

TWELFTH ANNUAL REPORT

OF THE

Medical Superintendent

OF THE

PROVINCIAL

Hospital for the Insane,

HALIFAX, NOVA SCOTIA.

**PHILOMATHESIAN CLUB
LIBRARY.**

No. 325



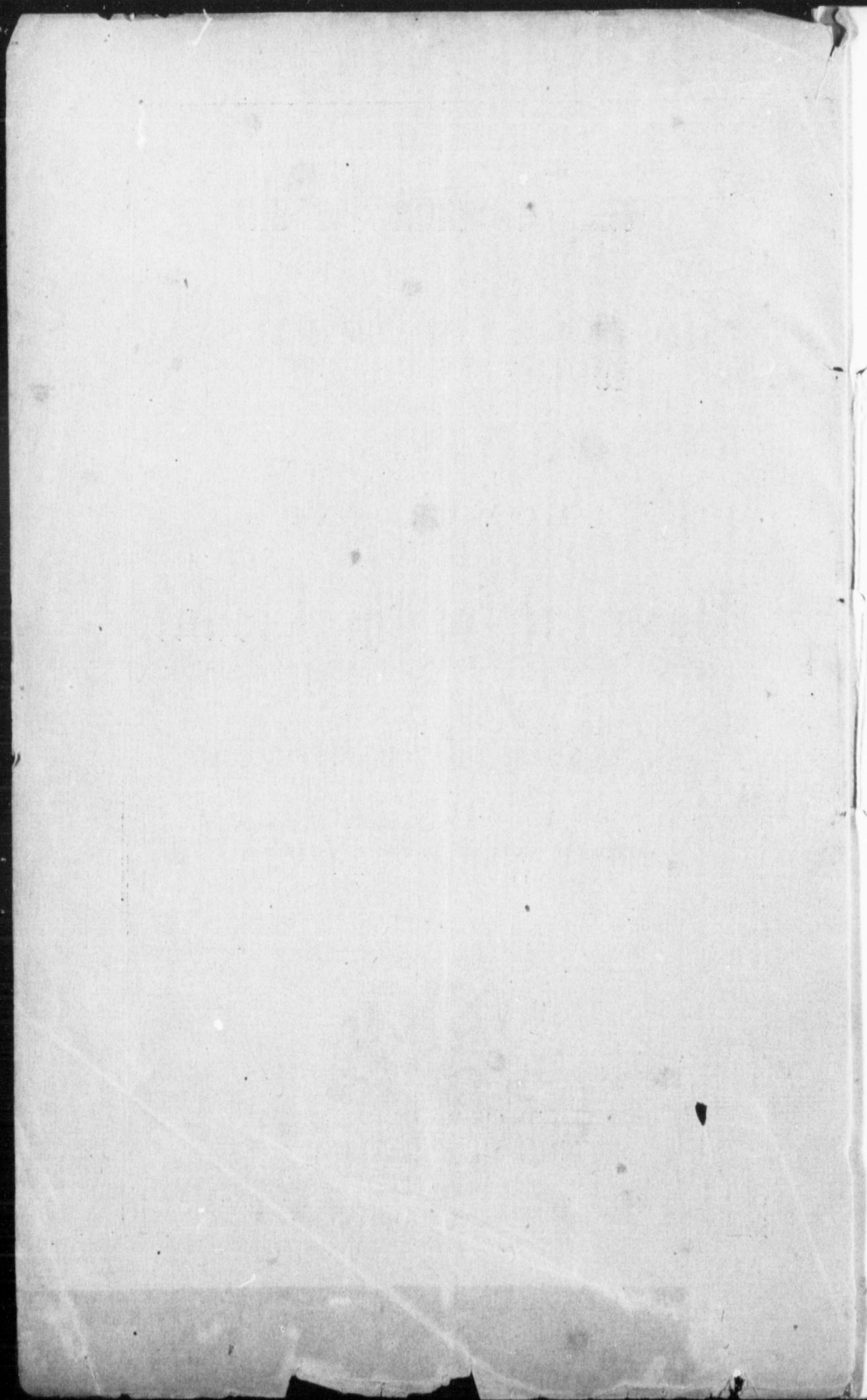
HALIFAX, N.S.

PRINTED BY H. W. BLACKADAR,

PRINTER TO THE QUEEN'S MOST EXCELLENT MAJESTY.

1870.

A
RC448
.N9



PROVINCIAL
HOSPITAL FOR THE INSANE,

HALIFAX, NOVA SCOTIA.

TWELFTH ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.

PRINTED BY ORDER OF THE WORKS DEPARTMENT.



HALIFAX, N. S.

H. W. BLACKADAR, PRINTER TO THE QUEEN'S MOST EXCELLENT MAJESTY.
1870.

A
RC448
.119

H

Ho

PROVINCIAL
HOSPITAL FOR THE INSANE,

HALIFAX, NOVA SCOTIA.

1869.



Chief Commissioner of Public Works and Mines.
HONBLE. ROBERT ROBERTSON, M.E.C., M.P.P., &c., &c.

Board of Commissioners.
GEORGE G. DUSTAN, Esq., J.P., Chairman.
THOMAS E. MURPHY, Esq.,
JAMES DUGGAN, Esq.

Treasurer.
HON. WM. ANNAND, President of Council, M.E.C., M.L.C., Prov. Treasurer.

Medical Superintendent
JAMES R. DEWOLF, M.D., EDIN., L.R.C.S.E.

Assistant Physician.
ROBERT W. McKEAGNEY, M.D.

Storekeeper.
MR. GEORGE DOWNIE.

Housekeeper
MRS. R. D. DICKSON,

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

Engineer.
MR. R. D. DICKSON.

MI

To THE
AN

Sir,—

I have the honor to acknowledge the receipt of your report of the ending of the ties of

Omitting the portion of the Po has been Seventy January remain year to

The hundred

The being

per ce

The

ANNUAL REPORT
OF THE
MEDICAL SUPERINTENDENT
FOR THE YEAR
1869.

TO THE COMMISSIONER OF PUBLIC WORKS
AND MINES:

Sir,—

I have the honor to submit the Twelfth Annual Report of the Hospital for the Insane, being for the year ending December 31st, 1869, and embracing the statistics of the institution from its first opening.

Twelfth
Report.

Omitting thirteen (13) who were transferred from the Poor's Asylum in 1868, the number of admissions has been greater in 1869 than in any previous year. Seventy-nine (79) have been received since the first of January, at which time two hundred and sixteen (216) remained, making the total number under care this year two hundred and ninety-five (295).

Admissions
unusually
numerous.

The average daily number for 1869 has been two hundred and thirty-four (234).

Daily
average.

The recoveries during the year were thirty-three (33), being at the rate of forty-one and three-fourths (41.77) per cent. on the admissions.

Recoveries.

The number of deaths were thirteen (13), making

Deaths.

the mortality rate for this year five and-a-half (5.55) per cent. on the average number resident. The mean of the past ten years was five and one-fifth (5.20) per cent. When reckoned *on the whole number under care* the mortality rate for 1869 has been four and two-fifths (4.40) per cent.

Number
remaining.

The entire number admitted since the opening of the Hospital has been six hundred and twenty-five (625,) of whom three hundred and eighty (380) have been discharged, leaving on the record December 31st, 1869, two hundred and forty-five (245).

Summary
of results.

The results of eleven years may be briefly summed up as follows:—Of three hundred and eighty (380) who have been discharged, eighty-five (85) have died; nineteen (19) were removed unimproved; forty-six (46) were more or less relieved; and two hundred and twenty-six (226) have recovered.

From the above summary a general idea may be formed of the benefits conferred by this Hospital, upon the class for whom it was founded.

Discharges.

Of the thirty-seven (37) who were discharged during the past year, four were removed contrary to advice, one of whom had a relapse shortly afterwards and was re-admitted. The recovery of the remaining thirty-three (33)—including two convalescents who made their escape—was tested in all doubtful cases, by a longer or shorter period of trial at home.

This system of probationary discharge is well worthy of more general adoption. It has been for several years in operation in Great Britain, but is not yet followed on this side of the Atlantic.

Advantages
of discharges
on trial.

By having recourse to this plan, we are enabled to send recovered patients to their homes at an earlier date than we should otherwise feel warranted in recommending.

It re-
friends
that in
period,
any nev
sidered
of trial
is consi

In E
cost of
case of
tion.

could i
tion of

Notw
mission
average
as follo
121; 1
1867,

remain
forty-fi

This
sive cr
excite
be soo
the ad
largel
compl
and a

An
stead
Hospit
ciated

If a

It removes also to a great extent the hesitancy of friends to take charge of convalescents, when they learn that in the event of a relapse within the probationary period, the patients are promptly re-admitted without any new formalities. Although absent, they are considered members of our household so long as their time of trial lasts, and are finally discharged when recovery is considered complete.

In England a weekly payment, not exceeding the cost of their maintenance in Hospital, is allowed in the case of pauper patients, so long as they are on probation. In Nova Scotia no such payment is made, nor could it well be carried out here without an augmentation of the Hospital staff, which of itself is not desirable.

Notwithstanding the facilities for discharge, the admissions continue largely to preponderate. Our daily average number of patients has risen from year to year as follows:—1859, 42; 1860, 70; 1861, 105; 1862, 121; 1863, 132; 1864, 151; 1865, 155; 1866, 153; 1867, 167; 1868, 190; 1869, 234; and the number remaining at the close of this year is two hundred and forty-five (245).

This steady increase points unmistakably to excessive crowding at no distant date, and consequently to excitement, ill health and greater mortality, unless means be soon taken to remedy the impending evil. Either the admission of patients for the future will have to be largely restricted, or the Hospital will require to be completed forthwith, to receive those who need its care and are entitled to its benefits.

Another inference to be legitimately drawn from the steady increase above referred to, is that the benefit of Hospital treatment is becoming more and more appreciated as the institution becomes better known.

If all the late admissions to Hospital were cases of

Weekly payment.

Admissions steadily increasing.

Crowding injurious.

Hospital care appreciated.

Chronic cases admitted.

recent occurrence, the conjecture that insanity is on the increase would doubtless hold good; but it happens otherwise, the large majority of admissions have been cases of long standing.

Insanity
not increas-
ing.

The false pride of former days led to the utmost possible concealment of the insane at home, and the popular prejudice of a more recent date against Asylums, has been fostered by a vitiated taste, and encouraged by a morbid craving for sensational stories. This pride and prejudice are giving place at the present day to more rational ideas, and hence more is seen and known of insanity, and its supposed increase is apparent and not real.

Hospital Life.

A brief survey of the daily duties performed at the Hospital, will afford an insight into the true character and aim of the institution.

Free from
mystery.

To many persons there appears to be a sort of mystery connected with the care of the insane, but in reality there is no such mystery. Everything relating to their treatment, whether medical or moral, is open and easily understood by those who interest themselves in the welfare of this unfortunate class.

The very fact of an individual having been deprived of the light of reason, gives him at once a claim upon our warmest sympathy. We look upon such a person as one afflicted, and this, in the large majority of cases, from no fault of his own. This feeling of commiseration ripens into kindness, and underlies the whole sys-

tem of
govern
insepar
this fo

The
is ent
Superv
Medica
"keep
any p
whethe
is our
reduces
the inn

Let
the Ho
have t
and fr
commi

The
and c
sive v
He is
Attent
ment
ductio
wards

An
Super
imme
attent
endea
expla
torati
finds

tem of management. The law of kindness is the governing law of the Hospital, and next to it, and inseparable from it is the law of cleanliness. Upon this foundation all our rules are based.

The parties to whom the direct care of the patients is entrusted are styled Attendants, over whom are Supervisors, one for either sex, and above these the Medical Officers. The old and forbidding title of "keeper" is not recognised, nor have we "cells" in any part of the Hospital. Every thing prison-like whether in name or reality is studiously avoided. It is our object to render the place attractive, and to reduce to the smallest degree the requisite isolation of the inmates from the noisy and bustling world outside.

Let us follow an incoming patient to the portals of the Hospital Months, or it may be years, of insanity have taxed to the utmost the forbearance of the relatives and friends, who now reluctantly, but yet hopefully, commit the invalid to the care of strangers.

The newly arrived inmate is ushered into a spacious and comfortable apartment, commanding an extensive view of the harbor and surrounding country. He is here met by one of the Supervisors and an Attendant. A few words of enquiry and encouragement from the Superintendent completes the introduction and the patient is conducted into one of the wards.

An account of their clothing is taken by the Supervisor, and transmitted to the Store-keeper. Any immediate want is of course promptly met. The attendant in whose charge the patient is placed, endeavors to reconcile him to his new position, and explains that the object of his coming is for his restoration and comfort. Very soon the new comer finds a group of sympathising friends around him, and

Hospitals
not prisons.

an attachment soon springs up, unless it may be that he rejects companionship altogether.

A warm bath forms the initiatory rite of membership, and unless for sufficient reasons its regular use is dispensed with, it is repeated every week. Retiring to rest, the patient finds himself provided with a clean comfortable bed, and is assured of the constant protection of the watchman during the night.

Daily life.

On rising in the morning at the call of the Attendant the patients resort to the bath room, and for the most part perform their ablutions unaided. Exceptions to this however occur in every ward, and the Attendant's duty is to wash and dress those who are incapable of performing this service for themselves.

One or two in every ward, and sometimes many more, are excused from appearing at the breakfast table, and their wants are supplied in their own rooms, an indulgence, by the way, chiefly granted to patients in delicate health or advanced in years.

For the paying class, and for those who are industrious, breakfast consists of bread and butter, and tea, with the option of porridge and molasses (or milk) additional. For the poorer and indolent patients butter is omitted and molasses substituted. Coffee is served on Sunday morning to all the patients, unless they prefer tea. Breakfast is served at six o'clock in Summer, and seven in Winter.

After the morning meal, one of the Attendants proceeds to put the bedrooms in order, and to sweep the halls, a work in which many of the patients render voluntary aid. The other attendant, (for there are two or more in every ward,) takes charge of the dining room, and has the table made ready for dinner. In this again the patients give great assistance, as indeed they do cheerfully in all the work of the

Hospital
must be

At nine
patients
walk. 7
or laund
parties
hour of
wards.

Durin
courage
gratulat
medicin
admitti
daily or

At t
allowan
beef, m
soup tw
variety
boiled
the wor
dinner,
and oc

It w
and de
most ex
the pro
thing
rare o
knives
far as
tribute
only t
to the

Hospital. No compulsion is allowed; all that is done must be done voluntarily.

At nine o'clock the medical visit is begun, and the patients soon after are taken out for their morning walk. Those who are daily occupied in the kitchen, or laundry, or in field work, are called for by the parties who desire their assistance, and at the hour of dinner are brought back to their respective wards.

During the medical visit the desponding are encouraged, the turbulent soothed, the cheerful congratulated, and the wants of the sick, whether as to medicine or special diet are attended to. As a rule admitting of few exceptions every patient is visited daily or oftener.

At twelve o'clock, dinner is served. An ample allowance of meat is given on five days of the week; beef, mutton or veal, and pork, boiled or roast, with soup twice, and Irish stew once a week; vegetables in variety, and bread every day. Fish and potatoes and boiled rice, are given on Tuesdays and Fridays, and in the womens' wards tea is allowed on those days at dinner. Puddings are usually given on Sundays, and occasionally at other times.

It would astonish most persons to witness the quiet and decorum observable at meal times. Enter the most excited ward at the dinner hour, and you find the proprieties of domestic life duly observed. Anything like quarrelling or improper behaviour is of rare occurrence. The patients are provided with knives and forks of ordinary pattern, and treated, as far as may be, as rational beings. Their food is distributed by the Attendants with a due regard not only to the requirements, but as far as practicable, to the preferences of each individual, and the quan-

Professional
visits.

Out-door
Exercise.

tity is only restricted by a proper care that individuals do not eat to excess.

Dinner being over, the working patients resume their various occupations, while the others engage in reading, music, or other pastime. A walk in the open air follows, which is enjoined upon all who have no valid excuse to offer. The frequent out-door exercise which is taken is highly conducive to health and cheerfulness. It is considered no less requisite for the Attendants, than for the patients, and has been from the opening of this Hospital one of its leading features. We have been assured by those who were thoroughly well informed that at no other Hospital in this country, was this practice so fully and so habitually enforced. To this in a great measure we attribute the general good health of the household.

In the afternoon the friends of patients usually pay their visits, and strangers call to see the Hospital. The days set apart to receive visitors are Tuesdays and Fridays, but no one is refused admission on other days, except on Sunday, which is strictly observed as a day of rest and quiet at the Hospital. The religious services on that day are held at two o'clock for the Roman Catholic patients, and at three P. M. for the Protestants. A more devout and orderly congregation is rarely seen. Our system of having Presbyterian, Episcopalian, Baptist and Wesleyan clergymen to officiate on the successive Sundays of every month, has been found during ten years past to work admirably.

On week days occasionally of an afternoon a picnic party is assembled on or near the premises, or a sail is taken on the harbor, or a steamboat excursion on Bedford Basin, to vary the monotony of our secluded life.

At fi
served,
sion w
them.

Bagate
ing ho
some v
then in

From
evenin
provid
we hav
Concer
The ef
as wel
far, an
vited

Eve
ward p
wheth
These
after k
Super
then
Atten
same
ture, c

Eve
occurr
report
wheth
&c., &
their
numb
of a

At five in Winter and six o'clock in Summer tea is served, and this is followed by quiet games of diversion when the patients are disposed to engage in them. Cards, Draughts, Backgammon, and especially Bagatelle, form the usual means of passing an evening hour. Many however prefer to walk about, while some will occupy themselves in reading, or now and then in singing.

From time to time, as opportunities can be found, evening parties are given. When good music can be provided, the dancing is greatly enjoyed. Occasionally we have been favored with Theatrical Entertainments, Concerts, Exhibitions of Dissolving Views, &c, &c. The effect of all these modes of recreation is salutary as well as pleasurable. They are never carried too far, and discrimination is used as to the patients invited to attend them.

Every Monday evening the Attendants of each ward prepare a list of what is needed for the week, whether for general use, or for individual patients. These are entered in their Requisition Books, which after being checked by the Supervisors, are sent to the Superintendent for his inspection and approval, and then forwarded to the Store-keeper, who takes the Attendants receipt for each article as issued. In the same book an account is kept of all damages to furniture, clothing, &c.

Every evening a written report is made out of the occurrences of the day. *Every patient in the house is reported upon*, whether industrious, and how employed, whether out for air or not, whether quiet or excited, &c., &c. Each Attendant gives a report of those under their particular care, noting each by their registered number, instead of by name, so that the accidental loss of a report book would occasion no publicity as to

Recreation.

individual cases. The temperature of the Wards, morning, noon, and night, is also noted.

So far as the writer is aware, this plan of reporting is more thorough and systematic than is elsewhere adopted. A complete non-medical history of every case is thus secured, and is occasionally valuable for reference.

Recovery.

The newly arrived patient instanced at the commencement of this sketch, may now be supposed to have spent six months or more in such Wards as have been found to afford him the most congenial company. He has lost his home-sick feelings, which for a time were predominant, and he no longer rails against those who were instrumental in sending him to Hospital. Gradually he gives more attention to his personal appearance, while his very countenance bears evidence of his renovated health. He enters into correspondence with friends, and expresses warmly his gratitude for every little kindness and attention he has received here. *He awakes as it were from a dream*, and looks upon the past with a full consciousness of having required the watchful care and protection he has found in his new home. He often apologizes to us for the rude remarks made months before, and expresses no little astonishment at the forbearance and conciliatory conduct of the Attendants under the greatest provocation. Unless prematurely removed he invariably speaks well of them, and of the Officers of the Hospital. He further evinces his grateful feelings by revisiting the Hospital from time to time, and many such visits are now among the brightest spots in our memory.

Non-Restraint.

It is well known that patients are often brought to Hospital in a state of great excitement, and the very common enquiry "how do you manage your violent cases?" is worthy of a reply through the pages of our annual report.

Fortunately for the insane of this province the Governing Boards of the Nova Scotia Hospital have invariably upheld the Superintendent in carrying out the non-restraint system of treatment. From the opening of the institution to the present time, with such rare exceptions only as were found to be absolutely necessary, this humane mode of management has been perseveringly adhered to.

In the report of the first years' operations, (1859) the subject is thus referred to.

"The system of treatment adopted at this Hospital is that which now obtains in all the new institutions in England and America, namely, government by moral instead of physical control. The abolition of bodily restraints is carried out to the utmost of our power. No straps, muffs, straight-waistcoats or the like are permitted to be used without the express sanction and approval of the Superintendent, and when necessarily applied are removed with the least practicable delay. Without attempting to decide the question of the *entire disuse* of restraint, so ably advocated by Dr. Conolly, I am quite of opinion that the cases requiring mechanical coercion are becoming less frequent every year, as their treatment improves, and will ultimately be altogether exceptional."

Non-restraint adopted from the first.

Second
Report.

“The appliances in aid of the non-restraint system, and to prevent self injury, introduced into the British Asylums, are well worthy of imitation. I have recently had occasion to have one of our single dormitories fitted up as a “padded-room,” and with the best result. The patient had commenced to beat his head forcibly against the walls and flooring, nor could this be prevented otherwise than by securing him to his bed. Since the room has been padded, he has been enabled to move freely about, and scarcely attempts his former violence.”

“The law of kindness is the law of the Hospital, from which no deviation is permitted. No rough usage or violent language towards the patients would in any case be tolerated—every effort is made to soothe and pacify the turbulent—and great pains are taken to prevent the patients from quarreling with each other.”*

Upon this the then Commissioners, in their report, make the following remarks.

“A very satisfactory circumstance recorded in this report is the almost entire absence of personal restraint. Ever since the institution has been opened, all parts of it have been inspected weekly by one or more of our Board, and we have been struck with this pleasing feature of the modern and humane system of treatment, which is being thoroughly and practically tested by Dr. DeWolf, with, as he remarks, the most happy results.”†

From that period in our early history we have ever kept the principle of non-restraint steadily in view. The term implies much more than the mere absence of restraining apparatus; suitable attendants in sufficient

*Second Annual Report, Appendix to Journals of Assembly, 1860, page 372.
†Second Report of Commissioners, January 18th, 1880.

number, a watchful interest in the personal comfort of all, and an active endeavor to win the patients by conciliation, rather than to reprove them, even when reproof seems called for. It implies an exhibition of constant kindness, by no means inseparable from all requisite firmness, and such self-control as will render of no avail all their attempts to give annoyance. These are the requisites of a system which forbids seclusion, unless of a very temporary character, and then immediately reported; a system which allows of no neglect, no harsh treatment, and no retaliation.

The insane are irresponsible for their acts, and if even in the eye of the law this irresponsibility absolves them from the penalties otherwise due to their misdeeds, how much more leniently should their failings be regarded by us who are daily and hourly witnesses of the irresistible nature of many of their impulses.

A certain amount of discipline is indispensable, such as the administration of food in case of refusal, or the prevention of escape when attempted, or the change of clothing when requisite,—often enough stoutly resisted—and discipline of this sort is by no means incompatible with real kindness. In cases of emergency the attendants are grouped together, and the struggle, which would otherwise be apt to occur, is almost invariably prevented by the timely presence of superior numbers. The patients are given to understand that these measures are taken with a view to their individual good. None are so lost to everything as to fail in appreciating gentleness and forbearance when exercised towards themselves. Those apparently altogether demented, who fail to recognise their nearest relatives, and are unable to answer the simplest questions, and who very rarely speak at all, will sometimes astonish an Attendant with a gentle

Requisites
of Non-res-
traint.

"thank, you!" after some little act of considerate attention.

"Suaviter
in modo."

An instance of the good effect of suavity of manner under provocation, occurred in our early administration. An elderly gentleman, whose previous history was full of interest, was brought to the hospital, labouring under an attack of acute mania. His language was profane, his manner exceedingly restless, and his first act was to break whatever window-glass was within his reach. He was surrounded by attendants who took care to prevent any further breakage, by interposing themselves between him and the object of his attack. When evening came, a room was assigned to him, the window of which was protected by a strong and ornamental wire-guard. During the night this gentleman tore off the covers of a book left in his room, rolled them together compactly, and pushing them through the meshes of the window-guard he broke as many squares of glass as he could. Nor was this all, for on coming into the hall in the morning, he seized a chair and dashed it through another window.

On being appealed to by the Superintendent immediately afterwards, as to his motive for all this destruction, he said promptly, "to get away, to be sure." It was made plain to him that if intended as a provocation, it failed altogether. We could easily replace the glass, and a fellow-patient was appealed to as to his readiness to glaze a dozen windows if required, to which a cheerful assent was given at once.

The old gentleman was told he might destroy the adjoining window if he saw fit to do so, and to prove that the offer was sincere, the patients and attendants who were present were all sent to the opposite end of

the cor
a little
the fl
Superi
man s
more?
us for
of tha
very l
altoget
gave
He
ful le
prese
mem
In
Hosp
the f
"
"an
"ca
"to
"we
"th
"
"an
"O
"se
"tw
"to
"s
"p
"r
"a

the corridor. Again the offer was repeated, and after a little consideration, the eyes being directed first to the floor, then to the window, and finally to the Superintendent who stood near at hand, the gentleman said deliberately, "Doctor, I will not break any more," and he kept his promise. He remained with us for thirteen months, and although for the first half of that time his habits were such as to show he had very little control over his actions, yet he abstained altogether from breaking glass, and never wilfully gave annoyance.

He went home well, and has not only sent us grateful letters from time to time, but continues to the present day to forward many a kind message as a memento of the past.

In the account of the third year's operations of this Hospital, given in the fourth Annual Report, (1861,) the following remarks occur respecting non-restraint:

"In order to carry out effectually the modern and humane system of non-restraint, so ably advocated by Dr. Conolly, we have aimed from the first to engage the services of active, cheerful, and trustworthy Attendants, and have instructed them in their arduous and responsible duties."

"Cases of extreme destructiveness occasionally arise, setting all ordinary care utterly at defiance. One such we had recently where the constant presence by day and by night of one, generally of two, and often of three attendants was insufficient to prevent the destruction of property, and the serious disturbance of the other patients. This propensity was at last overcome by continued kindness, and by a determined refusal to sanction the application of any restraining apparatus."

"There is, on this continent, owing to atmospheric

Good effect
of kindness

Third years
Report.

“ric influences, a degree of excitability and resistance
“to all authority, happily unknown in Great Britain.
“Hence we have a larger proportion of noisy and tur-
“bulent patients; and greater difficulty in carrying
“out this benevolent and enlightened plan of treat-
“ment.”

The tolerably severe criticisms upon these passages,
which appeared in the leading Medical Journal of
America, neither prevents a repetition of them at the
present day, nor has it alienated the friendship of the
writer for his censor, who is now himself engaged in
this speciality, and is one of its brightest ornaments.

By many of the American Superintendents of that
date Dr. Conolly's motives were impugned, his asser-
tions contradicted, his enthusiasm ridiculed, and the
credit as to originality, which he never claimed, was
denied to him, as though he had falsely assumed it.
It will go far to disabuse the minds of any, if such
there be, who now hold his memory in light esteem,
to read the highly interesting memoir of this truly
great and good man, recently published by Sir James
Clark.*

This memoir is instructive as well as interest-
ing, and forms not only a complete vindication of the
great English Psychologist, but upholds firmly and ex-
plains fully the benevolent system which under pres-
sing difficulties, he persevered in establishing through-
out the length and breadth of Great Britain. May the
hope expressed by the learned author in his preface be
fully realized, and may the influence of this work “in
promoting the extension of the system to other coun-
tries” be soon felt and acknowledged.

*A memoir of John Conolly, M.D., D.C.L., comprising a sketch of the treatment of
the Insane in Europe and America by Sir James Clark, Bart. K.C.B., M.D. F.R.S.,
Physician in Ordinary to the Queen, London, John Murray, Albermarle Street,
1869.

Rega
Sir Jam
“It l
“sound
“of the
“answe
“erly
“strain
“clear
“neces
“many
“whic
“as p
“aboli
“they
“the h
“ation
“adop
“case
“phy
“bilit
“disc
“are
“ings
“defe
“alwa
“of s
“larg
“sou
“ofte
“and
“ma
“list
“I
“tha

Regarding the absolute and entire disuse of restraint
Sir James remarks :

“ It has been sometimes objected that it cannot be a
“ sound principle to adopt non-restraint in the treatment
“ of the insane, as an absolute and inflexible law. The
“ answer is, that it has not been so adopted. When prop-
“ erly stated, the principle is this—that mechanical re-
“ straint should never be resorted to, unless there be a
“ clear necessity, and that the existence of the clear
“ necessity should not be too readily accepted. With
“ many physicians this ends in finding the cases, in
“ which restraint is deemed necessary, to be so rare
“ as practically not to exist; they do not positively
“ abolish restraint, they simply never use it, because
“ they never deem it necessary. They regard it as in
“ the highest degree desirable to avoid it, from consider-
“ ations both of humanity and science; and having
“ adopted this view, they find that is not needed in
“ cases in which it would probably be employed by
“ physicians less strongly impressed with the desira-
“ bility of avoiding it, and therefore less anxious to
“ discover a substitute, in methods of treatment which
“ are more humane, and in better accord with the teach-
“ ings of physiology and psychology. Even those who
“ defend the use of restraint in certain cases, are nearly
“ always careful to point out that they find the number
“ of such cases to be small, and their pride is in the
“ largeness of the number of the non-restrained. The
“ soundness of the principle of non-restraint is thus
“ often acknowledged, even in the defence of restraint;
“ and perhaps further and more earnest efforts might
“ make the small number still smaller, till at length the
“ list of the restrained would be a blank.”

“ It is desirable therefore, that it should be understood
“ that there is no such thing as an absolute repudiation

Sir James
Clarks defi-
nition of
non-res-
traint.

Non-restraint not absolute.

"of restraint in the treatment of the insane. The warmest advocates of non-restraint admit that cases may occur in which it is proper to resort to mechanical restraint, and by this admission we do not think that we invalidate the principle which is not of universal application, though it is made as nearly universal as possible, and is departed from only when the necessity for doing so is clear, and then with a regret that there is no better way of obtaining the object."*

The admission of the possible occurrence of cases needing special treatment shows that this only forms the exception requisite to confirm the rule of non-restraint. Viewed in that light, the alleged impossibility of carrying out this humane system is at once removed. Extreme cases will necessarily arise for whose exceptional treatment each Medical Superintendent must take his own share of responsibility; but still the golden rule remains, and the command "do unto others &c.," will prompt every well-disposed officer and attendant of every Asylum to come as near as possible to that high standard of excellence and real worth so faithfully and feelingly depicted by the distinguished author of this valuable memoir.

One argument advanced by the opponents of the plan we advocate, is that a certain degree of restraint is preferable to seclusion, which they assert almost invariably takes the place of it. If it were true that every excited or excitable patient was frequently secluded, even temporarily, from the companionship of others, there would be good ground for this assertion; but such is not in reality the case. Seclusion is less frequently required where non-restraint prevails, since increased watchfulness over individual cases is a characteristic feature of this mode of treatment; and scenes that under the

*Op. Cit. p. 159.

old sys
vented

The
seclusi
practic
ence i
boiste
fatigu
a mor
indee

Ap
them
but th
show
own s
of th
ledge
tory

On
in ad
ted
furni
wish
dest
wall
this
dign

T
eve
am
the
stra
Th
ant
of

old system would necessitate seclusion, are happily prevented by timely interference.

The most efficacious substitute both for restraint and seclusion is active exercise in the open air. This, when practicable, we have ever found to be our chief dependence in controlling the inordinate excitability of robust, boisterous, patients. Carried nearly to the point of fatigue it acts as a calmative, and is often followed by a more refreshing sleep than narcotics would induce, if indeed they had that effect at all.

Applications are not unfrequently urged by patients themselves to have strong restraints imposed upon them; but these are generally so imperiously demanded as to show the motive to be, not so much a regard for their own safety or welfare, as a desire to make an exhibition of their strength or skill (a-la-Davenport); acknowledgements made by recovered patients are confirmatory of this view.

One instance occurs to us of a professional man, who in addition to great strength and agility of limb, exhibited the most determined destructiveness of hospital furniture and fittings. He afterwards stated he only wished to show how easily the strongest canvas could be destroyed by simply rubbing continuously against the wall. He soon recovered from his paryoxsm, and is to this day thankful that he was not subjected to the indignity which he then demanded.

Two other instances are fresh in our memory, where every precaution failed to prevent a very considerable amount of injury to clothing and windows, and where the patients made an open boast, that if put under restraint, they would very soon divest themselves of it. The temper and endurance of our well-trained attendants was sorely tried, but by repeatedly relieving them of duty by frequent relays, two or three were enabled

Open-air
exercise
beneficial.

Continued
kindness
successful.

to be constantly at hand, ready to check any impulsive act, and in this way, by the presence of superior numbers, *and not by holding the individual*, the victory was at last won, the patients gradually desisting from their violence of demeanor, and subsequently admitting with what determined persistence they had striven to make themselves thoroughly obnoxious. One said, "I will not try to vex you any longer, it is of no use"—the other remarked feelingly "the worse I behave, the kinder you are to me."

A large proportion of these highly excited patients recover, and of all who have left the Hospital there is not one, so far as known, whose restoration was complete, who is not thankful that he was placed here for treatment.

In another part of this report, allusion has been made to the cheering visits of those formerly under care. From year to year as the recoveries increase in number these visits become more frequent, and they serve to stimulate us all, officers and attendants alike, to renewed efforts in the harassing path of duty devolving upon us daily. But besides these visits we have the pleasure to acknowledge kind letters, full of gratitude and good-will; and these we value very highly as tokens of an enduring friendship.

Occurrences of the Year.

Early in 1869 the fourth story of the new Wing of the Hospital, capable of containing fifteen beds, and not well adapted for general use, owing to its position, was set apart as an Infirmary.

Infirmary
opened

A pa
typhoid
and one
Infirma

Meas
and sev
dants a
aration
noticed
no pro
had th
Since t
occupi
others

One
a craft
ing wa
it was
had p
sity, a
scalde

Va
tal lif
patien
ent ti
sever
about
Nab's
large
visiti
head
fifty,
casior
and
them

A patient having been admitted convalescent from typhoid fever, three of the Attendants were taken ill, and one of the domestics. By isolating these in the Infirmary, the further progress of the fever was checked.

Measles subsequently prevailed in the neighbourhood, and several cases occurred here, both among the attendants and domestics, fortunately however by early separation, only two of the patients were attacked. *It was noticed in this epidemic that a previous seizure afforded no protection.* Several of the Attendants who had had the disease before, took it the second time here. Since the recovery of these cases, the Infirmary has been occupied chiefly by aged and feeble patients, and such others as need extra nursing and attention.

One of the Attendants was very severely scalded by a crafty and treacherous patient, who, seizing a can of boiling water, poured it on her head and shoulders, before it was possible to prevent the movement. This patient had previously exhibited the same dangerous propensity, and as we afterwards learned, had purposely scalded some of her own family.

Various means of breaking the monotony of Hospital life have been resorted to. During the winter the patients were taken in successive groups, and at different times, for sleigh drives. In the summer they had several excursions on the harbor. A sailing party of about ninety went in the Schooner "Pursue" to Mac-Nab's Island, and thence to the narrows; and a much larger number went twice in the Steamer "Mic-Mac," visiting various points of interest, as noted under the head of acknowledgments. About an hundred and fifty, including attendants, went on each of these last occasions, and having been provided with refreshments, and with excellent music, they thoroughly enjoyed themselves.

Measles.

Attendant
scalded.Drives and
Excursions.

Circus.	About forty attended an exhibition of Messrs. Stone and Murray's Circus, having crossed the harbor in open boats on their way to the Common.
Concerts &c	Evening Assemblies have been held at intervals through the year, and lectures, concerts, theatricals, &c., &c., have been kindly given by considerate friends, enlivening and cheering the whole household. The public holidays were appropriately observed.
Bowling Alley.	A bowling alley has been fitted up for the use of the patients, and is a favorite resort in wet or stormy weather. Upon the lawn devoted to the female patients use, a Croquet ground has been prepared, and two Marquees of suitable size were put up during the summer. These form admirable sun-shades, and supply a want that has long been felt.
Croquet.	The large open exercising ground in the rear of the Hospital, assigned to the men's use, which has hitherto been in a rough and unfinished state, has this year been graded to a very gentle slope, and covered with fine beach gravel. The work was done chiefly, but not wholly, with the aid of the patients, and forms one of the most noticeable improvements effected for several years past.
Exercising ground levelled.	A spacious root-cellar which was much required, has been built this season, with a cart shed attached. The Carpenter's and Tailor's shops, with the adjoining building, used as a straw-room, were removed further from the Hospital, and brought into a line with the new Ice-House, and the whole properly painted.
Root cellar.	Two Emerson's ventilators of good size have been placed at the centre of the first sections North and South of the main building, an important sanitary step, aiding materially in preserving the purity of the air within the Hospital.
Ventilation	The ironing room has been further enlarged and im-
Laundry.	

proved
roof, and

Add
making
than in
portun
dispos

On
main
lieu o

The
and t
tal.

a mo
the g

In

Medi
adva

Sank
quot

preh
patie

affor
vari

side
er i

mak
ordi

T
Nav

dist
and

*O
on t
(Lon

proved, and repairs have been made to the Hospital roof, and the base of the Cupola covered with tin.

Additional ground has been brought into tillage, making our yield of farm and garden produce larger than in any previous year. This work gives ample opportunity for employment to all the patients who are disposed to be industrious.

On our northern and eastern boundaries west of the main road, a substantial picket fence has been put up, in lieu of the old one which was beyond repair.

The entrance road has been improved, and grading and terracing has been continued in front of the Hospital. A new road has been made to the garden, giving a more finished appearance to the southern portion of the grounds.

In bringing into use the apartments vacated by the Medical Officers when their quarters were changed, advantage was taken of the valuable suggestion of Dr. Sankey of Hanwell, (*Asylum Journal*, Vol. 2, p. 473,) quoted by Dr. J. T. Arlidge in his excellent and comprehensive work "on the State of Lunacy."* The patients now occupy these rooms *at night only*; thus affording the means of classification according to their various requirements, and relieving the wards very considerably. It is carrying out to the extent of our power in this direction, the idea of home-like treatment, making the patients bedrooms quite distinct from their ordinary dwelling rooms.

The Hospital has been visited by His Excellency the Naval Commander-in-Chief, and by foreign officers of distinction, as also by the members of the Government, and of the Legislature, on different occasions. Public

*On the state of Lunacy and the legal provision for the Insane, with observations on the construction and organization of Asylums, by John T. Arlidge, M.B., A.B., (Lond.) London, John Churchill, 1859.

Farm Work

Fencing.

Roads.

Bed-rooms
at a distance
from day
rooms.

Visitors.

visiting too has been encouraged as in former years—the rule referring to special days and hours having been greatly relaxed—so that every facility should be afforded for general inspection. While the patients are carefully shielded from inquisitive strangers, their friends have ready access to them, except in such cases as would be injuriously affected by untimely interviews.

On the occasion of the visit of His Royal Highness Prince Arthur to Halifax, the Hospital was brilliantly illuminated.

Illumination.

Commissioners visits and Reports

The Board of Commissioners have paid visits of inspection weekly or oftener, at uncertain intervals, and have thoroughly familiarized themselves with the condition and daily working of the Hospital. Two of their number have visited other Asylums during the year, and have recorded their opinion of this Institution as follows. The Chairman Geo. G. Dustan, Esq., states in his report (June 19, 1869.) "When in England last month I visited the great Lunatic Asylum at Colney Hatch near London."—"I am very happy to be able to report that in many important respects our Hospital contrasts very favorably with this great English Hospital." Commissioner Murphy states (Nov. 17, '69). "During an absence of four weeks in Canada and the United States I visited their similar Institutions, returning with a strong impression favourable to our own." In their report for the current year they state—"The Commissioners are truly thankful to report that during the past year the general health of the household has been remarkably good, the patients have been well fed, well clothed, and very cleanly and comfortably lodged. Numerous improvements have been made during the past year, adding greatly to the comfort and well-being of the inmates."

A co
tion ha
all em
An
mitted
State
have
States
childh
attach
now s
pitals
as rap
Th
have
quent
vinci

D
rene
T
peci
the
"Ci
port
as a
Pic
St.
has
tors
ack

A code of Rules for the Governance of the institution has been officially sanctioned, and copies given to all employed on the premises.

An unusual number of chronic cases have been admitted this year, owing chiefly to the return from the State of Massachusetts, of natives of this Province, who have been for various periods resident in the United States. One of these, who went to Boston in early childhood, and remained there for forty years, having been attacked with insanity, was lately sent, as others are now systematically, to her native country. The Hospitals for the Insane of the Bay State are being relieved, as rapidly as is practicable, of all foreign patients.

Those sent back to Nova Scotia after years of absence, have no place of legal settlement here, and are consequently, as "transient poor," a charge upon the Provincial treasury.

Rules confirmed.

Insane sent back from Massachusetts.

Favors continued.

Acknowledgments.

During the past year we have been placed under renewed obligations for very considerate favors.

The continued liberality of the Press deserves especial mention. All the Halifax papers, including the daily editions of the "British Colonist," the "Citizen," the "Acadian Recorder" and the "Reporter and Times," are forwarded to us regularly; as are also the papers formerly acknowledged from Pictou, New Glasgow, Windsor, Bridgetown, and from St. John, N. B. The "Dalhousie College Gazette" has been recently added to our list. To the proprietors of all these Journals we tender very sincere acknowledgements.

Liberality of the Press

Billiard
Table.

One of the most valuable presents yet made to the Hospital, was received this autumn from the officers of Her Majesty's Ship "Royal Alfred," on their leaving the Province, consisting of a very handsome London made Billiard Table, the first cost of which was upwards of £100 sterling, together with all the fittings and furniture of the Billiard Room. This unlooked-for act of kindness will long be gratefully remembered.

Croquet

Another acceptable addition to our means of recreation was made by Mrs. John Esson, who kindly sent a large and handsome Croquet Set, for which game a suitable ground in front of the Hospital was at once prepared.

Stereoscopic
Views.

Messrs. Notman, of Halifax and Montreal, (through kindness of A. B. Almour, Esq.,) generously gave thirty choice views for our revolving Stereoscope, and have kindly offered more.

Books.

J. Sandifer, Esq., of London, has recently sent a liberal donation of an hundred volumes of well selected books, in addition to two hundred volumes previously forwarded. This was a timely and most acceptable addition to our Library, and was no less generous, than spontaneous and commendable.

Memoir of
Conolly.

Sir James Clark, Bart., K.C.B., M.D., &c., Physician to Her Majesty, has kindly favored the Superintendent with a copy of his valuable memoir of the late lamented Dr. Conolly of world-wide reputation. In the appendix to this memoir is an account of the various Colonial Asylums of the Empire, in which Sir James refers to the Nova Scotia Hospital as an "admirable Asylum," and states that "from private accounts received, it appears to be one of the best kept and managed Asylums in America."

Z. S. Hall, Esq., has again sent a large number of

interest
and qu
nated t
distrib
genero

To
debted
cake
gather

The
tinued
sever
Dick
than

Se
16th
hous
priv
of th

T
to th
we
stea
to
sag

ent
Es
wi

wh
fre

D
w

interesting Magazines, Journals, Reviews, &c., &c., and quite recently a collection of handsomely illuminated texts, mottoes, and card pictures for Christmas distribution. A large box of artificial flowers was generously contributed by Messrs. C. Robson & Co.

To Mrs. H. Y. Mott and family we are deeply indebted, as in former years, for a bountiful supply of cake and fruit for our Christmas and Hallow'een gatherings.

The Union Protection Company's Band have continued to furnish gratuitously excellent music for several evening parties; and to our Engineer, Mr. Dickson, and to Mr. O'Donnell, we owe renewed thanks for similar favors.

Several of the officers of Her Majesty's 78th and 16th Regiments have very kindly twice favored our household with highly entertaining performances of private theatricals—enlivened by the thrilling music of their respective Bands.

To Captain McKenzie the obliging Manager, and to the Directors of the Halifax Steamboat Company, we owe hearty acknowledgements for the use of the steamer "Mic-Mac" on two occasions, for excursions to Bedford Basin, McNab's Island, the Eastern Passage, and the North-West Arm.

The Rosebud Band of Hope kindly repeated their entertainment, as on former occasions. G. G. Gray, Esq., Miss Carman, James Smith, Esq., and the Band will please accept our thanks.

The Managers of Messrs. Stone and Murray's Circus, while exhibiting near Halifax, very generously gave free admission to a party of about forty patients.

We have once more to thank M. G. Black, Esq., of Dartmouth, who gave a delightful Concert during the winter, aided by Mrs. Creighton, Miss Willis, the

Magazines
and Fancy
Articles.

Fruit, &c

Music.

Theatricals.

Steamboat
excursions.Entertain-
ment.

Circus.

Concerts.

Misses Robson, Mr. Jacobs, and Mr. Foster, and repeated the entertainment subsequently.

Olio. F. Passow, Esq., has very kindly enlivened us with his inimitable readings, as in former years.

Lectures. Rev. J. Richardson, Rector of Dartmouth, favored us with an evening lecture, affording a most interesting account of his visit to London, the Isle of Wight, &c., &c.

Special Services. Rev. John Stewart, of New Glasgow, and Rev. Andrew Gray, of Liverpool, N. S., very kindly gave us special evening services. To the former the Superintendent is deeply indebted for personal favors, and to the latter we owe the reproduction in the "Church Chronicle" of a highly complimentary account of a visit to the Hospital, first published in the "Montreal Witness" by a gentleman from that city.

Sunday Services. The ministrations of the clergy on Sabbath afternoons have been regularly held as heretofore. Rev. Professor McKnight, Rev. Canon Gilpin, D. D., Rev. A. S. Hunt, and Rev. G. S. Milligan, have almost invariably officiated respectively on the consecutive Sundays of every month, and the Rev. Thos. Angwin on the fifth Sunday, when one occurred. These clergymen, and Very Reverend Canon Woods, P. P., of Dartmouth, have always manifested the greatest readiness to visit, and administer spiritual consolation to the sick of their respective flocks, and in cases of death, they have consigned the remains to their last resting place.

Kindness to patients. For numerous instances of personal kindness to individual patients, we owe our best thanks to many benevolent friends. The appropriate attentions manifested in this way, have greatly increased in frequency of late, showing clearly a growing interest in the institution and its inmates.

The Co
presents
To the
and to the
intenden
ous stat
report.

It n
Comm
tinued
cordial
aid to
of the
you th
manag

No
carefu
nume
of th

T
up.

1

for

ver

red

req

th

so

of

The Commissioners have also made very acceptable presents to many of the patients, from time to time.

To the Assistant Physician, Dr. R. W. McKeagney, and to the Storekeeper, Mr. Geo. Downie, the Superintendent is indebted for aid in preparing the numerous statistical and financial tables appended to this report.

It now remains to offer to yourself, as Chief Commissioner, my sincere thanks for your continued kindness and hearty encouragement. Your cordial and courteous support have rendered essential aid to your Superintendent in conducting the affairs of the Hospital, while your frequent visits have made you thoroughly conversant with all the details of its management.

No single requirement has failed to receive your careful and prompt attention, as is evidenced by the numerous improvements noted in the "Occurrences of the Year."

Requirements.

The wants of the Hospital may be briefly summed up.

1st.—Additional accommodation is urgently needed for rapidly increasing numbers. Every one who is conversant with the history and operations of this and kindred institutions, will admit this to be an indispensable requirement.

2nd.—An extension of our present boundary, (on the South side especially, but really on both sides,) is so imperative, as to render much further delay, a matter of considerable moment.

Commis'rs
Donations.

Aid of Offi-
cers.

Thanks to
Chief Com-
missioner

Extrenson
urgently
needed.

More land
required.

Wharf too
small.

3rd.—The Wharf needs enlargement, and the landing steps require to be thoroughly repaired, early in the spring.

Verandah
needed.

4th.—An open Verandah in connection with the mens' exercising ground, is much wanted.

Repairs.

5th.—Additional repairs will shortly be called for, in the interior of that portion of the Hospital which was first erected.

Sundry
wants.

Besides these, other wants will claim more or less attention, such as, the acquisition of more pasturage for the cows, the raising and repair of the barn, and the refitting of the steam pipes in the hot air chambers longest in use.

The appropriation by the Legislature of sufficient funds to meet all these requirements, is very respectfully urged.

Conclusion.

Endeavors.

In bringing to a close the report of the past year we are conscious of its failing to convey any adequate idea of the earnestness of our desire for the welfare of the class committed to our care. To ameliorate their condition has been our constant aim, and we have unceasingly endeavored for their sakes, to render this Hospital in every way worthy of the commendation bestowed upon it.

Trust.

With full trust in the Providential oversight of the Supreme Being, we confidently commit to Him the future welfare of the Institution.

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

MOUNT HOPE, Jan. 1st. 1870.

LIST OF TABLES, ETC.



STATISTICAL TABLES.



LIST OF TABLES, ETC.

MEDICO-PSYCHOLOGICAL ASSOCIATION TABLES.

1. The Admissions, Re-Admissions, Discharges, and Deaths, for the year 1869.
2. The Admissions, Discharges, and Deaths, since the opening of the Hospital, 1st of January, 1859.
3. Showing the Admissions, Discharges, and Deaths, with the mean Annual Mortality, and proportion of recoveries of each year since the opening of the Hospital.
4. Showing the history of the Annual Admissions since the opening of the Hospital, and the numbers of each year remaining December 31st, 1869, with summary of Results.
5. Showing the Causes of Death from the opening of the Hospital to December 31st, 1869.
6. Showing the length of Residence in those Discharged, Recovered, and Died, during the year.

COLONIAL OFFICE TABLES.

7. Admissions and Discharges 1869, with results.
8. Form of Disease in relation to Result.
9. Obituary for the year.

OTHER STATISTICAL TABLES

10. Monthly Admissions and Discharges
11. Alleged Ages of those admitted.
12. Civil Condition.
13. Former Residence.
14. Former Occupation.
15. Re-admissions.
16. County, Provincial, and Private Patients.

DOMESTIC AND FINANCIAL TABLES.

17. Cost of principal items of Provisions, with contract prices.
18. Expenditure for Labor.
19. Garden Produce.
20. List of Articles made by Patients.

Reports received. Appendix. Admission and discharge of Patients. Queries to be answered, Form of Certificate, &c., &c., &c.

TABLE I.
Showing the Admissions, Re-Admissions, Discharges and Deaths during the year 1869.

	Males.		Females.		Total.
	M.	F.	M.	F.	
In Hospital, 1st January, 1869.....	111		105		216
Admitted for the first time during the year.....	35	32	67		
Re-admitted during the year.....	6	6	12		
Total admitted.....	41		38		79
Total under care during the year.....	152		143		295
DISCHARGED OR REMOVED.					
Recovered.....	22	11	33		
Relieved.....	2	2	4		
Not improved.....					
Died.....	7	6	13		
Total discharged and died during the year.....	31		19		50
Remaining in Hospital, December 31st, 1869.....	121		124		245
Average number resident during the year.....	120		114		234

TABLE 2.

Showing the Admissions, Re-admissions, Discharges and Deaths from the opening of the Hospital to the present date, December 31st, 1869.

	Males.	Females.	Total.
Persons admitted during the period of eleven years.....	310	256	566
Re-admissions.....	34	25	59
Total of cases admitted.....	344	281	625
DISCHARGED OR REMOVED.			
Recovered.....	M. 131	F. 95	T. 226
Relieved.....	31	19	50
Not improved.....	15	4	19
Died.....	46	39	85
Total discharged and died during the eleven years.....	223	157	380
Remaining December 31st, 1869.....	121	124	245
Average number resident during the eleven years.....	72	66	138

TABLE 3.

Showing the Admissions, Discharges and Deaths, with the Mean Annual Mortality, and proportion of Recoveries per cent of the Admissions, for each year since the opening of the Hospital.

YEAR.	ADMITTED.			DISCHARGED.												Remaining 31st December in each year.			Average number Resident.			Per centage of Recoveries on Admissions.			Per centage of Deaths on average number resident.			
	M.	F.	M&F	Recovered.			Relieved.			Not improved.			Died.			M.	F.	M&F	M.	F.	M&F	M.	F.	M&F				
				M.	F.	M&F	M.	F.	M&F	M.	F.	M&F	M.	F.	M&F													
1859	39	31	70	8	3	11	2	1	3	1	1	1	1	1	1	1	28	27	55	21	21	42	20.5	9.7	15.7	8.8	2.8	5.7
1860	32	31	63	8	6	14	2	2	2	1	3	3	1	4	45	50	95	34	36	70	25.0	19.3	22.2	8.8	2.8	5.7		
1861	38	32	60	14	9	23	4	1	5	1	1	3	7	10	62	55	117	55	50	105	36.8	40.9	38.3	5.6	14.0	9.5		
1862	31	12	43	12	9	21	1	1	2	2	2	4	1	5	74	56	130	69	52	121	38.7	75.0	48.8	5.8	1.9	4.1		
1863	30	17	47	17	5	22	6	1	6	1	1	5	1	6	75	67	142	70	62	132	56.7	29.4	46.8	7.1	1.6	4.5		
1864	23	23	46	8	10	18	1	2	3	3	3	4	6	10	82	72	154	80	71	151	34.8	43.4	39.1	5.0	8.4	6.6		
1865	24	22	46	12	16	28	5	2	7	1	1	9	5	14	79	71	150	81	74	155	50.0	72.7	60.9	11.1	6.7	9.0		
1866	21	21	42	10	7	17	6	4	10	3	1	4	1	3	80	77	157	80	73	153	47.6	33.3	40.5	1.2	4.1	2.6		
1867	25	18	43	12	7	19	1	4	5	1	2	4	1	5	87	82	169	86	81	167	48.0	39.0	44.0	4.6	1.2	3.0		
1868	40	46	86	8	12	20	1	2	3	1	2	6	8	14	111	105	216	99	91	190	20.0	26.0	23.2	6.0	8.7	7.3		
1869	41	38	79	22	11	33	2	2	4	1	1	7	6	13	121	124	245	130	114	234	53.6	29.0	41.7	5.8	5.2	5.5		
Total..	344	281	625	131	95	226	31	19	50	15	4	19	46	39	85	39	238	0	38	6	5.5	4.9	5.2					

TABLE 4.

Showing the History of the Annual Admissions since the opening of the Hospital, with the Discharges and Deaths, and the numbers of each year remaining on the 31st December, 1869.

YEAR.	Admitted.			Of each Year's Admissions, Discharged, and Died, in 1869.						Total Discharged and Died of each year's Admissions to 31st Dec. 1869.						Remaining of each year's admissions, 31st December 1869.				
	New Cases.			Recovered.		Not Improved.		Died.		Recovered.		Relieved.		Not Improved.		Died.		M	F	M & F
	M.	F.	M & F	M	F	M & F	M	F	M & F	M	F	M & F	M	F	M & F	M	F				M & F
1859	29	31	60	1	1	2	1	1	1	1	20	5	3	8	2	1	6	16	11	27
1860	32	31	63	1	1	2	1	1	1	20	10	30	8	8	18	6	9	8	13	21
1861	23	20	43	1	1	2	1	1	1	17	28	45	5	5	10	4	9	9	7	16
1862	25	11	36	1	1	2	1	1	1	18	5	23	3	3	21	4	2	8	4	12
1863	30	15	45	2	2	4	1	1	1	13	8	21	3	3	16	3	2	10	6	16
1864	21	20	41	1	1	2	1	1	1	17	5	22	2	2	19	4	3	8	6	14
1865	17	20	37	1	1	2	1	1	1	8	19	27	4	4	23	3	2	8	6	14
1866	20	19	39	2	2	4	1	1	1	11	13	24	1	1	14	3	1	8	9	15
1867	23	16	39	2	2	4	1	1	1	4	12	16	3	3	19	3	1	6	6	12
1868	35	41	76	1	1	2	1	1	1	7	13	20	1	1	14	1	4	10	9	19
1869	35	32	67	1	1	2	1	1	1	11	5	16	1	1	17	2	1	19	29	48
Totals	310	356	666	22	22	44	7	7	14	131	95	226	31	19	50	15	4	121	124	245

Summary of Total Admissions, 1859-1869.		
Males.	Females.	Total.
38.08	33.81	71.89
9.01	6.76	15.77
4.36	1.42	5.78
13.37	13.88	27.25
33.18	44.13	77.31
100.00	100.00	200.00
5.54	4.96	10.50

Per centage of Cases Recovered, Relieved, Not Improved, Died, Remaining.		
Recovered.	Relieved.	Total.
33.81	35.16	68.97
6.76	8.00	14.76
1.42	3.04	4.46
13.88	13.60	27.48
33.18	33.20	66.38
100.00	100.00	200.00

Mean Annual Mortality, 1859-1869.		
Males.	Females.	Total.
5.54	4.96	10.50

TABLE 5.

Showing the Causes of Death for each Year from the opening of the Hospital to the present date, December 31st, 1869.

CAUSES OF DEATH.	1860		1861		1862		1863		1864		1865		1866		1867		1868		1869		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Cerebral or Spinal Disease:																					
Apoplexy and Paralysis																					
Epilepsy					2																5
General Paralysis			1	1							2	1									7
Mania, Melancholia, and Dementia			1	1	1	1	2				1										8
Thoracic Disease:			2	4							1	1									12
Gangrene of Lung																					
Inflammation of Lungs, Pleuræ, or Bronchi																					1
Pulmonary Consumption									1												3
Disease of Heart, &c	1	1	1	1			1		3	1	1	1									25
Abdominal Disease:																					4
Inflammation of Stomach, Intestines, or Peritoneum.	1				1																6
Ascites																					1
Cancer																					2
Fever																					3
Erysipelas									1	1											3
General Debility of Old Age, &c.																					1
Suicide and Accidents			1																		2
																					5
	3	1	3	7	4	1	5	1	4	6	9	5	1	3	4	1	6	8	7	6	85

TABLE 6.

Showing the length of Residence in those Discharged Recovered, and in those who have Died, during the Year 1869.

Length of Residence.	Recovered.			Died.		
	Males.	Females.	Total.	Males.	Females.	Total
Under 1 month.....	2	1	3	1	.....	1
From 1 to 3 months.....	6	1	7	1	.....	1
“ 3 to 6 “.....	4	2	6	.....	.....	.....
“ 6 to 9 “.....	3	2	5	.....	.....	.....
“ 9 to 12 “.....	.....	1	1	2	1	3
“ 1 to 2 years.....	3	2	5	.....	1	1
“ 2 to 3 “.....	1	2	3	2	.....	2
“ 3 to 5 “.....	.....	.....	.....	.....	2	2
“ 5 to 7 “.....	.....	.....	.....	.....	.....	.....
“ 7 to 9 “.....	2	.....	2	.....	2	2
“ 9 to 11 “.....	1	.....	1	1	.....	1
Total.....	22	11	33	7	6	13

TABLE 7.

Admissions and Discharges 1869, with results.

	Number remaining January 1, 1869.	Admitted during the Year.	Average Innates 1869.	Died.	Discharged.			Average stay of those discharged recovered, 1869			No. who having entered before 1869, still remain.
					Cured.	Relieved.	Unimproved.	Y.	M.	D.	
Males.....	111	41	120	7	22	2	....	1	3	8	108
Females.....	105	38	114	6	11	2	....	..	11	13	119
Total.....	216	79	234	13	33	4	Av.	1	1	10	227

TABLE 8.

Form of Disease in relation to result, 1869-

	Remained over from 1868.		Admitted 1869.		Discharged.				Average stay of those who Died in 1869.			
	M.	F.	M.	F.	Recovered.		More or less Improved.		Died.	Years.	Mos. Days	
					M.	F.	M.	F.			M.	F.
Mania.....	42	33	17	17	4	4	...	...	2	3	2	3
Melancholia....	31	12	11	9	4	4	1	1	4	2	Males	3
Dementia.....	25	38	5	5	...	2	1	...	1	1	Females	2
Paresis.....	...	...	1	...	...	...	...	...	...	...	...	8
Epilepsy.....	6	3	2	1	...	1	...	...	...	...	M. & F.	3
Other forms.....	7	19	5	6	3	1	1	1	...	...	...	3
Total.....	111	105	41	38	11	22	2	7	6			

TABLE 9.
Obituary for the year 1869.

No. in Register.	Sex.	Date of last Admission.	Date of Death.	Age at Death.		Mental state on Admission.	Bodily state on Admission.	Hospital Residence		Assigned cause of Death.	Post Mortem.
				Y.	M.			D.	D.		
111	F.	October 4th, 1860.	Jan'y. 1st, 1869.	54	M.	Melancholia.	Anomic.	8	3	2	None.
450	F.	July 4th, 1867.	March 3rd, 1869.	67	M.	Mania.	Emaciated.	1	8	2	Miliary Tubercles.
472	M.	April 22nd, 1868.	March 21st, 1869.	27	S.	Melancholia.	Fat.	0	10	29	Embolism, Dilatation.
491	M.	June 15th, 1868.	March 22st, 1869.	29	S.	Mania.	Cancer of face.	0	9	6	Erosion of face and neck.
385	F.	April 6th, 1866.	May 7th, 1869.	34	S.	Mania.	Scrofulous.	2	11	28	None.
182	F.	October 7th, 1861.	May 19th, 1869.	28	S.	Melancholia.	Anomic.	7	7	12	Tubercles.
363	F.	Sept'r. 5th, 1865.	June 14th, 1869.	27	M.	Dementia.	Scrofulous.	3	9	9	None.
189	M.	April 25nd, 1869.	June 19th, 1869.	34	M.	Melancholia.	Jandruced.	0	1	27	Valvular Deposit.
423	M.	Jan'y 12th, 1867.	August 8th, 1869.	32	S.	Melancholia.	Emaciated.	2	6	28	Sulci, deep and adherent.
534	F.	Nov'r. 3rd, 1868.	Aug't. 28th, 1869.	37	S.	Mania.	Anomic.	0	9	25	Asclies.
418	M.	Jan'y 3rd, 1867.	Oct'r. 12th, 1869.	44	S.	Melancholia.	Bronzed.	2	9	9	Pneumonia.
603	M.	Sept'r. 9th, 1869.	Oct'r. 14th, 1869.	71		Dementia.	Rheumatic.	0	0	21	Pericarditis.
121	M.	Nov'r. 6th, 1860.	Nov'r. 18th, 1869.	30	S.	Mania.	Good.	9	0	12	Ramollissement Cerebri.
											General Softening.

TABLE 10.

Monthly Admissions and Discharges, from January 1859, to December, 1869.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Males.	Females.	Total.
1859 to 1868.															
Admitted.....	48	36	27	37	57	64	48	37	62	32	54	42	303	243	546
Discharged..	28	18	15	29	26	34	28	26	27	35	31	33	192	138	330
1869.															
Admitted.....	2	6	7	8	7	7	6	7	7	10	8	4	41	38	79
Discharged.....	2	1	4	1	8	6	3	7	3	4	4	7	31	19	50
Remaining.....	216	221	224	231	230	231	234	234	238	244	248	245	121	124	245

TABLE 11.*Alleged Ages of all Admitted.*

	1869.	1859-68	Total.
From 5 to 10 years.....	1	3	4
" 10 to 20 ".....	5	29	34
" 20 to 30 ".....	20	144	164
" 30 to 40 ".....	16	120	136
" 40 to 50 ".....	6	100	106
" 50 to 60 ".....	7	63	70
" 60 to 70 ".....	8	36	44
" 70 to 80 ".....	4	15	19
" 80 to 90 ".....	.....	1	1
Unknown and Re-admissions.....	12	35	47
Total.....	79	546	625

TABLE 12.*Civil Condition of all Admitted.*

	Married.	Single.	Widowed.	Unknown.	Re-admitted.	Total.
1859-68. { Males.....	97	156	5	17	28	303
{ Females.....	92	104	22	6	19	243
1869. { Males.....	8	23	4	.....	6	41
{ Females.....	12	15	4	1	6	38
1859-69. { Males.....	105	179	9	17	34	344
{ Females.....	104	119	26	7	25	281
Total.....	209	298	35	24	59	625

TABLE 13.*Former Residence (corrected by separation of Re-admissions.)*

	1869.		1859-68.		Total 1859-69.	Populati on 1851.
	Admissions.	Re-admissions.	Admissions.	Re-admissions.		
Halifax City and County.....	25	5	159	18	207	49021
Colchester County.....	8	.....	32	2	42	20045
Cumberland ".....	3	1	18	2	24	19593
Pictou ".....	7	2	54	6	69	28785
Antigonish ".....	1	.....	10	.....	11	14871
Guysboro ".....	1	.....	17	.....	18	12713
Inverness ".....	.....	.....	7	.....	7	19967
Richmond ".....	.....	.....	5	.....	5	12607
Victoria ".....	.....	.....	5	.....	5	9643
Cape Breton ".....	4	2	23	5	34	20866
Hants ".....	6	1	28	6	41	17460
Kings ".....	2	.....	28	2	32	18731
Annapolis ".....	3	.....	12	1	16	16753
Digby ".....	.....	.....	3	.....	3	14751
Yarmouth ".....	.....	.....	7	.....	7	15446
Shelburne ".....	.....	.....	1	1	2	10668
Queens ".....	1	1	10	2	14	9365
Lunenburg ".....	2	.....	19	2	23	19632
Newfoundland.....	.....	.....	3	.....	3	
New Brunswick.....	.....	.....	10	.....	10	
P. E. Island.....	.....	.....	2	.....	2	
Barbadoes.....	.....	.....	1	.....	1	
St. Thomas.....	.....	.....	1	.....	1	
United States.....	3	.....	12	.....	15	
England.....	.....	.....	2	.....	2	
Ireland.....	.....	.....	6	.....	6	
Scotland.....	.....	.....	1	.....	1	
Germany.....	.....	.....	1	.....	1	
Norway.....	.....	.....	1	.....	1	
Sweden.....	.....	.....	1	.....	1	
India.....	.....	.....	1	.....	1	
H. M. Service.....	1	.....	8	.....	9	
Unknown.....	.....	.....	11	.....	11	
Total.....	67	12	499	47	625	330857

TABLE 14.

Former Occupation, as far as ascertained.

	1869.		1859-69.		Total.		Male Population. 1861.
	M.	F.	M.	F.	M.	F.	
Barrister.....			1				147
Bakers' Wife.....	1	1	3	3	4	4	5118
Blacksmiths and Wives.....			3		3		18
Barbers.....				1			
Basket Maker.....			1				
Brass Founders.....			1		1		
Butcher.....	2	1	9	6	7	7	4463
Carpenters and Wives.....	2		4	1	6	1	494
Clerks, Book Keepers and Wives.....			1		1		61
Collector of Customs.....			2	1	2	2	147
Cabinet Maker and Daughter.....		1	4		4		
Colliers.....			3		3		1145
Coopers.....			1	1	1	1	
Coachman and Wife.....				2		2	
Dressmakers.....		1	1		1	1	22
Engineer and Wife.....	17	7	75	42	92	49	37897
Farmers, Sons, Wives and Daughters.....			13	4	13	4	7659
Fishermen and Wives.....	1	1	7	9	8	10	
Gentlemen and Gentlewomen.....				1		1	
Governess.....				1		1	
Grocer's Wife.....			3		3		130
Hotel Keepers.....			1		1		
Hostler.....	4	4	35	51	39	55	9306
Labourers and Wives and Servants.....	1				1		
Lumberman.....		1	8	2	8	3	636
Masons and Wives and Daughter.....		1	1	1	1	1	385
Minister and Daughter.....		1	1	1	1	2	592
Miller and Widow.....		1	11	7		8	1472
Merchants and Wives.....		1		1		2	
Miliner.....			1	2	1	2	298
Physician and Wife and Daughter.....			1		1		
Priest.....	1		3	1	4	1	115
Printers.....	1		3		4		208
Painters.....			2	5	2	5	
Pensioners and Wives.....			1		1	1	16
Paper Folders.....			2	1	2	1	
Peddlers and Wives.....			1		1		
Plumber.....		1	8	5	8	6	
School Teachers and Wives.....			5	8	3	3	864
Ship Captains, Wives and Stevedore.....	3	1	26	7	29	8	5242
Seamen and Wives.....	1		8		9		
Soldiers and Marines.....			7	1	7	1	1976
Shoemakers and Wives.....	1		1		2		157
Saddler.....				3		3	
Seamstress.....			3		3		
Students.....			1		1		
Surveyor.....		2				2	
Shopkeepers.....				1	1	1	
Taylor's Wife.....	1			1		2	
Tanner's Wife.....		1					
Wool Sorter.....			1		1		
Wheelwright.....			1		1		173
Washerwoman.....				5		5	
Watchman and Wife.....			1	1	1	1	
Watchmaker.....			1		1		

TABLE 15.

Re-admissions from 1850 to 1869.

	1861.	1862.	1863.	1864.	1865.	1866.	1867.	1868.	1869.	Total.	Admitted twice.	Admitted three times.	Admitted four times.	Admitted five times.	Remain'g Dec. 31st, 1869. of Re-admiss'ns.
Males.....	5	6	2	2	7	1	2	5	6	34	28	1	0	1	14
Females.....	2	1	2	3	2	2	2	5	6	25	16	6	1	0	8
Total.....	7	7	2	5	9	3	4	10	12	59	44	7	1	1	22

TABLE 16.

Maintenance of Patients in Hospital, December 31st, 1869.

	M.	F.	Total.
Halifax, City and County.....	28	34	62
Colchester County.....	4	6	10
Cumberland.....	4	3	7
Pictou.....	15	13	28
Antigonish.....	2	1	3
Guysboro'.....	4	2	6
Inverness.....	4	1	5
Richmond.....	1	1	2
Victoria.....	1	1	2
Cape Breton.....	9	5	14
Hants.....	6	6	12
Kings.....	5	7	12
Annapolis.....	4	3	7
Digby.....	.....	1	1
Yarmouth.....	1	0	1
Shelburne.....	.....	.....	.....
Queens.....	1	0	1
Lunenburg.....	1	6	7
Brown Fund.....	1	3	4
Bell Fund.....	.....	1	1
Private Patients.....	10	20	30
Province of Nova Scotia.....	20	10	30
Total.....	121	124	245

TABLE 17.

Cost of the Principal Items of Provisions for the Year 1869, Compiled from the Quarterly Returns.

ARTICLES.	ARTICLES.				Contract Prices.	
	Quarter ending March 31.	Quarter ending June 30.	Quarter ending September 30.	Quarter ending December 31.	1868.	1869.
Flour..... Bbls.	92	\$416 40	100	\$670 00	125	\$836 50
Butter..... Lbs.	1122	269 28	927	222 49	1130	271 20
Tea..... "	545	226 17	469	194 63	221 19	41
Brown Sugar..... "	1893	165 46	2110	184 37	2378	298 07
Ground Sugar..... "	158	30 00	173	21 62	173	21 75
Coffee..... "	120	30 00	92	23 00	25 59	25
Chocolate..... "	82	21 32	104	24 36	104	27 04
Beef..... "	10014	648 90	9167	561 16	10572	685 06
Pork..... "	1183	94 64	1475	11 84	665	53 28
Mutton..... "	1788	115 86	148	11 84	2062	133 81
Veal..... "	4	2 41	10	127 54	54	6 48
Peas..... "	220	7 70	990	46 25	910	6 48
Molasses..... Gals.	523	202 97	555	214 50	628	244 92
Rice..... Lbs.	1945	32 25	909	45 45	962	48 00
Barley..... "	900	39 20	525	36 65	564	39 48
Oatmeal..... "	2835	113 40	2732	109 28	3085	123 40
Corn Meal..... "	1705	42 62	1825	33 12	2450	61 25
Fish (dry)..... "	3215	128 60	2910	116 40	3126	125 44
Cheese..... "	234	42 12	251	49 14	308	55 44
Biscuit..... "	501	40 08	678	54 24	964	77 12
Apples..... Bbls.	15	45 00	625	158 00	10	28 00
Potatoes..... Bush.	549	164 70	43	8 60	379	94 75
Vinegar..... Gals.	162	20 40	59	7 47	72	14 40
Salt..... Bush.	16	6 64	21	34	34	13 77
Onions..... Lbs.	668	33 40	668	20 75	263	11 15
Total.....		\$3150 27		\$2891 45		\$3420 52
						\$12563 00

Average daily number of Patients, 234 ; being at the rate per annum, for Provisions, per Patient, \$53.68

TABLE 18.*Expenditure for Labor, as shown by the Pay Lists—also for Salaries, 1869.*

January.....	\$422 58	
February.....	422 46	
March.....	428 97	
Salaries.....	1217 00	
		\$2491 01
April.....	424 56	
May.....	424 01	
June.....	428 37	
Salaries.....	1217 00	
		2493 94
July.....	462 68	
August.....	462 28	
September.....	456 24	
Salaries.....	1217 00	
		2598 20
October.....	446 59	
November.....	465 64	
December.....	464 41	
Salaries.....	1217 00	
		2593 64
Total.....		\$10176 79

Owing partly to the large increase in the daily average number, and partly also to the reduced price of the staple article of Flour, the cost for maintenance, labor and salaries has been reduced from \$113.37 for 1868, to \$97.17, per patient, for 1869. The outlay for food and attendance has been lower by \$9.03 for each patient, than the average of the past four years.

TABLE 19.*Produce of Field and Garden, 1869.*

Carrots.....	125 bushels.	Beans.....	32 bushels.
Parsnips.....	36 “	Peas....	8½ “
Beets	130 “	Lettuce.....	121 dozen.
Turnips.....	120 “	Spinach.....	21 bushels.
Mangold.....	240 “	Onions.....	21 “
Rhubarb.....	24 “	Maize.....	9½ “
Radish.....	3½ “	Tomatoes.....	5½ “
Celery.....	411 heads.	Cauliflower.....	317 heads.

Early Potatoes, Asparagus, Cucumbers, Gherkins, Squash, and Sweet Herbs.

TABLE 20.*List of Articles made by the Female Patients, 1869.*

208 Shirts,	59 Jackets,
129 Flannel do.,	175 Cotton Chemises,
122 Flannel Drawers,	14 Woolen do.
28 Cotton do.,	39 Flannel Petticoats,
119 Pants,	242 Sheets,
83 Vests,	150 Pillow Cases,
68 Neckerchiefs,	21 Pillow Ticks,
66 Handkerchiefs,	230 Bolster Cases,
323 Woolen Socks,	58 Bolster Ticks,
37 Cotton Stockings,	128 Bed Ticks,
66 Woolen do.	76 Quilts,
42 Mittens,	71 Comforts,
54 Night Gowns,	15 Clothes Bags,
24 Night Caps,	63 Dusters,
12 Day Caps,	24 Toilet Covers,
68 Aprons,	156 Towels,
12 Hoods,	28 Table Cloths,
33 Colored Skirts,	15 Mattress Covers,
150 Dresses,	13 Hats and Bonnets.

Made by the Tailor, 1869.

Coats, 40—Pants, 10—Vests, 10.

REPORTS, ETC., RECEIVED, 1869.

- Aberdeen Royal Lunatic Asylum, Report for 1868, by Robert Jamieson, M.D., Physician and Superintendent.
- Argyll District Asylum, Sixth Annual Report, 1868-69, by John Sibbald, M.D., Medical Superintendent.
- Association of Medical Superintendents, American Institutions for the Insane, Proceedings of, Staunton, Va. 1869. Thos. S. Kirkbride, M.D., President; John Curwen, M.D., Secretary.
- Alcohols from Coal Tar (the so called Carbohc Acid) notes on, by E. R. Squibb, M.D., from Proceedings of Amer. Pharm. Association.
- Archives of Nova Scotia, Selections from Public Documents, Edited by T. B. Akin, D. C. L., 1869, pp. 755, from Hon. Robert Robertson, Commissioner of Public Works and Mines.
- Belfast District Hospital for Insane, Thirty-ninth Annual Report 1868, by Robert Stewart, M.D., Resident Physician and Superintendent.
- Bridewell & Bethlehen, Royal Hospital, Report for 1868, pp. 78, by W. Rhys Williams, M.D., M.R.C.P., Superintendent.
- Broadmoor Criminal Lunatic Asylum, Annual Report 1868, pp. 48, by John Meyer, M.D., Medical Superintendent.
- Butler Hospital for Insane, Rhode Island, Report for 1868, by John W. Sawyer, M. D., Superintendent and Physician.
- California Insane Asylum, Stockton, Report to Oct. 1869, by G. A. Shurtleff, M.D., Medical Superintendent.
- Cape of Good Hope, Robben Island Asylum, Report for 1868, by W. Edmunds, M.D. Surgeon Superintendent.
- Cambridgeshire Pauper Lunatic Asylum, Report for 1868, by G. McKenzie Bacon, M.D., Medical Superintendent.
- Colney Hatch, Lunatic Asylum, Report 1868, by Edgar Sheppard, M.D., Superintendent (from G. G. Dustan, Esq., J. P., Chairman of Commissioner, Woodside.)
- Connecticut, General Hospital for Insane, Report for 1868, by A. M. Shew, M.D., Medical Superintendent.
- Chrichton Royal Institution, Dumfries, Report for 1868, by James Gilchrist, M.D., Medical Superintendent.
- Cumberland and Westmoreland Lunatic Asylum, Report for 1868, by Thomas S. Clouston, M.D., Medical Superintendent.
- Deaf and Dumb, Institution for, Halifax, N. S., Report for 1868, by J. Scott Hutton, Esq., Principal.
- Dorset County Lunatic Asylum, Report, for 1868, by Gustavus Symes, M.D. Medical Superintendent (from Rev. D. C. Moore)

- Edinburgh Royal Asylum for Insane, Report for 1868 by D. Skac, M.D., Resident Physician.
- Fife and Kinross, District Asylum, Third Annual Report, Sept. 1869, by John B. Tuke, M. D. Medical Superintendent.
- Insanity and its relation to Medecine, Annual address before the Medical Society of the State of New York 1868, by John P. Gray, M.D., President, &c. ; Superintendent N. Y. State L. Asylum, Utica.
- Kentucky Eastern Lunatic Asylum, Report for 1868, by W. S. Chipley, M.D., Medical Superintendent.
- London, City of, Lunatic Asylum, Third Report, 1868, by Octavius Jepson, M.D., Resident Physician and Medical Superintendent.
- Malden Lunatic Asylum, (Ontario,) Report to October 1st, 1869, by Henry Lander, M.D., Superintendent.
- Maine Insane Hospital, Report to December 1st, 1869, by H. M. Harlow, M.D., Superintendent and Physician.
- Maryland, Mount Hope Institution and Retreat, Report for 1868, by W. H. Stokes, M.D., Attending Physician.
- Massachusetts, Board of State Charities, Fifth Annual Report, 1868, pp. 444, by Julien S. Clark, Esq., Secretary.
- Michigan Asylum for Insane, Report for 1867-8, (Biennial), by E. H. VanDeusen, M.D., Medical Superintendent.
- Minnesota Hospital for Insane, Second Report, 1868, by Cyrus K. Bartlett, M.D., Superintendent.
- McLean Asylum, Massachusetts General Hospital, Report for 1868, by John E. Tyler, M.D., Medical Superintendent.
- New Brunswick, Provincial Lunatic Asylum, St. John, Report for 1868, by John Waddell, M.D., Medical Superintendent.
- New Hampshire Asylum for Insane, Report for 1868, by J. P. Bancroft, M.D., Superintendent and Physician.
- New York Asylum for Idiots, Syracuse, Reports for 1867 and 1868, by H. B. Wilbur, M.D., Superintendent.
- New York City Lunatic Asylum, Blackwell's Island, Report for 1868, by Ralph L. Parsons, M.D., Resident Physician.
- New York, King's County, Lunatic Asylum, Report for 1868, by E. R. Chapin, M.D., Resident Physician.
- New York State Commissioners of Public Charities, Report for 1868, pp. 220, by Charles S. Hoyt, Esq., Secretary.
- New York State Lunatic Asylum, Report for 1868, by John P. Gray, M.D., Superintendent and Physician.
- Norfolk County Lunatic Asylum, Report for 1868, by W. C. Hills, M.D., Resident Medical Superintendent.
- Northampton, Mass., State Lunatic Hospital, Fourteenth Report to October, 1869, by Pliny Earle, A.M., M.D., Superintendent and Treasurer.
- Ohio, Longview Asylum, Report for 1868, by O. M. Langdon, M.D., Superintendent and Physician.
- Ohio, Northern Lunatic Asylum, Report for 1868, by Byron Staunton, M.D., Superintendent.

- Ohio, Southern Lunatic Asylum, Report for 1868, by Richard Gundry, M.D., Superintendent and Physician.
- Pennsylvania Hospital for Insane, Report for 1868, by Thomas S. Kirkbride, M.D., Physician-in-Chief and Superintendent.
- Pennsylvania State Hospital for Insane, (Danville,) Report for 1868, by S. S. Schultz, M.D., Superintendent.
- Pennsylvania State Lunatic Hospital, (Harrisburg,) Report for 1868, by John Curwen, M.D., Superintendent and Physician.
- Pennsylvania, Western Lunatic Asylum, Report for 1868, by J. H. Worthington, M.D., Physician and Superintendent.
- Prince Edward's Island, Lunatic Asylum, Charlottetown, Report for 1868, by J. Mackieson, M.D., Medical Superintendent.
- Statistical Tables.—A project of a system of statistics, applicable to the Study of Mental Diseases, approved by the International Congress of Alienists, 1867.
- Scotland, General Board of Commissioners in Lunacy, Eleventh Annual Report for 1868, pp. 310, from W. A. F. Browne, M.D., F.R.C.S.E., Commissioner.
- Sussex County Lunatic Asylum, Tenth Annual Report for 1868, by C. Lockhart Robertson, M.D., &c., &c., Medical Superintendent.
- Sabbath in Dartmouth, a poem by Albyn, reprinted from the "Halifax Athenæum."
- Vermont Asylum for Insane, Report for 1868, by W. H. Rockwell, M.D. Superintendent and Physician
- Visit to some of the Principal Hospitals for the Insane in Great Britain, France, and Germany, by A. O. Kellog, M.D., Utica, N. Y.
- Washington, D. C. Government Hospital for Insane, Report for 1869, by C. H. Nichols, M.D., Superintendent, and Secretary to Board of Visitors.
- Wilts County Lunatic Asylum, Report for 1868, by John Thurnam, M.D. Medical Superintendent.
- York Lunatic Hospital, Report for 1868, by F. Needham, M.D., Medical Superintendent.
- Yorkshire, North Riding, Lunatic Asylum, Report for 1868, by Thomas B. Christie, M.D., Medical Superintendent.

APPENDIX.

ADMISSION OF PATIENTS.

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

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

A full statement of each case, in answer to questions hereto appended, should be forwarded with the application.

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

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

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

If the friends can afford the cost of maintenance, they are required to pay the first quarter's board, fifty dollars, \$50.00 at the Office of the Works Department, and *an order from that office is required before admission*. If unable to pay the customary rate, the friends can petition for a reduction.

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

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

Should any farther information be required respecting admission, it will be promptly afforded by the Medical Superintendent.

DISCHARGE OF PATIENTS.

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

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

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

STATEMENT REQUESTED BY THE MEDICAL SUPERINTENDENT TO BE
FURNISHED PREVIOUS TO THE ADMISSION OF A PATIENT.

1. Name of the patient (at full length)
2. Residence and birth place
3. Age last birthday
4. Age at first attack
5. Single, Married, or Widowed, and number of Children
6. Occupation and natural disposition
7. Education and Religious persuasion
8. Habits as to temperance, orderly conduct, industry, &c.,
9. Duration of existing attacks, and whether the first
10. Insanity—how manifested
11. When and where previously under treatment
12. What relatives similarly affected
13. Supposed cause
14. What delusions
15. Whether suicidal
16. Whether dangerous to others
17. Whether subject to epilepsy
18. State of bodily health
19. Address of nearest relative or friend, and degree of relationship
20. Other particulars

Name.
Residence.

Date.

CERTIFICATE.

I, the undersigned [*name in full*] being [*state qualification*] and in actual practice, hereby certify that, I on the ——day of——18——, at [*state locality*] in the County of——, separately from any other Medical Practitioner, personally examined [*name in full*] of [*state residence and occupation,*] and that the said——is a person of unsound mind, and a proper person to be taken charge of, and detained under care and treatment; and that I have formed this opinion on the following grounds viz.:

1. Facts indicating insanity observed by myself* [*state appearance conduct and conversation.*]

2. Facts indicating insanity communicated to me by others: [*state the information and from whom.*]

Name.
Place of Residence.

Date.

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

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