

**Ninth annual report of the medical superintendent / Provincial Hospital for the Insane, Halifax, Nova Scotia.**

**Contributors**

Provincial Hospital for the Insane (Halifax, N.S.)  
DeWolf, James R.  
Blanchard, Hiram.  
Sinclair Smith, D.  
Cowie, Andrew J.

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Wellcome Collection  
183 Euston Road  
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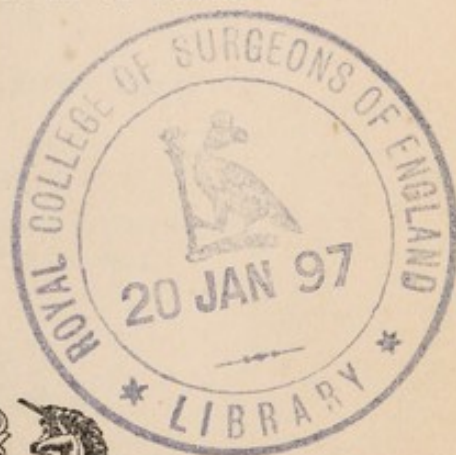
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HOSPITAL FOR THE INSANE,  
HALIFAX, NOVA SCOTIA.

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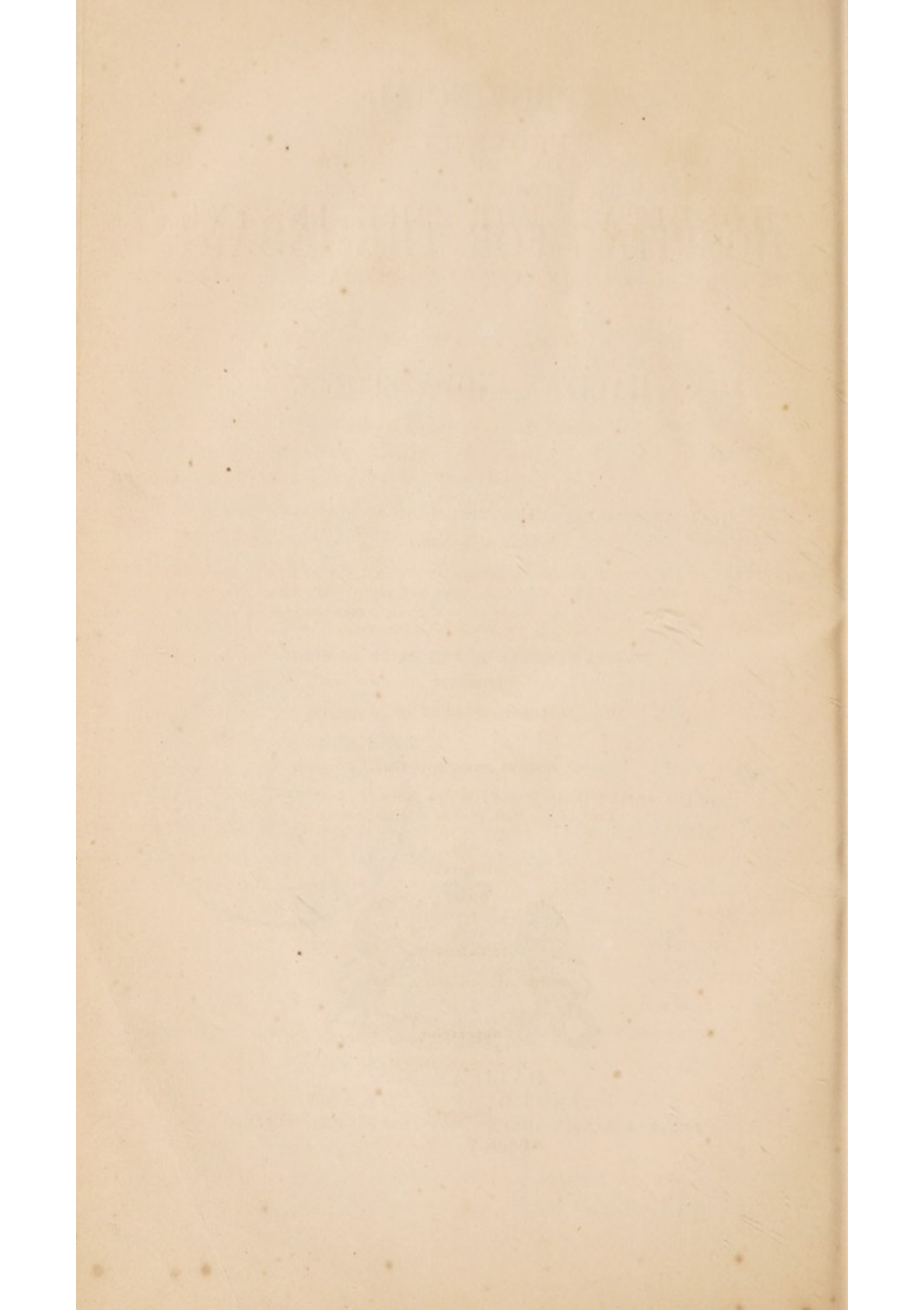
NINTH ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.

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HALIFAX, N. S.  
PRINTED BY A. GRANT,  
PRINTER TO THE QUEEN'S MOST EXCELLENT MAJESTY.  
1867.



PROVINCIAL  
HOSPITAL FOR THE INSANE.  
HALIFAX, NOVA SCOTIA.

1866.

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Commissioners of Public Works.

F. BROWN, Esq., Chairman.  
W. B. FAIRBANKS, Esq.  
JOHN PUGH, Esq.

Visitors, ex officio.

The GOVERNOR, The CHIEF JUSTICE, The PROVINCIAL SECRETARY, The PRESIDENT  
OF THE LEGISLATIVE COUNCIL, The SPEAKER OF THE HOUSE OF  
ASSEMBLY, and the heads or authorized representatives of all  
Christian Churches in the Province.

Treasurer.

Hon. JAMES McNAB, Receiver General.

Medical Superintendent.

JAMES R. DEWOLF, M. D., EDIN., L. R. C. S. E.  
Pres. of the Med. Society of Nova Scotia.

Storekeeper.

MR. GEORGE DOWNIE.

Housekeeper.

MRS. R. D. DICKSON.


Supervisor.

MISS SANDIFER.

Engineer.

MR. R. D. DICKSON.





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ANNUAL REPORT  
OF THE  
MEDICAL SUPERINTENDENT.  
1866.

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TO THE BOARD OF COMMISSIONERS OF PUBLIC WORKS:

*Gentlemen,—*

I have the honor to submit the Ninth Annual Report Ninth Report.  
of the Hospital stating its “condition, progress, and re-  
quirements.”

At the date of last report the number under care was Admissions.  
one hundred and fifty. In 1866 forty-two have been  
admitted, making the whole number for the past twelve-  
month one hundred and ninety-two.

Thirty-five have been discharged, leaving at the end of Discharges.  
the year one hundred and fifty-seven. The daily average Average.  
has been one hundred and fifty-three.

The recoveries, reckoned on admission, give a rate of Recoveries.  
40.48 per cent.; the average of eight years has been  
39.04 per cent.

The mortality rate, reckoned on the daily average num- Mortality Rate.  
ber, has been  $2\frac{2}{3}$  per cent., which is unusually low, the  
average since the opening of the Hospital having been  
 $5\frac{1}{2}$  per cent. The mean of eight years, *reckoned on the*  
*whole number treated* in each year, has been  $3\frac{4}{5}$  per cent.

The results of treatment as shown by admissions, re- Reference to  
admissions, recoveries, discharges and deaths are set forth Tables.  
in a series of comprehensive Statistical Tables, arranged



in uniformity with those recommended by the Medico-Psychological Association for adoption in all British and Colonial Asylums.

Satisfactory  
Results.

Being the first Colonial Member of that Association, and having in previous years advocated the adoption of an uniform system, your Superintendent thought it incumbent upon him, at no small amount of extra labour, to prepare the series as now presented, and your attention is invited to the satisfactory proportion of recoveries, and the small Annual Mortality which these tables exhibit, embracing the whole period since the opening of the Hospital.

Colonial Office  
Tables.

At the suggestion of Her Majesty's Secretary of State for the Colonies, three additional tables were inserted for the first time in last year's Report. These are now continued, together with the usual record of monthly admissions and discharges, the ages of the patients, their former residence, civil condition, and previous occupation. These last, though chiefly of local interest, are by no means exclusively so. For greater convenience in printing, all the tables are arranged together at the end of the Report.

Continued  
Crowding.

The number of admissions in 1866 has been less than in the previous year, not because the applications have been less numerous or less urgent, but solely from our inability, owing to want of room, to receive any beyond the maximum of the past two years. It was only as vacancies occurred by recovery or removal we were able to admit new patients, among whom were included many unpromising and almost hopeless cases. We have to express our regret that many of these were not sent at an earlier period, and at a time when beneficial results might have been anticipated. One was brought in a moribund state.

Excited Pa-  
tients.

A common enquiry by visitors, who often appear surprised at the order and quietude here, is "have you any very violent patients?" Fortunately we are for the most part able to give a decidedly negative answer. Our wards are generally tranquil, and the occurrence of noise or excite-



ment is altogether exceptional. We have had, however, this past year, some of the most destructive and quarrelsome patients that have ever been admitted at Mount Hope. The satisfaction and delight evinced in the demolition of doors and windows, and the determination manifested to carry out their destructive schemes, irrespective of all control, have in these few instances sorely tried the endurance of our well-trained attendants.

The example of a single outrageously violent inmate is most pernicious in its effect upon the other patients. They too are not slow in learning to threaten that unless their cravings, whether for tobacco or some other indulgence, are immediately gratified, they will let us see what they can do. Knowing it to be contrary to our rules, some even ask to have restraint applied, evidently for the purpose of showing how quickly they could divest themselves of it. These harrassing excitements were fortunately of short duration, and as regards the more prominent actors, terminated with their restoration.

Influence of Example.

The attempt, which hitherto has been unsuccessful, to induce the Legislature to make the maintenance of indigent and pauper patients a charge upon the Provincial Treasury, has this year been renewed by the Grand Jury of Halifax County. It is ardently to be hoped that this suggestion will not be entertained. The several Counties of the Province can well afford to support their insane poor; and the rates now charged being below the actual cost, a portion of the expense of every patient falls upon the Province. Once throw this open as a Free Hospital, and it will immediately be filled, not with the insane alone, but with the idiots and epileptics of a few of the adjacent Counties, to the exclusion of all living at a distance from Halifax. Even in our present crowded condition, renewed applications are being constantly made for the reception of cases of this class.

Hospital should not be Free.

The admissions here, as in all similar institutions, are proportionally most numerous from the several parts

Benefits greatest to those living near.



of the country according to their proximity to the Capital. This arises from the better knowledge in these districts of the working and benefits of the Hospital, and also from the more easy transmission of patients. The remotest parts of the Province, however, are not without a fair share of the advantages accruing from the operations of the institution. Yarmouth and Shelburne in the one direction, and Inverness and Victoria in the other, have had their insane admitted and cared for, and their convalescents returned to home and friends.

All classes  
received.

Private patients continue to avail themselves of the benefits of the Hospital, which is adapted for the requirements of all classes. A large proportion of our inmates are above the range of pauperism. Many of them, it is true, have become chargeable to the public, but oftener than otherwise in consequence of the poverty induced by their insanity.

#### DISCHARGED.

Discharged and  
died.

Besides two who are absent "on trial," thirty-five have been discharged during the year. Of these seventeen have been restored, ten were improved, four stationary, and four died. Of those who had recovered one relapsed, was re-admitted, and is now convalescent.

Re-admissions.

The number of re-admissions for the past eight years is stated in tables 2 and 14, showing how small a proportion has relapsed after leaving the Hospital. Of two hundred and seven discharged (154 restored, 38 improved, and 15 stationary,) only twenty-seven have been brought back, after various periods of absence, and of these only twelve now remain under care. The total number of re-admissions has been thirty-three; but one individual has been no less than five times admitted.

Improved.

Ten have been recorded this year as "improved." Had their stay in Hospital been prolonged, it is reasonable to suppose some of them at least would have been fully



restored. One escaped, and has been considered by his friends well enough to be retained at home. Another effected his escape after his friends had been notified of his convalescence. He had the liberty of the grounds, and only took his discharge a little earlier than was intended. We have been gratified to hear good accounts of some whose removal we thought premature. One who was taken home against our remonstrance soon relapsed, and as his discharge "on trial" had been refused, the vacancy was at once filled, and it was months after ere he could be re-admitted.

Of the four discharged "unimproved," three were epileptics, transferred to make room for urgent cases, and one was only temporarily admitted.

The deaths have been four—one male, and three females. The former, who was more than seven years in Hospital, and had suffered great hardships prior to admission, recovered from an attack of Fever and was carried off by Phthisis. Of the females, one died soon after admission, from exhaustion consequent upon a protracted journey, and long-continued excitement; one from suicide, who for a long period, with apparent intermissions, resolutely adhered to her purpose, and accomplished it effectually, notwithstanding all our precautions and watchfulness. The only other death was from Cancer Uteri in a patient who had apparently recovered from her insanity.

These are all tabulated, not only in the obituary for the year in the Colonial Office Tables, No. 9, but in that exhibiting the causes of all the deaths since the opening of the Hospital, Table No. 5. In reference to this it is worthy of special remark that no deaths have been recorded from Diarrhoea or Dysentery, and only three from Fever, showing how healthy a site has been chosen for the building, and how much we owe to the worthy and benevolent Miss Dix for her careful and judicious selection of a suitable location, and for the excellent plan of the building, approved by competent authority, and embracing all modern improvements.

Escapes.

Transfer.

Deaths.

Reference to  
Tables.Well-chosen  
Site.



Results.

The Statistical Tables appended to this Report show for the Provincial Hospital a mortality rate far below the English or American average, and a proportion of recoveries by no means unsatisfactory.

Psychological  
Association  
Tables.

These tables, from No. 1 to No. 6, inclusive, are those recommended by the Medico-Psychological Association, and are probably the best that could be framed for general use, since they exhibit a class of figures not liable to be so twisted as to distort facts. They are sufficiently comprehensive without being too complex. The numbers under treatment, the dates of admission and discharge, the number of recoveries checked by re-admissions, and the mortality rate are not liable to mislead either the professional or the general reader.

Benefit of  
Tables.

Tables, accurately prepared, are serviceable not merely to the statistician, and for the advancement of science through his labours, but as a stimulus to proper oversight, both medical and economical, on the part of any Superintendent. It is certainly a laudable ambition to strive to attain the most satisfactory results, and in no other way can these be so clearly and incontrovertibly shown, as by carefully compiled tables extending over a series of years.

Tables tax the  
Superinten-  
dent's time.

The extent to which it may be desirable to carry these, will, of course, vary with different institutions. Where the duties of Clerk and Apothecary devolve upon the Superintendent, it is not to be expected very elaborate tables can be prepared without other duties being neglected.

Success ac-  
counted for.

Successful treatment is to be attributed, not so much to the remedies employed, as to their early administration when required, and especially to general hygienic causes. Pure air, secured by thorough ventilation, an abundant supply of good water, daily open-air exercise, regular hours, invigorating diet, and suitable clothing, with perfect cleanliness, are the essential requisites.

Results how in-  
fluenced.

Since general hygienic causes (as previously stated)



largely influence the character of the results, it is quite admissible to enumerate these, and when satisfactory, to dwell upon them, as without self-laudation one may congratulate the friends of the insane on their having a refuge where bodily health is placed under the most favourable conditions, and where restoration is aided by external influences.

The deprecatory remarks in the Circular from the Colonial office would excuse your Superintendent, if excuse were needed, in placing before your Board and the Legislature a comparison of the results attained here and elsewhere.

Colonial Office  
Circular.

In such of the Asylums of Great Britain (whose reports we have at hand) as have given the results of treatment for the past eight years—we find the ratio of recoveries to have been 26 per cent. for that period. The American reports, which have furnished the requisite data, give a corresponding rate of 38 per cent., while this Hospital shows, in the same eight years, 39 per cent. recovered.

Comparison of  
of Recoveries.

The mortality rate for these Institutions shows for every twelve deaths here, thirteen in the United States, fifteen in Canada, nineteen in New Brunswick, and twenty-four in Great Britain.

Eight years  
Mortality Rate.

#### EXTENSION OF THE HOSPITAL.

In announcing the progress made towards completion of the centre building and north wing, it is gratifying to be able to report most satisfactorily. The season has been unusually favorable for building operations, and the contractor, H. Peters, Esq., has not only availed himself of this, but has by his untiring energy and good management forwarded the work with almost unprecedented rapidity. The character of the workmanship is excellent, and there is every disposition shown to complete the whole in the most thorough manner.

Satisfactory  
Progress.



No trouble with  
workmen.

In last year's report an anticipation was expressed of increased difficulties in managing the Hospital owing to the large number of workmen to be employed in building operations. Fortunately this has not been realized, the numerous artizans and laborers having conducted themselves with marked propriety and decorum.

Room for  
Ninety.

Not only will this enlargement of the Hospital enable us to receive ninety additional patients, but it provides separate buildings for each sex. The new wing to the north of the centre is for female patients exclusively, while the south wing will be given up altogether to the men.

Separation of  
Sexes.

Arrangements  
in Centre  
Building.

The centre building contains, besides comfortable quarters for the Superintendent and family, rooms for Assistant Physician, Clerk's Office, Library, Infirmary Kitchen, Reception Rooms, and apartments for patients to receive their friends' visits, and in addition to these a general Dining-hall or refectory on the first floor, twenty-two feet in width, sixty-two in length and twelve feet high, to be used also as a recreation room. Above this, on the third and fourth stories, is the Chapel, of the same superficial area, but twenty-one feet in height, to be dedicated exclusively to religious services.

General Dining  
Hall and Recreation Room

Chapel.

Steam Heating.

The heating by steam, having been found to work well hitherto, has been continued throughout the new sections. Capacious air chambers, provided with ample radiating surface of one inch steam pipe, are connected by nine inch flues with every room, affording an abundant supply of fresh air moderately warmed, thus differing materially from furnace heat. The ventilation is secured by outlet flues of the same area, leading from every apartment to the attic, and thence to the cupola. The centre building is provided with open fire-places, while the wings are furnished with coils of pipe in the larger rooms, to afford direct radiation when required.

Ventilation.

Work well forward.

The work has now been brought so much nearer completion than was anticipated, that before the issue of the



next Annual Report, your Superintendent hopes to see the new wards occupied.

#### OCCURRENCES OF THE YEAR.

The Hospital has been honored with a visit from His Excellency Major General Sir W. Fenwick Williams, of Kars, Baronet, K.C.B., &c., &c., who after inspecting the wards and the detached buildings, has been pleased to express his warm approbation of our arrangements and management.

The Governor's visit.

The committee on Humane Institutions paid their customary visit during the session, accompanied by other members of the Legislature. Their official report testifies their entire satisfaction with the state of the Hospital and inmates.

Committee of Assembly.

Besides the concerts and entertainments stated under the head of Acknowledgements, the patients have been favored with a pic-nic near the Hospital, with magic lantern exhibitions, and with music for several evening parties by officers of the institution and attendants.

Recreation for patients by Officers and others.

During the summer a string band was organized and an instructor engaged, and in a few weeks such proficiency was made that we had suitable music for the evening entertainments without extraneous aid.

String Band organized.

In addition to such recreation as has been named, the patients have been taken in larger or smaller groups to attend concerts, recitations, &c., at Dartmouth, to witness Military Reviews in Halifax, and also on several occasions for boating parties in summer and sleigh drives in winter.

Excursions, &c.

These various indulgences have the good effect of gratifying the private patients, who feel that they are entitled to all the comforts we can secure for them, as well as of encouraging the industrious, and further, of awakening the dormant energies of the silent and desponding.

Benefits of Recreation.



Measles.

A case of Measles occurred in one of the domestics, but having been early recognised and isolated, no second case took place.

Case of Accouchment.

One of the events of the year was the accouchment of a married patient in June. This being fully anticipated, and the invalid being comparatively well for some days previously, no unfavourable occurrence intervened, and for several weeks both mother and babe were doing well. When about two months old, however, it became necessary to remove the child, which was accordingly sent to the friends at a distance.

Grounds improved.

Our endeavours to improve the appearance of the grounds, have probably been more successful this year than formerly. Your Superintendent is aware of many deficiencies in this respect, and is earnest in his endeavours to give an aspect of comfort and neatness outside the building corresponding with the appearance of the interior. Steady progress, slow though it be, is being made in the embellishment of the grounds, and in adapting them to future requirements.

Land required.

It may not be amiss to state the urgent want of additional land. The original lot is more than a mile in length, but only about six hundred feet in width. It brings the south wing *within five feet* of our boundary line, and when the building is completed barely a narrow roadway will be left on the northern side. It is desirable that early steps be taken to secure additional land *on both sides*. Not only for appearance, but still more for use, is this required. Land in the immediate vicinity of the Hospital can be profitably tilled, while it would be unwise and almost impracticable to extend our labours to the eastern boundary of our present grounds.

#### ACKNOWLEDGMENTS.

Continued Benevolence.

The labor of love which is undertaken by those who devote themselves to the care of the Insane, is lightened



and cheered by spontaneous acts of good will on the part of considerate and kind-hearted friends. Year after year does this benevolence manifest itself, and although the novelty of the institution has ceased, its charitable aspect is not lost sight of.

The clergymen of the Presbyterian, Episcopal, Baptist, and Wesleyan churches continue kindly to afford their gratuitous services, in the order above named, on the successive Sundays of every month. A number of the Roman Catholic patients attend chapel in Dartmouth every Sunday. The value of religious ministrations in a remedial point of view is well established.

We are indebted to Major-General C. Hastings Doyle for a number of large and handsome colored engravings well suited to adorn the walls of our new wards about to be opened, as well as for several volumes of the "Illustrated News." We owe to him also our thanks for the privilege of the dock at the Queen's Wharf for our boats. While Administrator of the Government, His Honor was pleased to insert in the Visitor's Book his cordial approval of the management of the Hospital, and his favorable commendation of the state of the Institution and inmates.

Our immediate neighbors, Mrs. H. Y. Mott and family, have frequently placed us under obligations in this as in previous years, by considerate attentions, and especially by bountiful supplies of fruit-cake, apples, &c., &c., on Christmas and other holidays.

To Captain Kendrick, by kind permission of your Board, we are indebted for a delightful excursion in the government steamer "Druid," to McNab's Island, the North-West Arm, and Bedford Basin. It was a memorable treat, enjoyed alike by patients and attendants.

George Troop, Esq., has generously given a large Saint George's Ensign, and Charles F. DeWolf, Esq., a Barometer.

James H. Thorne, Esq., Deputy Provincial Secretary,

Religious Min-  
istration.

General Doyle's  
visit and  
donation.

Holiday Fare.

Excursion in  
"Druid."

Flag and Baro-  
meter.

Books.



has renewed his former favors in supplying Legislative Journals, Reports, and other public documents.

Papers.

Mrs. Montagu, of Dartmouth, has presented the Hospital with several volumes of the "Illustrated London News." John Bourinot, Esq., has added to our Library his official reports, with other works, and J. R. Handley, Esq., has continued to favor us with the current numbers of "Illustrated News" and "Punch."

Rev. Mr. Scott's visit.

The President of the Wesleyan Conference, Rev. George Scott, of New Castle, on the occasion of his visit to Halifax, kindly favored the patients and household with an interesting address.

Reading.

F. Passow, Esq., has placed us under obligation by giving another of his most entertaining readings.

Re-union.

Mrs. J. R. DeWolf, of Liverpool, G. B., in addition to other marks of interest and kind attention, generously provided recherche refreshments and music for one of our pleasantest evening parties.

Concerts.

Mr. and Miss Hyde, of Dartmouth, and friends, kindly gave us a Concert early in the winter, as also did Miss Nordbeck, Miss Deuchmin, M. G. Black, Esq. and friends, subsequently. We are indebted to the Misses Thompson, Dr. A. C. Cogswell, and Mr. Wiswell, for another musical entertainment. The Union Protection Company's Band also favored us with an evening's performance.

Liberality of the Press.

The Press claims our reiterated thanks for unremitting kindness. The gratuitous supply of newspapers enables many an eager reader to learn what is transpiring in the outer world from which he is excluded. Their isolation is daily cheered by intelligence to be obtained in no other way. The "Acadian Recorder," the "Abstainer," the "Acadian" (Wolfville), the "British Colonist," the "Christian Messenger," the "Colonial Standard" (Pictou), the "Evening Express," the "Eastern Chronicle" (New Glasgow), the "Halifax Citizen," the "Halifax Reporter," the "Morning Chronicle," the "Provincial Wesleyan," the "Presbyterian Witness," the "Sun and



Advertiser," and the "Unionist," are regularly received. To these the "Church Chronicle," the "Free Press" (Bridgetown), and the "Home Circle," have kindly been added. The proprietors will please accept our best acknowledgments.

An anonymous friend has kindly sent several rare Plants. varieties of Fuchsias and other plants.

James R. Woodburn, Esq., presented the Hospital with Pictures. a large colored view of Halifax, and Messrs. Parish & Co. gave twenty photographs of the prominent public men of this Province and Canada.

To the kind friends named above we tender heartily Thanks. the gratitude of all resident here.

Having in former years strenuously urged the extension of the Hospital, it is becoming that acknowledgment should now be returned for the liberality of the Government and the Legislature in granting the sum of eighty thousand dollars for this purpose. The appropriation meets with the sanction of every one, and is in accordance with the enlightened, humane, and progressive spirit of the age. In a Province with less than four hundred thousand inhabitants there has been expended on the Hospital for the Insane upwards of sixty thousand pounds sterling, and there is every prospect of an additional sum being shortly required to complete the building.

It is this noble liberality of the Legislature in building the Hospital, that gives the strongest claim upon the several Counties liable for their own insane poor. counties to pay for the maintenance therein of their own insane poor, while it so strongly commends the inmates, of whatever rank or condition, to the benevolence of the true-hearted philanthropist. It is evident that so large a sum having been expended by the Province in building and equipment, the extras, such as pictures, books, the means of recreation, and numerous other items should be left to the liberality of private individuals.

So also the support of well educated, respectable, but reduced patients is more appropriately met by private Class with claim on private benevolence.



Benefactors.

benevolence, than even by the county rate. The insane are many of them acutely sensitive, knowing and lamenting their poverty, and unwilling to be a burthen upon their neighbours, while quite able to appreciate the munificence of a Brown, a Bell, and a Binney, who have done so much to alleviate their unhappy lot.

Exchange of reports.

In closing our list of favors bestowed, we would not omit to acknowledge the kindness of professional brethren devoted to the speciality in sending their reports in exchange. We have the pleasure of knowing that our request for this led to the printing of a report for circulation, that formerly was limited to the Colony where it was written, if not indeed to the mere manuscript of the Superintendent.

Parliamentary Asylum reports might be distributed.

If Her Majesty's Secretary of State for the Colonies would consent to forward annually to each of the Asylums in the dependencies of the Empire copies of the Reports of the Commissioners in Lunacy in England, Ireland, and Scotland, a mass of useful and instructive information would be conveyed to the remotest quarters, productive, no doubt, of the best results.

#### CONCLUSION.

Assistant Medical Officer required.

For full details as to the new building and the permanent improvements reference is respectfully made to Report of H. G. Hill, Esq., Architect, under whose able supervision the work is being carried on. The requirements for next year are happily so few as not to need special mention, unless indeed the want of an assistant medical officer be made an exception. The time has now arrived when your Superintendent ventures to ask this, not so much on his own account, as on behalf of those committed to his care.

Diligence of all.

It is pleasing to be able to commend the diligence and unity of all employed here.

Trusting in the future, as in the past, to the Superin- Hope.  
tending Providence of the All-wise and All-powerful Ruler  
of Events, we leave the duties of the old year and enter  
upon those of the new.

JAMES R. DEWOLF, M. D., EDINR.,  
Superintendent.



## LIST OF TABLES, ETC.

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### ASSOCIATION TABLES.

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4. Showing the history of the Annual Admissions since the opening of the Hospital, and the numbers of each year remaining December 31st, 1866, with Summary of Results.
5. Showing the Causes of Death from the opening of the Hospital to December 31st, 1866.
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Reports received. Appendix. Admission and Discharge of Patients. Queries to be answered. Form of Certificate, &c., &c., &c.

TABLE 1.

*Showing the Admissions, Re-admissions, Discharges, and Deaths during the year 1866.*

	Males.			Females.			Total.
In Hospital, 1st January, 1866.....	79			71			150
Admitted for the first time during the year.....	M.	F.	T.				
	20	19	39				
Re-admitted during the year.....	1	2	3				
Total admitted .....	21			21			42
Total under care during the year.....	100			92			192
DISCHARGED OR REMOVED.							
Recovered .....	M.	F.	T.				
	10	7	17				
Relieved.. .....	6	4	10				
Not improved.....	3	1	4				
Died .....	1	3	4				
Total discharged and died during the year.....	20			15			35
Remaining in Hospital, Dec. 31, 1866, (inclusive of absent on trial, Males 1, Females 1,).....	80			77			157
Average number resident during the year.....	80			73			153



TABLE 2.

*Showing the Admissions, Re-admissions, Discharges, and Deaths from the opening of the Hospital to the present date, December 31st, 1866.*

	Males.	Females.	Total.
Persons admitted during the period of eight years.....	217	167	384
Re-admissions.....	21	12	33
Total of cases admitted.....	238	179	417
DISCHARGED OR REMOVED.			
Recovered.....	89	65	154
Relieved.....	27	11	38
Not improved.....	13	2	15
Died....	29	24	53
Total discharged and died during the eight years.....	158	102	260
Remaining December 31, 1866.....	80	77	157
Average numbers resident during the eight years.....	61	55	116

TABLE 3.

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

Year.	ADMITTED.			DISCHARGED.										Remaining 31st December, in each year.			Average numbers resident.			Per centage of Recoveries on Admissions.			Per centage of Deaths on aver- age numbers resident.				
	Recovered.			Relieved.		Not improved.			Died.																		
	M.	F.	M. & F.	M.	F.	M. & F.	M.	F.	M. & F.	M.	F.	M. & F.	M.	F.	M. & F.	M.	F.	M. & F.	M.	F.	M. & F.	M.	F.	M. & F.			
1859	39	31	70	8	3	11	2	1	3	1	...	1	...	...	...	28	27	55	21	21	42	20.5	9.7	15.7	...	...	...
1860	32	31	63	8	6	14	2	...	2	2	1	3	3	1	4	45	50	95	34	36	70	25.0	19.3	22.2	8.8	2.8	5.7
1861	38	22	60	14	9	23	4	1	5	...	...	...	...	...	...	62	55	117	55	50	105	36.8	40.9	38.3	5.6	14.0	9.5
1862	31	12	43	12	9	21	1	1	2	2	...	2	4	1	5	74	56	130	69	52	121	38.7	75.0	48.8	5.8	1.9	4.1
1863	30	17	47	17	5	22	6	...	6	1	...	1	5	1	6	75	67	142	70	62	132	56.7	29.4	46.8	7.1	1.6	4.5
1864	23	23	46	8	10	18	1	2	3	3	...	3	4	6	10	82	72	154	80	71	151	34.8	43.4	39.1	5.0	8.4	6.6
1865	24	22	46	12	16	28	5	2	7	1	...	1	9	5	14	79	71	150	81	74	155	50.0	72.7	60.9	11.1	6.7	9.0
1866	21	21	42	10	7	17	6	4	10	3	1	4	1	3	4	80	77	157	80	73	153	47.6	33.3	40.5	1.2	4.1	2.6
Total	238	179	417	89	65	154	27	11	38	13	2	15	29	24	53	Mean of eight years.			61	55	116	38.7	40.5	39.0	5.6	4.9	5.2



TABLE 4.

*Shewing the History of the Annual Admissions since the opening of the Hospital, with the discharges and Deaths, and the numbers of each year remaining on the 31st December, 1866.*

YEARS.	Admitted.			Of each Year's Admissions, Discharged, and Died, in 1866.										Total Discharged and Died of each Year's Admissions to 31st Dec. 1866.										Remaining of each year's admissions, 31st Dec. '66.								
	New Cases.		Relapsed Cases.	Recovered.		Relieved.		Not Improved.		Died.		Recovered.		Relieved.		Not Improved.		Died.														
	M.	F.		M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total											
1859.....	39	31	...	70	1	1	2	...	...	1	...	1	13	7	20	4	3	7	2	...	2	5	8	13	15	12	27					
1860.....	32	31	...	63	...	...	1	...	...	1	...	1	8	10	18	6	...	6	2	1	3	4	4	8	9	16	25					
1861.....	33	20	5	2	60	1	1	...	...	2	...	...	10	14	24	3	2	5	3	...	3	8	1	9	9	7	16					
1862.....	25	11	6	1	43	...	...	...	...	...	...	...	17	5	22	3	1	4	...	...	...	1	2	3	6	4	10					
1863.....	30	15	...	2	47	1	...	...	...	1	...	1	1	10	8	18	3	...	3	...	...	6	2	8	11	7	18					
1864.....	21	20	2	3	46	1	1	2	2	1	3	...	...	5	9	14	2	...	2	...	2	3	3	6	8	6	14					
1865.....	17	20	7	2	46	2	2	4	1	2	3	...	...	1	6	5	11	...	1	1	1	1	1	2	7	9	16					
1866.....	20	19	1	2	42	4	3	7	1	...	1	...	...	10	7	17	6	4	10	3	1	4	1	3	4	15	16	31				
Totals.....	217	167	21	12	417	10	7	17	6	4	10	3	1	4	1	3	4	89	65	154	27	11	38	13	2	15	29	24	53	80	77	157

Summary of Total Admissions, 1859-66.				
		Male.	Female.	Total.
Per centage of Cases Recovered.....		37.4	36.3	36.9
Relieved .....		11.4	6.2	9.1
Not improved.....		5.4	1.1	3.6
Died.....		12.2	13.4	12.7
Remaining .....		33.6	43.0	33.7
Total.....		100.0	100.0	100.0
Mean Annual Mortality, 1859-66.....		5.6	4.9	5.2

TABLE 5.

*Shewing the Causes of Death for each year from the opening of the Hospital to the present date, December 31, 1866.*

CAUSES OF DEATH.	1860		1861		1862		1863		1864		1865		1866		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Cerebral or Spinal Disease:															
Apoplexy and Paralysis	..	..	..	..	..	..	2	..	..	..	..	..	..	..	2
Epilepsy	..	..	1	1	1	..	..	..	..	..	2	1	..	..	5
General Paralysis	..	..	1	1	1	1	1	..	2	..	1	..	..	..	7
Mania, Melancholia, and Dementia	..	..	2	4	..	..	..	..	2	..	1	1	..	1	11
Thoracic Disease:															
Inflammation of Lungs, Pleuræ, or Bronchi	..	..	..	..	..	..	..	..	1	1	..	..	..	..	2
Pulmonary Consumption	1	1	1	..	1	..	1	..	3	1	1	1	..	..	10
Disease of Heart, &c.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Abdominal Disease:															
Inflammation of Stomach, Intestines, or Peritoneum	1	..	..	..	1	..	2	..	..	..	1	1	..	..	6
Dysentery or Diarrhœa	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cancer (Uteri)	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Fever	..	..	..	..	..	..	..	..	..	1	1	1	..	..	3
Erysipelas	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
General Debility, Old Age, &c.	2	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Suicide and Accidents	..	..	1	..	..	..	..	..	..	..	1	..	..	1	3
	3	1	3	7	4	1	5	1	4	6	9	5	1	3	53



TABLE 6.

*Showing the length of Residence in those discharged Recovered, and in those who have died during the year 1866.*

LENGTH OF RESIDENCE.	Recovered.			Died.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 1 month.....	.....	.....	.....	.....	1	1
From 1 to 3 months.....	1	.....	1	.....	.....	.....
“ 3 to 6 “.....	3	2	5	.....	.....	.....
“ 6 to 9 “.....	2	2	4	.....	.....	.....
“ 9 to 12 “.....	.....	.....	.....	.....	.....	.....
“ 1 to 2 years.....	1	3	4	.....	.....	.....
“ 2 to 3 “.....	.....	.....	.....	.....	1	1
“ 3 to 5 “.....	1	.....	1	.....	.....	.....
“ 5 to 7 “.....	1	.....	1	.....	1	1
“ 7 to 8 “.....	1	.....	1	1	.....	1
Total .....	10	7	17	1	3	4

**TABLE 7.**  
*Admissions and Discharges, 1866, with results.*

	Numbers Re- maining Jan. 1st, 1866.	Admitted dur- ing the Year.	Average In- mates, 1866.	Died.	Discharged.			Average stay of those dis- charged, 1866.	No. who hav- ing entered before 1866 still remain.
					Cured.	Relieved.	Unim- proved.		
Males .....	79	21	80	1	10	6	3	2 0 16	65
Females .....	71	21	73	3	7	4	1	1 4 26	61
Total .....	150	42	153	4	17	10	4	1 8 22	126

**TABLE 8.**  
*Form of Disease in relation to result, 1866.*

	Remained over from 1865.		Admitted 1866.		Discharged.			Died.		Average stay of those who Died in 1866.	
	M.	F.	M.	F.	Recovered.	More or less Relieved.		M.	F.	M.	F.
Mania.....	21	20	9	12	5	3	2	..	2	yrs. 7	1
Melancholia.....	21	9	6	4	4	..	1	..	1	..	..
Dementia.....	23	23	2	3	..	1	1	1	..	mos. 1	10
General Paralysis.....	1	..	1	..	..	..	..	..	..	days 26	2
Epilepsy.....	4	3	1	..	..	1	1	..	..	..	..
Other forms.....	8	14	2	2	1	4	..	..	..	..	..
Totals.....	78	69	21	21	10	7	9	5	1	3	..



**TABLE 9.**  
*Obituary for the Year 1866.*

No. in Register.	Sex.	Date of last Admission.	Date of Death.	Age at Death.	Civil Condition.	Mental state on Admission.	Bodily state on Admission.	Hospital Residence	Assigned cause of Death.	Post Mortem.
332	F	Jan. 24, '66	Jan. 28, '66	21	S	Mania .....	Prostrate	..	3 Exhaustion ...	None.
7	M	Jan. 25, '59	Mar. 21, '66	49	S	Dementia ..	Emaciated	7 1	26 Phthisis .....	None.
253	F	June 22, '63	Apr. 18, '66	46	M	Melancholia	Dyspeptic	2 9	26 Sus pr.col....	Odontoid dislocated.
119	F	Nov. 6, '60	July 28, '66	47	W	Mania .....	Psoriasis	5 8	22 Cancer Uteri. .	Pelvic organs invol.

**TABLE 10.**  
*Monthly Admissions and Discharges from January, 1859, to December, 1866.*

<b>1859 to 1865.</b>		Jan.	Feb.	Mar.	Apr.	May.	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Males.	Females.	Total.
Admitted .....		31	30	15	28	35	49	36	24	36	24	41	26	217	158	375
Discharged .....		17	13	11	18	19	22	17	21	24	23	17	23	138	87	225
<b>1866.</b>																
Admitted .....		4	1	4	4	4	2	3	3	5	2	5	5	21	21	42
Discharged .....		5	...	2	3	3	5	5	1	...	4	5	2	20	15	35
Remaining .....		149	150	152	153	154	151	149	151	156	154	154	157	80	77	157

**TABLE 11.***Alleged Ages of all Admitted.*

				1866.	1859-65.	Total.
From 5	to	7 years	.....	.....	3	3
" 10	"	20 "	.....	2	20	22
" 20	"	30 "	.....	11	101	112
" 30	"	40 "	.....	7	87	94
" 40	"	50 "	.....	6	73	79
" 50	"	60 "	.....	11	37	48
" 60	"	70 "	.....	1	22	23
" 70	"	80 "	.....	1	13	14
82		"	.....	.....	1	1
Unknown.....				.....	18	18
Re-admissions .....				3	.....	3
Total .....				42	375	417

**TABLE 12.***Civil Condition of all Admitted.*

		Married.	Single.	Widowed.	Unknown.	Re-admitted.	Total.
1859-65.	{ Males.....	72	108	4	13	20	217
	{ Females.....	67	67	13	1	10	158
1866.....	{ Males.....	11	9	.....	.....	1	21
	{ Females.....	8	10	1	.....	2	21
1859-66.	{ Males.....	83	117	4	13	21	238
	{ Females.....	75	77	14	1	12	179
Total.....		158	194	18	14	33	417



TABLE 13.

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

	59-66. Re-admissions.	1866.	1859-65.	Total.	1861. Population.
Halifax City and County	12	17	115	132	49021
Colchester County . . . . .	.....	2	23	25	20045
Cumberland . . . . .	2	1	13	14	19593
Pictou . . . . .	5	3	34	37	28785
Antigonish . . . . .	.....	1	6	7	14871
Guysboro' . . . . .	.....	2	7	9	12713
Inverness . . . . .	.....	.....	2	2	19967
Richmond . . . . .	.....	.....	4	4	12607
Victoria . . . . .	.....	1	2	3	9643
Cape Breton . . . . .	4	5	12	17	20866
Hants . . . . .	5	1	20	21	17460
Kings . . . . .	1	2	19	21	18731
Annapolis . . . . .	.....	2	7	9	16753
Digby . . . . .	.....	.....	3	3	14751
Yarmouth . . . . .	.....	.....	7	7	15446
Shelburne . . . . .	1	.....	1	1	10668
Queens . . . . .	2	1	9	10	9365
Lunenburg . . . . .	1	.....	12	12	19632
Newfoundland . . . . .	.....	1	2	3	.....
New Brunswick . . . . .	.....	.....	10	10	.....
Prince Edward's Island . . . . .	.....	..	2	2	.....
Barbadoes . . . . .	.....	.....	1	1	.....
United States . . . . .	.....	.....	11	11	.....
England . . . . .	.....	.....	1	1	.....
Ireland . . . . .	.....	.....	2	2	.....
Scotland . . . . .	.....	.....	1	1	.....
Germany . . . . .	.....	.....	1	1	.....
India . . . . .	.....	.....	1	1	.....
H. M. Service . . . . .	.....	..	6	6	.....
Unknown . . . . .	.....	.....	11	11	.....
Total . . . . .	33	39	345	384	330857



**TABLE 14.**  
*Former Occupations, as far as ascertained.*

	1866.		1859-65.		TOTAL.		Male Population 1861.
	M.	F.	M.	F.	M.	F.	
Barrister.....			1		1		147
Blacksmiths and Wives .....			3	2	3	2	15118
Barbers.....			3		3		18
Basket Maker .....				1		1	
Brass Founder.....	1				1		
Butcher .....	1				1		
Carpenters and Wives.....		1	6	2	6	3	4463
Clerks, Book Keepers and Wives.....			4	1	4	1	494
Collectors of Customs.....			1		1		61
Cabinet Maker and Daughter.....			1	1	1	1	147
Coopers .....			3		3		1145
Coachman and Wife.....			1	1	1	1	
Dressmakers .....				2		2	
Engineer.....			1		1		22
Farmers and Sons, Wives and Daughters.....	7	2	41	27	48	29	37897
Fishermen and Wives .....	2	1	8	1	10	2	7659
Gentlemen and Gentlewomen .....	1	2	4	4	5	6	
Governess .....				1		1	
Grocer's Wife .....				1		1	
Hotel Keepers.....			2		2		139
Hostler.....			1		1		
Laborers and Wives, and Servants .....	1	6	28	35	29	41	9306
Masons and Wives .....	2		6	1	8	1	636
Minister and Daughter.....			1	1	1	1	385
Miller and Widow.....			1	1	1	1	592
Miners.....			3		3		665
Merchants and Wives.....	1	2	8	2	9	4	1472
Milliner.....				1		1	
Physician and Wife, and Student .....			2	1	2	1	298
Priest .....			1		1		
Printers .....			2	1	2	1	115
Painters .....			3		3		208
Pensioners and Wives .....		1	2	4	2	5	
Paper Folders .....			1		1		
Pedlers and Wives.....		1	2		2	1	16
Plumber.....	1				1		
School Teachers and Wives.....		1	7	3	7	4	864
Ship Captains, Wives, and Stevedore.....			3	2	3	2	
Seamen and Wives.....	1	1	19	4	20	5	5242
Soldiers and Marines.....			6		6		
Shoemakers and Wives.....			6	1	6	1	1976
Saddler.....			1		1		157
Seamstress.....				3		3	
Tanner's Wife .....				1		1	
Wool Sorter.....			1		1		
Wheelwright.....			1		1		173
Washerwoman.....				4		4	
Watchman and Wife.....	1	1			1	1	
Watchmaker .....	1				1		



TABLE 15.

*Cost of the principal Items of Provisions for the year 1866, compiled from the Quarterly Returns.*

ARTICLES.	Quarter ending			Quarter ending			ARTICLES.	Contract Prices.	
	March 31.	June 30.	Sept 30.	Dec 31.	1865	1866		1865	1866
Flour.....	60	67	\$ 448 90	71	\$ 475 70	Flour.....		\$ 5 80	\$ 6 70
Butter.....	692	668	153 64	731	161 69	Butter.....		22½	23
Tea.....	363	363	148 83	355	151 29	Tea.....		40	41
Brown Sugar.....	1034	1046	94 14	1076	96 12	Brown Sugar.....		8 25	9 00
White Sugar.....	114	115	13 80	126	19 80	White Sugar.....		13	12
Coffee.....	82	83	24 90	105	26 70	Coffee.....		30	30
Chocolate.....	105	106	26 50	104	25 00	Chocolate.....		25	25
Beef.....	7568	7033	474 72	8195	537 63	Beef.....		7 15	6 75
Pork.....	1060	1344	94 08	407	.....	Pork.....		07	07
Mutton.....	175	.....	.....	790	52 62	Mutton.....		7 25	6 75
Veal.....	.....	812	54 40	34	2 27	Veal.....		7 25	6 70
Peas.....	420	205	6 66	60	1 95	Peas.....		3 25	3 25
Molasses.....	411	415	166 00	302	120 80	Molasses.....		37	40
Rice.....	750	735	31 24	780	33 15	Rice.....		4 25	4 25
Barley.....	455	495	27 22	440	24 20	Barley.....		5 50	5 50
Oatmeal.....	1900	2159	75 56	2156	61 54	Oatmeal.....		3 00	3 50
Cornmeal.....	1500	1500	33 00	1956	43 03	Cornmeal.....		2 20	2 20
Fish (dry).....	2380	2355	100 08	2340	99 45	Fish (dry).....		4 00	4 25
Cheese.....	91	106	21 20	105	21 00	Cheese.....		20	18c.—25c.
Crackers.....	309	548	38 36	508	40 64	Crackers.....		07	6c.—8c.
Apples.....	3	.....	.....	9	31 50	Apples.....		4 50	3.50—4.50
Potatoes.....	325	325	130 00	325	130 00	Potatoes.....		27c.—80c.	37c.—50c.
Vinegar.....	38	36	9 00	77	19 25	Vinegar.....		20	25
Salt.....	12	9	3 64	12	4 86	Salt.....		25c.—30c	35c.—46c.
Onions.....	580	559	22 36	462	18 48	Onions.....		03½	04
			\$ 2198 23		\$ 2245 23			\$ 730 04	

Average daily number of patients, 153; being at the rate per annum, for Provisions, per patient, \$57.05.



**TABLE 16.***Re-admissions from 1859 to 1866.*

	1861	1862	1863	1864	1865	1866	Total.	Admitted twice.	Admitted three times.	Admitted five times.	Remaining Dec. 31, 1866, of Readmissions.
Males . . . .	5	6	...	2	7	1	21	15	1	1	8
Females ..	2	1	2	3	2	2	12	8	2	....	4
Total ..	7	7	2	5	9	3	33	23	3	1	12

**TABLE 17.***Expenditure for Labor, as shown by the Pay Lists ; also for Salaries, 1866.*

January .....	\$299 91	
February.....	301 22	
March .....	302 05	
Salaries .....	715 00	
		\$1618 18
April .....	327 15	
May.....	336 81	
June .....	349 25	
Salaries.....	715 00	
		1728 21
July.....	354 84	
August .....	352 28	
September.....	333 85	
Salaries .....	730 00	
		1770 97
October .....	327 10	
November .....	356 96	
December .....	339 36	
Salaries .....	730 00	
		1753 42
Total.....		\$6870 78

NOTE.—The expenditure for attendance differs little from that of last year. When the cost of provisions is taken into account, the expense for both items is \$101.96 per patient per annum, against \$98.95 last year. The increased price of the single article of Flour, as shown by Table 15, will more than cover the difference.



**TABLE 18.***Garden Produce, 1866.*

Beets .....	61 bushels.	Spinach.....	14 bushels.
Mangold ... ..	120 "	Rhubarb .....	21 "
Beans .....	23 "	Radish .....	8 "
Peas .....	10 "	Cabbages .....	62 dozen.
Turnips.....	24 "	Cauliflower.....	13 "
Carrots .....	40 "	Celery.....	16 "
Parsnips .....	44 "		

Asparagus, Cucumbers, Lettuce, Onions, Parsley, Pumpkins, Squash, Tomato, and Sweet Herbs.

**TABLE 19.***List of Articles made by the Female Patients, 1866.*

99 Shirts.	78 Dresses.
14 Fleecy do.	16 Jackets.
31 Flannel do.	17 Petticoats.
39 pairs Flannel Drawers.	3 Flannel Petticoats.
39 pairs Fleecy do.	76 Cotton Chemises.
32 Homespun Coats.	13 Cotton Sheets.
51 pairs Pants.	138 Linen do.
8 Vests.	113 Pillow Cases.
80 Neckerchiefs.	14 Pillow Ticks.
205 pairs Woollen Socks.	83 Bolster Cases.
24 pairs Cotton Stockings.	98 Bed Ticks.
17 pairs Woollen Stockings.	21 Quilts.
48 pairs Mittens.	26 Clothes Bags.
34 Nightgowns.	89 Dusters.
20 Night Caps.	12 Toilet Covers.
17 Aprons.	29 Towels.
17 Hoods.	8 Table Cloths.
12 Bonnets.	32 Comforts.
8 Blinds.	8 Hooked Rugs.



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- Bristol City and County Lunatic Asylum, report for 1865, pp. 46. By H. O. Stephens, M.D., M.R.C.P., &c., Medical Superintendent.
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## APPENDIX.

### ADMISSION OF PATIENTS.

In this as in previous annual reports, will be found a series of questions, the answers to which should be sent to the Superintendent, when enquiry is made as to there being any vacancy in the Hospital.

Two medical certificates of insanity dated within one month of the commitment, are required for every patient. The facts upon which the professional opinion is based, ought to be stated in the certificate. Blank forms will be forwarded on application to the Board of Works or the Superintendent.

The cost of maintenance of private patients is \$200 per annum. Special attendants or extra accommodation involve an additional charge. Where the friends of patients are unable to pay the customary rate, they can petition the Board of Works for a reduction. A few indigent patients receive assistance from the interest of the "Brown Fund."

The first quarter's board is paid in advance, and bonds are required for subsequent payments. If during the first three months a patient is removed "uncured," no part of the advance is refunded. No warrant or order from the Sheriff or Magistrates is required with private patients.

When the friends are unable to pay any portion of the maintenance, the county to which the patient belongs is liable for all expenses. The medical certificates supply the information on which any two Justices can give their order for commitment. No bonds are required with county patients, neither are the depositions of witnesses, nor the public investigation of the case at all called for.

Two good suits of clothing, at least, should be sent with every patient.

On no account should any deception be resorted to. Patients on their recovery will readily overlook any compulsion it may have been requisite to use in bringing them here; but they never forgive deceit, they hold it in abhorrence. Neither should any promise be held out as to their return. So much uncertainty enshrouds every case, that it is impossible to fix a precise time for any. As a general rule a twelve months' residence, at least, ought to be provided for.

### DISCHARGE OF PATIENTS.

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

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



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

QUERIES REQUESTED BY THE MEDICAL SUPERINTENDENT, TO BE  
ANSWERED ON THE ADMISSION OF A PATIENT.

1. The name and residence of the patient?
2. Age and occupation?
3. Married or single?
4. Any children?
5. How long insane?
6. Is this the first attack?
7. How did insanity first show itself?
8. Has there been any change in the symptoms since the commencement?
9. Has the patient been violent?
10. Has he been subject to any peculiar hallucinations?
11. Has there been any striking change in the disposition of the patient?
12. Has there been a tendency to commit suicide?
13. Has the patient been subject to fits; if so, what was the cause of the fits?
14. What is supposed to be the cause of insanity?
15. Have any relations been similarly affected?
16. What have been the habits as to temperance, orderly conduct, industry, &c.?
17. Birthplace, religion, and education?
18. What is the natural disposition of the patient as to temper, attachment to relatives, &c.?
19. Has the patient been subject to any bodily ailments?
20. Address of nearest relative or friend?

FORM OF CERTIFICATE.

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

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

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

(Signed) — —

Dated at —, this — day of —, A. D. 18—.

[*Two certificates are required in every case. Each examination should be separate.*]







## REMARKS

UPON THE PROCEEDINGS OF A MEDICAL COMMISSION APPOINTED TO  
"EXAMINE AND REPORT UPON THE GENERAL MANAGEMENT AND  
PRESENT CONDITION OF THE HOSPITAL FOR THE INSANE, AT MOUNT  
HOPE, DARTMOUTH."

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The Board, consisting of Dr. Smith, as President, and Dr. Cowie, as Member, paid their first visit to the Hospital on Friday, February 15th, 1867, in the absence of the Superintendent on official duty. Learning accidentally that a Commission had been appointed, no time was lost in returning to the institution and affording the Medical Board every facility to conduct their investigation.

In commenting upon their proceedings it will be most satisfactorily done by following the same order as the Report itself.

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### I. CONDITION OF THE HOSPITAL.

#### (a) CONSTRUCTION AND OCCUPATION.

In stating the number of patients for which the present portion of the Hospital was originally designed, the Board have made a slight error. For one hundred and thirty (130) read one hundred and twenty (120). This increases the proportionate overcrowding which is so injurious in its results, and so subversive of good management. The urgent appeal by the Superintendent on this subject, presented to the Government, laid before the Legislature, and published in the Journals of Assembly, followed as it has been by the present extensive addition to the Hospital, is not even adverted to in the report. A patient from Halifax was, on this account, refused admission during one of the visits of the Board, and subsequently



received by special order, relieving the Superintendent of all responsibility for over-crowding.

(b) CLEANLINESS AND GENERAL CONDITION OF THE WARDS.

The first two Wards inspected were M. 3. and W. 1. In explanation of the condition of these Wards, at the time of inspection, it may be stated that both the Attendant and Assistant of M. 3. had been for the four previous days in attendance upon the Board of Works. During their unavoidable absence, the patients in M. 3. were under the care of the Attendant of W. 1., whose Ward was transferred to his Assistant. In this way two Attendants, doing the duty of four, had charge of upwards of forty patients, and it was unreasonable to expect the same tidy and cleanly appearance as though the whole staff of Attendants had been at their respective posts.

Under one bed only was any dust perceptible, this was in W. 1. Ward. The room had been swept that morning by the patient himself, without moving his bed. At the time of inspection less than two ounces of fine dust might perhaps have been on that part of the floor, and yet the Report states "no attention having apparently been given to sweeping under the beds, and other places not exposed to view," as if all the rooms in both Wards were in that neglected state, and when in reality there are no "other places not exposed to view." A collection of flower-pot frames, but no dust, was found under the bed of one of the patients, who exhibited his flowers with commendable pride.

It is gratifying to find that while these two Wards alone are remarked upon as being less cleanly than the others "in the two remaining Male Wards, and especially in the Female Wards the utmost cleanliness was observed;" and the Report further states "the equipment of the Wards generally seemed in good order."

(c) BEDDING AND CLOTHING.

Reported "clean and sufficient for the wants of the patients," with a single exception, in the case of a coloured patient, who is



quarrelsome, noisy, filthy in her habits, and destructive of clothing and furniture.

(d) MEANS OF ABLUTION.

The Board report the Bath accommodation sufficient, but the "very limited supply of towels" is particularly adverted to.

The number in use in the Wards on the 1st of January, 1867, was two hundred and thirty (230). As to their being only "one rolling towel for twenty men," there are three in each Ward, and of hand towels the last inventory gives sixty-four (64) for the men, or an average of sixteen (16) for each Ward. Thus it appears that for eighty men, we had on the first of the year seventy-six (76) towels, or nearly *one for each individual*.

The number of Combs and Brushes for Ward use is unavoidably limited, no Attendant being able to keep the charge of many at one time, but they are invariably renewed whenever applied for. Many of the patients have combs, and some have brushes of their own. It is satisfactory to have the Board report these articles in many instances "quite worn out." If no use had been made of them, this result could not have been arrived at.

(e) VENTILATION.

The inspection on this subject was limited to one Attic out of three; and instead of saying "the windows were all shut except two," it would have been equally correct to have said, "all were open except *one*, for there were only three windows." The open Cupola was carefully pointed out, and from the outside an Emerson's Ventilator, three feet in diameter, was shown, which is constantly open. These are not in any way alluded to.

The opening of the ventilating flues is capable of being materially improved, but not in the mode suggested in the Report, which is entirely inapplicable to this climate.

(f) WATER.

(g) DRAINAGE AND WATER CLOSETS.

The arrangements of the Hospital, as regards Water supply and Latrines, is unequalled in this country, and to say they are "in good order," is but faint praise.



## (h) CONDITION OF THE PATIENTS.

Here again the Wards M. 3. and W. 1. are described as being "less cleanly than the others," no allowance being made for the prolonged and unavoidable absence of both Attendants.

The instances of long growth of hair were mostly if not solely in such patients as would stoutly resist interference. The fact of nits having been found was not mentioned at the time of inspection, and had any vermin been present this ought to have been stated, while if none were to be found that also was worthy of note.\* It is true the heads of four of the patients in M. 3. Ward were more or less covered with dust, they had just returned from working in the cellar and coal shed, and when ordered to strip from head to foot, their underclothing and person were found and reported "clean."

## (i) DUTIES OF ATTENDANTS.

The Report states "the Attendants seemed perfectly conversant "with the rules of the institution as laid down by the Medical Superintendent for their guidance."

[*Extract from the Rules.*]

RULE 5. Under all circumstances the patients must be treated kindly and affectionately, and must be spoken to in a mild and gentle tone of voice. They are never to be addressed coarsely by their surnames. When the Attendants receive insult and abuse they must keep cool, forbear to recriminate, to scold, threaten, or dictate in the language of authority. Violent hands are never to be laid on a patient under any provocation. A blow is never to be returned unless in the clearest case of necessary self-defence. The force to prevent personal injury is always to be applied gently. The patients are never to be collared or rudely handled to induce them to move. No Attendant is ever to apply any restraining apparatus except by direction of the Superintendent.

RULE 6. The first and indispensable duty of the Attendant is to secure perfect and systematic neatness and cleanliness of the house and its inmates : the next is to co-operate in the attempt to restore

\* See Appendix.



and improve the patients. The halls and apartments are to be washed ordinarily twice in each week, and as much oftener as the most rigid neatness may require. No part of the house is to be considered clean, when it can be made cleaner.

RULE 11. On rising in the morning it is the duty of the Attendant to see that each patient is thoroughly washed, hair combed, clothes brushed and cleaned, if necessary, collars, wristbands, and suspenders properly secured, shoes clean and tidy, in fact that the whole dress is neat, entire, and properly arranged.

RULE 22. All the patients are to be bathed every week, except particular directions are given to the contrary. They are not to be left to themselves while bathing, and care is to be taken that they are thoroughly rubbed and dried, hair combed, and dress arranged.

#### OBLIGATION.

I hereby promise to obey the rules of the Hospital, to be careful of its property, and to avoid gossiping about its inmates or affairs.

I consider myself bound to perform any duty assigned to me by the Medical Superintendent.

If anything contrary to the Rules of the Hospital be done in my presence, or come within my knowledge, I pledge myself to report it to the Medical Superintendent.

I understand my engagement to be monthly, and I agree to give a months notice should I wish to leave my situation.

I acknowledge the right of the Board of Works and of the Medical Superintendent to discharge me without warning for acts of harshness or violence to the patients, for intemperance, or disobedience of orders.

The Board report that the Attendants, "as far as could be ascertained, carried out their instructions faithfully."

The only exceptions noted are two. The end of a match in a patient's bed (who from his industry is privileged to smoke outside) is considered evidence of neglect on the part of the Attendant. The smoking, if any, in this instance, may have been at midnight.

The condition of the working men's hair has already been explained. See clause (*h*).



The Attendant and Assistant of W. 1., who had so much extra duty, were only recovering from illness shortly before this inspection.

(j) MORAL TREATMENT.

Reported "exceedingly judicious and most likely to be attended by success."\*

## II. DIET.

The issue of diet, on which much stress is laid in the Report, is based on the custom of other Hospitals of this class, (chiefly American,) but the scale or table is not so unalterably fixed but that the supply can be varied according to the season, and according to the several classes of patients, whether industrious, private, indigent, or paupers, as the case may be. The suggestion by the Board that written requisitions should be given for every article of extra diet is well worthy of adoption, and has always been partially acted upon.

Doctor Parkes, a Military Authority of high repute, in his work on Practical Hygiene states:

"As the treatment by diet is better understood, fixed diet tables will become mere outlines, which will be filled up by orders for each special case."

The large amount of supplies stated by the Board to be issued weekly to the servants is in reality (and was so stated) issued to the Housekeeper, who is responsible for their distribution. It is desirable that for all these, except regular supplies for daily use, written requisitions, duly countersigned, should be regularly presented.

The cooking arrangements, while satisfactory to the Board, are not so complete as could be wished. The range is nearly worn out, and the boilers are becoming insufficient for so large a household.

## III. TREATMENT OF CASES OF PHYSICAL DISEASE.

The duty which the Board report to be clearly enjoined upon the Superintendent, of recording his medical treatment, is only binding in so far as the same is practicable. The rule carries no legal obligation whatever.

\* See Appendix.



Whether, after a daily visit to one hundred and sixty patients, all of whose wants and wishes have to be considered; after examining the report of the night watches, and the daily report from each Attendant of every patient under their care; after scrutinising the requisitions for Ward articles, patients' clothing, and the like; after enquiring as to the several damages done and ordering repairs; while carrying on a correspondence, amounting to several hundreds of letters yearly, and while carefully registering every important particular relating to each individual patient; whether with these and other no less onerous duties the Medical Superintendent should be called upon—unaided as he is by any resident Assistant—to record every dose of medicine he finds it requisite to administer, or every minor operation he may perform, are questions which can only be answered in one way.

The Report states "the value of statistics of treatment is fully recognised in all similar Institutions." Their value to the Superintendent, at the present time, is amply sufficient to repay him for all the pains he has taken to ensure their accuracy. The report of this Hospital, for 1866, shows a series of Statistical Tables, adopted by the Medico-Psychological Association for use in all British and Colonial Asylums, and other Tables compiled in accordance with the instructions from Her Majesty's Secretary of State for the Colonies,—and these clearly exhibit, for the past eight years, a large proportion of recoveries and a small number of deaths, compared with either British or American Institutions. With these results, the proof is incontrovertible, and evident even to non-Medical observers, that the patients could not possibly have been neglected.

#### CASE OF RICHARD HURLEY.

On the 18th July, 1866, Richard Hurley, Plumber, late in employ of the Halifax Gas Company, was admitted to the Provincial Hospital for the Insane, chargeable to the County of Halifax, and with Medical Certificates, showing an examination by Dr. A. J. Cowie on the 15th July, and by Dr. D. McN. Parker on the day of admission.



Dr. Cowie certifies as follows :—

“He is quiet at times, sits thinking or talking to himself; thinks he has committed some grave offence which will not be forgiven.

“His mother informs me that he has been in low spirits *for some time*, and seemed lost. Is restless, and wants to go out continually; has to be restrained.”

Dr. Parker gives the following certificate :—

“Expression of countenance peculiar, and like that of a man of unsound mind. He remains standing or sitting, and reticent; cannot get him to converse.

“I learn that he has been a quiet, sober lad, of most regular habits. Latterly he has been dull, and a few days since having been called upon to give testimony in a court of law, which he did honestly and to the best of his knowledge, he became at last confused, and having been severely cross-examined, lost control of his thinking powers. His appearance on the occasion caused much laughter, and many improper remarks were, I believe, made by the Attorneys. This matter so affected him that he became insane.”

His father, who accompanied him to the Hospital, stated him to be “twenty-five years of age, single, three days insane, first attack, became stupid, (lately) rather worse, not violent, knew of no hallucinations, no change of disposition, no fits. Insanity caused by being brought before the Mayor. Not aware of any relatives being similarly affected; industrious, educated, fond of relatives, has had no bodily ailments.”

Hurley was of medium size, rather short, and inclined to stoop, had a dark but florid complexion, and anxious countenance, was disinclined to move about, unwilling to partake of food, and reluctant to go to bed. He appeared in fear of every one, and said he would never be forgiven for what he had done.

On admission, he was placed in the quiet hall nearest the Surgery, and under the care of an Attendant who had been an acquaintance formerly, and who manifested great friendship for him.

For the first week he was taken out for air and exercise almost every day, subsequently not so often, owing to his refusal either to go out, or when out to come back. He was fed the first three days, and at times afterwards. When once induced to begin a



meal, he continued to eat freely. He remained in this state, with occasional improvement only, for the whole time he was in Hospital.

On the 26th September, his Attendant reported a sore upon his leg. On examination it was found to be owing to constitutional causes, and the requisite attention was given. He was averse to taking medicine, and struggled against it, consequently it was seldom administered. Local treatment resulted in the healing of the first ulcer, while others broke out elsewhere, and extended. The healed ulcer, as well as the dry blotches (which were numerous) and the running sores, were confined to the left leg; the toes of both feet were sore.

He was not stout when admitted, and gradually became thinner in flesh, until at last he was greatly emaciated. Having no cough or expectoration, no great acceleration of the pulse, no difficulty in respiration, no spitting of blood, no night sweats, no hectic, no irregularity of the bowels, and his chest (as well as examination could be had) giving no decidedly abnormal sounds, either by percussion or auscultation, his case would, by ordinary observers, have been classed as one of Marasmus, owing, probably, to abdominal disease. It was only shortly before his removal that unmistakable symptoms of Phthisis appeared, the disease, in the mean time, having been "latent."

In addition to such of the ordinary food, as he could be persuaded to use, he had extra diet from time to time, consisting of beef-tea, mutton broth, gruel, arrowroot, sago, wine, milk, toast, and coffee. Pains were taken to have these properly served.

Being indisposed to walk, a cushioned seat was provided for him. Had he been a private patient, accustomed to every luxury, he could scarcely have had more constant attention, and more earnest solicitude as to his daily wants.

He had every opportunity of conversing with the Superintendent, and, when prevailed upon to speak, he almost invariably bewailed his sinfulness, and dwelt upon that topic alone.

He was dull and low spirited when he came, and continued more or less so to the time of his leaving the Hospital. He preferred solitude, and seldom or never spoke except in answer to direct questions.



His father, for the first few weeks after admission, enquired after him verbally several times, and wrote to the Superintendent on two or three occasions. Early in August, his mother and sister, with other friends, walked nearly to the Hospital on their way to see him, but, being met by the Superintendent, and learning from him how serious the effect of an interview might be, they returned to Halifax. A letter, which was at that very time on its way to the office for his father, dissuading the friends from coming, was put into their hands, and, to some at least of the party, a drive to the ferry was offered. They were assured by Superintendent of his willingness to answer all their enquiries by letter, and were invited to write rather than to send messages. Neither letter nor message, however, was received; and, about three weeks after this interview, Superintendent wrote as follows:—

(COPY.)

PROVINCIAL HOSPITAL, }  
28th August, 1866. }

MR. HURLEY,—

*Dear Sir*,—Richard continues about the same, at all events no worse than when I last saw you. He wants a few articles of clothing, of which I send a memorandum. It is hard to get him to begin to eat, but when he has once commenced, he eats heartily. He is unwilling to go to bed, or to move about, and seldom speaks.

Dear Sir,

Very faithfully,

(Signed)

JAMES R. DEWOLF.

In reply to this, Mr. Hurley wrote under date of September 6th, sending with the note a supply of clothing, and expressing a wish to see his son. The parcel was received on the 9th, and on the 12th the following answer was dispatched:—

(COPY.)

PROVINCIAL HOSPITAL, }  
September 12th, 1866. }

MR. HURLEY,—

*Dear Sir*,—The clothing you sent for Richard came safe to hand, and suited him very well. I am happy to say he continues without relapse, and is, if anything, a little better.



I should be very glad if I could advise your coming to see him, but must request you to put it off *for his good*.

Dear Sir,

Yours faithfully,

(Signed)

JAMES R. DEWOLF.

From that time forward no letters were exchanged, nor were any direct messages received in reference to him. His clergyman saw him on several occasions in the Hospital Chapel, in the Wards, and in the Board room, but, except to enquire if all were well at home, he had little to say. Hurley made no complaints; but, on the contrary, being glad to see his minister, he had a cheerful aspect. On the last occasion he would not speak to him, nor did he appear fully to recognize him.

Within a short time after this, Superintendent was met by the father of Hurley, who, after reciting what he had learned from the clergyman, and stating his fears lest his son would never recover, asked pointedly how he was then. The answer was, "Mr. Hurley, he is no better." No application, however, is made at that time, or subsequently, either for himself or any of the family to visit the invalid.

On the evening of the second Sunday in November, Hurley's case was made the subject of eulogy in the Parish Church of Dartmouth by the officiating clergyman, who, as already stated, had visited him here on several occasions. This young man was instanced as one who was personally known to the preacher, and who appeared to have every comfort that could be provided.

During the following month (December) Hurley remained for the most part in the house, only going out in the finest weather, seldom more than once a week. His emaciation, which for aught we know, may have commenced before admission, continued, and became more and more marked.

In January, 1867, no striking change took place in his condition or appearance, until the latter end of the month. About the twentieth, or perhaps earlier, Mr. Miller, a friend of Hurley's, who, when opportunity offered, invariably enquired after him, met Superintendent in Halifax, and, asking after his welfare, was told, "He is no better; is very thin and weak; speaks to no person, and



"takes no exercise, unless led about." Mr. Miller remarked that he had seen Hurley's father the day before, who was anxious to visit his son at the Hospital. Superintendent's reply was, "His father might visit him (then) without its having any injurious effect."

From this time his declining health was daily more and more apparent, although up to the 29th, three days before he left, he was at the outer door for air. Having had no direct enquiries from the family for a long while, and having made the above statement to one who was supposed to hold frequent communication with Hurley's friends, and no answer being received, Superintendent wrote on the 30th to the young man's father as follows:—

(COPY.)

PROVINCIAL HOSPITAL, }  
30th January, 1867. }

MR. HURLEY,—

*Dear Sir*,—I regret to say your son is failing very much in his general health, and has every appearance of being in a decline. He takes his food by persuasion, and sometimes of his own accord, but is not nourished by it. He is exceedingly thin in flesh. I am of opinion you might visit him without doing him any harm.

Dear Sir,

Yours truly,

(Signed)

JAMES R. DEWOLF.

On the 31st he was feeble. His expectoration on that day, and the day before, was peculiarly offensive, so much so as to cause his Attendant to vomit.

The message through Mr. Miller having failed to elicit enquiry, or to prompt a visit, and the letter of the 30th being unanswered, Superintendent thinking these might not have reached the family, (as it afterwards appeared, this was rightly conjectured), wrote again on the morning of the 1st February, urging Mr. Hurley to come at once to see his son:—



(COPY.)

PROVINCIAL HOSPITAL, }  
1st February, 1867. }

MR. JOHN HURLEY,—

*Dear Sir*,—Since my letter of the day before yesterday, I regret to say Richard has become much more feeble, and appears to be failing very rapidly. I would advise your coming at once to see him.

Dear Sir,

Yours truly,

(Signed)

JAMES R. DEWOLF.

This letter was despatched by a special messenger, who was instructed to find out the residence of the family, which was unknown to Superintendent.

Not many hours after this, the father and brother-in-law of the patient came on foot to the Hospital. The former was at once recognized by his son, who complained of his not having come four months before,\* and requested to be taken home.

Mr. Hurley asked permission of Superintendent to comply with Richard's request. It was granted; and, owing to his feeble state, he was advised to bring a covered sleigh. He was told by Superintendent that if such a sleigh had been here he would have had the use of it. The brother-in-law remained with Richard while Mr. Hurley went to Dartmouth, and thence to Halifax, for a proper vehicle. When he returned, Richard walked with his father's and the Attendant's assistance to the door, and was lifted into the sleigh. The friends were cautioned as to keeping him in the recumbent posture, not only in the sleigh, but also in removing him to his dwelling, and the coachman was requested to drive carefully.

Having given in the preceding statement of this case every particular of any importance with regard to it, and having submitted the letter of February 7th, in reply to Mr. Moir's complaint, the Superintendent has but few additional comments to offer.

The Medical Board report that, "it appears every attention was paid to his comfort."

They state their opinion, *after a Post Mortem examination*, that "the cause of Richard Hurley's death was Pulmonary Consumption."

\* At which time he was at his best.



They further state that "Hurley's removal should not have been "permitted," an opinion in which the friends of Hurley will scarcely coincide.

With reference to vermin on the body, when he left the Hospital, there is the testimony of those who laid out the remains that the body and clothing were clean. The head may have come in contact with vermin on the way to Halifax, or after arriving there.

The evidence from which the Board drew their inference is so unreasonably extravagant, and so contradictory withal, that one is justified in attaching little weight to it. At the official *post mortem* examination no vermin were found, neither were any marks of bruises to be seen on the legs or elsewhere. The Board report that "the indolent character of the ulcers on Hurley's leg might be "easily accounted for by his debilitated condition."

The strictly professional part of the Report relating to "crude tubercle," "consolidation," "cavities," and "latent" Phthisis, the Superintendent proposes to discuss before the Medical Society at one of their monthly meetings.

In reference to the several important suggestions with which the Board close their Report, it were perhaps unbecoming to offer any special remark at present. It may not be out of place, however, to note some of the omissions of the Report.

The Board have omitted all reference to the time of their visit, the last of the week, when the bedding and clothing were about to be changed for the wash.

They omit to note that the visit was one of surprise, and that many of the officials had been absent for four days previously.

They omit several important facts as to Ventilation.

They omit to state the condition of the Cellar, the Root-House, and Vegetables.

They omit noticing the creditable state of the Storekeeper's books, and the monthly and quarterly returns.

They omit all reference to the complete and satisfactory state of the Hospital Register, in which every available fact for statistical purposes is carefully noted.

They omit to compare results of treatment in this Hospital with the published records of other similar institutions.\*

\* See Appendix.



They omit to mention the gratitude of recovered patients, couched in the most feeling language.

They omit the fact that for eight years an average of *four registered visitors* has passed through the Wards of the Hospital every day.

They omit to allude to restored patients leaving the Hospital during their visits.

They omit all credit for efforts which came under their cognizance to prevent over-crowding.

They omit to allude to successful management under acknowledged difficulties.

They omit to mention that in their several visits every inmate was more or less inspected, every room thrown open, and every readiness manifested to facilitate their examination.

They omit to say that not a single patient was found under restraint of any kind, nor a complaint made of ill-usage, nor even in the Wards for violent patients was there any considerable degree of excitement.

They omit to state the constant embarrassments peculiar to Asylum life, and indeed they omit every thing which could possibly lead to their being charged with undue partiality for a professional brother.

Respectfully submitted,

(Signed)

JAMES R. DEWOLF.



## APPENDIX.

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### TESTIMONIALS FROM DISTINGUISHED PERSONAGES.

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In reference to the Testimonials which follow, it is right to state that in almost every instance the eminent gentlemen who have given their Certificates made "visits of surprise." It was not known at the Hospital that they were coming, and they examined not one or two of the Wards alone, *but the whole*, and had every opportunity of forming a correct opinion.

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DEAR DR. DEWOLF,—

I cannot deny myself the pleasure of expressing to you the satisfaction I have derived during my frequent visits to the Hospital for the Insane, in observing the attention which you bestow on the comfort and management of your patients, and the cleanliness order and regularity which prevail in the establishment, under your charge.

MULGRAVE.

Halifax, May 9th, 1862.

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I have accompanied Lord Mulgrave and Dr. DeWolf over this Institution, and have minutely examined all its arrangements. I feel much gratified in being able to express my admiration of the excellent manner in which the whole Institution is conducted.

GEORGE DUNDAS.

July 12th, 1862.

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Having several times visited, with much interest, the Hospital for the Insane at Dartmouth, under the able management of Dr. DeWolf, I have been much pleased with the satisfactory and creditable state of the Establishment, and to have witnessed the care and attention bestowed on the inmates.

ALEXANDER MILNE,

Vice Admiral and Commander-in-Chief.

Halifax, 12th November, 1863.



It has afforded me very great pleasure to witness the extreme cleanliness, regularity, and system that prevail in this Institution, and it is very gratifying to find that the harsh treatment of former days has been superseded by kindness to the patients and with perfect success.

Dr. DeWolf deserves great credit for keeping the Establishment in such perfect order.

HASTINGS DOYLE,

Major-General and Administrator of Government.

Mount Hope, Nov. 21, 1863.

Before leaving Halifax for another Government, I am very anxious to bear my testimony to the zealous and able exertions of Dr. DeWolf, to render the Hospital for the Insane, under his charge, as perfect as possible, with the means placed at his disposal. In cleanliness and general excellence of arrangement, I believe the Asylum at Dartmouth is not behind any similar Institution in British North America. Dr. DeWolf seems to neglect no opportunity of keeping himself thoroughly acquainted with all reforms and improvements in the treatment of the Insane elsewhere. I therefore hope that when I shall have left the Colony, suggestions offered by him for the improvement of the accommodation, or otherwise promoting the health and comfort of the unfortunate class of patients confided to his care, will be received with the deference due to his experience, and proved earnestness in the discharge of the important and difficult duties of his office.

RICHARD GRAVES MACDONNELL,

Lieutenant-Governor.

Government House, Halifax, 26th July, 1865.

I accompanied his Excellency Sir Richard Graves MacDonnell in a visit to the Asylum on the 25th inst., and was greatly pleased with the good order, cleanliness, and neatness which prevailed throughout the building. The patients appear to be contented and happy, and looked generally in good health.

E. A. MEREDITH,

Chairman of the Board of Inspectors of Asylums,  
Prisons, &c., for Canada.

July 26th, 1865.

I have great pleasure in recording the gratification I had last week in going over the Institution for the Insane, under the able direction of Dr. DeWolf. It appeared to me that in the direction and management of this Establishment, *nothing had been omitted* to ensure the best possible results. The mode of treatment, the absence of all apparent restraint, and the benevolence and confidence shewn to the unfortunate inmates, could not, I feel confident, be witnessed by any one, without emotions of gratification, and, indeed, thankfulness. I can truthfully affirm that these sentiments, on my part, will never be obliterated from my mind.

W. F. WILLIAMS.

Government House, Halifax, Dec. 8th, 1866.



## COMPARISON WITH AMERICAN HOSPITALS.

[LATEST RETURNS.]

*Table of Results of Treatment compiled from all the American Asylums, whose reports are reviewed in the Journal of Insanity for January, 1867, (twenty in number.)*

NAME.	Admitted.	Whole No.	Average No.	Recovered.	Improved.	Stationary.	Died.	Remaining.
1. Friends' Asylum . . . . .	20	86	63	15	2	2	5	60
2. Northampton Lunatic Hospital.	136	488	376	24	20	8	31	405
3. Hartford Retreat . . . . .	165	403	241	62	48	22	26	245
4. New Hampshire Asylum . . . . .	104	327	228	26	15	16	21	236
5. North Carolina Asylum . . . . .	65	212	156	14	4	12	14	165
6. King's County, N. Y., Asylum.	243	675	451	89	42	9	65	470
7. Texas Asylum . . . . .	40	88	51	22	6	5	1	54
8. Auburn, N. Y., Asylum . . . . .	9	80	72	3	1	...	3	73
9. St. Louis Asylum . . . . .	148	253	109	56	63	13	7	114
10. Butler Hospital, Providence . . . . .	42	174	131	11	11	5	16	131
11. Vermont Asylum . . . . .	161	641	486	58	27	20	43	493
12. Wisconsin Asylum . . . . .	95	272	178	42	30	13	7	180
13. Southern Ohio Asylum . . . . .	103	274	170	61	9	21	6	177
14. West Virginia Asylum . . . . .	67	374	312	26	10	3	16	317
15. Maine Asylum . . . . .	135	412	276	61	29	13	33	276
16. Utica, N. Y., Asylum . . . . .	356	920	591	118	35	91	57	615
17. Washington Asylum . . . . .	222	483	271	112	26	10	54	281
18. Central Ohio Asylum . . . . .	187	406	290	109	18	19	20	300
19. West Virginia Hospital . . . . .	14	54	41	6	1	...	4	43
20. Blackwell's Island, N. Y., Hosp'tl	525	1284	747	192	83	142	127	736
Total . . . . .	2837	7906	5244	1107	...	...	556	...
Provincial Hospital, 1866 . . . . .	42	192	153	17	10	4	4	157

Of the twenty Institutions above named, the mortality rate, on the average number for the previous year, was  $10\frac{3}{4}$  per cent., and the rate of recoveries on admissions  $39.02$  per cent.

For the Provincial Hospital the deaths averaged only  $5\frac{1}{2}$  per cent. for the past eight years, and the recoveries  $39.04$  per cent. for the same period.



## [NOTE TO PAGE V.]

The precise nature of Hurley's disease, was not unknown to the Medical Superintendent, although the patient's persistent refusal to submit to examination prevented the use of the Stethoscope.

For some time before his removal he was taking cod-liver oil, whenever it could be administered without undue force.

Previously to the *post-mortem* examination, Superintendent certified the cause of death to have been "Pulmonary consumption, which in the insane is often latent." This form of disease, which is almost peculiar to the insane, is graphically described by Dr. Workman the worthy and experienced Superintendent of the Toronto Asylum. In the American Journal of Insanity for July, 1862, he states: "The great majority of insane patients dying of this disease present none of those symptoms which so clearly indicate its presence in other persons. They neither cough nor expectorate; they complain of no pain; they have no hectic exacerbations, no sweatings, or colliquative diarrhœas, or pulmonary hemorrhage. They have not the keen appetite which many consumptives experience, neither have they the buoyant hope, the lustrous eye, or the death-announcing cheek-flush of the consumptive. Their breathing does not seem troublesome or difficult until perhaps only a few hours before death, and even then the defect seems to consist rather in muscular feebleness than in reduced pulmonic capacity. Many of them do not reach extreme emaciation. They gradually fade away, and glide out of life almost imperceptibly."

Dr. Gossip, in his official account of the *sectio cadaveris*, after reciting the appearances of the lungs, states these "would seem to indicate a comparatively lengthened period from the commencement to the close, (of the disease,) while the great quantity of unsoftened tubercular matter in both lungs, leads me to the conclusion that the disease was more rapid in its progress during the latter part of Hurley's life."

The Medical Superintendent is censured for having *permitted* the removal of the patient, as if he had possessed the power to prevent it. The danger of removal was distinctly pointed out, and the friends assumed the entire responsibility.

In reference to the uncertainty as to the precise duration of life in consumptive patients, Dr. Clouston, Superintendent of the Carlisle Asylum, relates the following instances:—

"A man who had been failing somewhat in strength and appetite for a few weeks, and in whom the physical signs of Phthisis had been discovered,



sat down to dinner as usual, took what appeared to be a fainting fit immediately after dinner, and was dead before I could be sent for. His lungs were found riddled with tuberculous cavities.

"A woman, in whom the symptoms of Phthisis had shown themselves for a fortnight, went out to walk with her fellow patients, got weak and appeared to faint on the ground, was carried in and died within an hour."

"These extreme cases," says Dr. Clouston, "are not uncommon, and *in a great many of them* the suspicions and obstinacy remain so marked till death, that however weak and exhausted they may be, *an examination of the chest is resisted* with their remaining strength."

This feature of Hurley's case appears to have escaped the notice of the Medical Board.

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[NOTE TO PAGE VI.]

Remarkable instances of the rapid propagation of vermin have been reported in English and American works of standard authority. Dr. Tanner, in the recent edition of his "Practice of Medicine," quotes several well marked instances. Dr. Eve's "Surgical Cases" also contains similar statements, fully authenticated. In both these works particular reference is made to the highly respectable position of several of the patients, and also to their being *remarkably careful as to cleanliness*.

Beyond these, however, were the cases occurring within this Province, as detailed in evidence before the Committee of the Legislature, by medical witnesses, who spoke from personal observation. One of the members of Committee stated to his colleagues an instance in point, as also did a private gentleman from the country. These disinterested witnesses placed the several cases of rapid generation of vermin after death very clearly before the Committee, so that no doubt could be had of the possibility of reconciling the apparently very contradictory evidence of the witnesses at the first investigation. An honorable member for a Western County instanced a case where one boy only of a large and very respectable family was troublesome to his mother in regard to vermin in his head. No combing, however frequent, would keep it clean. The family physician happening to pass his hand over the boy's head, felt a small swelling, which he examined, and found to contain *several thousands* of lice. From this spot (which the mother either had not known, or had avoided for fear of giving pain,) all the insects had issued which had given so much trouble. The tumor was removed, and the annoyance ceased.



It is charitable to suppose that some such tumor existed on the head of Richard Hurley at the time of his removal. Hence, and hence only, can we readily account for the exceedingly contradictory evidence of the several witnesses. This very possible and highly probable solution of the case ought to be considered entirely satisfactory.

[NOTE TO PAGE VII.]

In the Superintendent's remarks upon the proceedings of the Medical Board, he has studiously avoided any allusion to the several recommendations therein contained. The first suggestion "that the management of the Hospital be vested in a Board of Commissioners, with powers similar to those exercised by the Board which existed in 1858," is now happily adopted by the Government and the Legislature. A visiting Board will doubtless be of essential service to the institution and its officers. The Superintendent cannot, however, cease his official connection with the Board of Works without acknowledging publicly the kind and courteous support he has invariably received at their hands. From constant communication and repeated visits at uncertain intervals, the daily state of the Hospital was thoroughly known to the Board. Instead of possessing arbitrary power, the Superintendent has held a position of entire subordination, as is proved by his having within the past four years addressed upwards of four hundred official letters to the present Chairman of the Board.

Superintendent is in no way connected with the purchase of supplies further than to sign the requisitions.



## STATEMENT OF THE MORAL TREATMENT

ADOPTED AT THE PROVINCIAL HOSPITAL FOR THE INSANE.

Its first requisites are kindness, winning the confidence of the patient ; occupation suited to each case, individually ; and classification, associating the patients in such groups as to make them beneficial (instead of injurious) in their effects upon each other.

The entrusting of special duty to particular patients, and the fullest show of confidence in their integrity, encourages improvement. We endeavour to promote cordial good feeling between the attendants and those under their care.

One of the most important means of moral treatment is manual labor, of *such a character as to engage their attention*, such as farming, gardening, boating, or other work, according to circumstances.

Frequent walks in various directions ; attendance at lectures, concerts, picnics, exhibitions, &c., and on Sundays at chapel or church, are of importance, as enabling the patients to maintain self-respect and self-control.

Amongst the games introduced, for the purpose of diversion and exercise, may be named foot-ball and quoits for the men, and battledore and Graces for the women ; and, for both sexes, billiards and bagatelle, chess, solitaire, cards, puzzles, dominoes, squails, and quartettes.

While the day is devoted to useful employment (and no other can be called beneficial), the evenings are occasionally enlivened by concerts, recitations, exhibitions, and lectures, and, alternating with these, by dancing-parties.

The rule on these occasions for our guidance is, that one of every couple is a patient ; the enjoyment is not less necessary for the attendants to enable them to bear their daily trials.

It is our aim to adjust the true proportions of manual labour and invigorating recreation.

Among the means named above, weekly attendance on religious services *here* should have been included ; as also the use of books and newspapers ; the embellishing of the walls with pictures ; the use of stereoscopes ; and lastly, the happy influence of music, whether vocal, instrumental, or that of



petted birds. The cultivation of house plants is another means; indeed, the subject is one admitting of great amplification, and is almost inexhaustible: it approaches more nearly, perhaps, to that of education than of anything else.

Moral treatment is not only an important but *an essential adjunct* to medical treatment, and requires to be under the guidance of a medical officer of the Hospital.

J. R. DEWOLF, M. D.,

*Superintendent.*

19th February, 1867.



## REPORT OF THE COMMITTEE

OF THE HOUSE OF ASSEMBLY ON HUMANE INSTITUTIONS.

### HOSPITAL FOR THE INSANE.

The Committee on Humane Institutions beg leave to report as follows :

The Committee have considered the complaints against Dr. DeWolf, submitted to the Government, with the Doctor's reply, and the evidence thereon ; the Report of the Medical Commission, and the observations thereon.

They have also heard the testimony of several witnesses who appeared before the Committee after public notice, and have given the most patient attention to their evidence.

The Committee are much pleased to be able unanimously to report that there is in these cases no evidence to fix any blame on Dr. DeWolf, or any of the attendants employed in the Institutions ; and the Committee are satisfied that the condition in which Mr. Hurley was found to be after his removal, can be well attributed to other causes than either cruelty or neglect on the part of the officers of the Institutions.

The Committee have the more readily taken this view of the case in consequence of the most reliable testimony, medical and otherwise, which has been given before them, of cases equally if not more extraordinary than the one referred to, in which it was beyond dispute that no efforts had been spared to prevent the deplorable condition which had been found to exist shortly after death.

The Committee deeply regret that the complaints referred to should have had any tendency to weaken the confidence of the public in the Institution ; and they desire, as far as in their power lies, to lessen this feeling, which appears to exist without any sufficient cause.

HIRAM BLANCHARD,  
JAMES FRASER,  
THOMAS CALDWELL,  
THOMAS KILLAM,  
C. C. HAMILTON,  
WM. T. TOWNSEND,  
THOMAS COFFIN,  
CHARLES ALLISON.



## PROCEEDINGS OF A MEDICAL BOARD,

*Directed to assemble, by order of His Excellency the Lieutenant Governor of Nova Scotia, to examine and report upon the general management and present condition of the Hospital for the Insane, at Mount Hope, Dartmouth.*

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*President.*—D. SINCLAIR SMITH, *Staff Surgeon.*

*Member.*—A. J. COWIE, *M. D.*

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THE Board having assembled pursuant to order, commenced their investigation on the 15th of February, 1867, and continued their sittings from day to day till it was completed.

They beg to report as follows:

### I. CONDITION OF THE HOSPITAL.

#### (a) CONSTRUCTION AND OCCUPATION.

The building was originally intended for the reception of 130 patients, which would give an average of 750 cubic feet to each, but as the number now in Hospital is 160, the cubic space to each is proportionately reduced, and a degree of overcrowding exists, which is highly objectionable, not only on account of its vitiating influences on health, but also from the interruption to treatment which the annoyance and irritation of crowded Wards must necessarily exert upon the Insane.

Four of the Wards are occupied by males, and five by females.

#### (b) CLEANLINESS AND GENERAL CONDITION OF WARDS.

The first two Wards inspected, M. 3. and W. 1., occupied by male patients, were not so clean as the other Wards which were afterwards visited, no attention having been apparently given to sweep-



ing under the beds and other places not exposed to view. In the two remaining Male Wards, and especially in the Female Wards, the utmost cleanliness was observed. The equipment of the Wards generally seemed in good order.

(c) BEDDING AND CLOTHING.

Seemed to be clean and sufficient for the wants of the patients, with the exception of that provided for a colored female patient in M. 2 Ward. Her bed clothes were dirty and insufficient in quantity.

(d) MEANS OF ABLUTION.

The bath accommodation and the number of hand basins attached to each Ward are sufficient, but the supply of towels is very limited, only one rolling towel for each Ward. This the Board do not think enough to meet the wants of twenty patients, the average number in each Male Ward; nor do they consider that the small number of brushes and combs allowed to each Ward sufficient, more especially as many of them were observed to be in a broken and useless condition, indeed quite worn out.

(e) VENTILATION.

Each Ward is provided with ventilating flues, but in the opinion of the Board a mistake has been made in making the outlet flues open into the attics, instead of on the outside of the building, thus making the ventilation of the Hospital dependent upon the attic windows, which on the day of inspection were all shut except two. The bad effects of insufficient ventilation were observed in several Wards. The temperature of the Wards is maintained efficiently by heated air.

(f) WATER.

The supply of water seemed good and abundant.

(g) DRAINAGE AND WATER CLOSETS.

In good order.



## (h) CONDITION OF THE PATIENTS.

The condition of the patients in the Male Wards, as regards cleanliness, was not equal to what was observed in the Female Wards; more particularly was this noticed in M. 3. and W. 1. Wards. In several instances the men's hair had been allowed to grow so long that it had got matted together, apparently from the want of daily combing. In those instances the heads of the patients were found to be exceedingly dirty, and nits were seen in every such case. The patients' bodies generally were clean. The general condition of the patients in the Female Wards, with the exception of the colored woman already referred to, seemed most satisfactory. The patients in the Male Wards did not, in the opinion of the Board, present the same tidy and healthy appearance as was observed amongst the females.

## (i) DUTIES OF ATTENDANTS.

The attendants seemed perfectly conversant with the rules of the institution laid down by the Medical Superintendent for their guidance; and as far as could be ascertained carried out their instructions faithfully. With the exception of the inattention which has already been referred to regarding the Male patients' hair, and an instance which the Board observed, where there was satisfactory evidence that a patient in W. 1 Ward had been smoking in bed, without being detected by the Attendants of the Ward.

## (j) MORAL TREATMENT OF THE INSANE.

At the request of the Board, the Medical Superintendent furnished them with a statement of the moral treatment adopted at the Provincial Hospital for the Insane, and the Board are of opinion that the system as detailed by him is exceedingly judicious, and most likely to be attended by success in the treatment of insane patients.



## II. DIET.

As no scale of diet is in use at the Lunatic Asylum, the Board can only arrive at an estimate of the diets supplied daily to its inmates, by dividing the quantities shown in the Steward's accounts as having been expended for that purpose during each week, by the number of patients and attendants who were fed. The amount thus shown as expended is, in the opinion of the Board, a sufficient diet for the number of patients and servants now in the institution. The system, however, which is followed in the distribution of the diets does not appear to be the most suitable one, where such a number of patients have to be provided for daily, and where such a large expenditure is required.

For example, the quantities of the different articles of diet issued to each Ward, were found from the Steward's statement of expenditure to vary very much in different weeks, without the Steward's being able to show any recorded authority for the change. Another circumstance of importance is the very large amount of issues made to the servants every week in proportion to their numbers. This the Steward explained by saying that a great part of those issues finds its way back to the patients in the shape of puddings and other delicacies, with the sanction of the Medical Superintendent. But for these extra issues the Steward cannot show any requisitions, and he states in explanation that his orders for such have usually been verbal. The Board consider that the adoption of a scale of diet similar to what is in use in other Lunatic Asylums would be an advantageous change from the present system. By such an arrangement the expenditure for dieting the institution could be accurately estimated, unnecessary outlay checked, and at least a more certain mode secured than is now in use for supplying the wants of the patients. The cooking arrangements of the institution seemed satisfactory.



### III. TREATMENT OF CASES OF PHYSICAL DISEASE.

The Board cannot give any opinion upon the treatment which has been adopted in cases of physical disease in the Provincial Asylum, as no records of the medical treatment either of the insane, or of such cases of physical disease that may have occurred, are kept by the Medical Superintendent in the case-book or register of the Hospital; although by the bye-laws of the institution, at paragraph 4 of the instructions to the Medical Superintendent, this duty is clearly enjoined.

The Board consider that this omission is greatly to be regretted, as the value of the statistics of treatment is fully recognised in all similar institutions, and their careful registration looked upon as one of the most important duties connected with the management of Lunatic Asylums.

### IV. REPORT ON THE CASE OF THE LATE RICHARD HURLEY.

The Board cannot give any opinion as to the history of his case, or the medical treatment adopted for him while an inmate of the institution, from the absence of medical records,—but from the evidence obtained from the Hospital officials it appears that every attention was paid to his comfort. With reference to his condition on leaving the Asylum, the Board have no reports to refer to, and can only form an opinion from the statements made by the Medical Superintendent in reply to questions addressed to him by the Board as to the condition he was then in.

The following are the Medical Superintendent's answers:—

1st. That he expressed to the patient's friends that his removal from the Hospital would be attended with danger, provided he was not kept in a horizontal position.

2nd. That he did not anticipate a fatal result from his removal, if his direction as to position was complied with.

3rd. That at no period during Hurley's treatment did the Medical Superintendent consider, from the examination of his



chest by the Stethoscope and by percussion, that Pulmonary consumption existed.

4th. That about a fortnight before his departure from the Hospital, he arrived at the conclusion that Hurley was suffering from consumption, but this he did from his general symptoms, not from any information which he obtained from the examination of his chest.

5th. That an examination of the patient's chest, which the Medical Superintendent states was not a thorough one, was made within a fortnight of his departure from the Hospital, without detecting any physical signs of consumption.

6th. That the Medical Superintendent had not made a very careful examination of Hurley's chest for two months before his departure from the Hospital. The Medical Superintendent further stated to the Board that he had not seen any vermin on Hurley's person. From all the evidence which has been placed before the Board, as well as from the appearances presented at a *post-mortem* examination of the deceased, the Board are of opinion that the cause of Richard Hurley's death was pulmonary consumption. That the disease in his case may have been in a latent state some months ago the Board consider quite possible, but from the evidence obtained by inspection of the extent of consolidation from crude tubercle in both lungs, more particularly in the right, and of the size of the cavities in both lungs, and the condition of their walls, they believe that the disease must have been in a very active state for at least a month before his death, and that an examination of his chest by the Stethoscope and percussion must have revealed at any time during that period the hopeless nature of his case. It is the opinion of the Board that Hurley's removal from the Asylum, on the first of February, instant, should not have been permitted by the Medical Superintendent, on account of the very weak state which he must then have been in. The Board cannot give any opinion as to the cause of the ulcers on Hurley's left leg, but they consider that the indolent character which they presented might be easily accounted for by the debilitated condition which the patient must have been in for some time before his death. With reference to the presence of vermin on Hurley's body when he left the Hospital, the Board can only be guided by the evidence given before