylum has been 31,207 which gives an average of $85\frac{1}{2}$ patients per day for every 365 days. His expenses for 1872 were \$20,895.79 which divided by $85\frac{1}{2}$ gives an individual cost of \$245.83 instead of \$232.55 as is stated in Dr. Howard's report. They might go still farther and take all his official reports for the last three years, his own evidence, even signed by himself, to satisfactorily show the fallacy of his deductions.

These reports are comprised in the general report of the Inspectors of Prisons and Asylums, and in looking over Dr. Howard's report for 1870, in the general report of 1872, page 65, it will be found that the aggregate number of days spent in the Asylum was then 26,146, equal to an average stay of 72 patients. His total expenses during the same year were \$18,784.57, which will give an average cost per head of \$260.89. Again, in the same general report, page 67, appears Dr. Howard's report for 1871, giving 28,577 as the then aggregate number of days' stay, equal to 78 patients, and the total expenditure as \$19,560.24, or \$250.77 per head. Recapitulating the expenses of the

last three years, the average per capita cost in 1870, was \$260.89; in 1871, \$250.77; and in 1872, \$245.83. And, taking the expenses of the three years together, which seems a very fair basis upon which to ground their argument, the proprietors of the Quebec Asylum maintain that the average cost of each patient in St. John's Asylum to the Province has been \$252.49, and that this last sum is much nearer the truth than that named by Dr. Howard, though that gentleman was in possession of the fullest information.

So much for the relative cost of the two institutions. To turn to another feature of Dr. Howard's statements—that respecting the relative ratio of cures—without wishing to disparage or impugn Dr. Howard's veracity on the point, the proprietors of the Quebec Asylum have simply to say that he has presented the subject in a guise, which is not only calculated to cast a slur upon their institution, but to deceive the public by an artful grouping together of inconsistent facts, for which there is no other authority than his *ipse dixit*. They propose, however, to discuss the question, and to expose the inexactitudes of Dr. Howard in regard to it. In the first place, he reports officially that from the foundation of the St. John's Asylum, on the 28th August, 1861, to the 30th June, 1873, a period of about 12 years, out of 320 patients committed to his care, 104 died, 141 were cured, and 75 remained. It is quite obvious that in a sweeping way, he has used the general heading of "cured" for "discharged," leaving the Government and the public to conclude that all who left his establishment, except by the hand of death, were cured, taking no account of the discharges at the instance of friends, and of escapes, which are annually worthy of consideration in the records of all Asylums.

Moreover, such a proportion as 141 to a population of

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320, as he says himself in his report, from time to time, largely composed of idiots, imbeciles and chronic cases is altogether unprecedented.

After a statement of the sort, it is certainly not surprising to find that in page 5 of his report, he sets down his averages of cures at the exorbitant figure of 43 per cent, and then takes upon himself, with pride, to compare his establishment with others of the same character.

He has gone so far as to cite the Toronto Asylum—a model institution—as only slightly exceeding his asylum in this respect, when he says that it has discharged 47 per cent, but he strangely forgets that this figure is set down by the Ontario authorities as not cured, but simply discharged. Further on, after giving the percentage of the Missouri State Asylum, he proceeds to compare himself with the eminent conductor of the Northampton (Mass.) Asylum, Dr. Earle, and to assimilate the results obtained in his own institution with those of these celebrated establishments, and ostensibly to give himself undue credit. The analogy, however, offers this difference that the managers of the establishment just mentioned—invariably make well informed reports and compute the averages most accurately. He says that the total cures in the Quebec Asylum was only 16 per cent—a figure that has no existence but in his own imagination, as if he looks at the report of 1873, page 67, he will observe that the percentage of *discharges* which he styles cures, was 33.91 on all the lunatics of the institution since its foundation in 1845, while the percentage for last year, of real *bona fide* cures, was 25.07.

Before finishing with Dr Howard's institution, the proprietor of the Quebec Asylum would remind that gentleman that in several of his previous reports he makes the distinction between those cured and those not cured, under the head

of "discharged," and that the figures in no way justify the large percentage of cures he at present claims. For example, in the inspector's general report for 1865, page 23, he says that 13 patients were discharged, of whom 2 were improved and one not at all so. In the report for 1866, page 89, 13 are set down as discharged, of whom 2 were improved; and again in the report of 1868, page 85, out of 5 discharges 2 were reported as improved.

It is scarcely within the grounds of possibility to admit without further proof, so opposed is it to general experience, that out of 141 discharged, as reported by Dr. Howard himself, from the 27th April, 1861, to June 30th, 1873, only 11 of these discharges are to be regarded as cases not cured. Although he positively states on page 5 of his report for 1872, that the number cured during these years was 139.

Unless then he can show by better figures than any he has yet cited, that the percentage of cures is greater under the system upon which the St. John's Asylum is supported, than under that upon which the Quebec Asylum is conducted, and which with little taste he has been pleased to characterize as farming out of lunatics, the proprietors of the latter institution will remain convinced that the large measure of public confidence which has been hitherto extended to their establishment will not now be withdrawn from it. They have no desire to discuss the relative merits of the two Asylums, because the Government and the public have been fully informed on the subject by the inspectors' reports. They content themselves by adding that the comparison drawn by Dr. Howard, is obviously most unfair, considering the disadvantageous position in which is placed the Quebec Asylum, which dates from June 1845, and that began its career with a considerable nucleus of incurables which has gone on gradually increasing, while Dr.

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Howard's establishment has only been 12 years in existence, and that opened, comparatively speaking, under much more favorable circumstances.

As they have already declared, the proprietors of the Quebec Asylum had no sinister object to satisfy in drawing a distinction between the per capita cost of patients in their institution and that at St. John. At the same time, they feel it due to themselves to reply distinctly to a publication which leaves it to be inferred that many other of their statements have been incorrect—a thing which they deny in the most positive manner, at the same time regretting that they have been led into a discussion, the advantages and opportuneness of which are sufficiently problematical.

In conclusion, they can only repeat that whether the per capita cost of patients to the State in the St. John's Asylum be \$232.55 as Dr. Howard makes it, or \$252.49 as they pretend, it can make no difference in forming a conclusion, with regard to the superior advantages of the Quebec Asylum, at which the cost per head to the Province is only \$143, or \$108, if the value of the buildings be deducted. As to the relative per centage of cures in the two institutions; they are quite satisfied to leave that point to the impartial judgment of the Legislature and the public, where their explanations, and the different circumstances of the two establishments will be properly weighed and considered.

F. E. ROY, M. D.

Quebec, 23rd January, 1874.

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