REPORT

OF THE

MEDICAL SUPERINTENDENT

OF THE

Provincial Lunatic Asylum,

TORONTO,

FOR THE YEAR 1864.

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HENRY ROWSELL, PRINTER, KING STREET EAST.
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INSPECTORS OF THE ASYLUM.

E. A. MERIDETH, Esq., Chairman.
J. M. FERRES, Esq.
T. J. O'NEILL, Esq.
FR. Z. TASSÉ, M.D.

OFFICERS.

JOSEPH WORKMAN, M.D., Medical Superintendent.
BENJAMIN WORKMAN, M.D., Assistant Physician.
JOHN E. KENNEDY, A.B., Clinical Assistant.

JAMES McKIRDY, Bursar.

COLIN S. EASTWOOD, Steward.
MARY PARKES, Matron.

ROBERT BLAIR, Steward, University Branch.
ELIZA BLAIR, Matron.

J. ARDAGH, Medical Superintendent, Orillia Branch.

REPORT

OF THE

INSPECTORS OF ASYLUMS, &c.

FOR THE YEAR 1864.

PROVINCIAL LUNATIC ASYLUM, TORONTO.

This important institution, the principal Lunatic Asylum in Upper Canada, has continued to be conducted by the able and experienced officer at its head, to the entire satisfaction of the Inspectors.

To the very full and elaborate report of the Medical Superintendent of this institution, contained in the Appendix, the Inspectors desire to call especial attention. The document is one which will repay careful study; and the Inspectors would fain hope that our legislators and statesmen will ponder well its teachings and its warnings.

The number of patients in the Chief Asylum on the 1st January, 1864, was 380; and the number at the close of the year 396. The number in the University Branch Asylum on the 1st January, 1864, was 78; and the number at the close of the year 76.

The Superintendent reports both the Chief Asylum and the *University Branch* as "dangerously crowded."

The average number of patients in the Asylum during the year has been very considerably above that of 1863.

The cubic sleeping space for the patients, even in 1863, was far below what is now held by the best authorities as the proper average; and a still further reduction in the amount of cubic space has necessarily followed from the increase in the number of patients during the past year.

The effects of the increased over-crowding of the institution during the past year are seen, as the Superintendent remarks :— 1st, In the striking increase in the death-list of the institution ; and 2nd, In the impaired general health of all the inmates of the institution, whether sane or insane.

The total deaths in the Chief Asylum and the University Branch in 1863, was 25. Last year they ran as high as 35. Shewing an increase in the deaths of about 40 per cent. on nearly equal numbers under treatment, viz. : 582 in 1863, and 594 in 1864.

The second alleged indication of the over-crowding is one that cannot be demonstrated absolutely by figures ; but the Medical Superintendent, who has the very best opportunity of coming to a correct conclusion on the matter, gives it as his firm conviction that the standard of general health of all the inmates of the institution, sane as well as insane, has been seriously impaired by the excessive over-crowding during the year.

During the present year the Superintendent calculates that about 150 new patients will apply for admission. But where can they be put ? In the ordinary course it is not likely that beds can be provided in the institution for one half of this number, even if we continued to keep up the dangerous crowding which has produced such hurtful effects during the past twelve months.

In the face of this alarming state of things it is not surprising that Doctor Workman, who sees and feels the danger more clearly than others, writes thus earnestly :— " I am now utterly at a loss to see what further measures can be taken to meet, with our present means of lodgment, the numerous applications which are pouring in from all parts. I have so often, so long, and so fruitlessly urged the completion of the Toronto Asylum, as well with reference to increased means of accommodation, as to the even more important matter of *improved means of classification*, that I dread to renew my recommendation on this head, lest my pertinacity might be regarded as indicative of mental infirmity."

Doctor Workman contends, as the Board has done in former reports, that the creation of additional Branch Asylums is not

the best way to meet the exigencies of the case. We might indeed by such establishments provide the additional accommodation necessary, although we should do so in a very expensive way; but we should leave untouched the evil of the utter absence of any means of proper classification in the large parent Asylum, the want of which is every year becoming more and more seriously felt. The drafts which have been made to the Branches during the last four years are composed of the quiet and easily-managed incurables, while the violent have been retained at the parent institution. The Superintendent expresses himself on this head in the following terms:— "The worst classes of patients have been left in the Chief Asylum, and have now accumulated to an extent which renders its condition far worse than it would have been had no Branch Asylums been instituted. It could only have been filled up to a certain limit, and that limit could not ha e exceeded the present."

The patients with Dr. Workman are now, in fact, made up almost entirely of the noisy, the unruly, and the violent, those for whom, above all others, the amplest means of separation and classification are indispensable.

The Inspectors have long been painfully alive to the crying need of increased accommodation for the insane, in both sections of the Province.

They have had also ample opportunities of seeing the utter insufficiency of the existing means of classification in the Toronto Asylum. They have accordingly, again and again, in the strongest possible language, urged upon the government, both in their annual reports and in special reports, the pressing necessity of completing without delay the wings of this Asylum, as the first step towards remedying both these serious evils.

During the year 1864 a special memorandum on this subject was addressed to the Government by the Board, the substance of which is given in another part of this report.*

The Inspectors have endeavoured in it to shew the great importance of being able to treat the insane at an early stage of the

* See Appendix.

malady, an object which can only be attained when ample accommodation for them is at command. That "want of adequate accommodation for the insane multiplies incurables," and consequently ultimately increases the burthen thrown upon the state for the support of the lunatic population, is now universally admitted. The remarks of Doctor Workman on this head are well worthy of being quoted :—"Of 191 patients discharged in the last three years," he observes, "the duration of insanity before admission was not longer than three months in 136, or 71 per cent. of all discharged. In 28 others it had been from three to six months in duration, the two classes thus making 86 per cent. of all the discharges in the three years referred to. Only 27, whose insanity exceeded in duration six months before admission have been discharged. Two facts become, from the preceding figures, insuppressibly evident. First, the admission of chronic cases is equivalent to the granting of a very costly life-support to the admitted. Secondly, the exclusion of acute cases, consequent on the permanent taking up of beds by chronic ones, is equivalent to the conversion of such acute cases into incurables to at least the extent of 86 in every 100." Again Doctor Workman writes: "It will be found elsewhere shewn that 75 per cent. of all discharged from this Asylum, from 1st July, 1853, covering the period of my incumbency, were under treatment less than one year, viz. : about $26\frac{1}{3}$ less than three months ; $23\frac{2}{3}$ less than six months ; $16\frac{2}{3}$ less than nine months ; and $8\frac{1}{3}$ less than twelve months. These discharged patients vacated 644 beds, and enabled me to take in 644 new cases. A like number of old chronic cases admitted would be found to vacate beds only as they are removed to the grave ; and under a system of management, which will, from inability to give prompt admission to every new case of insanity, convert every case into incurable, death will become the sole creator of vacancies."

To the important statistical information contained in Dr. Workman's Report the Inspectors can only allow themselves to refer very briefly. These statistics will be found to throw light upon some questions of great public interest, with reference to the nationality, civil state, and religion of the insane in Canada.

The conclusions arrived at by Doctor Workman will, in some particulars, be found at variance with the opinions which are commonly entertained upon many of the topics discussed. But on scientific questions, such as these, popular opinion, or rather popular prejudice, is by no means a safe guide; and it must be remembered that Dr. Workman's deductions are based on statistics which extend over very nearly a quarter of a century, and embrace upwards of 3100 cases—cases of which the history is carefully recorded in the Asylum books; and it must further be remembered that the person who interprets for us these figures, is not only confessedly one of the ablest alienists on this continent, but is also one who thoroughly understands the proper use and value of statistics.

While dealing with the subject of the statistics of the Provincial Lunatic Asylum, the Inspectors desire to mention that their attention has been called by the Medical Superintendent of that Institution to the tables contained in their Report for 1863, shewing the deaths and discharges between the years 1857 and 1863 (both inclusive) as compared with the total numbers who passed through the Institution during each of those years. The Board find, on a careful analysis of the figures, that several errors and omissions have unfortunately crept into this table, arising principally from the fact that, during some of the years referred to in the table, several detachments of patients were, at various times, transferred from the parent Asylum to the branches at Orillia and Malden, and that the parent Asylum was not credited, as it should have been, with the residence during a portion of the year of the patients so transferred.

The Inspectors much regret these unintentional errors and omissions; but they do not think that any good purpose would be served by attempting to rectify the tables, more especially as they are quite prepared to admit the general proposition contended for by Dr. Workman,—a proposition, indeed, they never intended to dispute—that an undue crowding of such institutions must necessarily tend to exercise an unfavourable influence on the patients,—not only in retarding, or diminishing the number of cures, but also in increasing the ratio of deaths.

The Superintendent devotes a large portion of his able Report to the discussion of two forms of disease, known as "general paralysis," or, more correctly, "general *paresis*," and "phthisis." Of the 35 deaths in the Asylum last year, 18 were due to these two diseases, there being nine of each. Of the nine deaths from phthisis, eight were cases of what the Superintendent terms "latent phthisis." He records the singular fact, that out of the nine deaths from general paralysis in 1864, eight occurred in males and only one in females; and on the other hand, of the nine deaths from phthisis, eight occurred in females and only one in males.

The records of the Toronto Asylum seem to shew that general paresis, by which term is meant "a progressive impairment of muscular power," is certainly becoming more frequent in Upper Canada than formerly. The description of this obscure form of insanity and the history of its mysterious but steady progression to the inevitable end—death—(for the disease appears to be incurable) as given by the Medical Superintendent in his report, are painfully interesting.

Besides the matters already briefly alluded to, there are many interesting points discussed in the admirable report of the Superintendent, to which we would wish to invite attention, but our space prevents us. We can only once more commend the entire report to the attentive study of all who take an interest in the well-being of the insane in Canada, but especially to that of our statesmen, philanthropists, and medical men.

UNIVERSITY BRANCH ASYLUM.

This Asylum, distant about two miles from the Provincial Lunatic Asylum, of which it is strictly a branch, is under the immediate supervision of the Medical Superintendent of the latter institution, and his assistants.

The number of patients here at the close of 1864 was 76, being two less than at the beginning of that year.

The resident Steward and Matron, Mr. and Miss Blair, appear to be very attentive to their duties, and the Inspectors have every reason to be satisfied with the order and cleanliness which the buildings and premises throughout invariably exhibit on the occasions of their frequent visits.

The building is the property of the University authorities, and stands in the centre of the fine park presented by them some years ago to the City of Toronto. It was taken possession of by the Government, in 1856, as a temporary lodgment for lunatics; and the City Council, as well as the authorities of the University, are now earnestly urging the Government to remove the lunatics, from it. It is represented that so long as the building, with the land attached to it, is devoted to its present purpose, the City Park must remain comparatively useless, and the University lots in its vicinity be almost unsaleable.

It is difficult to understand how the Government can long refuse to listen to these representations. In making therefore any calculation as to the amount of accommodation still required for lunatics in Upper Canada, we must add the present inmates of this branch to the total of those for whom accommodation has yet to be found.

E. A. MEREDITH, CHAIRMAN.
J. M. FERRES.
TERENCE. J. O'NEILL.
FR. ZEP. TASSÉ.

SEPARATE REPORTS

OF

INSPECTORS.

PROVINCIAL LUNATIC ASYLUM, TORONTO.

I visited this Asylum on the 5th and 6th April; 17th and 18th May; 4th, 5th, 16th and 17th August; 3rd and 4th October, and 25th, 26th and 27th December.

As to the management of this Institution under the able direction of Dr. J. Workman, Medical Superintendent, assisted by Dr. B. Workman and Mr. Kennedy, nothing more need be said than what has been stated in all previous reports. It is managed with a zeal and intelligence which have gained for the Medical Superintendent a high name among alienists on this side of the Atlantic.

The Medical Superintendent has continued in his work of improving and ornamenting the grounds, and ameliorating the original defects of the building as to ventilation.

But the means of classification remain as deficient as ever, from the want of the wings, the erection of which was contemplated in the plans from the beginning. The impossibility of separating the violent or the filthy from the other patients has been pointed out year after year for so long a time, that the construction of them is now almost despaired of. The benefits of the Asylum, however, can never be fully realized, so long as the building remains in its incomplete condition.

UNIVERSITY BRANCH ASYLUM, TORONTO.

I visited this Asylum on the 18th May and 5th August.

As noticed in previous reports, this Asylum is for the accommodation of incurable cases, sent from the Provincial Asylum ; and there are generally about 70 women in it, besides four or five male patients, who employ themselves in the minor matters in the *ménage*.

Mr. Blair, the Superintendent, and his sister, Miss Blair, the Matron, keep the buildings in an admirable state of cleanliness, and the adjacent grounds in an equally commendable state of order. The flower-garden is a perfect picture in its way. They both have the happy faculty of managing the inmates, as if they were children of their family, and their treatment shews itself in the air of confidence and contentment which pervades the establishment.

J. M. FERRES.

PROVINCIAL LUNATIC ASYLUM, TORONTO.

I visited here on several occasions during the year, besides those on which the Board was present in quarterly session.

At the conclusion of each year, the same pleasing duty has devolved on the Inspectors of testifying to the uniformly admirable management of this large institution.

Everything within and without the extensive premises under his care evidences the judgment, attention, and good taste exercised by the able Medical Superintendent, and the same earnestness is evidently infused into all his assistants through his encouraging example.

The Medical Superintendent still perseveres in his endeavors to improve the originally imperfect ventilation of this spacious building, and with continued success. The changes made in this important matter, during the past twelve months, have proved highly satisfactory.

The full and interesting reports of Dr. Workman, embracing every matter in connection with this extensive Asylum worthy of the consideration of the Government and the public, render any lengthened notice of it, by the Board, or the Inspectors personally, unnecessary.

BRANCH ASYLUM, UNIVERSITY GROUNDS.

This institution is visited daily by the Medical Superintendent, or the Assistant Physician, and continues to merit the favorable report of the Inspectors.

It is still under the praiseworthy management of the same officers, judiciously selected by the Medical Superintendent at the opening of the institution, as Steward and Matron.

Besides the quarterly meetings of the Board, I have visited here on other occasions during the year, and found the entire institution throughout in the most admirable order.

T. J. O'NEILL.

REPORT

OF THE

MEDICAL SUPERINTENDENT,

FOR THE YEAR 1864.

To the Inspectors of Asylums, &c., of Canada.

GENTLEMEN,—I have the honor of presenting to your Board, in accordance with the provisions of the statute relating thereto, the Annual Report of the Provincial Lunatic Asylum at Toronto for the year 1864, being the 24th of the existence of the Institution; and in doing so I would express my sincere acknowledgment to our Heavenly Father for the continuance of His blessings to the Institution.

The number of patients remaining in the chief Asylum and the University Branch on the 1st January, 1864, was as follows:—

	Men.	Women.	Total.
In the Chief Asylum	198	182	380
In the University Branch	5	73	78
Total	203	255	458
The admissions in 1864 have been	66	70	136
Total under treatment	269	325	594
The discharges have been	38	38	76
" Elopements	1	0	1
" Deaths	10	25	35
" Transfers to Orillia	4	6	10
	53	69	122
Leaving in on the 1st January, 1865	216	256	472
Of the above patients there are in the Chief Asylum	211	185	396
In the University Branch	5	71	76
	216	256	472

An increase of 14 in the aggregate of patients in the two houses has taken place during the year. This increase exceeds by eight the number recommended by your Board in 1863.

The total admissions from the first opening of the Asylum, in 1841, have been 3114, viz :—

Married men and widowers	731	1646
Single men	915	
Married women and widows	950	1468
Single women	518	
Total		3114

	Men.	Women.	Total.
The total discharges have been	911	745	1656
" " Deaths	329	285	614
" " Elopements	29	9	38
Were assigned to Malden in 1861	108	91	199
" Written off to Orillia, 1st Jan. 1864	49	76	125
" transferred to do. May, 1864	4	6	10
Remain in Chief Asylum	211	185	396
" " University Branch	5	71	76
Total	1646	1468	3114

Both the Chief Asylum and the University Branch are now dangerously crowded. The cubic sleeping space of the patients is very much below the proper average, even under perfect ventilation ; but, under our defective system, it is certainly far too limited for the requirements of sanitary safety ; and though the results may not manifest themselves in that striking form which is always required to arrest public attention, they are manifest enough to those whose opportunities of observance enable them to offer an opinion with fair pretensions to accuracy. Whatever amount of argument may be employed for the purpose of shewing that density of population, either in this house or any other, has been co-ordinate with better health than the contrary condition, no member of the medical profession possessed of a legitimate degree of knowledge of animal functions and bodily hygiene, will venture to accord his assent to so absurd a conclusion. It is

my firm conviction that both the insane and the sane inmates of this Asylum are suffering from its over-crowded state, and that the standard of general health is thereby seriously impaired. I might appeal to the death-list of the past year in proof of this opinion; but I do not think it necessary to fortify my declaration of professional opinion by such evidence. We require not to adduce Asylum statistics in corroboration of the dictates of common sense, or of convictions based upon long-continued and close observation; neither do I hold it safe to appeal to the statistics of any particular year, or of any other limited period, to establish a reliable decision. The statistics of mortality in a limited field, and for a limited period, may be capricicusly variable; or at least they may, to those who are not intimate with all the facts which may be available for reconciliation of differences, appear to be so; or by those who have to support a foregone conclusion, they may be entirely ignored; but no accumulation, nor any arrangement of figures, can ever nullify the fact that vitiated air is detrimental to bodily health—that air breathed over and over again many times in the course of the same night must act poisonously and lay the foundation of fatal disease, and abbreviate the duration of life.

The admissions in the past year have been only 136, against 168 in 1863, 177 in 1862, and 204 in 1861. This progressive decrease is ascribable to two causes: 1st., the separation of seven Western Counties from the Toronto Asylum, and their assignment to the Malden Asylum, which took place in October of 1861. Secondly, want of accommodation in the Toronto Asylum, for all cases on behalf of which applications have been made, notwithstanding the fact that the number of beds has, by unsafe crowding, been already increased to the extent of 58, beyond the number occupied two years ago.

I am now utterly at a loss to see what further measures can be taken to meet, with our present means of lodgment, the numerous applications which are pouring in from all parts. I have so long, so often, and so fruitlessly, urged the completion of the Toronto Asylum—as well with reference to increased means of accommoda-

tion, as to the even more important matter of improved means of classification—that I dread to renew my recommendation on this head, lest my pertinacity might be regarded as indicative of mental infirmity. It must be useless to reiterate the arguments which I have embodied in a multitude of annual and quarterly reports; and I have nothing additional, on this occasion, to offer. I apprehend, however, that before another year shall have passed away, the voice of an angry community will have made itself audible, and that the expediency of carrying into effect my long unheeded suggestions will become convincing.

The receiving capacity of the Toronto Asylum, promptly to meet all the legitimate requirements of incident insanity within its district, should not be less than for 150 new patients annually. I do not think that, for the year now commenced, we shall be able to find vacant beds for more than half this number, if indeed for so many. What is to become of the residue?

I am very doubtful whether the system of creation of Branch Asylums for incurables, can be further extended. These institutions, in the buildings now used for them, or in any others similar, cannot receive patients of all sorts; the violent, dangerous, clamorous, and a multitude of others, are quite unsuited to them, though it would be unspeakably to the relief of the Chief Asylum that such patients could be removed to the Branches. The fact, on the contrary, has been, that the worst classes of patients have been left in the Chief Asylum, and have now accumulated to an extent which renders its condition far worse than it would have been, had no Branch Asylums been instituted. It could only have been filled up to a certain limit, and that limit could not have exceeded the present.

It is with great difficulty I am now able to select, even small detachments, for transfer, either to Orillia or the University Branch; and in both these there are at present patients, despite of all my care in selection, who are unfit for them.

Were an additional Branch Asylum to be now instituted, it would require to be constructed for the special purpose, with all

the means of security of life, safety against fire and other casualties, and arrangements for proper classification, which this Asylum has, or should have. This opinion is based on mature consideration, and a close intimacy with all the facts which should be taken into account, in the discussion of the question. It is therefore my belief, that the first measure of relief should be the building of the two wings of the Asylum; not, indeed, that this work can be completed in time to meet the public wants; but this is not my fault. I have always drawn attention to the fact, that at least two years would be required to build the wings. I doubt if they can be completed for the reception of patients in less than three. Before the expiration of this period, the additional beds which they will, when erected, contain, will not be sufficient for the accumulated applicants waiting for them; and one half, or perhaps three-fourths, of these waiters, will have become incurable, by waiting.

This is always the result of that sort of public economy, which procrastinates its measures of relief until the account has to be settled with compound interest; and of all usurious creditors, insanity is the most exorbitant. In another part of this Report will be found some figures relating to discharges, which must surely convince even the most obtuse of the great importance of early treatment, and of the evil results of the neglect of it. Of 191 patients discharged in the last 3 years, the duration of insanity, before admission, was not longer than three months in 136, *or* 71 per cent of all discharged. In 28 others, it had been from 3 to 6 months in duration; the two classes thus making 86 per cent of all the discharges in the 3 years referred to. Only 27, whose insanity exceeded in duration 6 months before admission, have been discharged. Two facts become, from the preceding figures, insuppressibly evident:—*First.* The admission of chronic cases is equivalent to the granting of a very costly life-support to the admitted. *Secondly,* The exclusion of acute cases, consequent on the permanent taking up of beds by chronic ones, is equivalent to the conversion of such acute cases into incurables, to at least the extent of 86 in every 100.

Now, when a certain limited amount of money is made available for a certain purpose, it should be applied, as far as it will go, to that purpose, and to no other ; and it should be applied so as to benefit the greatest possible number. To benefit the greatest possible number of the insane, we must stand prepared to offer them Asylum treatment as promptly as possible after the appearance of insanity. It may be, indeed, that many cases, thus promptly received, will not recover ; for incurability of insanity results from other causes besides neglect of early treatment ; but we have good reason to believe that early treatment offers the best—very far the best—chance for recovery ; and it will be found elsewhere shewn, that 75 per cent of all discharged from this Asylum from 1st July, 1853, covering the period of my incumbency, were under treatment less than one year, viz. : about $26\frac{1}{3}$ less than 3 months ; $23\frac{1}{3}$ less than 6 months ; $16\frac{2}{3}$ less than 9 months ; and $8\frac{1}{3}$ less than 12 months. These discharged patients vacated 644 beds, and enabled me to take in 644 new cases. A like number of old chronic cases admitted would be found to vacate beds only as they are removed to the grave ; and under a system of management which will, from inability to give prompt admission to every new case of insanity, convert every case into incurable, death will become the sole creator of vacancies.

Until additional asylum lodgment shall have been secured, no chronic case should be admitted into this Asylum.

The opinion is very often expressed by persons visiting this Asylum, that insanity is rapidly on the increase ; for they remember the time when there were scarcely any lunatics in Canada, and if they chance to be natives of the Old Country, they assert that insanity must be more common in America than there. It is very probable the opinion expressed by these people is of recent inspiration. The majority have never before been inside an Asylum, and, certainly, when they see here 400 insane persons under one roof, the extent of the disease assumes, to them, new and very enlarged magnitude ; but they are equally ignorant of its extent in their native country, as in this ; and when enlightened on the matter, by appeal to facts and figures, they seem to

wonder how such things could have been, and yet unknown to them.

The following summary of the national origins of nearly 1000 patients admitted into this Asylum in the last six years, may serve to correct the false impressions which many persons have on the subject under consideration:—

NATIVITIES *of* 995 *patients admitted in six years, from* 1859 *to* 1864 *inclusive.*

	Ireland.	Canada.	Scotland.	England.	U. States.	All others	Total.
1859	51	23	21	16	9	5	125
1860	64	38	34	32	9	8	185
1861	79	55	24	25	11	10	204
1862	56	61	24	29	2	5	177
1863	53	54	22	24	6	9	168
1864	50	35	24	17	6	4	136
	353	266	149	143	43	41	995
Per cent...	35 49	26 73	14 97	14 37	4 32	4 12	in 995
do. do. ...	13 70	64 70	7 07	8 18	.....	.....	in 1,396.091

The lowest line shews the relative per centage of the four chief nationalities in the whole population of the Province, which, according to the census of 1860-61, was 1,396,091, the following being the actual numbers, viz:—

Of Irish birth.....	191,231
" English "	114.290
" Scotch "	98.792
	404,313
"Canadian "	902,879
	1,307,192
"All other "	88,899
	1,396,091

The table of nativities of the patients admitted in the last six years shews that the three nationalities. Irish, English and Scotch, with an aggregate of 404,313, in the population of the Province,

have sent in 645 patients, whilst the Canadian nationality, amounting to 902,879, has sent in only 266; in other words, a part of the provincial population, equal to 29 per cent., has contributed to the Asylum population nearly 67 per cent., whilst another part, the native Canadian, equal to nearly 65 per cent. in the provincial population, has contributed only about 27 per cent. to the Asylum population. If the native Canadian population had sent in patients in the same proportion as the Irish, English and Scotch together, they would have furnished 1141, instead of 266. But taking into consideration the fact that the population of foreign birth is altogether, or nearly, of adult age, and that the native Canadian includes those under adult age, the proportion of which is about 40 per cent. in the whole population, we should find that the fair proportion of asylum admissions for native Canadians would be 865, whereas they have sent in only 30 per cent. of this number; or, in other words, the Irish, English and Scotch nationalities have sent in the proportion of ten to three as compared with the native Canadians. The disproportion would be still greater, comparing the native Canadians with the Irish. The contributions of the latter, from given equal numbers, being over four to one.

I have assumed the age of 15 as that at which lunacy commences to manifest itself. There is only one patient in the Asylum under that age.

I cannot, on inspection of the preceding figures, see the justice of the remark so often made by persons ignorant of them, that insanity is more prevalent in Canada than in the Mother Country; indeed, its utter fallacy seems to me to be obvious.

No fact appears more prominent in the Statistics of Insanity, than that relating to the period of life in which its numerical incidence is greatest. The tables of all Asylums, and in every year, concur in the exhibition of this fact.

Ages of 304 *Patients admitted in* 1863 *and* 1864.

	Under 20 years.	20 to 30	30 to 40	Over 40	Total.
1863.....	9	51	66	42	168
1864.....	10	40	43	43	136
	19	91	109	85	304

In the above two years 200 patients, out of 304 admitted, were between the ages of 20 and 40. The period from 30 to 40 years of age, appears above to be that most liable to insanity; but it is even more so than it appears. According to the last census, the number of persons in Upper Canada between 20 and 30 years of age, was 246,548; and of those between 30 and 40, it was 158,187. The latter smaller number has furnished 109 cases, whilst the former greater number has given only 91. Had the period from 20 to 30 equalled, in rate of production, that from 30 to 40, its due proportion would have been 170, instead of 91. The latter period is, therefore, proportionably more prolific in insanity than the former, in a given equal number of each, by 87½ per cent.

The civil state of the 136 patients admitted in 1864, was as follows:—

	Men.	Women.	Totals.
Married.....	30	51	81
Single	36	19	55
	66	70	136

The civil state of 3,114 patients admitted since the opening of the Asylum in 1841 was as follows:—

	Men.	Women.	Totals.
Married.....	731	950	1681
Single	915	518	1433
	1646	1468	3114

NOTE.—Under the head of "married," are included widowed.

As in the early years of the institution female patients were not sent in so numerously as of later years, an undue preponderance of male cases appears in the above figures, which might lead to the erroneous belief that females are less liable to insanity than males. This, however, is not the fact; for in the last 11½ years the female admissions have exceeded those of males by about 6 per cent.

In several former reports I have drawn attention to apparent disparities between the numbers exhibited in the tables shewing the *civil* state of patients admitted. The excess of single over

married men, and the excess of married over single women, appears to be great. On referring, however, to the last census, we find that between the ages of 30 and 40, which is the period most prolific of insanity, there were in the Provincial population :

	Men.	Women.	Totals.
Married.....	113,653	133,544	247,197
Single	144,011	58.254	202,265
	257,664	191,798	449,462

The table of civil state of all the patients, 3114, admitted into the Asylum, shews the corresponding numbers to be :—

	Men.	Women.	Totals.
Married.....	731	950	1681
Single	915	518	1433
	1646	1468	3114

The real disproportion between married and single men is not great, but instead of being against the single men, it is slightly in their favor ; for their number, at the same rate as the married men, would be 931. The married women, as compared with the married men, are considerably in excess ; their proportional number would be 860, instead of 950. The single women, as compared with single men, are in excess ; their actual number being 518, whilst their proportional number would be 368.

The next head of statistical importance, that of Religion, will be found to exhibit equally interesting facts as the preceding, and probably no less instructive. The total admissions, according to religious classification, have been as follows :—

English Church.	Church of Rome.	Presbyterians.	Methodists.	All others.	
503 474	334 412	287 422	142 271	116 153	Prior to 1st July, '53.1382 Since 1st July, '53.....1732
977 31.37	746 23.96	709 22.77	413 13.26	269 8.64	Per cent in.....3114

According to the last census, the numbers belonging to the above religious heads are as follows :—

English Church.	Church of Rome.	Presbyterians.	Methodists.	All others.	Total.
311565	258141	303384	341569	181432	1396091
The above numbers are equal to per cent.					
22 30	18 49	21 73	24 48	13 00	.....
in Provincial population, and have been represented in the Asylum by per cent.					
31 37	23 96	22 77	13 26	8 64	.....

I am apprehensive that the Church of England's proportion appears higher than it really was, as in a portion of the Asylum Register, in the early years of the Institution, numerous patients stand registered as Protestants, though I have reason to believe that a number, not inconsiderable, of these were Presbyterians, judging from their names and nationality, that is *Scotch ;* and if this confusion took place in the Scotch Presbyterians, no doubt it did so also in the Irish Presbyterians. The Church of England per centage is by our figures made to appear too high, and that of the Presbyterians correspondingly too low. I am supported in this conclusion by the relative per centages which have been manifested since my entrance into the Asylum, during which period the records have been kept with more precision. Of 1,732 patients admitted by me in the last eleven and a half years, the following are the numbers furnished by the respective religious classes, and the per centages in which they stand in the total, 1,732, are marked beneath, viz :—

English Church.	Church of Rome.	Presbyterians.	Methodists.	All others.	Total.
474	412	422	271	153	1732
27 36	23 79	24 37	15 65	8 83	.....

Taking the several numbers shewn by the census of 1860–61, as the standard of calculation, and dividing them by the Asylum numbers constituting the above aggregate of 1732, it will then

appear that the rate of insanity for the several denominations has for the last eleven and a half years been as follows, viz :—

Church of Rome, one lunatic for every				626	of their number.	
English Church	"	"	"	657	"	"
Presbyterian	"	"	"	719	"	"
Methodists	"	"	"	1260	"	"
All others	"	"	"	1185	"	"

Or, in other terms :—

Roman Catholic Church, annually, one in every				7219
English Church	"	"	"	7555
Presbyterian	"	"	"	8219
Methodist	"	"	"	14490
All others	"	"	"	13627

Of the total patients admitted, 3114, the following has been the disposal :—

Remain at Toronto	472	
" Malden	171	
" Orillia	119	
Total remaining		762
Died at Toronto	600	
" Malden	35	
" Orillia	15	
Total died		650
Discharged at Toronto	1651	
" Malden	4	
" Orillia	7	
Total discharged		1662
Eloped at Toronto	38	
" Malden	2	
Total Eloped		40
Total		3114

The religious classification of the aggregate remaining in Toronto, Malden, and Orillia, from the total admitted at Toronto, is as follows :

	English Church.	Church of Rome.	Presbyterians.	Methodists.	All others.	Total.
Toronto	137	130	98	61	46	472
Malden	42	65	31	15	18	171
Orillia	35	38	22	14	12	119
Total	212	233	151	90	76	762
Per cent. of remaining in on respective admissions	21 69	31 23	21 30	21 79	28 53	

The per centage of patients remaining in on the respective numbers admitted may be regarded as a fair exponent of respective incurability, especially as it will be found from the next table that the per centage of mortality has been almost equal in all the denominations.

The total deaths, 650, have been in the following religious proportions :—

	English Church.	Church of Rome.	Presbyterians.	Methodists.	All others.	Tetal.
Deaths	265	155	142	86	62	650
Admissions	977	746	709	413	269	3114
Per centage of mortality on admissions	20 98	20 77	20 17	20 82	23 00	
Per centage of discharges on respective admissions	57 33	48 00	57 39	57 39	48 75	Elopers included

The closeness of the rate of mortality in the various religious classes is very striking; there must be a basis for this fact, of much interest. The period of time covered being 24 years, is hardly too limited to exclude generalization.

It is proper that I should here explain that the Religious head, "All Others," in the preceding tables, has been made to

include those patients whose religion was not stated in the medical certificates, or could not afterwards be ascertained; as well as a small number who were stated to be of "No Religion," or "none in particular," and one or more who were called "Infidels."

The various preceding figures, relating to the *Nationality, Civil State* and *Religion of Patients*, appear to me to involve some important facts, which can hardly fail to be of public interest.

It appears manifest that if we have much, or an undue share, of insanity in Western Canada, it can by no means be said it is of home production. In this respect, as in our material products, we have been very large importers; for about two-thirds of our Asylum inmates have been natives of the United Kingdom, and less than one-third of Canada and the United States. It certainly then approximates to swaggering, on the part of natives of the British Islands, when they reproach Canadians as a people much more subject to insanity than themselves; especially when we find that they constitute only about 29 per cent of the population.

The Irish nationality contributes more largely than any other to our Asylum population. Considering the social condition of this class; the discomfort in which so large a portion of them live; the various privations and exposures to which, from poverty, intemperance, and general disorderly habits they are subjected; their comparative ignorance and imprudence, with all the evils therefrom arising, we cannot be at all surprised that the figures are as they stand. It would be miraculous if they were otherwise. The remarks already made on the figures relating to the civil state of patients, render further observation almost unnecessary. This element, like many others heretofore regarded as of considerable value in the causation of insanity, may have far less influence than has been supposed.

As regards Religion, in the causation of insanity, we can hardly believe, on carefully considering the tables relating to it, that it has much to do with it. It has, I believe, been a current opinion that persons of the Roman Catholic religion are more exempt from insanity than those of other denominations; but our figures shew that, in Upper Canada, Roman Catholics have a

larger rate of insanity than any other religious body ; and next to them stand the people of the Church of England ; after these, at a decent distance, come the Presbyterians ; next, all sorts ; and, strange to say, lowest of all stand the Methodists.

Now, I doubt not, all except the Methodists will be ready to affirm that Religion has nothing to do with insanity They, however, may contend, and I honestly believe they may with perfect truth and justice do so, in the face of the figures now before them, that Religion—*their* Religion—has much to do with insanity ; not, however with its production, but with its prevention.

In my report for 1861, when speaking of the relation between insanity and religious excitement, I made use of the following words :—" To be just with religious epidemics, we should record, not alone the evil they seem to produce, but also that which they may prevent. Insanity occasionally arises from these agencies ; but has any one recorded the number of cases of the malady which they may have prevented ?"

I believe the above passage was read by some persons with dissatisfaction, and by others with undue complacency. Those, however, who interpreted my words as intended to express approval of religious commotions, quite misunderstood my purpose.

I had, in a previous passage, said, that, " in common with all Asylum physicians, I regarded their invasion with apprehension," and I shall always continue so to regard them. So, too, we regard the thunder-storm ; yet, it vitalizes much more than *it kills*, and it leaves behind a purer atmosphere than it found. But apart altogether from this part of the subject, let us consider the less objectionable features of Methodism, and we may discover in it, or in its professors, some things of material importance, in negative relation to insanity.

The Methodists of Upper Canada are, in the main, a temperate, orderly, prudent, and moderately-intelligent people ; and they place a very salutary regard on the good opinion of their fellow-men. How rare is it ever to find one of their body before a police magistrate ! Who ever sees them flocking to horse-races, to public executions, or other demoralizing assemblies ? Who hears

their loud voices, or sees their acts of violence, in tavern or in street brawls? Though they constitute one-fourth of all our population, we find they constitute only about one-tenth of that of our Provincial Penitentiary. Trace them throughout all their relations—social, civil and domestic,—and they will be found in all, to involve a larger measure of mental and bodily conservatism, and consequently, of protection against insanity, than any other class. Their only fault, as regards insanity, is the occasional evil results of their commotional epidemics. Let us balance the account, and give them fair credit in the footing. My own general conclusion, from the whole of the preceding figures in this Report, is, that Religion, *per se*, or any other purely mental agency, rarely if ever *causes* insanity; and it is my conviction, that all the labour and valuable time which have been devoted to the recording and tabulating of such causes, has been worse than thrown away. *Figures, unbased on facts, are a coinage for fools to hoard, or to circulate.* They never can lead to useful results, but to the very contrary. So long as we continue to furnish them, and to permit the public to be led astray by them, so long are we depositing more rubbish on the tomb of latent truth.

Were Asylum physicians to be permitted to bestow on the care of their patients, on the administration of their institutions, on professional and congenerous studies, and on their own bodily invigoration, that large per centage of their time which is devoted to a servile accumulation, and subsequent annual tabulation, of figures, which hardly anybody ever reads, and as few understand, whilst nobody in the world can educe one useful, practical conclusion from them, it would be a great blessing to them and to their patients. But this is a consummation not to be hoped for, so long as humbug survives, or so long as men will accept of show for substance, and figures for facts.

Dr. Jamieson, of the Aberdeen Royal Lunatic Asylum, in his Report for the year 1863, with perfect truth and candor, designates the present *improved* system of British Asylum Records, as "a mass of Registers, Returns, Reports, and useless Statistics, *hostile to the advance of Mental Therapeutics*, as favoring the institution of mere clerkship and routine, in place of more

enlightened care and medical treatment, especially in the larger District Pauper Asylums." He concludes his Report modestly, but sensibly, thus :—"It is believed" (that is, by all persons of common sense, understanding the subject,) "that the Board of Commissioners might be doing good to both lunatics and their guardians, by lessening the number of these expensive and comparatively unimportant volumes."

That Dr. Jamieson's suggestion may be properly attended to, every over-worked Asylum drudge earnestly prays, and every patient under his charge, and all the friends, may also pray. The advancement of Mental Therapeutics encounters hostility enough in other quarters, without that complained of by Dr. Jamieson.

I have, with all integrity of purpose, set about the compilation of the assigned causes of insanity in the patients admitted in 1864; but, really, I can neither preserve my gravity in the work, nor, in my efforts to reduce the mass to any rational tabulation, can I make head or tail of the incongrous and meaningless mass,—meaningless beyond all controversy, as to "*the advance of Mental Therapeutics*," and meaningless in every other respect save one, that of disgusting hard work to the manipulator. As illustrative of this matter, I give, just as they stand transcribed into the Register, from the medical certificates, the assigned exciting causes of the first 40 cases in the admissions :—

1, Religious impressions. 2, Anxiety to get on in the world. 3, Jealousy. 4, Several attacks of Erysipelas. 5, Onanism. 6, Not known. 7, None. 8, Masturbation. 9, Unknown. 10, Jealousy. 11, Religion. 12, Unknown. 13, Money matters. 14, Epilepsy. 15, Can't tell. 16, Loss of property. 17, Unknown. 18, Cerebral disease. 19, Sudden death of husband. 20, Intemperance. 21, Can't tell. 22, Pregnancy, (but not pregnant—J. W.) 23, None. 24, Can't tell. 25, None. 26, Mental anxiety, (general paralysis—J. W.) 27, Sudden death of husband. 28, Not known. 29, Not known. 30, Not known. 31, Not known. 32, Drinking to excess. 33, Blow on the head, (but recovered—J. W.) 34, Not known. 35, Puerperal. 36, Ill-treatment by husband.

37, Malaria. 38, Not known. 39, Religious melancholy—(!) 40, Intemperance. And the following select cases :—1, Depression of spirits. 2, Weak intellect. 3, Love disappointment, (but not really in love.) 4, Passion, (but not passionate – J. W.) 5, Ambition and pride.

Now, if any body would shew me what earthly good is to be elaborated from the attempt at classification and tabulation of the assigned causes in the preceding list, I would cheerfully set about the work ; but I confess myself totally unable to see in what possible way it can "advance the science of 'Mental Therapeutics,' or in any other way benefit the insane." As regards a few of the assigned causes, such as epilepsy, intemperance, blows on the head, and parturition, no one doubts their efficiency ; but what additional therapeutic or prophylactic knowledge are we to derive from their tabulation amidst a mass of rubbish, as unmeaning, as bewildering, and as utterly fallacious as it is possible to conceive ? I write too fast. I have much respect for the entries, "not known," "unknown," "can't tell," and even for the solitary one, 'weak intellect." The first three lead to no error ; the fourth underlies insanity to a very large extent. But what are we to do with "religious impressions," "anxiety to get on in the world," "jealousy," "religion," "money matters," "loss of property," "pregnancy," especially when it does not exist ; "mental anxiety," "religious melancholy," &c., &c. ?

Verily some, if not all these, look so much like insanity itself that, but for the honor of the paternity, it might have been as well not to have called them into court.

Many of the assigned causes of insanity are indeed facts useful to be known, as a portion of the history or character of the cases, and as such I am always very thankful for them; but as to applying them to any purpose of statistical enlightenment, or as to the compilation of any tables in any way relating to them, whether as regards curability or incurability, vitality or mortality, I am totally incompetent. Let us extend to them the charity of our silence.

The period of duration of insanity, as usually given in certificates of lunacy, is highly unreliable. It is frequently found that cases stated to have been only of a few weeks', or even of a few days'

duration, are in reality but cases of recurrent, and frequently of paroxysmal insanity, which the friends at last have decided no longer to keep at home, but which, so far as any rational prospect of recovery goes, they might as well still retain there. Again, the actual commencement of insanity is seldom perceived, or if perceived, very reluctantly believed by the friends. The period from which they reckon is that of final, unconcealable outburst. I have known many cases which have been of months, and even years, duration, thus represented as of quite recent occurrence. Perhaps in no cases does this fact occur more strikingly than in those of general paralysis. The early symptoms of this disease are very rarely recognised, even by members of the medical profession; indeed, it is a well established fact, that a very considerable proportion of the profession do not know the disease at all, though only the most intelligent of them are willing to admit this fact.

The admissions of 1864 would, if the figures were reliable, rank very fair as to the previous duration of the insanity; but I am well aware the figures are largely unreliable.

The stated previous duration has been as follows:—

3 months and under	72
3 to 12 months	28
1 year and over	21
Unknown (all perhaps chronic)	15
Total	136

The number of re-admissions in 1864 has been 22, viz:—

2nd admissions	15
3rd do	2
4th do	3
7th do	2
Total	22

In the above 22 re-admitted patients, the time from the last discharge to the present admission was as follows:—

1		9 days
1		21 "
1	4 months	22 "
1	5 "	23 "
1	6 "	26 "
1	7 "	
1	9 "	24 "

2	between 1 and 2 years.
7	" 2 " 3 "
1	" 4 " 5 "
1	" 5 " 6 "
1	" 6 " 7 "
2	" 9 " 10 "
1	" 10 " 11 "
1	" 12 " 13 ".
22	

The patient in the above table, who was out only 9 days, was discharged with my full concurrence, after a period of long convalescence, and in an apparently perfect state of sanity. He went home with a bundle of the best resolutions, and left to me another of the best promises to be a good boy, and to adhere strictly to all my advice ; which promise he kept in part, till over half way home, and the remainder he entirely forgot within two days after. The result was that, in nine days from discharge, I again admitted him, as a furious, uproarious maniac, *vice* the pious, prudent, sensible man who had left me. The second case of short interval, is one of 4th admission ; and I think it probable there will not be a fifth ; for the friends now see that no reliance is to be placed on appearances. This patient, in the Asylum, moves and converses as a rational person ; but a few days at home always upset the achieved improvement.

The remaining cases call for no special remarks.

The discharges in 1864 have amounted to 76, and there has been one successful elopement by a male patient, whom we have been totally unable to trace beyond the boundary wall, over which he passed.

The number of discharges has been equal in the sexes—38 of each, and are thus classified :—

DISCHARGES IN 1864.

	Men.	Women.	Totals.
Recovered	31	32	63
Improved	5	5	10
Unimproved	2	1	3
	38	38	76

Of the improved patients, one, a man, had been resident twelve years and four months. When I first became acquainted with him, his case was one of a most pitiable nature. He manifested an instinctive dread of every person approaching him, and it was five years before I could induce him to shake hands with me. Perseverance in gentle treatment finally transformed him into a new and happy being. He became confiding, affectionate, and, in the intervals between his paroxysms, he was very rational; but in the paroxysms, which, however, gradually mitigated and became more distant and shorter, he still manifested his *quondam* distrust. He was a wonderful reader. From the time at which his mental improvement commenced, he constantly kept in bed; and to this indulgence I mainly ascribed, not only his mental improvement, but the prolongation of his life. The equable temperature of his body, thus secured, seconded by generous diet, and a constant supply of wine, proved sustentative of vital power. His lungs were discovered to be tuberculous at an early period, and he had occasional attacks of hæmoptysis. His friends finally, believing his end was near, took him home in a perfectly rational state. I might designate his condition as that of recovery, but for the tendency to paroxysmal recurrence, which I still believe to be present.

A second improved case, that of a female lypemaniac, only four months and eighteen days in, proceeded, as I afterwards learned, to a complete recovery at home. I was by no means sanguine in my hopes as to this result, had she remained in the Asylum. We are occasionally greatly puzzled in such cases, and know not what to advise. If the patients become worse at home, then the friends complain of our stupidity; if they become better, we do not hear any more of them; for not in one instance in five do the friends go to the trouble of informing us of their progress, though we may have had a world of trouble and anxiety in bringing about the obtained improvement; and both for professional and humane reasons, we would be much gratified by even the briefest details. Such is human nature, as we largely experience it. Two improved cases of women were discharged, anticipative of child-birth; one of whom has since been re-admitted, not, it is to be trusted, this time in a state of pregnancy. The remainder of the improved cases were removed by friends, generally with

my concurrence, being in a condition to warrant the belief that they would be manageable at home.

Of the unimproved cases, one, a man of 50 years, laboring under a very intense form of mania, was taken out by his wife, three months and twenty-four days after first admission, in utter disregard of all advice. Her reason for the step seemed to be, that he had not recovered. It is a very common error with the friends of the insane, (and which I am sorry to say, is very often the result of promises of speedy recovery, sponsorially made by the attending physicians on our behalf,) to expect that the disease will, as a matter of course, recede, as soon as the patients reach the Asylum. It is not difficult to understand how great must be the disappointment of such persons, when they find, that so far from improving, the disease has become constantly worse; they reason as the bulk of the world do, *post hoc, propter hoc.* The patients become worse *after* entering the Asylum; therefore, they have become worse *because* they entered it. If medical gentlemen, who, on our behalf, make pleasing promises to the friends, and supply us gratuitously with their *prognosis* of the malady, would, at the same time, furnish us with an accurate diagnosis, they would confer on us a very great favor, and very much enlighten our darkness.

The disappointed wife of the patient spoken of, in a short time found that she had acted rashly in taking her husband home, and was actually compelled before long to have him consigned to the county gaol, from which in due course he was again sent to the Asylum, where he will remain until relieved by death, the only physician able to master his malady. The other two unimproved patients discharged, were taken home to die; one, a young woman in the last stage of consumption; the other, a man of middle age, in the third stage of general paralysis.

The ages of the 63 recovered patients varied from under 20 to over 60 years, viz.:—

Under 20	5
20 @ 30	18
30 @ 40	18
40 @ 50	9
50 @ 60	9
Over 60	4
Total	63

The ages of the improved were as follows :—

20 @ 30	3
30 @ 40	1
40 @ 50	3
50 @ 60	3
Total	10

The ages of unimproved were :—

Under 20	1
" 45	1
" 50	1
Total	3

In 1863 the discharges numbered 85, of which 36 were of men and 49 of women. The aggregates of the two years are :—

	Men.	Women.	Total.
1863	36	49	85
1864	38	38	76
	74	87	161

The admissions in 1863 and 1864 together were :—

Men	137
Women	167
Total	304

The discharges for the two years have, as to the number of admissions, been :—

For Men.....74 to 137, or 54 per cent.
Women.....87 to 167, or 53¼ per cent.

In 1863 the Improved patients were	8
" Unimproved "	3
" Recovered "	74
Total	85

The total recoveries in the two years, 1863 and 1864, have been 137 against 304 admissions, or equal to 40⅓ per cent. To these might fairly be added about one-half the cases called improved, which completed their recovery at home, and were discharged with that view ; consequently, I think this step was an integrant and a very rational part of the medical treatment, quite as much so as it would have been to send them on an excursion tour, or

indeed a great deal more so. I have in a preceding part of this report drawn attention to the fact that 86 per cent. of our discharges in the last three years were of patients whose insanity, according to the certificates of lunacy, had been of less than six months' duration, and in 71 per cent. had been under three months' duration. It thus appears, from a surface of three years, that of all the patients admitted, whose duration of insanity has exceeded six months, only 14 per cent. will ever leave the Asylum in life, and of these a considerable portion would be found to be in the *improved* and *unimproved*. It may be doubtful, supposing that full means of Asylum accommodation existed, whether the evil of detaining patients at home, by their friends, could be prevented by any compulsory legal provisions. If, however, it could be effected, it would be an unspeakable blessing to the insane. We seldom hear, in the reports we read of "*shocking cases*" in the English and other newspapers, of any legal intervention, unless in cases of many years' duration ; and yet how much wiser and better would it be for the officers of the law to lay hold of the matter at the right end, and thus save a multitude from destruction, rather than glorify themselves over doing for a few, too late, what they might and should have done in time. Mankind are about as wise in this affair as in many others, and probably it is about as hopeful to inculcate on them common sense in this department of social science as in any other. A health officer who would order a dying case of small-pox to be carried to the hospital, because perhaps it had come "between the wind and his nobility," but who never takes the least trouble in the enforcement of vaccination, would be quite as efficient and praiseworthy as those who hunt up the "*shocking cases*" of insanity, and never bestow a thought on all the others.

In every year a considerable number of patients are admitted, to whom vacancies had been awarded months, perhaps a year or more, before ; but in consequence of some improvement, mistaken by the physician for recovery, or believed by the friends, in spite of his dissent, to be such ; or, perhaps, more frequently, because of the ill-directed tenderness of mothers, sisters, or other relatives, or the intermeddling of benevolent neighbors, who tender any amount of negative advice, with a homœopathic quantity of

practical aid, these poor sufferers have been kept at home until their insanity has been confirmed, and are finally sent to the Asylum, not so much because they may, or can, be benefitted, as that their families may be relieved of the trouble of longer taking care of them, now that they have, as they usually say, *done all they could*,—and so, verily, have they, *and the worst they could*

The following table shews the relative number of discharges, from 1st July, 1853, to the 1st January, 1865, according to the periods of treatment :—

	Under 3 mos.	3 to 6 mos.	6 to 9 mos.	9 to 12 mos.	1 year to 2	Over 2 years	Total.
	225	204	143	72	138	79	861
Per cent of 861.....	26.13	23.69	16.61	8.37	16.03		

The footings of the first four columns ending at 12 months are equal to 74.80 per cent of the whole. It will be perceived that these figures do not shew so well as those of the last two years of the period, (1863-64) in which 86 per cent of the discharges were embraced in the first two columns. Whether our system of treatment has latterly improved, or the patients latterly under our care have better resisted our treatment, or our wine and beer accounts have been much heavier than in former years, I would pray to be excused from deciding. It is, however, a fact pretty well known to your Board, that our consumption of wine and beer is now heavy ; and I think it will be wise to continue under high steam, so long as our house is crowded as at present ; for those who do not get out of it within twelve months, will run a bad chance of leaving it alive.

The number of deaths in 1864 has been largely in excess of those of 1863,—that is to say, 35 against 25 ; being an increase of 40 per cent. on nearly equal numbers under treatment, viz. :— 582 in 1863, and 594 in 1864. The excess of patients under treatment in 1864 has been, in my opinion, much more than compensated as to the field of mortality, by the defect in admissions in 1864, as compared with 1863 ; so that 40 per cent hardly represents the true relative increase of mortality over the previous year.

The following is the summary of the assumed causes of death, based, to a large extent, on *post mortem* observation ; but, as I have often stated before, and as all physicians to the insane are well aware, absolutely exact tabulation of death-causes in

Asylums is quite impossible. Every case embraces many facts of high importance, which cannot be expressed in any table of mortality; and the tabulation of causes, as we are obliged to compress the work, is a very useless labor, and, for all purposes of medical statistics, must be almost valueless, if not, indeed, worse.

ASSUMED CAUSES OF DEATH.

General paralysis (paresis), 9; phthsis, latent, 8; do. manifest, 1; typhoid fever, 2; cerebral effusion, 2; serous apoplexy, 2; typhomania, 1; pelvic abcess, 1; cancer of stomach, 1; colloid cancer in pelvis and abdomen, 1; old age and pneumonia, 1; old age and dropsy, 1; old age aud umbilical hernia, 1; marasmus, and strangulated hernia, 1; seropneumonia, 1; dry gangrene, 1; brain and lung disease, 1. Total 35.

It will be observed that 18, or more than half of all the deaths, have resulted from two forms of disease—general paralysis and phthisis; and that 8 of the latter are designated *latent*, whilst of the *manifest* form, or that which is met with in general medical practice among the sane, only one case is recorded. In 1863, the number of deaths from each form of phthisis was exactly equal to those of 1864, viz.: 8 from the *latent*, and one from the *manifest* form, but we had only 5 deaths in 1863 from general paralysis, against 9 in 1864.

The disease known to the speciality of insanity under the name General Paralysis, is certainly becoming more frequent in Upper Canada than formerly. I found no records of it in this Asylum when I entered on duty; but neither did I find any of any other disease. During the first half of my period of incumbency 15 deaths resulted from it, and during the latter half 31 have resulted from it. I may as well state candidly, that all who have entered with it, have died, or are on the way to death; and yet of all who have entered with it a very considerable proportion came here with fair promises on the part of their medical attendants that they would soon recover. The truth is, the disease is not understood by any large number of the profession, and we need not wonder at the fact; for the chances of meeting with it, though numerous in a large Asylum, are very rare in general practice; and the name by which it has been designated, although

not altogether inappropriate, has been ill-chosen, as another form of paralysis, incident to the *sane*, has the same designation, and the two are widely different.

This error in nomenclature sometimes leads to mistakes. When I ask country physicians visiting the Asylum if they wish to see our cases of general paralysis, and if they are familiar with it, they reply to both questions, *yes*; but when they see our cases, they nearly all say they are quite new to them. During last year I was led to apprehend, from the preliminary descriptions of a case, on behalf of which application had been made, that it was one of general paralysis; and when I sent for the patient, I submitted to my medical correspondent the question, whether it was such. The answer was, no; but the case was one of general paralysis, nevertheless. I felt, on this occasion, the misfortune of having used a misleading term in my question.

The word *Paresis*, as meaning a progressive impairment of muscular power, rather than absolute privation of it, whether local or general, has latterly been generally employed by German and French writers, and it is certainly much more appropriate than the one which it is intended to displace, not from medical nosology, but from the nosology of insanity.

The chief cause of non-recognition of general paresis by medical practitioners is, as has been already noticed, its infrequency in general practice. Next to this stand its insidious and anomalous incipience and progression. The earliest appreciable physical change, is the impairment of speech. From defective action of the muscles, moving the tongue and lips on one side, the power of articulating words with former distinctness is no longer exercised with precision, especially in the forming of the labial and dental consonants, which requires exact direction of the tip of the tongue. The pronunciation, in fact, is very similar to that of a person under the influence of alcohol. This symptom gradually increases in manifestation, until, finally, speech is nearly altogether, or is totally, obliterated; and, concurrently with this aggravation may be observed a new symptom, that of impairment of the power of swallowing. This symptom, indeed, generally exists, though not in a dangerous degree, long before it forces itself on our attention; but, ultimately, it can no longer

be overlooked, from the occasional threatenings of choking in consequence of accumulation of food in the pharynx and upper portion of the œsophagus. It would appear that in these patients the functional integrity of the nerves of taste is not impaired, or that their sensibility is actually quicker than formerly. All patients whom I have ever seen under this disease have had keen appetites; some are voracious, and would eat a full meal every hour in the day. But this voracity is sometimes very perilous; they will go on filling their mouths as rapidly as they can shovel in, but the process of swallowing may not go on so fast; and the first we may know of this defect may be that the man falls over black in the face, and unless his mouth and pharynx are speedily disgorged of their contents, he will expire.

Another fact, almost invariable in this disease, and one which misleads to a serious extent, is the absence of pain—not merely of pain in the head, but of all other pain. I have never had under my care a case in which the patient acknowledged the existence of pain in the head; nor a case in which any sort of illness has been admitted by him. He eats much, grows fat and ruddy, says he never enjoyed such health; he is happy, if he is but well fed. He is pleased with all the world, and especially with himself. All his ideas are of an exalted order; and all his projects are of immense magnitude. He would give away everything he possesses, but not any part of his dinner. He is more apt to lay hold of that of others, than to relinquish his own.

The loss of power in the upper and lower extremities proceeds gradually, and in the first stage may escape detection. A practised eye and ear will, however, discover it in numerous instances where the friends may not have observed it. Let the patient step out, and a perceptible inequality of motion in the two limbs will be noticed, and the sound given on the floor will have a sort of clatter on the affected side, as if the pace were broken and the heel dragged slightly. From the statements made by some late German writers, it would appear that in their asylums general paretics frequently become emaciated and are very subject to bedsores. Our patients almost all die fat, and only those who linger very long become thin of flesh. We feed them well, and do not hesitate to give them both wine and beer. I am convinced that

since we adopted this system our patients have lived longer and have certainly been infinitely happier than before it was introduced. At all events, we are quite sure that a spare diet will not cure them; and we think that as starvation must be the greatest torment a general paretic can undergo, it is the part of humanity to save him from it, and until death ends his being we think it is our part to make it blest. One patient who died several years ago had been a sportsman, and was very fond of duck. In the last weeks of his disease he called every good thing he ate *duck*, and duck was the very last word he uttered, and the only one he could utter for many days. Was not this man happy?

When a medical practitioner meets with a case, the diagnosis of which, both as to mind and body, puzzles him, he can neither pursuade himself nor the friends that the man is insane; but he observes that the mental condition is not what he once knew it to be—the man has become elated, has occasional bursts of passion, is at one time all endearment and anon the contrary; is inclined to speculation, and sometimes makes very foolish bargains, but is in his own opinion always rich, and becoming constantly richer; when he does acts and manifests feelings and tendencies quite different from his former habits; if, for example, being married, he falls in love with another woman; if a widower and advanced in years, he marries a young woman, and cuts a great swell through the honeymoon, makes presents to all and sundry, and believes himself, and tries to make others believe him, to be as youthful, vigorous and in every way clever as he ever was, we should begin to fear that there is a screw loose, and that the end is coming. If his speech begins to manifest the peculiarities I have mentioned, and his appetite becomes unwontedly good, it is almost certain that he is on the verge of a sudden break-up, and the first striking proof of it will be something very like a fit of apoplexy, though not exactly apoplexy, for it will have a dash of epilepsy, and he will come through the attack, if not heroically treated, amid a storm of epileptiform convulsions. Next day, if not bled, he may be on foot, and most probably will have no recollection of his illness; but if he shewed no paralysis before, now he will evince more or less of it in a leg, or an arm,

and his tongue will be a little thicker than it was before the fit. He may not suffer another attack for a long time, but it is before him, and perhaps a succession of fits are before him. After a certain (that is an uncertain) number of such seizures, his friends admit that he is insane, and they may be told that unless he is sent to an Asylum he will become incurable. They therefore believe he will be cured by sending him, and it is done accordingly. As I have confessed that all my general paretic patients have died, or are dying, your Board may guess how very slim is the poor man's chance of getting out of this house alive. There are now twelve cases in our wards. The result in them all will be alike. I would go a long distance to see one veritable recovery.

The form of disease designated latent phthisis, which is, on the general average, the largest factor of asylum mortality, is certainly one of deep interest. There is probably no essential difference between this form of consumption and that of manifest phthisis. The absence of cough, expectoration, hectic exacerbations, and of some other symptoms which are almost constant in manifest phthisis, may be ascribable to that depression of nervous susceptibility, which is so largely observable in insanity. In the post mortem examination we discover nothing distinctive. It is not improbable that latent phthisis occurs to some extent among the sane, and might be found less uncommon than is supposed. It does not, however, among the sane constitute the rule, but, I believe the rare exception. A variety of latent phthisis, which I have often observed in our post mortems is that in which the patient appears to die from suffocation, caused by the extensive consolidation of the lungs by a dense continuous mass of firm tubercles, which have not undergone destructive degeneration, and consequently no cavities, or collections of purulent matter are met with. The patient dies from want of air space; the bronchial ramifications, and the air cells to which they lead, are obliterated—crushed out—and the organ is, to all intents, as to respiratory function, in the same condition as it is in hepatization.

Dr. Graves, in his admirable lectures on clincial medicine, alluding to this form of phthisis, observes: "Cases of this kind are of no uncommon occurrence. I have seen tubercles to a very

extraordinary extent make their appearance in the lung in the space of two or three weeks, and have known persons to die of the suffocation caused by this rapid development without the usual symptoms of phthisis." Speaking of the case of a patient then dead, before the class, Dr. Graves says: "She had scarcely any of the common symptoms by which consumption is characterised; her death was the result, not of the suppuration which attends phthisis, but of the suffocation which arose from imperfect respiration." This has been exactly the fact in a number of cases noted by us. Dr. Graves entertained on many subjects opinions of his own, as he happened to be a man who had a mind and was not afraid to make use of it. Some of his views on phthisis may not be now largely entertained, but others expressed by him are not questioned by any medical authority. For example, when treating of the great extent to which phthisis prevails in England and elsewhere, he says: "The prevalence of phthisis is found statistically to depend on confinement, poverty and vice; and as these are most abundant in the condensed populations of towns, we can perceive why consumption is so frequent in this kingdom."

Again, speaking of the comparative health of large towns, and of sparse populations, Dr. Graves expresses the following opinion, as correct as it is frightful:—"If the population of these countries lived in one great London, or one great Manchester, deprived of the benefit of pure air and wholesome exercise, I verily believe that they would all become scrofulous—that nine-tenths of them would get phthisis, and that scrofula, in its various shapes. would sweep them off in the course of a few centuries."

The insane in Asylums, under the most favourable circumstances possible, are very largely "*deprived of the benefit of pure air and wholesome exercise.*" During our long, severe winter seasons, exercise in the open air, for the great majority, is out of the question. The injury from exposure would far outweigh the benefit derived from it, and would much augment the mortality. This being the case, how much more necessary must it be that the internal air breathed by them should be pure. My friend, Dr. MacCormac, of Belfast, a writer favorably known in medical science, and one who, from his position as consulting physician

for many years to the Belfast District Asylum for the Insane, is well qualified to give an opinion on their wants, in a recent letter to me writes thus :—"I have prepared, and intend, with all convenient speed, to publish a further treatise on Consumption. The one and only cause which I assign for the prevalence of tubercles is rebreathed air, that is to say, respiring more or less the same air a second time. In respect to more space, it is absolutely necessary so to arrange it, that the *inmates shall not be called on to respire the same air a second time.* No ventilation, that does not accomplish this, will prove of sufficient avail."

It is quite manifest, that neither Dr. Graves nor Dr. MacCormac believes in the doctrine that density of house-population is more conducive to health than the contrary ; and they would regard as of little value any statistics that might be made to appear to support such a doctrine.

It is my sacred and imperative duty to point out every defect in our Institution ; and I certainly know of none of greater magnitude than that alluded to by Dr. MacCormac, "the respiring of the same air a second time" by our patients,—a second time, indeed! might I not say a twenty-second, or, mayhap, a thirty-second time. But air expired from the lungs, is not all the foul air emitted by lunatics, There is a pretty fair percentage of other foul air discharged in a large dormitory crammed with the insane in the course of one night ; and it is rare not to find in a dozen of such patients one whose cutaneous exhalations are very offensive. Very often, when grand jurors and other visitors are walking through our halls and sleeping rooms, and expatiating complimentarily to their own and the general benevolence, and to our good order and cleanness, on the great comforts of the inmates, and the sweetness of our internal air, (in daylight with numerous windows and doors open,) I could wish that I dared lay hold of a few of them, and lock them up, even for one night, in one of our sixteen-bedded rooms. They would be as valuable to our people as singed rats to a farmer.

The preponderance of the number of deaths of females may appear striking to those who are quick to generalize on limited statistic surfaces ; but we require to look beyond a single year, or even two or three, in order to discover the relative mortality.

In 1864, the deaths of males have been 10, against 25 of females.

In 1863, the deaths of males were 14, against 11 of females.

In 1862, they were 11 of males, against 16 of females.

In 1861, they were 20 of males, against 22 of females.

In 1860, they were 22 of males, against 18 of females.

In 1859, they were 22 of males, against 16 of females.

Thus the last six years give 99 deaths of males, against 108 of females; and bearing in mind, that since the opening of the University Branch, the number of female patients remaining in has been constantly in excess of that of males, by an average of 20 to 25 per cent, it will not appear that the female mortality has been in excess of that of males.

In a total of 614 deaths in our Register, 329 have been of males in 1646 admitted, and 285 of females in 1468 admitted; being equal to 20 per cent for males, against 19.41 per cent for females.

But in the 99 deaths of males since the 1st January, 1859, 28 have resulted from general paresis, and only three deaths of females from this disease.

Now, deducting these from the respective totals, leaves 72 deaths of males, and 105 of females, from the various other diseases incident to both sexes.

What is the compensating death factor in insane females?

In 1864, 8 out of 9 of the deaths from phthisis have occurred in females, and only one in males, but 8 out of 9 of the deaths from general paresis have occurred in males, and only one in females.

I believe this balancing of mortality in the sexes is found to obtain in all Asylums in which general paresis largely obtains, and in which due attention is given to the detection of phthisis, by *post mortem* examinations. It may be interesting, and it might hereafter prove useful, to note this fact; but it must be difficult, and it would be rash, to venture at present on an explanation of it. All who live, must die; and death has various modes of doing his work. An equal number of men and women admitted into Lunatic Asylums will, in the lapse of a quarter or half of a century, be found to have died in pretty equal propor-

tions. In ordinary life the sexes are subject to their respective different forms of disease; yet the annual mortality, on the large scale, is equalized.

In the summary of mortality of 1864 are three deaths, in the assigned causes of which I have included "*old age,*" though two of the subjects appeared by the Register to be each only 63, and one 71 years of age.

But "*old age*" is a relative term, and may often more appropriately be applied to one person of 60 years, than to another of 80.

The patient of 71 years had been a soldier under Sir John Moore and Wellington, down to the closing battle at Toulouse, and he had been 21 years 1 month and 15 days in the Asylum. Might not this man's two campaigns, from the former of which he came off with two wounds, and the latter of which closed in general dropsy, from functional breaking down of his heart, be reckoned to him for an additional score of years?

The other two aged subjects were women, both truly old in medical language. One had been 12 years 4 months and 15 days a resident, and labored under a large and very distressing umbilical hernia: added to which torment was the nearly total privation of sight, which was very inopportunely supplemented by both visual and auditory hallucinations, in which she saw and heard a wondrous multitude of bad people, to protect herself against whose violence she frequently made efforts that ended in very serious bodily injuries to herself.

The second had been a resident for 7 years 9 months and 18 days, during all which time she was tormented and abominably treated by the *fairies*, who stole her shoes and stockings every morning, summer and winter, and thus left her constantly barefooted; and no matter how often her shoes or stockings were hunted up and restored to her, the *fairies* would have them again before half-an-hour. She finally broke down, and died of old age and pneumonia, both of which were the work of the *fairies*.

In one case, that of a general Paretic, in the second stage of the disease, and who had been in the Asylum only 10 days, I deemed it proper, from the suddeness of the death, to have a Coroner's

inquest. The man had taken his dinner, and before or in the act of rising from the table, he fell back and died.

The jury found a verdict of death by apoplexy.

The case of Colloid Cancer was, from its rarity to us, and the frightful destruction worked by it, one of very great interest. It involved the whole of the pelvic, and nearly all the abdominal viscera; and had so thoroughly transformed, agglutinated, and confused them, as to render their dissection, or even their distinctive recognition, impracticable. This patient had been an inmate for over 13 years.

The case of Cancer in the stomach was that of a woman, resident nearly ten years. Her mental disorder had been one of that by no means limited number met with in Asylums, which, from their multiform manifestations, mock all attempt at classification, and render our statistics totally deceptive. It would be "mania" to-day, and "melancholia" to-morrow, and "dementia" the next day; and *other forms* next week. One day she would be all smiles, cheerfulness, kindness and humility; the next she would be roaring like a furnace, shedding pints of tears, scrubbing out her room, and scolding like a saint. She had frequent attacks of illness, but would take no medicine, only from her "Divine Physician"; and really, when I saw her stomach after death, I thought the Divine Physician had very wisely protected her against my medicines. I dare say the repugnance of many insane people towards drugs, is not unfrequently conservative.

The expenditure for the year 1864 will, I believe, exceed the estimate. The causes of this excess are known to your Board, and have been unavoidable. One of them has been the high price paid for coal, and an excess of this importation, to the extent of 100 tons, beyond the quantity primarily ordered; but as the quantity of the article is excellent, and a surplus will remain in the spring, which will enable us to lessen next year's purchase, the ultimate expenditure will not be so much in excess, as at present it appears to be.

Our improvements consist chiefly in a new fire-engine, and two additional fire-hydrants, which, with the one previously established, in connection with the main water-pipe, can, in case of emer-

gency, be worked by the steam-pump at the lake, and each of them will thus throw a good stream of water as high as our fourth story, without any other power.

The Mortuary, which was fitted up last spring, at a proper distance outside, is very useful and safe.

Religious services are now well sustained by all denominations. Nothing, perhaps, relating to the treatment of insanity (and religious teaching may be made a very valuable auxiliary by those who make themselves familiar with the malady and its subjects,) requires more discretion, than the conducting of religious service for the insane. It has been my happiness and privilege to listen to many prayers and sermons in this house eminently well suited to the purpose in view; but it has also been my lot, as I believe it is that of other Asylum Physicians, occasionally to hear an unguarded expression in a discourse, which has made me tremble for the result upon certain minds addressed, to which I have felt convinced it was not only unsuited, but most detrimental. It would be presumptuous in men of my calling to dictate to Ministers of the Gospel the terms in which they are to address their audience; yet, in a Lunatic Asylum, some concession to our views might be made, not without advantage. We know best the people addressed; we understand their mental flaws and feebleness, and we have learned, by our daily intercourse with them, what may or may not be profitably said to them. Whatever tends to calm, and sooth, and strengthen their minds, is good, at least for the promotion of their recovery; and if this may not be all that should be said to them, would it not be best to defer the remainder until they shall be able to bear it; which certainly, will not be before their leaving us, and may not be afterwards?

It becomes, in closing this report, again my duty to acknowledge the efficient, zealous, and faithful services of all the officers and servants of the Institution under me; and to express to your Board my sincere thanks for your scrutinous attention to all its affairs, and for your sympathy towards all the household.

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

JOSEPH WORKMAN, M.D.,

Medical Superintendent.

TABLE I.

	Number remaining on Jan. 1st of past year.	Admitted during 1864	Average inmates in 1864.	Died.	Discharged.			Average stay of those dead or discharged in 1864.	Number of those entered before 1864, still remaining.
					Cured.	Relieved or improved.	Unimproved		
Males	203	66	464	10	31	5	2	Discharged: nearly 11 m'ths and 29 days.	182
Females	255	70		25	32	5	1		237
Total	458	136		35	63	10	3	Died 3 7 10	

TABLE II.

	Remained over from previous year, *i.e.* 1863.		Admitted during the year 1864.		Discharged.				Died.		Average stay of discharged in the year.		Average stay of those who died in the year.	
					Recovered.		Relieved.							
	Males.	Females.	Males.	Females.	Males.	Females	Males.	Females.	Males.	Females.	Months.	Days.	Months	Days.
Mania, acute and chronic	132	176	46	46	27	30	4	3	.....	10	11	29	43	10
Melancholia	15	10	6	11	3	.....	1	2	.....	3				
Dementia	36	59	1	6	.....	1	.....	.....	2	7				
General Paralysis	14	1	5	1	.....	.....	.....	.....	8	1				
Epilepsy	4	8	2	1	.....	.....	.....	.....	.....	2				
Other forms	1	1	6	5	1	1	.....	.....	.....	2				
Total	203	255	66	70	31	32	5	5	10	25				

Unimproved—no column for—two males in general paralysis, and one female, dementia. Ten patients transferred to Orillia not included in the discharges.

J. WORKMAN.

TABLE III.

Number in Register.	Date of last Admission.		Date of Death.		Age at death.	Married, widow, or single on admission.	Mental state on admission.	Bodily state on admission.	Duration of disorder at death.	Assigned cause of disorder.	Assigned cause of death.
2974	1863	26th Dec.	1864	2nd Jan.	62	Widow	Maniacal	High gastric fever.	3½ years recurrent	Unknown	Typho mania.
2563	1861	28th August	1864	10th "	39	Married	Demented	Feeble	13 years	Love affairs.	Marasmus U. hernia.
2613	1861	14th Nov.	1864	22nd "	32	Single	General paralysis.	Second stage of G.P.	Over 4 years	Blow on head.	General paralysis.
1119	1851	2nd Dec.	1864	1st Feb.	38	Single	Unknown to me, maniacal?	Unknown to me.	14 years	Hereditary	Phthisis.
2411	1860	20th Nov.	1864	7th Feb.	47	Married	Erotic mania	Feeble	9 years	Unknown	Pelvic abcess.
1533	1854	27th April	1864	23rd "	45	Married	Religious pride	Fair	16 "	Death of mother	Cancer of stomach.
2446	1861	9th Feb.	1864	25th "	42	Married	Depressed	Second stage of general paralysis.	3½ "	Hereditary and injury.	General paralysis.
1083	1851	19th August	1864	25th March	25	Married	Maniacal	Gastric disorder	12½ "	Unknown, her'y	Colloid cancer.
2555	1861	14th August	1864	5th April	63	Single	Demented	Feeble	2 2-3"	Unknown	Typhoid fever.
3096	1864	20th Feb.	1864	5th "	47	Married	General paralysis.	Good apparently	2¼ "	Cerebral disease.	Apoplexy of general paralysis.
2902	1863	15th July	1864	13th "	34	Married	Suicidal mania	Ordinary	1 yr. 9 mos.	Unknown	Cerebral effusion.
2253	1860	16th Jan.	1864	17th "	29	Single	Chronic mania	Epileptic	4 years and 5 months.	Religion?	Phthisis.
2734	1862	9th August	1864	8th May	19	Single	Demented	Fair	16 years and 8 months		Phthisis.
3022	1864	18th April	1864	8th "	60	Married	Melancholy	Emaciated	1 year and 6 months.	Unknown	Brain and lung disease.
3004	1864	19th March.	1864	19th "	39	Married	General paralysis.	Usual to general paralysis.	3 months?	Mental anxiety	Apoplexy of general paralysis.
3034	1864	19th May	1864	21st "	60	Widow	Recurrent mania	Comatose	7 months	Unknown	Serous apoplexy?
1775	1856	9th Sept.	1864	27th June	63	Widow	Melancholy	Fair	10 years	Death of daughter	Pneumonia and age.
2995	1864	29th Feb.	1864	7th July	23	Single	Lypemania	Consumptive	4½ months.	Unknown	Phthisis.
180	1843	15th May	1864	10th "	71	Married	Demented	Unknown	Over 22 years	Unknown	Dropsy and old age.
3055	1864	8th July	1864	17th "	31	Married	Delirium?	Great prostration.	14 days	Unknown	Typhoid fever.

2436	1861	17th Jan. ...	1864	18th Juiy ...	39	Single	Acute dementia, suicidal.	Phthisical	7 yrs. 6 mos.	Over work.....	Phthisis.
2790	1862	24th Nov. ...	1864	28th "	23	Single	Epileptic idiocy ...	Epileptic	Many years.	Epiiepsy.....	Serous apoplexy.
3038	1860	30th May ...	1864	19th August	28	Single	Maniacal	Anemic	Over 1 year..	Love	Scro-pneumonia.
2268	1860	8th Feb.....	1864	20th "	65	Married	Demented	Scrofulous	Over 5 years	Intemperance...	Phthisis.
2595	1861	7th October..	1864	23rd "	23	Single	Epileptic dementia	Epileptic	3 or 4 years..	A fall	Cerebral effusion.
1169	1852	13th April...	1864	28th "	63	Married	Demented	Unknown	Many years .	Ill treatment ...	Old age and umbilical hernia.
2309	1864	21st May ...	1864	8th Sept.....	45	Unknown ...	Dementia	General debility ...	Unknown ...	Unknown	Phthisis.
3080	1864	29th Sept ...	1864	8th October..	55	Married	Advanced general paralysis.	Feeble.....	3½ months ?	Unknown	Apoplexy of general paralysis.
2860	1863	10th March..	1864	20th "	56	Married	General paralysis...	Usual in general paralysis.	2 months?...	Religion and hereditary.	General paralysis.
2550	1861	12th May ...	1864	7th Nov.....	43	Married	Religious mania ...	Extreme debility...	3¼ years	Religion and hereditary.	Phthisis.
2811	1863	6th January	1864	9th "	62	Married	Demented	Emaciated	Very long ...	Unknown	Cerebral effusion.
2950	1863	14th Nov. ...	1864	12th "	30	Married	General paralysis..	Paralysed on right side.	Unknown ...	Unknown	General paralysis.
2801	1862	8th Dec.....	1864	13th "	27	Single	General paralysis...	Advanced stage of general paralysis	2 yrs. 7 mos.?	Work and study.	General paralysis.
3095	1864	2nd Nov. ...	1864	15th "	59	Married	Demented	Paralysed on right side.	4 years	Unknown	Dry gangrene.
2777	1862	24th October	1864	21st Dec.	56	Married	General paralysis..	Slight paralysis of tongue and limbs	2¼ years	Unknown	General paralysis.

NOTE—The heading, "Duration of Disorder," in the printed form, I have supposed means duration of the insanity. I can certify to so much of this period as has been passed in the Asylum, the previous portion is usually longer than we are informed. I have not given *post mortem* notes, as it is impossible to condense such records into a table, and absurd to require them in such a shape. We have not weighed the organs, nor do I intend to do so, systematically. An examination of several such statements has convinced me that it never can be of any practical value.

23rd January, 1865.

J. WORKMAN.