

Thirteenth annual report of the physician superintendent of the Hospital for the Insane, St. John's, Newfoundland : printed by order of the legislative Assembly, 31st December, 1860.

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THIRTEENTH
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ANNUAL REPORT

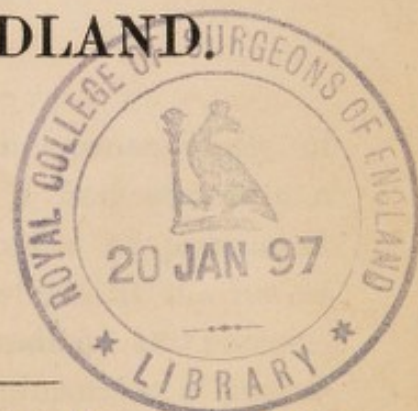
OF THE

PHYSICIAN SUPERINTENDENT

OF THE

HOSPITAL FOR THE INSANE,

ST. JOHN'S, NEWFOUNDLAND.



Printed by Order of the Legislative Assembly, 31st December, 1860.

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REPORT
THIRTIETH
PHYSICIAN SUPERINTENDENT
ANNUAL REPORT
HOSPITAL FOR THE INSANE
31st DECEMBER 1860

During the past year, the number of inmates remaining in the Institution, the number of patients admitted in December 31st, 1859, was 83; the number of patients admitted in 1860 is 64; that of discharges, 50; and of deaths 8, thus leaving 95 resident patients at the close of the year. Whereas on December 31st, 1857, there were but 58 patients remaining, so that in the three years the number of inmates has increased by 37 per cent. It is not, however, the number of inmates that alone should be considered, but the proportion of the population to the number of inmates. This annual increase of resident patients, and consequently of the number of inmates, may be expected, as I have stated in a former Report, to continue at least till the number of permanent inmates reaches a proportion to the population, which, at the lowest estimate, will amount to 1 per 1000, or for Newfoundland 120 persons. It is gratifying to know that this comparative proportion of inmates is less than in any other part of North America, and far below that of any part of Europe. It is however obvious, that with such a certain prospect of increasing numbers in the Institution, a point will soon again be reached, beyond which it will be physically impossible to proceed in accommodating patients in any way, much less classes, with proper room for each individual; and additional wards will be required in 1863. At present the most pressing requirement is a retired wing (similar to that provided in the male department) for the reception of noisy female patients, who now disturb greatly the more quiet and feeble inmates.

REPORT

OF THE

PHYSICIAN SUPERINTENDENT

OF THE

HOSPITAL FOR THE INSANE,

31st DECEMBER, 1860.

During the past year 149 cases of insanity have been under treatment in this Institution. The number of inmates remaining on December 31st, 1859, was 85; the number of patients admitted in 1860 is 64, that of dismissals 50, and of deaths 3, thus leaving 96 resident patients at the close of the year. Whereas, on December 31st, 1857, there were but 58 patients remaining, so that in the three succeeding years the number of inmates has increased by two-thirds, notwithstanding that the dismissals have annually increased in a greater proportion than the admissions, thus,

	ADMITTED.		DISMISSED.
1858.....	42	.....	25
1859.....	63	.....	45
1860.....	64	.....	50

This annual increase of resident patients, and consequently of expenses for their support, may be expected, as I have stated in a former Report, to continue at least till the number of permanent inmates reaches a proportion to the population, which, at the lowest estimate, will amount to 1 per 1000, or for Newfoundland 120 persons. Yet it is gratifying to know that this comparative proportion of insane persons is less than in any other part of North America, and far below that of any part of Europe. It is however obvious, that with such a certain prospect of increasing numbers in this Institution, a point will soon again be reached, beyond which it will be physically impossible to proceed in accommodating patients *in any way*, much less in classes, with proper room for each individual; and additional wards will be required in 1862. At present the most pressing requirement is a retired wing, (similar to that provided in the male department), for agitated noisy female patients, who now disturb greatly the more tranquil and convalescing cases.

The most important circumstance which has occurred in 1860 regarding the inmates of the Institution, is the complete separation of the sexes, by means of the new eastern wing, which was occupied by the females in the month of March. I have so often adverted to the many evils attending both sexes inhabiting the same house or wing, that I need now do no more than express the great satisfaction I experience, in being able to say, such evils are of the past.

The reception of a third criminal patient of abandoned and desperate character, alluded to in my last Report, has had a most injurious effect upon the male department of the Institution, keeping a large portion of it in daily disorder, not unaccompanied by violence; the otherwise tranquil and contented condition of the patients having been wholly disturbed, and to a great extent, destroyed. This man, whose long career of villainy has led him from country to country and gaol to gaol, requires an amount of confinement and repression unsuitable to our establishment, and contrary to the management and design of a curative Hospital for the Insane. It would be a great boon to the other inmates if this person were removed to the Penitentiary; he would be no worse off, and the patients would be greatly benefited. If criminal patients be confined in a Hospital for the Insane, justice towards the other patients demands that they be totally separated from them, in wards and airing grounds.

Several patients were admitted in the latter half of the year, suffering from *delirium tremens*, a class, having in my opinion, no claim upon (nor are they usually received as patients into) Institutions for the Insane. Cases of *mania a potu* are totally different, and in fact differ little from other cases of *mania*; but if other cases of *delirium tremens* from drunkenness be sent to the Asylum instead of the General Hospital, which I presume is the legitimate place for subjects of this disease, then I think it is diverting this Institution from its proper object and intention, and encroaching materially upon the accommodations prepared for the insane, in an establishment already straitened for room.

The inmates of the Asylum have been remarkably free during the year from the epidemic diseases which have been everywhere so fatal in St. John's and its neighbourhood. Two of the attendants, one of each department, suffered from measles and diphtheria, but not one of the patients, which is fairly attributable, under God, to our superior sanitary condition, in which abundant light, pure air and water,

personal cleanliness, and excellent drainage, are conspicuous. The patients are also necessarily removed from infection and contagion, in which respect they are more fortunate than their attendants, who are exposed to both in their visits to their friends and relatives—*e. g.*, the female attendant took measles from her sister in town, and the fact is worth recording that this attendant, whilst suffering from the disease, remained in her bed room, off a ward crowded with patients, several of whom, (if not many), had never had measles—yet, by isolating the case in a room through which a constant current of pure air passed from floor to ceiling, where it escaped, thus preventing the accumulation of infected air or its diffusion, and taking other ordinary precautions, the disease terminated with the single case. I consider this an example of what is to be gained by a favourable sanitary condition where an epidemic makes its appearance, contrasted with the inevitable spread of disease under adverse circumstances, especially in the presence of foul and stagnant air.

Regarding the case of diphtheria, which was a very mild one, the attendant, at his own desire, removed to his family on the first appearance of threatening symptoms.

A substantial fence has been erected around the airing ground of the excited male patients; and a similar one is much required on the female side, as well as one to enclose the ground used for more tranquil females. A general fence to surround the whole of these airing grounds and the buildings, I have repeatedly petitioned for, and without which no Lunatic Asylum or Hospital is considered complete. It is much to be regretted that the annually increasing expenses of an ever increasing community of the insane, should so frequently have interfered to prevent the accomplishment of this great desideratum. I respectfully suggest that something might perhaps be done towards making the Institution at least partially self-supporting, in order to meet these pressing demands.

I have at this time to mention, in connection with the remarkable visit of H. R. H. the Prince of Wales to this Colony, that the Regius Professor of Medicine at Oxford, Dr. Acland, being in H. R. Highness's suite, was kind enough to inquire into, and personally examine the accommodations and management of the insane in our Hospital, and to make a very complimentary report of it, as expressed to the Physician Superintendent by the Earl of St. Germans, who said it was a matter of regret to His Royal Highness and suite, that time did not

admit of their visiting the Institution, but the favourable report of one so capable of judging as Dr. Acland, left nothing to be desired. I may be excused for expressing the feelings of pride and pleasure I experienced at this commendation of a work, which for the past thirteen years has absorbed my best attention and energies, viz., the care and treatment of the insane without mechanical restraints, upon the best European and American models.

I beg also to acknowledge several visits from His Excellency the Governor and Lady Bannerman, who have manifested great interest in individual patients as well as in the Institution itself. And the number of visitors during the year, I am happy to say, has been much greater than before, shewing an increasing general interest in the welfare of the insane.

The Institution has been attended by Clergymen as heretofore, but the want of a chapel is much felt; could this be supplied, (and the expense would not be very great), I should hope to witness Divine Services weekly for the benefit of the patients, with an order and solemnity which is at present impossible.

I have thought it well to append a number of Statistical Tables to the present Report, instead of the concise summary I formerly adopted for local information. And I may observe, that the results of treatment in this Hospital may be seen by the comparison of Tables 1 and 2, with the following extract from Mr. Brushfield's published Statistical Table of results in 38 English asylums for the year 1859:—

“Average recoveries per cent. on the number admitted..				39·9
Highest	”	”	”	.. 58·97
Lowest	”	”	”	.. 18·91

In the whole 38 asylums the per centage of recoveries on the number of admissions, was—

In 8, at or above	50·0
In 30, below.....	50·0”

Per centage of recoveries on the number admitted into the St. John's Asylum in 1860, $54\frac{7}{10}$.

The successful treatment of the insane in any Institution, can only be rigorously estimated by numerical statistics, in which may be seen the various results, comprising the numbers of patients cured or relieved in relation to the numbers admitted, in one year or a series of years. And the comparison of such numbers with those given in the reports of

various other Institutions, will show in what degree the one under consideration fulfils the intentions of its projectors and supporters, and the just expectations of the medical profession and the public; especially when the reports selected for comparison, are those of Institutions possessed of every advantage of the highest medical science, extensive classification, wise and active superintendence, with intelligent and instructed attendance; in short, all that curative treatment requires, assisted by a competent economical administration of a well designed Hospital for the Insane, in which the consideration of expense is secondary to that of utility. In which comparison, its position, quoad the means of all kinds at the disposal of the Medical Superintendent, and the duration of insanity in the patients he is called upon to treat, should be fairly considered.

To numerical statistics also, should we look for progress in the investigation of insanity itself—for its causes, and relations to race, climate, and social life; of insanity in all its aspects, excepting those which are purely medical.

The statistics of various Hospitals for the Insane, in the United States of America, for example, denote the prevalence of a fever of the mind, which swells the numbers of the insane, and develops new modifications of insanity; produced by the universal and ever recurring agitation of politics, the mobility of a large portion of society, the unsettled condition of new communities, the precocity of youth, and its too early release from parental control, the unhealthy excitement of pseudo-religions, the delusions of so called mesmerism, electro-biology, and spiritualism, and the impatient desire for rapid and almost sudden advancement in every position of life, operating upon European and mainly Anglo-Saxon races, or their descendants; with brains and nervous organizations, rendered more sensitive and impressionable by the extreme vicissitudes of climate. To which I would add the effect of the desperate struggle for existence amongst the wretched crowds of impoverished emigrants, (not always of the labouring class), whose golden visions of the West have been destroyed by actual want.*

This feverish existence may also account for the striking difference, which has been observed and commented upon by American Medical Superintendents, between the general restlessness and irritability so observable in the inmates of an American Hospital for the Insane, and

* I believe that few Europeans have an adequate conception of the mental and bodily sufferings of this class.

the *comparative* quietude and steadiness of demeanour, characteristic of the patients in an English Asylum. And further, I have understood the American Superintendents to remark, that for this reason also the system of non-restraint is practically more difficult in American than in English Institutions.

In Continental British America, the predisposing effects of climate upon the brain and nervous systems, as regards mental diseases, unattended by the causes above mentioned as peculiar to the United States, are still observable in a lesser degree. In Newfoundland, however, from its insular position, and being less subject to the extremes of heat and cold, this effect of the American climate is much less apparent, and so also, as observed by Miss Dix, the quiet and order of the patients in the wards of our hospital is remarkable to an American.

Apart however, from the operation of climatic, accidental, local, or other exceptional predisposing influences in the production of insanity, the most striking facts apparent to the inquirer in its investigation, are its universal manifestation, and (however various or dissimilar the predisposing causes) the great similarity of its proximate causes, not only in North America or the Western Hemisphere, but over the whole world.

Ultimately, in that large proportion of cases of insanity which is derived from exciting causes termed moral, as distinguished from those which are physical, loss of balance of the mental powers from inordinate excitement or depression, (in whole or in part) of the material instrument of thought, of reason, and of the passions, seems to constitute insanity, irrespective of the form in which it may be manifested.

That there is a corresponding pathological affection of the brain, although not yet demonstrated, is as much a matter of inference as that lameness of a limb, or impairment of one of the senses, is accompanied by (and depends upon) a pathological affection of one of the organs of locomotion or prehension, of vision, or hearing, &c. ; and to pursue the analogy a step further, is it not (accidents excepted) inordinate use that produces impairment of these bodily organs, in which the vital (immaterial) and the material are as intimately and profoundly blended, as in the mind and the brain?

At a very early period, and from time to time down to more recent periods, we find the existence of insanity, at least cursorily mentioned, by the poet or historian. But in modern times its prevalence has become either so much more extended, or more notorious, that in our

own day it is scarcely too much to assert,—that wherever man is found in communities upon the face of the earth, no matter what his race or colour, there also is insanity.

The types of the disease are everywhere the same,—varieties of education or its absence, habits of life, and social and political relations, affect rather the manifestation of the coincidents of insanity than the malady itself. Ergo insanity is inherent in the human race, and is everywhere endemic, presenting a mournful uniformity of character, varying only in the degree or extent of its development.

This very universality and uniformity of insanity however, painful as it is to contemplate, ought to be turned to advantage in the search for laws regulating its evolution and progressive development.

And as it is now so astoundingly on the increase, medical science will be forced into a more rigid investigation of the laws which govern it, however obscure may be our knowledge of what may be termed the *materies morbi*. For whilst the pathological condition of the brain in insanity is being carefully and laboriously explored, the results that have as yet rewarded the pathologist are not only few in number, but unhappily indecisive in themselves. Whereas the moral condition of the mind under insanity lies more on the surface under our observation, and is scarcely second in importance to the former in a disease which, above all others, involves at once the material and immaterial man. And again, whilst medicine does much in restoring health to the disordered body of an insane person, in the present limited state of our pathological knowledge, moral and hygienic treatment does more.

The increase of insanity above mentioned, has been more especially observed in highly civilised nations within the last thirty years, and has been statistically demonstrated, notwithstanding the somewhat deceptive effect of concentrating large numbers of the insane in public institutions, and thus bringing them more prominently under notice. It is also incontestible that in Great Britain and in North America, the erection of hospitals for the insane, however numerous and extensive, has by no means kept pace with the number of applications for admission.

In this island, thirteen years ago, there were but 17 insane persons to be provided for in a population of 100,000; whereas at the present moment, there are five and a half times that number resident on an average within this Institution, out of 122,638 inhabitants. Thus, whilst the population has increased but little more than one-fifth, the insane have increased nearly five-sixths.

The limits of insanity assigned in a certain ratio to population in various countries are, as in Newfoundland, being thus continually overstepped in renewed statistical inquiries.

“He that increaseth knowledge increaseth sorrow.” Is insanity, then, the inevitable drag-chain of humanity, to curb our soaring pride or arrest our downward course; in frequent instances at once the punishment and corrective of our moral crimes and errors? And was it equally the concomitant of high civilization in heathen nations, in Athens and Rome? or is it due, amid our wonderful advancement in every department of knowledge, to our neglect of the laws regulating its development?

But the magnitude of the fact of annually increasing insanity in society must be also regarded from another point of view. And the question arises as to what is to be done with the insane poor, (if there be indeed no known limit to their increase), in equal justice to them, and to their neighbours upon whom must depend the cost of their maintenance and treatment!

On the one hand, I find a Medical Superintendent writes, that the necessities of an Institution for the Insane in the highest state of efficiency demand an expense, which the public are not yet prepared to hear named! On the other hand, there are in existence Asylums or Hospitals for the Insane, in which the funds are ample, and apparently sufficient for all useful purposes—where the direction and treatment are of a very high order—which in my opinion, have already attained the highest state of efficiency, or something very near it. And without wishing to appear invidious, I cannot but mention the Philadelphia Hospital for the Insane, as one of these, on this side of the Atlantic.

In these latter, extraordinary efforts have been made to place the insane in as good a position as their happier sane brethren in the outside world; and to tone down the differences between them to such a degree, as to be less perceptible and less jarring on the feelings, if they cannot be wholly destroyed. In everything, excepting personal liberty, to place them on a par with their fellow-men; and even this restraint is so disguised, as to give their chains the semblance rather of linked flowers than of iron.

Who can doubt that there are thousands, nay tens of thousands of sane and innocent persons in the every day world, whose personal liberty is not only as much restrained as that of the insane, but whose chains are of iron embittered with gall, who are constrained by the

relentless hand of evil circumstances, and with whom to relax is to die,—“unpitied and unknown!”

And in reality is the chain of discipline nothing—binding together bodies of men, in various positions of life, under strict restraint?

The total emancipation then of the insane, at present, in well conducted Institutions, from unnecessary restraints; and the brotherly kindness with which those really necessary are made light and bearable, ought to be sufficient to destroy the morbid tendency which sometimes exists, towards exaggerating the discipline and confinement attendant upon the treatment of insanity into evils, which certainly have no existence in themselves—and which, without such exaggeration, have their infinitely more severe and painful counterparts in the actual life of the busy world. Nor are the restraints practised in a Hospital for the Insane, to correct the abnormal aberrations of the mind—greater or more irksome, if so much so, than were at first required to give it its normal training in a school.*

But whilst I differ in opinion from my brother Superintendent, on the score of the highest known efficiency and the corresponding adequate expense in Institutions for the Insane in the present day; I believe it to be right to take a step also in the opposite direction—and to point out that there is a natural and just limit to expense, on a much lower scale, without excluding efficiency, in providing for a portion of the insane poor by law, at the cost of the community in which they live—when this portion has attained a considerable numerical magnitude.

Firstly,—in the architectural features of the Institutions erected for their reception, which, it is notorious, have in frequent instances originated enormous outlays of money without a single practical advantage. Secondly,—in the provision made for the accommodation and care of the harmless crowd of *comparatively* incurable chronic cases of insane

* “A highly vicious boy introduced into a well trained school, will at first find superintendence irksome and uncomfortable. He sees the teacher’s eye frequently fixed upon him, and he shrinks from it—he would act differently from the others if he dared. But the sympathy of numbers tells upon him very soon. That which was at first done with an effort, becomes gradually a second nature. Old habits are worn out, discarded, forgotten. New habits are formed, new methods of action and of conduct embraced; not all at once, of course, but gradually, slowly, surely. Superintendence is thus no longer irksome. He scarcely remembers that he is superintended—never indeed, perhaps, except when sudden anger or a vindictive temper would lead him to revenge, by summary punishment, some fancied or real wrong.”—From a Lecture on the Training System of Education, by William Knighton, M.A., M.R.A.S. With the alteration of a word or two, the foregoing would accurately apply to an insane patient in a Hospital.

persons, forming the majority of the inmates of many large Asylums, which might be done upon an economical scale, differing materially from that required for the more recent and curable insane, under active treatment. For these latter it is scarcely necessary to add that expensive means of treatment must imperatively be provided on a very liberal scale—without which recovery is both delayed and rendered eventually less complete—entailing a greater expense than that which is sought to be avoided (in some instances) by a narrow and mistaken parsimony—realizing to the letter, the adage of penny wise and pound foolish.

As introductory to the following Statistical Tables, I would observe that the total population from which the insane are derived in this island, exclusive of foreigners, is according to the census of 1857, 122,638: of which number there are resident in the electoral district of St. John's, 21,900 Roman Catholics to 8,576 of all other religious denominations. The division of the total number of inhabitants according to religion,* is as follows:—

Church of England.....	42,638
Roman Catholic	55,309
Wesleyans	20,144
Other Denominations	1,213
	<hr/>
	119,304

Of the 434 insane persons admitted into this Hospital, as in Table No. 2, there were

From St. John's	279
„ other districts	115
„ Foreign parts	40
	<hr/>
	434

Thus, above $\frac{2}{3}$ of the whole number admitted were from the St. John's district, in which the Roman Catholics are in the proportion above mentioned of 21,900 to 8,576, and thus it becomes evident why, in Table No. 6, the Roman Catholic insane are the most numerous.

Again, in the St. John's district are concentrated 30,476 persons, being more than $\frac{1}{4}$ of the whole number of inhabitants, which will account in a measure for the large proportion, viz., $\frac{2}{3}$ of the admissions into the hospital being from this district. But as this proportion is so much above the relative population of the district, we must look for another

* Not including 3,334 inhabitants of the French shore.

cause for this circumstance, which is readily found in the fact of the more frequent occurrence of insanity amidst large masses of mankind.

The greater the life struggle resulting from this accumulation of human beings, the more ardent the consequent competition for the means of living; the more acute the *rei familiaris angustia*, the greater the tension of brain and its deviation from a normal condition. Hence the increased risk of its giving way, or in other words, losing its power of self-control, in all persons so placed, but especially in those with ill-balanced, ill-regulated, or badly directed minds.

The greater also the deterioration of physical health, and departure, whether in mind or body, or in both, from the natural law of perfect health, *mens sana in corpore sano*, the more decided the predisposition, in the degree of aberration, to mental disease.

For health of body, combined with insanity of mind, is an impossibility. Not that every person in weak or bad health is on that account necessarily liable to insanity, but that, should the known causes of mental derangement attack such a person, there is less power of resistance present. The proof of this lies in the fact, that of the given causes of insanity, "ill-health" is by far the most prolific; at least it is so in the United States of America.

And on the other hand, if the mind be weakened, or over-wrought to a high degree of tension, there exists in consequence, less power of resistance to the ordinary causes of insanity should they be brought to bear upon it.

Add to the effect of the over-tasked brain combined with physical debility as so frequently observed in large communities, the effects produced by vice, and we have before us sufficient and fruitful sources of insanity. And true as is this effect of centralization, even in our comparatively small population, what is it not in the vast centres of human life, the great capitals and commercial emporiums of the world?

Thus, of 11,259 cases of insanity in the United States, tabled by Dr. Dunglison, ill-health produced 2,388, intemperance and dissipation 1,202, vicious habits 514, domestic anxieties 928, mental anxiety 721, reverses of fortune 652, disappointed love and ambition 576.—The absence of most of these causes of insanity, if not of the whole, in aboriginal life, tells a fearful tale against civilization.

The wrath of God in former days fell not upon the people of the plains, of the field, or of the forest, but upon the inhabitants of great cities!

As the occupations of a people are supposed to have a certain predisposing effect in the manifestation of insanity, it is necessary to state in what degree such an effect may be observable in Newfoundland. The number of inhabitants in their several occupations are, according to the Census of 1857, as follows:—

Clergymen	77
Physicians and Lawyers.....	71
Farmers	1,697
Mechanics	1,973
Merchants and Shopkeepers	694
Persons engaged in the Fisheries, of both Sexes	39,805
Persons who are both Seamen and Fisher- men	20,887
Lumberers	334
Children under 10 years	37,928
Females and the very Aged	19,172
Total Number of Population.....	<u>122,638</u>

The class which gives anything of a peculiar character to this island is that which is almost exclusively engaged in the fisheries, whose employment for five of the summer months is of the most arduous nature, engaging the physical powers to the utmost, combined with dangers (to the fish catchers) and curtailed sleep, which severely tax the brain and nervous organizations.

A fisherman is glad to get two or three hours' sleep when he can; and a shore-man or woman, engaged in curing fish, is allowed barely four hours' sleep out of the twenty-four, at irregular intervals, during the height of the fishing season.

About 10,000 fishermen, before the above-mentioned trying cod-fishery commences, have already spent from three to eight weeks, as it may be, at the seal fishery amongst the ice-fields; an occupation fraught with exposure and dangers, and from which a few individuals annually return insane: an effect which I have never known produced, *directly*, from the occupation of cod fishing.

During the fisheries for both seals and cod, the persons employed therein are well supplied with nutritious food, (very much the sort of fare which is supplied to seamen on board ship.)

But what follows this extreme exertion, and ample stimulating food? Extreme relaxation and a comparatively precarious subsistence, amounting, in many instances, to a bare maintenance of life! an idle, listless, vegetating existence! It is not possible in this place to enter into the question why it should be so, it is enough for my present purpose to state the facts, in order to show that this great alternating excess of employment and idleness of body and mind is an unhealthy condition, and may have its effect in predisposing to mental weakness or aberration.

The communication between the greater portion of the island and the capital (the centre of its commercial relations), as well as between each town and settlement, is by sea, and for some months in winter this communication is stopped. Education is but beginning to make an impression, and that upon the younger children only, the mass of the people being deplorably ignorant. There are few occupations and no amusements, to employ the mind or wile away the long hours of winter. And when to all this we add the effects produced by a long series of intermarriages, and the total deprivation of either education or religious ordinances in the very remote settlements; is not the inference plain, that insanity, but especially idiotcy, should be expected as the natural result of such a life. And what says the census of 1857?—

No. of Insane	88
„ Idiots	88
„ Deaf Mutes	111
	<hr/>
	287

Small as the total number mercifully is in the dispensation of Providence, it is impossible not to be struck by the preponderance of those under defective organizations over the insane. And who shall determine how many there are of defective mind, yet not quite low enough to be classified amongst the idiotic!

It is well and cheering to say, that great exertions have been made in these later years, and are now being made, to extend the blessings of religion and education to every inhabitant of the island.

Respectfully submitted by

HENRY H. STABB, M.D.,

Physician Superintendent.

STATISTICAL TABLES.

It is admitted that the statistics of insanity, to be of much practical benefit, should be drawn up upon an uniform plan, and I have therefore adopted for the most part that of Dr. Thurnam, as the best I am acquainted with. It would be evidently of great value if such a plan, or any other well considered one, were to be adopted, in addition to any special ones of certain Asylums, by the Medical Superintendents of all the Institutions for the Insane in Europe, (or at least Great Britain and Ireland), and America.

TABLE I.

Admissions, Re-admissions, Dismissals and Deaths, during the Year 1860.

	Male.	Female.	Total.
In the Hospital, January 1st, 1860	45	40	85
	Male.	Female.	Total.
Admitted for the first time during the year ..	23	23	56
Re-admitted during the year	3	5	8
Total admitted	36	28	64
Total under treatment during the year	81	68	149
	Male.	Female.	Total.
Dismissed or Removed—			
Recovered	20	15	35
Much improved	4	3	7
Improved	1	0	1
Unchanged	2	4	6
Insanity doubtful .....	..	1	1
Died	2	1	3
Total dismissed and died during the year	29	24	53
Remaining in Hospital, 31st December, 1860	52	44	96
Average numbers resident during the year	49.50	43.25	92.75

TABLE II.

Admissions, Re-admissions, Dismissals, and Deaths, for the 13 years and 1 month, from November 30th, 1847, to December 31st, 1860.

	Male.	Female.	Total.
Patients admitted during the 13 years and 1 month.....	189	147	336
Patients re-admitted " " 	63	34	97
	252	181	433
Dismissed or Removed—	Male.	Female.	Total.
Recovered	98	65	163
Much improved.....	34	18	52
Improved	19	16	35
Unchanged	9	10	19
Died	35	29	64
Not Insane	3	1	4
Total dismissed and died during the 13 years and 1 month.....	198	139	337
Remaining December 31st, 1860	52	44	96

TABLE III.

Intervals of time between the previous Dismissal or Removal, and Re-admission of 17 Cases, and their condition when dismissed, 1860.

	RECOVERED.			NOT RECOVERED.		
	Male.	Female.	Total.	Male.	Female.	Total.
Within 1 month	3	1	4	..	1	1
" 3 "	1	2	3	..	..	..
" 6 " .....	..	1	1	1	1	2
" 9 "	1	..	1	..	..	..
" 1 year .....	..	2	2	1	..	1
" 2 "	1	..	1	..	..	..
" 2 " .....	..	1	1	..	..	..
Totals.....	6	7	13	2	2	4

TABLE IV.

Number of Patients admitted in each month, 1860.

	Male.	Female.	Total.
January	2	1	3
February	1	2	3
March	3	2	5
April	2	2	4
May .....	..	6	6
June	3	7	10
July	3	1	4
August	5	1	6
September	3	1	4
October	7	2	9
November	3	1	4
December	4	2	6
Totals	36	28	64

TABLE V.

Social condition and occupation of Patients admitted in 1860.

	Male.	Female.	Total.
FISHERMEN	9	..	9
Their Wives .....	..	5	5
Daughters .....	..	3	3
Sons	1	..	1
Widows .....	..	5	5
FARMERS	2	..	2
Their Wives .....	..	3	3
Daughters .....	..	2	2
CLERKS	2	..	2
Their Wives .....	..	1	1
Shoemaker's Wife .....	..	1	1
House Servants	1	2	3
Cabinet Makers	2	..	2
Professor's Daughter .....	..	1	1
Gentleman—no occupation	1	..	1
Coopers	3	..	3
Tailor	1	..	1
Sailmaker	1	..	1
Labourer	1	..	1
Masons	2	..	2
Ship Carpenter's Widow .....	..	1	1
Shopkeeper	2	1	3
Grog Sellers	2	..	2
Baker's Wife .....	..	1	1
Pedlar	1	..	1
Boatman's Wife .....	..	1	1
Orphan Boy	1	..	1
Imbeciles—Parents unknown	3	..	3
Unknown	1	..	1
Not Insane—Wife of Fisherman .....	..	1	1
Totals	36	28	64

TABLE VI.

Religious Denominations of Patients admitted in 1860.

	Male.	Female.	Total.
Roman Catholics	23	23	46
Church of England	8	5	13
Wesleyans	2	..	2
Church of Scotland	2	..	2
Unknown	1	..	1
Totals	36	28	64

TABLE VII.

Condition as to Marriage, of 64 Cases admitted in 1860.

	Male.	Female.	Total.
Single	21	9	30
Married	14	12	26
Widowed	1	7	8
Totals	36	28	64

TABLE VIII.

Forms of Disease on Admission and Dismissal during the year 1860.

	ADMISSIONS.			DISMISSALS.		
	Male.	Female.	Total.	Male.	Female.	Total.
MANIA—						
Acute	3	8	11	4	7	11
Sub-Acute	7	3	10	4	4	8
Chronic .....	..	5	5	..	2	2
Periodical	1	..	1	1	..	1
Puerperal .....	..	1	1	..	1	1
Hysterical .....	..	2	2	..	2	2
Suicidal .....	..	3	3	..	2	2
Paroxysmal	1	..	1	1	..	1
Epileptic	2	..	2	1	..	1
Monomania .....	..	..	..	..	..	..
Melancholia	2	2	4	2	1	3
Moral Insanity	1	..	1	..	..	..
Oinomania ..	..	1	1	..	1	1
Dementia	4	2	6	..	2	2
Amentia	2	..	2	1	..	1
Delirium Tremens ..	13	..	13	13	..	13
Not Insane .....	..	1	1	..	1	1
Totals	36	28	64	27	23	50

TABLE IX.

Classes of Patients according to number of attack and duration of disease on admission.

	Male.	Female.	Total.
1st Class—First attack, and within 3 months	19	15	34
2nd Class—First attack, above 3 and within 12 months	3	1	4
3rd Class—Not first attack, and within 12 months	9	7	16
4th Class—First attack or not, above 12 months	5	5	10
Totals.....	36	28	64

TABLE X.

Shewing the Ages of 64 Patients when first attacked by insanity, and at the time of admission and re-admission in 1860.

AGES.	Numbers under first attack.			Numbers admitted, and re-admitted.		
	Male.	Female.	Total.	Male.	Female.	Total.
Congenital	2	..	2	..	..	..
From 10 to 15 years	1	..	1	1	..	1
„ 15 to 20 „	2	3	5	2	2	4
„ 20 to 30 „	13	8	21	12	8	20
„ 30 to 40 „	3	5	8	4	4	8
„ 40 to 50 „	7	3	10	8	5	13
„ 50 to 60 „	7	4	11	6	6	12
„ 60 to 70 „	1	4	5	3	3	6
Insanity doubtful .....	..	1	1	..	..	..
Totals.....	36	28	64	36	28	64

TABLE XI.

CAUSES.

	Male.	Female.	Total.
PREDISPOSING CAUSES—			
Hereditary .....	..	..	..
* <i>a</i> Congenital weakness of mind ..	4	1	5
<i>b</i> Puerperal state .....	..	1	1
<i>c</i> Excitable sexual system and vanity ..	..	2	2
Extreme vanity .....	..	1	1
<i>d</i> Marriage with dissolute husband ..	..	1	1
<i>e</i> Bad health	2	2	4
<i>f</i> Highly excitable nervous temperament and death of wife ..	1	..	1
<i>g</i> Dissolute early life	1	..	1
Constitutional taint—Brother and Nephews insane or imbecile ..	..	1	1
<i>h</i> Immorality .....	..	1	1
Total.....	8	10	18
EXCITING CAUSES,			
PHYSICAL—			
Interruption of Menses .....	..	2	2
Epilepsy	2	..	2
Drink and Tobacco—Lactation (Poverty) ..	..	1	1
Do. do. (Jealousy)	1	..	1
<i>b</i> Prolonged Lactation .....	..	1	1
Intemperance	12	2	14
Puerperal state .....	..	1	1
Diving into deep water from a height	1	..	1
Disease of brain	1	..	1
Totals.....	17	7	24
MORAL—			
<i>e</i> Death of husband and fear of poverty ..	..	1	1
Fear of poverty	1	..	1
<i>d</i> Fright .....	..	2	2
<i>e</i> Brutality of husband ..	..	2	2
<i>c</i> Anticipation of Prince of Wales' Ball ..	..	1	1
<i>a</i> Grief and supposed death of brother ..	1	..	1
<i>f</i> Disappointed hopes in business	1	..	1
<i>g</i> Ill success in life	1	..	1
<i>h</i> Loss of situation and poverty .....	..	1	1
UNASCERTAINED	12	9	21
Totals.....	33	23	56

* Identical Cases, shewn by corresponding letters.

TABLE XII.

Term of residence of 43 Patients dismissed recovered, or improved, in 1860.

	RECOVERED.			MORE OR LESS IMPROVED.		
	Male.	Female.	Total.	Male.	Female.	Total.
Within 1 month	17	6	23	2	1	3
" 3 "	2	5	7	1	1	2
" 6 "	1	1	2	2	..	2
" 12 "	1	1	2	..	1	1
" 4 years .....	..	1	1	..	..	..
Totals.....	21	14	35	5	3	8

TABLE XIII.

Number of attack and duration of disease before admission, in those who have recovered, and in those who have died, in 1860, classified.

	RECOVERED.			DIED.		
	Male.	Female.	Total.	Male.	Female.	Total.
1st Class.—First attack, and within 3 months	15	8	23	1	..	1
2nd Class.—First attack, above 3 and within 12 months .....	..	3	3	..	..	..
3rd Class.—Not first attack, and within 12 months	5	4	9	..	..	..
4th Class.—First attack or not, above 12 months .....	..	..	..	1	1	2
Totals.....	20	15	35	2	1	3

TABLE XIV.

Ages of 50 Patients dismissed, of those who have died, and of the recovered, in 1860.

	RECOVERED OR IMPROVED.			DIED.		
	Male.	Female.	Total.	Male.	Female.	Total.
From 10 to 15 years	1	..	1	..	..	..
" 15 to 20 "	1	1	2	..	..	..
" 20 to 30 "	9	6	15	1	..	1
" 30 to 40 "	3	4	7	..	..	..
" 40 to 50 "	7	4	11	..	..	..
" 50 to 60 "	4	6	10	1	1	2
" 60 to 70 "	2	2	4	..	..	..
Totals.....	27	23	50	2	1	3

NOTE.—This table includes 2 males and 3 females whose improvement was very slight, and 1 female whose insanity was doubtful.

Ages of the recovered, dismissed in 1860.

	Male.	Female.	Total.
From 10 to 15 years	1	..	1
" 15 to 20 " .....	..	1	1
" 20 to 30 "	7	4	11
" 30 to 40 "	3	3	6
" 40 to 50 "	7	2	9
" 50 to 60 "	2	4	6
" 60 to 70 " .....	..	1	1
Totals.....	20	15	35

TABLE XV.

Diseases of Patients who have died in 1860.

	Male.	Female.	Total.
General Paralysis	1	..	1
Disease of Brain.....	1	..	1
Gradual Exhaustion .....	..	1	1
Totals.....	2	1	3

DIETARY FOR PATIENTS.

DAYS OF THE WEEK.	BREAKFAST.						DINNER.						TEA.					
	Males.			Females.			Males.			Females.			Males.			Females.		
	Bread.	Butter.	Coffee.	Bread.	Butter.	Coffee.	Potatoes.	Soup and Meat.	Pea Soup.	Flour in Pudding.	Flour in Dumpling.	Oatmeal Porridge.	Bread.	Butter.	Tea.	Bread.	Butter.	Tea.
	oz.	oz.	pint.	oz.	oz.	pint.	oz.	pint.	pint.	oz.	oz.	pint.	oz.	oz.	pint.	oz.	oz.	pint.
SUNDAY	12		1	8		1	16	1½	..	4	..	..	12		1	8		1
MONDAY	12		1	8		1	..	1½	..	..	..	1	12		1	8		1
TUESDAY	12		1	8		1	16	1½	..	..	..	..	12		1	8		1
WEDNESDAY	12		1	8		1	16	1½	1½	..	4	..	12		1	8		1
THURSDAY	12		1	8		1	16	1½	..	..	..	1	12		1	8		1
FRIDAY	12		1	8		1	..	1½	..	..	..	..	12		1	8		1
SATURDAY	12		1	8		1	16	1½	..	..	..	..	12		1	8		1
TOTALS.....	84	5½	7	56	3½	7	80	6	1½	4	4	2	60	4	1	56	3½	7

MEAT IN SOUP Composed of meat with bone; for Males, $\frac{2}{3}$ lb., Females, $\frac{1}{3}$ lb., and vegetables, with sufficient salt and pepper.
 PEA SOUP Composed of 1 quart of split peas to 1 gallon, and $\frac{1}{4}$ lb. salt pork.
 OATMEAL PORRIDGE Composed of 2½ lbs. oatmeal, 5½ oz. molasses to 1 gallon.
 COFFEE Made of 3½ oz. coffee, 1 pint milk, 6½ oz. molasses to 1 gallon.
 TEA Made of 1½ oz. tea, 1 pint of milk, 6½ oz. sugar to 1 gallon.