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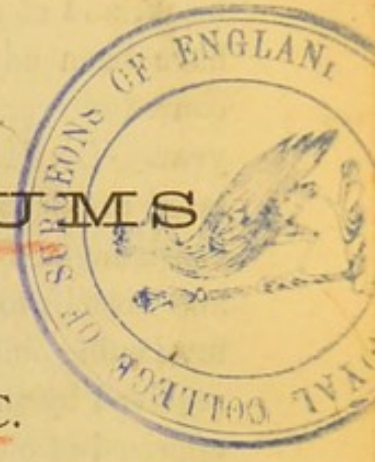
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THE
PUBLIC ASYLUMS
OF THE
PROVINCE OF QUEBEC.



BY

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*View
Plym*

[Dr. D. Hack Tuke of London, the well-known alienist and author, visited Canada with the British Association. He inspected all the lunatic asylums in Ontario and Quebec. The reports of his visits to Longue Pointe and to Beauport he forwarded to the Hon. the Provincial Secretary. With his permission, we publish these, as they cannot fail to interest our readers.—ED.]

LONGUE POINTE ASYLUM.

On the 30th of August last I visited the lunatic asylum at Longue Pointe, seven miles from Montreal, called the *Hospice des Alienés de St. Jean de Dieu*. It was built by the Sœurs de Providence, and opened in 1876. The Province of Quebec contracts with them to maintain the lunatic poor* in one of the two parts of the Province into which it is divided; the asylum at Beauport, near Quebec, providing similarly for the other district. Private patients are admitted. The building, which, surmounted by three cupolas, is a prominent object from the St.

* At the rate of 100 dollars or £20 per annum per head at Montreal and 130 dollars at Quebec—a very insufficient sum, it would seem, for board, lodging and clothing. I understand that the money originally borrowed of the Provincial Government by the Montreal Asylum has been refunded, and that money has been borrowed from private quarters to assist in the erection of the additional buildings.

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Lawrence in approaching Montreal from Quebec, is built of red brick, and consists of a centre and wings. Some of the latter have been added three or four years ago; others are now in course of erection, and will not be finished till the end of the year. Dr. Henry Howard, the visiting physician, kindly facilitated my desire to see the asylum, and escorted a small party, consisting of Dr. Ross of Montreal, Dr. S. Mackenzie of London, and myself, to the institution. I must express to Dr. Howard my lasting obligations for his attention and assistance. We were received by the Mother Superior, Ste. Thérèse, who had been apprized of our visit. She conducted us through the building; was most courteous in her manner and in replying to the numerous questions with which I troubled her. I am glad to have this further opportunity of thanking her and the nuns who were with her for their kindness throughout the visit.

The neatness and cleanliness of the hall, reception-room and office strike the visitor very favorably on entering the establishment. The *Apothecaire* is a model of neatness. The nuns have themselves published a pharmaceutical and medical work, a large volume, entitled *Traité Élémentaire de Matière Médicale et Guide Pratique*, a copy of which the worthy Mother Superior was good enough to present to me. I was somewhat disappointed to find, on examining its pages, that only one was devoted to mental alienation, of which nine lines suffice for the treatment of the disorder. Among the moral remedies, I regret to see that "punitions" are enumerated; their nature is not specified. Two skeletons in the *Apothecaire* were shown to us by Ste. Thérèse, as being much valued subjects of anatomical study for the nuns, who would, it is not unlikely, consider their knowledge of the medical art sufficient for the needs of the patients. The law, however, obliges a medical man to reside in or near the asylum. Dr. Perrault, whom we did not see, occupies this post. This officer is appointed and paid by the Sisters; the visiting physician, on the contrary, is appointed and paid by the Provincial Government. We looked down upon a very large kitchen, where cooking by steam was going actively on, and a favorable impression as to the supplies was left upon the mind by the busy scene which presented itself. The amount of vegetables (potatoes,

turnips, cabbages, &c.) produced on the land, is very large—more potatoes, I believe, than they consume. Maize, wheat, oats and buckwheat are raised. The estate consists of 600 acres. There are a large number of cows, and the asylum buys beasts to fatten and kill, thereby saving a considerable sum. I was informed that about fifty patients were usually employed out of doors, and more in harvest time. That such an establishment should be conducted by nuns must seem remarkable to those who are unacquainted with the large part taken by Sisters of Charity in the management of hospitals in countries where the influence of the Roman Catholic Church extends. Theoretically, it would seem to be an admirable system, and to afford, in this way, a wide field for the employment of women in occupations congenial to their nature, and calculated to confer great advantages upon the sick, whether in mind or body. That women have an important *rôle* in this field will not be denied; but experience proves only too surely that to entrust those of a religious order with administrative power is a practical mistake, and leads to abuses which ultimately necessitate the intervention of the civil power.

The asylum consists of a succession of corridors and rooms similarly arranged, there being dining rooms, recesses, and single and associate dormitories. There are four stories uniform in construction, exclusive of the basement and the rooms in the roof, and these four are supplied with open outer galleries or verandahs, protected by palisades. The lower stories are clean and well furnished, and the patients appeared to be comfortable. The apartments of the private patients were, of course, the best furnished. It was curious to see in the day rooms on the male side a nun with a female assistant. They are in the wards all day, and sleep together in another part of the building. In the refractory ward for men there were two male attendants, and in the other wards one male attendant, in addition to the two females. In each ward on the women's side there were two assistants with the nun in charge, and in the refractory gallery there were three assistants. The nuns and female assistants are not paid. The corridors, the width of which was fair, were carpeted down the

centre, and there were pictures on the walls in considerable number. In the day-rooms, on the floor of which was oilcloth, the furniture, though simple, was by no means insufficient. In the recesses of the corridors, as well as in the corridors themselves, were seats for the patients. Although there were rooms on both sides of the corridor, the latter was fairly lighted by the recesses, &c. The dormitories were very clean, and presented a neat appearance; the beds were of hair, and a bright-colored counterpane had a pleasing effect. Single rooms, used as bed and sitting room, were very neatly furnished, and had every appearance of comfort. For paying patients, and for a considerable number of the poor class, I have no doubt the accommodation is good, and as I must shortly speak in terms of strong reprobation, I have pleasure in testifying to the order, cleanliness, and neatness of those parts of the building to which I now refer, and which we went over in the first instance.

It is as we ascend the building that the character of the accommodation changes for the worse. The higher the ward, the more unmanageable is the patient supposed to be, the galleries and rooms become more and more crowded, and they look bare and comfortless. The patients were for the most part sitting listlessly on forms by the wall of the corridor, while others were pacing the open gallery, which must afford an acceptable escape from the dull monotony of the corridor. The outlook is upon similar galleries in the quadrangle at the back of the building, and to a visitor, the sight of four tiers of palisaded verandahs, with a number of patients walking up and down the enclosed space, has a strange effect. These outside galleries are, indeed, the airing courts of the asylum. There are no others. If the patients are allowed to descend, and to go out on the estate, they do so in regular order for a stated time, in charge of their attendants, like a procession of charity school children. Those who work on the farms must be the happiest in the establishment.

In the fourth tier were placed the idiots and imbeciles—a melancholy sight necessarily, even when cared for and trained in the best possible manner, but especially so when there is no attempt made, so far as I could learn, to raise them to a higher

level or educate them. If, however, they are kindly treated and kept clean, I should feel much less regret for educational neglect, than I should feel pained by the state of the patients and their accommodation in the parts of the establishment next described. Far be it from me to attribute to these Sisters of Charity any intentional unkindness or conscious neglect. I am willing to assume that they are actuated by good motives in undertaking the charge of the insane, that they are acute and intelligent, and that their administrative powers are highly respectable. Their farming capacities are, I have no doubt, very creditable to them. It is not this form of farming to which I have any objection or criticism to offer. In the vegetable kingdom I would allow them undisputed sway. It is the farming out of *human* beings by the Province to these or any other proprietors against which I venture to protest.

It is impossible to convey an adequate idea of the condition of the patients confined in the gallery, in the roof, and in the basement of this asylum. They constitute the refractory class—acute and chronic maniacs. They and the accommodation which has so long been provided for them must be seen to be fully realized. To any one accustomed to a well ordered institution for the insane, the spectacle is one of the most painful character. In the course of seven-and-thirty years I have visited a large number of asylums in Europe, but I have rarely, if ever, seen anything more depressing than the condition of the patients in those portions of the asylum at Longue Pointe to which I now refer. I saw in the highest story, that in the roof, an ill-lighted corridor, in which sixty to seventy refractory men were crowded together; some were walking about, but most were sitting on benches against the wall or in chairs fixed to the floor, the occupants being secured to these restraint-chairs by straps. Of those seated on the benches or pacing the gallery, a considerable number were restrained by handcuffs attached to a belt, some of the cuffs being the ordinary iron ones used for prisoners, the others being leather. Restraint, I should say in passing, was not confined to the so-called refractory wards; for instance, in a lower and quieter ward, a man was tightly secured by a

strait waistcoat. Dr. Howard had him released, and he did not evince any indications of violence. It was said he would tear his clothes—a serious matter in an asylum conducted on the contract system! The walls and floor of the corridor in the roof were absolutely bare. But if the condition of the corridor and the patients presented a melancholy sight, what can be said of the adjoining cells in which they sleep and are secluded by day? They are situated between the corridor and a narrow passage lighted by windows in the roof. Over each door is an opening the same length as the top of the door, and 3 to 4 inches in height, which can be closed or not as the attendant wishes. This aperture is, when open, *the only means* of lighting the cell. The door is secured by a bolt above and below, and by a padlock in the middle. In the door itself is a *guichet* or wicket, secured, when closed, by a button. When opened, a patient is just able to protrude the head. There is, as I have intimated, no window in the room, so that when the aperture over the door is closed it is absolutely dark. For ventilation, there is an opening in the wall opposite the door, which communicates above with the cupola; but whatever the communication may be with the outer air, the ventilation must be very imperfect. Indeed, I understood that the ventilation only comes into operation when the heating apparatus is in action. What the condition of these cells must be in hot weather, and after being occupied all night, and, in some instances, day and night, may be easily conceived. When the bolts of the door of the first cell which I saw opened were drawn back and the padlock removed, a man was seen crouching on a straw mattrass rolled up in the corner of the room, a loose cloth at his feet, and he stark naked, rigorously restrained by handcuffs and belt. On being spoken to, he rose up, dazzled with the light, and looking pale and thin. The reason assigned for his seclusion and his manacles was the usual one, namely, “he would tear his clothes if free.” The door being closed upon this unfortunate man, we heard sounds proceeding from neighboring cells, and saw some of their occupants. One, who was deaf and dumb, as well as insane, and who is designated ‘*l’homme inconnu,*’ was similarly manacled. In his cell there was not anything

whatever for him to lie or sit upon but the bare floor. He was clothed. Some of the cells in this gallery were supplied with bedsteads, there being just room to stand between the wall and the bed. When there is no bedstead, a loose palliasse is laid on the floor. In reply to my enquiry, the Mother Superior informed me that it was frequently necessary to strap the patients down in their beds at night.

Passing from this gallery, which I can only regard as a "chamber of horrors," we proceeded to the corresponding portion of the building on the female side. This was to me even more painful, for when, after seeing the women who were crowded together in the gallery, on benches, and in fixed chairs, many of whom were restrained by various mechanical appliances, we went into the narrow passage between the cells and the outer wall, the frantic yells of the patients and the banging against the doors constituted a veritable pandemonium. The effect was heightened when the *guichets* in the doors were unbuttoned, and the heads of the inmates were protruded in a row, like so many beasts, as far as they could reach. Into this human menagerie, what ray of hope can ever enter? In one of the wards of the asylum I observed on the walls a card, on which were inscribed words to the effect that in Divine Providence alone were men to place their hopes. The words seemed to me like a cruel irony. I should, indeed, regard the Angel of Death as the most merciful visitant these wretched beings could possibly welcome. The bolts and locks were removed in a few instances, and some of the women were seen to be confined by leathern muffs, solitary confinement not being sufficient. One of the best arguments in favor of restraint by camisole or muff is that the patient can walk about and need not be shut up in a room, but we see here, as is so often seen, that unnecessary mechanical restraint does not prevent recourse being had to seclusion. A cell, darkness, partial or total, a stifling atmosphere, utter absence of any humanizing influence, absolute want of treatment, are but too often the attendants upon camisoles, instead of being dispensed with by their employment. When such a condition of things as that now described is witnessed, one cannot help appreciating, more

than one has ever done before, the blessed reform in the treatment of the insane which was commenced in England and France in 1792, and the subsequent labors of Hill, Charlesworth and Conolly. But it is amazing to reflect that although the superiority of the humane mode of treating the insane, inaugurated nearly a century ago, has been again and again demonstrated, and has been widely adopted throughout the civilized world, a colony of England, so remarkable for its progress and intelligence as Canada, can present such a spectacle as that I have so inadequately described as existing, in the year of grace 1884, in the Montreal Asylum.

Before leaving the asylum, I visited the basement, and found some seventy men and as many women in dark, low rooms. Their condition was very similar to that already described as existing in the topmost ward. A good many were restrained in one way or another, for what reason it was difficult to understand. Many were weak-minded, as well as supposed to be excitable. The patients sat on benches by the wall, the rooms being bare and dismal. A large number of beds were crowded together in a part of the basement contiguous to the room in which the patients were congregated, while there were single rooms or cells in which patients were secluded, to whom I spoke through the door. The herding together of these patients is pitiful to behold, and the condition of this nether region in the night must be bad in the extreme. I need not describe the separate rooms, as they are similar to those in the roof. The amount of restraint and seclusion resorted to is of course large. Yet I was informed that it was very much less than formerly.

To the statement in regard to the crowding of the patients in this asylum, it will be objected that I have given a description of a state of things which will shortly disappear, as additional rooms are being provided for their accommodation. While I am glad to hear that other rooms will be available before long, I am not by any means convinced that the lowest and topmost wards of this asylum will be disused for patients. There are now, the Mother Superior said, about 1,000 lunatics in the building, and when first informed that new wings were being prepared,

I concluded that it was for the purpose of providing increased accommodation for the existing number of inmates only. That hope, however, was greatly lessened, if not wholly dispelled, when I learnt from this lady that when these new wards are ready there will be room in the institution for 1,400 patients. It is said the new rooms will contain 600 beds, but how many cubic feet are allowed in this calculation I do not know. I have no hesitation in saying that when the patients are removed who now occupy the two portions of the building I have described, and when the occupants of the other galleries are reduced to the number the latter ought properly to accommodate, there would be at least 400 patients who should be removed from the old to the new building. If I am correct in this opinion, the present lamentable evils will continue after the opening of the additional apartments, or if they are mitigated for a time, they will but too surely be renewed as fresh admissions take place. Assuming, however, that overcrowding is lessened, and that these dark cells should cease to be used, what guarantee—what probability—is there, that the manacles will fall from the wrists of the patients of this asylum? I am not now speaking from the standpoint of absolute non-restraint in every conceivable instance of destructive mania. It is sufficient to hold that the necessity for mechanical restraint is exceptional, and that in proportion as an asylum is really well managed, the number whose movements are confined by muffs, strait-waistcoats and handcuffs will become fewer and fewer. The old system of treating the insane like felons has been so completely discarded by enlightened physicians devoted to the treatment of the insane, that it can no longer be regarded as permissible in a civilized country. The astonishment which I experienced in witnessing this relic of barbarism in the Province of Quebec is still further increased when I see such excellent institutions as the lunatic asylums of the adjoining Province of Ontario. I am perfectly certain that if it were possible to transfer the worst patients now in the asylum at Montreal to these institutions, they would be freed from their galling fetters and restraint-chairs. They would quit their cells also, and, in many instances,

be usefully occupied where they are now restrained, with the result that in not a few cases perfect recovery to health would follow. "Look on this picture and on this," were words constantly in my mind after visiting the institutions of the two provinces. It can hardly be contended that a system which succeeds in one province, and is attended by great success, ought not to be followed out in the other.

The question arises, why this difference in the condition of the insane in the asylums of the two Provinces? Whatever other reasons there may be for this extraordinary contrast, I have no doubt that the main cause is to be found in the different systems upon which the financial management of those institutions is based. It is a radical defect—a fundamental mistake—for the Province to contract with private parties or Sisters of Charity for the maintenance of lunatics. This, it cannot be too often repeated, is the essential root of the evil; and unless it be removed, the evil, although it may be mitigated, will remain and will bear bitter fruit. If any steps are to be taken to remove the present deplorable condition of the insane in the asylum of Montreal, it must be by the Province taking the actual responsibility of these institutions into their own hands. Whatever may be the provision made by private enterprise for patients whose friends can afford to pay handsomely for them, those who are poor ought to have the buildings as well as the maintenance provided for them by the Legislature. They are its wards, and the buildings in which they are placed should belong, not to private persons, but to the public authorities, with whom should rest the appointment of a resident medical officer.

The official inspection of this institution must now be referred to. When I was at the Quebec asylum (Beauport) I obtained a copy of the report of that establishment. The names of three inspectors of the asylums and prisons of the Province are there given, namely, Drs. L. L. L. Desaulniers, A. de Martigny, and Mr. Walton Smith. They report to the Provincial Secretary, who resides at Quebec, and is the Government officer to whose department these institutions belong. I was informed that the visits of the inspectors are due three times in the year. The

Grand Jury are empowered, when they meet, to visit asylums and make a presentment to the Court in regard to their condition, but I understood that this is generally a very formal proceeding. With regard to the authority of the visiting physician appointed and paid by the Government, it has been hitherto, so far as I could ascertain, almost, if not entirely, *nil*. His hands have been so tied that he could not be held responsible for the way in which the asylum has been managed. The Quebec Legislature passed an Act in June last which has only just come into force, and which, among other provisions, extends and enforces the authority of this officer. It remains to be seen whether this Act invests him with sufficient power to carry out any system of treatment or classification of the patients which he may deem requisite.

There should, however, in any case, be a medical superintendent, with competent knowledge of the treatment, moral and medical, of the insane, with undivided authority and responsibility inside the institution, although subject to the Government, aided by efficient medical inspection.

Should the contract system be abolished, should capable medical men be placed at the head of the institutions of the Quebec Province, and should inspection made by efficient men be sufficiently frequent and searching, the asylums for the insane of this Province would become institutions of which Canadians may be justly proud, instead of institutions of which they are now, with good reason, heartily ashamed.

BEAUPORT ASYLUM, QUEBEC.

I visited the Beauport Asylum, at Quebec, Aug. 18, 1884. It was established in 1845; additions were made to the original building in 1865 for the male patients, and in 1875 for the female patients. The medical superintendents reside in the city, several miles away, and I had not the pleasure of seeing them. There are two visiting physicians. The asylum is inspected by Dr. Desaulniers, Dr. A. de Martigny, and Mr. Walton Smith. Resident on the premises is the warden, and in the vicinity is an assistant physician. I have to express to both these gentle-

men my obligations for the kind way in which they received me, the time they devoted to my visit, and their readiness to show me the various parts of the building. My thanks are especially due to Mr. A. Thomson of Quebec, for the assistance he rendered and for accompanying me.

The asylum is a striking object to visitors to the Montmorency Falls, as they pass along the road where it is situated. The approach is pleasant and the entrance attractive, being marked by the taste and cleanliness which characterize the dwellings of the Canadians generally. The warden received us politely, and took us round the building devoted to female patients. His wife occupies the post of matron, and has two assistants under her. The corridors into which we first went are sufficiently spacious, and serve the purpose of day-rooms to a large extent, the patients being seated or walking about. The patients here were well dressed, and appeared to be as comfortable as their condition would allow. The associated dormitories are large, cheerful rooms, well ventilated, and the beds neat and clean. I supposed that the linen had been clean that morning, but was informed that it was the last day in use, and was changed weekly. Strips of carpet and mats in the dormitories, as well as in the corridors, relieved the bareness of the floor.

The position and construction of a series of single bed-rooms attached to the wards are most unfortunate. They are placed back to back, so that there is no window in them, the narrow passage which skirts them receiving light from a window at either end. There is an aperture over the door, and a small one in the door itself. The ventilation is most imperfect, and it was not denied that in the morning their condition is the reverse of sweet. Some of these cells—for cells they must be called—were very close when I visited them. How such rooms came to be built for lunatic patients, for whom good air and sufficient light are so important, it is difficult to comprehend. I was informed that they were planned to expedite the escape of the inmates in case of fire, there having been a conflagration some years ago in which twenty-six patients perished, but I failed to see the fitness of such an arrangement. It appeared to me

to be due to the desire to economize room, and I am not surprised to find, from one of the annual reports given me, that credit is claimed on the ground that the cost for care and maintenance is less than at ten asylums with which the Beauport Asylum is compared.

I have spoken favorably of the associated dormitories opening into the corridors. Those, however, in the attic were very gloomy and crowded with beds. I have also referred favorably to the dress of certain patients. I must add that in some parts of the house they were barely clad, and presented a very neglected appearance altogether.

The number of women in restraint was very considerable. Some wore the manchon or muff, others the close glove (*mitaine*); others were restrained by leather wristbands (*poignet*) fastened to a belt, while some were secured by the *gilet de force*, so that movements of the arms were effectually prevented. Several were secured to the bench on which they were seated. In one small airing court upon which I looked down, not a few were restrained; the whole company appeared to be unattended, or if there were attendants, the latter did not consider it a part of their duty to keep their dress in decent order. In referring to mechanical restraint, I do not judge of the condition of the patient from the total non-restraint point of view. The amount resorted to in this asylum would not be seriously justified by any physician of the insane with whom I am acquainted, whatever his views on non-restraint may be.

After leaving the building in which the women are located, we walked into the grounds over a stream to a steep, grassy, airing court, which was fortunately shaded from the blazing sun of that day. Here a number of female patients were congregated, with one or two attendants. A wooden fence separates this ground from a corresponding grass plot for the men. From a window in the building for the latter sex I looked down subsequently, and the sight of the female patients lying or sitting on the grass in unseemly attitudes, and with scant and neglected attire, did not commend itself as one altogether desirable. The number of attendants is quite insufficient, and I cannot say I

was favorably impressed with their appearance. Where so much importance is attached to economy, this cannot excite surprise. Their pay is very insufficient, as well as their number.

Passing to the building for the male patients, over which the resident physician escorted us and manifested the greatest willingness to show every corridor and room, I would observe that there are certain wards which, like those for the corresponding class of women, are both clean and respectably furnished; but when I have done justice to the accommodation afforded in these galleries, I have said all that I can say in the way of commendation. The higher one ascended in the building, the lower the condition of the patient—the corridors were much crowded, and the amount of mechanical restraint excessive. In the worst ward, the sight was in the last degree painful to witness. Here were some thirty patients. Some had leathern muffs, others the belt and pognet, while several were in cells as dark as those on the women's side, and were also restrained. One had his legs secured at the ankles. There were also several men in restraint-chairs, to which they were fastened, and not only so, but they wore muffs. They were in their shirts, and over their exposed persons flies were crawling in abundance—a spectacle which it must suffice to describe without characterizing further. Among patients of the class now referred to, I counted fourteen restrained, but I do not pretend to have noted them all. For a man who was given to scratching his face, it was considered necessary not only to secure his hands by muffs, but to place him in a crib-bed.

But it is needless to describe in more detail an institution which, however willingly I may praise where praise is due, is so radically defective in structure and so fundamentally different from any well conducted institution of the present day, in the matter of moral, to say nothing of medical, treatment, that no tinkering of the present system will ever meet the requirements of humanity and science. I regret to write thus. It is a thankless task for a visitor, courteously treated as I was, to criticize any institution which the officers permit him to inspect. But I write in the hope of helping, in however humble a way, to bring about a reform in the injurious practice of the State contracting

with private individuals for the maintenance of its insane poor. The proprietors only receive 11 dollars per head per month for maintenance and clothing. This system involves the probability of their being sacrificed to the interests of the proprietors. It has the disastrous tendency to keep the dietary as low as possible, to lead to a deficiency in the supply of clothing, and to a minimum of attendants, thus inducing a want of proper attention to the patients and an excessive resort to mechanical restraint, instead of that individual personal care which is so needful for their happiness and the promotion of their recovery. I consider that the number of attendants in such an asylum should not be less than 1 in 8, instead of 1 in 15; and that a higher class should be obtained by giving higher wages. At present they are as follows: 9 to 10 dollars a month in winter for male attendants; 12 to 14 in summer. Women attendants have 5 to 6 dollars a month, or £12 to £16 10s. a year. With a higher class, it might no longer be an irony to speak as the chaplain does in one of the Reports, of "the good and virtuous keepers who are selected with great discernment."

I venture also to express the hope, in conclusion, that the Province of Quebec will itself undertake the responsibility of providing the necessary accommodation for its insane poor and their skilful treatment, that a resident medical superintendent, with full authority, will be appointed, and that there will be a Board of Management as well as really efficient inspectors.

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