

REPORT

OF THE

Provincial Lunatic Asylum,

TORONTO,

FOR THE YEAR 1863.

TORONTO:

PRINTED AT THE MIRROR OFFICE, CORNER OF KING AND NELSON STS.
1864.

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BENJAMIN WORKMAN, M.D., Assistant Physician.
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MARY PARKES, Matron.

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J. ARDAGH, M.D., Medical Superintendent
Orillia Branch.

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REPORT

OF THE

Inspectors of Asylums, &c.,

FOR THE YEAR 1863.

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### LUNATIC ASYLUM, TORONTO.

The inspectors have invariably found this asylum in the best possible order, and they are happy once more to pay a just tribute to the devotedness and zeal of Dr. Workman and his assistants.

The principal improvement effected in the material appliances of this establishment, has been the construction of draught-chimneys for the immediate ventilation of the water closets, and consequently for the immediate ventilation of the adjoining rooms. The inspectors, at all of their visits, were impressed with the necessity of this improvement, and the medical superintendent was requested by them to prepare a report on the subject. The plan adopted by Dr Workman has been almost fully carried out during the year, by means of savings effected in the ordinary expenditure, from the legislative grant. The inspectors have no doubt whatever as to the result of this measure. It must, to a great extent, remove the offensive air, with which some of the rooms in the asylum were at times infected, and which the inspectors themselves have frequently found. This was more especially the case during a night visit, to which the superintendent had specially invited them, in order to make them fully aware of the lack of ventilation, and thereby convince them of the absolute necessity of providing at least a partial remedy for the evil.

Apart from this notable improvement, the material appliances of this asylum remain as stated in previous reports. For detailed information relative to the events of 1863, the inspectors cannot do better than refer to the report hereunto annexed of the medical superintendent of the institution.

Dr. Workman, looking at matters from the extreme point of view of a lunacist, and of a lunacist who makes the interest of his

institution take precedence of all other interests, expresses himself very strongly against the Board of Inspectors for recommending that the maximum population of the Toronto Asylum should be raised to 400.

The Medical Superintendent of this institution seems to wish to reserve his asylum for curable cases of mental aberration, and to receive, even of those, only the limited number of 350,—limited, that is to say, in proportion to the cubic space of the vast edifice.

In support of his argument, Dr. Workman accumulates statistics and opinions, which might, indeed, be met by other statistics and other opinions. But the Board of Inspectors are not called upon at present to discuss the controverted question respecting dormitories in common, and separate rooms, and the best mode of classification. They appreciate entirely the warm feelings which they know Dr. Workman to entertain for the good of the unfortunate class of whom he has the care, but the Inspectors have to consider also at the same time the interests of society in general, and the best manner of promoting those interests with the material aid afforded by Parliament for that purpose.

The Board of Inspectors might, indeed, admit all that the medical superintendent has said, without, in the slightest degree, affecting the position at which they look. Admitting that this addition of patients to the number admitted into the Toronto Asylum must be attended with serious inconvenience, the question would still remain,—whether it is not better to expose the 350 patients who are already in the institution to these inconveniences, rather than expose families, and society itself, to the dangers attendant on allowing lunatics—curable or incurable—to go at large, in view of the frequent and dreadful occurrences of which they are the cause, in addition to being a subject of alarm in their neighborhoods?

Every year, murders and other crimes are committed, by or upon lunatics; the newspapers are filled with tragic stories of lunatic mothers immolating their children, and of attempts against person and property. As to the lunatics themselves, and more especially the female lunatics, to what filthy brutalities are they not exposed when at large? Almost every year, some of these unhappy beings, after several years of neglect, are brought to the asylums or prisons in a state of pregnancy.

The Inspectors cannot persuade themselves that wretchedness of this nature is of less importance than rendering somewhat less comfortable the lot of the lunatics already confined in the asylums nearly all of whom are much better off than they have ever been in

their own faction, while obedient to the Government is insufficient

But what only is in question and would The Inspector of the establishment of Dr. Workman's statistics of mortality, charges which of cures.

The following table for the year, 1863, and each year, is only:—

| Year.  |
|--------|
| 1857.. |
| 1858.  |
| 1859.. |
| 1860.  |
| 1861.  |
| 1862.  |
| 1863.  |

NOTE —  
been made,

The population throughout the year. This is the table, the highest of a first detachment 414. On 3rd of March, 1863, 146, whose population is equal to a very average population of 400.

In 1860, the population of Malden and its vicinity was sent.—

The following follows:

their own families. It is in this light the Inspectors view the question, while on the other hand, they have, without ceasing, represented to the Government that the space allotted to lunatics in our asylums is insufficient.

But with respect to the Toronto Asylum (the principal asylum only is in question here), is a population of 400 lunatics excessive, and would the attaining of that total be attended with danger? The Inspectors think not, and rest their opinion upon the statistics of the establishment itself, which, under the excellent management of Dr. Workman, prove that the keeping up of the number of lunatics from 350 to 400 has never produced any increase in the amount of mortality, nor any proportionate diminution in the number of discharges which, relatively and to a certain point, indicate the number of cures.

The following table shews the number of lunatics at the end of the year, the number of deaths and the number of discharges for each year, since 1857. The table applies to the principal asylum only:—

| Year.     | Population. | Deaths.  | Discharges. |
|-----------|-------------|----------|-------------|
| 1857..... | 397 .....   | 34 ..... | 94 .....    |
| 1858..... | 400 .....   | 18 ..... | 57 .....    |
| 1859..... | 316 .....   | 38 ..... | 39 .....    |
| 1860..... | 345 .....   | 36 ..... | 69 .....    |
| 1861..... | 348 .....   | 45 ..... | 91 .....    |
| 1862..... | 347 .....   | 25 ..... | 78 .....    |
| 1863..... | 380 .....   | 25 ..... | 87 .....    |

NOTE.—In the compilation of the above table, some errors have been made, which appear to me to demand explanation.

The population of the chief asylum has been assumed to have been, throughout the respective years, the same as on the last day of each year. This statement is very incorrect. The year 1859 is shewn by the table, to have been that of lowest population, whereas it was the highest of all; for on the 14th June, before the removal to Malden of the first detachment of 20 patients, the number in the chief asylum was 414. On 3rd of October, a second detachment of 64 patients was sent to Malden, and on 17th December, a third of 62 patients, making in all 146, whose average residence was equal to about  $9\frac{1}{2}$  months; or say equal to a whole year's residence of 126 patients; consequently, the average population for the year was not 316, but considerably over 400.

In 1860, 1861, and 1862, also, large detachments were sent to the Malden and Orillia branches. In 1863, only twelve patients were sent.—

The deaths in the *chief asylum*, in the several years, were as follows:

|               |    |            |    |
|---------------|----|------------|----|
| In 1857 ..... | 33 | 1861 ..... | 39 |
| " 1858 .....  | 15 | 1862 ..... | 25 |
| " 1859 .....  | 32 | 1863 ..... | 23 |
| " 1860 .....  | 31 |            |    |

In computing ratios of mortality, it can hardly be correct to calculate the deaths on the number remaining alive, and get resident, and to exclude the dead themselves, as well as all others who were resident within the year; and to calculate them on an accidental number remaining in a house on a particular day, and leave out of consideration large numbers who resided in it 6, 9, and 11 months of the year, cannot be a correct method. The same remark applied to those discharged recovered.

The number of deaths and discharges in lunatic asylums, depends more on the condition, and number, of patients admitted, than on any other circumstance; or perhaps more than on all other circumstances.

The fact that the smallest mortality occurred in a crowded year, (or rather in ten-twelfths of a year,) merely proves that the whole calculation is valueless. The total number, however, under treatment, in that period, was the lowest of all.

The admissions, discharges and deaths, for the seven years, were as follows:

|            | ADMISSIONS. | DISCHARGES. | DEATHS.         |
|------------|-------------|-------------|-----------------|
| 1857 ..... | 166         | 94          | 33              |
| 1858 ..... | 87          | 57          | 15 (10 months.) |
| 1859 ..... | 125         | 39          | 32              |
| 1860 ..... | 185         | 69          | 31              |
| 1861 ..... | 204         | 91          | 39              |
| 1862 ..... | 177         | 78          | 25              |
| 1863 ..... | 168         | 87          | 23              |

The discharges in any year depend as much on the number of admissions, and the character of the cases, of the year preceding, as on those of the present one; and a year of low deaths, may have been preceded, or may be followed, by a high number. There is a rule of compensation in mortality; but the fact that lunatics exhausted of vital power die, is permanent.

J. WORKMAN, M.D.

75 By this table it will be seen that the Toronto Asylum was neither more deadly nor less curative at the time when its population was raised to 400, or nearly, than when the number was much smaller. It is an extraordinary fact even, that the smallest total of mortality and the highest total of discharges correspond with one of the highest totals of population. The average mortality, during the four years in which the population remained less than 350, was rather less than one in nine, and it amounted to but a little less than one in fifteen during the year in which the population exceeded that number, and ranged between it and 400.

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The relative proportionate number of discharges in each series is nearly similar.

Thus then, when the Inspectors recommended that the total population of the Toronto Asylum should be increased to 400, they made a recommendation which was useful to society, and prompted by what they deemed a wise economy, while they in no wise compromised the interests defended, to the exclusion of all others, by Dr. Workman.

The Inspectors, for their part, have to deal with the families who exclaim against the practice of allowing lunatics to wander at large,—with the municipal and prison authorities, who protest against the sending of the lunatics to the gaols,—with political men, who consider the expenditure of the public institutions enormous,—and with lunacists of high standing, who are unwilling to crowd their asylums. The public may thus judge of the difficulty of the situation.

As the question stands, however, the Inspectors are of opinion that the least evil is the crowding of asylums we already have to their full extent, until the Government see fit to relieve them and the out-door lunatic population, by erecting new ones.

# REPORT

OF THE

## Medical Superintendent.

TO THE INSPECTORS OF ASYLUMS, &C., OF CANADA :

GENTLEMEN,—In conformity with legal requirement, I have the honor of submitting to your Board the following report of the Provincial Lunatic Asylum, at Toronto.

On 1st January, 1862, the number of patients remaining in the Chief Asylum and the University branch, was as follows :

|                                              | MEN. | WOMEN. | TOTAL. |
|----------------------------------------------|------|--------|--------|
| In Chief Asylum.....                         | 183  | 164    | 347    |
| In University branch.....                    | 7    | 60     | 67     |
| Total.....                                   | 190  | 224    | 414    |
| The admissions, during 1863, have been.....  | 71   | 97     | 168    |
| Making total under treatment in year.....    | 261  | 321    | 582    |
| The discharges have been.....                | 36   | 49     | 85     |
| Elopements .....                             | 2    | ...    | 2      |
| Deaths (including University branch)         | 14   | 11     | 25     |
| Transfers to Orillia Asylum.....             | 6    | 6      | 12     |
| Thus leaving in, 1st January, 1864           | 58   | 66     | 124    |
| Total .....                                  | 203  | 255    | 458    |
| The above 458 patients are distributed thus: | 261  | 321    | 582    |
| In Chief Asylum.....                         | 198  | 182    | 380    |
| In University branch.....                    | 5    | 73     | 78     |
| Total .....                                  | 203  | 255    | 458    |

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A net increase of the inmates in the two institutions, amounting to 44, has taken place within the year—viz., at the Chief Asylum 33, and at University branch 11.

As the Medical Superintendent of the Orillia branch will make the return for that Institution, I do not include the figures in this report.

The total admissions, from the first opening of the Asylum, in 1841, have been 2,978, viz. :—

|                    |     |   |       |
|--------------------|-----|---|-------|
| Married men .....  | 702 | } | 1,580 |
| Single do .....    | 878 |   |       |
| Married women..... | 899 | } | 1,398 |
| Single do .....    | 499 |   |       |

Total..... 2,978

Of the above 2,978 lunatics,

|                                               | MEN. | WOMEN. | TOTAL. |
|-----------------------------------------------|------|--------|--------|
| There have been discharged.....               | 872  | 706    | 1,578  |
| “ have died .....                             | 319  | 260    | 579    |
| “ have eloped.....                            | 28   | 9      | 37     |
| “ were assigned to Malden Asylum in 1861..... | 108  | 91     | 199    |
| Remain in Chief Asylum.....                   | 198  | 182    | 380    |
| “ in University branch.....                   | 5    | 73     | 78     |
| “ in Orillia branch.....                      | 50   | 77     | 127    |

Total..... 2,978

It may be necessary to observe, that as patients are never discharged unrecovered, unless when taken home by their friends, contrary to advice, or in a few exceptional instances with my concurrence, and the whole number thus removed being trivial, our return of discharges may be regarded as approximating the number of recoveries; the difference, would perhaps be nearly covered by adding the number of elopements, which, when successful, are almost invariably effected by patients recovered, or nearly so, and who, in consequence, are detained at home by their friends.

In all instances to the contrary, the patients are sent for by me and brought back to the asylum.

There is a manifest disproportion in the male and female admissions in the past year, which I am unable to explain: those of the former sex having been 71, and of the latter 97. The discharges shew an equal proportionate difference, viz. : men 36, women 49.

In 1862 the male admissions were 93, and female 84; and the discharges, male 57, and female 48.

The aggregates for 1862 and 1863 are: male admissions 164, female 181; and discharges, male 82, female 81.

The aggregates for 1860 and 1861 were: male admissions, 191, female 198; male discharges 77, female 89; and for the entire four years,—male admissions 355, female, 379; male discharges 159, female 170.

The proportion of discharges to admissions, for the four years named, is exactly the same in both sexes; that is, within a fraction of 45 per cent. From these figures, the fact of equal curability of insanity in the sexes would appear manifest; as well as that of nearly equal incidence. In the past 10½ years the male admissions have been 777, and the females 820.

The total discharges of males, since the first opening of the asylum, are, to the admissions, as 55 to 100, and of females, as 50½ to 100.

The total deaths are 579, to which are to be added 19 from the 199 patients assigned to the Malden Asylum, on the declaration of its independence in 1861, making together 598 in the period of 22 years and 11 months, or about 19½ per cent. of the aggregate admitted.

The aggregate of discharges, deaths, and elopements, in the above period, is 2,213, which is a little less than 75 per cent. of the total admissions; consequently rather more than one-fourth of the entire number admitted are now in life, and lodged in the Chief Asylum and the branches.

If we could cure and remove by death in every year as many patients as we admit, we need not have any apprehensions as to the accumulating want of asylum accommodation. Every improvement in the treatment and management of the insane, I think, must tend to increase the number of cures, but to decrease the number of deaths; and on the other hand, deterioration of treatment and management will probably lessen the cures as much as it will augment the deaths; so that, in a financial point of view, there is probably little advantage likely to result from a disregard of the comforts of asylum inmates. It may indeed be true, that, judging from mere figures, a very great improvement in the comforts of the insane may exhibit but a trivial influence on the statistics of cures and deaths. The former may be increased and the latter decreased by only a slight percentage; and yet, if that slight percentage included our father, or mother, or wife, or child, would we not bless God for the boon, and award high praise to the men in power, under whose wise benevolence such a blessing had been secured to us, though not at their pecuniary cost? This is the christian and the only rational

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way of putting the case. Insanity is an affliction of our common humanity; it finds its victims in all ranks; and when it strikes the man of high position it brings him down to the same level as it does the beggar.

Indifference towards the comforts of the insane can hardly exist in any, unless those who never apprehend that they may themselves yet stand in need of them. In the opinion of such persons it may be that any sort of lodgment, however crammed and comfortless; any sort of classification, however defective or disgusting; any sort of air to breathe, however fetid and pestilent, is good enough for the pauper mass; and that anything wearing the aspect of superior comfort, or domestic elegance, is but a waste of public money.

And yet I have seen persons, who very probably once held these views, manifest far other feelings, when, by an unexpected stroke of fate, they have been constrained to seek for asylum residence for some near and dear relative. Though they might, many times before, have observed that the patients of this asylum sleep to the extent of seven-eighths in large associate dormitories; and that our rooms intended for only one bed each have always two, unless when the occupants, from violent or other bad tendencies, are unfit for association (and this class is always more numerous than can be properly provided for); yet they invariably expect that their insane friend is to have a room to himself, with all the conveniences and comforts of home. When they are told that every one-bedded room is already taken up, they think nothing is more easy, or more proper, than that some one should be ejected, and a vacancy thus created for their especial gratification. But the carrying into effect of their requirement might be a perilous experiment. The patient to be ejected may be totally unfit to be lodged in company with any other, and he has been lodged alone, exactly because of his dangerous tendencies.

In the last annual report of your Board to His Excellency the Governor General, the opinion is expressed, "that in case of extreme necessity, seeing the present want of accommodation, the Toronto Asylum average might, without fear of evil consequence, be increased to 400."

The by-laws of the Asylum, by which it is my duty to be guided, provide (*vide* cap. 1, clause 2) that "The Medical Superintendent may, from time to time, with the approval of the Commissioners, or a majority of them, declare the aggregate number of patients which shall at such time or times be admitted into the asylum, and may refuse admission to any person or persons over and above such number."

This by-law was enacted at a time when the number of patients

did not reach 400. It was then deemed by the Commissioners unsafe to increase the number of inmates, an opinion in which I fully concurred. Indeed, the Commissioners formed the conclusion after consultation with me, a course which I believe is usually pursued in public institutions under medical administration. I do not remember any occasion on which your Board discussed this subject in my presence, and the first intimation which I had of the opinion expressed by your Board to His Excellency reached me late in the year, on perusal of the printed report. Had your Board expressed to me the desire that I should increase the number of beds to 400, I would, as far as possible, have endeavoured to do so; but, at the same time, I should have requested your Board to designate the several sleeping-rooms into which I might introduce additional beds, for in the efforts which, both before and since reading the report, I have been making to increase the number of beds, I have felt great difficulty, and a most serious responsibility. It may not be a difficult matter to walk through the halls and dormitories of a lunatic asylum, in daylight, and to point out apparent vacant spaces into which additional sleepers may be put. Were the inmates all sane, the numbers might be augmented almost to suffocation, without any immediate flagrant result; but the inmates of a lunatic asylum cannot be thus huddled together without the most serious risk; and it is well known to your Board that those in the Toronto Asylum are, owing to the drafting off to the Branches of all the quiet or less dangerous, and the leaving here of all the opposite class, and to the fact that I have constantly endeavored to give first consideration and prompt admission to the most violent, noisy, and dangerous applicants, perhaps the most troublesome asylum population on this continent. Add to these considerations the fact, that out of 380 patients now in, only 36 (12 women and 24 men) have separate single bed-rooms. Each of our six wards has only eight single bed-rooms, to which have been added the small apartments intended and formerly used for clothes closets, making in all 57. Under the pressure of numerical exigency, 21 out of the 57 single bed-rooms are occupied each by two patients. The associated dormitories contain from five to fifteen beds each, and lodge the remaining patients. I do not desire to institute any comparison between the Toronto Asylum and that of Beauport, not because I am unprepared to do so, but because it is a Lower Canada private establishment, and so long as it meets the requirements of the intelligence and benevolence of the people using it, I desire not to obtrude my opinion. But comparing the Toronto Asylum with those of the United States, or with any of those of England, constructed within the last twenty years, the contrast as to the propor-

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tion of patients lodged in single bedded rooms, and in associated dormitories, cannot fail to strike the attention of any intelligent person, and must make manifest the fact, that the responsibility resting on the head of this institution is most serious. In the New York State Lunatic Asylum at Utica, in a total of 528 patients, 187 sleep in associated dormitories, with three, four, or eight beds, and the remaining 341 in single bed-rooms.

In the Trenton Asylum, New Jersey, only between one-third and one-fourth of the patients sleep associated, in rooms containing three or eight beds each.

In the Long View Asylum, near Cincinnati, the following are the proportions as to sleeping:—

One-sixth in single-bedded rooms, one-half in two-bedded rooms, one-seventh in five-bedded rooms, and the remainder (say one-fifth) in twelve-bedded rooms.

In the Concord Asylum, which is, I think, more crowded as to its cubic space than any asylum I have seen, there are only eighteen patients not occupying single-bedded rooms. I could easily extend these comparisons, but it cannot be necessary to do so. I am very sure there is no intelligent Superintendent of a Lunatic Asylum in America or Europe, who will not concur with me in the belief that not without fear of evil consequences can the number of lunatics in the Toronto Asylum be increased to 400. But having reached the number of 400, recommended by your Board, will there be any reliable guarantee that this number will not be exceeded? I fear not. I have recently received from His Excellency the Governor General a copy of a report by the Chairman of your Board, on a communication written by me to the Provincial Secretary in July last, from which I extract the following passage:—

“The space (cubic) allowed to each patient in the Toronto Asylum is larger than in many foreign institutions, and about double to what it is in the Lower Canada Asylum at Beauport; true it is, that the internal arrangements, the situation, and the ventilation, are better in the Beauport main building than they are at Toronto; but, at the same time, I firmly believe that as no accidents have happened at Beauport from the constant crowding of an average number of 425 patients, there will be no great danger in allowing the same number of patients to be accommodated in the Toronto Provincial Asylum, with double the space (the average at Toronto at present is about 350).”

Here appears to be, already, an advance of one-sixteenth on the number specified by your Board a year ago; and if the system of admission of idiots and incurable lunatics, advocated in the same

report, should become the rule of admission into this asylum, I am convinced that this increase annually will be quite too small,—in fact, not less, indeed, I believe, much more, than 100 additional beds annually will require to be introduced. Where shall we put them? Not I trust in the basement. The state of the Bursar's books, from blue-moulding there, may have shewn your Board that we already have patients enough in that division. When the servants of the house slept in the basement, never less than one, and often two or three, were sick. It is an accepted rule, as to lunatic asylums having basements, that no patients should ever be lodged in them. This rule has not originated without reason. Since I moved the servants, sleeping in the basement, into the uppermost story of the centre building, their general health has been good. As to the cubic space enjoyed by each patient in our bed-rooms being double of that at Beauport, I feel thankful, on their behalf, for the boon, meagre as it is; and however much I may desire that the two Provinces may constantly be more closely assimilated, for the sake of humanity I pray that it may be, in this department, by awarding *more* cubic space in Lower Canada, and not *less* in Upper.

The report states that the ventilation of the Beauport Asylum is better than that at Toronto. The latter must then be very bad. I think I am possessed of the details of the Beauport system, and I certainly would not exchange ours for it. I do not however assert that ours is not defective; and admitting the fact, I cannot accede to the proposition that less than 550 feet of sleeping place is sufficient for each of our patients. The report states that 550 cubic feet "is larger than in many foreign asylums." I was not before aware of this fact. It certainly does not obtain in any British Asylum which I have visited. Neither do I think will it be found to obtain on the continent.

According to the authority of *Scipio Pinel*, the following are the dimensions of the dormitories of the five chief divisions of the celebrated "Hospice de la Salpetriere, as designed by Mons. Desportes, and executed by Mons. Huve, architect de la Madeleine et des Hospices," viz., 15 metres in length, by  $6\frac{1}{2}$  metres broad and  $4\frac{1}{2}$  metres high. These measurements are equivalent, in our standard, to 50 feet long, 21 feet 3 inches broad, and about 14 feet 9 inches high, and will give a cubic content of 15,437 feet. Each of these dormitories has 14 beds; consequently each patient has a cubic space of 1103 feet.

Separate buildings, each containing two patients of the worst classes, are provided at some distance outside. This institution is cited by Mons. S. Pinel as a model. I do not say that it should in

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all respects be held as such, though in the matter of cubic sleeping space I certainly give it my approval. I have been favored by my medical friends, at the head of asylums in the United States, with a large amount of information on the subject under consideration, the whole of which abundantly bears me out in the opinion I have herein given, that 550 feet (cubic) of sleeping space, even with a fair amount of ventilation, is too little for an insane patient.

Dr. Gray, medical superintendent of the State Asylum at Utica, a gentleman whose long experience, sound judgment, and extensive reading, well entitle him to that high estimation in which he is held, both in the new world and in the old, has favored me with a letter on the subject under consideration, which I here introduce without curtailment, as I consider the information conveyed in it vitally important:—

“NEW YORK STATE LUNATIC ASYLUM,  
Utica, January 8th, 1864.

“MY DEAR DOCTOR,—Your letter of last month came duly to hand; but I have been so busily engaged in my duties, that up to the present I have been unable to reply.

1st. As to the dimensions of sleeping rooms in this Asylum, &c. In the front wings..... 9ft. 6in. x 8ft. 9in. & 12ft. high—1st story.

“ “ ..... do. x do. & 10 “ —2nd “

“ “ ..... do. x do. & 10 “ —3rd “

“rear wings ....10ft. 0in. x 8ft. 0in. & 10 “ in all stories.

Special rooms for sick, 10 x 8 x 16 feet.

|                                              | ft. in. | ft. in. | ft.  |
|----------------------------------------------|---------|---------|------|
| Rooms in new wards for excited patients..... | 9 0     | x 11 0  | x 15 |
| 4-bed associate dormitories .....            | 24 6    | x 11 8  | x 12 |
| 3-bed “ “ .....                              | 18 0    | x 10 0  | x 12 |
| 5-bed “ “ .....                              | 34 3    | x 10 0  | x 10 |
| 8-bed “ “ .....                              | 33 6    | x 14 5  | x 10 |
| “ “ “ and .....                              | 37 0    | x 14 6  | x 10 |

These figures, you will perceive, give in round numbers 700 to 800 cubic feet to each recipient. I should consider any less cubic space below proper sanitary demands. Within a few years, we have, on the third story pushed the ceilings of a number of our sleeping rooms into the attic, to obtain more space for sick and filthy patients; and within a year we have raised thus the ceilings of the wards, over the entire third story, from ten to fifteen feet high on the male side, and from ten to sixteen on the female side. This has been done to afford more cubic space.

2nd. I consider 1000 feet, atmospheric cubic space, necessary for each insane patient, under the most efficient system of ventila-

tion; with defective or natural ventilation it is difficult to give any rule, so much depends on the mode of heating adopted, and the external atmospheric condition. My experience here would not lead me to diminish the space usually thought necessary by authorities and experienced men.—*Hood*, on *Warming Buildings, &c.*, a good English author, discusses this subject, pages 277-303.

Wyman, of Boston ("Practical Treatise on Ventilation") gives the cubic space in the Pentonville Model Prison, near London, for each cell as 820 cubic feet, with the most perfect ventilation (page 273). The American Association of Superintendents of Hospitals for the insane (*Journal of Insanity*, vol. II., page 160) in the series of propositions adopted for the construction of hospitals for the insane, at the session of 1851 at Baltimore, give the space "never less than 8 x 10 feet, and 12 feet high, for one patient."

I might quote other authorities, but these are sufficient.

3rd. We have no two-bedded rooms except for those requiring a special attendant. Two insane patients should not be placed in the same room, except in convalescent wards. We have nine dormitories with three beds; we have fourteen with eight beds; and we have twelve dormitories with four beds each. Our daily average of patients is 528.

The answer to your last question is not easily given. All sick people pollute the atmosphere more rapidly than persons well. The majority of the insane pollute the atmosphere more rapidly than ordinary sick people. The filthy, demented, and the paralytic will, in general, pollute more atmosphere than three or four.

I might add, that we have more associate dormitories than any experienced managers would recommend, if consulting the best interests of the patients in their action.

We have no associate dormitories in our most excited wards.

We are now able to make eleven divisions in each side of the house, and hope this year to arrange for another. This will give us twelve classes for each sex.

I wish I had time to write more fully.

Yours very truly,

(Signed)

JOHN P. GRAY, M.D.

Dr. Workman, Toronto.

Will your board draw the attention of the public to the enormous contrast between the Utica Asylum, as to the means of classification and night distribution of the patients, and the condition of things in the Toronto Asylum?

I have cried out against the evils under which we suffer ever since I entered the house; but with what effect, is well known to

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your Board. Surely some time we may hope to receive the humane attention of a sensible government.

I have also received a letter from Dr. Jarvis, of Dorchester, Boston, a gentleman better informed on the general subject of insanity, and the condition of asylums, hospitals, prisons, and other public institutions, than any other person either in America or Europe, and whose name is known to almost every government in Europe.

I transcribe the following passages:—

“The blood of an insane person requires not less than 1200 cubic feet of air, as capital to begin its decarbonization, and needs even this to be replenished. This is the quantity ascertained to be needed in military hospitals by the British Commission appointed for that purpose. Civil hospitals for general diseases have more. In twenty-two of the best English hospitals, the air was, in cubic feet per patient, as follows:—

|                          |              |                        |              |
|--------------------------|--------------|------------------------|--------------|
| Brighton .....           | 1100         | Winchester .....       | 1100         |
| Bristol .....            | 1000         | Manchester .....       | 1200 to 1500 |
| Nottingham .....         | 1000         | St. George's.....      | 1250         |
| Glasgow .....            | 1000         | Warwick.....           | 1292         |
| Westminster .....        | 1100         | St. Bartholemew's..... | 1877         |
| University College ..... | 1100         | York .....             | 1420         |
| Middlesex .....          | 1107         | St. Mary's.....        | 1500         |
| Leeds.....               | 1106         | Newcastle.....         | 1560         |
| Edinburgh.....           | 1130         | St. Thomas.....        | 1600         |
| London .....             | 2200         | Guy's .....            | 1300 to 2000 |
| King's College.....      | 1808 to 2060 | Royal, Free.....       | 1640 to 2426 |

“An insane person,” continues Dr. Jarvis, “needs no less; often he needs more. If filthy, he needs much more. Frequently his cutaneous excretions are foul, even very foul. His renal excretions may be voided on his clothing, or on the floor; and worse befoulment sometimes happens. All these contingencies must be provided for.

“Respiration vitiates 7 to 10 feet of the air per minute, or 420 to 600 feet per hour. You can easily see how large a capital the sleeper needs to begin the night with, and how often he needs this to be changed, even with the best habits. The insane need very active, efficient, and constant ventilation, subject to no chance of slackness or failure. With good ventilation, kept up night and day, 1,200 cubic feet is sufficient for clean patients; but without ventilation, if the sleeping rooms are tight, 3,000 or more feet are needed. If there is an opening into the halls, and the passive ventilation from these to the outer world proceeds through channels in the walls, 1,500 feet to 2,500 feet are needed in the bed-rooms.”

Perhaps the preceding figures of Dr. Jarvis will appear to your Board extravagant; they are, however, from a most competent authority, one who has devoted his life-time to the consideration of this and of kindred subjects.

Recently constructed French hospitals have been built under contracts to supply 2,200 cubic feet of air per hour; but, observes Dr. Sutherland, of the British Sanitary Commission, "to give the air of a ward the highest degree of freshness, the amount of air passing through it should be at least double the amount required by the French hospital contracts, or about 4,000 cubic feet per bed per hour."

The fifteen-bedded dormitories of the Toronto Asylum, under Dr. Sutherland's allowance, would require the introduction of 60,000 cubic feet of fresh air per hour. If our ventilation is so defective as your Board has stated, only a small fraction of this allowance can be secured; and such being the case, I cannot comprehend how there "will be no great danger in increasing the number of inmates." In Lower Canada, from the superior constitutional power of its people, or their greater power of endurance, a shoddy respiration may be satisfactory. I do not, however, find this assumption borne out by the proportion of recoveries in the Beauport Asylum. But your Board may not entertain the opinion that lunatics require as much pure air as sick sane persons in military or civil hospitals.

Those who live among the insane, at all events, believe that they require a much larger supply of fresh air than sane persons. I have found, in a thousand instances, in acute and paroxysmal mania, that the atmospheric pollution by one such patient exceeds that of a sane healthy person many fold; and unquestionably, a filthy, or a sick lunatic requires no less, if not very much more, fresh air than any sane hospital patient. The insane in asylums, excepting those advanced in convalescence, can never be said to be in a state of perfect health; their cutaneous excretion is hardly ever normal, and very many of them have offensive breaths. The renal and intestinal secretions also are generally abnormal; and even when the water closets are unexceptionably inoffensive, it is well known that all have not recourse to them, or that many are unable to go to them. The Association of Medical Superintendents of Insane Asylums, in the year 1851, in their report on the construction of asylums, laid down, as one of the rules then adopted, that "no chamber for the use of a single patient should ever be less than 8 x 10 feet, and not less than 12 feet high. The above dimensions give a cubic space of 960 feet; and another rule, laid down by the Association in the same code, is, that "a complete system of forced ventilation, in connection with the

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heating, is indispensable." The cubic space of the single-bed sleeping rooms in the Utica Asylum is about the above, but forced ventilation, by powerful fans, is constantly in operation.

In the Trenton Asylum the single-bed rooms are 8 x 10, and others 9 x 11, and 10 and 12 feet high. Rooms with three beds are 10 x 18, and of similar height. Those with eight beds are 20 x 28, and of similar height. Efficient fan ventilation is here also provided: yet Dr. Buttolph writes me, "these rooms are perhaps overcrowded." In the Long-View Asylum, near Cincinnati, the single-bed rooms are 12 feet 6 inches long, 8 feet wide, and 13 feet high, and "opening into each is a ventilating flue of an area of 51 square inches," introducing a constant flow of fresh air from the fan.

The small associate dormitories, having five beds, are 22 x 10, and 13 feet high, and have each two ventilating flues of same size as the preceding. The larger dormitories, with twelve beds, are 31 x 16 feet, and 13 feet high; and three ventilating flues of same size as the others. I feel assured that in any of the three preceding asylums, under their powerful, but expensive, mode of ventilation, every 500 cubic feet of sleeping space must be, at least, equal to 1000 in the Toronto Asylum. The one-bedded rooms of the Concord Asylum, New Hampshire, have 680 cubic feet. This asylum has only eighteen patients not sleeping in single-bed rooms. Dr. Bancroft, the medical superintendent, says, "under an efficient system of ventilation, I should not wish to allow less than 1000 cubic feet space for insane persons' single sleeping rooms, or say 12 x 8 feet, and 10 feet high."

The preceding statements as to the cubic space, provisions for the insane, not derived from those institutions in the United States, which your Board might regard as too stylish or too expensive for our institution, but from asylums lodging mainly a class of people very much like those in our Upper Canada asylums, are surely deserving of consideration. I am well convinced that no Board of Lunacy in the United Kingdom would sanction the construction of an asylum affording less sleeping space to the inmates than has been heretofore furnished in the Toronto asylum, and, that in addition, provision for a constant and free ventilation would be insisted on. In the Yorkshire West Riding Pauper Lunatic Asylum, built as far back as 1819, the cubic space allotted to each patient in bed rooms was 675 feet. The present English Board of Lunacy would not sanction so small an allowance.

I have never regarded this institution as, and I trust it is not doomed ever to become, a mere lodging house for destitute, incurable lunatics, or idiots, but as paramouly an hospital for the treatment

and cure of insanity. Its statistics, despite of all the disadvantages under which the apathy or negligence of the authorities of the land have allowed it to struggle, prove that it has strong claims on public sympathy and public gratitude. Let the 1,500 families, whose afflicted members have been sent home to them, "clothed and in their right minds," speak in its behalf. Can this aggregate of domestic blessing be estimated in dollars and cents? Is it desirable to repeat in the next twenty years this blessing, or to adopt a system which will nullify it?

The report of your chairman, before alluded to, in view of the general question of provision for the insane, says: "We are bound to receive the insane in our asylums; and our asylum accommodation not being quite adequate to the wants, we are, by necessity, obliged to crowd these institutions as much as they can be, without incurring an immediate danger for the general health of their inmates."

That it is the duty of the country to provide for the insane, whether curable or incurable, no Christian mind will question. That this duty is adequately discharged by crowding them into asylums, already too full, no reasoning mind can hold. Benevolence, to be efficient, must be guided by intelligence; and when not so guided, it entirely fails of its true object. About the year 1770, an enormous mortality in the great Hotel Dieu of Paris arrested public attention, and the extensive origin of disease within its walls called for investigation. By the statutes of its foundation (based certainly on unthinking benevolence) "*all applicants were to be admitted.*"—"Then it came to be written that hospitals are a curse to civilization." But was the proper remedy then applied? No, nor for many years after; and such is the invariable fact. No remedy against an evil, private or public, is equal to its prevention. It becomes formidable by growth, and its accumulated magnitude and pestilent intensity paralyze philanthropy and petrify public apathy. What was the condition of the Hotel Dieu in 1786? "The convalescents were mixed with the sick of all kinds, and the specifically contagious cases with the ordinary sick—small pox cases were sometimes more than two in a bed."—"The whole hospital had but 1,200 beds, yet these beds were to receive, at the same time, 2,000 to 5,000 sick, and during epidemics, as many as 7,000 sick have been in the building at one time. From 20,000 to 30,000 passed through the hospital every year, and about *twenty-five per cent. of them were sent to the grave.*" (The average mortality of English hospitals is about  $4\frac{1}{2}$  per cent.) "The Commissioners reported on the unwholesome state of the surgical wards: They found three or four parturient women

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lying on a single bed, festering in corruption and humidity, and respiring the foulest air." It may be alleged that this is an extreme case—I hope it is; and yet there may have been many a Hotel Dieu on a smaller scale. The whole evil had its beginning, its continuance, and its culmination in the statutory provision, that "all applicants were to be admitted;" and if this rule shall be applied in the management of this asylum (as in order to the providing for, of all the insane, as well the incurables and idiots, as the curables, it would appear it must be), then, an early farewell to its days of usefulness,—farewell to all hope of its restoring to the bosom of their families and to usefulness, in the next twenty years, 1,500 of its inmates. The incident vacancies arising from recoveries and deaths will not, under the most favorable circumstances, equal the number of applications for admission—indeed, they must fall far short of them. When two applications come in for one occurring vacancy, shall the bed be awarded to the probably curable case or to the certainly incurable?—both cannot have it. Give it to the incurable, and he will occupy it till death removes him, which may be in one year, or twenty years, or thirty. Meantime, what becomes of the curable excluded? He must, perhaps, by tighter crowding, get in some time; but before this, he, too, will become incurable. Had he been admitted whilst curable, he might have been sent home to his family in a year or less, a rational, self-supporting man, and the bed vacated by him, if judiciously disposed of, would have received another, and after this another, and so on. But as nothing is easier than the creation of additional vacancies, on paper, it would perhaps be ordered, that by all means the curable as well as the incurable should be promptly admitted; and in a couple of years this asylum would have 800 patients, and then, if Beauport, in the mean time, had not shot ahead, the two asylums would have equal representation, according to cubic space; and the proportion of recoveries to admissions, as well as the quality of the cases coming in, would also be alike. As to the present financial difficulties of this Province, they are not chargeable against the insane; on the contrary, some proportion of our insanity may be ascribed to them. On page 16 of last Report of your Board, I find a statement, in a foot note, showing, that in 1860, "the Building Fund of Upper Canada had at its credit a sum of \$223,157.

What was this Building Fund, or how was it raised?

It was, I believe, exclusively, the product of an Upper Canada local tax, levied under the name of the "*Lunatic Asylum tax*." If your Board will institute further enquiry, I think it will be found, that a very large amount of this fund was applied to purposes very

different from the building of Lunatic Asylums. No tax, as I am very well aware, was ever paid by our people with more good will than this; they believed they were paying it for the benefit of the insane—so the heading of their tax bill told them—but it did not tell the truth.

Is it because our Lunatic Asylum tax has been devoted to other purposes than the payers of it believed it was applied to, and that the balance of a quarter of a million of dollars at its credit has been borrowed by the public treasury, that the insane of Upper Canada are to be denied pure air and the hope of recovery?

I know the public opinion and public feeling of Upper Canada well, on the subject of Lunatic Asylum support, and I am sure I speak the earnest purpose of every tax-payer, when I say that, if the consequence of drawing on the Provincial chest for the support of the insane is to necessitate the degradation of our asylums, and the destruction of the comfort of their inmates, they will cheerfully again tax themselves for the purpose, and relieve the Minister of Finance from the painful necessity of ruining our best institutions. Indeed, it has always appeared to me that the existing system of support by annual parliamentary grant is inequitable. The benefits of the asylum are not equally shared by all. Those places nearest to it always draw most largely on its accommodation, whilst those at a distance, from various causes, use it least. The City of Toronto, for example, sends in, in proportion to its population, more than any other municipality. Last year it sent in twenty-eight patients of the 168 admitted, or nearly seventeen per cent., being above four times the proportion to which it would be entitled according to representation by population. Now it is hardly fair that whilst this city has all the benefit of the expenditure of the asylum, it should have four times its proportional share of the other benefits. This it would not have at the expense of the rest of the Province, were all the municipalities, county, city, or township, to contribute to the asylum exactly according to the number of patients sent by them to it, as is the case, for example, in the State of New York. There the State Treasury contributes only the quota of salaries of officers. Other important advantages which your Board will hardly fail to apprehend would proceed from the change. But under whatever system the financial affairs of this asylum may be arranged, one thing is certain, it must be upheld, and the people interested in its well-being will not consent to its deterioration. I have devoted ten years of hard labour to its improvement, and those who remember how I found it, and see it as it is now, can appreciate what has been done. I cannot acquiesce in any course which I believe likely to throw it back

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again into its pristine deformity. With the financial embarrassment of the Province, as the protector and friend of the insane, I have nothing to do. Dr. Ray, speaking of the claims of the insane on the people at large, says, "in consulting economy they have not the moral right to withhold from the insane a single available comfort that would conduce to their health or happiness. The wretchedness of a mind diseased is bad enough without the additional ingredient of cold, or nakedness, or contumely."

Now, of all the contumely connected with insanity, none is to be compared with that of being lodged in an overcrowded asylum, and this contumely becomes tenfold intense when defective means of classification aggravate it. What member of your Board would not shudder at the apprehension of being consigned to this house, when every ward in it shall be filled to density? There are many respectable inmates here; and there would be more if the institution were fit to receive them.

Many have to seek abroad that asylum comfort which is not presented here, and at very great expense. These are the very people who contributed most largely to the building of the house, and who have contributed most largely to the public treasury, from which it has derived its annual support. Apart from the national disgrace that we have not an insane hospital fit to receive such persons, and that they must present themselves as mendicants at the doors of neighbours whom we affect to despise, surely it is a gross injustice and a gross barbarity to drive this class of insane out of the country, and in their hour of bitter calamity and mental desolation, to cast them on the subsidized care of strangers! Many, very many, of our best people are at this moment in this very position, and soon, I fear, the number will be augmented; or still worse, the insane of the respectable class of society, unable to pay the high charges of foreign asylums, will be held at home in a wretchedness only less deplorable than that of residence in an overcrowded asylum.

Institutions for the treatment and cure of mental disease are surely the last on which the experiment of retrenchment should be tried. It is an imposition on public credulity to say that such institutions can be *efficiently* and at the same time *parsimoniously* administered. They are, and must be, very expensive. To instance to me some that are not so, is, to my conviction, sufficient *prima facie* evidence that they are not good. The following passage from an annual report of the late Dr. Bell, of Boston, one of the best men ever devoted to the care of the insane, and possessed of the highest order of intellect, so entirely coincides with my own views and feelings on this head as to lead me to quote it here:—"It would be a

happy conviction upon the minds of legislators and communities, could they be persuaded that between no provision at all of a public kind for the insane, and a parsimonious, stinted, and inefficient imitation of a real provision, the former evil is infinitely the least. A county, or town, or state, may dignify a part, or the whole of some custodial receptacle for its lunatics, with the high sounding title of an asylum: the public, and the curators of the unfortunate, or even the friends and relations may, ignorantly or as an excusing salvo, accept such substitution as a full acquittance of their obligations, but every person who gives an hour's reflection to the matter, and compares the cost of persons in health, and of the insane, under even the minimum outlay for mere custody, to say nothing of amelioration and cure, cannot but see the impossibility of doing justice to the insane on a cheap plan."

The power of doing wrong, possessed, at least too often wielded, by communities, legislatures, and the curators of the unfortunate, is not always conjoined with the capacity of doing right. A recent English writer, Dr. Arlidge, in an interesting book "*on the state of lunacy and the legal provisions for the insane, &c., &c.*," noticing this evil, says: "These people are of the utilitarian school, and act only on their own limited observation; they set no value on the learning, authority, or experience of others. They believe themselves endowed with knowledge paramount to the opinions of Pinel, Esquirol, Connolly, and all others of that stamp. They are difficult to convince, for they never listen."

The report already referred to, in defining the extent to which this asylum may be crowded, limits itself to the consideration of "*immediate danger.*"

This would be a most perilous principle of administration. The ignorant and the negligent never see any but *immediate danger*, and they first think of providing against it when it is on them; and if it passes over without destroying them they soon forget it. There was no immediate danger to the British army from defective sanitary and hospital arrangements when it embarked for the Crimea, at least so the utilitarians said; but 41½ per cent. of all those who became sick (that is to say, nearly the whole army) died martyrs to the system of disregarding danger until it becomes immediate, and then not knowing what to do to escape it. Yet the sanitary commission informs us that "the evils so much by them complained of had been the subject of constant, though fruitless, representations on the part of the medical officers." A slight defect in the drainage of this asylum was overlooked by the Building Committee before it was entered by the patients; no immediate evil result appeared. True, all

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the dirty suds of the laundry (which was then in the basement), and all the dirty and greasy water of the kitchens and sculleries were gradually accumulating under the basement floor; and no doubt at times a foul odor must have arisen from this invisible deposit, but people's noses become indifferent to foul smells in time. The patients and servants had bad health; erysipelas, dysentery, and low remittents were very common; but the Board of twelve directors did not suffer from them. In the winter of 1852 an indigenous cholera, of the very worst type, appeared and carried off a number of patients. Then there was alarm! and of course a sanitary committee was nominated to discover what could be wrong, but it was non-plussed, even though it engaged the services of the ablest chemist in America to analyse the air of the building. Several months after the house was inspected by a city grand jury, who gave their "attention to the condition of the drainage of the building," and they tell us they were "doubtful whether the main drain had sufficient fall," but "no offensive smell could be detected in consequence." This was on the 12th January, 1853, and I should suppose on a very cold day; for when, six months afterwards, I took charge of the institution, anything but a sweet savor was felt by my olfactories on examining the very spot penetrated by the grand jury. On running down my walking stick through the floor of the east kitchen, as far as possible, it came out dripping with compost very much like that which it might have brought out of a barrel of soft soap diluted with tar. In fact, the entire basement of the house was but an extended cesspool. The state of the general health of the inmates was most miserable. The slightest scratch on the skin of a patient was followed by erysipelas, and when dysentery seized its enfeebled victims it held them with lock-jaw tenacity. This was from foul air, and it is very little matter what may be the source of foul air; whether it may be above ground, in the sleeping rooms, or under ground, in the basement, it is *foul air*, and, as such, it must do its poisonous work. When it culminates, as in this house in 1852, in cholera, or as it did in Scutari, in a mortality of 41½ per cent., the catastrophe is awful, but it is a blessing; it teaches men the value of pure air.

It is impossible to cure disease of the mind in a house producing disease of the body. *Scipio Pinel* writes: "*M. Esquirol a dit qu'un hopital d'alienes etait dejà lui-meme un instrument de guerison. Nous ajouterons que, sans les distributions et sans les constructions convenables, le traitement de la folie est impossible.*"

Notwithstanding that our distributions (that is, our classification) are very defective, and our construction is, according to the opinion of your Board, very bad, yet insanity has been treated here

with some success. Would it not be hazardous to say that equal success will be found to follow a system of overcrowding? Your Board, and a host of grand juries, quarterly inspect this asylum. What is the character of the cases in the two uppermost male and female wards? Are the day rooms not too full? Are their sleeping-rooms not as closely bedded as such cases will permit? As to the two lowest wards, each with over 70 patients, are they not full enough? I am informed that as no accident has happened at Beauport, from overcrowding, there will be no great danger from it here. Perhaps at Beauport the patients are so tightly crammed as to have no room to fight, or perhaps they are not of the fighting sort; but be the fact as it may, I have not to do with Lower Canada mild incurables, but with Upper Canada rough samples of acute mania—a class of whom the Toronto Asylum (and I thank God for it) receives, perhaps, more in one year than the Beauport Asylum, under the Lower Canada pernicious system of admission, receives in ten. Your Board cannot have forgotten that two years ago, in one of our associated dormitories, one patient gouged the eye out of another; and that twenty years ago, a patient now in this house, blind, had both his eyes gouged out by a fellow patient. Neither, surely, can your Board have forgot that in an associated dormitory, in the Malden Asylum, one patient inflicted on another a fatal blow, in the night. Add to these unfortunate occurrences some minor squabbles, ending in broken ribs, black eyes, scratched faces, &c., &c., and surely it cannot be necessary to go to Lower Canada for a precedent. Sane people, crowded anywhere, are irritable, and not unfrequently disposed to have recourse to blows.

Shall we insist on better behaviour from the insane?—We may try to inculcate it, and sometimes succeed, but not always; nor can we rely that our admonition or instructions will be persistently followed. The Board of Directors, under whom the patient lost his eyes from an overcrowding, ordered by themselves, censured the Medical Superintendent, and finally secured his dismissal. This did not restore the patient's eyesight, though it cleared that of the public. The insane cannot be brought from a state of mental turmoil into quietude, unless by quiescing agencies. If there is, connected with asylum life, any worse disturbing agency than overcrowding, I have yet to learn it; and I am sure—so have all my professional colleagues in the speciality of psychiatry. If it be a benevolent and laudable work to cure the youthful criminal at great public cost, and by proper training in a reformatory, to restore him to society, an honest and useful man, surely those struck down by insanity have stronger claims on our compassion,—and does not their condition appeal more

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directly to that sympathy which is awakened in our bosom, towards those afflicted as we ourselves yet may be? Ah! who will dare to say that he has no immediate interest at stake, in everything that relates to the care, or cure, or comfort of the inmates of a lunatic asylum?

Gentlemen, I write earnestly because I feel earnestly; and I speak plainly, because I plead for those who cannot speak for themselves; and who, alas! have but few advocates who thoroughly understand their wants, or can justly estimate their true grievances; and I speak nothing the less earnestly or plainly, because I know that I may not thereby promote my own interests. Those who speak such truths should leave little unsaid, for they may not have another opportunity. Had I to speak my last words in leaving an institution which has, for over ten years, absorbed all the energies of my mind, and the affections of my heart, they would be, to entreat your Board and the people of Upper Canada to prevent *overcrowding*; and to declare my conviction, that this system, once introduced, will *never be outrooted*.

#### ADMISSIONS.

The admissions during 1863 have been 168, being nine less than in 1862.

Applications for admission have been as promptly attended to as in 1862.

The certified duration of insanity, or rather of the last attack, in the 168 admitted, has been as follows:—One year, and under, 103; over one year, 63; unknown, 2.—Total, 168.

From the above figures it will be observed that chronic cases have had a very fair share of consideration; the number of these alone admitted here exceeding the total admissions of Beauport.

As to the cases under one year in duration, I have to state, that it has been my constant rule to admit instantly recent acute cases; well knowing that in doing so I am doing the most, and the best possible, for the general interest of the insane and the fiscal interests of the Province. So long as this asylum can be kept up to the receiving capacity, enabling it promptly to admit recent acute cases, so long, and no longer, will it be a useful and profitable institution. After this, it would be but a permanent boarding house for incurables. It is the sheerest absurdity to talk about "keeping a certain number of beds always in readiness for sudden acute cases," when already every bed has been filled, and every available spot has been crammed. No one who gives a moment's reflection to the question, or who has ever treated a case of acute insanity, be it pu-

erperal, suicidal, hysterical, religious, erotic, furious, pyromanical, or of any other urgent form, will believe that such cases can be successfully treated, or safely managed,—nay, that they can even be received into an overcrowded asylum, without the most certain danger to their own lives and the lives of all around them.

It has been my study to keep at command beds to receive *instantly* all such cases, and though our distribution is sadly defective, I have, at all events, made the best of it. But if all sorts of cases are to be forced into the asylum, under warrant, irrespective of their form and character, the true interests of the insane will be sacrificed to a most short-sighted benevolence, and incurable insanity multiplied ten-fold; and then will our gaols, like those of Lower Canada, have become, not intermediate receptacles of the insane, but their permanent abode.

In human municipalities may consign to the county gaols, for cheap boarding, their imbecile and idiotic poor, and the county officers may represent these creatures to the Executive as lunatics dangerous to be at large; but before awarding the desired relief to the municipality, surely some enquiry as to the nature of the insanity of the alleged dangerous lunatic should be instituted, in order to ascertain whether the case is really one of so urgent or dangerous a character as to render confinement in a lunatic asylum indispensable. Three cases received here under warrant, within the last two years, viz.: Frances Eaves, from the Gaol of Belleville; James Windeat, from the Gaol of Brockville; and Catherine Corkeny, from the Gaol of Perth; have, so far as I have been able to judge, after sufficiently long observation, no more the characteristics of *dangerous lunatics* than myself or any member of your Board. One of the three is a quiet, amiable, demented old woman, who required only food and lodging, which the benevolent people of the Town of Belleville provided for her in the County Gaol. The second is an educated gentleman, who, I believe, could not agree with his wife. He is, perhaps, insane, and yet it might puzzle three medical examiners to find him so. In what his *dangerous* quality consisted I have not yet discovered, though I have had him fourteen months under observation. The third is a middle-aged woman, probably insane, certainly however, not so much so as to call for asylum custody, unless she should outside behave differently from the manner in which we have found her to conduct herself uniformly here. Within an hour after admission she began to work, and cheerfully took a hand at everything; she continues to do so, and has not yet uttered a loud word or a foolish one.

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have preferential admission. No right-thinking man, at the head of a lunatic asylum, would admit them, when, by so doing, others, urgently requiring admission, would be kept out. Their maintenance here, when to the annual cost we add a just quota for interest of building and other permanent expenditure, cannot fall much short of fifty pounds per annum each.

By medical treatment they are not to be benefited; therefore they should be provided with less expensive lodgings. When I award an admission I always endeavor to see that doing so is an advantageous disposal of the public money. This course is, I think, that which best meets our Provincial financial difficulties. Of the 168 cases admitted, 103 were first attacks, but of various duration. A case of ten years may be called one of first attack, if it has lasted so long without interruption, and another may be called a fourth or fifth attack and have only a few days' duration, though the real fact is, there have been no intervals of mental soundness, different from those we constantly observe in patients in the asylum.

The admissions of cases, not called first attacks, have been 59; of which twenty-eight were of persons who had before been inmates of this asylum, and a few of other asylums.

Of the twenty-eight re-admissions, 20 were second admissions, 4 third, 2 fourth, and 2 sixth admissions.

As regards habits of temperance and intemperance, the numbers are, temperate 145, intemperate 20, unknown 3. These figures are, in one respect, very satisfactory. They shew that insanity and crime are, so far as the vice of intemperance is concerned, diametrically opposed. But alas! there is another vice leading to insanity, or, at least, complicating it, quite as obstinate as intemperance, and quite as fatal to recovery; and I am sorry to say it is met with almost exclusively among the temperate class.

Our Asylum, as well as those of the United States, contains a multitude of these most wretched inmates, and worse still, few of them will ever leave it. I am convinced this vice is on the increase, and it is by no means checked by our progressing education, for it is quite as prevalent among the better educated as it is among the very ignorant, if not far more so. With respect to the degree of education of those admitted, it stands thus:—121 can read and write; 35 can read only; 8 have had no education; 4 unknown.

Those who are disposed to rash generalization (and there are no few such), may from the above figures draw what they would call a strong argument against education. So might the drunkard, from the figures preceding them, obtain proof of the evil effects of temperance: and the one would be just about as philosophic as the other.

It would be found by our record that religious insanity numbers perhaps three times as many cases as intemperance; yet neither religion, nor education, nor temperance, produces insanity. On the contrary, it can hardly be questioned that all of them, when present and rational, are the best protectives against the malady. An ill-directed, smattering, trumpery education, by which the mental powers are choked rather than developed; or even a superior education, in the acquirement of which the bodily powers are ruined, may dispose to insanity; and I do not say that there is not a very considerable amount of these morbid agencies now at work. It is, however, to be hoped that when we once get through the hot-bed experiment, and the country begins to understand what real education means, and to what uses it may be most profitably applied, we shall find that there is no necessary connection between "reading and writing" and insanity. The same fact, it is to be hoped, will be verified as to religion.

The natiivities of the patients admitted have been as follows:—Born in Canada, 58; Ireland, 48; England, 24; Scotland, 23; Germany, 8; U. States, 6; Hudson's Bay Territory, 1.—Total, 168. The ages of different patients admitted were, under 20 years, 9; 20 to 30, 53; 30 to 40, 46; 40 to 50, 25; 50 to 60, 21; over 60, 14.—Total, 168. The number of suicidal patients, as certified, has been 42. In some of these the self-destructive tendency was very strong, especially those of the more intense form of religious melancholy.

After much careful enquiry and thought, it is my belief that in what is called religious insanity, the diseased mind picks up that theological absurdity which is in closest affinity with its condition; and in nine-tenths of the cases the seat of error is in the stomach, or the lungs, or both. At all events, in this asylum we always set about improvement of the digestive powers first, in such cases; and if we get these set right, we very seldom fail to restore the mind to a reasonable state. It is totally useless to reason with, or even to preach to, such patients, before the stomach and bowels are in good functional order; we only make them worse and rivet tighter their delusions by these moral means.

The number of patients sent through the County Gaols, in 1863, has been 57. In 1862 the number was about 70.

The report of your Board, for 1862, states that the number of insane in the gaols of Upper Canada, in that year, as 102; and in order to shew the aggregate of insane persons, this number is added to the aggregate in the asylums at the end of the year. But as at least 70 out of the 102 had been received in this asylum alone, it

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seems to me the calculation must be erroneous. Herein we differ from Lower Canada, where to be sent to gaol as a lunatic has a more abiding meaning.

The number of cases of puerperal mania admitted was five, all of which ended in speedy recovery. Prompt admission to this class of the insane is all important. Many of them are intensely suicidal; all of them are restless, vociferous, and violent, and their proper treatment in private practice is sometimes impossible, always very difficult, and not always successful. Their treatment I do not say in an *overcrowded* asylum, for that would be the absurdest of propositions,) but even in a moderately filled one, is a very difficult task; and, in one defective in the means of classification, every experienced physician can appreciate its perplexity. Not to be able instantly to admit these cases, is certainly one of the greatest evils which an insane hospital can inflict on distressed families. I shall be told, however, as I often am in other cases, "the number is but trivial," and you can "always keep a certain number of beds in readiness for sudden acute cases." Yes, I might, if permitted; but I cannot keep them in readiness after filling them with incurables and idiots, which I am informed should be admitted, and which, through the intervention of parsimonious municipalities, and the zealous activity of your board, will be numerously pushed forward. The man who killed his cow, and afterwards felt the want of her milk, was about in the same predicament as we shall be when this house has taken in its destined stock of bed occupants. The puerperal mothers, suicidal fathers, religious sito-maniacs, and all the catalogue of truly urgent cases, will have to wait their turn; that is to say, in the county gaols—and as to how long, may be enquired in Lower Canada.

The vacancies at command for a considerable time past have, as your Board know, been largely contributed to by the transfer of incurables to the branch asylums, as will appear from the following statement:—

|                                                            |     |       |
|------------------------------------------------------------|-----|-------|
| Total transfers to the branches, from 1st September, 1856— |     |       |
| To University branch.....                                  | 157 |       |
| Deduct remanded as unfit.....                              | 11  | } 57  |
| " re-transferred to other branches...46                    | 46  |       |
| To Malden branch.....                                      | 214 |       |
| Deduct, eloped and returned.....                           | 2   |       |
|                                                            |     | — 212 |
| To Orillia branch.....                                     | 132 |       |
|                                                            |     | —     |
| Total.....                                                 | 444 |       |

The total admissions at Chief Asylum since 1st September, 1856, have been 1214. Difference, 770.—Total, 1214.

The branches are now all filled to their utmost capacity, and, of course, beds in them will become vacant only as deaths occur. The Chief Asylum is therefore once again thrown on its own resources. Under the most judicious disposal of vacancies here, the same fact will be realized as in all other countries—that not *more*, probably less, than 40 to 45 per cent. of the patients admitted will be discharged recovered, whilst a certain moderate percentage will die. Of every hundred admitted, at the lowest computation 40 will remain on the books. It is, therefore, evident that, even without any deterioration of the character of the cases coming in, our receiving capacity must yearly diminish. This fact would be realized, even did our general population not increase, but insanity must at all events increase *pari passu* with our general population; and if we are to keep pace with the increasing demands of the country for asylum accommodation, there is only one rational and humane way of doing so, and only the rational and humane way will, in the long run, be found the efficient way, as well as the cheapest to the community.

#### DISCHARGES.

The average residence of the 85 patients discharged in 1863, has been nine months and six days; but deducting from the aggregate that of seven patients, who averaged two years eight months and twenty days, each, the average of the remaining seventy-seven has been seven months and two and a half days. The average of the certified duration before admission, of the insanity, or of the attack of each of the eighty-five patients discharged, was three months, one week, and four days. These are figures of awful importance; may they have due weight on all concerned with insanity!

I do not say that recovery is certain to follow early admission; there are cases which must be incurable, admit them as early as we may; but after insanity has had six months' duration before coming to the asylum, chances have begun to turn adverse to recovery; and after twelve months' duration, they are indeed few and far between. The insanity of general paralysis, epilepsy, and that which has proceeded from, or is associated with, confirmed secret indulgence, and of some other forms, will not improve *in* an asylum or *out* of it.

#### DEATHS.

The deaths in 1863, have been 25, viz.:—at Chief Asylum, 23; at University branch, 2.—Total, 25.

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In 1862, the return included the Orillia branch, and the total for the three institutions was 27. Deducting one death at the University branch, and one at Orillia, 2 in that year, leaves 25.

In 1861, the total deaths in the Chief Asylum, the University branch, and the Malden branch, were 45, viz. :—In Chief Asylum, 39; University branch, 3; Malden branch [9 months], 3.—Total, 45.

In the Report of your Board for 1862, under the special head *Provincial Lunatic Asylum, Toronto*—that is, the Chief Asylum—I find the following observation: "It will be observed, however, that the mortality of the past year is not so great as that of 1861, the figures being respectively 46 and 59, a difference of 13 in favor of 1862."

This mis-statement has been, most probably, of merely accidental origin; but whether the printer's devil was or was not the culpable party, the mis-statement appears in the printed report of your Board, and few who therein read it would afterwards take the trouble to discover the truth.

I may here, not improperly, remark, the typography of your Board's Report, is sadly incorrect, and cannot but lead to numerous misapprehensions on the part of all readers, unless those who have the means and the desire to correct them. Last year, I stated it as my belief, that the lower mortality in 1862, as compared with 1861, was "purely accidental," and it was my apprehension that the deduction might be compensated in 1863; such, however, has not been the fact, and it is therefore proper that I should think of some more tangible explanation than mere accidental incidents.

Your Board, during the two years referred to, had occasion to note that our consumption of wine was large—a fact of which I was well aware; and also, that the increase had crept up gradually; yet I thought, as I then stated to your Board, the administration of it conducive to the health and recovery of those to whom it was allowed; I could not therefore regard the outlay as unprofitable. As, however, I have felt most anxious to keep down, as far as practicable, every item of expenditure, I have made several experiments in reduction, and closely watched the results. In every one of them I have seen sufficient injury to satisfy me that this medicinal beverage had been doing good. I have, lastly, made the qualified experiment of substituting beer, and, in a few cases, whiskey. It will require some time to ascertain where, and to what extent, this substitution will succeed; of course, the failures are serious matters to those immediately interested. If I confess them hereafter, I shall probably be most censured by those who now call out loudest for retrenchment.

I shall, however, without deferring this professional question to their judgment, pursue that course which I believe best for my patients; whether I may thereby restore a few (ever so few) more of them to reason and their families, or only eke out a little longer the thread of life of others, and keep them longer a burden on the public funds, I shall hold to the conviction that it is the duty of the physician "to save life and not to kill," and leave to others the task of meeting the expense.

The ascertained proximate causes of death, in 1863, have been as follows:—

Pulmonary consumption (latent), eight; pulmonary consumption (manifest), one; general paralysis, five; hydrothorax, two; typho-mania, or nuco-gastro-enteritis, two; ulcerative pericarditis, one; scrofula, one; apoplexy, sanguineous, one; apoplexy, serous, one; gangrene of lung, one; maniacal exhaustion, one; marasmus, one.—Total, 25.

In the tabulation of deaths in lunatic asylum records, we sometimes feel much embarrassment in singling out that one pathological fact, which should have paramount consideration, as to the cause of death. If we adopt that which stands, finally, most closely linked to extinction of life, we may convey a very imperfect, or even a deceptive, idea of the disease on which it has been super-imposed, and of which it is only the, perhaps, accidental termination.

Take, for example, the two cases called in the preceding table *hydrothorax*: In one of the patients, epilepsy, ending in the most furious form of mania, had been of many years' duration. The fits, though not very frequent, were prolonged and violent, and the subsequent stupor was of unusual duration; and it was matter of surprise that the man survived their intensity. He died, ultimately, under symptoms shewing defect of respiratory action, and the physical signs pointed to hydrothorax. In the brain, the lateral ventricles were distended with fluid; the surface of the brain was covered with serous exudation; the *dura-mater* was adherent to the skull, and the whole brain was highly vascular. The right thorax was filled with water; the left lung was full of tubercles. The spinal-marrow was much softened, from the seventh cervical vertebra, to the fourth dorsal.

The second case had also various morbid complications.

In the case of ulcerative pericarditis, the patient had been a man of intemperate and general bad habits; he had, before admission, undergone amputation of both feet; in consequence of being frozen, and the healing process had not been effected, nor indeed could be, for he would tolerate no dressing, nor submit to any sort of

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treatment. Probably a more disgusting case of profane, obscene, and brutal insanity, was never seen; hardly an organ in the whole body was found undiseased.

The brain and its envelopes abounded with marks of intense disease. In the *centrum ovale majus*, numerous deposits were found; the left lung was tuberculous, and the right shewed pleuritic adhesions. The pericardium throughout was ulcerated, and distended with purulent deposit.

It will be observed that eight cases are assigned to latent phthisis, and only one to the *manifest* form; that is the *ordinary* form, as met with in private practice.

In the latent form, as I have in former reports, and in a paper published by me in the *American Journal of Insanity*, pointed out, the patients exhibit none of the prominent or constitutional symptoms of pulmonary consumption. They have no febrile exacerbations, no sweatings, no colliquative diarrhoea, no hectic flush, no expectoration, or very little, and no cough; neither do we find the fitful, keen, appetite of the consumptive, nor their never-failing delusion as to the remoteness of death, or the vivid hope of recovery which parts from them only with parting breath. In many cases, too, bodily emaciation falls far short of the extreme which it reaches in the sane. Yet *post-mortem* examination displays an extent of pulmonary tuberculous destruction which could hardly be believed by those who had only superficially observed the patients in life. A pathological condition, which I apprehend is of more importance than may be generally thought, is very frequently met with in the abdomen, in *post-mortem* examinations of the insane. I allude to the deflection of the *transverse colon*. This displacement is met with in various extents, from a couple of inches downwards, to the very brim of the pelvis. In two hundred and eleven autopsies, I have found it present thirty times. It has occurred in cases long in the asylum, and in those only recently admitted; it is most usual in cases of melancholy and lypemania, but is also found in those of acute mania. I have been unable to trace any connection between it and external, or mechanical agencies.

From the elongation of the meso-colon which accompanies it, and thus leaves the stomach undisturbed in position, there would seem to be reason to believe that it takes place gradually. In a few cases, however, I have found the stomach dragged downwards, as if by the colon.

In these, it would seem that the elongation of the meso-colon had not taken place fast enough to meet the descending exigency; and we might here be led to infer that some recently operating agency

has been at work. If so, it must be an agency similar to that producing other visceral displacements, as for example, hernia in its various forms. It is a fact of much practical import, that in no instance in which I have met with deflexed colon, did the intestine contain, either at the deflected portion or elsewhere, any undue quantity of fæcal matter. Whether, during life, a contrary condition may have existed, I cannot say; but even supposing, or suspecting, that it did, I doubt very much whether attempts to dislodge the contents, by active purgatives, would be attended by good results; on the contrary, I apprehend that active purging would only aggravate the case, by exciting undue compressive action in the abdominal muscles; in which action, occasionally, or persistently operating, it may be that the lesion has had its origin and aggravation. Now, it is a fact, that melancholics and lypemaniacs, before coming to an asylum, are generally subjected to a pretty brisk course of purgative medicines; their bowels seem to be very inactive; but the fact may be overlooked, that they take little or no food, and therefore there cannot be much in the bowels to be evacuated. Here, as soon as we can get them to take a fair amount of nourishment, we have little subsequent trouble with the bowels. In one patient who died, not long after coming in, I found the colon deflected very low, and all the intestines almost empty. This patient had run the gauntlet of drastic bombarding, and the very morning of admission had no less than ten drops of croton oil exhibited to her; but, as we were informed, "without effect." This was hardly our opinion when we laid open the abdomen. This case was one of acute mania, proceeding from a large exostosis, intruding deeply into both the anterior lobes of the brain. What good could purgatives do? A variety of other displacements and abnormalities of the intestines are met with in autopsies of the insane; due consideration of which can hardly fail to impress the reflecting practitioner with serious considerations on the general applicability of purgatives to cases of insanity in general, but to those of melancholy and lypemania, in particular.

Two deaths are ascribed to typhomania or nuco-gastro-enteritis. This form of insanity is not unfrequent; it is always *over-treated* at home, and I have seen it, in consequence, too often end fatally here. It very commonly is attended by a total repugnance to food, and, in many cases, by a fortunate repugnance to medicine.

The delirium accompanying may be mild or furious.

Suspicion of poison is very common. Very few of these cases are fit for the fatigues of a long journey, especially in the winter season; but they are usually sent to the asylum to save them from death by starvation.

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The two fatal cases, here recorded, were both women.

One died in eight, and the other in six days after admission.

*Post-mortem* examination in the first presented the following facts:—The heart and pericardium showed an inflammatory condition; there were three ounces of serum in the latter. Both lungs extensively tuberculous; miliary tubercles were demonstrated by the microscope in the muscular fibre.

The abdomen was dropsical. The transverse colon was deflected to the pubes, and the whole of the ileum into the pelvis. The pancreas was large and indurated.

The stomach had three hour-glass contractions, and at its pyloric end it was three-fold the usual thickness. Its mucous coat was amazingly thickened throughout, and much resembling crimson velvet. The mucous coat of the ileum was inflamed throughout its whole length, and in many spots much softened. I ascertained, satisfactorily, that this woman never had been intemperate.

In the second case, which was that of a patient who had been frequently insane before, and who came to the asylum in a state of high delirium and great restlessness; there was an utter repugnance to food, with great thirst.

She said she could not take food, because of great pain in swallowing (a symptom often met with in *sito-maniacs*), and on two occasions the swallowing of solid aliment was followed by vomiting, with tinge of blood.

The *post-mortem* shewed marks of former disease in the membranes of the brain.

The mucous membrane of the stomach, and small intestines, was much congested, and of a dark-red or chocolate color, and readily broke down under the finger.

Now these two cases were such as no discreet or conscientious physician would send to the asylum, did he apprehend their real pathological state; for he would know that their best chance for recovery would be at home, under an expectant and cautiously supporting treatment.

There is no artificial method of administering food in an asylum, with which every educated and experienced medical practitioner is not quite familiar; so that, so far as this consideration goes, there can be no reason for their transmission. It is, however, certain, did the physician apprehend the extent and intensity of the disease in the mucous membrane of the stomach, and intestines, he would not be very urgent as to food. Food can be of little service to a patient in such a state, and nature's repugnance to it should not be too far fought against. The worst would be that the patients would die,

and a long journey in the cold of winter, or the heat of summer, cannot but accelerate the fatal termination. In no instance would the friends send them away if informed that death would probably soon take place.

#### IMPROVEMENTS.

The various improvements authorized by your Board, in October, were pushed forward with all possible energy, but owing to the lateness of the period, their completion has not been possible. The ventilating apparatus, suggested by me for the water-closets, is pretty far advanced.

In the male division we have been able to test it, and have found it completely successful, with very little fire in the rarefying furnace, and, indeed, on many days, without any. No better demonstration of the value of this improvement can be given, than the too palpable contrast between these water-closets and those of the female division, where the work is not so far advanced as to enable us to test the operation of the apparatus.

As this improvement is one of great domestic value, and of very trivial outlay, if introduced at the time of first construction, I may here give a brief explanation of the principle, which was first suggested by Dr. Fisher, now the Medical Superintendent of the Malden Asylum, and then assistant physician in the Toronto Asylum,—not for the information of your Board who are familiar with it, but for that of the public generally. It consists in the causing of a current of air constantly to enter the soil-pan, and to pass down to the surface of the water in the trap (which should be of the goose-neck form), and thence to pass out through an ascending three-inch leaden tube, inserted above the water surface, and connected with an adjacent chimney of constant good draft. It is obvious that a suction-pipe, thus acting, must constantly induce a current of air downwards into the pan, as into the bowl of a common tobacco-pipe, and consequently no foul smell can escape into the chamber; but, on the contrary, the water-closet pan, with its inserted leaden pipe, acts as an actual ventilator of the chamber; and if the draft is brisk its advantage will be very obvious; so that even were the pan close to one's bed-head, it would be a purifier, and not a deteriorator of the air around. In this asylum, in consequence of the water-closets being on the south side of the corridors, and all the chimneys with constant strong draft at a distance on the opposite side, we could not avail of their superfluous power for the desired purpose.

It became, therefore, necessary, to create a draft near the water-closets. This has been done by raising the walls and roof of

the water-closet moderate height secure against objects coming the shaft of fire-proof, second floor of the can receive the fire-bars behind the space. The iron flue inserted into general convenience receives all the

Below iron flue is three inches. With a very and on day gratitude forget that since I intr four or five have shewn anywhere b

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the water-closet compartments a few feet, and erecting a chimney of moderate height, with circular flue (as all in the house are), to secure against taking fire, and the trouble and expense of sweeping, two objects completely obtained. In the apartment thus formed—above the shaft of the water-closets, seven in number in each division—a fire-proof, small brick furnace has been constructed, air-tight. The floor of the apartment is flagged on sand and grout. The furnace can receive no air except what enters it by two tubes, one lower than the fire-bars and one higher, and both opening into it immediately behind the iron door, between which and the fire-bars is sufficient space. The heated air passes from the furnace by a short Russia-iron flue into the adjacent chimney; the two supplying flues are inserted into a contiguous galvanized iron, nine-inch flue, which is the general conductor from the water-closet pans, and in its ascent receives all the three-inch leaden pipe from the soil-pans.

Below the second pair of water-closets, the nine-inch galvanized iron flue is decreased to six inches; and below the third pair to three inches, as in the basement there is only one water-closet. With a very moderate fire in the furnace, a sufficient draft is created, and on days with any freshness of wind, no fire is needed. Our gratitude for this improvement is as usual agreeably spiced with regret that we have been so long in securing it. It is seven years since I introduced it in our laundry water-closet, at the expense of four or five dollars, as then the building was in construction. I have shewn it to some hundreds of persons since, and yet I doubt if anywhere but in the Orillia Asylum has it been imitated.

It is too simple and too cheap to command public respect, or to be patronized by plumbers. I may add that the lower of the two feeding flues of the furnace has a common stove-pipe valve, so that the draft through the fire may be moderated or cut off, if necessary.

During the past autumn much labor was bestowed on the further ornamentation of our grounds, which will, I trust, in a few years, present a pleasing aspect, and contribute essentially to the enjoyment of our people.

The religious services of the institution have been kept up with the usual regularity, and we are very grateful to the gentlemen to whose gratuitous services we are indebted for this privilege.

The general operations of the house have been conducted, on the part of all my assistants, with uniform satisfaction, and I think with the highest advantage to all under my care.

The gratuitous supply of newspapers, for the use of the patients, from various parts of the Province, has been continued by

those benevolent publishers to whom we have for many years been indebted for the boon. It must be an adequate compensation to such contributors to the gratification of our inmates, to know that the gift is well appreciated, and that the readers are very numerous.

I cannot close this report without expressing my gratitude to the Government and the Legislature for the boon conferred on this institution by the Act, introduced last session by the Hon. T. D. McGee, repealing the laws which required that a coroner's inquest should be held in every case of death, and that the bodies of deceased patients, unclaimed by their friends, be given over to the Inspector of Anatomy.

It has been to the excellent and benevolent special report of *Mr. Inspector Meredith*, that the country and the friends of the insane have been mainly indebted for this blessing; and I have had ample opportunity of learning the general satisfaction which this change has afforded to all persons interested in the welfare of the inmates of this asylum.

Earnestly commending this institution to the humane and enlightened consideration of your Board, and entreating from HIM, who is the common Father of the sane and insane, His continued blessing,

I am, Gentlemen,

Very respectfully, &c., &c.,

JOSEPH WORKMAN, M. D.,

Medical Supt.

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## APPENDIX.

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*Copy of Letter to the Hon. Provincial Secretary.*

PROVINCIAL LUNATIC ASYLUM,

Toronto, 17th July, 1863.

SIR,—I have received a communication from James Thompson, Esq., Sheriff of the Counties of Lanark and Renfrew, informing me that he has received a Warrant from His Excellency the Governor General, for the removal of Janet Cameron, Ann Serson, Jane Graham, and Catharine Corkeney, from the gaol of the said counties to this asylum, with instructions to communicate with me as to whether I have room for said persons, or any of them, in the asylum.

Before replying to Sheriff Thompson's enquiry, I beg to submit to you, for the information of His Excellency, the following statements, on consideration of which by His Excellency, I would pray for such instructions as in the premises His Excellency may think suitable:—

In the male division of this asylum every bed is now occupied excepting two, and patients to fill these are on the point of arrival. About twenty applications on behalf of other male lunatics stand on my list unprovided for, some of whom are in the county gaols and some at home; and several of them are stated to be suicidal and dangerous.

Additional beds have already been introduced, but cannot, without risk to the health and lives of the present inmates and disregard of their personal safety, be increased. In the female division only ten beds are unfilled; and to occupy these, six patients have been notified of award of admission, and seven other applications, prior to Sheriff Thompson's four, stand on the list. Every day brings to me additional applications of urgent character and recent development.

When our beds are all filled, admissions can be awarded only as

vacancies are created by discharges and deaths, and I am quite certain these will not exceed one-third the applications. Up to this date (17th July) the number in this month has been 19. In the month of June, 23 applications came in, and in May, 28.

The By-laws of the Asylum, authorized by the Governor General (a copy of which I enclose) define, in chapter 1st, the regulations by which the Medical Superintendent is to be guided in awarding admissions. Section third of said chapter requires that in the contingency of applications being more numerous than vacancies, he shall give preference to recent urgent cases of insanity, a due reference being had also to the violence or dangerous tendencies of the patients to be admitted. The object of the preceding provision was that of securing the greatest possible efficiency of the asylum in the relief and cure of the insane. Recent urgent cases are to a large extent curable, whilst the contrary fact obtains in chronic cases. A bed taken up by admission of a patient of the latter class, may, in the average, be regarded as disposed of for eight or ten years; but if assigned to one of the former, it may be vacated ten or twelve times in the same period, and ten or twelve persons may thus be restored to society and usefulness; but a majority of those excluded from prompt admission must certainly pass into the state of incurability, and remain for life burthens on their friends or the public. When the asylum is full, admission of incurables is equivalent to exclusion of curables, and to the multiplication of the former.

It is certainly to be desired that asylum accommodation for all classes of insane persons existed; but such is not the case in any country, nor probably ever will be. Perhaps in no country does a larger measure of asylum provision exist than in Western Canada, and yet it is my conviction that the demand for its increase will soon be pressed from all quarters. In the award of admissions during the last ten years, I have most earnestly endeavored to carry out the wishes of the authorities of the asylum, as embodied in the by-laws, and in so far as I have succeeded in doing so, I am convinced the best interests of the entire insane have been secured. I am sure His Excellency will not fail to perceive that by my selection of acute, violent and dangerous cases, I take the surest course towards the aggravation of my own difficulties and anxieties; for it is easier to manage twenty quiet incurable lunatics, than one acute case.

It is my belief that the four lunatics, on behalf of whom Sheriff Thompson has addressed me, are confirmed incurables, and that warrants from His Excellency have been applied for, not because of any dangerous tendency in the patients, but from municipal financial considerations.

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On receipt by me of application for admission of a lunatic, a circular of enquiry, such as I herewith enclose, is sent to the applicant, and the replies furnished, if truthful, readily enable me to decide on the character and claims of the case. Sheriff Thompson is well aware of this practice, as I have had numerous returns from him of acute or urgent cases, to which admission was promptly awarded.

Under the existing narrowed means of accommodation at command, it is impossible to carry out conflicting instructions in relation to award of admissions. If, irrespective of the character of their insanity, lunatics under warrant are to have preferential admission, it can be awarded only by disregarding the existing by-laws, and as I am convinced this cannot be done without infliction of irreparable injury on others who might be benefitted, I shall await His Excellency's instructions in the matter.

I would further state, that in the event of the disposal of vacancies being withdrawn from me, it will be always necessary to keep a certain number of beds empty, to meet unavoidable demands; whereas, under the system hitherto pursued when applications have exceeded vacancies, I have been able to keep constantly full.

It may not be improper that in this place I allude to the cases of two persons received by me last year, under warrant, as dangerous lunatics, whose condition certainly never should have called for this process. In the past year, two patients named Frances Eves and James Wyndeat, the former from the gaol of Belleville, the latter from the gaol of Brockville, were presented at this asylum, under warrant. Two more harmless persons I have never seen. The former, indeed, is insane and demented, and probably has been so for years, but she is as inoffensive as an infant. I have heard she has sons able to support her, but unwilling to do so. The latter is an educated English gentleman, a graduate of Cambridge. His insanity is certainly of trivial form, and as to dangerous tendencies, I am at a loss to discover what they are, or have been. I find him an agreeable and instructive companion; and my children are constantly with him in our garden and shrubberies, in which his labors have been highly contributive to the beauty of the grounds.

In conclusion, I beg to say that many of the patients, on behalf of whom applications are coming to hand, are strongly suicidal, and a large proportion of those up to this date admitted have been so, and some of them have been very narrowly rescued from death by their friends. To be unable promptly to admit such cases is certainly a painful position, but it will be inevitable, unless I am ena-

bled to carry out the by-laws regulating admissions. The same remark applies to other cases of urgency.

I have the honor to be, &c., &c., &c.,

J. WORKMAN, M.D.,

Medical Superintendent.

Hon. A. J. Fergusson Blair,  
Provincial Secretary, Quebec.

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*Copy of Report of "Mr. Prison Inspector Tache" on the preceding communication, forwarded to the Medical Superintendent of the Provincial Lunatic Asylum, 5th December, 1863.*

Report on questions arising from the execution of warrants issued for the transfer of Lunatics from the prison of the United Counties of Lanark and Renfrew to the Toronto Asylum:—

I have examined the numerous documents relative to the ordered transfer of five insane females from the common gaol of the United Counties of Lanark and Renfrew to the Provincial Asylum. The reference to the Board of Inspectors of these documents evidently relates to the following question; and to that question only, viz.: Is the Toronto Asylum so much crowded that these five lunatics cannot be received in it, in compliance with the Warrants issued by His Excellency the Governor General?

In order to study the solution of such question with all due caution, I have attentively examined every sentence of Dr. Workman's letter on the subject, and compared the capacity of the Toronto Asylum with other asylums, and especially with Beauport Asylum, as bearing on the number of patients therein contained.

I fully appreciate the weight and value of the reasons alleged by Dr. Workman on behalf of his opinion. I admit the humane feeling that prompts him to step forward whenever he is apprehensive of something happening that may impair the full efficiency of the institution entrusted to his care, and I well understand the laudable professional zeal that makes him use every effort to render the Toronto Asylum as much as possible a curative institution, rather than a mere boarding house for the incurable insane; but, as an Inspector, there are for me, unfortunately, other considerations not to be put aside, in the interests of society at large, and in the present financial condition of the Province.

To take care of the insane is a duty of the State, that relates as well to the incurable lunatics and idiots, as to the curable; the degree of comfort to be allowed to these unfortunate beings must be

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measured by the means of the State called upon to receive them in its public institutions.

In accordance with these premises, I say that we are bound to receive the insane in our asylums, and that our asylum accommodation not being adequate to our wants, we are, by necessity, obliged to crowd these institutions as much as they can be, without incurring an immediate danger for the general health of their inmates.

The space (cubic) allotted to every patient in the Toronto Asylum is larger than in many foreign institutions, and about double what it is in the Lower Canada Asylum at Beauport. True it is that the internal arrangements, the situation, and the ventilation are better in the Beauport main building than they are at Toronto; but, at the same time, I firmly believe, that as no accidents have happened at Beauport from the constant crowding of an average number of 425 patients, there will be no great danger in allowing the same number of patients to be accommodated in the Toronto Provincial Asylum, with double the space (the average at Toronto at present is about 550). The question of the relative merits of asylum accommodation for both Lower and Upper Canada is fully discussed in the Annual Report of the Board for 1862. In that Report the Inspectors expressed their opinion, that about 50 additional beds could be added to the number already occupied in the main asylum at Toronto. Therefore, in *conclusion*, I am of opinion that room can be made at the Toronto Asylum for the five female lunatics referred to in the documents put in my hands for report, and that, irrespective of a certain number of beds to be kept always in readiness for sudden acute cases, as stated in Dr. Workman's letter, and without interfering with the power of selection very properly given to the Medical Superintendent by the by-laws of the institution.

(Signed,)

J. C. TACHE,

Inspector of Asylums, &c.

Quebec, 27th July, 1863.

The following description of the system of heating and ventilation of the Beauport Asylum, is taken from a Report furnished to me by Mr. C. S. Eastwood, Steward of the Provincial Lunatic Asylum, in March, 1862:—

The system of heating (in the Beauport Asylum) is a mixed one; stoves, furnaces, and steam-pipes, each being used. They seem to prefer the steam-pipes, as they have abandoned the use of three

of the furnaces, with the intention of substituting steam. The weather, during my stay, was mild, and the house was comfortably warm in all parts where I penetrated. I have no doubt of their ability to keep the house sufficiently warm with their present means, but the number of stoves must be a source of extreme anxiety and danger.

As to the ventilation, it is also a mixed system, if such it may be called. The ventilation in the female wing was better than in ward No. 7 (the worst Toronto ward in the female division), but no better, if equal, to that of our wards Nos. 3 and 5; while in the male wing it was, I think, worse than our ward No. 8, and decidedly worse than wards Nos. 4 and 6. This, I think, will appear to be likely, from a consideration of the circumstances of the case.

In the female wing of the Quebec Asylum there is a suction chimney, or flue, with pipes communicating to the various rooms, to draw off the foul air. Although there are no fires in the flue to heat it, yet still there is a draft through the tubes leading to it. There is no such provision made for ventilating the male wing. There is in each cross wing a stack of chimneys, with stove-pipe holes opening into them on each floor; none of the flues are heated, but still a great deal of foul air must escape by this means. There also are openings in the ceiling of the attic, which permit foul air to pass up, and thence into holes into chimney flues. There is but one furnace in operation, which is placed under the centre of the building, but the heated air from which is divided between the centre building and the male wing. This furnace, of course, acts as a ventilator, by introducing fresh air. But while the female wing has the best means of ventilation, the sources of supply of foul air are most numerous in the male wing.

The water-closets in the male wing are made of un-enamelled cast iron, shaped like ours. The water is let on by means of a common screw-tap out of a pipe, and I found the pans giving off a good deal of foul air. Those in the female wing are made of boxes placed under the seats, about two and a-half feet long, fifteen inches wide, and twelve inches deep, with a waste pipe which permits fluids to pass off, but which retains solid matters until the waste-pipe is drawn out. The waste water from the wash-basins runs into these boxes. They give off less foul air than the water-closets in the male wing, and, I think, are considered to do so by the Wardens of the institution.

The ventilation of the centre building is very defective. There is no special means for carrying off foul air, which I found very per-

ceptible, and from the Mr. and M which rec wing, and drain the holes is sit the vestib heated and The gener to infuse a impure as Toronto A uppermost

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ceptible, and similar to the smell which I have found to proceed from the sewer of the Toronto Asylum. Upon remarking it to Mr. and Mrs. Wakeham, they told me it proceeded from the drain which receives the discharges from the water-closets of the male wing, and which passes under the centre of the building, from which drain the rats have worked holes up to the surface. Above the holes is situated a wooden box, containing steam-pipes, placed under the vestibule of the centre building, through the floor of which the heated and contaminated air rises, and pervades the centre building. The general construction of the Beauport Asylum is well calculated to infuse and thoroughly intermix the air contained in the wings, impure as well as pure, while the defects of the system of the Toronto Asylum ventilate the lower wards at the expense of the uppermost.

To shew the correctness of the above remark, with regard to the Beauport Lunatic Asylum, it is necessary to consider that the water-closets, of which there are two on each floor, both in the male and female wing, are placed inside of the main walls of the building, so that their emanations pass into the body of the house. The stair-cases, of which there are two to each wing, are internally placed, and act like large shafts of communication, the doors at the various landings being thrown open during the day, and the patients allowed to ascend and descend at pleasure, if their conduct, in the opinion of the attendant, merits it. There are also large openings in the floors and ceilings, permitting the air to pass from each story into those above it; as well as large openings over the doors of the larger rooms, and smaller ones over the doors of the lesser rooms, permitting the air to pass freely from one room into another. *Concentration* of the foul air under the above arrangements is impossible.

J. WORKMAN, M. D.,

Med. Superint., Prov. Lun. Asylum.

Toronto, 14th January, 1863.

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Statement of the periods of residence of the patients now in the Chief Asylum, Toronto, from the date of last admission :

Under one year, 123; one to two years, 69; two to five years, 94; five to ten years, 53; ten to fifteen years, 29; over fifteen, 12.  
—Total, 380.

Statement of the periods of residence of patients now in Uni-

versity Branch, from date of admission into the Chief Asylum:—

Under one year, 3; one to two years, 6; two to five years, 19;  
five to ten, 21; ten to fifteen, 16; over fifteen, 13.—Total, 78.

Similar returns from the Malden and Orillia Asylums would show figures corresponding to those of the University Branch.

J. WORKMAN, M. D.,  
Med. Superint., Prov. Lun. Asylum.

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