DEPARTMENT OF PROVINCIAL SECRETARY

Mental Health Services

PROVINCE OF BRITISH COLUMBIA

ANNUAL REPORT

FOR TWELVE MONTHS ENDED MARCH 31ST

1951

VICTORIA, B.C.
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1951

To His Honour C. WALLACE, C.B.E.,
Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned respectfully submits herewith the Annual Report of the Director of Provincial Mental Health Services for the fiscal year ended March 31st, 1951.

WM. T. STRAITH,
Provincial Secretary.

Provincial Secretary's Office,
November 24th, 1951.

The Honourable W. T. Straith, K.C.,
Provincial Secretary,
Victoria, B.C.

SIR,—It is with a mixture of pride and humility that I transmit the Annual Report of the Director of Provincial Mental Health Services for the fiscal year ended March 31st, 1951; pride, at being a member of the team administering our Mental Health Services, extending from you, sir, to the last-joined student nurse; humility, because of the realization of achievement and the magnitude of the challenge of the future.

January 1st, 1951, was an epoch, this being the date upon which the " Clinics of Psychological Medicine Act " was proclaimed. Prior to that date, no patient, other than a few who came voluntarily, could be received in the mental hospitals until his mental illness had become so serious that for his own safety, and for the protection of the community, he had to be removed from the community by a combination of medical and judicial processes. Often it was too late for effective treatment.

On January 1st, 1951, for the first time, it became possible to receive patients at an earlier stage of their illness. Although it is early yet to make any prediction, the results that are being attained are sufficiently encouraging to warrant our recommending to you that we temporarily put " on ice " our plans for a second large mental hospital for long-term psychotic patients—plans which had materially developed. Rather do we hope, using time as our ally, to effect a levelling-off, and eventually a reduction, of our psychotic population in spite of the growth of the population of the Province. Also, by means of extending accommodation for the defective and ageing groups, we should be able to alleviate more rapidly the grievous overcrowding that has existed for so many years in our mental hospitals.

By reaching further into the community, by day hospitals and out-patient clinics, where the expense of domiciliary care and personal services will be negligible, we are confident that long-term hospital care can in many cases be obviated. Observation centres for maladjusted children and better Child Guidance facilities are urgent necessities.

The simplest statistics of mental illness are sobering. Mental illness is by far the greatest single cause of the hospitalization of the people. At any given moment, 5 out of every 1,000 are in a mental hospital. On March 31st, 1951, 6,028 citizens were in the general hospitals of British Columbia; on that same date, 5,394 were in our mental hospitals, with nearly 200 defectives and seniles on the waiting list. It is tragic to realize that a goodly percentage need not have been there if earlier treatment facilities had been available years ago. Nearly one-quarter of the Province's entire Civil Service is engaged in the care and treatment of the mentally ill, and our task is the around-the-clock administration of a community greater in population than every man, woman, and child in a city the size of Nanaimo or Nelson.

It is, perhaps, not generally realized that our mental hospitals furnish medical, surgical, psychiatric, psychological, radiological, pathological, neurological, and social services for our patients, and, in addition, provide food, fuel, clothing, shelter, drugs and medicines, occupational therapy, recreational therapy, spiritual and funeral services, and rehabilitation, besides concomitant services, such as dental, eye, ear, nose, and throat, hydrotherapy, cardiograph, optical, etc.

Moreover, our mental hospitals are recognized training centres for psychiatrists and psychiatric nurses, and afford educational facilities in many other fields, many being in close alliance with the University of British Columbia, at which centre a research unit has been established.

The need invariably exceeds the budget; the deficit is offset by the magnificent *esprit de corps* that permeates the whole of the Mental Health Services—a spirit, sir, that you have done much to foster by your regular visits to the various units—and by an intensely human understanding on the part of those who minister to the needs of the patients in the whole field of endeavour.

It is imperative that the accent be more and more on prevention and early treatment of mental illness. Without facilities for these, a complete new 500–1,000-bed mental hospital would be required every year, and the drain on the budgetary resources of the Province would grow indefinitely.

Accordingly, sir, I commend the human document that is this Report to all who have the interests of humanity at heart. We need all the help and encouragement that can be made available.

Respectfully submitted.

R. A. PENNINGTON,
Deputy Provincial Secretary.

Deputy Provincial Secretary's Office,
November 23rd, 1951.

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DEPARTMENT OF THE PROVINCIAL SECRETARY

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R. PALM, *Instructor of Male Psychiatric Nursing.*

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Chaplains:

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Rev. Father D. J. MCINTOSH, *Roman Catholic.*

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C. HAUCK, *Chief Engineer.*
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PROVINCIAL MENTAL HOME, COLQUITZ

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S. INRIG, *Deputy Business Manager.*
P. MCLEOD, *Chief Male Psychiatric Nurse.*

HOMES FOR THE AGED

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G. A. MACKINNON, M.D., C.M., *Medical Superintendent, Vernon.*
W. E. SKILLICORN, *Supervisor, Terrace.*

CHILD GUIDANCE CLINICS

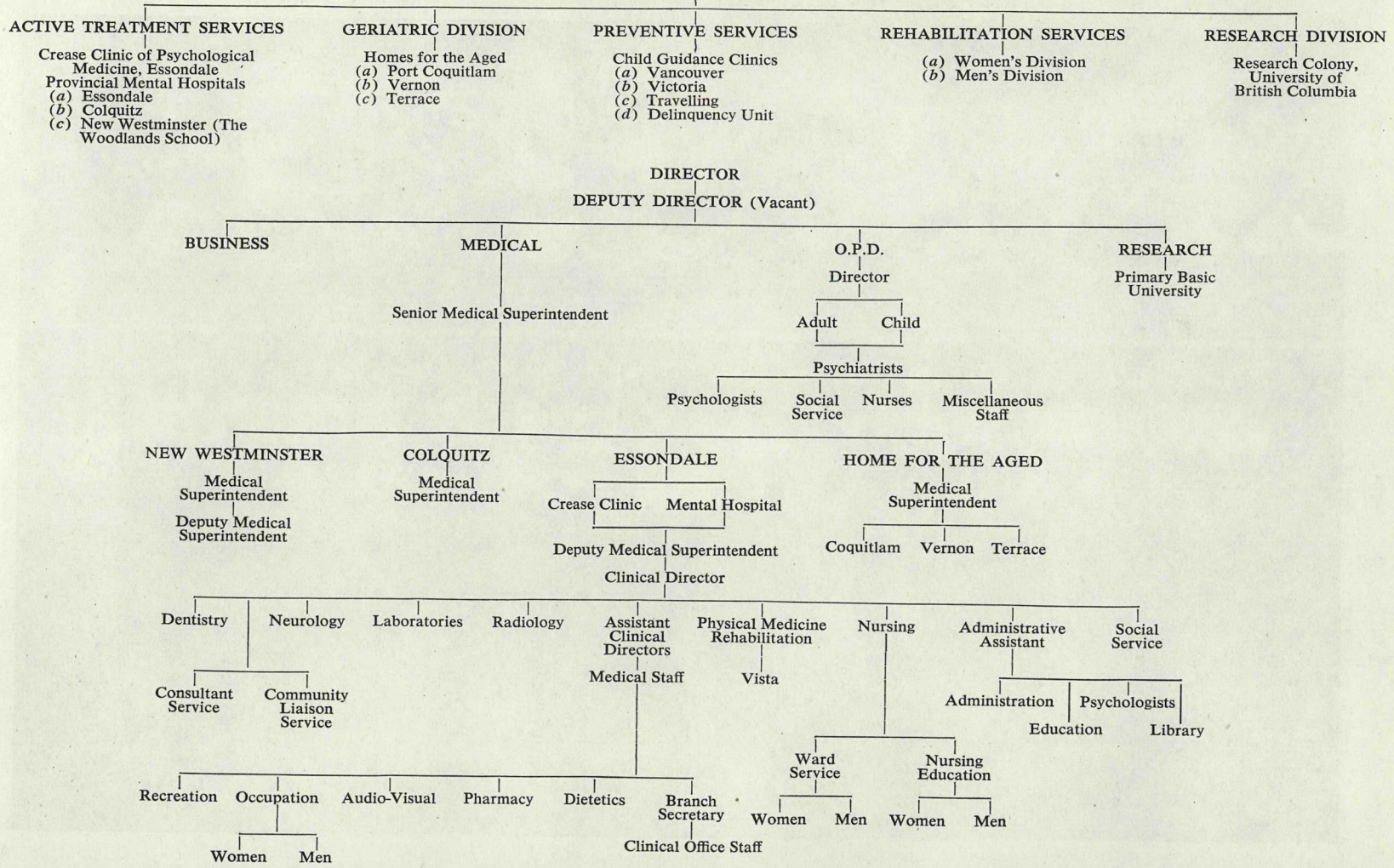
U. P. BYRNE, M.D., D.P.H., D.I.H., *Director.*
G. M. KIRKPATRICK, B.A., M.D.
R. G. E. RICHMOND, M.D., M.R.C.S.(London).

RESEARCH DIVISION

W. C. GIBSON, B.A., M.Sc., M.D., C.M., D.Phil.(Oxon.).

Graduation ceremonies.

PROVINCIAL MENTAL HEALTH SERVICES



REPORT OF MENTAL HEALTH SERVICES

For the Twelve Months Ended March 31st, 1951

PART I.—MEDICAL

REPORT OF DIRECTOR OF MENTAL HEALTH SERVICES

CREASE CLINIC OF PSYCHOLOGICAL MEDICINE,
ESSONDALE, B.C., September 21st, 1951.

R. A. Pennington, Esq., O.B.E.,
Deputy Provincial Secretary,
Parliament Buildings, Victoria, B.C.

SIR,—I have the honour to submit for your consideration the Seventy-ninth Annual Report of the Provincial Mental Health Services of British Columbia.

It will be noted that there has been considerable change in the format of the Report to bring it in line with certain changes in organization which have occurred during the fiscal year under review.

ORGANIZATION

As from April 1st, 1950, the various Provincial Mental Health activities were amalgamated as the Provincial Mental Health Services. The different divisions have been set forth as a frontispiece. An organizational chart is also set forth as a frontispiece showing the organization of the services as approved by the Minister. The internal organization has been greatly strengthened by the formation of a Hospital Council. The basic membership of this Council is made up from the senior administrative heads of the various divisions. A secondary membership is composed of the various departmental heads who are invited to participate in meetings involving their different departments.

The administrative management also has been greatly strengthened by the appointment of a Medical Superintendent and a Deputy Superintendent at The Woodlands School, a Medical Superintendent at the Colquitz branch of the Mental Hospitals, and a Medical Superintendent in charge of the three branches of the Homes for the Aged. Dr. E. J. Ryan still functions as Medical Superintendent at Essondale and, as Senior Superintendent, has jurisdiction over these four divisions of the Mental Health Services. A Director of Child Guidance Clinics has been appointed, having supervision over all of these activities. A Research Division has been created with a Director in charge.

Within the Essondale area, further organization has taken place with the appointment of a Clinical Director and two Assistant Clinical Directors supervising all treatment activities. Departments of Radiology, Pathology, and Neurology have been organized, and Directors of these departments have been appointed.

During the year, permission was granted to rename the New Westminster Mental Hospital as "The Woodlands School." The Woodlands School is a school for mentally defective patients, and the change in name has been very favourably received by the public, the patients, and the staff. It is hoped that during the coming year we will be able to admit suitable patients directly to this unit under appropriate legislation without their prior admission to the Mental Hospital at Essondale.

A good many changes have taken place in the organization of our nursing personnel. By Order in Council, the term " attendant " was deleted from the Civil Service structure and the terms " psychiatric nurse, male and female," substituted. Certain radical changes are contemplated in our nursing educational system, with the creation of a new position to be known as " psychiatric aide." It is our constant endeavour to increase the calibre and education of our staff engaged with us in the treatment of the mentally ill. The formation of the British Columbia Psychiatric Nurses' Association will do much to raise the standards of personnel and training. The Act passed at the recent session of the Legislative Assembly governing the practice of psychiatric nursing will be of great future benefit in elevating psychiatric nursing care.

A further change to be noted in this Annual Report is with reference to our statistical tables. An effort has been made to correlate our statistics with those of the Dominion Bureau. It is felt that these new tables will do away with a great many discrepancies of our former statistics.

ADMISSIONS AND DISCHARGES

The following table gives a brief summary of the intake and separations occurring within the entire Mental Health Services, including the Crease Clinic which was in operation for three months during the fiscal year, the Provincial Mental Hospitals at Essondale and Colquitz, The Woodlands School at New Westminster, together with the three units of the Home for the Aged at Port Coquitlam, Vernon, and Terrace.

TABLE NO. I.—MENTAL HEALTH SERVICES, APRIL 1ST, 1950, TO MARCH 31ST, 1951

	Male	Female	Total
Intake			
Psychotic	483	564	1,047
Non-psychotic	216	42	258
Senile	129	69	198
Feeble-minded	105	95	200
Returned from probation	46	54	100
Returned from escape	5	3	8
Totals	984	827	1,811
Separations			
Discharged in full to community	384	223	607
Discharged on probation	232	329	561
Discharged on escape	20	9	29
Deaths	253	126	379
Totals	889	687	1,576

Summary

Intake	1,811
Separations	1,576
Net increase	235

Previous Annual Reports have shown a marked increase in the number of admissions, particularly over the past four years. This is due to several factors:—

(1) The increase in the population of the Province.
(2) An increase in the aged population of the Province and life expectancy.
(3) Improved and increased facilities for the care of the aged psychotic patient.
(4) Improved community relationships and a widening of the horizon of psychiatry, resulting in a greater number of voluntary admissions.
(5) The opening of the Crease Clinic.

The following table confirms these observations:—

TABLE NO. II.—MENTAL HEALTH SERVICES

Year	Total Admissions	Admissions Over 65 Years	Admissions Under 15 Years	Voluntary Admissions	Population Increase	Index of Increase[1]
1945–46	834	206	49	33	147	17.62
1946–47	880	207	52	40	140	15.91
1947–48	1,111	225	69	91	316	28.44
1948–49	1,260	270	63	165	354	28.09
1949–50	1,415	230	72	297	306	21.62
1950–51	1,811	262	148	504	235	12.98

[1] Percentage ratio of increase in population to admissions.

The above table indicates that, in spite of the great increase in patients admitted, our index of increase has been diminishing; this is also in spite of the heavy increase in admissions over 65 years of age and under 15 years of age—both long-term treatment groups with poor outlook in so far as recovery or improvement is concerned. This would indicate that our future expansion should be in these two areas—namely, the provision of further buildings in the Homes for the Aged division and in the School for Mental Defectives. It is felt that, with adequate expansion to meet the needs of these two divisions of the Mental Health Services, the heavy expense of creating a new mental-hospital site may be obviated for some years.

GENERAL COMMENTS

The year has been one in which considerable progress has been made. Probably the most outstanding event was the opening of the Crease Clinic for the reception and treatment of patients. Prior to this, the Admitting Building of the Mental Hospital was vacated on April 3rd, 1950, and the patients were temporarily moved to four wards in the Crease Clinic in order to allow complete renovation of the Admitting Building. On completion of this work, these patients were returned. The Act governing the Crease Clinic was proclaimed effective on January 1st, 1951, and the first patients were received on that date. A separate report on the operation of the Clinic is included, covering the three-month period in the fiscal year under review.

I am pleased to report that the new 100-bed unit at The Woodlands School was occupied on April 1st, 1950. The lower floor of this building is devoted to small children and infants requiring crib care. The upper floor houses an older group of children. The opening of this building has made it possible for us to admit a great many children under 6 years of age who have been on the waiting list for some time. Reference to Table No. II shows that 148 patients under 15 years of age were admitted.

The work of conversion of the former military hospital at Terrace was completed during the year, and on October 3rd, 1950, a group of 153 elderly patients was moved to Terrace by special train. This move increased our facilities for the treatment and care of our elderly psychotic male patients, and allowed us to admit a further group from the waiting list. Table No. II indicates that 262 patients over 65 years of age were admitted, while Table No. I classified 198 of these as suffering from senile dementia.

Structural changes were completed in the Administrative Building at The Woodlands School to allow the installation of a small modern Radiology Department.

Structural changes were completed in the West Lawn Building at Essondale to allow the installation of a complete new dental suite. This suite is completely equipped with three chair units and X-ray under Federal grants. This has greatly improved the dental treatment facilities available to our patients.

Construction was started on the Recreation Hall at Essondale on May 29th, 1950. This building has been very badly needed for a number of years and will be the future centre of the Recreational Department. The building provides a large gymnasium,

auditorium, small cafeteria and dining-room, bowling-alleys, and office space for the Recreational and Audio-Visual Departments. In addition to the recreational activities, the auditorium will be used for motion-picture entertainments and church services. The building will also add much to the social and recreational life of our staff. Mr. Pennington, our Deputy Provincial Secretary, has kindly consented to allow his name to be associated with this building, and the centre is officially known as "Pennington Hall." It is very fitting that this cognizance should be given to Mr. Pennington, to whom we owe so much for the great personal interest that he has shown in our endeavours, and the invaluable assistance which he renders.

In January, 1951, a contract was awarded for the construction of three additional 100-bed units at The Woodlands School. These buildings are progressing very rapidly and should be ready for occupancy early in 1952. With the addition of these buildings, we will be able to better classify our patients and remove a good many of the mentally defective group from Essondale to the School. We will also be able to admit again many of the younger group for whom application has been made to our waiting list. With the opening of these buildings, it is planned to have the necessary legislation governing the operation of the School whereby patients may be admitted directly without first being admitted to the Mental Hospital at Essondale.

Pursuant to our policy of adopting a more modern nomenclature, we have renamed the three main buildings at Essondale. The former Male Building is now known as "West Lawn Building," the former Acute Building as "Centre Lawn Building," and the former Women's Building as "East Lawn Building." Appropriate road-signs have been erected designating these buildings. At The Woodlands School the various cottages have been named appropriately after the trees in the parked areas.

During the year the staff at the Mental Hospital co-operated with the National Film Board in the production of a film on mental illness, known as "Breakdown." The costs of production were borne through Federal health grants. It was considered no small honour that the Federal Department of Health and Welfare chose the Crease Clinic as the setting for this film.

Outstanding honour was paid to the Mental Health Services of this Province by the American Psychiatric Association in the presentation of an achievement award to the Crease Clinic. Only three such awards were presented throughout the year, signifying an outstanding contribution to the treatment of the mentally ill.

The annual graduating exercises for psychiatric nurses were held on April 20th, 1950. The ceremony this year was held in the New Westminster Junior High School auditorium. Mr. Pennington acted as chairman, and Mrs. Rex Eaton gave the address to the graduating class. Thirty-one students completed their course of training and received diplomas and pins.

Demands on the professional staff for teaching purposes have increased a great deal during the year. We have continued to give clinical demonstrations and lectures to the following University departments: (1) The Department of Psychology, (2) The School of Education, (3) The School of Nursing, and (4) The School of Social Work.

In addition to this, the following appointments from our staff were made to be part-time University staff: Dr. W. C. Gibson, Research Clinical Associate Professor of Neurology; Dr. W. P. Fister, Clinical Demonstrator in Neuroanatomy; Dr. G. A. Nicolson, Demonstrator, Department of Pathology; Dr. R. G. E. Richmond, Lecturer, School of Social Work; and Miss A. K. Carroll, Lecturer, School of Social Work.

An in-service postgraduate training course in psychiatric social work was initiated in October. This course is jointly sponsored by the School of Social Work of the University of British Columbia and the Mental Health Services. It is being financed by Federal mental-health grants. Ten students enrolled in the class.

MENTAL-HEALTH GRANTS

The Government of Canada, through the Department of National Health and Welfare, continued the mental-health grant in the year 1950–51. The Province of British Columbia submitted projects for equipment, professional training, research, community mental-health programmes, and increased personnel for active-treatment services. A total of $309,307.48 was expended in 1950–51.

Professional Training

Dr. W. E. Powles completed a one-year postgraduate course in psychiatry at the Allan Memorial Institute of Psychiatry, Montreal, in June, 1950.

Miss M. A. Cunliffe completed a one-year postgraduate course in psychiatric social work at Smith College, North Hampton, Mass., in August, 1950.

J. W. Borthwick completed a one-year postgraduate course in clinical psychology at the University of Washington in August, 1950.

Miss N. L. Grantham completed a one-year postgraduate course in supervision in psychiatric nursing at McGill University in June, 1950.

Dr. N. L. Richardson completed a six-month postgraduate course in neurology at the Vancouver General Hospital in June, 1950.

Miss B. J. Mitchell commenced a one-year course in teaching and supervision in nursing at the University of British Columbia in September, 1950.

Miss A. J. Elart commenced a one-year postgraduate course in clinical psychology at San Jose State College in September, 1950.

Miss D. R. Begg commenced a one-year postgraduate course in psychiatric social work at McGill University in September, 1950.

Additional professional training in the mental-health field has been made available by grants to the University of British Columbia for the training of psychiatric social workers and clinical psychologists. There was also a grant to the Department of Education Summer School to provide a course for teachers on "Teaching Methods for Exceptional Children."

Bursaries were granted to two public-school teachers to enable them to attend the course in Mental Hygiene for Teachers at the University of Toronto. Upon completion of the course, these teachers were appointed Mental Health Co-ordinators in their respective school systems.

Equipment and Supplies

The basic equipment for the Neurophysiological Research Colony at the University of British Columbia was authorized this year, and the greater part of it was delivered.

Equipment and supplies for the Men's and Women's Occupational Therapy Departments at the Crease Clinic and Provincial Mental Hospital, Essondale, were approved and delivered.

Basic training and recreational supplies for the mentally defective patients of The Woodlands School, New Westminster, were made available.

A Department of Radiology was established at The Woodlands School, the necessary equipment being made available from the mental-health grant.

A beauty-parlour was established in the Crease Clinic, the equipment being provided by the mental-health grant.

Community Mental-health Programmes

The mental-hygiene programmes of Greater Victoria and the Metropolitan Health Committee of Greater Vancouver continued to receive support from the mental-health grant. This assistance has provided for an increase in the professional personnel of these services.

Assistance has also been continued to the Epilepsy Clinic at the Vancouver General Hospital.

An important contribution to public education with respect to mental illness was the production of the film "Breakdown." This film was produced by the National Film Board in co-operation with the Provincial Mental Health Services. The funds for this production were made available from the mental-health grant, each Province being assessed in proportion to its share of the mental-health grant.

Staff Increases

The appointment of a Consultant in Neurosurgery to the Provincial Mental Health Services was authorized, the salary being paid from the mental-health grant.

The inauguration of a Rehabilitation Department was also approved, the salary and expenses of the Rehabilitation Officer being paid from the mental-health grant.

There was continued support to provide for additional physicians, psychologists, laboratory technicians, occupational therapists, and psychiatric nurses.

STAFF CHANGES

The maintenance of a senior well-trained staff still presents a serious problem. The attrition rate in the women's nursing division is very high. An effort will be made next year to conserve teaching-time in the Nursing Education Department by instituting certain changes in staff structure and education.

A problem still exists with reference to obtaining medical personnel. The Royal College of Physicians and Surgeons of Canada has recently taken over the examination and certification of specialists. The College has specified that no psychiatrist in training may take all postgraduate training in any one centre, and strongly recommends that no candidate for the specialty take more than one year's training at any one mental hospital. As a result of this radical change in policy, our medical residents now join our staff for a postgraduate experience of one to two years and then leave for experience elsewhere. It is hoped that in future years some of these physicians will return to us after having completed their specialty training. In the meantime it is impossible to obtain qualified psychiatrists, and we must in the future expect a rapid turnover in our resident medical staff.

It is with sincere regret that I have to report the death of Corporal T. R. Baker who, as a member of the British Columbia Provincial Police, had been attached to Essondale for some years.

I also regretfully note the death of W. Dobbie, Chief Psychiatric Nurse at The Woodlands School. Mr. Dobbie had been in service at the School since 1927.

T. A. Morris terminated a long service, by resignation, on April 30th, 1950. Mr. Morris had for some time suffered ill-health due to war service and injury. Mr. Morris served in many capacities, and at the time of resignation was Deputy Business Manager at Colquitz.

F. Gillard retired from service at The Woodlands School, May 31st, 1950.

J. S. Humphries retired from the nursing staff at Colquitz, January 31st, 1951.

Dr. T. D. Stout, Resident Physician, resigned December 31st, 1950.

Dr. J. R. Gosse, Dental Surgeon, resigned March 10th, 1951.

Dr. R. H. Lawler joined the medical staff January 1st, 1951.

Miss Josephine Kilburn (Welfare Department) retired as Chief Supervisor of Social Service, December 31st, 1950.

FUTURE POLICY

Future policy should be directed toward two aims: (1) Increased early active treatment to prevent patients entering into the long-term treatment mental-hospital area, and (2) to alleviate the present overcrowding existing in the long-term mental-hospital area.

Continued expansion must be made for the ever-increasing load which we are being called upon to meet in reference to the care and education of the mentally deficient group. It is hoped that the Infectious Building presently planned may be called for tender at the earliest opportunity, and that with its construction no further major buildings will be required in the Mental Hospital proper. An analysis of the Mental Hospital population shows that approximately 100 patients will reach the age of 65 years annually for the next seven years. Some relief in overcrowding may thus be obtained by expansion of the Home for the Aged accommodation and the transferral of these patients from the Mental Hospital to the Home for the Aged. An additional 300 beds may be made available in the Mental Hospital by expansion of The Woodlands School in New Westminster and the transferral of 300 mentally deficient patients to The Woodlands School. In this manner it is felt that the heavy expense involved in building an entirely new Mental Hospital service may be obviated for the next few years.

It is therefore recommended that the future programme of the Mental Health Services should be as follows:—

(1) Construction of adequate facilities to house the Child Guidance Clinic activities. The present two houses being used for this purpose are entirely inadequate and overcrowded. Further expansion is impossible, and we are now refusing services due to lack of space in which to operate. This would necessitate construction of a unit to house approximately sixty offices. It should be located in conjunction with—

(2) A Day Hospital where all active-treatment and teaching facilities would be available on an out-patient basis. This unit should be located adjacent to Vancouver. It should contain only ten to twelve beds for emergency overnight care. It is felt that with such a treatment programme a great deal could be accomplished toward reducing the admission rate to the Mental Hospital and long-term care. In addition, the Day Hospital would act as a screen to the Crease Clinic and be able to treat many patients without admission to either institution.

(3) In this same area should be constructed a Children's Observation Home for the in-residence observation and training of a small group of normal children showing behaviour problems. This Home would operate in conjunction with the Child Guidance Clinic. It should have a capacity of twenty-five children.

The construction of the above three units need not involve heavy expenditure of money in comparison with the construction of Mental Hospital buildings.

(4) Further expansion is required in the Homes for the Aged to provide for the maturing group in the Mental Hospital and thereby create vacancies in the Mental Hospital wards, as well as care for those elderly persons seeking admission to the Homes for the Aged.

(5) Further expansion is required in The Woodlands School to care for those mentally deficient patients now in the Mental Hospital, thereby creating further vacancies in the Mental Hospital wards and in an effort to care for the heavy admission of these patients. There are at the present time 125 applications on a waiting list for admission of children under 6 years of age.

ACKNOWLEDGMENTS

One cannot but feel humbled in expressing thanks to the many Governmental departments, agencies, and individuals on whom the success of our work depends. I would like to express thanks to our Minister, the Honourable W. T. Straith, who, as Provincial

Secretary, is responsible for the administration of the Mental Health Services and the interpretation of our needs to the Cabinet. In this day when we are assuming more and more the aspects of an educational institution, it is very fitting that we should be associated with a Minister who combines the portfolios of the Provincial Secretary and Minister of Education.

To you, Mr. Pennington, has fallen a greater burden this year due to the many changes in organization, expanded services, increased personnel, and rising costs. I am deeply appreciative of the debt that the services owe to you personally, and can only express my sincere satisfaction in being closely associated with you.

Other departments closely associated with us—the Department of Health and Welfare, the Department of Public Works, the Civil Service Commission, the Department of the Attorney-General—have all been most co-operative and helpful. Particularly, may I draw to your attention the great assistance given by Dr. G. R. F. Elliot, Assistant Provincial Health Officer; Miss Amy Leigh, Deputy Director of Welfare; and Dr. Arthur Hakstian, Director of the New Westminster Unit, Division of Tuberculosis Control.

The returned soldiers' organizations, and particularly the Women's Auxiliaries of the Canadian Legion, have done much in providing added comforts, reading material, and entertainments for our veteran group of patients.

Within our own establishment control, I would comment on the splendid spirit of co-operation and *esprit de corps* that exists in all departments. This is particularly essential in a treatment setting where environment and atmosphere play such an important role in the therapy of our patient population. I would like to mention favourably the various associations in our personnel group and the valuable contribution which they make to the over-all programme.

In closing the report, I would like to draw your attention to the superintendents of the different divisions of the Mental Health Services, and the reports of their departments. Dr. E. J. Ryan, as Senior Superintendent, carries a great deal of responsibility and renders particular service in all matters relating to nursing personnel. Dr. L. E. Sauriol, as Medical Superintendent of The Woodlands School, has been particularly occupied this year with a rapidly expanding programme. Many changes have been made to elevate the standard of training and patient-care. Dr. L. G. C. d'Easum continues to function in a dual capacity as Medical Superintendent of the Colquitz Division and psychiatrist to the Child Guidance Clinic on Vancouver Island. A great deal of credit is due to the management of the Colquitz Branch, inasmuch as this very difficult unit is able to operate as smoothly as it does.

Our Geriatrics Division, under Dr. T. G. Caunt's jurisdiction, is developing rapidly. The demands for admission to this section are still in excess of our accommodation. The responsibility which devolves on Dr. Caunt in the selection of those patients requiring urgent admission is very great.

Special commendation is due to our Business Manager, F. A. Matheson, and his capable staff in the business administration of our vast organization.

Finally, my personal thanks to C. B. Watson, my Administrative Assistant, who cares for all non-medical administrative details, and Mrs. Wedge, my secretary.

I have the honour to be,

Sir,

Your obedient servant,

A. M. GEE, M.D.,

Director of Mental Health Services.

REPORT OF CREASE CLINIC OF PSYCHOLOGICAL MEDICINE

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—The following is the report of the Crease Clinic of Psychological Medicine from January 1st, 1951, to March 31st, 1951.

The Crease Clinic of Psychological Medicine opened its doors for the reception of nervous and mentally ill patients on January 1st, 1951, with a Proclamation of the "Clinics of Psychological Medicine Act." With this event, many of our dreams and plans are finally realized and another step forward has been made in the treatment of the mentally ill in the Province of British Columbia.

The purpose of the Crease Clinic is to provide complete diagnostic and treatment facilities for the early cases of mental illness. To enable this, the new Clinic Act provides for admission by voluntary application or by medical certification of two physicians without any further legal documents. A period of four months is the maximum period of time any patient may remain in the Clinic; thus any diagnosis and treatment must be carried out in a comparatively short period of time.

The Clinic is furnished attractively, providing a comfortable environment for the relaxation and treatment facilities that the patient receives. Adequate facilities are provided in the Clinic to enable a thorough diagnosis of all medical and psychiatric conditions; these include clinical laboratory, X-ray facilities, neurological consultation services, and complete facilities for psychological testing. Every medical aid also is provided to enable the best in psychiatric therapy, including physiotherapy, hydrotherapy, occupational and recreational therapy facilities, etc. These facilities are auxiliary aids and assist in the other more specific forms of psychiatric therapy. All necessary facilities, including electroshock, electronarcosis, coma insulin, etc., are available in the new Clinic.

The Crease Clinic has only functioned actively during the past three months of the fiscal year 1950–51—namely, in the months of January, February, and March. During these months some 264 patients were admitted to the Clinic for diagnosis and treatment. Of these, 54 patients receiving active therapy in the Mental Hospital were transferred by Order in Council to the Clinic for further treatment on January 1st. It is interesting to note that of this total of 264 patients, some 91 patients sought help in the Clinic voluntarily. The three-month period of operation provides much too short a time to draw any conclusions concerning the effectiveness of the new project. One can only anticipate that this new institution will provide an important service in the early treatment of mental illness.

Respectfully submitted.

A. E. DAVIDSON, M.D.,
Clinical Director.

REPORTS OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE

REPORT OF MEDICAL SUPERINTENDENT

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—In reference to the above department, at the beginning of the year we had the following number of patients in Hospital: Men, 1,968; women, 1,649; a total of 3,617.

The number of patients admitted to the Hospital during the year was as follows: Men, 844; women, 655; a total of 1,499.

The number of discharges, deaths, etc., is included in your statistical report.

We finished the year with the following number of patients in Hospital: Men, 1,827; women, 1,638; a total of 3,465.

During the first nine months of the year the Crease Clinic was used as a receiving ward for the Mental Hospital. During this period of time we were able to renovate the wards in the Centre Lawn Building, and we were ready to receive patients in this building for the Mental Hospital in January, 1951.

The big movement during the year was the transfer by special train of 130 men patients from the Mental Hospital at Essondale and 23 men patients from the Home for the Aged at Port Coquitlam to the Home for the Aged at Terrace. This move was made without any complications. As a result of this move, we have been able to accept senile cases in the Mental Hospital and shortly afterwards have been able to transfer them to the Home for the Aged at Port Coquitlam. As a further result, we have not been forced to refuse any applications for this type of patient since January, 1950. This move also gave us vacancies on the men's side of the Mental Hospital. It did not, however, help us in any way on the women's side.

Active treatment for psychotic patients has been intensified, and we are now using electroshock therapy, electronarcosis, somnolent insulin, coma insulin, and lobotomies. The number of cases treated in the various groups would be in Dr. Davidson's report on treatments.

It is to be noted that there is an increasing demand for accommodation of women seniles, for whom we have no beds at the present time.

Also as a result of the move to Terrace, we were able to transfer a number of older, retarded cases from The Woodlands School at New Westminster to the Provincial Mental Hospital at Essondale. We were then able to transfer the young mentally deficients who had been admitted to the Provincial Mental Hospital at Essondale to The Woodlands School at New Westminster.

There are plans for a new Tubercular Building, but no definite move has been made along this line.

It is to be noted that there was an increase in the number of toxic alcoholic men patients admitted during the year. We are also beginning to see an increase in the admissions of toxic alcoholic women patients.

At the present time there are two definite needs—that is, an increased demand for accommodation of senile women and mentally retarded children, many of whom are babies under the age of 6 months.

It should be borne in mind that with the increasing accommodation for patients there should be a definite increase in accommodation for staff.

I feel that the number of admissions will gradually increase with the increase in population of the Province.

I would like to see the time when senile cases may be admitted direct to the Home for the Aged and mentally retarded cases may be admitted direct to The Woodlands School, without having to pass through the Provincial Mental Hospital at Essondale.

There has been considerable change in the staff during the past year, and many of the older members will be leaving the service in the next two years.

Respectfully submitted.

E. J. RYAN, M.D.,
Senior Medical Superintendent.

TREATMENT SERVICES

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—The following is the report of the Treatment Services in the Mental Health Services, Essondale.

Because of the very nature of psychiatric therapy it is very difficult to paint in words a true picture of the actual amount of therapy carried out in the Mental Health Services at Essondale. An indication of the amount of treatment necessary, both medical and psychiatric, is indicated by the number of patients actually resident in hospital. Some 3,465 patients were resident in the Mental Hospital proper at the end of the fiscal year. During the year 1950–51, 1,499 patients were admitted to the Mental Hospital and 264 were admitted to the Clinic, making a total of 1,763 new admissions. These figures give some indication of the amount of treatment necessary in the handling and care of this large number of patients.

In the treatment of mental disorders it is also generally recognized that the combined efforts of various individuals from different departments are necessary. Successful therapy must be carried on by the psychiatric team, which consists of psychiatrist, psychiatric nurse, social service worker, occupational therapist, recreational therapist, and psychologist. Reports from these various departments will be noted elsewhere in the Annual Report.

The main therapeutic weapon in the treatment of psychiatric disorders still remains psychotherapy in all its various forms. This consists of frequent interviews, leading to the patient having a better understanding of his problems and also helping to establish adequate interpersonal relationships between the physician and the patient. It is recognized that this is extremely time-consuming, but as a result of the increased number of physicians on our staff it has been possible to provide a great deal more active psychiatric therapy. Besides individual psychotherapy, many patients have also received considerable help through group psychotherapy, which consists of various small groups being seen frequently and regularly by a physician in charge of such a group. In addition to the various forms of psychotherapy, we still use, where indicated, the varied forms of physical therapy. It is much easier to record statistically the quantity of physical therapy carried on in an institution.

(*a*) *Coma Insulin.*—Coma insulin has been used extensively in our Hospital during the past year. Treatment facilities in this field have been extended with the opening of the present Clinic, so that at the present time we have fifty-two beds devoted to treatment with coma insulin. This treatment still is most effective in treating a large number of the schizophrenic type of mental disorders.

Results—	Total	Per Cent
Recovered	39	16.81
Much improved	21	9.05
Improved	92	39.66
Unimproved	80	34.48
Totals	232	100.00
Disposal—		
Discharged	101	43.34
Discharged later	66	28.33
Transferred to lobotomy	15	6.44
Remaining in hospital	48	20.60
Died later	3	1.29
Totals	233	100.00

(*b*) *Convulsive Shock Therapy.*—Electroshock therapy continues to be a most effective weapon in the treatment of affective disturbances consisting of manic and depressed attacks. We have been using it in the Hospital both as an active therapy on the admission and active-treatment wards, and also in the prolonged-treatment wards for the relief of acute symptoms in longer-term patients.

Results—	Total	Per Cent
Recovered	72	18.75
Much improved	57	14.84
Improved	149	38.81
Unimproved	106	27.60
Totals	384	100.00
Disposal—		
Discharged	137	35.68
Discharged later	24	6.25
Transferred to insulin	56	14.58
Transferred to lobotomy	12	3.13
Died later	4	1.04
Remaining in hospital	151	39.32
Totals	384	100.00

(*c*) *Electronarcosis.*—Electronarcosis is a new form of electrical therapy that has been used frequently during the past year with gratifying results. This is a form of therapy wherein a state of coma is induced by means of electricity. This type of treatment is used frequently in cases with reasonably good prognosis who have failed to respond to other forms of treatment.

Results—	Total	Per Cent
Recovered	5	7.46
Much improved	18	26.86
Improved	21	31.35
Unimproved	23	34.33
Totals	67	100.00
Disposal—		
Discharged	22	32.84
Remaining in hospital	45	67.16
Totals	67	100.00

(*d*) *Lobotomy*.—This type of operative procedure continues to be used in selective cases with very satisfying results. We always consider this operation as a measure of last resort and only operate when other types of therapy have failed to obtain satisfying improvement. This operation is used in two groups of patients: (1) Those where we aim to obtain satisfying relief of symptoms with eventual rehabilitation of the patient, and (2) certain patients who are very disturbed and troublesome over a prolonged period of time obtain a marked improvement in their ability to adjust to ordinary hospital routine.

PATIENTS OPERATED ON FOR THE RELIEF OF SYMPTOMS

Diagnosis	Result				Disposal	
	Number of Patients	Much Improved	Improved	Unimproved	Discharged	Remaining in Hospital
Manic depressive	1	1	----	----	1	----
Schizophrenia	19	10	6	3	10	9
Miscellaneous	4	3	1	----	3	1
Totals	24	14	7	3	14	10
Patients Operated on for Improved Hospital Adjustment						
Manic depressive	1	----	1	----	----	1
Schizophrenia	14	4	2	8	4	10
Miscellaneous	----	----	----	----	----	----
Totals	15	4	3	8	4	11
Total Patients Operated On						
Manic depressive	2	1	1	0	1	1
Schizophrenia	33	14	8	11	14	19
Miscellaneous	4	3	1	----	3	1
Totals	39	18	10	11	18	21

Respectfully submitted.

A. E. DAVIDSON, M.D.,
Clinical Director.

DEPARTMENT OF OCCUPATIONAL THERAPY

WOMEN'S DIVISION

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—In spite of the acute shortage of trained occupational therapists in Canada, our Department maintained its full staff of nine. There were four resignations during the year, and I feel that great credit is due to members of the staff for their help in obtaining personnel to fill these vacancies. During the year four first-year students and one third-year student from the University of Toronto received training in the Department.

The year seems to be characterized by the opening of new departments or the renovating of old ones. On April 1st one room of the Crease Clinic was opened to patients, but until the fall the Department was without cupboards or adequate space

for a proper treatment programme. At that time the three rooms of the Department were thoroughly equipped with well-designed cupboards, and the balance of the equipment purchased through Federal health grants was put to use.

On June 1st a small workshop was opened at the Home for the Aged, with one therapist doing full-time work there. In December this programme had be be curtailed to a visit two mornings a week only.

The workshop at the Centre Lawn Building was reopened on December 15th after being completely renovated.

Furniture at the East Lawn Building workshop has been painted by staff and patients, and this has brightened that very large department. It was with regret that the ward programme at the East Lawn Building had to be discontinued in December. The reason for this was that the additional workshop, the Centre Lawn, had to be staffed with the existing number of therapists. In order to carry on a ward programme, I feel we need one more therapist. At the present time, patients unable to come to the workshop are dependent on the occasional visit from a therapist or an interested charge nurse who comes to the workshop for supplies.

During the year the average number of patients registered for treatment was 486. Number of patients admitted for treatment during the year was 1,210; patients discontinued, transferred, or discharged, 1,104. Total number of treatments given during the year was 90,489. Total number of hours workshop was available to patients amounted to 9,803. In addition to the regular handicrafts, gardening and sketching classes have been held during the summer. Finger-painting is participated in by both men and women patients at the Crease Clinic, and pottery in the Men's Department at the Clinic by both groups of patients. Special projects have included making dogwood favours for the Social Service Convention on June 12th, the making of several hundred Christmas toys for The Woodlands School and the Canadian Legion, a Christmas sale of work which realized $857.09, participating in the movie " Breakdown," lectures to affiliating nurses and student nurses, assisting at sports day, looking after special decorations and floral arrangements, and organizing several parties in our Department for the patients.

A display of handicrafts was presented on August 3rd at the Annual Flower Show, Port Coquitlam, when three therapists judged the needlework and sewing exhibits. Also a display of work was shown at the Nurses' Exposition, Vancouver General Hospital, January 24th.

From September until March we were without a school-teacher. The school programme has now been enlarged to include ten boys from D 1 in addition to fifteen girls from H 1, and classes are held in the mornings in the schoolroom on H 1. Two afternoons a week instruction is given at the Clinic to non-English-speaking patients, and the remaining three afternoons are used for correspondence courses for adult patients.

We wish to thank the medical staff, the nursing staff, and other personnel who have given so freely of their time and counsel during the year.

Respectfully submitted.

KATHLEEN DRAPER,
Director, Occupational Therapy Department
(Women's Division).

MEN'S DIVISION

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—I have the honour to submit herewith the annual report of the Male Industrial Therapy, Trades and Occupational Therapy Departments, from April 1st, 1950, to March 31st, 1951.

The Industrial Therapy and Trades consist of the following departments: Cabinet and Woodworking Department, Upholstering Department, Tailoring Department, Copper-shop, Metal Machine-shop, Shoe-shop, and Canvas, Weaving, and Basketry Department.

The Cabinet-shop has had a busy and successful year in the making of new cabinets and repairs and renovation of all types of furniture. This work is very extensive. This Department works in close co-operation with the Upholstering Department, as all frames of upholstered furniture are required to be renovated before being reupholstered. This entails a great deal of work. There are also tables, benches, and chairs of all types repaired in the Department. I might state that we handled over 5,000 pieces of furniture during the year 1950–51. The average number of patients per day was ten.

The Upholstering Department also had a very busy year, both in the upholstering of a great quantity of furniture for the wards and the manufacturing of cushions, blinds, and carpets for the Hospital. We undertook the task of the thorough renovation of all the furniture of Nurses' Homes Nos. 1, 2, 3, and 5. This has added greatly to the comfort of the nurses. A total of 508 pieces was upholstered during the year. The average number of patients per day was seven.

The Tailor-shop has facilities to train young women in addition to the regular work. We organize courses of individual instruction, teaching power-machine operating and tailoring. As a result, fourteen patients have been successfully rehabilitated. Work accomplished during the year was as follows:—

Tailored clothing:—
- 106 suits tailored to measure.
- 146 tweed suits tailored to measure.
- 4 overcoats tailored to measure.
- 186 drill pants tailored to measure.

Repairs and alterations:—
- 3,858 overalls and coveralls.
- 1,695 cloth pants.
- 817 coats.
- 321 vests.
- 11 overcoats.

Average number of patients per pay was seventeen.

The Copper-shop has proven to be a very valuable and interesting asset to our organization. Here the patients may work in copper, aluminium, and stainless steel, and produce countless valuable and useful articles for the use of the Hospital. Both acetylene and electric welding are employed in the manufacturing of the different articles. This branch of work appeals greatly to the patients, as they may express themselves in creating different designs in hand-wrought copper or aluminium and, in turn, has aided the rehabilitation of several of our patients. The average number of patients per day was fifteen.

A great deal of maintenance repairs for the Department of Public Works is accomplished in our Metal Machine-shop. This also creates practical work for the patients whom we are endeavouring to rehabilitate. Here we manufacture a great number of articles to be used in the Occupational Therapy Departments. Average number of patients per day was seven.

The Shoe Department has been operated successfully during the year, carrying on extensive repair work and making considerable new stock, as well as special footwear for deformed and crippled patients who require special attention of this kind. We also make a special effort in teaching shoe-making, as this is a well-equipped shop, and here again our aim is rehabilitation. Average number of patients per day was sixteen.

In the Canvas, Weaving, and Basketry Department are manufactured canvas goods of all types, rubber envelopes, rubber pillow-slips, mattresses of all sizes, laundry-bags, etc. There is a vast amount of these articles produced in this Department for the comfort of the patients.

In addition, we repair all canvas articles for the Hospital, and a great quantity of basketry and weaving is accomplished. Average number of patients per day was nineteen.

Male Occupational Therapy Department, Consisting of D 5, Crease Clinic Occupational Therapy, and Colony Farm Veterans' Occupational Therapy

D 5.—The activities consist of weaving, woodworking, clay-modelling, raffia work, and bookbinding. There is a considerable amount of printing done on a hand-operated printing-press. Approximately 50,000 copies of some twenty-five to thirty varieties of forms and cards were printed during the year. The average number of patients per day was sixteen.

Crease Clinic.—The Occupational Therapy Shop in the Crease Clinic was opened on November 21st, 1950, receiving twelve patients daily and increased to twenty-nine patients at the end of that month. The average number of patients on treatment roll per month for the five-month period was forty-five. The highest treatment-month, March, 1951, was seventy-three patients. The number of patients admitted for treatment during the five-month period was 122 patients. Number transferred, fifteen, and number discharged, thirty-seven. We are teaching all the home crafts in this well-equipped and efficient department, and feel that it is a credit to our institution.

Colony Farm Veterans' Occupational Therapy Department.—This Department consists wholly of veterans of World Wars I and II, and is organized to furnish them with an outlet for their expression. Here we endeavour to teach more along the lines of hobby crafts. During the past year the veterans worked on a very interesting and worthwhile project in manufacturing wooden toys out of salvaged materials for the needy children at Christmas-time. The No. 2 Post of the Canadian Legion received 200 of these toys, to be given to the veterans' children at their annual Christmas-tree entertainment at the Canadian Legion, New Westminster. Also, 175 toys were sent to The Woodlands School for distribution at Christmas-time. I feel that the patients derived a great deal of pleasure and satisfaction from this undertaking of helping the children of their fellow comrades. Average number of patients per day was seventeen.

Respectfully submitted.

R. T. HALL,
Supervisor of Industrial Therapy, Trades and Occupational Therapy.

DEPARTMENT OF RECREATIONAL THERAPY

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—I beg to submit to you the following report showing programme and attendance figures of the activities promoted by the Recreational Department for April 1st, 1950, to March 31st, 1951.

Type of Activity	Number of Programmes	Total Attendance
Bingo gatherings	4	787
Swimming	116	3,372
Dances—		
Indoor—		
Provincial Mental Hospital	29	9,775
Crease Clinic	31	1,755
Outdoor	7	2,525
Inter-ward cribbage and checker contests	27	324
Crossword, cryptogram, and puzzle contests	52	(1)
Physical-education periods—		
Indoor	28	566
Outdoor	64	1,058
Bridge Club meetings	3	188
Picnics	13	349
Music-appreciation hours	17	1,275
Variety parties and special programmes	11	3,401
"Leader-group" training periods	61	732
Free-time Crease Clinic recreation periods	168	3,780
Third annual field-day	3	1,600
Staff recreation—		
Square Dance Club	40	1,708
Badminton	46	699
Swimming, diving, and life-saving classes	74	1,178
Totals	794	35,072

[1] Unestimated.

Following are special or progressive inaugurated events to our programme during the year, and additional remarks:—

(1) On February 1st, 1951, a Bridge Club was organized for the benefit of those who could play the game well without instruction and assistance. This club, although meeting only a few times before the end of the season, proved very popular and should help a lot in the socializing part of our programme.

(2) Our third annual field and sports day was held on September 8th, and this year the entries for the different events were so numerous that it was necessary to hold trial and elimination events for two days prior to the meet.

(3) The free-time periods for Crease Clinic residents proved very popular and were well attended. These periods were available to residents of East 3 and 4 and West 3 and 4 whenever the recreation staff was conducting a programme elsewhere. The residents would have full use of all play equipment in the East and West Recreation Rooms and would be assisted and supervised by their own nurses.

(4) On October 8th, 1950, full use of our new Multigraph machine was made, and our new four-page "Leader" weekly bulletin of activities in colour was inaugurated.
(5) On June 27th, 1950, full advantage was taken of the new bus for residents in transportation to dances, swimming-pool, and beach.
(6) On November 30th, 1950, an all-day white-elephant auction programme was organized and promoted, with very successful results, for the benefit of the "Nurses' Annual" committee.
(7) On January 31st, 1951, a display of professional table-tennis technique was given by British Columbia and Pacific Northwest Champions A. Barran and J. Edwards.
(8) The organized swimming, diving, and life-saving classes for staff residents, formed in 1949, proved a very popular activity and progressed right up to the end of the season, when all beginners took their deep-water tests.

In closing, I would again like to express my thanks for the co-operation and assistance given by the many staff personnel and departments in the promotion of our various play activities.

Respectfully submitted.

W. R. BROWN,
Director of Recreational Therapy.

AUDIO-VISUAL DEPARTMENT

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—Attached herewith is a report covering the activities of the Audio-Visual Department during the fiscal year April 1st, 1950, to March 31st, 1951.

It can be seen from the tables that the increase in activities over last year affects all phases of this Department. Each year, too, new applications are found for this Department toward the Mental Health Services.

It is fortunate that Pennington Hall will soon be ready for occupation, since 35-mm. movies in the present location are becoming prohibitive through such large attendance. This condition is also very apparent at The Woodlands School.

Much keener interest has been shown in our educational 16-mm. film library, not only from our own and affiliate institutions, but from many other organizations. During the training period an average of four films each week was shipped from this film library. In motion-pictures as a whole, both recreational and educational, as many as thirty movies in one week have been projected by the Audio-Visual staff during the height of the season. It will be difficult to cope with further increases in this regard and still maintain the films and equipment in good condition without increased facilities. The present pace has been met, to some extent, by standardizing machines, stream-lining the accessories, constructing equipment to suit the application, and by co-ordinating the activities for the coming week in the form of an operator's schedule.

Photography has assisted the hospital in many ways, even to the extent of making many duplicates of instructions on care and use of equipment to be used by the staff. Many pictures, showing progress of various stages of construction of new buildings in this area, have been forwarded to the Chief Architect in Victoria at his request. Colour photography is increasing for clinical and pathological uses, and it will only be a matter

of time before it will be more economical and convenient for us to process our own colour transparencies.

To facilitate the technique of clinical photography, a number of other photographers involved in the same line of work, and myself, have formed a Medical Photographers' Association. Many mutual benefits have already been derived from this affiliation.

Assistance was given to the National Film Board in the film production "Breakdown." Some of the actual sounds on this film were recorded on the Audio-Visual Department's equipment and sent to New York for processing on to film.

In general, I feel the past year has been quite successful, but not without some disappointments. Much thankful assistance has been received from other departments of the Hospital, especially that of Mr. Nolan and his staff, who have enabled us to keep things running on schedule.

Recreational Motion-pictures

	No. of Shows	Attendance
35-mm. presentations at Essondale	192	44,492
35-mm. presentations at Woodlands School	62	13,468
16-mm. presentations at Essondale, Home for the Aged, and Colony Farm	476	45,432
Total attendance	-----	100,392
Increase in total attendance	-----	51%

16-mm. Films Shipped to Other Institutions

Colquitz	104
Woodlands School	98
Home for the Aged, Vernon	50
Provincial Home, Kamloops	50
Girls' Industrial School	52
Boys' Industrial School	52
Allco Infirmary, Haney	52
Total	458

The 16-mm. projection equipment was loaned out 231 times, an increase of 23 per cent.

Educational Motion-pictures

	No. of Shows	Attendance
16-mm. presentations	146	4,228
Increase in total attendance	-----	46%
16-mm. films loaned	208	5,020
Increase in total attendance	-----	112%
16-mm. presentations conducted away from Hospital by Audio-Visual staff	7	------

Photography

4 x 5 negatives exposed, black and white	454
4 x 5 negatives exposed, colour	7
8 x 10 prints produced	1,154
5 x 7 prints produced	65
11 x 14 prints produced	8
4 x 5 prints produced	9
6 x 4¾ prints produced	39
35-mm. negatives exposed	42
2 x 2 transparencies produced	39
3¼ x 4 transparencies produced	96
Photostatic copies	7
16-mm. motion-picture film exposed (feet)	645

Records and Recordings

Domestic records loaned out	463
Minutes of recorded material for clinical and miscellaneous purposes	345
Hours of music played in either dining-rooms or on lawns	125

Respectfully submitted.

G. H. Walker,
Director, Audio-Visual Department.

LIBRARY REPORT

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

Sir,—Attached herewith is a report of the medical and patients' libraries for the fiscal year ended March 31st, 1951. Miss Jean Irving, Librarian, resigned in June, 1950, and the vacancy was filled in October by Mrs. Helen Fraser, B.A., B.L.Sc. Miss Anne Ruzicka is assistant to the Librarian.

The patients' library, with its bright and cheerful atmosphere, is well used and affords the patients many hours of pleasant and profitable relaxation. The books have been reshelved according to type, and the shelves lettered so that readers may browse more conveniently in the sections which interest them most.

A magazine-rack containing the daily newspapers and current subscriptions to ten timely periodicals is a popular addition to the book collection. Book reviews and classical-music recordings on alternate Monday afternoons have been so enthusiastically received that extra chairs must be brought to accommodate the attendance, which averages fifty.

Book service to the wards continues, and magazines collected from the staff and other interested parties are also sent regularly. The libraries at Vista and at the Home for the Aged, Vernon, are also stocked from the main library in the Crease Clinic.

A portion of the Federal mental-health grant has again been made available to the medical library for the purchase of basic works in psychiatry and medicine, thus aiding in keeping the collection abreast of current progress.

PATIENTS' LIBRARY

Book collection	3,804
New books added	183
Donations	65
	4,052
Book losses	86
	3,966
Current subscriptions	10
Number of books circulated	11,348

MEDICAL LIBRARY

Book collection	1,144
New books	216
	1,360
Journals (medical and psychiatric)	66
Journals (technical, other departments)	42
	108
Journals (bound volumes)	102
Books borrowed on inter-library loan	48
Books lent on inter-library loan	5
Number of books circulated	1,249

Respectfully submitted.

(MRS.) H. M. FRASER,
Librarian.

DEPARTMENT OF PHYSICAL MEDICINE

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—Following is a report of the treatments given in the Physiotherapy Department of the Provincial Mental Hospital and Crease Clinic of Psychological Medicine from April 1st, 1950, to March 31st, 1951:—

	Male	Female	Total
Infra-red and radiant heat	1,501	1,830	3,331
Short-wave diothermy	605	887	1,492
Ultra-violet light	116	698	814
Steam or hot-air bath	8	12	20
Continuous-flow bath	497	1,144	1,641
Foam bath	197	704	901
Sprays, douches, etc.	523	707	1,230
Sitz bath	19	43	62
Whirlpool bath	308	128	436
Massage and remedial exercises	2,188	1,631	3,819
Progressive relaxation	21	530	551
Chiropody	------	84	84
Total number of treatments	5,983	8,398	14,381
Total number of patients treated	637	409	1,046

Respectfully submitted.

A. E. DAVIDSON, M.D.,
Clinical Director.

DENTAL REPORT

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—Following is the annual report of the Dental Department of the Provincial Mental Hospital, Essondale, B.C., for the fiscal year ended March 31st, 1951:—

Examinations	943
Extractions	2,470
Fillings	457
Prophylaxis	191
Treatments	100
X-rays	245
General anæsthetic cases	41
Dentures made	159
Dentures relined	18
Bridge repairs	6

Respectfully submitted.

J. R. GOSSE, D.D.S.

OPTICAL REPORT

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—The following is the report of the optical work done at the Provincial Mental Hospital, Essondale, B.C., for the fiscal year April 1st, 1950, to March 31st, 1951:—

Refractions	237
Repairs sent to J. S. Hudson Optical Supplies	225
Minor repairs and adjustments	179

Respectfully submitted.

H. H. WOODBRIDGE,
Optometrist.

BEAUTY-PARLOUR REPORT

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—The following is a report of the appointments made in the Beauty-parlor from April 1st, 1950, to March 31st, 1951, covering the Mental Hospital and the Crease Clinic:—

Shampoos	4,496
Finger-waves	4,437
Permanents	490
Marcels	64
Shaves	425
Oil and scalp treatments	829
Manicures	985
Hair-cuts	4,764

Respectfully submitted.

(MRS.) M. TOWNSEND.

DEPARTMENT OF DIETETICS

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—I beg to submit a report of the work of the Dietary Department during the year April 1st, 1950, to March 31st, 1951. This report will cover the units of the Department in the Crease Clinic, the Home for the Aged at Coquitlam, the Colony Farm, and the Mental Hospital at Essondale.

In the summer and early autumn months the supply of fresh vegetables and fruits was good. More fresh vegetables were purchased during the winter than in past years, which made it possible to improve the patients' meals in respect to vitamins. Testing of products was carried on during the year to help obtain the most satisfactory products possible. A continuous programme to improve the variety of patients' meals was carried on throughout the year. Special arrangements were made during the Christmas holiday season to provide catering for patients' parties and appropriate festive menus for Christmas and New Year's Days. Other holidays such as Easter and Thanksgiving were observed with special menu items.

Equipment in kitchens has been improved. Replacement and relocation of the steam equipment were done in the Centre Lawn kitchen. A dish-machine installation and new urns were provided for Ward C 4, and a large mixer was replaced in the East Lawn kitchen. The Clinic kitchen was provided with a badly needed dish-machine installation and a meat-slicer. Some large electrical equipment was purchased, and with that already on hand we now have all the equipment needed to switch over the West Lawn, Centre Lawn, and Home for the Aged kitchens from coal to electricity.

The number of special diets required is increasing continuously, with an average of approximately 130 diets per day throughout the various units of the Hospital. The need for adequate central diet-kitchens is acute in the East Lawn, Centre Lawn, and Clinic buildings, in order to provide properly prepared and supervised special diets to the patients requiring them.

Throughout the year the collection of meal tickets from the staff presented a problem. Meals are served in so many places where it is impossible to supervise and control the collection of tickets that the loss is considerable. It is particularly bad on night shift. Despite continuing efforts, it has been proven that the meal-ticket system cannot be made to function effectively.

A change in personnel policy has been in effect since the inception of the cooks' training programme. Prior to April 1st, 1950, all kitchen-helpers, who were then on staff and who applied, were given the opportunity to write examinations in the cooks' training-school, thereby being classified for entrance into the school. Seven kitchen-helpers successfully passed the examination for the final year of the course, and the others were placed in the appropriate year for training. It was not possible, because of the arrival of patients in the Crease Clinic building and the shortage of staff, to begin classes until October 1st, 1950. However, after April 1st, all promotions to cooks' positions were in the order of merit from those men who had successfully passed the qualifying examinations. The effect of this policy has been remarkable; the attitude and initiative of the men involved have improved tremendously. It has been possible for men who were well skilled and capable, but junior in service here, to be promoted ahead of men who were senior in service. This has not created resentment, but, rather, promoted healthy ambitious competition and a higher standard of work by the men involved. It is accepted as a fair and just system, and the result has been to inspire initiative amongst the men, which has given a higher standard of work generally.

A number of special events were catered for during the year, with a great deal of the work being done by the Crease Clinic kitchen. These events included the graduation

reception, the graduation breakfast, a banquet for the Neuro-psychiatric Division of the Vancouver Medical Association, a farewell tea for Miss Kilburn (head of the Social Service Department), the annual staff party at Christmas, and various smaller gatherings such as annual meetings of the Occupational Therapy Association, the Physiotherapy Association, etc., and various bands who have come to entertain patients.

The year ended March 31st, 1951, with the following staff in the Dietary Department: Three Dietitians, one Chief Cook and one Deputy Chief Cook, two Cooks—Grade IV, seven Cooks—Grade III, thirteen Cooks—Grade II, fourteen Cooks—Grade I, twenty-two Kitchen-helpers, and eleven Dining-room Orderlies.

I should like to mention the very fine co-operation of the other departments in the Hospital, whose assistance is greatly appreciated by the staff of the Dietary Department.

This report for the fiscal year of April 1st, 1950, to March 31st, 1951, is respectfully submitted.

(Miss) Mary B. Allman,
Chief Dietitian.

DEPARTMENT OF NEUROLOGY

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

Sir,—Within the past fiscal year a Department of Neurology was established within the framework of the Crease Clinic. Its scope and sphere of work, however, extended beyond it and comprised the whole Provincial Mental Health Services. Its function was a consultative one, and its purpose aimed at providing all those facilities which a refined modern diagnostic apparatus utilizes in the elucidation of organic psychiatric and neurological disturbances. Thus a Sub-department of Electroencephalography was created, which came under the immediate direction of the Neurologist who was responsible for the training of the technical staff, the supervision of the recording, and, of course, the interpretation of the records. A further diagnostic procedure, that of pneumoencephalography, was established in conjunction with the Department of Radiology. With the construction of a convenient mobile chair by our own technical staff, this vital examination was carried out with facility and expediency so that the patients were subjected to a minimum of discomfort.

In addition to the current daily tasks of consultation with the staff physicians, a survey of all resident patients with a history of cerebral seizures was undertaken, and is still in the process of being carried out.

The over-all function of the Neurologist was to integrate the various clinical and laboratory data necessary for the diagnostic assessment of the patient. Furthermore, he had to act as a liaison officer with the Neurosurgeon in those instances in which surgical measures seemed indicated.

Although not directly related to his clinical duties, the Neurologist attended in an advisory capacity at the epileptic out-patients' clinic at the Vancouver General Hospital

and became attached as a demonstrator in neuro-anatomy to the Faculty of Medicine of the University of British Columbia.

In the period from April 22nd, 1950, to March 31st, 1951, there were 540 electro-encephalograms and 89 pneumoencephalograms.

Respectfully submitted.

W. P. FISTER, M.D.,
Director of Neurology.

LABORATORY REPORT

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—The following is the report of the work performed in the laboratories at Essondale from April 1st, 1950, to March 31st, 1951:—

Blood—	
Kahn, negative	2,015
Kahn, positive	79
Kahn, quantitative	53
Red-blood count	2,279
White-blood count	2,237
Hæmoglobin	245
Mean cell diameter	1
Sedimentation rate	912
Bleeding time	51
Coagulation time	57
Platelet count	7
Reticulocyte count	22
Prothrombin time	50
Culture	7
Widal	4
Agglutination for *B. abortus*	4
Paul Bunnell	3
Glucose	588
Glucose tolerance curve	17
Amylase	1
Non-protein nitrogen	130
Uric acid	2
Urea nitrogen	3
Creatinine	5
Creatine tolerance	1
Cholesterol	38
Barbiturate	9
Bromide	32
Chloride	9
Calcium	1
Sodium	24
Potassium	40
Alkaline phosphatase	3
Acid phosphatase	1

Blood—*Continued*	
Icterus index	26
Van den Bergh	24
Total protein	22
Albumin-globulin ratio	19
Hanger flocculation	15
Thymol turbidity	14
Bromsulphalein	2
Hippuric acid	1
Carbon monoxide	2
CO_2 combining power	2
Alcohol	2
Absorption spectrum	2
Cerebrospinal fluid—	
Kahn, negative	114
Kahn, positive	37
Kahn, quantitative	28
Colloidal gold	178
Cell count	249
Total protein	179
Glucose	2
Chloride	6
T.B.	4
Absorption spectrum	54
Urine—	
Routine	9,702
Acetone	3,826
Quantitative	429
Bromide	1,373
Benzidene	902
Quantitative albumin	137
Bile	14
Urobilinogen	24
Barbiturate	5
Alcohol	1
Calcium	1
Chloride	1
Urea	1
Creatine	2
Creatinine	1
Phenylpyruvic acid	12
Phenolsulfonphthalein	1
Diastase	2
Preg-test	15
Friedman	18
17-ketosteroids	7
2-hourly	5
T.B. (24-hour specimen)	12
Smears—	
Miscellaneous	165
G.C.	46
T.B.	54

Smears—*Continued*	
Vincent's angina	7
Malaria	1
Diphtheria	3,338
Dark field	2
Fontana	1
Cultures—	
Miscellaneous	194
Diphtheria	3,342
Typhoid	940
Dysentery	395
Water	18
T.B.	5
Fæces—	
Parasites	32
Occult blood	17
Bile	1
T.B.	3
Sputum for T.B.	506
Sputum—24-hour specimen	18
Gastric analysis	4
Gastric contents for T.B.	38
Gastric contents for barbiturate	1
Injections—	
Typhoid vaccine	847
Diphtheria toxoid	249
Scarlet-fever toxin	94
Skin tests—	
Tuberculin	300
Brucellergen	1
Schick	300
Vaccination for smallpox	97
B.M.R.	117
E.K.G.	165
Rumpel-Leed test	1
Ascitic fluid routine	2
Pleural fluid routine	2
Diphtheria virulence test	1
Fluid for cancer cells	6
Biopsies	14
Autopsies	110
Animal autopsies	40
Sections	2,843
Soap analysis	18
Water analysis	1
Alcohol analysis	1
Oil identification	1
Total	40,741

Respectfully submitted.

G. A. NICOLSON, M.D.,
Pathologist.

DEPARTMENT OF RADIOLOGY

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—The following is the report of the work performed in the Department of Radiology:—

CREASE CLINIC OF PSYCHOLOGICAL MEDICINE, JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Number of films taken	565
Number of patients X-rayed	402

	Patients	Films
Chests	205	217
Extremities	3	9
Barium enemas	1	12
Spines	163	197
Skulls	14	43
Ribs	1	1
Abdomens	2	3
Pelvis	1	4
Sinuses	2	8
Gall-bladder	1	7
Pneumoencephalograms	9	64
Totals	402	565

PROVINCIAL MENTAL HOSPITAL, APRIL 1ST, 1950, TO MARCH 31ST, 1951

Number of films taken	17,050
Number of patients X-rayed	12,440

	Patients	Films
Chests	10,137	10,345
Extremities	599	1,737
Barium meals	51	840
Barium enemas	26	324
Spines	1,009	1,426
Skulls	244	729
Noses	13	44
Ribs	41	113
Shoulders	49	139
Abdomens	61	109
Teeth	10	35
Pelvis	29	36
Jaws	11	43
Sinuses	34	140
Mastoids	5	19
Gall-bladders	11	58
Intravenous pyelograms	18	106
Cholangiogram	1	6
Pneumoencephalograms	80	750
Heart examinations	6	27

	Patients	Films
Soft tissue—		
Cheek	1	2
Neck	1	2
Œsophagus	2	15
Buttock	1	5
Totals	12,440	17,050

Respectfully submitted.

J. M. JACKSON, M.D.,
Director of Radiology.

DEPARTMENT OF PSYCHOLOGY

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—Following is a report of work performed for the fiscal year ended March 31st, 1951, at the Provincial Mental Hospital and Crease Clinic of Psychological Medicine:—

Test	Number
Arthur Point Scale	5
Benjamin Proverbs	23
Bender Gestalt	9
California Test of Personality	3
Differential Aptitude Test	3
Draw-A-Person Test	2
Eisenson Aphasia	1
General Clerical	2
Hanfmann-Kasanin	3
H-T-P Test	2
Incomplete Sentence	6
Kent E.G.Y.	3
Kent Rosanoff	10
Kuder Preference Record	4
Lee-Thorpe Occupational Interest	8
McQuarrie Test of Mechanical Ability	3
Manson Evaluation	1
Mechanical Comprehension	3
Minnesota Multiphasic Personality Inventory	51
N.I.I.P. Clerical Test	2
Occupational Preference Inventory	1
Otis Employment	2
Otis Self-administering	2
Porteus Maze Performance Scale	112
Practical Judgment	1
Progressive Matrices	30
Rapport Word Association	1
Rohde & Hildreth Sentence Completion	3
Rorschach	51
Shaefer Word Association	3
Shipley Hartford Retreat Scale	103

Test	Number	
Stanford Binet Form L	22	
Stanford Binet Form M	7	
Stanford Scientific Aptitude	1	
Thematic Apperception Test	64	
Wechsler-Bellevue Intelligence Scale	185	
Wechsler Memory Scale	47	
Total		779

Psychiatric Nursing Staff (Women)

California Test of Personality	237	
Kuder Preference Record	237	
Modified Alpha Form 9	237	
Total		711
Grand total		1,490

Respectfully submitted.

C. B. WATSON, M.A.,
Senior Psychologist.

SOCIAL SERVICE DEPARTMENT, PROVINCIAL MENTAL HOSPITAL AND HOMES FOR THE AGED

The report on the activity of the Social Service Department during the past fiscal year is presented under the following headings:—

I. The Function of the Social Worker in the Provincial Mental Hospital Setting.
II. Review of the Past Year's Work of the Social Service Department.
III. Future Plans for Improving the Quality of Social Services to Patients.

I. THE FUNCTION OF THE SOCIAL WORKER IN THE PROVINCIAL MENTAL HOSPITAL

The function of the psychiatric social worker is to contribute his knowledge and case-work skill in such a way that it is purposefully related to psychiatry, the total treatment programme of the hospital, hospital organization and administration, and to the contributions of all other professions and departments in the Hospital. Through such co-operation and integration of knowledge and skills, the patient is treated medically, socially, and vocationally according to his unique individuality and needs. The goal of this integrated treatment approach is the return of the patient to community life.

In the Provincial Mental Hospital setting, case-work services are made available at the point of the patient's admission through the intake and reception process. In many cases continuity of case-work services is maintained throughout the patient's treatment. However, as the Social Service Department is presently operating, case-work services are most frequently brought to the patient just before and following his discharge from hospital.

The Social Service Department has always been very active in the educational and training programme, together with all other departments of the Hospital.

II. Review of the Past Year's Work of the Social Service Department, April 1st, 1950, to March 31st, 1951

Number of New Cases Referred to Social Service Department

In Vancouver	745	
Out of Vancouver (University of B.C. carried 67)	770	
Total number of patient referrals		1,515
Percentage increase over last year's referrals		7.12

Disposition

Discharged on probation—		
In Vancouver	284	
Out of Vancouver	298	
Total number of probationary discharges		582
Percentage increase over last year's figure		17.30

Report of Social Service Work Carried Out by Members of the Social Service Department at Essondale

Initial interviews to obtain social histories	4,118	
Subsequent case-work interviews with patients, families, doctors, and other social agencies during hospitalization of patients	1,533	
Case-work interviews for the purpose of rehabilitation, including follow-up case-work services for patients discharged on probation	2,570	
Total number of case-work interviews		8,221
Percentage increase of case-work services over last year's figure		20.54

Out-of-town Supervisory Service by Mail

Letters to the Provincial field staff requesting social histories and probation visits and of a general supervisory nature	2,651	
Letters to other social agencies in and out of British Columbia	842	
Total number of case-work services		3,493
Percentage increase of services over last year's figure		10.20
Social histories, probation and other reports, and letters of a general consultative nature received from Provincial field staff	1,750	
Correspondence received from other social agencies in and out of British Columbia	470	
		2,220

Orientation Periods

Public health nurses	20
In-service trainees	12
Field service staff	5

Special Assignments

Ward rounds and medical-staff clinics attended by members of the Social Service Department	144
(This indicates 87-per-cent increase in participation of social services in this area.)	
Teaching clinics held at the Hospital for Social Service students from University of B.C.	5
Applications taken for old-age pension for patients resident in Provincial Homes for the Aged	220
Other special assignments, including conferences with other social agencies, lectures to nurses, in-service training groups, and community groups	213
Reports on rehabilitation of special cases in Vancouver	462
Vista Rehabilitation Home—	
Special summaries	48
Visits	63

Detailed analysis of the Social Service Department's activities during the fiscal year indicates that 1,515 patients were referred to the Department for services. Patient referrals show a percentage increase of 7.12 over last year.

One of the initial services to patients and relatives is the intake study and evaluation of the patient and his illness. This process also involves interpretation of hospital facilities to patients and their families, as well as assistance to families who have problems arising out of the patient's admission, such as feelings about having a mentally ill relative or fear of the hospitalization and the treatment. During the fiscal year 4,118 intake interviews of an assistance nature were given by social workers to relatives.

Social Welfare Branch field service has always extended valuable assistance to the Hospital in providing intake studies of the patients admitted from outside the Greater Vancouver area, as well as in extending continuing case-work services of a helping and interpretive nature to relatives. During the fiscal year 2,220 reports of an intake, continuing, and consultative nature were received by the Social Service Department of the Provincial Mental Hospital from the field services.

During the fiscal year 1,533 interviews were given to patients during hospitalization. Continuing case-work services during the patient's hospitalization include frequent conferring between the social worker and the patient's psychiatrist. Frequently community resources such as family, child, and assistance-giving agencies are contacted by the social worker in an effort to assist the patients' families. During the fiscal year 3,493 letters of a referral and consultative nature were written by the social workers, to the end of bringing these valuable and extensive community resources to the assistance of patients and families.

For statistical purposes the Social Service Department's activities in the rehabilitation of patients have been accounted for separately. However, the social worker sees rehabilitation as well as intake study and treatment as a continuing process. During the fiscal year the social workers gave 2,570 interviews of a helping and service nature to patients on probation from hospital. Case-work services to patients and families show a percentage increase of 20.54 over the last fiscal year.

In the Provincial Mental Hospital the intake study, diagnosis, formulation of a treatment plan, continuing treatment, and rehabilitation services involve all Hospital departments and all professional disciplines within the Hospital. The social worker contributes his skill in a " total push relationship " with other professions.

The Vista Rehabilitation Home has continued to give valuable service in the rehabilitation of women patients who do not have adequate family resources to help at

the point of their discharge from hospital. The Social Service Department works with the Vista Home and during the fiscal year made some sixty-three supervisory visits.

The Social Service Department, together with other Hospital departments, has been active in the Hospital's teaching and training programme and during the fiscal year participated in the nursing training programme within the Hospital itself. A lecture course was given in which the public and voluntary social welfare services of the Province were described, the skill and function of the psychiatric social worker in the hospital setting was outlined, and a study of the socio-emotional factors in mental illness undertaken.

The primary educational responsibility of the Social Service Department is toward social-work students. During the fiscal year ten students from the University of British Columbia School of Social Work worked with us in the Department, taking their psychiatric social-work sequence. The students and their supervisors have made an outstanding contribution to the services of the Social Work Department and those of the Hospital in their services to patients and families. The values of such a student-training project are seen in the general pooling of knowledge and experience, which both enhances quality and quantity of services to patients and benefits organizational and administrative planning.

Through participation in the Hospital ward rounds and teaching clinics, the social worker makes his contribution to over-all staff development. The sharing of knowledge in the ward rounds and teaching clinics is a source of valuable learning to the social worker. During the fiscal year the social workers' participation in ward rounds showed an increase of 87 per cent over the last fiscal year.

Report of the Psychiatric Social Workers' Participation in the Crease Clinic of Psychological Medicine, January 1st, 1951, to March 31st, 1951.—The opening of the Crease Clinic of Psychological Medicine on January 1st, 1951, extended the area of responsibility of the Social Service Department and presented a real challenge to the Department in assessing the adequacy of its organization, administration, quality of services, and standard of professional skill.

Number of New Cases Referred to Social Service Department

In Vancouver	84	
Out of Vancouver (University of B.C. carried 21)	102	
		186

Report of Social Service Work Carried Out by Members of the Social Service Department at Essondale

Initial interviews to obtain social histories	684
Subsequent case-work interviews with patients, families, doctors, and other social agencies during hospitalization of patients	256
Case-work interviews for the purpose of rehabilitation, including follow-up case-work services for patients discharged on probation	137

Out-of-town Supervisory Service by Mail

Letters to the Provincial field staff requesting social histories and of a general supervisory nature	140	
Letters to other social agencies in and out of British Columbia	23	
		163
Social histories, reports, and letters of a general consultative nature received from Provincial field staff	58	
Correspondence received from other social agencies in and out of British Columbia	15	
		73

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VICTORIA, B. C.

Special Assignments

Special assignments, including conferences with other social agencies 4

III. Future Plans for Improving the Quality of Social Services to Patients

These include the development of more adequate case-work services to patients during the period of hospitalization. In the past the service emphasis of the Department has been almost entirely focused on out-patient work, such as work with the families and work with the patients as they were about to be discharged, with continuing services during the patients' probationary experience. The Department has done excellent work in the aforementioned areas in the past. The future points to a real necessity for the development of continuing case-work services to the patient while he is in hospital. As the Department enters this phase in the development of its services, it is aware of two necessary essentials: (1) An adequate, well-trained, and experienced staff which is aware of its function and can bring its skill into a purposeful, productive relationship with other skills and thus have a place and a contribution to make in the treatment of the patient; (2) adequate supervision along with staff-training projects of an in-service nature must be developed if the skills of the staff are to grow. During the next fiscal year the Social Service Department of the Provincial Mental Hospital will begin to develop more extensive services to patients in hospital, to assess and revise the Department's organization and administration, and to undertake more vitally staff development.

Respectfully submitted.

(Miss) Alice K. Carroll,
Provincial Supervisor, Psychiatric Social Work.

DEPARTMENT OF NURSING SERVICE

Women's Division

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

Sir,—I respectfully beg to submit the report of the Department of Nursing for the fiscal year ended March 31st, 1951.

This year ended with the following personnel: Registered nurses, 22; psychiatric graduates, 80; psychiatric students, 341; psychiatric aides, 18; a total nursing staff of 461. Resignations for the year numbered 261, and new appointments 398.

During this year, our staff has increased in numbers by 87. This increase was necessary due to the opening of the Crease Clinic and to allow for students to be released from ward duties for classes on the " block system " of instruction.

Resignations numbering 261 are 76 more than the previous year, and reasons given for same are as follows: 37 to be married, 48 change of position, 28 ill-health, 28 felt unsuited to this work, 34 required at home, 10 leaving the Province, 15 to enter general training, 44 to further education, and 17 services terminated.

During this past year there was centralization of the activities of the Schools of Nursing. Heretofore, there were separate schools at Essondale and a school at New Westminster. However, it was considered advantageous to provide more uniform instruction and to utilize the services of the instructors in both schools.

The " block system " method was used for class assignment, and this programme has been conducted on a co-educational basis as far as possible. During the year

447 students have received instruction at various levels of the Psychiatric Nursing Diploma Course. Of these, 257 were women students and 190 were men students. Fifty-four of the group of women and forty-three of the group of men were from The Woodlands School.

Apart from the above teaching programme, the two months' affiliation was given to four degree students, thirty-nine from Vancouver General Hospital, six from the Royal Columbian Hospital, and one from the Royal Inland Hospital. The six months' post-graduate course was given to 3 students. Twenty-eight public health nurses also received a period of orientation.

For the first time our graduation exercises were held in the Junior High School Auditorium, New Westminster. We were favoured this year by the presence of the Honourable W. T. Straith, Provincial Secretary and Minister of Education. The class comprised seven women and five men from The Woodlands School, five men from Colquitz, and forty-seven women and twenty-two men from Essondale.

Some changes have taken place within the Department: Miss N. Grantham returned from McGill University and has spent this year supervising the women's service in Centre Lawn Building. Her years of experience make her a valuable member in her new capacity.

This year the Department of Nursing, University of British Columbia, utilized this School as a practice-teaching field for students attaining their degree in nursing. Miss B. Mitchell, one of the two students practising here, returns to our teaching department. She will be a very valuable addition to our staff.

Miss Lucia Whitehead resigned from our Vernon unit to be married. We regretted the loss of Miss Whitehead, but were indeed fortunate in securing the service of Miss Elizabeth Clark, R.N., as Superintendent of Nurses.

Psychiatric aides were introduced into our service this year. With this new group, we hope to augment our staff needs and also to minimize somewhat our attrition rate. This group should be very valuable, as there are many duties which they can perform. At this time their instruction is in-service training.

We have experienced much illness amongst our staff. We are pleased with our Nurses' Infirmary, with its adequate facilities and pleasant surroundings. We are fortunate to have the service of Dr. Gens, who replaced Dr. Coleman.

The nursing staff is looking forward greatly to the opening of Pennington Hall, where more recreational facilities will be available.

This has been an exceedingly busy year. The repetition of class instruction to cover large groups of students placed a heavy load on our teaching staff. It has also been a busy and trying year for administrative staff. The many resignations make it difficult to complete our requirements and stabilize our staff. Each new member required considerable time to adjust and to become a useful staff employee. The patience, tolerance, and guidance of senior nurses is very commendable. Fortunately, a stimulus and a challenge are created as we see good results with the newer therapies and facilities. We deeply appreciate the very fine assistance and co-operation from all departments.

Respectfully submitted.

(Miss) Mona E. Parsons,
Director of Nursing.

MEN'S DIVISION

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—I respectfully submit the report of the Department of Male Psychiatric Nursing for the fiscal year ended March 31st, 1951. This year ended with the following personnel: Psychiatric graduates, 188; psychiatric male nurses in training, 153; and nurses' aides, 23.

Twenty male psychiatric nurses completed the three-year course and received their certificates. One has since resigned to go into business.

There were nine resignations for the year, and nine were superannuated. Transfers totalled nine, as follows: Public works, one; office staff, one; store, one; Terrace, four; Colquitz, one; and Vernon, one. Two died during the year.

We feel that considerable progress has been made this year in the nursing division, as evidenced by the graduation of twenty men from the three-year course in psychiatric nursing last spring. Close co-operation has prevailed between the nursing staffs and the doctors, instructors, and other departments, and we wish to express appreciation to all for their assistance during the past year.

Respectfully submitted.

W. CREBER,
Chief Male Psychiatric Nurse.

DEPARTMENT OF NURSING EDUCATION

WOMEN'S DIVISION

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—During this past year there was centralization of the activities of the School of Psychiatric Nursing of the Essondale and the New Westminster units. Heretofore, there were separate schools at these units, but owing to various problems, mainly lack of instructors at both units, it was considered advantageous to give instruction in one area—namely, Essondale. The advantages derived from this plan were that the students in both schools derived uniform instruction and that the efforts of the instructors had more far-reaching results.

The " block system " method was used for class instruction throughout the whole programme, and the majority of the courses were given on the co-educational basis. During the year 447 students received instruction at various levels of the three-year diploma programme of psychiatric nursing. Of these, 257 were women students and 190 were men students. The number who graduated from this total group was 47 women and 22 men from the Essondale unit, and 7 women and 5 men from the New Westminster unit.

A two-month course in psychiatric nursing was given to four groups concurrently with the diploma course to thirty-nine affiliate students from the Vancouver General Hospital, six from the Royal Columbian Hospital, and four from the University of British Columbia Schools of Nursing.

A two-day orientation period was given to twenty-eight public health nursing students from the University of British Columbia School of Nursing, over a period of several weeks in January. Experience in classroom and clinical teaching was provided for two students in the teaching and supervision course of the University School of Nursing.

From every aspect this has been an exceedingly busy year for the School of Psychiatric Nursing. However, its staff members have offered all possible support and have made it a successful year. Moreover, we have received invaluable assistance and the utmost co-operation from the medical, psychological, dietary, occupational therapy, audio-visual, and recreational therapy departments in their contribution toward the effecting of the total programme. To them all, we express our thanks and deep appreciation.

Respectfully submitted.

(Miss) Edith M. Pullan, R.N.,
Instructress of Nurses.

Men's Division

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

Sir,—Thirty-two nurses in the men's division completed a comprehensive three-year course of instruction and received their diplomas in psychiatric nursing at the annual graduation exercises. This represents the largest class of male graduates in the history of the Provincial Mental Health Services. These young men will remain in the service for many years to further contribute to a higher standard of psychiatric nursing care.

It is gratifying to note the interest and change in attitude on the part of the male nursing personnel as a result of the training received and the recognition of the psychiatric nurse as an essential member in the treatment programme.

With a staff of three instructors, the men's division assists with the teaching programme and attempts to provide on-the-ward supervision for students and graduates within a vast hospital structure. The psychiatric nursing instructors are to be commended on the excellent manner in which they have executed their many duties. The co-operation received is much appreciated.

Respectfully submitted.

W. L. Pritchard, Psych.N.,
Head Male Nursing Instructor.

DEPARTMENT OF REHABILITATION

Women's Division

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

Sir,—The following is a report on the work at The Vista Rehabilitation Home for the fiscal year April 1st, 1950, to March 31st, 1951.

The Vista Rehabilitation Home is at the service of those women who are discharged from the Mental Hospital and the Crease Clinic who have no resources of family, friends, accommodation, or finances to see them through the initial period after discharge when job-hunting is done and living-quarters found.

In the fiscal year just ended forty-three patients were discharged on leave to Vista from the hospital services. Of these, thirty-seven were rehabilitated. Since 373 women were discharged during that period from the Hospital and Clinic to the community, thirty-seven patients represents about 10 per cent of the total.

	Patients
Intake	43
Separations—	
Discharged	37
Returned to hospital	6
Community placement	17
Job and community placement	20
Total patient-days	1,562

Time in residence is variable. In several instances patients have been domiciled at Vista for refresher courses in town before resuming employment.

This group has been asked to secure private accommodation as soon as employed and earning. Patients who have been long-term hospital residents usually require a proportionately longer time in Vista before discharge arrangements can be worked out. Mrs. Roth has continued to serve conscientiously as Supervisor and has been responsible for the job placements. Preliminary interviews and assessments of patients are undertaken by Miss Carroll, Provincial Supervisor, Psychiatric Social Work; and her staff, in co-operation with the patient's attending doctors and the social workers, continue their supervision after patients leave Vista where possible.

Regular supervisory visits are made by myself.

Respectfully submitted.

F. E. McNair, M.D.,
Assistant Clinical Director.

Men's Division

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

Sir,—The following is the rehabilitation report for the fiscal year April 1st, 1950, to March 31st, 1951.

Attached herewith is a consolidated summary which outlines the referrals made monthly, with a breakdown of the types of patients referred. The actual number of cases rehabilitated is broken down into " fully rehabilitated " and cases that required some assistance in placement. This last category is of an intangible nature and, therefore, kept separate from the cases followed through and considered fully rehabilitated from a statistical point of view. It is actually very difficult to give a full and true picture of the work carried out by this department in so many figures. For example, the time-consuming job of interviewing employers on behalf of the patients constitutes a major portion of the work. This is not shown on the statistical report. Suffice it to say that total interviews are recorded as 1,057.

Throughout the year many new contacts have been made with employers and organizations who have a common interest. This department has a working relationship and membership in the following groups: The B.C. Rehabilitation Association, The National Vocational Guidance Association, the Council for the Guidance of the Handicapped, the Vancouver Health League, etc., all of which promotes the need for teamwork with existing referral agencies and organizations.

The Vancouver Y.M.C.A. and the Salvation Army Hostel have been used by this department as in-town boarding-home care for certain carefully selected patients. This has been used sparingly, but is considered most useful in certain cases where placement is desired before the patient is discharged from the Hospital.

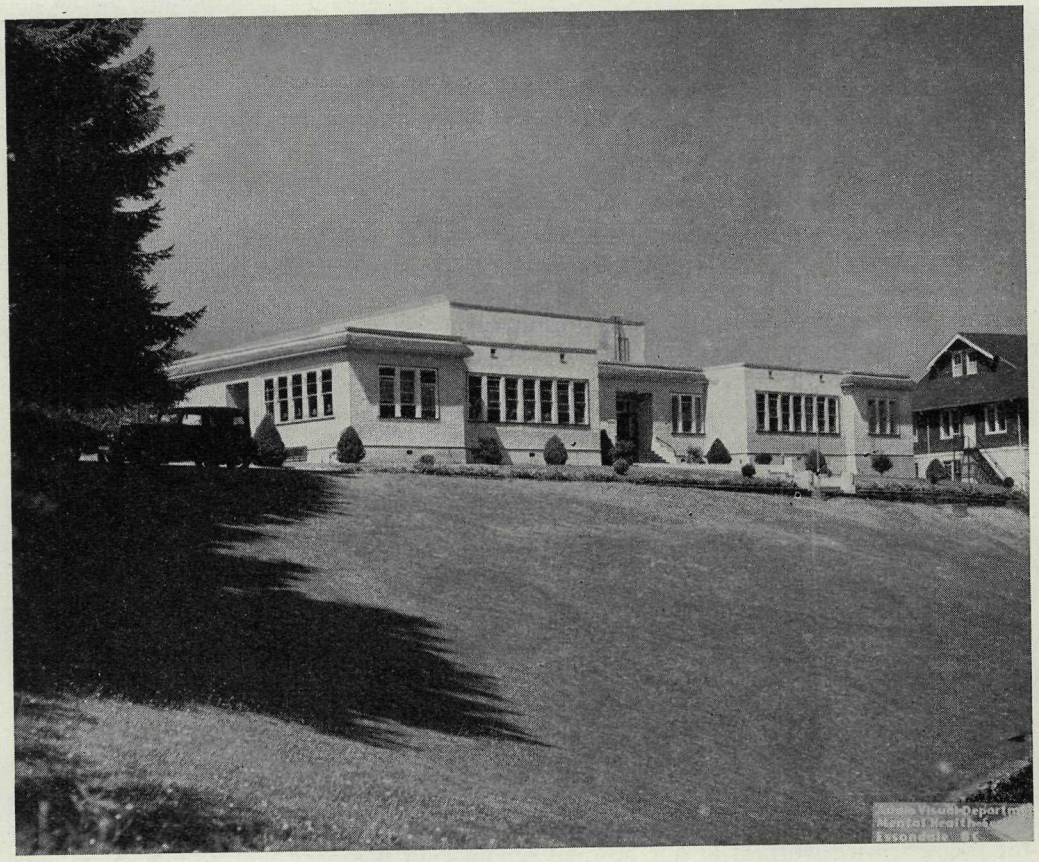
In submitting this report, I wish to thank the whole hospital staff, for their help, advice, interest, and co-operation in the work of this department.

Summary of Referrals, by Month

	April, 1950	May, 1950	June, 1950	July, 1950	August, 1950	September, 1950	October, 1950	November, 1950	December, 1950	January, 1951	February, 1951	March, 1951	Totals
Schizophrenics	13	14	6	11	16	8	9	11	5	4	7	5	109
Manic depressives	1	2	---	---	---	---	1	---	---	---	---	---	4
Psychopaths	---	2	1	1	2	---	---	2	---	---	1	---	9
Alcoholics	3	1	1	7	9	5	5	8	4	6	11	6	66
Psychoneurotics	1	---	5	4	4	---	---	1	1	---	1	4	21
Epileptics	1	2	1	1	2	2	3	1	---	1	1	1	16
Mental defectives	---	---	---	1	---	---	---	1	---	---	---	---	2
Drug addicts	---	---	---	---	---	---	---	1	1	---	---	---	2
G.P.I.'s	1	1	2	---	2	1	---	---	---	---	1	---	8
Involutionals	---	---	---	---	1	---	---	---	---	---	---	---	1
Reactive depressions	---	---	---	---	---	2	1	1	---	---	---	---	4
Paranoid states	---	---	---	---	---	---	---	---	---	---	1	---	1
Totals (monthly referrals)	20	22	16	25	36	18	19	26	11	11	23	16	243
Closed (after initial interview)	1	1	1	1	2	---	1	1	4	2	---	---	14
Resumed treatment	2	5	2	4	5	1	2	4	1	1	2	2	31
Cases assisted in varying degrees on a case-work and referral basis	---	---	---	---	---	---	---	---	---	---	---	---	76
Fully rehabilitated	9	11	9	11	20	12	11	14	3	5	10	7	122

Respectfully submitted.

J. D. ADDISON,
Rehabilitation Officer.



Recreation and school building at The Woodlands School.

REPORTS OF THE WOODLANDS SCHOOL, NEW WESTMINSTER

REPORT OF MEDICAL SUPERINTENDENT

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—It is with pleasure that I submit the report of The Woodlands School, formerly Provincial Mental Hospital, New Westminster, B.C., for the fiscal year April 1st, 1950, to March 31st, 1951. The reports of various departments are included. The Woodlands School is the residential training-school for the mentally deficient in the Province of British Columbia.

The supervision of Ward R by the male psychiatric nursing staff has been a success. The young boys on R had, in previous years, been under the care of the women nurses.

Cedar Cottage, the new fire-proof building which was occupied in February, 1950, has almost all the cribs and beds in use.

Contractors completed the X-ray room. Equipment was received from Essondale. More equipment was received through Federal grants to complete our X-ray department. An X-ray technician, Peter Barteluk, came on duty August 29th, 1950. This department was greatly needed, for the many reasons I have given previously.

Two driers and two presses were installed in the laundry. The laundry is old and is working over capacity. Some of the equipment is obsolete. With the increase of population at The Woodlands School, the laundry personnel are working at a great disadvantage in cramped quarters. This will be made worse when the three new buildings and also the 100-bed nurses' home are completed. The laundry building should be torn down.

Although the contract has not been given for the new 100-bed nurses' home at this time, this will be done during the next fiscal year.

The cafeteria that has been used for the last six years by sixty adult patient-pupils is being remodelled for a staff cafeteria and should be ready to be used for this purpose in the early summer of 1951.

A large refrigerator for babies' formulæ was received and placed on Ward 1 in Cedar Cottage. This was absolutely necessary on account of the great increase of babies admitted since the opening of this building. Two stretcher carriages were also received. One crib gatch-bed and two adult gatch-beds were received.

The fourth annual gymnastic display was given Thursday evening, April 6th, 1950. This was attended by relatives and interested visitors. On the afternoons of April 4th and 5th this programme was rehearsed for the benefit of all the other pupils who did not participate.

The usual Christmas concert had to be cancelled owing to quarantine.

In February, 1951, permission was granted for the Provincial Mental Hospital, New Westminster, to be renamed The Woodlands School, New Westminster. As this is a training-school for the intellectually retarded and has been for several years, the title "Provincial Mental Hospital" was rather misleading, as it did not fit in with the function of The Woodlands School as an educational and training school.

We have had very good service from the psychiatric social workers at Essondale, but it is hoped by the fall of the next fiscal year that we shall have a Social Service Department here at The Woodlands School. Recent years have indicated the great need for social service workers at our hospital school, and this need will be intensified with

our expansion programme that is taking place now and in the future, when admissions will take place directly to The Woodlands School, New Westminster, instead of as at present, the Provincial Mental Hospital, Essondale. This has been recommended before and will no doubt be placed in the Statute books at the next sitting of the Legislature, so that admissions to The Woodlands School will take place sometime in 1952 when the new buildings are completed and occupied. I have in the past also recommended a Mental Deficiency Act, which also will be placed in the Statute books during the next session of Parliament.

I have continued to give psychiatric clinics to outside groups in our hospital school as in the past number of years, and have also given twenty clinical lectures and demonstrations on mental deficiency to our own nursing staff and teachers. This was completed in April, 1950. In previous years I had given a course of approximately twenty hours of lectures in psychiatry. Beginning in October, 1950, the psychiatric clinics to various outside groups were given as in the past by visiting the school and some buildings, by general remarks as to the aims and activities of our residential training-school by myself, but Dr. Gould gave clinical demonstrations under my supervision. By the summer of 1951 it is my opinion that Dr. Gould will be able to carry on the clinical demonstrations without my direct supervision. As Medical Superintendent I shall continue to welcome the various groups with general remarks and will then turn the groups over to Dr. Gould for the clinic and visit to the school and other buildings. In the spring of 1951 Dr. Gould gave twenty hours of lectures and demonstrations on mental deficiency in an accelerated course for the " block system " of teaching the psychiatric nurses. This course was repeated by her for another " block " of nursing students.

Six of our school-teachers took in the Summer School in Victoria, July 3rd, 1950, for five weeks. This course covered the field of exceptional children (retarded) and a psychological approach in reference to the teaching of the mentally retarded. Dr. Doll conducted the course in regards to the exceptional children. The teachers also took other subjects.

In September, 1950, we added two academic school-teachers to our teaching staff. This necessitated some rearrangements.

The " block system " of teaching our male and female psychiatric nurses, which began in October, 1950, was centralized at Essondale. This is a new arrangement for New Westminster. Some of our staff here continued to do some teaching to these groups. Dr. Gould, as indicated before, taught the subject of mental deficiency. This twenty-hour course was duplicated.

The nurses had a most strenuous year. Cedar Cottage had just recently been opened when we had measles, chicken-pox, and mumps. On December 6th, 1950, one of our 12-year-old girls had clinical diphtheria; she recovered uneventfully. Two female nurses also developed clinical diphtheria, with an uneventful recovery. Many of our smaller pupils who had been transferred from Essondale in the last year, and many before that, had been given diphtheria toxoid by our medical staff here. This simplified matters, but for several months thereafter we had positive diphtheria cultures of nose or throat, or both, without clinical diphtheria, sporadically in some of the nurses and the pupils. At first there was limited quarantine, and finally on December 13th we quarantined The Woodlands School. The usual visits of our pupils to their homes were cancelled. No visitors were allowed, unless in the event of serious illness. I wish to take this opportunity to thank Dr. Nicolson, pathologist at Essondale; Miss Kerr, in charge of the Provincial Laboratory in Vancouver; and Dr. Wylde, City Health Officer for New Westminster, for their whole-hearted support in this epidemic. Without their continued support in doing cultures for us at different times, we would have had a more difficult time. The school classes were discontinued for a short period of time. The teachers were kept busy at various other duties. The school activities were begun in a limited way on January 22nd with pupils from the wards that had negative cultures. The regular

gymnasium classes were resumed in the latter part of January. Although the Christmas concert had to be cancelled, we planned on the annual gymnasium display after Easter. Some of the older pupils who are entitled to go into the City of New Westminster were allowed to resume these walks on February 17th, 1951. It is hoped that the quarantine will be definitely lifted in all buildings by early summer.

By March 31st, 1951, we had a pupil population of 790 plus 9 on probation, making a total on our books of 799. There were no transfers from Essondale recently, due to the quarantine in some of our smaller wards.

Cedar Cottage, which was occupied in February, as stated before, considerably reduced for a time the number on the waiting list of children under 6 years of age, but now the cribs are almost all filled. The waiting list is again going up. We should be in a position where we can accept all children under age who are mentally defective and are, for various reasons, problems in the home. As stated before, the present way of life in our urban population of congested houses, apartment dwellings, and the dangerous highways even in rural areas does not lend itself to keeping the child, who may be in a lower level of intelligence, at home. The trend all over the world is to accept children under 6 and have accommodation for them. Our present building programme will, for a short time, take care of this situation. I would again repeat my recommendations of last year, that as soon as the three buildings are completed, we immediately plan on erecting others for 300 pupils.

Many of our patient population become physically ill as in any other community, and accommodation should be obtained for infectious and T.B. isolation. All additional buildings should be considered for early action. The Province of British Columbia is growing by leaps and bounds, and with the increase of general communities one must expect a proportional admission of mentally defectives in our training-school.

The present shops building has the auditorium, old carpenter-shop, plasterer's supplies, shoe-shop, female occupational therapy, and the linen manufacturing department, and also the barber-supplies. I would again bring to your attention that the shops building is obsolete. In my opinion this is a fire-hazard and, instead of being occupied as above noted, should be vacated and replaced by a new vocational building. The present shoe-shop quarters are too small and the equipment is obsolete. In a training-school for the intellectually deficient a shoe-shop is an important industrial project. For this reason, I would recommend new equipment. This department could be included in the vocational building. An auditorium would have to be considered.

The vocational building is important, inasmuch that the pupils are happy in being able to do certain things and it helps toward the rehabilitation of those who are capable of being socialized and returned to the community. For those who are unable to return to the community due to their limited intelligence or for other reasons, they are much happier and contented in a setting like a vocational building.

It is hoped that we shall soon have a clinical psychologist at The Woodlands School. There has been a vacancy here in this department for almost three years. It is essential that a school of this nature have a psychological department.

Our general aim is to educate, train, and socialize those under our care at The Woodlands School, and to have them healthy, happy, and contented, and also to educate the interested public and various outside groups by allowing visits here and by also giving clinics to those who request same.

I wish to express my thanks to all the members of our hospital school staff for their conscientious work, their interest in our pupils and parents, as well as friends of the pupils, and the loyalty they have shown The Woodlands School, a division of the Mental Health Services.

I wish to acknowledge to you, Sir, your prompt attention in matters that I have submitted on behalf of this school and encouragement in my plans of expansion.

May I ask that you convey to the Provincial Secretary and his Deputy Minister appreciation of the consideration I have been given as Medical Superintendent. Their approval has made possible erection of more buildings during the coming fiscal year.

Respectfully submitted.

L. E. SAURIOL, M.D., C.M.,
Medical Superintendent.

EDUCATIONAL DEPARTMENT

L. E. Sauriol, M.D., F.A.P.A., F.A.A.M.D.,
Medical Superintendent, The Woodlands School,
New Westminster, B.C.

SIR,—The New Westminster Hospital-School, for many years a residential school with hospital facilities, was renamed The Woodlands School in February, 1951.

Several staff changes have taken place during this period. Mrs. Scharff and Mrs. Rhodes were hired in September. This brings the total number of academic teachers to eight, including the school principal.

Six academic teachers were given postgraduate courses at Victoria Summer School, July 3rd to August 4th. The work covered dealt with the teaching and better understanding of mentally retarded children.

Generally speaking, the pupils enrolled in academic classes have shown improvement in both social and academic development. No corporal punishment is administered.

Two large, bright, lower-floor rooms in Cedar Cottage, opened in February, 1950, were converted into playrooms to facilitate the teaching of the increased number of little children who require guidance and training. The morning play classes, conducted by Mrs. Scharff and Mrs. Rhodes, have an enrolment of 56 pupils. These little children learn good behaviour and how to converse. The playrooms are well equipped with sturdily built mobile toys, and the children derive a great deal of pleasure from their classes. From the playroom classes they progress to the school kindergarten.

In the afternoon (1 to 2 p.m.) Mrs. Rhodes takes a basic handwork class with low-level girls at the school. They learn the simplest of outline stitches and look forward to coming to school; only three out of the fifteen who attend class go to other academic classes. They work quietly and frequently listen to a radio programme as they sew. Between 2 and 4 p.m. Mrs. Rhodes takes a class of senior girls from Ward 2 in a handwork class at the playroom in Cedar Cottage. It gives them a change in their environment and an added interest in life.

Mrs. Scharff has taught four domestic-science classes in the afternoons since September. Before that, they were given by Miss Farr. On Fridays classes start at 9 a.m. and last through until 2 p.m. The girls prepare and cook a meal and are allowed to invite a guest. These classes are a highlight in the lives of the girls who attend, and they eagerly look forward from one class to the next.

There has been some rearrangement of classes at the school since the opening of the playrooms in Cedar Cottage. The kindergarten-class teacher, Mrs. Ellis, now teaches two kindergarten classes—one in the morning from 9 to 11 and the other in the afternoon from 1 to 2—instead of teaching one kindergarten in the morning and a play class in the afternoon.

In this room the children learn to sit quietly; do cutting and pasting; develop a number sense; recognize their printed names on the blackboard; distinguish between certain letters of the alphabet; take part in a few class games; and develop music appreciation. Between 2 and 4 p.m. Mrs. Ellis now has a junior handwork class. Some

of the girls present do very nice work. The morning junior academic group programme remains the same. Their teacher, Miss Farr, now teaches a senior group of higher-level girls in Cedar Cottage. They take work up to Grade VII level and are very interested in getting ahead academically. Between 3 and 4 p.m. Miss Farr takes a play group of junior boys who do not attend any other school classes. They play with the horses, merry-go-rounds, and blocks, and derive much pleasure from going to school.

Mrs. Siddall's non-academic class now consists of two groups of teen-age pupils who take music, singing, handwork, and some preprimer material. This class is very well behaved and is making good progress. Mrs. Siddall continues to give acoustic lessons to a little deaf boy, and once a week, on Fridays from 3 to 4 p.m., she teaches an adult lady who works in the sewing-room. She enjoys the extra attention she receives by attending these classes. Mrs. Siddall has given several acoustic demonstrations, with the 5-year-old boy as a subject, at clinics held in the hospital and school.

The senior room, under direction of Miss MacLean, is continuing to make progress. Academic work is given in the mornings up to a Grade VII level. There is writing practice for senior boys (1 to 2 p.m.) and a senior handwork class (2 to 4 p.m.). The girls in this class do very neat work and may later be placed in the Occupational Building.

Mrs. Davy continues to visit the ward classes in the mornings. She has two daily one-hour kindergarten classes (1 to 3) in the afternoon. From 3 to 4 p.m. she takes a special arts class with a group of senior schoolboys.

On each festive occasion during the year, parties are held. Hallowe'en and Valentine parties were held in the afternoon at the school gymnasium for the small children, and in the evening the older patients from the school and industrial units of the hospital celebrated by having a dance.

The usual Christmas concert at the school was postponed because of illness and quarantine. This was a great disappointment to pupils and staff alike. However, the children had been well rehearsed for their parts and received certain benefits from their training.

On April 6th a gym display was held for parents and friends of patients taking part. It was the first display Mr. Lynes had put on without a pianist. Records were used for dances and routines, and the results were very creditable.

During the summer two picnics were held. The juniors had theirs in May on our new playground, which is well equipped with swings, teeter-totters, and a spacious cement sand-box. Many of the wards enjoy the privilege of bringing ward patients up for play. The seniors had their picnic at Queens Park in August.

On May Day, which is New Westminster's traditional day of festivities, a number of our pupils attended the ceremony in company of school-teachers and male and female nurses. Any pupils who were unable to attend the ceremony were allowed to witness the parade from the hospital-school grounds.

On several occasions school staff took small groups of pupils to visit places of interest. These included a trip to CKNW. This group returned with a large radio. Two trips were made to Fraser Mills and another to Stanley Park.

Many new improvements have been added to the school and Cedar Cottage. Cupboards with locks were built for the junior and senior academic rooms and the west playroom of Cedar Cottage. A gay canopied store was built for the non-academic rooms. This is a great improvement from the previous store facilities. It is felt that the actual handling of money and the opportunity to make purchases will prove helpful in teaching the children how to make change and also give added interest to learning number facts.

The junior academic classroom is used for four different classes of various ages and sizes during the day. To make the tables comfortable for everyone, lifts were made to place under the legs of small tables, to raise the height for bigger children. These lifts can be removed for smaller children.

The girls' clothes-cupboard was extended to take in the old store in the hall.

At the time of writing, the total academic enrolment is 200 pupils. The total number of academic and handwork classes is twenty-two. This does not include recreational and manual-training classes. Some of the classes consist of individual pupils, but as a rule the enrolment for academic and play classes ranges between twelve and sixteen, so that much individual attention can be given while handwork classes have an enrolment ranging between six and sixteen.

A large number of visitors, including nurses, university students, and parents of mentally retarded children, visited the school during the year.

It is the belief of the school staff that the school is very important in the lives of our pupils. I respectfully submit this report and look forward to 1951 with anticipation.

Respectfully submitted.

(Mrs.) Margaret A. Cunningham,
School Principal.

DEPARTMENT OF OCCUPATIONAL THERAPY

Girls' Division

L. E. Sauriol, M.D., F.A.P.A., F.A.A.M.D.,
Medical Superintendent, The Woodlands School,
New Westminster, B.C.

Sir,—In keeping with the general theme of The Woodlands School, it is the aim of the Occupational Therapy Department to offer training in handicrafts for each individual pupil according to her own limited capacity, and to develop each personal aptitude to its fullest extent. Suitable crafts must be chosen with the pupils' interests and capabilities in mind.

The chronological ages of the girls in this department range from 18 to 54 years, while the basic mental ages range from 3 to 12 years. Consequently, the crafts done by this department vary in skill from the most elementary to the more complicated craft work.

Some of the girls are only able to do simple embroidery, plain knitting, and the washing and ironing of finished articles, while others can be taught more skilled work in the basic crafts, such as cutwork, knitted articles, crochet doilies, and table-cloths,

Other handicrafts that the girls are able to do are hemstitching, smocking, cross-stitch on monkscloth, cross-stitch pictures, Swedish darning on huck towelling, shellcraft, and the making of felt-covered knitting-boxes. They also do simple weaving, such as belts, scarves, bags, and cotton place-mats. The leatherwork is also confined to simple articles, such as change-purses, belts, and wallets, but the more advanced girls are able to make fleece-lined moccasin slippers. In the sewing line they make fancy aprons, baby jackets, bibs, pot-holders, and sew the hems of the finished work. The making of hooked rugs is a most successful project, as it is easy to learn and the completed article gives the pupil the feeling of a big accomplishment.

Wheelchair cases and girls working in other departments who like to do needlework but are unable to attend occupational classes are provided with ward work to do in their spare time.

In addition to the handicrafts, the girls also do work that is beneficial to the institution as well as to themselves. They make blanket slippers and embroidered runners for the wards, Christmas decorations for the staff dining-rooms, and stuffed toys for the small children.

Something new introduced this past year with a great deal of success is a mending class. The purpose of this mending class is to teach the girls to take care of their own clothes and to encourage pride in their personal appearance, making them as self-sufficient as possible so that they will not be a burden on the other departments of the School.

Occupational therapy for the mentally retarded is used for rehabilitation purposes and for the training of each individual so that she may best know how to use and develop her own abilities to their best advantage, no matter how limited they may be, and to help make each life a little happier and more worth while.

Respectfully submitted.

(Miss) Elizabeth M. Morrison,
Occupational Therapist.

Boys' Division

L. E. Sauriol, M.D., F.A.P.A., F.A.A.M.D.,
Medical Superintendent, The Woodlands School,
New Westminster, B.C.

Sir,—I hereby submit a report for the above department covering the fiscal year ended March 31st, 1951.

New equipment introduced into the shop consisted of a drill-press and accessories, a power hand-grinder, and various hand-tools of excellent quality. Many good books and periodicals were supplied, which have proved of great value to both pupils and instructor. The foregoing articles were made available through Federal Government grants. Maintenance of all shop equipment has been kept to an absolute minimum, through co-operation of the boys and instructor. No repairs were necessary, and breakages were of a minor nature. All tools were in first-class condition at the year's end. An ample supply of various lumbers and shop materials was purchased, and the resulting projects reflected the economy of good supplies. An effort was made to utilize the wood from trees cut when a new unit was built. Much patience and labour are now bearing fruit in excellent finished projects.

Numerous small articles of furniture, etc., were executed for the school, wards, and other departments, and identified as to origin. Favourable comment resulted. Work such as scenery, properties, etc., was done for the various school concerts. Completed projects were displayed in the shop for the inspection and appraisal of visitors.

Instruction has been carried out as demonstration and supervision. Units have been small and concrete. Drawing and reading have been kept to a minimum. All work has been adapted to the ability and aptitude of the individual.

The boys, on the whole, have been good in their progress. Some have reached the limit of their capacities, while others continue to learn and appreciate. Discipline has presented a very minor problem, as the boys value the opportunities presented to them in this particular field.

The course of the year has brought many distinguished visitors. They have included Government leaders and officials, doctors, nurses, and parents of our pupils, as well as social workers and teachers. Comments were gratifying, and appreciation of the accomplishments seemed genuine, especially so in the case of those in work allied to ours.

The staff throughout the whole School has been most co-operative. Every request for assistance, advice, or material has been willingly gratified. Encouragement and solutions to various problems have come from the doctors when they were most needed.

Visits to the shop by them have been frequent and friendly. Advice has been constructive and beneficial.

Some lectures were given during the year to male and female nurses-in-training. The purpose of these was to acquaint the nurses with the shop, its aims, methods, and results.

Fire-alarms were rung without warning, and pupils were trained to evacuate the building quietly and quickly. The best time made was thirty seconds from the first gong until the boys were clear of the building. All the elements of fire protection have been fully observed in the shop.

Shop safety has been stressed continuously, and the results have been excellent. No accidents of any kind occurred in the year.

Two great difficulties have presented themselves in the operation of the shop. The first concerns the storage of lumber, for which there is insufficient space of a suitable nature. The second deals with the finishing of projects. Operational dust makes it impossible to achieve first-class results in this direction.

My personal reaction to the shop and its accomplishments of the year is fair. I feel the work really worth while to the boys and School as a whole. The co-operation, encouragement, advice, equipment, and materials compensate for the problems and disappointments I have encountered. Each day has presented a new challenge, and these have been accepted as such, resulting, at the end of the year, in a personal sense of achievement and progress.

Respectfully submitted.

HAROLD MERCER,
Industrial Arts Instructor.

DEPARTMENT OF RECREATIONAL THERAPY

L. E. Sauriol, M.D., F.A.P.A., F.A.A.M.D.,
Medical Superintendent, The Woodlands School,
New Westminster, B.C.

SIR,—I respectfully submit my annual report from April 1st, 1950, to March 31st, 1951.

Group therapy in recreation has accomplished a great deal in the socialization of our pupils. They have learned to get along with others in their socials and organized play. In group therapy they have gained confidence, which has given them initiative. The rate of development has been gradual and in ratio to their potentialities. The training is designed not just to make the pupil obedient and compliant, but rather to help him to learn to regulate his own behaviour in conformity with the requirements of the group to which he belongs.

We have obtained a complete line of gymnasium and playground equipment, which has added to recreation activities. With further plans for expansion of a senior playground with swimming-pool and tennis-court, we will have ample area for our increasing population. All classes have a minimum of four periods a week, and during the fall and winter months dances are held once a week. An innovation has been recorded music for exercises and dances. Suitable dances with their recordings have been obtained for the coming season, and it is planned to continue with a leader-group for instructional purposes. Mr. Brown, the Recreation Director at Essondale, brought his leader-group to our school on a number of occasions, and the exchange of ideas was mutually beneficial.

There is an enrolment of 165 in the tiny tots', ward boys', junior boys', junior girls', ladies', and men's classes. Progress has been most encouraging, which has shown

in their annual gymnasium display. Flying-rings and a high bar have been added to the equipment, which will add variety to indoor activities.

The children look forward to their outings at Queens Park, where they have their annual picnic. Groups are also taken to beaches for swimming, and some are learning to swim. During the season special dances are held, with games played and refreshments served. The pupils are encouraged to make their own costumes and decorate the hall.

Every Monday afternoon the girls' side go to a 35-mm. show in the auditorium. In the evening the boys' side have their show. The 16-mm. show is taken to the girls' wards on Monday for bed patients and the infirm. Friday afternoon the boys see the 16-mm. show.

Respectfully submitted.

J. A. LYNES,
Recreation Director.

DENTAL REPORT

L. E. Sauriol, M.D., F.A.P.A., F.A.A.M.D.,
Medical Superintendent, The Woodlands School,
New Westminster, B.C.

SIR,—We beg to submit herewith the annual report for the fiscal year ended March 31st, 1951, of dental work done at The Woodlands School:—

Extractions	257
Examinations	124
Cleanings	57
Fillings	67
Denture repairs	5
Complete dentures	5
Total patients examined	425

Respectfully submitted.

KENNY & MATHISEN, D.D.S.

DEPARTMENT OF DIETETICS

L. E. Sauriol, M.D., F.A.P.A., F.A.A.M.D.,
Medical Superintendent, The Woodlands School,
New Westminster, B.C.

SIR,—The report of the activities of this Department during the period of April 1st, 1950, to March 31st, 1951 is as follows:—

1. We worked to improve the standard of patients' meals.
   (*a*) During this period a special children's menu was prepared daily for the children who are patients here.
   (*b*) An endeavour was made to improve both the quality and the variety of the patients' meals.

The increase in the wholesale cost index for animal foods is 57.1 points or 23.8 per cent.

The increase in the wholesale cost index for vegetable foods is 39.7 points or 19.6 per cent.

The animal foods served per patient meal have increased in cost by 7 cents or 116.6 per cent.

The vegetable foods served per patient meal have decreased by 2 cents or 22.22 per cent.

The total cost per patient meal has increased by 33⅓ per cent.

The animal foods served per staff meal have increased by 13 cents or 76.4 per cent.

The vegetable foods served per staff meal have decreased by 1 cent or 7.7 per cent.

The total cost per staff meal has increased by 30 per cent.

We have therefore met with some success in elevating the standard of the patient meals while still maintaining the standard of the staff meals.

2. Our second effort was to make a contribution in the efficient remodelling of the existing cafeteria at The Woodlands School for conversion into a staff cafeteria. This planning was done in readiness for its completion after the period April, 1950, to April, 1951.

3. This Department also participates in the instruction of psychiatric nurses in training. A series of twelve lectures on nutrition was offered at Essondale by The Woodlands School dietitian to the amalgamated classes of The Woodlands School and Essondale first-year students.

This, Sir, briefly covers the activities of this Department during the period April, 1950, to April, 1951.

Respectfully submitted.

(MRS.) M. E. MARR,
Dietitian.

DEPARTMENT OF RADIOLOGY

L. E. Sauriol, M.D., F.A.P.A., F.A.A.M.D.,
Medical Superintendent, The Woodlands School,
New Westminster, B.C.

SIR,—I wish to make the following report regarding the Radiological Department in The Woodlands School:—

Early in the year of 1950 a large room on the second floor of the Administration Building was converted into the Radiological Department. This included a large ventilated darkroom, a diagnostic room with lead-lined walls, two large windows with light-proof shades, and a large control-booth, lead-lined with two large lead glass windows for the safety of the technician.

In April a 200-ma. diagnostic radiographic unit with rotating anode was installed. Since then all patients and staff no longer had to make the long trip to Essondale for their X-rays, as they had to in the past, but were radiographed here in our modern department. In October a new photo-roentgen unit was installed for radiographs of the chest on 4- by 5-inch film.

All work is being done here, with the exception of gastric intestinal series, pneumoencephalograms, and similar work which we are unable to carry out due to lack of equipment. However, for the very few patients who require this type of radiographic work, this is being done for them in the Radiographic Department of the Crease Clinic.

During the past year all patients and staff have had at least one radiograph of their chest done. Patients and staff who handle food have a film taken of their chests once every four months. Staff who are in close contact with tuberculous patients have films taken of their chests once every three months. This entails a great deal of stenographic work in order that records be kept of when a person was last radiographed and when they are to have their next film of their chest.

Besides the above routine work there is a great deal of urgent work, such as radiographs of bones for possible fractures and chest for pneumonia, etc., which has been done.

Respectfully submitted.

PETER C. BARTELUK,
Radiological Technician.

DEPARTMENT OF NURSING SERVICE

WOMEN'S DIVISION

L. E. Sauriol, M.D., F.A.P.A., F.A.A.M.D.,
Medical Superintendent, The Woodlands School,
New Westminster, B.C.

SIR,—I respectfully submit the report of the Department of Nursing for the fiscal year April 1st, 1950, to March 31st, 1951.

Personnel at the end of year included the following: Registered nurses, 4; psychiatric graduates, 20; psychiatric nurses in training, 140; psychiatric aides, 1; home supervisors, 6; new appointments, 58; resignations for year, 56. Reasons for resignations included failure to pass examinations, to be married, to continue education, unsuitable, change of occupation, ill-health, and to enter general training.

This year our students were included in the "block system" of education at Essondale, commuting each day in a bus provided by the Hospital transportation service. Five new appointments were necessary to allow ten students to be included in each block. Miss Johnstone, Instructress of Nurses, spent one day each week here, to follow up classroom instruction.

Mrs. K. McKinnon, R.N., was appointed Head Nurse of Unit 1 in July, 1950, and her services have been much appreciated, especially during the diphtheria epidemic, which added extra demands on all members of the staff for several months.

More recreational facilities were added to our patient recreational programme and were enjoyed by patients and staff.

To all those doctors, nurses, and heads of all departments who have helped in every way during a very busy and expanding year, we are very grateful.

Respectfully submitted.

(MISS) VIOLET M. SANDERS, R.N.,
Superintendent of Nurses.

MEN'S DIVISION

L. E. Sauriol, M.D., F.A.P.A., F.A.A.M.D.,
Medical Superintendent, The Woodlands School,
New Westminster, B.C.

SIR,—In this annual report covering the year April 1st, 1950, to March 31st, 1951, it gives me much pleasure to note the change of title given our staff from attendant to psychiatric male nurse. This change of name in itself may seem very insignificant, but the moral uplift and the desire it has created throughout our staff to further their education in caring for and training the mentally deficient child, and to accredit themselves with being reclassified as nursing staff, has been manifest at this early date and has far-reaching possibilities for the future.

The transferring of psychotic patients from this School in exchange for mental defectives has been more rapid of late, and as I feel the basic training given our pupils on the ward is a prime factor in their adaptability to the various departments within this School, we have made a concentrated endeavour to produce satisfactory results.

This year group parole has been tried out with a small number of boys who were granted off-the-grounds parole, and this has proven very satisfactory, and we have plans to extend this to a larger group of boys plus group parole within the grounds for some of the pupils who have not been allowed out on our present parole system.

By concentrated attention to our more disturbed patients, we have been very successful in the abolishment of mechanical restraint, the only form of restraint being used is of a nominal nature to keep low-grade defective children from removing dressings or sutures, or to keep epileptics from falling, and then only for short periods when the staff are busy with ward routine.

Due to the loss of most of our adult population, a concentrated endeavour has been made to train all our more competent pupils for some useful task on the wards, and this has been very successful as our wards have been kept up to a high standard, and, in addition, many of the older boys are helping with outside maintenance work.

The Psychiatric Nursing Course given the male staff has instituted a good standard of nursing technique and has aroused a keen interest in improving the methods employed at this School in the training of mentally defective children.

On several occasions we have had group discussion by myself, the Deputy Chiefs, Charge and Deputy Charge Nurses, and have discussed methods we could employ to improve ward training of mental defectives, and have also dealt with the problem of proper selection of junior staff and their probationary training.

We have enjoyed regular attendance at the weekly clinics given by the medical staff at the School, and have been invited to take part in open discussion. This, I feel, has been very beneficial in our educational programme.

Besides our regular duties, this Department has taken care of innumerable minor matters not related to our duties, and through staff shortage in the female nursing department we were obliged to take over a ward of junior boys, and lacking experience in handling infants, the male nurses caring for these children have shown very good results.

Respectfully submitted.

J. G. ELLIOT,
Chief Psychiatric Male Nurse.

DEPARTMENT OF NURSING EDUCATION

WOMEN'S DIVISION

L. E. Sauriol, M.D., F.A.P.A., F.A.A.M.D.,
Medical Superintendent, The Woodlands School,
New Westminster, B.C.

SIR,—I respectfully submit the report of the Department of Nursing Education for the fiscal year ended March 31st, 1951.

The " block system " of classes was placed in effect October 9th, 1950. Students from this School commuted daily to Essondale for the majority of their classes. The remaining lectures were given here by the medical and teaching personnel. As this is the first year of the new programme, it is difficult to ascertain just how valuable it will be, but it has already proven superior in many respects. It has, however, entailed a good deal more extra work for the teaching and administration personnel.

With centralization of teaching at Essondale, clinical supervision for the students has been carried out on the wards one day weekly. This supervision brings about better correlation of classroom and ward work. It has also been possible to present some orientation lectures to new nursing staff.

Special clinical demonstrations and lectures were provided by the medical staff for general-hospital affiliation students, University of British Columbia degree students, and public health nurses.

This year seven students completed the three-year course in psychiatric nursing.

To all those doctors, nurses, and heads of departments who have helped so greatly with the nursing educational programme, we are extremely grateful.

Respectfully submitted.

(Miss) Edith A. Johnstone,
Instructress of Nurses.

Men's Division

L. E. Sauriol, M.D., F.A.P.A., F.A.A.M.D.,
Medical Superintendent, The Woodlands School,
New Westminster, B.C.

Sir,—I respectfully submit the report of the Department of Nursing Education for the fiscal year ended March 31st, 1951.

The " block system " of classes was placed in effect on October 9th, 1950. The three-year course was designed to be quite similar in content and lecture hours to the one presented at Essondale. It was drawn up, though, to emphasize care to the mentally deficient patient rather than the mentally ill patient. Students from The Woodlands School commuted daily to Essondale for the majority of their classes. Their remaining classes were given here by the medical and teaching personnel. As this is the first year of the programme, it is difficult to ascertain just how valuable it will be, but it has already proven superior in many respects. It has relieved the waiting list of junior staff members that were able to receive their courses earlier than on the former programme. It has, however, entailed a good deal more work for the teaching and administration personnel.

With centralization of teaching at Essondale, clinical supervision for the students has been carried out on the wards to a certain degree, as I was only at Essondale during my lecture hours, the remaining time spent at The Woodlands School. This supervision brings about better care of clinical and ward work. It has also been possible to present some orientation lectures to new nursing staff.

Students and graduates have also had the opportunity of attending, on the rotation scheme, weekly clinics held by the medical staff to further their knowledge of the various classifications of our patients and a better understanding. This has proven itself important in various ways.

This year five nurses completed the three-year course in psychiatric nursing.

To all those doctors, nurses, and heads of all departments who have helped in no small measure with the nursing service and educational programme, we are extremely grateful. Without their help and co-operation the accomplishments of the past year could not have been achieved.

Respectfully submitted.

R. M. Palm,
Instructor of Male Nurses.

REPORTS OF PROVINCIAL MENTAL HOME, COLQUITZ

REPORT OF MEDICAL SUPERINTENDENT

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—I respectfully submit herewith the annual report for the year April 1st, 1950, to March 31st, 1951, as requested.

On looking back over the events of the past fiscal year, nothing of an unusual or remarkable nature appears to have occurred at this institution. Probably the most noteworthy change, occurring early in the year, was the resignation, due to ill-health, of our capable and popular Deputy Business Manager, T. A. Morris. His resignation was effective April 30th, 1950, and S. A. Inrig was appointed as Deputy Business Manager, effective June 1st, 1950.

During the month of June a change of nursing hours was put into effect and has worked satisfactorily. The new routine allows us to provide the patients with better services—greater time between meals, longer periods in the recreational courts, etc.—and also appears to be popular with the staff.

The Maintenance and Repair Department was active throughout the year, the main project being the tearing down of the old and the erection of a new airing-court. This project became too heavy for the patients and maintenance crew to handle and was finally handed over to a contracting firm. A new ceiling was built on the West Ward, and this has aided greatly in helping keep the ward at a proper temperature. During the summer months a new fire-escape was erected on recommendation of the Fire Marshal.

There were comparatively few changes in staff personnel (*see* attached report by P. T. McLeod). For a time we had difficulty having various promotions made permanent, but this has now been straightened out and things are running quite smoothly.

At the beginning of the year our patient-count was 291 and at the end of the year 283. There occurred the occasional sporadic illnesses, some of minor nature, others more serious, but there were no epidemics of any nature, and the health of the patients on the whole was good. Dr. G. Hall continued to make weekly visits and prescribed for any ailing. The Tuberculosis Clinic in Victoria has been most co-operative in checking and rechecking any patients whose annual chest film showed a suspicious lesion. There are no patients here at the present time who show definite active lesions.

Our dental equipment has proven quite inadequate, and the visiting dentist, Dr. T. W. James, feels it is impossible to give satisfactory services. We are most anxious for the new equipment to arrive.

Throughout the year the training-school classes went ahead according to schedule, and benefit of the classes can be seen in the improved work of those taking the course.

We were fortunate in having a number of good concert parties visit during the year to entertain the patients. Each concert was well attended and much appreciated. The recreational activities have been gradually increased under the leadership of Mr. Lowndes, and now include tennis, volley ball, badminton, as well as indoor games such as bridge, cribbage, bingo, checkers, etc. Twice weekly, also, we have moving-picture shows. The majority are a good type and eagerly looked forward to by the patients.

The spiritual side has not been neglected, and various denominations visit the institution regularly to hold service.

Enclosed herewith are separate reports, and in more detail, from the different departments.

Respectfully submitted.

L. G. C. D'EASUM, M.B.,
Medical Superintendent.

Main building, Provincial Mental Home, Colquitz.

DEPARTMENT OF OCCUPATIONAL THERAPY

Dr. L. G. C. d'Easum,
Medical Superintendent, Provincial Mental Home,
Colquitz, B.C.

SIR,—During the year April 1st, 1950, to March 31st, 1951, the Occupational Therapy Department had an average of seventeen patients occupied daily. Two of these patients were occupied at cabinetwork, which was their trade before being committed to hospital, but who, nevertheless, needed supervision. Other patients received instruction in art metalwork, glove-making, shellwork, weaving, plastics, leatherwork, and woodwork. From time to time some of these patients were occupied at maintenance work and industrial therapy.

Articles made by the patients were either taken by the patients themselves after paying for cost of materials used or disposed of by sale. By this system we eliminate the necessity of the institution paying out large sums for materials, as we buy materials as needed and pay cash for them.

During the year there were two Assistant Instructors of Trades and Maintenance-men and one utility man, besides myself, employed in the Occupational Therapy Department. The utility man's duties were to paint, redecorate, wash windows, and do odd jobs around the institution under my supervision.

The Occupational Therapy Shop is kept open until 9 p.m. during week nights, and my two assistants alternate shifts so that one of them is on duty from 5 to 9 p.m. The patients that are out in the shop at this time spend their time reading, playing some musical instrument, or working at their own particular craft, and they enjoy very much the opportunity of getting off the wards for this period. This system has been very satisfactory, too.

In addition to instructing and supervising patients in the shop, the Occupational Therapy Department does the maintenance work of all the buildings, erects new buildings, and repairs and makes new furniture.

Respectfully submitted.

H. HELANDER,
Instructor of Trades and Maintenance-man.

TAILOR AND SHOE SHOPS

Dr. L. G. C. d'Easum,
Medical Superintendent, Provincial Mental Home,
Colquitz, B.C.

SIR,—Following is a résumé of activities in the Tailor and Shoe Shops for the year April 1st, 1950, to March 31st, 1951. During the year four patients were employed in the Tailor-shop and one in the Shoe-shop.

Tailor-shop.—Garments repaired as per ward repair lists, 6,830.

Shoe-shop.—Shoes repaired and maintained as required.

Both shops are in good condition now as far as machines, etc., are concerned, and only minor tools will be required from now on. I might add, however, that the lighting in the shop is very poor, especially for close work at the sewing-machines.

Respectfully submitted.

G. CAMPBELL,
Foreman, Tailor-shop.

DEPARTMENT OF RECREATIONAL THERAPY

Dr. L. G. C. d'Easum,
Medical Superintendent, Provincial Mental Home,
Colquitz, B.C.

SIR,—Recreational activities at this institution from April, 1950, to March, 1951, included bridge games, chess, cribbage, volley-ball, paddle-tennis, table-tennis, bingo parties, lawn-tennis, lawn-bowls, badminton, and croquet, and in detail were arranged as follows:—

During April bridge games were enjoyed each Thursday evening by an average of sixteen patients per night. Small prizes, such as tobacco, pipes, candy, etc., are given for the high and low scores.

May saw an expansion to include walking parties, catch and volley ball, the airing-court being used for the latter activity. Chess was also encouraged by a tournament between the wards.

In June, after years of inactivity, the outside tennis-courts were put to use. Badminton was also played outdoors but was found to be not too successful outside because of wind. However, the tennis-court was used a great deal, with patient and staff participation excellent. Walking parties were also a feature when staff was available.

The tennis enthusiasm was maintained during July and, in addition, the miniature golf-course was the preference of certain patients.

August and September were similar, but included a swimming party which was much enjoyed by the participants.

In October the main dining-room was readied and used for volley-ball, badminton, and paddle-tennis, and all wards were supplied with cribbage boards, checker and chess sets.

In November we initiated bingo parties, with the greatest number of patients yet to participate in organized recreation present. Table-tennis, bridge, and chess were also enjoyed at the evening sessions on the West Ward.

In addition to a continuation of the aforementioned activities, an excellent concert by the Eagles concert party was a highlight of December.

January, February, and March maintained the previous schedule, and with the advent of spring it was possible to reintroduce walking parties.

In summary, we devote Thursday evenings to an organized type of recreation, the weather being the deciding factor. The bingo games held once a month are avidly awaited by most patients. For prizes we give candy, cookies, tobacco, papers, pipes, and jam—all articles which can be obtained from the stores. The balance of indoor activity is chess, bridge, badminton, and volley-ball. The number of patients participating fluctuates a little, according to the staff interest and participation.

In addition to the regular Thursday evening periods, I devote to recreation the time available from the teaching schedule, which averages about two days per month as well as two or three afternoons occasionally during the month. Equipment is checked and readied for use, the courts are checked and even marked and maintained personally, if necessary. A football has been provided for the airing-court and is in constant use, as are the softballs and softball gloves.

For the amount of outlay, I am of the opinion that the recreational activities are paying big dividends. The staff-patient relationship being developed is remarkable and, with more supplies and determined effort on the part of all ward staff, could show an even more marked improvement. The number and type of patients we have here restrict our activities somewhat, but the response so far has been gratifying, and I see no reason why gradual expansion and interest cannot be expected when our new court is completed.

Respectfully submitted.

J. LOWNDES.

DENTAL REPORT

Dr. L. G. C. d'Easum,
Medical Superintendent, Provincial Mental Home,
Colquitz, B.C.

SIR,—Please find summary of the dental work completed for the patients at the Colquitz Mental Hospital from April 1st, 1950, to March 31st, 1951.

It has become impossible to do difficult extracting or fillings at the Hospital due to the lack of supplies and equipment. We have been forced to do these operations in our office of late. This is very unsatisfactory from our point of view. I am looking forward to the arrival of supplies ordered earlier this year.

Work at the office consisted of seven dentures, four extractions, and six repairs.

At the Mental Hospital, in eleven half-day visits, there were sixty-two extractions and fifteen fillings completed.

Respectfully submitted.

T. W. JAMES, D.D.S.

DEPARTMENT OF NURSING SERVICE

Dr. L. G. C. d'Easum,
Medical Superintendent, Provincial Mental Home,
Colquitz, B.C.

SIR,—There are 299 beds at the Provincial Mental Home, Colquitz, which provide accommodation for 292 resident patients, 6 hospital beds, and 1 spare room for emergency purposes.

After almost two months of negotiations with the nursing staff, the following hours of duty went into effect on June 1st, 1950: Morning shift (fourteen nurses), 7 a.m. to 3 p.m.; afternoon shift (six nurses), 3 to 11 p.m. and (eight nurses) 1.10 to 9.10 p.m.; night shift (seven nurses), 11 p.m. to 7 a.m.

The group of eight student nurses on the afternoon shift who report for duty at 1.10 p.m. attend classes of instruction between the hours of 1.10 and 3 p.m. This schedule permits them to do so without sacrifice of ward coverage and also provides extra staff during the week-ends and on public holidays when they are needed most, thus permitting a greater number of patients to visit with their friends and engage in recreational activities under supervision on the lawns. This schedule also allows us to have our night posts covered by 9.10 p.m., as all surplus staff are relieved from duty by that time and the whole institution has quieted down.

With the exception of two patients who are handed over for outside work on the farm at 5 a.m. and seven who are handed over for kitchen work at 5.30 a.m., the patients' day commences at 7 a.m., when they rise, and their day terminates at 9 p.m.—bed-time for all patients. Previously the patients' day commenced at 6.15 a.m. Meal-times for patients in the ward dining-rooms are as follows: Breakfast, 7.20 to 7.50 a.m.; dinner, 12 noon to 12.30 p.m.; supper, 5 to 5.30 p.m.

During the year 1950–51, we had a daily average of thirty-five patients on parole in the grounds, with a daily average of approximately ninety engaged in some form of useful occupation in the various departments, together with approximately fifty engaged in ward routine activities.

The recreation-courts were in use from April 18th, 1950, to October 2nd, 1950, and, when weather permitted, the patients were out from 1 to 4 p.m. and 6.30 to 8.30 p.m. daily.

Bi-weekly picture shows were held in the main dining-room, the average attendance being 135. Service clubs, including the Fraternal Order of Eagles, from Victoria who entertained the patients during the Christmas season, provided entertainment on several occasions during the winter months.

The Salvation Army held service in the morning on the first and third Sunday of each month, and on several occasions brought their band along with them. They also provided Christmas packages, which they handed to each patient personally. The Church of England minister held service in the afternoons on the second and fourth Sunday of each month. Roman Catholic patients were visited, and mass was held by the priest during each month.

The Red Cross Society, the Britannia Branch of the Canadian Legion, and the Women's Auxiliary to the Britannia Branch provided comforts for returned service patients monthly. Other organizations also supplied comforts at times.

During the year April 1st, 1950, to March 31st, 1951, five members of the nursing staff left the service for the following reasons: Two retired on superannuation, one resigned to go to Scotland, one resigned because unsuited to this type of work, and one died.

Respectfully submitted.

P. T. McLeod,
Chief Psychiatric Nurse.

TRAINING-SCHOOL

Dr. L. G. C. d'Easum,
Medical Superintendent, Provincial Mental Home,
Colquitz, B.C.

Sir,—April, 1950, saw Class C with five students receiving second-year classes and Class B receiving first-year instruction. Due to the limited number of staff able to leave the wards at any one time, Class B with twelve students was split up into three groups of four each, which necessitated each lecture being repeated three times. Lecture periods at this time were 9.45 to 10.45 a.m., 1.10 to 2.10 p.m., and 3.10 to 4.10 p.m., daily except Saturday, when ward routine does not allow morning lectures.

From April 17th to 22nd I accompanied R. Sim on a week's tour of the Essondale and New Westminster institutions. Mr. Sim was awarded a general proficiency medal at the graduation ceremony held in New Westminster during our stay.

May was a continuation of the preceding month, finishing the term for these two classes in their respective year's instruction. All students were successful in passing their examinations.

In June lectures were resumed for Class A in their second year and Class D began their first year. A change of ward routine and shift hours made it possible to now take eight students at one time. This obviated the necessity of repeating the same lecture to several groups from one class.

July was a continuation, examinations being held as subjects were finished, which policy has worked well since its inception. During August lectures were suspended, as my annual vacation period was from July 31st to August 20th, inclusive.

The months of September, October, and November were devoted to classroom instruction, finishing the second year for Class A and the first year for Class D.

From December 1st to 15th postgraduate lectures were given to all nurses in receipt of certification. Each lecture was repeated twice to permit all to attend. These lectures were very well received, the night staff attending on their own time. An attempt will be made to repeat whenever the opportunity can be made.

After December 15th classes again resumed for Class C in their third and final year and for Class B in their second year. Because there were still eleven members in Class B, we had to make two groups and repeat lectures again. This group was reduced by the resignation of Mr. Paul.

These classes continued through January, February, and March, 1951, at which time Class C was almost ready for graduation and Class B was over half-way through the term. Class B then numbered nine, being depleted by the death of Mr. Tuttle and the resignation of J. Armitage. Lecture periods this term were 1.10 to 2 p.m., 2.10 to 3 p.m., and 3.10 to 4 p.m.

A total of 434 hours was devoted to academic lectures, examinations, and general discussion periods during the twelve-month period. The majority of the students are very attentive, and I believe the results of the training programme are beginning to be felt on the ward level.

Emanating from the discussion periods, I feel that a programme of staff conferences in respect to patients' case-histories and possibility of treatment would do much to maintain and arouse further interest.

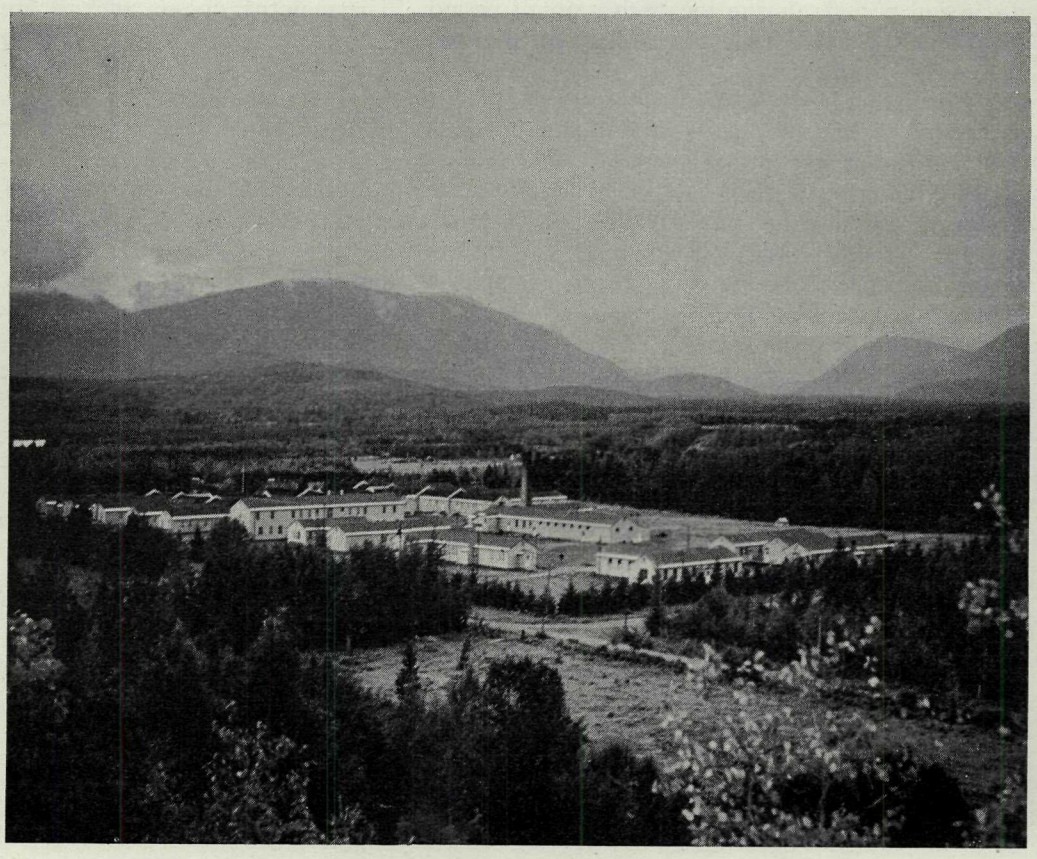
In conjunction with the lecture periods, I spend considerable time on the wards observing attitudes and the carrying-out of procedures taught in classes. Whenever possible, we use physical illness to demonstrate bedside technique; hypodermic injections, dressings, and nasal gavage are examples of the direct method of instruction, which, of course, is limited in scope due to our small size.

The possible number of students (sixteen) who will have completed their three-year course before next graduation time will make it impossible for all to attend the ceremonies. In this regard, I am still of the opinion that one student should be chosen from those graduating to represent the class. The selection should be based on several factors—namely, class record, demonstrated ability, and proficiency—and could be picked by a panel of the Superintendent, the Chief Nurse, and the Instructor, the winning student to have at least two weeks at Essondale and Woodlands coinciding with graduation time.

If possible, I feel an interchange of staff between Colquitz and the main institution, starting from the Chief Nurse, would broaden the understanding of our nursing staff considerably. I find, while instructing, that the staff members here are inclined to judge my remarks by conditions as they exist here, which, it must be admitted, are a far cry from those at an active-treatment centre with all diagnostic facilities available.

Respectfully submitted.

J. LOWNDES,
Instructor.



Home for the Aged, Terrace.

REPORTS OF HOMES FOR THE AGED, PORT COQUITLAM, VERNON, AND TERRACE

REPORT OF SUPERINTENDENT

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—I have the honour to submit herewith the fifteenth annual report covering the Homes for the Aged, Port Coquitlam, Vernon, and Terrace, for the fiscal year ended March 31st, 1951.

The general health of the patients in these Homes has been well maintained throughout the year, there being only one period when influenza reached almost epidemic proportions in the three Homes during February and March. Most of these cases responded satisfactorily to treatment.

There continues to be a great demand for the service provided by this branch of the Mental Health Services. We have been able this year to admit all the aged psychotic men requiring this type of care. We have not, however, been able to keep up with the demand for the admission of aged psychotic women.

Admissions to the Home for the Aged, Port Coquitlam, show 104 men and 43 women patients, making a total of 147. At Vernon, 12 men and 7 women, making a total of 19 patients, were admitted locally from the surrounding district. On November 23rd a further 6 men and 5 women were transferred to the Vernon Home from Port Coquitlam.

During the year the remodelling of the military H-type hospital at Terrace was continuing. In August Mr. Skillicorn, our Supervisor of this Home, with a portion of the staff, arrived at Terrace as an advance party and completed arrangements prior to the arrival of the men patients. On October 3rd a special C.N.R. train was made up in Vancouver. This contained 130 men patients discharged from Essondale and a further 23 men patients transferred from the Port Coquitlam Home. Dr. E. J. Ryan, Senior Medical Superintendent, and Dr. T. G. Caunt, Superintendent, Homes for the Aged, were in charge of this train, with 23 other male staff members. The train arrived on the morning of October 5th, with all patients in excellent health. The Home was in good condition, warm, and dining arrangements were ready on our arrival. A few days later one man was admitted directly to the Terrace Home from the local area.

The total count for the three Homes at the end of the fiscal year was 756—434 men and 322 women patients.

During the year there were eleven discharges in full—six men, one of them being repatriated to England and one to Norway. The other men and five women were rehabilitated to their own homes or with friends.

There were 118 men and 41 women deaths. It is to be noted that there are more deaths among the men than among the women patients.

At the Port Coquitlam Home the Department of Public Works has kept the buildings in good condition, renewing and repairing as required; the Nurses' Home and the offices have been repainted. The new 100-bed women's unit is progressing satisfactorily. All the concrete for the two floors has been poured. More accommodation for nurses will be required when this unit is completed. During March, due to the unusual deep snow, transportation about the grounds was a problem. The Public Works Department was very helpful in keeping the roads open.

The Vernon Home is functioning very satisfactorily under Dr. A. G. MacKinnon and Miss E. C. Clark, R.N. I visited the Vernon Home on August 19th, at the time of

the visit of the Honourable Mr. Turnbull. The most pressing problem at Vernon is the necessity for further accommodation for nurses.

All departments at the Terrace Home for the Aged have functioned satisfactorily under W. E. Skillicorn, Supervisor. Patients are very well cared for medically by Dr. G. May, of Terrace, who makes periodic visits and is called at any time when required. There is also a registered nurse on our Terrace staff to assist him. Due to the isolated location of this Home, large stocks of food, clothing, coal, and other supplies were kept on hand in case of emergency. The Public Works Department was most co-operative and helpful in keeping the roads open during the winter-time.

The greatest problem in Terrace is maintaining an adequate attending staff and providing them with accommodation. There have been several resignations due to higher wages offered locally.

The problem of caring for the psychotic aged is becoming a greater one each year owing to the vast increase of aged persons within the Province, partly due to their longer life expectancy, advances in medicine, aged people retiring to this Province, changes in social attitudes toward the care of the aged at home, difficulties in housing, and economic reasons. It would appear that the demand for accommodation will greatly increase as time goes on. This will be especially noticeable in the case of elderly women.

A detailed report of movements of population follows.

I would like to take this opportunity to express my appreciation of the co-operation and faithful efforts of all our staff, without whose assistance this care would not be possible.

Respectfully submitted.

T. G. CAUNT, M.D.,
Superintendent, Homes for the Aged.

TABLES ON MOVEMENT OF POPULATION

TABLE NO. 1.—MOVEMENT OF PATIENT POPULATION, PROVINCIAL HOMES FOR THE AGED, PORT COQUITLAM, VERNON, AND TERRACE, APRIL 1ST, 1950, TO MARCH 31ST, 1951

	Male	Female	Total	Total		
				Male	Female	Total
In residence, Port Coquitlam, March 31st, 1950	168	223	391			
In residence, Vernon, March 31st, 1950	143	95	238			
				311	318	629
Admissions to Port Coquitlam, Vernon, Terrace	248	50	298			
				248	50	298
Total under treatment, 1950–51				559	368	927
Total in residence, Port Coquitlam, March 31st, 1951	156	229	385			
Total in residence, Vernon, March 31st, 1951	128	93	221			
Total in residence, Terrace, March 31st, 1951	150	.....	150			
Grand total in residence, Port Coquitlam, Vernon, and Terrace, March 31st, 1951				434	322	756

TABLE NO. 2.—MOVEMENT OF PATIENT POPULATION, HOME FOR THE AGED, PORT COQUITLAM, APRIL 1ST, 1950, TO MARCH 31ST, 1951

	Male	Female	Total	Total		
				Male	Female	Total
In residence, Port Coquitlam, March 31st, 1950	168	223	391			
Admissions, Port Coquitlam	104	43	147			
Transferred from Vernon	-----	1	1			
				272	267	539
Separations, 1950–51—						
Discharges	6	4	10			
Transferred to Vernon	6	5	11			
Transferred to Terrace	23	-----	23			
Deaths	81	29	110			
				116	38	154
Total in residence, Port Coquitlam, March 31st, 1951	-----	-----	-----	156	229	385

TABLE NO. 3.—MOVEMENT OF PATIENT POPULATION, HOME FOR THE AGED, VERNON, APRIL 1ST, 1950, TO MARCH 31ST, 1951

	Male	Female	Total	Total		
				Male	Female	Total
In residence, Vernon, March 31st, 1950	143	95	238			
Admissions, Vernon	12	7	19			
Transferred from Port Coquitlam	6	5	11			
				161	107	268
Separations, 1950–51—						
Discharges	-----	1	1			
Transferred to Port Coquitlam	-----	1	1			
Deaths	33	12	45			
				33	14	47
Total in residence, Vernon, March 31st, 1951	-----	-----	-----	128	93	221

TABLE NO. 4.—MOVEMENT OF PATIENT POPULATION, HOME FOR THE AGED, TERRACE, APRIL 1ST, 1950, TO MARCH 31ST, 1951

	Male	Female	Total	Total		
				Male	Female	Total
In residence, Terrace, March 31st, 1950	-----	-----	-----			
Admissions, Terrace, October 5th, 1950	131	-----	131			
Transferred from Port Coquitlam, October 5th, 1950	23	-----	23			
				154	-----	154
Separations, 1950–51—Deaths	4	-----	4			
				4	-----	4
Total in residence, Terrace, March 31st, 1951	-----	-----	-----	150	-----	150

REPORTS OF CHILD GUIDANCE CLINICS

REPORT OF DIRECTOR

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—Attached herewith are consolidated summaries of the work done in the Child Guidance Clinics throughout the Province from April 1st, 1950, to March 31st, 1951.

These tables are based on the complete examination or re-examination of each case. Partial examinations are shown in the reports of psychiatric interviews, psychological examinations, etc.

Table No. 1 is a summary of the general activities of the Clinics. It shows a significant increase in the various activities compared to the previous year. A clinic was held for the first time in Quesnel. All other places listed have been visited on previous occasions.

Table No. 2 is self-explanatory. There has been a marked increase in the number of new cases seen, with a decrease in the number of repeat cases. The total number seen exceeds the previous year by forty-three.

Table No. 3 reveals an interesting and anticipated trend in the source of cases. Cases from social agencies no longer make up the greatest proportion. They have been replaced by referrals from medical and health agencies, schools, and professional and private referrals. This trend throws a greater burden on the staff of the Clinic.

Table No. 4 is for purposes of record and comparison with clinics elsewhere. Apart from the problems related to adoptions, it does not reveal any significant alterations in trends, but shows clearly the presenting symptom that caused referral. The increase in number of cases of cerebral palsy may be explained by the fact that the Clinic examines and assesses these cases for the Children's Hospital and the Western Society for Physical Rehabilitation.

Table No. 5, an analysis of age-groups and intelligence, again shows that the majority of cases seen at the Clinics are in the pre-adolescent age-group, with average or better than average intelligence. These children are pliable and prone to be affected by external influences. It follows from this that the majority of cases seen should be amenable to appropriate treatment.

Table No. 6, a summary of the work of the Psychological Department in the Clinics, reveals trends in psychological testing and treatment. The marked increase in reading tuition is worthy of note.

There have been several outstanding developments during the fiscal year. These include the appointment of a member of the medical staff of the Hospital Service to the Child Guidance Clinic staff for training and orientation in child-guidance techniques, the establishment of group therapy under psychiatric supervision at the Provincial Industrial Schools, the establishment of regular out-patient clinics at the Children's Hospital, and the ready availability of electroencephalographic examination through the Crease Clinic.

The Child Guidance Clinic's paramount function is its contribution to the total mental-health needs of the community. It is both a social and health agency and therefore occupies a unique mediative and co-ordinative role in furthering the concept of integrated community activity in behalf of the welfare of the individual.

There is a relentless pressure for the individual treatment of more and more cases. While this is one of our primary aims, it is not our only aim. It would lead to disregard of community education for prevention and of the use of re-referral treatment resources within the community. As our present staff cannot cope with the pressure of needed

individual treatments by individually directed efforts as therapists, we must allot adequate time to mental-health education through the professional and non-professional channels open to us. This involves an expansion of our training programme, which is contingent upon the provision of adequate facilities. The education of non-professional groups in the principles and practices of mental hygiene is being facilitated by an increasingly adequate film library.

While the Clinic appreciates its role in the treatment of the individual case and in the demands for training of personnel, it feels that its paramount function is its contribution to the total mental-health needs of the community. At the present time two of the most obvious gaps in resources are the lack of an observation and treatment centre for emotionally disturbed children and adequate provision for adult psychiatric out-patient service with accompanying day-ward care.

TABLE NO. 1.—SUMMARY OF CLINICS' ACTIVITY, APRIL 1ST, 1950, TO MARCH 31ST, 1951

	Vancouver	Abbotsford	Alberni	Chilliwack	Courtenay	Cranbrook	Creston	Duncan	Grand Forks	Kamloops	Mission	Nanaimo	Nelson	Penticton	Prince George	Prince Rupert	Quesnel	Salmon Arm	Trail	Vernon	Victoria	Total
Number of clinics held	264	2	1	2	2	5	2	1	1	1	1	8	5	4	5	2	1	3	2	2	23	337
Physicals	654	7	3	8	8	11	8	3	4	5	4	23	16	17	19	7	3	12	8	9	76	905
Urinalysis	559	8	3	3	7	6	5	.....	6	3	3	19	7	7	17	5	2	12	6	2	22	702
Playroom observations	262	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	262
Case conferences	692	12	3	8	12	11	8	3	8	5	4	27	16	17	19	7	3	12	15	8	79	969
Consulting conferences	293	3	.....	.....	1	7	1	3	1	.....	1	14	12	10	2	1	.....	6	6	3	6	370
Psychiatric interviews	1,404	23	8	15	21	21	15	5	18	10	8	51	35	35	30	14	7	34	31	14	141	1,940

TABLE NO. 2.—NUMBER, SEX, AND STATUS OF ALL CASES EXAMINED AT CHILD GUIDANCE CLINIC, APRIL 1ST, 1950, TO MARCH 31ST, 1951

	Vancouver	Abbotsford	Alberni	Chilliwack	Courtenay	Cranbrook	Creston	Duncan	Grand Forks	Kamloops	Mission	Nanaimo	Nelson	Penticton	Prince George	Prince Rupert	Quesnel	Salmon Arm	Trail	Vernon	Victoria	Total
New cases	619	11	3	6	10	11	7	3	6	4	4	21	14	16	16	6	3	11	14	8	64	857
Males—																						
Adults	62	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	1	.....	1	66
Children	335	5	1	5	5	7	5	1	5	3	3	15	9	7	11	2	1	6	7	6	35	474
Females—																						
Adults	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	2	12
Children	213	6	2	1	5	4	2	2	1	1	1	5	5	8	5	4	2	4	6	2	26	305
Repeat cases	165	1	.....	2	2	.....	1	.....	2	1	.....	7	2	1	3	1	.....	5	2	1	19	215
Males—																						
Adults	21	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	23
Children	101	.....	.....	2	2	.....	1	.....	1	1	.....	6	1	1	2	1	.....	5	1	.....	6	131
Females—																						
Adults	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1	4
Children	41	1	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1	.....	1	.....	.....	.....	.....	1	10	57
Total cases	784	12	3	8	12	11	8	3	8	5	4	28	16	17	19	7	3	16	16	9	83	1,072

TABLE NO. 3.—SOURCES OF ALL CASES REFERRED TO CHILD GUIDANCE CLINIC, APRIL 1ST, 1950, TO MARCH 31ST, 1951

Agency or Source	Number of Cases	Total	Percentage Distribution
1. Social agencies	-----	518	48.32
Social Welfare Branch	226		
Children's Aid Society	224		
Catholic Children's Aid Society	37		
Family Welfare and Children's Aid Society	16		
Family Welfare Bureau	8		
City Social Service Department, Vancouver	5		
City Welfare Office, Victoria	2		
2. Institutions	-----	4	0.37
Fairbridge Farm School	2		
Young Offenders' Unit (Closed Borstal)	2		
3. Medical and health agencies	-----	123	11.47
Health Branch	58		
Children's Hospital	29		
School for Spastics at Rehabilitation Centre	20		
Provincial Mental Hospital	3		
Tuberculosis Division, Social Service Department	3		
Mental Health Clinic, Vancouver	3		
Child Health Centre	2		
Crease Clinic	1		
Shaughnessy Hospital	1		
Royal Columbian Hospital	1		
V.D. Clinic	1		
Indian Health Services	1		
4. Schools	-----	138	12.87
Public—			
Principals and teachers	12		
Mental-health co-ordinator	9		
School counsellor	1		
Other—			
Boys' Industrial School	85		
Girls' Industrial School	23		
School for the Deaf and the Blind	4		
Kindergarten and nursery schools	4		
5. Juvenile Court	64	70	6.53
Provincial Probation Officer	6		
6. Adult Court	-----	78	7.28
Adult Probation Officer	4		
Borstal	74		
7. Private physicians	61	61	5.69
8. Parents, relatives, friends, self	69	69	6.44
9. Other	-----	11	1.03
Social worker	4		
Speech therapist	5		
Community Chest organization	1		
University Extension Department	1		
Totals	-----	1,072	100.00

TABLE NO. 4.—PROBLEMS AND DISORDERS PRESENTED BY THE NEW CASES GIVEN FULL EXAMINATION BY CHILD GUIDANCE CLINIC, APRIL 1ST, 1950, TO MARCH 31ST, 1951

	Children		Adults		Total
	M.	F.	M.	F.	
1. Primary behaviour disorders—					
(*a*) Habit disorders—					
Nail-biting	----	----	----	----	----
Thumb-sucking	----	----	----	----	----
Enuresis	13	3	----	----	16
Masturbation	----	----	----	----	----
Tantrums	6	4	----	----	10
Soiling	4	----	----	----	4
Feeding	----	----	----	----	----
Other	----	----	----	----	----
(*b*) Personality disorders—					
Seclusive states	3	6	----	----	9
Depressed states	----	1	----	1	2
Day-dreaming	2	1	----	----	3
Excessive introspection	----	----	----	----	----
Sensitiveness	2	1	----	----	3
Phantasy	2	2	----	----	4
Aggressiveness	10	4	----	----	14
Feeling of inadequacy	6	1	----	----	7
Negativism	2	----	----	----	2
Other	4	1	----	----	5
(*c*) Neurotic disorders—					
Tics, habit spasms	----	2	----	----	2
Sleep-walking	----	----	----	----	----
Stammering	4	----	----	----	4
Overactivity	2	3	----	----	5
Fears	2	5	----	----	7
Nightmares	3	3	----	----	6
Nervousness	5	6	----	----	11
Anxiety	10	8	1	----	19
Other	1	----	----	----	1
(*d*) Conduct disorders—					
Truancy	6	----	----	----	6
Fighting and quarrelling	5	----	1	----	6
Stealing	71	14	11	2	98
Destruction of property	2	1	----	----	3
Use of alcohol	1	1	----	1	3
Cruelty	----	----	----	----	----
Disobedience	8	15	----	1	24
Setting fires	2	----	----	----	2
Untruthfulness	3	----	----	----	3
Sex offences	9	7	1	2	19
Vagrancy	----	2	----	----	2
Running away	6	11	1	----	18
Staying out late	1	3	----	2	6
Breaking and entering	5	----	----	----	5
Bullying	----	----	----	----	----
Assault	----	----	----	----	----
Other	----	----	----	----	----
2. Psychotic and prepsychotic—					
Manic depressive	----	----	----	----	----
Schizophrenic	----	----	2	----	2
With juvenile general paresis	----	----	----	----	----
With epidemic encephalitis	----	----	----	----	----
Undifferentiated	----	----	3	----	3
Other	----	----	----	----	----
3. Psychoneurosis and neurosis—					
Hysterical type	----	----	----	----	----
Psychasthenic type	----	----	1	----	1
Anxiety type	----	1	----	----	1
Other	----	----	----	----	----
4. Convulsive disorders—					
Epilepsy	1	3	----	----	4
Other	2	1	----	----	3
5. Psychopathic personality	----	----	1	----	1
6. Educational disability—					
(*a*) Associated with dull normal or border-line intelligence	16	6	1	----	23
(*b*) Special mental disability—					
Writing	----	----	----	----	----
Reading	17	1	----	----	18
Arithmetic	----	----	----	----	----
Other	----	----	----	----	----
(*c*) Social adjustment	5	1	----	----	6

TABLE NO. 4.—PROBLEMS AND DISORDERS PRESENTED BY THE NEW CASES GIVEN FULL EXAMINATION BY CHILD GUIDANCE CLINIC, APRIL 1ST, 1950, TO MARCH 31ST, 1951—*Continued*

	Children		Adults		Total
	M.	F.	M.	F.	
7. Behaviour disorder associated with somatic disorder—					
(*a*) Habit disorder	2	-----	-----	-----	2
(*b*) Personality disorder	3	3	1	-----	7
(*c*) Neurotic disorder	1	-----	-----	-----	1
(*d*) Conduct disorder	2	-----	-----	-----	2
8. Mental deficiencies—					
(*a*) Familial	1	-----	-----	-----	1
(*b*) Mongolism	2	1	-----	-----	3
(*c*) With developmental cranial anomalies	2	-----	-----	-----	2
(*d*) With congenital spastics	12	11	-----	1	24
(*e*) Post-infectional	1	-----	-----	-----	1
(*f*) Post-traumatic	1	-----	-----	-----	1
(*g*) With epilepsy	2	1	-----	2	5
(*h*) With endocrine disorders	2	2	-----	-----	4
(*i*) With other organic nervous disorders	2	1	-----	-----	3
(*j*) Undifferentiated	37	23	2	2	64
(*k*) Other forms	-----	-----	-----	-----	-----
9. Mental retardation	3	1	-----	1	5
10. No ascertained mental deviation—					
(*a*) Problem of physical health and development	4	1	2	-----	7
(*b*) Spastics	7	8	-----	1	16
(*c*) Speech problems	9	2	-----	-----	11
(*d*) Sight problems	1	-----	-----	-----	1
(*e*) Hearing problems	5	2	-----	-----	7
(*f*) Social problems	-----	-----	-----	-----	-----
(1) Placement	20	18	-----	-----	38
(2) Adoption	82	85	-----	-----	167
(3) Unmarried mother	-----	1	-----	7	8
(4) Married mother	-----	-----	-----	2	2
(5) Other	-----	-----	-----	-----	-----
(*g*) Unascertained	-----	-----	-----	-----	-----
(*h*) Normal personality	8	7	-----	-----	15
11. Vocational guidance	3	2	5	3	13
12. Borstal	4	-----	41	-----	45
Totals	457	287	74	28	846

TABLE NO. 5.—CHART COMPARING AGES WITH INTELLIGENCE QUOTIENTS OF ALL NEW CASES SEEN AT CHILD GUIDANCE CLINIC FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951.

Males

Intelligence Quotient	Age in Years									
	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	Total
0–19	2	-----	-----	-----	-----	-----	-----	-----	-----	2
20–49	9	6	3	-----	-----	-----	-----	-----	-----	18
50–69	8	27	10	13	2	2	-----	-----	-----	62
70–79	6	9	12	4	1	-----	-----	-----	1	33
80–89	14	20	28	20	2	1	1	-----	-----	86
90–99	25	19	41	30	4	-----	-----	-----	1	120
100–109	25	22	24	26	3	-----	1	-----	-----	101
110–129	28	16	14	20	5	-----	-----	1	-----	84
130–139	4	4	1	-----	1	-----	-----	-----	-----	10
140+	2	1	2	-----	-----	-----	-----	-----	-----	5
Totals	123	124	135	113	18	3	2	1	2	521

Females

0–19	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
20–49	3	6	2	4	-----	-----	-----	-----	-----	15
50–69	6	16	7	6	1	-----	-----	-----	-----	36
70–79	5	13	7	9	1	-----	-----	-----	-----	35
80–89	12	12	7	3	-----	-----	-----	-----	-----	34
90–99	15	14	9	14	1	1	-----	1	-----	55
100–109	26	8	12	7	-----	-----	-----	-----	-----	53
110–129	40	16	6	12	-----	1	-----	-----	-----	75
130–139	2	1	3	1	-----	-----	-----	-----	-----	7
140+	1	-----	1	-----	-----	-----	-----	-----	-----	2
Totals	110	86	54	56	3	2	-----	1	-----	312

TABLE NO. 6.—CHILD GUIDANCE CLINIC, PSYCHOLOGISTS' ANNUAL REPORT, 1950–51

Test	Vancouver	Borstal (Oakalla)	New Haven	Children's Hospital	Abbotsford	Alberni	Chilliwack	Courtenay	Cranbrook	Creston	Duncan	Grand Forks	Kamloops	Mission	Nanaimo	Nelson	Penticton	Prince George	Prince Rupert	Quesnel	Salmon Arm	Trail	Vernon	Victoria	Total
Stanford Binet	403	—	—	3	6	3	7	11	10	8	3	6	5	2	25	11	16	16	7	3	14	11	6	66	642
Wechsler-Bellevue (adult)	182	69	1	—	—	—	1	1	1	—	—	—	—	2	2	3	2	3	—	—	4	2	—	16	289
Wechsler-Bellevue (children)	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	15
Cattell Infant Intelligence	55	—	—	—	3	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	3	—	—	62
Nebraska Deaf Test	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Porteous Maze	4	—	—	—	2	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	9
Goodenough Intelligence	8	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—	1	—	—	—	—	12
Progressive Matrices	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Bernreuter Personality	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Bell Adjustment Inventory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
California Personality	56	—	—	2	—	—	1	2	3	3	—	7	2	2	4	3	1	5	5	2	4	3	1	9	115
Despertes Fables	20	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	23
Draw-A-Person	288	37	2	2	2	—	3	1	2	1	1	5	—	—	8	7	7	10	—	—	2	5	2	21	396
Mental Health Analysis	168	—	30	—	—	—	1	3	2	—	—	—	4	1	5	—	3	1	2	—	2	—	—	9	231
Minnesota Multiphasic	6	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12
P-S Experience Blank	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2
Shipley Hartford	5	15	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	24
Krout Symbol Elaboration	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	30
Rapport Word Association	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Thematic Apperception Test	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25
Rorschach	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	13
Stein Sentence Competition	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Detroit Reading	15	—	—	—	—	—	—	1	3	2	—	—	—	—	—	1	—	2	3	—	3	—	—	1	31
Diagnostic Reading	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Dominion Reading	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
Gray's Oral Reading	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
Haggerty Reading	67	—	—	2	1	—	—	1	1	1	—	1	1	1	1	2	1	4	—	—	1	3	2	14	104
Lee-Clark Reading Readiness	9	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	1	12
Monroe Reading	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Ayres Spelling	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Stanford Arithmetic	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	8
California Occupational Interest	71	18	23	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	2	—	—	7	123
Kuder Preference Record	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	14
Strong Vocational Interest	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Nursing Aptitude Test	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Differential Aptitudes—																									
Numerical Ability	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Verbal Reasoning	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Abstract Reasoning	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Mechanical Reasoning	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Space Relations	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Language Usage	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2

Minnesota Clerical	2	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	2
N.I.I.P. Clerical	6	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	6
Bennett Mechanical	9	---	14	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	23
Minnesota Paper Formboard	1	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	1	2
Bennett Assembly	4	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	4
Crawford Tri-dimensional	6	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	6
Minnesota-rate of Manipulation	1	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	1
Purdue Pegboard	16	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	2	18
Tweezer Dexterity	1	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	1	2
Meier Art Judgment	5	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	5
Ishihara Test for Colour Blindness	5	---	1	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	6
Telebinocular	12	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	12
Special Observation	17½	---	---	---	---	---	---	---	---	---	---	---	---	---	1	1	---	---	---	---	---	---	---	2	[1]21½
Interviews	30	63	29	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	1	123
Reading Tuition	107½	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	[1]107½
Reports Written	737	55	31	3	10	3	8	12	12	8	3	8	5	4	27	16	17	19	7	3	21	16	9	83	1,117
Conferences	918	47	22	3	12	3	8	12	17	8	3	8	5	4	27	32	15	23	8	3	25	18	9	74	1,304

[1] Hours.

Respectfully submitted.

ULTAN P. BYRNE, M.D., D.I.H.,
Director.

SOCIAL SERVICE DEPARTMENT

The fiscal year 1950–51 has been one in which there has been a continuance of the growth in services offered to the public by the psychiatric social workers as a part of the clinical team This increase in services is in response to the demands of the community resulting from growing awareness of the Clinic's work by professional people, parents, and community groups It has been possible because of some increase in staff in the Vancouver Clinic, which at the end of the year had a total of nine social workers. Two social workers were in the Victoria Clinic at that time.

These developments have made it possible to co-ordinate and consolidate our work to a greater degree. There is also evidence of continuing growth in quality of work as time and organization, as well as growing professional skill, have made it possible. The latter is an even more important part of development than increasing number of cases, and it is linked with the growing emphasis placed upon case-work treatment of children and parents over the past few years.

Particularly during the latter part of the year the numbers of parents and children seeking help themselves or being referred by private physicians were so great that some had to wait for service for as much as several months. While such a wait may be unfortunate, it is necessary if standards of work are to be upheld. With highly disturbed children it is particularly important that intensive and well-organized case-work services be available over a period of time, and the effectiveness of treatment is lost if it is spread too thinly. On the whole, people seeking help are able to understand this and, unless the problem is especially urgent, they are able to wait for a period in order that they can be given maximum help.

The expansion of other services of the Clinic has resulted in some changes in the organization of the social-work department. The more extensive use of Travelling Clinics in all the main centres of British Columbia has made it necessary for one social worker to give full time to the work of this team. Also, with an increase in services to the "correction agencies," including the Juvenile Detention Home, Boys' Industrial School, Girls' Industrial School, and the Young Offenders Unit at Oakalla, a psychiatric social worker has been attached to this team almost exclusively, both in the area of giving diagnostic and consultative service and in sharing in treatment of individuals referred by these agencies. The work of the psychiatric social workers has always included participation in diagnostic and consultative services to social agencies who bring children for clinical examination and consult with the team around psychiatric and emotional problems in their case-loads. Considerable thought has been given to the organization of these services by the whole staff in order to make them as effective as possible.

The Group for the Advancement of Psychiatry, outlining the functions of psychiatric social workers in Child Guidance Clinics, placed the interpretive and informative job high on the list of responsibilities. This involves making known the work of the Clinic and Mental Health Services and sharing knowledge and ideas on mental health and social problems with community and professional groups. Our psychiatric social workers have participated in this through such varied activities as speaking to parents groups, taking part in discussions within community organizations, introducing other professional people to the work of the Clinic, writing material for newspaper articles, and participating in training programmes for personnel in other services.

During this year two Master's Degree students of the University of British Columbia School of Social Work took field-work training within the Clinic. This teaching function is not new, as other students have been trained in the Clinic over the years. It is a part of the Clinic's work which takes time and effort, but the students, under careful supervision, also make a real contribution to our services. More important than this is the fact that the student programme is the source of professionally qualified psychia-

tric social workers who will afterwards be available for our own staff as well as for other agency staffs. The quality of our work is dependent upon well-trained workers, and we are, at present, much in need of more qualified psychiatric social workers and supervisors if our present standards of services are to be maintained or increased. Because of the difficulty of finding qualified people, particularly experienced supervisor personnel, some concern is felt about staff positions which are likely to become vacant very soon. It is therefore hoped that the student teaching programme can be expanded in the near future to make available the kind of staff the Clinic and other agencies need now and will always be needing.

The following annual statistics give some indications of the services of the social workers in the Child Guidance Clinic during 1950–51. Cases carried during the year by the social workers increased 28 per cent (33 per cent in the Vancouver Clinic) over the previous year. The increase of 12 per cent in case-work interview (23 per cent in the Vancouver Clinic) is also indicative of increased services. It is impossible to show much of the quality of work from such statistics, but the great increase in inter-team conferencing and consulting (71 per cent increase in conferences on "private" cases) does reflect an aspect of our work that has importance in growing standards. The 57-per-cent increase in cases closed also seems to reflect some gain in quality of work, since it indicates a higher proportion of cases where services were completed in a shorter time.

It is noted that the increase in services has been largely in the Vancouver Clinic, where staff has been increased. Intake of cases in the Victoria Clinic has been somewhat smaller, and while total cases carried have gone up, there was a reduction of about 10 per cent in case-work interviews. This is, in part, a reflection of a shift of emphasis, since the Travelling Clinics on Vancouver Island have been handled this year from Victoria rather than Vancouver, and much of the work entailed in preparation for and taking part in these clinics has fallen to the social-work supervisor of that Clinic. At the present time the social workers and public health nurse at the Victoria Clinic are the only members of the team on a full-time basis. It is hoped that staff for a full team can be available soon in order that the services there may be developed more fully.

SOCIAL SERVICES OF PROVINCIAL CHILD GUIDANCE CLINICS, APRIL 1ST, 1950, TO MARCH 31ST, 1951

Case-work Services	Van-couver	Vic-toria	1950–51 Totals	1949–50 Totals	Total Increase	Vancou-ver Increase	Victoria Increase
					Per Cent	Per Cent	Per Cent
Cases brought forward from previous fiscal year	129	69	198	118	----	----	----
New cases	205	54	259	235	10	22	—20
Reopened in present fiscal year	13	2	15	18	----	----	----
Reopened from previous fiscal year	20	4	24	24	----	----	----
Total intake	238	60	298	277	8	24	—29
Total cases carried (298+198—15=481)	354	127	481	377	28	33	18
Cases closed during fiscal year	208	73	281	179	57	50	80
Cases carried over to next fiscal year	146	54	200	198	1	14	—11
Total case-work interviews with and regarding clients	3,351	852	4,203	3,659	12	23	—10
Conferences attended in clinic diagnostic service	1,077	48	1,125	958	17	24	—47
Conferences attended on cases carried by clinic psychiatric social workers	320	48	368	215	71	102	—26
Consultations with psychiatrist	249	59	308	208	48	36	136
Periods of supervision	499	87	586	576	----	----	----
Other interviews and contacts	89	67	156	186	----	----	----
Travelling Clinics (total clinics held)	42	15	57	43	----	----	----
Cases given service	193	49	242	223	----	----	----

Respectfully submitted.

MISS ALICE K. CARROLL.

REPORT OF RESEARCH DIVISION

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—Simultaneously with the development of the Medical Faculty of the University of British Columbia, there has been a development in the field of research by the Mental Health Services of the Province. In July, 1949, President N. A. M. MacKenzie, on the request of Dr. A. L. Crease, set aside space for an office and a small laboratory for Dr. W. C. Gibson in the annex to the Chemistry Building. On June 13th, 1950, an agreement was concluded at a meeting at Essondale between the Mental Health Services of British Columbia, represented by the Honourable W. T. Straith, R. A. Pennington, Dr. A. M. Gee, and F. A. Matheson, and the University of British Columbia, represented by Dean M. M. Weaver.

The substance of the agreement was that with Federal mental-health grants, supplemented by Crease Clinic funds, the Mental Health Services of British Columbia would establish a research " colony " on the University campus. The appointment of personnel to the unit was to be made with the concurrence of the University, and the Dean of Medicine was to act as the University's representative in the supervision of the research unit. The assigning of teaching duties in the Medical School was also envisaged for the research personnel.

Over the first year of operations, this arrangement has worked well. In the interim period of equipping the laboratory, housed in the south end of Hut S-4 on the University campus, Dr. Gibson has taught the first term of the histology course in the Medical School and has given both the neuro-anatomy and neuro-physiology in the second term of the first-year course. In the future it is expected that Dr. Kennard and Dr. Harvey, respectively, will give these courses.

An appropriation of $17,542.03 was made from Federal mental-health grants for the year ended March 31st, 1951, the bulk of which was designated for laboratory equipment. A small amount for travel was also earmarked.

The objectives of the laboratory are the investigation of cerebral dysfunction in the lobotomized and non-lobotomized individuals. At the cellular level, it is desired to study the deranged metabolism of the central nervous system and, at the same time, to trace interneuronal connections by studying microscopically the degenerating axones interrupted by lobotomy operations. Through electroencephalographic and behavioural studies in experimental animals, it is hoped that the relationships of the frontal and temporal lobes to the general organization of the cerebral cortex may be elucidated.

Prior to the appropriation of the Federal funds for the work on November 7th, 1950, the first part of the study on the interneuronal connections was undertaken by our first Research Fellow, E. Morrison, B.A., working in the Department of Biology through the kindness of Professor A. H. Hutchinson. This work is proceeding, and will constitute Mr. Morrison's M.A. thesis material. Mrs. Purkis came on as secretary-technician in February, 1951.

The work of the laboratory was described during the year to three groups in Vancouver and one in California. Of considerable interest and assistance was the visit of Dr. R. R. Struthers of the Rockefeller Foundation.

Respectfully submitted.

WM. C. GIBSON, M.D.

MENTAL HOSPITALS STATISTICAL TABLES

TABLE NO. 1.—SHOWING THE OPERATIONS OF THE MENTAL HOSPITALS—ESSONDALE, NEW WESTMINSTER, AND COLQUITZ—FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Movement of Population	Male	Female	Total	Total		
				Male	Female	Total
In residence, Essondale, March 31st, 1950	1,968	1,649	3,617			
In residence, New Westminster, March 31st, 1950	390	304	694			
In residence, Colquitz, March 31st, 1950	291	.....	291			
On probation, carried forward from 1949–50, Essondale	96	105	201			
On probation, carried forward from 1949–50, New Westminster	3	1	4			
On probation, carried forward from 1949–50, Colquitz	3	.....	3			
On escape, carried forward from 1949–50, Essondale	3	1	4			
On escape, carried forward from 1949–50, New Westminster	.....	.....	.....			
On escape, carried forward from 1949–50, Colquitz	1	.....	1			
				2,755	2,060	4,815
Admitted during the year 1950–51—						
By ordinary forms	494	507	1,001			
By urgency forms	39	25	64			
By voluntary forms	292	121	413			
From the Yukon	5	.....	5			
By warrant	1	.....	1			
By Order in Council	13	2	15			
				844	655	1,499
Total under treatment, Essondale, New Westminster, and Saanich, April 1st, 1950, to March 31st, 1951	.....	.....	.....	3,599	2,715	6,314
Discharged during the period of April 1st, 1950, to March 31st, 1951—						
(*a*) Essondale—						
As recovered	77	92	169			
As improved	192	221	413			
As unimproved	308	101	409			
Without psychosis	228	55	283			
On probation and still out	97	149	246			
Escaped but not discharged	5	2	7			
Died	112	70	182			
	1,019	690	1,709			
(*b*) New Westminster—						
As improved	.....	1	1			
As unimproved	5	.....	5			
On probation and still out	2	7	9			
Escaped but not discharged	.....	.....	.....			
Died	16	18	34			
	23	26	49			
(*c*) Colquitz—						
As recovered	.....	.....	.....			
As improved	7	.....	7			
As unimproved	.....	.....	.....			
Without psychosis	1	.....	1			
On probation and still out	2	.....	2			
Escaped but not discharged	1	.....	1			
Died	7	.....	7			
	18	.....	18			
Total discharged from Essondale, New Westminster, and Colquitz	.....	.....	.....	1,060	716	1,776
Total in residence, Essondale, New Westminster, and Colquitz	.....	.....	.....	2,539	1,999	4,538
Essondale—						
Total on books, March 31st, 1950	2,067	1,755	3,822			
Admitted during 1950–51	844	655	1,499			
Received from New Westminster	14	3	17			
Received from Colquitz	3	.....	3			
				2,928	2,413	5,341
Discharged during 1950–51	1,019	690	1,709			
Transferred to New Westminster	73	85	158			
Transferred to Colquitz	9	.....	9			
				1,101	775	1,876
Total in residence, Essondale, March 31st, 1951	.....	.....	.....	1,827	1,638	3,465

TABLE NO. 1.—SHOWING THE OPERATIONS OF THE MENTAL HOSPITALS—ESSONDALE, NEW WESTMINSTER, AND COLQUITZ—FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951—*Continued*

Movement of Population	Male	Female	Total	Total		
				Male	Female	Total
New Westminster—						
Total on books, March 31st, 1950	393	305	698			
Received from Essondale	73	85	158			
				466	390	856
Discharged during 1950–51	23	26	49			
Returned to Essondale	14	3	17			
				37	29	66
Total in residence, New Westminster, March 31st, 1951	.....	.....	.....	429	361	790
Colquitz—						
Total on books, March 31st, 1950	295	.....	295			
Received from Essondale	9	.....	9			
Received from New Westminster	.....	.....	.....			
				304	.....	304
Discharged during 1950–51	18	.....	18			
Returned to Essondale	3	.....	3			
				21	.....	21
Total in residence, Colquitz, March 31st, 1951	.....	.....	.....	283	.....	283
Total in residence, Essondale, March 31st, 1951	1,827	1,638	3,465			
Total in residence, New Westminster, March 31st, 1951	429	361	790			
Total in residence, Colquitz, March 31st,1951	283	.....	283			
Grand total in residence, Essondale, New Westminster, and Colquitz, March 31st, 1951	.....	.....	.....	2,539	1,999	4,538

Daily average population	4,637.11
Percentage of discharges on admissions (not including deaths)	67.04
Percentage of patients recovered and improved to admissions	39.35
Percentage of deaths on whole number under treatment	3.53

TABLE NO. 2.—SHOWING IN SUMMARY FORM THE OPERATIONS OF THE MENTAL HOSPITALS SINCE INCEPTION

Year	Admissions	Discharges		Deaths	Number Resident at the Close of Each Year	Increase	Decrease	Whole Number Treated	Percentage of Recoveries to Admissions	Percentage of Discharges to Admissions (Deaths Excluded)	Percentage of Deaths to Whole Number under Treatment
		Recovered	Not Recovered								
1872	18	1	.....	1	16	.....	.....	18	5.55	5.55	5.55
1873	15	10	2	5	14	.....	2	31	66.66	80.00	16.12
1874	12	4	.....	3	19	5	.....	26	33.33	33.33	11.53
1875	29	3	3	10	32	13	.....	48	10.34	26.89	20.83
1876	22	11	3	5	35	3	.....	54	50.00	63.63	9.35
1877	14	4	4	3	38	3	.....	49	28.57	78.57	6.12
1878	16	7	3	8	36	.....	2	54	43.75	62.50	16.16
1879	18	4	1	8	41	5	.....	54	22.22	27.77	14.81
1880	17	5	.....	5	48	7	.....	58	29.41	29.41	8.62
1881	13	5	3	5	48	.....	.....	61	38.46	61.54	8.19
1882	7	3	1	2	49	1	.....	55	42.85	57.14	3.63
1883	8	4	1	3	49	.....	.....	57	50.00	62.50	5.26
1884	10	2	4	2	51	2	.....	59	20.00	60.00	3.33
1885	20	5	.....	5	61	10	.....	71	25.00	25.00	6.94
1886	27	10	6	6	66	5	.....	88	37.03	59.25	6.81
1887	36	15	5	5	77	11	.....	102	41.66	55.55	4.80
1888	26	12	6	3	82	5	.....	103	46.15	69.23	2.87
1889	41	14	5	4	100	18	.....	123	34.15	46.34	3.25
1890	52	17	6	12	117	17	.....	152	32.69	44.23	7.64
1891	49	19	4	20	123	6	.....	166	38.77	46.94	11.69

TABLE NO. 2.—SHOWING IN SUMMARY FORM THE OPERATIONS OF THE MENTAL HOSPITALS SINCE INCEPTION—*Continued*

Year	Admissions	Discharges		Deaths	Number Resident at the Close of Each Year	Increase	Decrease	Whole Number Treated	Percentage of Recoveries to Admissions	Percentage of Discharges to Admissions (Deaths Excluded)	Percentage of Deaths to Whole Number under Treatment
		Recovered	Not Recovered								
1892	52	17	10	13	135	12	.....	175	32.69	51.92	6.95
1893	44	14	18	14	133	.....	2	179	31.81	72.72	7.60
1894	80	13	19	19	162	29	.....	213	16.25	40.00	8.92
1895	62	29	11	20	164	2	.....	224	46.77	64.51	8.92
1896	64	23	25	9	171	7	.....	228	35.93	75.00	3.94
1897	74	20	8	14	203	32	.....	246	27.03	37.83	5.69
1898	81	27	13	19	221	18	.....	285	33.33	49.38	6.66
1899	101	31	32	21	234	13	.....	327	30.69	62.37	6.42
1900	113	38	27	29	258	24	.....	356	33.63	57.52	8.14
1901	115	40	20	25	284	26	.....	377	34.78	52.17	6.63
1902	121	30	31	25	311	27	.....	413	24.79	50.41	6.06
1903	139	38	37	26	349	38	.....	466	27.34	53.96	5.57
1904	115	46	26	26	321	.....	28	480	40.00	62.61	5.42
1905	123	43	33	27	348	27	.....	505	33.33	61.78	5.34
1906	150	36[1]	43	28	388	43	.....	552	23.03	52.06	5.04
1907	221	48	43	39	461	73	.....	666	21.30	41.20	5.08
1908	230	68[1]	56	57	507	46	.....	765	28.30	53.90	7.44
1909	232	73[2]	77	40	536	29	.....	816	31.00	64.60	6.40
1910	280	84	82	41	595	48	.....	896	30.00	59.28	4.57
1911	332	67[3]	114	60	690	105	.....	1,034	19.57	54.42	5.83
1912	375	74[1]	128	76	752	62	.....	1,065	18.90	53.80	7.02
1913	380	90[4]	146	67	919	167	.....	1,264	22.63	62.10	5.30
1914	402	58	126	74	1,027	108	.....	1,364	14.43	45.77	5.43
1915	332	83	91	89	1,090	63	.....	1,437	25.00	52.41	6.19
1916	353	73[2]	96	80	1,205	115	.....	1,527	20.68	47.87	5.24
1917	371	88	78	106	1,301	96	.....	1,650	23.72	44.74	6.42
1918	375	75	95	132	1,347	46	.....	1,753	20.00	45.33	7.47
Jan. 1, 1919, to March 31, 1920	574	116	221	132	1,458	111	.....	2,025	20.20	58.71	6.51
1920–1921	489	88	173	122	1,566	108	.....	2,043	14.17	72.60	5.97
1921–1922	478	96	178	114	1,649	83	.....	2,137	20.08	57.32	5.33
1922–1923	438	91	167	133	1,697	48	.....	2,180	20.77	59.36	6.10
1923–1924	447	84[2]	121	163	1,784	87	.....	2,234	18.56	64.20	7.25
1924–1925	461	63	242	138	1,884	100	.....	2,327	13.66	66.16	5.93
1925–1926	475	57[5]	240	142	1,995	111	.....	2,434	12.00	62.53	5.83
1926–1927	494	76[4]	171	161	2,125	130	.....	2,565	15.38	50.00	6.27
1927–1928	542	75[1]	252	147	2,269	144	.....	2,743	13.28	60.33	5.36
1928–1929	543	92[2]	294	181	2,347	78	.....	2,914	16.76	71.07	6.21
1929–1930	602	118[1]	311	223	2,411	64	.....	3,063	19.10	71.26	7.28
1930–1931	632	70[1]	235	191	2,550	139	.....	3,148	10.60	64.24	6.06
1931–1932	562	58[6]	299	181	2,676	126	.....	3,214	10.32	63.52	5.63
1932–1933	635	44[4]	323	195	2,824	148	.....	3,390	6.92	58.42	5.75
1933–1934	610	61[3]	309	200	2,960	136	.....	3,530	10.00	60.65	5.66
1934–1935	653	71[1]	349	321	3,080	120	.....	3,721	10.87	64.32	5.94
1935–1936	679	63[1]	304	291	3,180	100	.....	3,838	9.27	54.05	7.58
1936–1937	793	78[3]	300	268	3,301	121	.....	4,067	9.96	63.60	6.59
1937–1938	834	74	330	207	3,487	186	.....	4,255	8.87	67.30	4.86
1938–1939	827	72[3]	345	208	3,612	125	.....	4,471	8.71	78.72	4.65
1939–1940	869	111[7]	455	230	3,710	98	.....	4,713	11.39	88.50	4.88
1940–1941	864	107[6]	410	254	3,836	126	.....	4,781	12.38	79.97	5.31
1941–1942	834	71[8]	400	255	3,902	66	.....	4,843	8.51	56.46	6.54
1942–1943	803	91[9]	443	260	3,925	23	.....	4,919	11.32	66.50	5.31
1943–1944	840	87	423	309	3,960	35	.....	4,965	10.36	61.66	6.02
1944–1945	822	96[10]	377	300	4,019	59	.....	4,960	10.46	58.39	6.04
1945–1946	834	117[8]	352	240	4,110	91	.....	5,014	14.02	57.43	5.84
1946–1947	880	97[10]	496	238	4,151	41	.....	5,174	11.02	68.18	4.59
1947–1948	1,111	124[11]	560	240	4,269	118	.....	5,447	11.34	63.64	4.40
1948–1949	1,260	137[12]	748	209	4,355	86	.....	5,758	10.87	76.59	3.63
1949–1950	1,415	195	787	202	4,602	247	.....	5,999	13.78	69.40	3.37

[1] Three not insane. [2] One not insane. [3] Two not insane. [4] Four not insane. [5] Six not insane.
[6] Five not insane. [7] Twelve not insane. [8] Ten not insane. [9] Eight not insane. [10] Seven not insane.
[11] Three not insane; 196 without psychosis. [12] Two not insane; seventy-eight without psychosis.

TABLE NO. 2.—SHOWING IN SUMMARY FORM THE OPERATIONS OF THE MENTAL HOSPITALS SINCE INCEPTION—*Continued*

Year	Admissions	Discharges				Deaths	Number Resident at the Close of Each Year	Increase	Decrease	Whole Number Treated	Percentage of Patients Recovered and Improved to Admissions	Percentage of Discharges to Admissions (Deaths Excluded)	Percentage of Deaths to Number under Treatment
		Recovered	Improved	Unimproved	Without Psychosis								
1950–1951	1,499	169	421	414	284	223	4,538	.....	64	4,815	39.35	67.04	3.53

TABLE NO. 3.—SHOWING THE TOTAL NUMBER OF ADMISSIONS, DISCHARGES, AND DEATHS IN THE MENTAL HOSPITALS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Months	Admissions			Discharges			Deaths		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1950									
April	70	70	140	49	29	78	11	7	18
May	84	69	153	58	35	93	14	8	22
June	76	74	150	56	41	97	10	10	20
July	76	53	129	39	27	66	10	5	15
August	65	59	124	59	35	94	7	6	13
September	83	70	153	63	36	99	9	11	20
October	84	69	153	195	37	232	14	4	18
November	71	58	129	68	55	123	16	6	22
December	77	50	127	70	55	125	6	9	15
1951									
January	63	25	88	59	41	100	13	7	20
February	41	37	78	45	49	94	14	5	19
March	54	21	75	57	30	87	11	10	21
Totals	844	655	1,499	818	470	1,288	135	88	223

TABLE NO. 4.—SHOWING WHAT DISTRICTS CONTRIBUTED PATIENTS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Place of Residence	Male	Female	Total	Place of Residence	Male	Female	Total
Abbotsford	8	5	13	*Brought forward*	49	26	75
Agassiz	.....	1	1	Cedar	.....	1	1
Ahousat	.....	1	1	Chapman Camp	.....	1	1
Albion	1	1	2	Chemainus	.....	1	1
Alberni	.....	2	2	Cherry Creek	.....	1	1
Aldergrove	2	.....	2	Cheslatta	1	.....	1
Alert Bay	1	.....	1	Chilliwack	8	3	11
Allison Harbour	1	.....	1	Christina Lake	1	.....	1
Armstrong	2	1	3	Cloverdale	4	3	7
Ashcroft	3	.....	3	Cobble Hill	2	.....	2
Balfour	1	.....	1	Coombs	1	.....	1
Bamfield	1	.....	1	Coquitlam	3	2	5
Barnet	1	.....	1	Courtenay	.....	2	2
Beavermouth	.....	1	1	Cranberry Lake	1	1	2
Black Creek	.....	1	1	Cranbrook	2	1	3
Blubber Bay	1	.....	1	Crescent Valley	.....	1	1
Blueberry Creek	1	.....	1	Crofton	1	.....	1
Bralorne Mine	1	.....	1	Cultus Lake	.....	1	1
Burnaby	22	11	33	Cumberland	3	2	5
Burns Lake	1	.....	1	Dawson Creek	3	2	5
Cache Creek	1	.....	1	Dawson, Y.T.	2	.....	2
Castlegar	.....	1	1	Deep Cove	1	.....	1
Cawston	.....	1	1	Dewdney	2	.....	2
Cecil Lake	1	.....	1	Duncan	5	5	10
Carried forward	49	26	75	*Carried forward*	89	53	142

TABLE NO. 4.—SHOWING WHAT DISTRICTS CONTRIBUTED PATIENTS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951—*Continued*

Place of Residence	Male	Female	Total	Place of Residence	Male	Female	Total
Brought forward	89	53	142	*Brought forward*	258	228	486
Eagle Bay	-----	1	1	Paldi	-----	1	1
Elko	-----	1	1	Peachland	-----	1	1
Enderby	1	2	3	Pender Island	-----	1	1
Erickson	-----	1	1	Penticton	6	11	17
Esquimalt	4	7	11	Perry Siding	1	-----	1
Ewings Landing	-----	1	1	Pinantan	-----	1	1
Fernie	1	2	3	Pitt Meadows	-----	1	1
Field	-----	1	1	Port Alberni	3	-----	3
Fort George	1	-----	1	Port Coquitlam	3	3	6
Fort St. James	-----	1	1	Port Edward	-----	1	1
Fort St. John	1	-----	1	Port Kells	1	1	2
Fruitvale	1	1	2	Port Mann	-----	1	1
Forest Grove	-----	1	1	Port Mellon	-----	1	1
Gabriola Island	-----	1	1	Port Moody	-----	1	1
Ganges	-----	1	1	Port McNeill	1	-----	1
Gibsons	1	1	2	Port Renfrew	1	-----	1
Grand Forks	-----	3	3	Powell River	4	2	6
Greenwood	1	1	2	Prince George	2	5	7
Hammond	2	2	4	Prince Rupert	5	6	11
Haney	2	5	7	Princeton	5	1	6
Harewood	-----	1	1	Progress	1	-----	1
Harrop	2	-----	2	Procter	-----	1	1
Headquarters	-----	1	1	Quesnel	4	-----	4
Hope	2	-----	2	Renata	-----	1	1
Hosmer	-----	1	1	Revelstoke	5	2	7
Ingenika River	1	-----	1	Roberts Creek	1	-----	1
Inglewood	1	-----	1	Rock Creek	1	-----	1
Irvings Landing	1	1	2	Rossland	3	2	5
Jesmond	1	-----	1	Saanich	9	11	20
Jordan River	1	1	2	Salmo	-----	2	2
Kamloops	11	11	22	Salmon Arm	6	2	8
Kelowna	6	9	15	Sardis	1	-----	1
Keremeos	1	-----	1	Sarita	1	-----	1
Kildonan	1	-----	1	Selma Park	1	-----	1
Kimberley	3	1	4	Shawnigan Lake	-----	1	1
Kinnaird	1	1	2	Shutty Bench	-----	1	1
Ladner	2	5	7	Sidney	1	-----	1
Ladysmith	1	1	2	Smithers	2	2	4
Laidlaw	1	-----	1	Solsqua	2	-----	2
Lake Cowichan	1	1	2	Sooke	2	-----	2
Langley	4	5	9	South Wellington	-----	2	2
Langley Prairie	2	1	3	Spallumcheen	1	1	2
Lantzville	1	-----	1	Spences Bridge	-----	2	2
Lillooet	1	-----	1	Squamish	-----	1	1
Lower Post	1	-----	1	Steveston	2	4	6
Lund	-----	2	2	Sumas	-----	1	1
Maillardville	2	1	3	Summerland	-----	4	4
Mapes	-----	1	1	Surrey	5	6	11
Maple Ridge	1	-----	1	Swan Lake	-----	1	1
Marysville	1	-----	1	Ta Ta Creek	-----	1	1
Matsqui	1	3	4	Tahsis	1	-----	1
Masset	1	-----	1	Telkwa	-----	1	1
Mayne Island	-----	1	1	Thrums	2	-----	2
Merritt	2	2	4	Trail	5	2	7
Mesachie Lake	1	-----	1	Tulameen	1	-----	1
Milner	-----	1	1	Tulsequah	1	-----	1
Mission	5	4	9	Tupper Creek	-----	1	1
Murrayville	1	-----	1	Vananda	1	-----	1
Nakusp	1	1	2	Vanderhoof	1	-----	1
Nanaimo	5	6	11	Vancouver	424	272	696
Natal	1	-----	1	Vernon	8	5	13
Needles	1	1	2	Victoria	40	43	83
Nelson	2	7	9	Westbridge	1	1	2
New Denver	-----	2	2	West Summerland	1	-----	1
New Westminster	58	47	105	West Vancouver	7	4	11
Nickel Plate	1	-----	1	Westview	3	2	5
North Bend	-----	2	2	White Horse, Y.T.	4	1	5
North Vancouver	14	17	31	White Rock	2	1	3
Oak Bay	4	1	5	Whonnock	-----	1	1
Oasis	1	-----	1	Wildwood Heights	1	1	2
Ocean Falls	-----	1	1	Wyatt Bay	1	-----	1
Okanagan Landing	-----	1	1	Wynndel	1	1	2
Osoyoos	3	1	4	Weyburn, Sask.	-----	1	1
Oyama	1	-----	1	Yarrow	-----	1	1
Oyster Bay	1	-----	1	Youbou	1	3	4
Carried forward	258	228	486	Totals	844	655	1,499

TABLE NO. 5.—SHOWING THE NUMBER OF ATTACKS IN THOSE ADMITTED FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Number of Attacks	Male	Female	Total
First	213	185	398
Second	85	114	199
Third	17	40	57
Fourth	10	10	20
Fifth	4	5	9
Sixth	2	2	4
Seventh	1	1	2
Eighth	-----	1	1
Ninth	-----	1	1
Several	64	72	136
Without psychosis	324	144	468
Unknown	124	80	204
Totals	844	655	1,499

TABLE NO. 6.—SHOWING THE REPORTED DURATION OF MENTAL ILLNESS PRIOR TO ADMISSION IN THOSE ADMITTED FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Duration of Attack	Male	Female	Total
Under 1 week	49	42	91
„ 3 months	139	152	291
„ 6 „	27	34	61
„ 12 „	29	32	61
„ 2 years	24	18	42
„ 5 „	28	36	64
„ 10 „	17	19	36
„ 15 „	-----	5	5
Over 15 „	3	1	4
Without psychosis (including mental deficients)	324	144	468
Unknown	200	165	365
Life	4	7	11
Totals	844	655	1,499

TABLE NO. 7.—SHOWING THE REPORTED CAUSE OF ATTACK IN THOSE ADMITTED FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Alleged Cause	Male	Female	Total
Alcohol	212	37	249
Alzheimer's disease	1	2	3
Arteriosclerosis	52	28	80
Auricular fibrillation	-----	1	1
Brain tumour	3	4	7
Bronchopneumonia	1	-----	1
Cerebral atrophy	-----	1	1
Cerebral thrombosis	3	-----	3
Congenital	100	95	195
Constitutional	312	378	690
Drugs	2	9	11
Epilepsy	17	11	28
Heredity, inferred	1	-----	1
Huntington's chorea	2	-----	2
Intracranial neoplasm	1	-----	1
Lobar pneumonia	1	-----	1
Lues (syphilis)	12	6	18
Meningitis	2	-----	2
Post-encephalitic Parkinsonism	-----	1	1
Pregnancy	-----	2	2
Retinitis pigmentosa	-----	1	1
Senility	87	53	140
Trauma	5	2	7
Tuberculosis	3	-----	3
Unknown	1	4	5
Without psychosis	26	20	46
Totals	844	655	1,499

TABLE NO. 8.—SHOWING THE NUMBER DISCHARGED ON PROBATION AND RESULTS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Results	Male	Female	Total
Discharged recovered	77	92	169
Discharged improved	199	222	421
Discharged unimproved	313	101	414
Discharged *without psychosis*	229	55	284
Totals	818	470	1,288
Disposition of discharges—			
Discharged to Homes for the Aged	104	43	147
Discharged to Crease Clinic	30	46	76
Total discharges to community	684	381	1,065
Totals	818	470	1,288
Returned to hospital from probation	46	54	100
On probation and still out at end of year	107	158	265

TABLE NO. 9.—SHOWING REPORTED DURATION OF MENTAL ILLNESS PRIOR TO ADMISSION IN THOSE DISCHARGED FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Alleged Duration	Male	Female	Total
Less than 1 week	59	30	89
Less than 1 month	113	72	185
,, ,, 2 months	73	78	151
,, ,, 3 ,,	32	34	66
,, ,, 6 ,,	34	51	85
,, ,, 12 ,,	31	34	65
,, ,, 2 years	42	22	64
,, ,, 3 ,,	16	17	33
3 years and over	59	42	101
Without psychosis	229	55	284
Unknown	130	35	165
Totals	818	470	1,288

TABLE NO. 10.—RECORD OF DEATHS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951, IN THE MENTAL HOSPITALS, ESSONDALE, NEW WESTMINSTER, AND COLQUITZ

Sex	Age	Time in Hospital			Certified Cause
		Years	Months	Days	
M.	63	16	—	—	Ruptured aorta; arteriosclerosis.
F.	5	4	7	5	Bronchopneumonia; measles; congenital heart defect.
F.	41	13	8	8	Carcinoma of the stomach; terminal bronchopneumonia.
F.	79	—	7	9	Bronchopneumonia; senile dementia.
F.	68	—	—	13	Chronic myocarditis; arteriosclerotic dementia; syphilis.
M.	70	21	5	25	Coronary thrombosis; arteriosclerosis.
M.	43	1	2	30	Bronchopneumonia.
M.	3	—	—	29	Tracheo-bronchitis; measles.
M.	73	14	7	8	Cerebral and mesenteric embolism due to hypertensive heart-disease with cardiac thrombosis; hypernephroma of left kidney.
M.	63	27	11	15	Primary hepatoma.
M.	1	—	—	27	Bronchopneumonia.
M.	44	16	9	23	Bilateral pulmonary tuberculosis.
F.	1	—	1	1	Bronchopneumonia.
M.	53	—	—	20	Pulmonary tuberculosis.
M.	62	22	3	28	Coronary thrombosis.
F.	6	1	7	30	Bronchopneumonia.
M.	59	—	—	14	Bilateral pulmonary tuberculosis; chronic cardiovascular degeneration with hypertension.
F.	49	23	6	14	Pulmonary tuberculosis.
M.	61	25	9	9	Carcinoma of the stomach with metastases.
M.	63	—	4	23	Bronchopneumonia; cardiovascular degeneration.
M.	13	3	9	17	Bronchopneumonia.
M.	47	19	5	4	Bronchopneumonia.
M.	68	32	2	7	Coronary thrombosis.
F.	37	13	6	2	Acute pulmonary œdema due to aortic stenosis; chronic pyelonephritis.
M.	13	3	9	11	Bronchopneumonia; measles.
M.	67	—	4	21	Coronary thrombosis; bronchopneumonia.
M.	70	—	—	1	Pulmonary embolism with infarction of lower lobe of left lung; thrombosis of left iliac vein; acute exacerbation of pyelonephritis.
M.	66	—	—	17	Chronic myocarditis.
M.	1	—	8	30	Bronchopneumonia; measles.
M.	68	18	1	28	Coronary thrombosis with myocardial infarction.
M.	69	25	1	21	Cerebral hæmorrhage; cerebral arteriosclerosis.
M.	69	—	—	17	Bronchopneumonia; chronic pyelonephritis; generalized arteriosclerosis.
F.	14	—	5	27	Pulmonary œdema; acute rheumatic fever.
F.	65	9	3	9	Bronchopneumonia; hypertensive cardiovascular disease.
M.	23	—	1	—	Acute pulmonary œdema after insulin shock therapy.
F.	74	—	1	6	Bronchopneumonia; diabetic mellitus with gangrene left foot.
F.	68	—	—	8	Cerebral hæmorrhage; hemiplegia.
F.	43	7	7	14	Bronchopneumonia; lung abscess.
F.	83	—	2	14	Bronchopneumonia; fractured hip.
F.	64	7	1	2	Uræmia; chronic pyelonephritis; left pyonephrosis; hypertensive cardiovascular disease.
F.	23	15	11	2	Bronchopneumonia.
M.	60	1	5	23	Drowning in Pitt River due to mental depression; suicide.
M.	69	1	4	12	Bronchopneumonia; generalized arteriosclerosis.
F.	51	22	2	26	Cerebral hæmorrhage.
M.	63	—	4	27	Bronchopneumonia; cerebral thrombosis.
M.	70	2	5	17	Terminal bronchopneumonia; generalized arteriosclerosis.
M.	80	6	3	24	Chronic myocarditis.
F.	75	—	—	20	Bronchopneumonia; hypertension.
M.	37	14	3	13	Pulmonary tuberculosis.
F.	18	—	6	22	Acute pulmonary œdema; amytal, sodium poisoning.
F.	1	—	1	24	Hydrocephalus.
M.	52	9	11	4	Acute pulmonary œdema; portal cirrhosis; left kidney tumour with secondary infection.
M.	63	27	3	6	Coronary thrombosis; arteriosclerosis.
F.	83	—	—	28	Cardiac decompensation; coronary thrombosis.
F.	64	13	1	3	Pneumococcal meningitis; lobar pneumonia.
F.	68	22	2	24	Carcinoma head of pancreas; generalized peritonitis.
M.	33	—	—	26	Pulmonary embolism due to cystitis; subacute pancreatitis.
F.	66	—	—	26	Chronic myocarditis.
M.	50	—	3	—	Cerebral œdema due to brain tumour.
F.	60	26	9	24	Acute coronary thrombosis.
M.	30	11	10	—	Pulmonary tuberculosis.
M.	53	17	6	5	Pulmonary embolism; coronary thrombosis; pyelonephritis.
M.	64	11	6	6	Bronchopneumonia; cerebral hæmorrhage.
F.	80	—	—	4	Cerebral hæmorrhage; cerebral arteriosclerosis.

TABLE NO. 10.—RECORD OF DEATHS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951, IN THE MENTAL HOSPITALS, ESSONDALE, NEW WESTMINSTER, AND COLQUITZ—*Continued*

Sex	Age	Time in Hospital			Certified Cause
		Years	Months	Days	
F.	60	14	11	20	Acute pulmonary œdema; rheumatic heart-disease.
M.	45	2	5	21	Bronchopneumonia.
F.	3	2	2	24	Bronchopneumonia; congenital heart-disease (tetralogy of fallot).
M.	81	....	....	2	Chronic myocarditis.
M.	83	....	9	22	Pulmonary tuberculosis.
M.	69	....	....	4	Coronary thrombosis; chronic myocarditis; toxic psychosis (broncho-pneumonia).
F.	4[1]	....	3	3	Bronchopneumonia; chicken-pox.
F.	59	20	5	7	Lung abscess; lobar pneumonia.
M.	48	10	5	1	Strangulated inguinal hernia with general peritonitis.
M.	62	27	7	23	Myocardial degeneration.
M.	60	36	5	7	Pulmonary embolism due to bronchogenic carcinoma.
M.	3	....	1	16	Chicken-pox.
F.	41	10	9	2	Bilateral, active, pulmonary tuberculosis, far advanced.
F.	55	8	8	12	Uræmia; left pyelonephritis and bilateral hydroureter; carcinoma of cervix.
F.	5	....	3	1	Exhaustion of idiocy; cerebral damage.
M.	71	19	11	12	Carcinoma of the stomach.
F.	54	5	4	28	Carcinoma of cervix uteri.
M.	60	6	1	3	Lobar pneumonia.
M.	49	....	4	6	Lobar pneumonia; marked degeneration of brain cortex—repeated cerebral vascular accidents.
F.	16	14	....	....	Internal hydrocephalus with arrested development; terminal broncho-pneumonia.
F.	3[1]	....	2	4	Congenital cardiac defect.
M.	45	10	4	20	Pulmonary tuberculosis.
M.	65	2	6	....	Bronchopneumonia.
M.	61	21	10	6	Acute pulmonary œdema; epilepsy.
F.	87	1	6	29	Acute pulmonary œdema; hypertension.
F.	2	....	5	4	Bilateral adrenal hæmorrhage due to septicæmia; bronchopneumonia.
F.	37	....	....	4	Acute pulmonary œdema; rheumatic heart-disease; acute pyelonephritis.
F.	20	1	3	3	Pulmonary tuberculosis.
M.	72	....	....	18	Cerebral hæmorrhage with left hemiplegia; bronchopneumonia; C.N.S. arteriosclerosis.
M.	69	47	6	8	Bronchopneumonia associated with arteriosclerosis.
M.	68	....	....	13	Encephalomalacia; cerebral thrombosis; generalized arteriosclerosis.
M.	65	1	8	16	Chronic myocarditis.
M.	70	....	....	8	Pulmonary embolism; coronary occlusion.
F.	64	....	....	9	Uræmia; acute pyelonephritis; bronchopneumonia.
F.	40	....	....	5	Empyema; rupture of the œsophagus.
M.	36	11	6	28	Miliary tuberculosis due to pulmonary tuberculosis.
M.	67	11	7	19	Terminal lobar pneumonia; generalized arteriosclerosis.
M.	67	10	10	7	Cerebral hæmorrhage; hypertensive cardiovascular disease.
F.	89	30	10	20	Chronic myocarditis; arteriosclerotic cardiovascular disease.
M.	45	4	....	4	Terminal bronchopneumonia; multiple sclerosis.
F.	68	16	4	2	Terminal bronchopneumonia; recurrence of carcinoma of breast with metastasis to liver.
F.	65	1	5	13	Chronic myocarditis; arteriosclerotic cardiovascular disease.
F.	58	6	9	....	Coronary occlusion; coronary sclerosis.
F.	60	14	....	15	Chronic myocarditis; arteriosclerotic cardiovascular disease; rheumatoid arthritis.
F.	18	2	2	15	Epilepsy (status epilepticus); birth injury with right hemiplegia.
M.	76	34	1	11	Terminal bronchopneumonia; arteriosclerosis.
M.	80	4	6	19	Terminal bronchopneumonia; arteriosclerosis.
M.	1	....	2	4	Exhaustion of hydrocephalus; ulcerations of scalp; internal hydro-cephalus.
F.	31	....	2	13	Pulmonary tuberculosis.
F.	11	7	....	1	Bronchopneumonia, anæmia.
M.	78	....	....	5	Arteriosclerotic heart-disease.
M.	66	....	4	12	Chronic myocarditis.
M.	73	3	10	10	Chronic myocarditis; arteriosclerosis.
M.	62	....	....	7	Terminal bronchopneumonia; cerebral thrombosis; hypertensive heart-disease and generalized arteriosclerosis.
F.	60	6	6	7	Cerebral hæmorrhage; hypertensive cardiovascular disease; broncho-pneumonia.
M.	71	26	2	5	Coronary occlusion; arteriosclerosis.
M.	65	2	2	13	Terminal bronchopneumonia.
M.	69	....	3	23	Bronchopneumonia.
M.	74	39	9	8	Coronary thrombosis.

[1] Months.

TABLE NO. 10.—RECORD OF DEATHS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951, IN THE MENTAL HOSPITALS, ESSONDALE, NEW WESTMINSTER, AND COLQUITZ—*Continued*

Sex	Age	Time in Hospital			Certified Cause
		Years	Months	Days	
M.	54	19	8	29	Coronary thrombosis; arteriosclerosis.
M.	6	2	4	19	Bronchopneumonia, terminal; chronic intestinal obstruction.
M.	48	5	5	8	Bilateral pulmonary tuberculosis.
M.	52	1	....	14	Cerebral hæmorrhage; arteriosclerotic cardiovascular disease.
M.	81	2	2	26	Bilateral pulmonary tuberculosis.
M.	73	....	....	17	Bronchopneumonia; uræmia; acute pyelonephritis and benign hypertrophy of prostate; cerebral arteriosclerosis and diabetes.
M.	70	....	6	....	Rupture of œsophageal varicies; primary carcinoma of liver; portal cirrhosis; diabetes.
M.	35	1	4	17	Bilateral pulmonary tuberculosis.
F.	44	....	1	6	Cerebral thrombosis; cerebral arteriosclerosis.
M.	55	....	....	9	Bilateral bronchopneumonia; generalized arteriosclerotic cardiovascular disease.
F.	58	21	6	17	Bronchopneumonia; epilepsy; chronic myocarditis.
F.	65	17	3	20	Chronic myocarditis; arteriosclerotic cardiovascular disease; bronchial asthma.
M.	1	....	1	28	Bronchopneumonia and pleurisy.
F.	64	1	....	30	Arteriosclerotic heart-disease; premature senility.
M.	69	....	4	24	Bronchopneumonia.
M.	61	37	....	27	Myocardial degeneration.
M.	66	....	9	8	Bronchopneumonia; syphilis.
F.	67	....	3	10	Bronchopneumonia; cerebral thrombosis; cerebral arteriosclerosis.
M.	56	5	11	28	Cerebellar herniation; pituitary adenoma.
M.	66	4	4	26	Lobar pneumonia; generalized arteriosclerosis.
M.	62	....	....	11	Subarachnoid hæmorrhage; venous thrombosis.
F.	31	1	5	12	Pulmonary tuberculosis.
M.	68	33	....	25	Myocardial degeneration.
M.	64	21	8	5	Pulmonary embolism; bronchogenic carcinoma.
M.	67	33	10	2	Coronary occlusion; arteriosclerosis.
F.	87	....	4	13	Coronary occlusion; arteriosclerotic cardiovascular disease.
F.	66	10	3	8	Coronary thrombosis.
M.	64	3	6	5	Peritonitis; bladder calculus—perforation through bladder.
F.	72	3	5	18	Chronic myocarditis; coronary sclerosis; pernicious anæmia; cystocele and rectocele (old); rectovaginal fistula (recent).
M.	76	13	2	5	Pulmonary œdema; hypertensive heart-disease; generalized arteriosclerosis.
M.	22	20	6	16	Double bronchopneumonia; subacute appendix; adhesions around pyloris and gall-bladder.
F.	3	....	....	12	Cavernous sinus thrombosis; cellulitis of scalp; cerebral spastic infantile paraplegia.
M.	65	....	1	16	Generalized peritonitis; perforated duodenal ulcer.
M.	55	1	8	5	Myocardial infarction; coronary thrombosis; chronic bilateral subdural hæmatoma.
F.	76	19	4	11	Cerebral hæmorrhage.
F.	57	4	2	1	Bronchopneumonia.
F.	77	....	10	25	Coronary occlusion; pulmonary œdema; arteriosclerosis; diabetes mellitus.
M.	4	....	6	24	Acute tracheo-bronchitis; cerebral palsy.
F.	50	....	1	23	Pulmonary tuberculosis.
F.	62	....	4	20	Uræmia, chronic pyelonephritis; taboparesis.
M.	60	....	....	11	Bronchopneumonia; taboparesis.
M.	64	....	9	12	General peritonitis due to perforated gastric ulcer; pulmonary embolus; coronary thrombosis.
M.	68	....	3	26	Bronchopneumonia; generalized arteriosclerosis.
F.	81	7	1	22	Bronchopneumonia; chronic myocarditis; arteriosclerotic cardiovascular disease.
M.	67	3	3	22	Coronary occlusion; arteriosclerotic heart-disease.
M.	71	....	1	15	Terminal bronchopneumonia; generalized arteriosclerosis.
M.	71	24	....	....	Coronary occlusion; generalized arteriosclerosis.
F.	46	....	....	11	Coronary thrombosis; arteriosclerotic cardiovascular disease.
F.	47	....	6	23	Bronchopneumonia; supracellar meningioma; brain tumour.
F.	58	....	1	27	Brain tumour.
M.	56	21	10	14	Bilateral pulmonary tuberculosis.
M.	69	....	....	7	Left-sided heart-failure (pulmonary œdema); hypertensive cardiovascular and cerebralvascular disease.
M.	63	19	5	27	Pulmonary tuberculosis.
M.	64	4	8	24	Terminal bronchopneumonia; cerebral hæmorrhage; generalized arteriosclerosis.
M.	63	1	5	18	Bronchopneumonia.

TABLE NO. 10.—RECORD OF DEATHS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951, IN THE MENTAL HOSPITALS, ESSONDALE, NEW WESTMINSTER, AND COLQUITZ—*Continued*

Sex	Age	Time in Hospital			Certified Cause
		Years	Months	Days	
M.	66	....	....	9	Glioblastoma of right frontal lobe.
F.	23	2	9	17	Pulmonary tuberculosis.
M.	66	22	10	27	Coronary occlusion; generalized arteriosclerosis.
F.	1	....	5	21	Bronchopneumonia.
F.	5[1]	....	1	20	Bronchopneumonia; hydrocele and spinal bifida.
M.	3	1	9	24	Bronchopneumonia; cerebral thrombosis; meningitis in infancy.
F.	76	2	....	13	Coronary thrombosis; bronchopneumonia.
M.	67	4	4	12	Coronary thrombosis; generalized arteriosclerosis.
M.	8[1]	....	3	16	Bronchopneumonia; epilepsy and spastic paraplegia; birth injury.
M.	53	....	10	5	Bronchopneumonia; chronic pyelonephritis.
M.	69	....	....	28	Bronchopneumonia; lung abscess.
M.	58	....	....	5	Bronchopneumonia; cerebral hæmorrhage.
F.	73	1	....	12	Coronary thrombosis; arteriosclerosis; hypernephroma, left kidney.
F.	30	....	2	3	Pulmonary tuberculosis.
M.	70	1	9	18	Primary carcinoma of the liver; portal cirrhosis of the liver.
F.	65	1	....	11	Coronary occlusion; upper respiratory infection.
M.	83	43	....	24	Terminal bronchopneumonia.
M.	15	1	2	4	Encephalomalacia.
M.	51	....	4	21	Early bronchopneumonia; hæmorrhage due to chronic duodenal ulcer.
F.	76	....	7	6	Coronary thrombosis.
M.	70	30	3	26	Carcinoma pancreas.
M.	72	3	6	5	Coronary occlusion; generalized arteriosclerosis.
M.	70	6	6	23	Terminal bronchopneumonia; chronic pyelonephritis with generalized arteriosclerosis.
M.	65	....	....	4	Bronchopneumonia; malnutrition; advanced Parkinsonism.
F.	65	....	1	2	Bronchopneumonia; encephalomalacia.
M.	80	....	....	3	Bronchopneumonia.
F.	4	....	....	12	Bronchopneumonia; cerebral agenesis.
F.	68	1	....	9	Bronchopneumonia; chronic myocarditis; coronary sclerosis.
F.	65	6	9	27	Bronchopneumonia.
F.	63	....	3	13	Cerebral vascular accident; cerebral arteriosclerosis.
M.	7	2	6	19	Terminal bronchopneumonia.
F.	70	7	1	3	Bronchopneumonia; influenza.
M.	39	16	9	4	Bilateral pulmonary tuberculosis.
F.	86	....	....	9	Bronchopneumonia; influenza; chronic myocarditis.
M.	60	....	1	25	Bronchopneumonia; hypertensive cardiovascular disease.
F.	43	....	1	5	Cerebral hæmorrhage; hypertension.
M.	55	40	7	17	Myocardial infarction; coronary thrombosis.
F.	61	....	....	3	Septicæmia; acute tracheo-bronchitis; pyelonephritis; epilepsy with deterioration.
F.	64	....	....	23	Chronic pyelonephritis; congenital cystic kidneys.
M.	65	....	2	1	Lobar pneumonia; acute mania.
M.	76	2	2	22	Cerebral thrombosis; cerebral arteriosclerosis.
M.	87	....	1	25	Coronary occlusion; coronary arteriosclerosis.
M.	76	31	1	26	Lobar pneumonia—pleural effusion; pernicious anæmia.
M.	74	....	5	21	Coronary thrombosis.
M.	16	....	9	28	Tuberculous meningitis; pulmonary tuberculosis.

TABLE NO. 11.—SHOWING PSYCHOSES OF FIRST ADMISSIONS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Psychosis	Male	Female	Total
Totals	*632*	*484*	*1,116*
Schizophrenic disorders, total	*128*	*147*	*275*
(*a*) Simple type	21	20	41
(*b*) Hebephrenic type	2	4	6
(*c*) Catatonic type	24	19	43
(*d*) Paranoid type	73	58	131
(*e*) Others	8	46	54
Manic-depressive reaction, total	*13*	*23*	*36*
(*a*) Manic and circular	8	14	22
(*b*) Depressive	5	8	13
(*c*) Other	.....	1	1
Involutional melancholia	12	17	29
Paranoia and paranoid states	7	9	16
Senile psychosis	81	52	133
Pre-senile psychosis	6	10	16
Psychosis with cerebral arteriosclerosis	50	25	75
Alcoholic psychosis	19	6	25
Psychosis of other demonstrable etiology, total	*25*	*16*	*41*
(*a*) Resulting from brain tumour	3	1	4
(*b*) Resulting from epilepsy and other convulsive disorders	3	3	6
(*c*) Psychosis secondary or due to infective or parasitic diseases	4	1	5
(*d*) Psychosis due to allergic, endocrine, metabolic, and nutritional diseases	2	.....	2
(*e*) Psychosis due to diseases of circulatory system	.....	1	1
(*f*) Psychosis due to diseases of nervous system and sense organs	6	2	8
(*g*) Psychosis due to drugs and other exogenous poisons	2	5	7
(*h*) Psychosis due to accidents and violence	4	2	6
(*i*) Psychosis due to other conditions	1	1	2
Other and unspecified psychoses, total	*5*	*8*	*13*
(*a*) Psychosis with psychopathic personality	2	1	3
(*b*) Psychosis with mental deficiency	3	7	10
(*c*) Other unspecified	.....	.....	.....
Psychoneurosis, total	*40*	*46*	*86*
(*a*) Anxiety reaction	9	18	27
(*b*) Hysterical reaction	2	5	7
(*c*) Phobic reaction	.....	.....	.....
(*d*) Obsessive-compulsive reaction	4	3	7
(*e*) Neurotic-depressive reaction	17	13	30
(*f*) Psychoneurosis with somatic symptoms—circulatory system	.....	.....	.....
(*g*) Psychoneurosis with somatic symptoms—digestive system	1	.....	1
(*h*) Psychoneurosis with somatic symptoms—other systems	.....	.....	.....
(*i*) Psychoneurosis—other types	7	7	14
Syphilis and its sequelæ, total	*12*	*6*	*18*
(*a*) Congenital syphilis	.....	.....	.....
(*b*) Tabes dorsalis	.....	.....	.....
(*c*) General paralysis of insane	12	6	18
(*d*) Other syphilis of central nervous system	.....	.....	.....
Undiagnosed	2	2	4
Without psychosis, total	*232*	*117*	*349*
Disorders of character, behaviour, and intelligence, total	*12*	*15*	*27*
(*a*) Psychopathic personality	11	14	25
(*b*) Immature personality	1	1	2
Alcoholism, total	*113*	*11*	*124*
(*a*) Acute	.....	.....	.....
(*b*) Chronic	113	11	124
(*c*) Unspecified	.....	.....	.....
Drug addiction	.....	.....	.....
Primary childhood behaviour disorders	2	.....	2
Mental deficiency, total	*100*	*85*	*185*
(*a*) Idiocy	30	30	60
(*b*) Imbecility	33	35	68
(*c*) Moron	15	10	25
(*d*) Border-line	.....	1	1
(*e*) Mongolism	16	8	24
(*f*) Mental deficiency with epilepsy	2	.....	2
(*g*) Other and unspecified types	4	1	5
Other and unspecified character, behaviour, and intelligence disorders	.....	1	1
Epilepsy, total	*2*	*5*	*7*
(*a*) Petit mal	.....	.....	.....
(*b*) Grand mal	1	1	2
(*c*) Status epilepticus	.....	.....	.....
(*d*) Other and unspecified	1	4	5
Observation without need for further medical care—mental	3	.....	3

TABLE NO. 12.—SHOWING PSYCHOSES OF READMISSIONS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Psychosis	Male	Female	Total
Totals	*212*	*171*	*383*
Schizophrenic disorders, total	*58*	*80*	*138*
(*a*) Simple type	16	19	35
(*b*) Hebephrenic type	-----	4	4
(*c*) Catatonic type	7	11	18
(*d*) Paranoid type	31	24	55
(*e*) Others	4	22	26
Manic-depressive reaction, total	*19*	*20*	*39*
(*a*) Manic and circular	14	12	26
(*b*) Depressive	5	8	13
(*c*) Other	-----	-----	-----
Involutional melancholia	2	3	5
Paranoia and paranoid states	3	1	4
Senile psychosis	6	2	8
Pre-senile psychosis	1	1	2
Psychosis with cerebral arteriosclerosis	3	4	7
Alcoholic psychosis	9	2	11
Psychosis of other demonstrable etiology, total	*8*	*10*	*18*
(*a*) Resulting from brain tumour	-----	2	2
(*b*) Resulting from epilepsy and other convulsive disorders	5	3	8
(*c*) Psychosis secondary or due to infective or parasitic diseases	-----	-----	-----
(*d*) Psychosis due to allergic, endocrine, metabolic, and nutrition diseases	-----	-----	-----
(*e*) Psychosis due to diseases of circulatory system	-----	-----	-----
(*f*) Psychosis due to diseases of nervous system and sense organs	1	2	3
(*g*) Psychosis due to drugs and other exogenous poisons	-----	3	3
(*h*) Psychosis due to accidents and violence	2	-----	2
(*i*) Psychosis due to other conditions	-----	-----	-----
Other and unspecified psychoses, total	*1*	*2*	*3*
(*a*) Psychosis with psychopathic personality	-----	1	1
(*b*) Psychosis with mental deficiency	1	1	2
(*c*) Other unspecified	-----	-----	-----
Psychoneurosis, total	*9*	*19*	*28*
(*a*) Anxiety reaction	3	6	9
(*b*) Hysterical reaction	-----	-----	-----
(*c*) Phobic reaction	-----	-----	-----
(*d*) Obsessive-compulsive reaction	-----	3	3
(*e*) Neurotic-depressive reaction	3	9	12
(*f*) Psychoneurosis with somatic symptoms—circulatory system	-----	-----	-----
(*g*) Psychoneurosis with somatic symptoms—digestive system	-----	-----	-----
(*h*) Psychoneurosis with somatic symptoms—other systems	-----	-----	-----
(*i*) Psychoneurosis—other types	3	1	4
Syphilis and its sequelæ, total	*1*	-----	*1*
(*a*) Congenital syphilis	-----	-----	-----
(*b*) Tabes dorsalis	-----	-----	-----
(*c*) General paralysis of insane	1	-----	1
(*d*) Other syphilis of central nervous system	-----	-----	-----
Undiagnosed	-----	-----	-----
Without psychosis, total	*92*	*27*	*119*
Disorders of character, behaviour, and intelligence, total	*9*	*6*	*15*
(*a*) Psychopathic personality	9	6	15
(*b*) Immature personality	-----	-----	-----
Alcoholism, total	*72*	*16*	*88*
(*a*) Acute	-----	-----	-----
(*b*) Chronic	72	16	88
(*c*) Unspecified	-----	-----	-----
Drug addiction	1	-----	1
Primary childhood behaviour disorders	-----	-----	-----
Mental deficiency, total	*5*	*5*	*10*
(*a*) Idiocy	2	-----	2
(*b*) Imbecility	-----	5	5
(*c*) Moron	1	-----	1
(*d*) Border-line	-----	-----	-----
(*e*) Mongolism	1	-----	1
(*f*) Mental deficiency with epilepsy	-----	-----	-----
(*g*) Other and unspecified types	1	-----	1
Other and unspecified character, behaviour, and intelligence disorders	-----	-----	-----
Epilepsy, total	*5*	-----	*5*
(*a*) Petit mal	-----	-----	-----
(*b*) Grand mal	2	-----	2
(*c*) Status epilepticus	-----	-----	-----
(*d*) Other and unspecified	3	-----	3
Observation without need for further medical care—mental	-----	-----	-----

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TABLE NO. 13.—SHOWING AGE-GROUPS OF FIRST ADMISSIONS BY PSYCHOSES FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Psychosis	Total			Under 15 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years			45–49 Years			50–54 Years			55–59 Years			60–64 Years			65–69 Years			70 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	128	147	275	—	1	1	11	6	17	21	18	39	21	24	45	17	27	44	23	24	47	15	16	31	9	14	23	5	7	12	1	5	6	1	4	5	3	—	3	1	1	2
Manic-depressive reaction	13	23	36	—	—	—	—	1	1	1	1	2	—	—	—	2	4	6	3	3	6	—	1	1	—	2	2	3	2	5	—	3	3	1	2	3	3	3	6	—	1	1
Involutional melancholia	12	17	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	1	2	3	—	5	5	3	1	4	4	5	9	3	—	3	1	1	2
Paranoia and paranoid states	7	9	16	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	3	4	—	1	1	2	1	3	—	1	1	2	—	2	1	2	3	—	—	—	1	—	1
Senile psychosis	81	52	133	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	3	3	7	2	9	74	46	120
Pre-senile psychosis	6	10	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	3	1	—	1	2	4	6	1	4	5	—	—	—
Psychosis with cerebral arterio-sclerosis	50	25	75	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3	2	5	10	9	19	20	9	29	17	4	21
Alcoholic psychosis	19	6	25	—	—	—	1	—	1	—	—	—	2	—	2	1	—	1	3	—	3	2	3	5	2	2	4	4	—	4	—	—	—	—	3	1	4	1	—	1	—	—	—
Psychosis of other demonstrable etiology	25	16	41	—	—	—	—	1	1	—	—	—	2	3	5	2	—	2	3	2	5	1	2	3	4	3	7	5	—	5	2	2	4	2	2	4	3	1	4	1	—	1
Psychosis with psychopathic personality	2	1	3	—	—	—	1	—	1	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychosis with mental deficiency	3	7	10	—	—	—	—	1	1	1	1	2	—	1	1	—	—	—	—	2	2	2	—	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneurosis	40	46	86	—	—	—	1	1	2	—	2	2	2	8	10	4	6	10	4	6	10	10	3	13	4	4	8	4	5	9	1	5	6	2	5	7	5	1	6	3	—	3
Syphilis and its sequelæ	12	6	18	—	—	—	—	—	—	1	—	1	—	—	—	1	—	1	1	—	1	1	—	1	3	1	4	—	1	1	1	—	1	3	3	6	1	—	1	—	1	1
Undiagnosed	2	2	4	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	1	—	1
Without Psychosis																																										
Psychopathic personality	11	14	25	—	—	—	2	2	4	2	3	5	1	4	5	1	—	1	—	—	—	2	2	4	1	—	1	—	—	—	—	1	1	1	2	3	—	—	—	1	—	1
Immature personality	1	1	2	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Alcoholism	113	11	124	—	—	—	—	—	—	—	—	—	4	—	4	18	1	19	22	5	27	19	3	22	25	1	26	10	—	10	8	1	9	5	—	5	2	—	2	—	—	—
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary childhood behaviour disorders	2	—	2	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental deficiency	100	85	185	76	66	142	8	8	16	6	5	11	1	1	2	4	1	5	2	2	4	1	1	2	—	1	1	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Other and unspecified character, behaviour, and intelligence disorders	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	2	5	7	—	—	—	1	—	1	1	2	3	—	2	2	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Observation without need for further medical care—mental	3	—	3	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—
Totals	632	484	1,116	77	67	144	26	20	46	33	32	65	35	46	81	51	40	91	62	47	109	53	36	89	51	34	85	35	23	58	24	22	46	36	42	78	49	21	70	100	54	154

TABLE NO. 14.—SHOWING AGE-GROUPS OF READMISSIONS BY PSYCHOSES FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Psychosis	Total			Under 15 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years			45–49 Years			50–54 Years			55–59 Years			60–64 Years			65–69 Years			70 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	58	80	138					1	1	4	9	13	17	9	26	10	15	25	10	21	31	5	9	14	8	7	15	1	1	2	1	2	3	2	3	5		3	3			
Manic-depressive reaction	19	20	39														2	2	1	5	6	2	1	3		1	1	5	2	7	5	3	8	1	3	4	3	2	5	2	1	3
Involutional melancholia	2	3	5														1	1		1	1										1		1	1		1					1	1
Paranoia and paranoid states	3	1	4																						1		1		1	1				1		1				1		1
Senile psychosis	6	2	8																																		2	1	3	4	1	5
Pre-senile psychosis	1	1	2																									1		1								1	1			
Psychosis with cerebral arterio-sclerosis	3	4	7																															2	2	2	2	4	1		1
Alcoholic psychosis	9	2	11										1		1	1		1	3		3	3	1	4	1	1	2														
Psychosis of other demonstrable etiology	8	10	18										1		1	2		2		1	1	1	6	7	3	2	5	1	1	2											
Psychosis with psychopathic personality		1	1											1	1																										
Psychosis with mental deficiency	1	1	2							1	1	2																														
Psychoneurosis	9	19	28								1	1		3	3		1	1		1	1	2	2	4	1	3	4	2	2	4		4	4	1	2	3	2		2	1		1
Syphilis and its sequelæ	1		1																						1		1														
Undiagnosed																																										
Without Psychosis																																										
Psychopathic personality	9	6	15							1		1		1	1	1	1	2	2	1	3	2	1	3		1	1	2	1	3				1		1						
Immature personality																																										
Alcoholism	72	16	88							2		2				6	1	7	14	6	20	12	3	15	17	4	21	8	1	9	10	1	11	3		3						
Drug addiction	1		1													1		1																							
Primary childhood behaviour disorders																																										
Mental deficiency	5	5	10	2		2				1		1	1		1	1	4	5											1	1											
Other and unspecified character, behaviour, and intelligence disorders																																										
Epilepsy	5		5				1		1	1		1							1		1	2		2																		
Observation without need for further medical care—mental																																										
Totals	212	171	383	2		2	1	1	2	10	11	21	20	14	34	22	25	47	31	36	67	29	23	52	32	20	52	20	9	29	17	10	27	10	10	20	9	9	18	9	3	12

TABLE NO. 15.—SHOWING ECONOMIC STATUS OF FIRST ADMISSIONS BY PSYCHOSES FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Psychosis	Total			Dependent			Marginal			Comfortable		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	128	147	275	9	8	17	117	138	255	2	1	3
Manic-depressive reaction	13	23	36	.....	2	2	13	20	33	.....	1	1
Involutional melancholia	12	17	29	2	1	3	8	15	23	2	1	3
Paranoia and paranoid states	7	9	16	1	.....	1	6	9	15	.....	.....	.....
Senile psychosis	81	52	133	35	24	59	34	22	56	12	6	18
Pre-senile psychosis	6	10	16	.....	2	2	6	8	14	.....	.....	.....
Psychosis with cerebral arteriorsclerosis	50	25	75	16	4	20	28	19	47	6	2	8
Alcoholic psychosis	19	6	25	1	.....	1	18	6	24	.....	.....	.....
Psychosis of other demonstrable etiology	25	16	41	1	3	4	24	13	37	.....	.....	.....
Psychosis with psychopathic personality	2	1	3	1	.....	1	1	1	2	.....	.....	.....
Psychosis with mental deficiency	3	7	10	1	3	4	2	4	6	.....	.....	.....
Psychoneurosis	40	46	86	1	1	2	37	45	82	2	.....	2
Syphilis and its sequelæ	12	6	18	1	.....	1	10	6	16	1	.....	1
Undiagnosed	2	2	4	1	.....	1	1	2	3	.....	.....	.....
Without Psychosis												
Psychopathic personality	11	14	25	.....	4	4	11	10	21	.....	.....	.....
Immature personality	1	1	2	.....	.....	.....	1	1	2	.....	.....	.....
Alcoholism	113	11	124	3	.....	3	108	11	119	2	.....	2
Drug addiction	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Primary childhood behaviour disorders	2	.....	2	2	.....	2	.....	.....	.....	.....	.....	.....
Mental deficiency	100	85	185	93	82	175	7	3	10	.....	.....	.....
Other and unspecified character, behaviour, and intelligence disorders	.....	1	1	.....	.....	.....	.....	1	1	.....	.....	.....
Epilepsy	2	5	7	1	1	2	1	4	5	.....	.....	.....
Observation without need for further medical care—mental	3	.....	3	.....	.....	.....	3	.....	3	.....	.....	.....
Totals	632	484	1,116	169	135	304	436	338	774	27	11	38

TABLE NO. 16.—SHOWING USE OF ALCOHOL OF FIRST ADMISSIONS BY PSYCHOSES FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Psychosis	Total			Abstinent			Temperate			Intemperate		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	128	147	275	63	123	186	47	18	65	18	6	24
Manic-depressive reaction	13	23	36	7	21	28	4	2	6	2	.....	2
Involutional melancholia	12	17	29	7	15	22	5	2	7	.....	.....	.....
Paranoia and paranoid states	7	9	16	3	6	9	4	2	6	.....	1	1
Senile psychosis	81	52	133	62	50	112	16	2	18	3	.....	3
Pre-senile psychosis	6	10	16	1	6	7	5	3	8	.....	1	1
Psychosis with cerebral arteriorsclerosis	50	25	75	32	23	55	14	1	15	4	1	5
Alcoholic psychosis	19	6	25	.....	.....	.....	.....	.....	.....	19	6	25
Psychosis of other demonstrable etiology	25	16	41	12	11	23	11	3	14	2	2	4
Psychosis with psychopathic personality	2	1	3	2	1	3	.....	.....	.....	.....	.....	.....
Psychosis with mental deficiency	3	7	10	1	7	8	2	.....	2	.....	.....	.....
Psychoneurosis	40	46	86	18	32	50	8	12	20	14	2	16
Syphilis and its sequelæ	12	6	18	7	4	11	5	2	7	.....	.....	.....
Undiagnosed	2	2	4	2	1	3	.....	1	1	.....	.....	.....
Without Psychosis												
Psychopathic personality	11	14	25	.....	2	2	5	8	13	6	4	10
Immature personality	1	1	2	.....	.....	.....	.....	1	1	1	.....	1
Alcoholism	113	11	124	.....	.....	.....	.....	.....	.....	113	11	124
Drug addiction	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Primary childhood behaviour disorders	2	.....	2	2	.....	2	.....	.....	.....	.....	.....	.....
Mental deficiency	100	85	185	99	84	183	1	.....	1	.....	1	1
Other and unspecified character, behaviour, and intelligence disorders	.....	1	1	.....	.....	.....	.....	.....	.....	.....	1	1
Epilepsy	2	5	7	1	4	5	.....	1	1	1	.....	1
Observation without need for further medical care—mental	3	.....	3	1	.....	1	1	.....	1	1	.....	1
Totals	632	484	1,116	320	390	710	128	58	186	184	36	220

TABLE NO. 17.—SHOWING CONJUGAL CONDITIONS OF FIRST ADMISSIONS BY PSYCHOSES FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Psychosis	Total			Single			Married			Widowed			Divorced			Separated		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	128	147	275	94	47	141	27	78	105	2	7	9	1	6	7	4	9	13
Manic-depressive reaction	13	23	36	3	3	6	8	18	26	1	2	3	.....	.....	.....	1	.....	1
Involutional melancholia	12	17	29	3	.....	3	6	11	17	1	5	6	.....	1	1	2	.....	2
Paranoia and paranoid states	7	9	16	3	3	6	3	1	4	1	2	3	.....	1	1	.....	2	2
Senile psychosis	81	52	133	21	8	29	34	16	50	22	27	49	1	.....	1	3	1	4
Pre-senile psychosis	6	10	16	1	1	2	4	3	7	.....	5	5	.....	.....	.....	1	1	2
Psychosis with cerebral arterio-sclerosis	50	25	75	14	2	16	18	13	31	9	9	18	2	.....	2	7	1	8
Alcoholic psychosis	19	6	25	12	.....	12	3	4	7	1	1	2	1	1	2	2	.....	2
Psychosis of other demonstrable etiology	25	16	41	9	7	16	14	6	20	.....	3	3	.....	.....	.....	2	.....	2
Psychosis with psychopathic personality	2	1	3	1	1	2	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Psychosis with mental deficiency	3	7	10	3	6	9	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Psychoneurosis	40	46	86	12	6	18	17	32	49	2	6	8	3	1	4	6	1	7
Syphilis and its sequelæ	12	6	18	4	.....	4	7	3	10	.....	2	2	.....	1	1	1	.....	1
Undiagnosed	2	2	4	1	.....	1	1	1	2	.....	1	1	.....	.....	.....	.....	.....	.....
Without Psychosis																		
Psychopathic personality	11	14	25	7	5	12	2	5	7	.....	1	1	.....	1	1	2	2	4
Immature personality	1	1	2	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	1	1
Alcoholism	113	11	124	41	1	42	36	5	41	3	.....	3	13	2	15	20	3	23
Drug addiction	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Primary childhood behaviour disorders	2	.....	2	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mental deficiency	100	85	185	100	84	184	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Other and unspecified character, behaviour, and intelligence disorders	.....	1	1	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy	2	5	7	2	2	4	.....	1	1	.....	.....	.....	.....	.....	.....	.....	2	2
Observation without need for further medical care—mental	3	.....	3	2	.....	2	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	632	484	1,116	335	177	512	183	199	382	42	71	113	21	14	35	51	23	74

TABLE NO. 18.—SHOWING CONJUGAL CONDITIONS OF READMISSIONS BY PSYCHOSES FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Psychosis	Total			Single			Married			Widowed			Divorced			Separated		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	58	80	138	44	33	77	11	32	43	1	5	6	----	2	2	2	8	10
Manic-depressive reaction	19	20	39	5	3	8	6	12	18	1	5	6	2	----	2	5	----	5
Involutional melancholia	2	3	5	----	1	1	2	2	4	----	----	----	----	----	----	----	----	----
Paranoia and paranoid states	3	1	4	1	----	1	1	1	2	1	----	1	----	----	----	----	----	----
Senile psychosis	6	2	8	3	----	3	3	2	5	----	----	----	----	----	----	----	----	----
Pre-senile psychosis	1	1	2	----	1	1	1	----	1	----	----	----	----	----	----	----	----	----
Psychosis with cerebral arterio-sclerosis	3	4	7	1	1	2	2	1	3	----	2	2	----	----	----	----	----	----
Alcoholic psychosis	9	2	11	4	----	4	----	----	----	2	----	2	1	2	3	2	----	2
Psychosis of other demonstrable etiology	8	10	18	4	3	7	1	4	5	2	1	3	----	1	1	1	1	2
Psychosis with psychopathic personality	----	1	1	----	1	1	----	----	----	----	----	----	----	----	----	----	----	----
Psychosis with mental deficiency	1	1	2	1	----	1	----	1	1	----	----	----	----	----	----	----	----	----
Psychoneurosis	9	19	28	3	3	6	5	15	20	1	----	1	----	----	----	----	1	1
Syphilis and its sequelæ	1	----	1	----	----	----	----	----	----	1	----	1	----	----	----	----	----	----
Undiagnosed	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Without Psychosis																		
Psychopathic personality	9	6	15	4	1	5	2	2	4	1	1	2	----	----	----	2	2	4
Immature personality	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Alcoholism	72	16	88	18	----	18	14	7	21	5	----	5	12	5	17	23	4	27
Drug addiction	1	----	1	----	----	----	----	----	----	----	----	----	----	----	----	1	----	1
Primary childhood behaviour disorders	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Mental deficiency	5	5	10	5	5	10	----	----	----	----	----	----	----	----	----	----	----	----
Other and unspecified character, behaviour, and intelligence disorders	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Epilepsy	5	----	5	3	----	3	1	----	1	----	----	----	----	----	----	1	----	1
Observation without need for further medical care—mental	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Totals	212	171	383	96	52	148	49	79	128	15	14	29	15	10	25	37	16	53

TABLE NO. 19.—SHOWING EDUCATION OF FIRST ADMISSIONS BY PSYCHOSES FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Psychosis	Total			Illiterate			Reads and Writes			Common School			High School			University		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	128	147	275	2	4	6	10	14	24	76	66	142	31	51	82	9	12	21
Manic-depressive reaction	13	23	36	.....	.....	.....	2	.....	2	7	15	22	4	6	10	.....	2	2
Involutional melancholia	12	17	29	.....	1	1	2	4	6	8	8	16	2	3	5	.....	1	1
Paranoia and paranoid states	7	9	16	.....	.....	.....	2	1	3	4	5	9	.....	3	3	1	.....	1
Senile psychosis	81	52	133	3	2	5	16	5	21	52	36	88	7	8	15	3	1	4
Pre-senile psychosis	6	10	16	.....	.....	.....	.....	1	1	6	4	10	.....	3	3	.....	2	2
Pyschosis with cerebral arterio-sclerosis	50	25	75	1	.....	1	11	1	12	27	18	45	7	6	13	4	.....	4
Alcoholic psychosis	19	6	25	1	.....	1	3	1	4	11	3	14	4	1	5	.....	1	1
Psychosis of other demonstrable etiology	25	16	41	1	2	3	3	2	5	18	8	26	1	3	4	2	1	3
Psychosis with psychopathic personality	2	1	3	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	1	1	2
Psychosis with mental deficiency	3	7	10	2	1	3	1	5	6	.....	1	1	.....	.....	.....	.....	.....	.....
Psychoneurosis	40	46	86	.....	1	1	3	1	4	26	25	51	6	18	24	5	1	6
Syphilis and its sequelæ	12	6	18	1	.....	1	4	1	5	7	3	10	.....	1	1	.....	1	1
Undiagnosed	2	2	4	.....	.....	.....	.....	.....	.....	2	1	3	.....	1	1	.....	.....	.....
Without Psychosis																		
Psychopathic personality	11	14	25	.....	2	2	.....	.....	.....	5	9	14	6	3	9	.....	.....	.....
Immature personality	1	1	2	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	1	.....	1
Alcoholism	113	11	124	1	.....	1	.....	1	1	64	5	69	35	5	40	13	.....	13
Drug addiction	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Primary childhood behaviour disorders	2	.....	2	1	.....	1	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....
Mental deficiency	100	85	185	91	78	169	7	5	12	2	2	4	.....	.....	.....	.....	.....	.....
Other and unspecified character, behaviour, and intelligence disorders	.....	1	1	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....
Epilepsy	2	5	7	.....	.....	.....	.....	1	1	2	1	3	.....	2	2	.....	1	1
Observation without need for further medical care—mental	3	.....	3	.....	.....	.....	1	.....	1	1	.....	1	.....	.....	.....	1	.....	1
Totals	632	484	1,116	104	91	195	66	43	109	318	212	530	104	114	218	40	24	64

TABLE NO. 20.—SHOWING THE NATIVITY OF FIRST ADMISSIONS BY AGE-GROUPS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Age-group	Total			Canadian Born			British Born			Foreign Born			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years	77	67	144	75	67	142	2	-----	2	-----	-----	-----	-----	-----	-----
15–19 years	26	20	46	26	20	46	-----	-----	-----	-----	-----	-----	-----	-----	-----
20–24 ,,	33	32	65	28	29	57	2	-----	2	3	3	6	-----	-----	-----
25–29 ,,	35	46	81	27	37	64	2	5	7	6	4	10	-----	-----	-----
30–34 ,,	51	40	91	43	33	76	4	2	6	3	5	8	1	-----	1
35–39 ,,	62	47	109	50	38	88	5	5	10	7	4	11	-----	-----	-----
40–44 ,,	53	36	89	37	26	63	5	5	10	10	5	15	1	-----	1
45–49 ,,	51	34	85	29	11	40	9	10	19	13	13	26	-----	-----	-----
50–54 ,,	35	23	58	13	9	22	10	5	15	12	9	21	-----	-----	-----
55–59 ,,	24	22	46	5	7	12	10	11	21	9	4	13	-----	-----	-----
60–64 ,,	36	42	78	13	15	28	18	16	24	15	10	25	-----	1	1
65–69 ,,	49	21	70	11	5	16	24	11	35	14	5	19	-----	-----	-----
70 years and over	100	54	154	36	21	57	42	29	71	21	3	24	1	1	2
Totals	632	484	1,116	393	318	711	123	99	222	113	65	178	3	2	5

TABLE NO. 21.—SHOWING COUNTRY OF BIRTH OF FIRST ADMISSIONS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Country	Male	Female	Total
Australia	1	1	2
Austria	4	2	6
China	12	1	13
Czechoslovakia	2	2	4
Denmark	3	-----	3
England	81	65	146
Estonia	1	1	2
Finland	6	-----	6
France	2	-----	2
Galicia	1	-----	1
Germany	2	2	4
Holland	1	3	4
Hungary	1	2	3
India	1	-----	1
Ireland	12	8	20
Italy	4	1	5
Japan	-----	1	1
Java	1	-----	1
Liberia	1	-----	1
Lithuania	1	-----	1
New Zealand	-----	1	1
Normandy	-----	1	1
Norway	10	3	13
Poland	5	9	14
Porto Rico	1	-----	1
Roumania	-----	1	1
Russia	5	3	8
Scotland	28	22	50
South Africa	1	-----	1
Sweden	9	3	12
Switzerland	3	-----	3
Ukraine	1	1	2
United States	31	26	57
Unknown	3	2	5
Yugoslavia	3	1	4
Wales	2	4	6
Canada—			
Alberta	37	32	69
British Columbia	151	157	308
Manitoba	38	30	68
New Brunswick	17	2	19
Newfoundland	3	-----	3
Nova Scotia	15	3	18
Ontario	71	39	110
Prince Edward Island	2	4	6
Quebec	14	2	16
Saskatchewan	43	49	92
Yukon Territory	2	-----	2
Totals	632	484	1,116

TABLE NO. 22.—SHOWING THE CITIZENSHIP OF FIRST ADMISSIONS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Citizenship	Male	Female	Total
Canadian by birth	393	318	711
British born who have resided in Canada five years or more	115	92	207
British born who have resided in Canada less than five years	6	7	13
Alien born (naturalized)	39	20	59
Alien born who have resided in Canada five years or more (not naturalized)	63	34	97
Alien born who have resided in Canada less than five years	9	10	19
Unknown	7	3	10
Totals	632	414	1,116

TABLE NO. 23.—SHOWING THE RELIGION OF FIRST ADMISSIONS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Religion	Male	Female	Total
Anglican	135	123	258
Baptist	16	10	26
Buddhist	-----	1	1
Christian Science	3	2	5
Confucian	6	1	7
Doukhobor	1	2	3
Father Devine's Faith	1	-----	1
Four-square Gospel	1	-----	1
Greek Catholic	4	6	10
Greek Orthodox	5	2	7
Hebrew	3	2	5
Jehovah's Witness	-----	1	1
Latter-day Saints	-----	2	2
Lutheran	40	19	59
Mennonite	3	5	8
Methodist	6	4	10
No religion	9	3	12
Pentecostal	2	4	6
Plymouth Brethren	1	-----	1
Presbyterian	42	32	74
Protestant	140	103	243
Rosicrucian	1	-----	1
Roman Catholic	117	78	195
Russian Orthodox	-----	1	1
Salvation Army	6	1	7
Seventh-day Adventist	-----	1	1
Spiritualist	-----	1	1
United Church	82	75	157
Unknown	8	5	13
Totals	632	484	1,116

TABLE NO. 24.—SHOWING AGE-GROUPS OF FIRST ADMISSIONS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Age-group	Male	Female	Total
Under 15 years	77	67	144
15–19 years	26	20	46
20–24 ,,	33	32	65
25–29 ,,	35	46	81
30–34 ,,	51	40	91
35–39 ,,	62	47	109
40–44 ,,	53	36	89
45–49 ,,	51	34	85
50–54 ,,	35	23	58
55–59 ,,	24	22	46
60–64 ,,	36	42	78
65–69 ,,	49	21	70
70 years and over	100	54	154
Totals	632	484	1,116

TABLE NO. 25.—SHOWING AGE-GROUPS OF READMISSIONS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Age-group	Male	Female	Total
Under 15 years	2	----	2
15–19 years	1	1	2
20–24 ,,	11	10	21
25–29 ,,	19	15	34
30–34 ,,	22	24	46
35–39 ,,	31	36	67
40–44 ,,	28	23	51
45–49 ,,	32	20	52
50–54 ,,	21	8	29
55–59 ,,	17	11	28
60–64 ,,	8	11	19
65–69 ,,	11	9	20
70 years and over	9	3	12
Totals	212	171	383

TABLE NO. 26.—SHOWING THE PREVIOUS OCCUPATIONS OF FIRST ADMISSIONS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Occupation	Male	Female	Total
Accountant	6	-----	6
Advertising-writer	2	-----	2
Aircraft-fitter	1	-----	1
Apprentice	1	-----	1
Artist	1	-----	1
Auto-court operator	1	-----	1
Bacteriologist	-----	1	1
Baker	3	-----	3
Barber	2	-----	2
Bar-tender	1	-----	1
Beautician	-----	1	1
Blacksmith	1	-----	1
Bodyman	1	-----	1
Brakeman	2	-----	2
Broker	1	-----	1
Business-man	1	-----	1
Butcher	2	-----	2
Bus-boy	1	-----	1
Carpenter	11	-----	11
Caterer	1	-----	1
Caterpillar operator	1	-----	1
Chambermaid	-----	2	2
Checker	1	-----	1
Chimney-sweeper	1	-----	1
China-packer	1	-----	1
Civil Servant	-----	1	1
Clerk	9	9	18
Coffeeshop-owner	-----	1	1
Construction-worker	7	-----	7
Cook	9	1	10
Custodian	1	-----	1
Decorator	2	-----	2
Deck-hand	1	-----	1
Domestic	-----	37	37
Driller	2	-----	2
Druggist	1	-----	1
Egg-grader	1	-----	1
Electrical technician	1	-----	1
Engineer	9	-----	9
Factory-worker	3	2	5
Faller	1	-----	1
Farmer	27	2	29
Film technician	1	-----	1
Fireman	3	-----	3
First-aid man	1	-----	1
Fisherman	8	-----	8
Floor-layer	1	-----	1
Flunkey	1	-----	1
Forester	1	-----	1
Furrier	1	-----	1
Gardener	3	-----	3
Groom	1	-----	1
Homemaker	-----	237	237
Hunter	1	-----	1
Inspector	1	-----	1
Iron-worker	1	-----	1
Janitor	5	-----	5
Kitchen-helper	3	-----	3
Laboratory technician	-----	1	1
Labourer	91	-----	91
Landlady	-----	1	1
Laundry-worker	1	2	3
Lawyer	1	-----	1
Locksmith	1	-----	1
Logger	40	-----	40
Carried forward	283	298	581

Occupation	Male	Female	Total
Brought forward	283	298	581
Longshoreman	1	-----	1
Lumber inspector	1	-----	1
Machinist	8	-----	8
Manager	-----	1	1
Mechanic	6	-----	6
Merchant	1	-----	1
Milk inspector	1	-----	1
Mill-worker	8	1	9
Miner	7	-----	7
Musician	1	-----	1
Music-teacher	-----	1	1
Newspaper-man	1	-----	1
No occupation	105	95	200
Nurse, dental	-----	1	1
Nurse, practical	-----	1	1
Nurse	1	7	8
Nurse's aide	-----	2	2
Office-boy	1	-----	1
Optical technician	1	-----	1
Orderly	1	-----	1
Painter	10	-----	10
Peddler	1	-----	1
Pensioner	1	-----	1
Physician	1	-----	1
Pile-driver	1	-----	1
Pipe-fitter	1	-----	1
Plasterer	1	-----	1
Plumber	3	-----	3
Printer	3	-----	3
Prospector	2	-----	2
Radio officer	1	-----	1
Radio technician	1	-----	1
Railroad agent	1	-----	1
Retired	97	35	132
Salesman	23	2	25
Saw-filer	1	-----	1
Seaman	7	-----	7
Secretary	-----	3	3
Shipyard-worker	3	-----	3
Shoemaker	2	-----	2
Smelter-man	3	-----	3
Soldier	1	-----	1
Steam-cleaner	1	-----	1
Stenographer	-----	12	12
Steward	3	-----	3
Stoker	1	-----	1
Storekeeper	3	-----	3
Student	8	6	14
Tailoress	-----	1	1
Teacher	1	1	2
Telegrapher	1	-----	1
Teletypist	-----	1	1
Telephone operator	-----	1	1
Tireman	1	-----	1
Trapper	2	-----	2
Trainman	1	-----	1
Truck-driver	9	-----	9
Tug-boat dispatcher	1	-----	1
Typist	-----	3	3
Veterinary surgeon	1	-----	1
Waiter	1	8	9
Warehouse-worker	1	-----	1
Welder	1	-----	1
Unknown	5	4	9
Totals	632	484	1,116

TABLE NO. 27.—SHOWING THE METHOD OF COMMITMENT OF FIRST ADMISSIONS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Method of Commitment	Male	Female	Total
Certified	409	394	803
Voluntary	178	74	252
Warrant	-----	-----	-----
Otherwise—			
Order in Council	9	1	10
Urgency	31	15	46
Yukon	5	-----	5
Totals	632	484	1,116

TABLE NO. 28.—SHOWING THE METHOD OF COMMITMENT OF READMISSIONS FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Method of Commitment	Male	Female	Total
Certified	85	113	198
Voluntary	114	47	161
Warrant	1	-----	1
Otherwise—			
Order in Council	4	1	5
Urgency	8	10	18
Totals	212	171	383

TABLE NO. 29.—SHOWING RURAL-URBAN STATUS OF FIRST ADMISSIONS BY PSYCHOSES FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Psychosis	Total			Rural			Urban		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	128	147	275	24	20	44	104	127	231
Manic-depressive reaction	13	23	36	4	5	9	9	18	27
Involutional melancholia	12	17	29	4	5	9	8	12	20
Paranoia and paranoid states	7	9	16	3	1	4	4	8	12
Senile psychosis	81	52	133	16	7	23	65	45	110
Pre-senile psychosis	6	10	16	1	1	2	5	9	14
Psychosis with cerebral arteriosclerosis	50	25	75	7	3	10	43	22	65
Alcoholic psychosis	19	6	25	6	1	7	13	5	18
Psychosis of other demonstrable etiology	25	16	41	8	2	10	17	14	31
Psychosis with psychopathic personality	2	1	3	-----	-----	-----	2	1	3
Psychosis with mental deficiency	3	7	10	2	1	3	1	6	7
Psychoneurosis	40	46	86	7	10	17	33	36	69
Syphilis and its sequelæ	12	6	18	1	1	2	11	5	16
Undiagnosed	2	2	4	-----	-----	-----	2	2	4
Without Psychosis									
Psychopathic personality	11	14	25	1	4	5	10	10	20
Immature personality	1	1	2	-----	-----	-----	1	1	2
Alcoholism	113	11	124	5	1	6	108	10	118
Drug addiction	-----	-----	-----	-----	-----	-----	-----	-----	-----
Primary childhood behaviour disorders	2	-----	2	1	-----	1	1	-----	1
Mental deficiency	100	85	185	19	16	35	81	69	150
Other and unspecified character, behaviour, and intelligence disorders	-----	1	1	-----	-----	-----	-----	1	1
Epilepsy	2	5	7	-----	1	1	2	4	6
Observation	3	-----	3	-----	-----	-----	3	-----	3
Totals	632	484	1,116	109	79	188	523	405	928

TABLE NO. 30.—SHOWING AGE-GROUPS OF DISCHARGED PATIENTS BY PSYCHOSES FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Psychosis	Total			Under 15 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years			45–49 Years			50–54 Years			55–59 Years			60–64 Years			65–69 Years			70 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	245	176	421	1	1	2	4	4	8	17	17	34	32	27	59	30	45	75	33	40	73	15	9	24	10	16	26	4	6	10	5	4	9	44	3	47	34	3	37	16	1	17
Manic-depressive reaction	29	46	75	—	—	—	—	1	1	—	2	2	1	1	2	5	5	10	2	7	9	5	4	9	1	4	5	3	6	9	4	3	7	5	7	12	3	5	8	—	1	1
Involutional melancholia	10	22	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	4	5	—	5	5	2	7	9	4	3	7	3	—	3	—	2	2
Paranoia and paranoid states	20	5	25	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3	—	3	4	—	4	6	1	7	—	—	—	—	1	1	2	1	3	2	—	2	3	1	4
Senile psychosis	108	39	147	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	15	2	17	90	37	127
Pre-senile psychosis	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1	1	1	3	4	—	—	—
Psychosis with cerebral arterio-sclerosis	27	8	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	3	4	2	—	2	5	2	7	18	2	20
Alcoholic psychosis	26	3	29	—	—	—	1	—	1	—	—	—	2	—	2	2	—	2	3	—	3	6	1	7	3	—	3	5	—	5	2	1	3	1	1	2	1	—	1	—	—	—
Psychosis of other demonstrable etiology	25	18	43	—	—	—	—	1	1	2	1	3	3	—	3	2	3	5	3	4	7	3	4	7	1	4	5	1	—	1	1	—	1	6	1	7	3	—	3	—	—	—
Psychosis with psychopathic personality	9	6	15	—	—	—	—	—	—	1	—	1	2	4	6	1	1	2	3	—	3	—	1	1	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychosis with mental deficiency	5	10	15	—	—	—	2	—	2	—	4	4	—	2	2	1	1	2	—	2	2	—	1	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	1
Psychoneurosis	51	67	118	—	—	—	1	1	2	—	5	5	3	8	11	5	12	17	6	9	15	8	4	12	10	8	18	6	4	10	—	6	6	4	9	13	6	1	7	2	—	2
Syphilis and its sequelæ	18	4	22	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1	1	1	2	2	—	2	2	—	2	4	1	5	1	—	1	6	1	7	—	—	—	—	1	1
Undiagnosed	1	2	3	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without Psychosis																																										
Psychopathic personality	27	20	47	—	—	—	1	3	4	5	2	7	1	6	7	5	1	6	1	3	4	7	2	9	1	2	3	3	—	3	1	1	2	1	—	1	—	—	—	1	—	1
Immature personality	1	1	2	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Alcoholism	191	29	220	—	—	—	—	—	—	4	—	4	7	1	8	27	3	30	33	9	42	25	8	33	47	6	53	25	1	26	14	1	15	7	—	7	2	—	2	—	—	—
Drug addiction	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary childhood behaviour disorders	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental deficiency	13	6	19	6	—	6	3	2	5	2	1	3	—	3	3	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other and unspecified character, behaviour, and intelligence disorders	2	—	2	—	—	—	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	4	4	8	—	—	—	—	—	—	1	2	3	1	—	1	—	—	—	1	—	1	1	1	2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Observation without need for further medical care—mental	2	—	2	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	818	470	1,288	7	1	8	14	12	26	34	34	68	54	54	108	81	72	153	90	76	166	77	35	112	84	45	129	53	25	78	31	28	59	86	27	113	75	16	91	132	45	177

TABLE NO. 31.—SHOWING DURATION OF LAST HOSPITAL RESIDENCE OF DISCHARGED PATIENTS BY PSYCHOSES FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Psychosis	Total			Less than 1 Month			1–4 Months			4–8 Months			8–12 Months			1–2 Years			2–3 Years			3–5 Years			5–10 Years			10 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	245	176	421	17	6	23	51	65	116	38	47	85	22	19	41	16	17	33	9	7	16	7	8	15	15	4	19	70	3	73
Manic-depressive	29	46	75	3	3	6	6	20	26	9	15	24	4	2	6	5	4	9	____	____	____	____	1	1	1	1	2	1	____	1
Involutional melancholia	10	22	32	____	1	1	4	11	15	2	4	6	____	2	2	4	2	6	____	2	2	____	____	____	____	____	____	____	____	____
Paranoia and paranoid states	20	5	25	3	____	3	6	3	9	3	1	4	2	____	2	5	____	5	1	____	1	____	____	____	____	____	____	____	1	1
Senile psychosis	108	39	147	73	31	104	1	2	3	1	3	4	____	1	1	____	____	____	1	____	1	3	____	3	7	____	7	22	2	24
Pre-senile psychosis	2	4	6	____	____	____	1	1	2	____	____	____	____	1	1	____	____	____	1	1	2	____	1	1	____	____	____	____	____	____
Psychosis with cerebral arterio-sclerosis	27	8	35	17	1	18	2	1	3	2	3	5	____	2	2	2	1	3	1	____	1	2	____	2	1	____	1	____	____	____
Alcoholic psychosis	26	3	29	10	1	11	12	2	14	1	____	1	1	____	1	2	____	2	____	____	____	____	____	____	____	____	____	____	____	____
Psychosis of other demonstrable etiology	25	18	43	2	1	3	14	10	24	1	3	4	3	____	3	2	1	3	____	____	____	1	1	2	____	2	2	2	____	2
Psychosis with psychopathic personality	9	6	15	____	1	1	1	1	2	3	2	5	2	____	2	3	2	5	____	____	____	____	____	____	____	____	____	____	____	____
Psychosis with mental deficiency	5	10	15	____	1	1	____	1	1	1	1	2	1	2	3	1	1	2	____	1	1	____	____	____	1	3	4	1	____	1
Psychoneurosis	51	67	118	14	14	28	30	33	63	3	15	18	2	3	5	2	2	4	____	____	____	____	____	____	____	____	____	____	____	____
Syphilis and its sequelæ	18	4	22	____	1	1	1	2	3	1	____	1	3	1	4	6	____	6	1	____	1	1	____	1	2	____	2	3	____	3
Undiagnosed	1	2	3	____	1	1	1	1	2	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____
Without Psychosis																														
Psychopathic personality	27	20	47	12	7	19	8	7	15	2	____	2	2	____	2	3	4	7	____	1	1	____	____	____	____	1	1	____	____	____
Immature personality	1	1	2	1	1	2	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____
Alcoholism	191	29	220	121	15	136	58	10	68	6	2	8	3	1	4	3	1	4	____	____	____	____	____	____	____	____	____	____	____	____
Drug addiction	1	____	1	____	____	____	____	____	____	1	____	1	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____
Primary childhood behaviour disorders	1	____	1	____	____	____	1	____	1	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____
Mental deficiency	13	6	19	1	____	1	3	1	4	1	____	1	1	____	1	2	2	4	4	1	5	____	____	____	____	2	2	1	____	1
Other and unspecified character, behaviour, and intelligence disorders	2	____	2	____	____	____	2	____	2	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____
Epilepsy	4	4	8	1	1	2	____	2	2	2	____	2	1	1	2	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____
Observation without need for further medical care—mental	2	____	2	1	____	1	1	____	1	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____
Totals	818	470	1,288	276	86	362	203	173	376	77	96	173	47	35	82	56	37	93	18	13	31	14	11	25	27	13	40	100	6	106

TABLE NO. 32.—SHOWING CONDITIONS OF PATIENTS ON DISCHARGE BY PSYCHOSES FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Pyschosis	Total			Recovered			Improved			Unimproved			Without Psychosis and Unclassified		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	245	176	421	32	37	69	94	107	201	119	32	151	.....	.....	.....
Manic-depressive reaction	29	46	75	7	21	28	16	20	36	6	5	11	.....	.....	.....
Involutional melancholia	10	22	32	5	9	14	3	11	14	2	2	4	.....	.....	.....
Paranoia and paranoid states	20	5	25	3	.....	3	8	3	11	9	2	11	.....	.....	.....
Senile psychosis	108	39	147	.....	.....	.....	1	2	3	107	37	144	.....	.....	.....
Pre-senile psychosis	2	4	6	.....	.....	.....	1	2	3	1	2	3	.....	.....	.....
Psychosis with cerebral arteriosclerosis	27	8	35	1	2	3	5	4	9	21	2	23	.....	.....	.....
Alcoholic psychosis	26	3	29	17	2	19	8	1	9	1	.....	1	.....	.....	.....
Psychosis of other demonstrable etiology	25	18	43	4	8	12	12	7	19	9	3	12	.....	.....	.....
Psychosis with psychopathic personality	9	6	15	1	1	2	7	5	12	1	.....	1	.....	.....	.....
Psychosis with mental deficiency	5	10	15	1	2	3	2	7	9	2	1	3	.....	.....	.....
Psychoneurosis	51	67	118	4	10	14	33	49	82	14	8	22	.....	.....	.....
Syphilis and its sequelæ	18	4	22	1	.....	1	9	3	12	8	1	9	.....	.....	.....
Undiagnosed	1	2	3	1	.....	1	.....	1	1	.....	1	1	.....	.....	.....
Without Psychosis															
Psychopathic personality	27	20	47	.....	.....	.....	.....	.....	.....	.....	.....	.....	27	20	47
Immature personality	1	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	2
Alcoholism	191	29	220	.....	.....	.....	.....	.....	.....	.....	.....	.....	191	29	220
Drug addiction	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Primary childhood behaviour disorders	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Mental deficiency	13	6	19	.....	.....	.....	.....	.....	.....	13	5	18	.....	1	1
Other and unspecified character, behaviour, and intelligence disorders	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2
Epilepsy	4	4	8	.....	.....	.....	.....	.....	.....	.....	.....	.....	4	4	8
Observation without need for further medical care—mental	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2
Totals	818	470	1,288	77	92	169	199	222	421	313	101	414	229	55	284

TABLE NO. 33.—SHOWING AGE-GROUPS OF PATIENTS WHO DIED FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Age-group	Male	Female	Total
Under 15 years	13	15	28
15–19 years	2	3	5
20–24 ,,	2	3	5
25–29 ,,	.....	.....	.....
30–34 ,,	2	3	5
35–39 ,,	4	2	6
40–44 ,,	2	6	8
45–49 ,,	7	3	10
50–54 ,,	9	5	14
55–59 ,,	7	5	12
60–64 ,,	23	11	34
65–69 ,,	32	14	46
70 years and over	32	18	50
Totals	135	88	223

TABLE NO. 34.—SHOWING AGE-GROUPS OF PATIENTS AT TIME OF DEATH BY PSYCHOSES FROM APRIL 1ST, 1950, TO MARCH 31ST, 1951

Psychosis	Total			Under 15 years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years			45–49 Years			50–54 Years			55–59 Years			60–64 Years			65–69 Years			70 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	41	15	56							1	1	2				1	1	2	3		3	1	2	3	2	1	3	2	1	3	1	2	3	11	3	14	10	3	13	9	1	10
Manic-depressive reaction	3	1	4														1	1																		2		2	1		1
Involutional melancholia	2		2																														2		2						
Paranoia and paranoid states	1	1	2																				1	1															1		1
Senile psychosis	13	13	26																														1	2	3	2	1	3	10	10	20
Pre-senile psychosis		1	1																										1	1										
Psychosis with cerebral arterio-sclerosis	22	18	40																									1		1	1	1	2	3	3	6	11	8	19	6	6	12
Alcoholic psychosis	1		1																																				1		1
Psychosis of other demonstrable etiology	18	7	25																1		1	1	2	3	3	2	5	4		4	3	1	4	1	1	2	4	1	5	1		1
Psychosis with psychopathic personality																																									
Psychosis with mental deficiency		2	2								1	1											1	1																	
Psychoneurosis	1	1	2																	1	1																		1		1
Syphilis and its sequelæ	9	4	13																	1	1				1		1		1	1	1		1	5	2	7	2		2		1	1
Undiagnosed	1		1																																				1		1
Without Psychosis																																									
Psychopathic personality		2	2					1	1																				1	1											
Immature personality																																									
Alcoholism																																									
Primary childhood behaviour disorders																																									
Mental deficiency	22	21	43	13	15	28	2	2	4	1		1				1	1	2		1	1				1		1	1		1	1	1	2				1	1	2	1		1
Other and unspecified character, behaviour, and intelligence disorders																																									
Epilepsy	1	2	3								1	1																1	1	2											
Observation without need for further medical care—mental																																									
Totals	135	88	223	13	15	28	2	3	5	2	3	5				2	3	5	4	2	6	2	6	8	7	3	10	9	5	14	7	5	12	23	11	34	32	14	46	32	18	50

CREASE CLINIC STATISTICAL TABLES

TABLE NO. 1.—SHOWING THE OPERATION OF THE CREASE CLINIC FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Movement of Population	Male	Female	Total	Total		
				Male	Female	Total
Admitted during three months, January, February, and March, 1951—						
By special Order in Council from the Provincial Mental Hospital, Essondale	14	26	40			
By ordinary forms	54	79	133			
By voluntary forms	41	50	91			
Total number under treatment, January 1st, 1951, to March 31st, 1951	-----	-----	-----	109	155	264
Discharged during January, February, and March, 1951—						
Recovered	9	17	26			
Improved	16	22	38			
Unimproved	11	12	23			
Without psychosis	4	3	7			
Died	-----	-----	-----			
				40	54	94
Total in residence, Crease Clinic, March 31st, 1951	-----	-----	-----	69	101	170

Daily average population	129.04
Percentage of discharges on admissions (not including deaths)	35.61
Percentage of patients recovered and improved to admissions	24.24
Percentage of deaths on whole number under treatment	------

TABLE NO. 2.—SHOWING IN SUMMARY FORM THE OPERATION OF THE CREASE CLINIC SINCE ITS INCEPTION

Year	Admissions	Discharges				Deaths	Number Resident at Close of Each Year	Increase	Decrease	Whole Number Treated	Percentage of Patients Recovered and Improved to Admissions	Percentage of Discharges to Admissions (Deaths Excluded)	Percentage of Deaths to Whole Number under Treatment
		Recovered	Improved	Unimproved	Without Psychosis								
January, February, and March, 1951	264	26	38	23	7	.....	170	.....	.....	264	24.24	35.61	.....

TABLE NO. 3.—SHOWING TOTAL NUMBER OF ADMISSIONS, DISCHARGES, AND DEATHS FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Month	Admissions			Discharges			Deaths		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1951									
January	53	81	134	5	10	15	-----	-----	-----
February	27	44	71	16	13	29	-----	-----	-----
March	29	30	59	19	31	50	-----	-----	-----
Totals	109	155	264	40	54	94	-----	-----	-----

TABLE NO. 4.—SHOWING WHAT DISTRICTS CONTRIBUTED PATIENTS FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Place of Residence	Male	Female	Total	Place of Residence	Male	Female	Total
Abbotsford	1	3	4	*Brought forward*	24	30	54
Alberni	2	-----	2	McBride	1	1	2
Burnaby	2	4	6	McGregor, Man.	-----	1	1
Chemainus	-----	1	1	Nanaimo	-----	3	3
Chilliwack	3	1	4	Nelson	2	1	3
Copper Canyon	1	-----	1	Newton	-----	1	1
Courtenay	1	1	2	New Westminster	8	11	19
Coquitlam	-----	1	1	North Vancouver	-----	6	6
Cultus Lake	1	1	2	Ootsa Lake	-----	1	1
Cumberland	1	-----	1	Penticton	3	2	5
Dawson City	1	-----	1	Pleasant Side	-----	1	1
Duncan	1	1	2	Port Coquitlam	-----	3	3
Eagle Bay	-----	1	1	Port Kells	-----	1	1
Enderby	-----	1	1	Prince George	2	3	5
Fruitvale	1	1	2	Prince Rupert	2	2	4
Gibsons	-----	1	1	Quesnel	1	1	2
Gordon River	1	-----	1	Rock Creek	1	-----	1
Grand Forks	-----	1	1	Richmond	-----	1	1
Haney	-----	1	1	Saanich	-----	2	2
Harewood	-----	1	1	Sardis	-----	2	2
Harrison Lake	1	-----	1	Sicamous	-----	1	1
Hazelton	-----	1	1	South Wellington	-----	1	1
Ingenika River	1	-----	1	Steveston	-----	2	2
Irvings Landing	1	-----	1	Surrey	1	1	2
Jordan River	1	-----	1	Trail	2	-----	2
Kamloops	1	-----	1	Vancouver	53	62	115
Kelowna	-----	2	2	Vernon	1	2	3
Kimberley	1	1	2	Victoria	6	11	17
Ladner	1	3	4	West Vancouver	-----	2	2
Langley	-----	1	1	White Rock	1	-----	1
Matsqui	1	-----	1	Yarrow	1	-----	1
Mission City	-----	2	2	Totals	109	155	264
Carried forward	24	30	54				

TABLE NO. 5.—SHOWING THE NUMBER OF ATTACKS IN THOSE ADMITTED FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Number of Attacks	Male	Female	Total
First	34	51	85
Second	33	43	76
Third	9	6	15
Fourth	1	10	11
Fifth	-----	-----	-----
Sixth	-----	2	2
Seventh	-----	1	1
Eighth	-----	-----	-----
Ninth	-----	-----	-----
Several	8	18	26
Without psychosis	7	6	13
Unknown	17	18	35
Totals	109	155	264

TABLE NO. 6.—SHOWING THE REPORTED DURATION OF MENTAL ILLNESS PRIOR TO ADMISSION FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Duration of Attack	Male	Female	Total
Under 1 week	7	12	19
„ 3 months	35	47	82
„ 6 „	7	18	25
„ 12 „	6	10	16
„ 2 years	3	4	7
„ 5 „	3	8	11
„ 10 „	2	6	8
„ 15 „	-----	-----	-----
Over 15 „	2	-----	2
Without psychosis (including mental deficients)	7	.6	13
Unknown	37	44	81
Life	-----	-----	-----
Totals	109	155	264

TABLE NO. 7.—SHOWING THE REPORTED CAUSE OF ATTACK IN THOSE ADMITTED FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Alleged Cause	Male	Female	Total
Alcohol	6	-----	6
Arteriosclerosis	3	2	5
Auricular fibrillation	-----	1	1
Constitutional	87	136	223
Drugs	1	2	3
Epilepsy	-----	4	4
Lues (syphilis)	4	1	5
Puerperium	-----	3	3
Unknown	1	-----	1
Without psychosis	7	6	13
Totals	109	155	264

TABLE NO. 8.—SHOWING THE NUMBER DISCHARGED AND RESULTS FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Results	Male	Female	Total
Discharged recovered	9	17	26
Discharged improved	16	22	38
Discharged unimproved	11	12	23
Without psychosis	4	3	7
Total discharges	40	54	94
Discharged to Mental Hospital	6	6	12
Total discharged to community	34	48	82

TABLE NO. 9.—SHOWING THE REPORTED DURATION OF MENTAL ILLNESS PRIOR TO ADMISSION IN THOSE DISCHARGED FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Alleged Duration	Male	Female	Total
Less than 1 week	3	-----	3
,, ,, 1 month	2	6	8
,, ,, 2 months	5	5	10
,, ,, 3 ,,	1	4	5
,, ,, 6 ,,	3	7	10
,, ,, 12 ,,	-----	3	3
,, ,, 2 years	-----	1	1
,, ,, 3 ,,	-----	2	2
3 years and over	3	2	5
Without psychosis	4	3	7
Unknown	19	21	40
Totals	40	54	94

TABLE NO. 10.—SHOWING PSYCHOSES OF FIRST ADMISSIONS FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Psychosis	Male	Female	Total
Totals	*108*	*155*	*263*
Schizophrenic disorders, total	*56*	*70*	*126*
(*a*) Simple type	16	10	26
(*b*) Hebephrenic type	----	2	2
(*c*) Catatonic type	8	9	17
(*d*) Paranoid type	25	18	43
(*e*) Others	7	31	38
Manic-depressive reaction, total	*1*	*9*	*10*
(*a*) Manic and circular	1	6	7
(*b*) Depressive	----	3	3
(*c*) Other	----	----	----
Involutional melancholia	----	7	7
Paranoia and paranoid states	----	1	1
Senile psychosis	----	----	----
Pre-senile psychosis	----	1	1
Psychosis with cerebral arteriosclerosis	3	2	5
Alcoholic psychosis	6	----	6
Psychosis of other demonstrable etiology, total	*1*	*8*	*9*
(*a*) Resulting from brain tumour	----	----	----
(*b*) Resulting from epilepsy and other convulsive disorders	----	4	4
(*c*) Psychosis secondary or due to infective or parasitic diseases	----	----	----
(*d*) Psychosis due to allergic, endocrine, metabolic, and nutritional diseases	----	----	----
(*e*) Psychosis due to diseases of circulatory system	----	----	----
(*f*) Psychosis due to diseases of nervous system and sense organs	----	2	2
(*g*) Psychosis due to drugs and other exogenous poisons	1	2	3
(*h*) Psychosis due to accidents and violence	----	----	----
(*i*) Psychosis due to other conditions	----	----	----
Other and unspecified psychoses, total	*2*	*1*	*3*
(*a*) Psychosis with psychopathic personality	----	1	1
(*b*) Psychosis with mental deficiency	2	----	2
(*c*) Other unspecified	----	----	----
Psychoneurosis, total	*29*	*49*	*78*
(*a*) Anxiety reaction	14	20	34
(*b*) Hysterical reaction	----	4	4
(*c*) Phobic reaction	----	----	----
(*d*) Obsessive-compulsive reaction	----	2	2
(*e*) Neurotic-depressive reaction	6	12	18
(*f*) Psychoneurosis with somatic symptoms—circulatory system	1	----	1
(*g*) Psychoneurosis with somatic symptoms—digestive system	1	1	2
(*h*) Psychoneurosis with somatic symptoms—other systems	----	1	1
(*i*) Psychoneurosis—other types	7	9	16
Syphilis and its sequelæ, total	*4*	*1*	*5*
(*a*) Congenital syphilis	----	----	----
(*b*) Tabes dorsalis	----	1	1
(*c*) General paralysis of insane	4	----	4
(*d*) Other syphilis of central nervous system	----	----	----
Undiagnosed	----	----	----
Without psychosis, total	*6*	*6*	*12*
Pathological personality	4	3	7
Immature personality	----	2	2
Alcoholism, total	*1*	----	*1*
(*a*) Acute	----	----	----
(*b*) Chronic	----	----	----
(*c*) Unspecified	1	----	1
Drug addiction	----	----	----
Primary childhood behaviour disorders	----	----	----
Mental deficiency, total	*1*	----	*1*
(*a*) Idiocy	----	----	----
(*b*) Imbecility	----	----	----
(*c*) Moron	----	----	----
(*d*) Border-line	1	----	1
(*e*) Mongolism	----	----	----
(*f*) Mental deficiency with epilepsy	----	----	----
(*g*) Other and unspecified types	----	----	----
Epilepsy, total	----	----	----
(*a*) Petit mal	----	----	----
(*b*) Grand mal	----	----	----
(*c*) Status epilepticus	----	----	----
(*d*) Other and unspecified	----	----	----
Observation without need for further medical care—mental	----	1	1

TABLE NO. 11.—SHOWING AGE-GROUPS OF FIRST ADMISSIONS BY PSYCHOSES FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Psychosis	Total			Under 15 years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years			45–49 Years			50–54 Years			55–59 Years			60–64 Years			65–69 Years			70 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	56	70	126				4	2	6	14	14	28	18	13	31	9	21	30	6	10	16	1	6	7	2	3	5	1		1							1	1	2			
Manic-depressive reaction	1	9	10								1	1					1	1		2	2		1	1				1	1	2		1	1					2	2			
Involutional melancholia		7	7																							1	1		5	5					1	1						
Paranoia and paranoid states		1	1																							1	1															
Senile psychosis																																											
Pre-senile psychosis		1	1																																		1	1			
Psychosis with cerebral arteriosclerosis	3	2	5																												1		1	1	2	3	1		1			
Alcoholic psychosis	6		6							1		1							1		1				2		2				1		1				1		1			
Psychosis of other demonstrable etiology	1	8	9				1		1		1	1					2	2		2	2					1	1		1	1		1	1									
Psychosis with psychopathic personality		1	1																				1	1																		
Psychosis with mental deficiency	2		2										1		1							1		1																		
Psychoneurosis	29	49	78		1	1		1	1		2	2		6	6	3	9	12	4	7	11	4	6	10	8	8	16	5	3	8	3		3	1	3	4	1	3	4			
Syphilis and its sequelæ	4	1	5																	1	1				2		2	1		1							1		1			
Undiagnosed																																											
Without Psychosis																																											
Pathological personality	4	3	7				1	1	2	1	1	2		1	1	1		1				1		1																		
Immature personality		2	2					1	1		1	1																														
Alcoholism	1		1																			1		1																		
Drug addiction																																											
Primary childhood behaviour disorders																																											
Mental deficiency	1		1	1		1																																				
Other and unspecified character, behaviour, and intelligence disorders																																											
Epilepsy																																											
Observation without need for further medical care—mental		1	1					1	1																																	
Totals	108	155	263	1	1	2	6	6	12	16	20	36	19	20	39	13	33	46	11	22	33	8	14	22	14	14	28	8	10	18	5	2	7	2	6	8	5	7	12			

TABLE NO. 12.—SHOWING ECONOMIC STATUS OF FIRST ADMISSIONS BY PSYCHOSES FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Psychosis	Total			Dependent			Marginal			Comfortable		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	56	70	126	2	5	7	54	65	119	----	----	----
Manic-depressive reaction	1	9	10	----	1	1	1	8	9	----	----	----
Involutional melancholia	----	7	7	----	----	----	----	7	7	----	----	----
Paranoia and paranoid states	----	1	1	----	----	----	----	1	1	----	----	----
Senile psychosis	----	----	----	----	----	----	----	----	----	----	----	----
Pre-senile psychosis	----	1	1	----	----	----	----	1	1	----	----	----
Psychosis with cerebral arteriosclerosis	3	2	5	----	----	----	3	2	5	----	----	----
Alcoholic psychosis	6	----	6	----	----	----	6	----	6	----	----	----
Psychosis of other demonstrable etiology	1	8	9	----	----	----	1	8	9	----	----	----
Psychosis with psychopathic personality	----	1	1	----	----	----	----	1	1	----	----	----
Psychosis with mental deficiency	2	----	2	----	----	----	2	----	2	----	----	----
Psychoneurosis	29	49	78	----	1	1	27	48	75	2	----	2
Syphilis and its sequelæ	4	1	5	----	----	----	4	1	5	----	----	----
Undiagnosed	----	----	----	----	----	----	----	----	----	----	----	----
Without Psychosis												
Pathological personality	4	3	7	1	1	2	3	2	5	----	----	----
Immature personality	----	2	2	----	1	1	----	1	1	----	----	----
Alcoholism	1	----	1	----	----	----	1	----	1	----	----	----
Drug addiction	----	----	----	----	----	----	----	----	----	----	----	----
Primary childhood behaviour disorders	----	----	----	----	----	----	----	----	----	----	----	----
Mental deficiency	1	----	1	1	----	1	----	----	----	----	----	----
Other and unspecified character, behaviour, and intelligence disorders	----	----	----	----	----	----	----	----	----	----	----	----
Epilepsy	----	----	----	----	----	----	----	----	----	----	----	----
Observation without need for further medical care—mental	----	1	1	----	----	----	1	----	1	----	----	----
Totals	108	155	263	4	9	13	102	146	248	2	----	2

TABLE NO. 13.—SHOWING CONJUGAL CONDITIONS OF FIRST ADMISSIONS BY PSYCHOSES FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Psychosis	Total			Single			Married			Widowed			Divorced			Separated		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	56	70	126	41	28	69	11	35	46	1	1	2	1	2	3	2	4	6
Manic-depressive reaction	1	9	10	----	2	2	1	5	6	----	1	1	----	----	----	----	1	1
Involutional melancholia	----	7	7	----	----	----	----	5	5	----	----	----	----	----	----	----	2	2
Paranoia and paranoid states	----	1	1	----	----	----	----	----	----	----	----	----	----	----	----	----	1	1
Senile psychosis	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Pre-senile psychosis	----	1	1	----	----	----	----	----	----	----	1	1	----	----	----	----	----	----
Psychosis with cerebral arteriosclerosis	3	2	5	----	----	----	2	----	2	1	2	3	----	----	----	----	----	----
Alcoholic psychosis	6	----	6	6	----	6	----	----	----	----	----	----	----	----	----	----	----	----
Psychosis of other demonstrable etiology	1	8	9	1	2	3	----	6	6	----	----	----	----	----	----	----	----	----
Psychosis with psychopathic personality	----	1	1	----	1	1	----	----	----	----	----	----	----	----	----	----	----	----
Psychosis with mental deficiency	2	----	2	2	----	2	----	----	----	----	----	----	----	----	----	----	----	----
Psychoneurosis	29	49	78	10	6	16	13	41	54	1	1	2	4	----	4	1	1	2
Syphilis and its sequelæ	4	1	5	1	----	1	3	1	4	----	----	----	----	----	----	----	----	----
Undiagnosed	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Without Psychosis																		
Pathological personality	4	3	7	2	2	4	1	----	1	----	----	----	----	----	----	1	1	2
Immature personality	----	2	2	----	2	2	----	----	----	----	----	----	----	----	----	----	----	----
Alcoholism	1	----	1	----	----	----	1	----	1	----	----	----	----	----	----	----	----	----
Drug addiction	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Primary childhood behaviour disorders	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Mental deficiency	1	----	1	1	----	1	----	----	----	----	----	----	----	----	----	----	----	----
Other and unspecified character, behaviour, and intelligence disorders	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Epilepsy	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Observation without need for further medical care —mental	----	1	1	----	1	1	----	----	----	----	----	----	----	----	----	----	----	----
Totals	108	155	263	64	44	108	32	93	125	3	6	9	5	2	7	4	10	14

TABLE NO. 14.—SHOWING EDUCATION OF FIRST ADMISSIONS BY PSYCHOSES FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Psychosis	Total			Illiterate			Reads and Writes			Common School			High School			University		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	56	70	126	----	1	1	4	2	6	32	29	61	13	32	45	7	6	13
Manic-depressive reaction	1	9	10	----	----	----	----	1	1	1	3	4	----	3	3	----	2	2
Involutional melancholia	----	7	7	----	1	1	----	----	----	----	4	4	----	2	2	----	----	----
Paranoia and paranoid states	----	1	1	----	----	----	----	----	----	----	1	1	----	----	----	----	----	----
Senile psychosis	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Pre-senile psychosis	----	1	1	----	----	----	----	----	----	----	1	1	----	----	----	----	----	----
Psychosis with cerebral arteriosclerosis	3	2	5	----	----	----	----	----	----	3	1	4	----	1	1	----	----	----
Alcoholic psychosis	6	----	6	1	----	1	----	----	----	3	----	3	2	----	2	----	----	----
Psychosis of other demonstrable etiology	1	8	9	----	----	----	----	----	----	----	7	7	1	1	2	----	----	----
Psychosis with psychopathic personality	----	1	1	----	----	----	----	----	----	----	1	1	----	----	----	----	----	----
Psychosis with mental deficiency	2	----	2	1	----	1	----	----	----	1	----	1	----	----	----	----	----	----
Psychoneurosis	29	49	78	----	----	----	2	1	3	21	30	51	4	15	19	2	3	5
Syphilis and its sequelæ	4	1	5	1	----	1	1	----	1	----	1	1	2	----	2	----	----	----
Undiagnosed	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Without Psychosis																		
Pathological personality	4	3	7	----	----	----	----	----	----	3	2	5	1	1	2	----	----	----
Immature personality	----	2	2	----	----	----	----	----	----	----	1	1	----	1	1	----	----	----
Alcoholism	1	----	1	----	----	----	----	----	----	1	----	1	----	----	----	----	----	----
Drug addiction	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Primary childhood behaviour disorders	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Mental deficiency	1	----	1	----	----	----	1	----	1	----	----	----	----	----	----	----	----	----
Other and unspecified character, behaviour, and intelligence disorders	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Epilepsy	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Observation without need for further medical care—mental	----	1	1	----	----	----	----	----	----	----	1	1	----	----	----	----	----	----
Totals	108	155	263	3	2	5	8	4	12	65	82	147	23	56	79	9	11	20

TABLE NO. 15.—SHOWING THE NATIVITY OF FIRST ADMISSIONS BY AGE-GROUPS FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Age-group	Total			Canadian Born			British Born			Foreign Born			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years	1	2	3	1	2	3	----	----	----	----	----	----	----	----	----
15–19 years	6	5	11	6	4	10	----	1	1	----	----	----	----	----	----
20–24 ,,	15	20	35	13	20	33	----	----	----	2	----	2	----	----	----
25–29 ,,	19	20	39	15	14	29	----	5	5	4	1	5	----	----	----
30–34 ,,	14	33	47	9	26	35	4	3	7	----	4	4	1	----	1
35–39 ,,	11	22	33	10	19	29	----	1	1	1	2	3	----	----	----
40–44 ,,	8	14	22	6	10	16	----	2	2	2	2	4	----	----	----
45–49 ,,	13	14	27	6	5	11	1	3	4	6	6	12	----	----	----
50–54 ,,	9	10	19	3	4	7	3	2	5	3	4	7	----	----	----
55–59 ,,	5	2	7	1	1	2	2	1	3	2	----	2	----	----	----
60–64 ,,	2	6	8	1	4	5	----	2	2	1	----	1	----	----	----
65–69 ,,	5	7	12	1	4	5	2	3	5	2	----	2	----	----	----
70 years and over	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----
Totals	108	155	263	72	113	185	12	23	35	23	19	42	1	----	1

TABLE NO. 16.—SHOWING COUNTRY OF BIRTH OF FIRST ADMISSIONS FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Country	Male	Female	Total
Austria	----	1	1
China	2	1	3
Czechoslovakia	1	----	1
Denmark	----	1	1
England	7	19	26
Estonia	----	2	2
Finland	2	----	2
Ireland	2	----	2
Italy	1	----	1
Latvia	----	1	1
Mexico	1	----	1
Norway	5	1	6
Poland	4	1	5
Roumania	----	2	2
Russia	3	1	4
Scotland	3	3	6
Spain	1	----	1
Sweden	1	1	2
Switzerland	----	1	1
Ukraine	1	1	2
United States	1	5	6
Unknown	1	----	1
Wales	----	1	1
Canada—			
Alberta	8	13	21
British Columbia	24	54	78
Manitoba	8	10	18
New Brunswick	1	1	2
Newfoundland	----	----	----
Nova Scotia	1	----	1
Ontario	10	15	25
Prince Edward Island	1	----	1
Quebec	4	3	7
Saskatchewan	15	17	22
Totals	108	155	263

TABLE NO. 17.—SHOWING THE CITIZENSHIP OF FIRST ADMISSIONS FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Citizenship	Male	Female	Total
Canadian by birth	72	113	185
British born who have resided in Canada five years or more	12	20	32
British born who have resided in Canada less than five years	----	3	3
Alien born (naturalized)	9	11	20
Alien born who have resided in Canada five years or more (not naturalized)	10	2	12
Alien born who have resided in Canada less than five years	4	6	10
Unknown	1	----	1
Totals	108	155	263

TABLE NO. 18.—SHOWING THE RELIGION OF FIRST ADMISSIONS FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Religion	Male	Female	Total
Anglican	19	33	52
Baptist	5	8	13
Christian Science	----	1	1
Confucian	3	----	3
Doukhobor	----	2	2
Greek Catholic	1	----	1
Greek Orthodox	1	----	1
Hebrew	2	----	2
Lutheran	9	11	20
Mennonite	2	3	5
Methodist	1	----	1
Pentecostal	2	2	4
Plymouth Brethren	----	1	1
Presbyterian	3	8	11
Protestant	27	35	62
Roman Catholic	22	23	45
Salvation Army	1	2	3
United Church	8	26	34
Unknown	2	----	2
Totals	108	155	263

TABLE NO. 19.—SHOWING AGE-GROUPS OF FIRST ADMISSIONS FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Age-group	Male	Female	Total
Under 15 years	1	1	2
15–19 years	6	6	12
20–24 ,,	16	20	36
25–29 ,,	19	20	39
30–34 ,,	13	33	46
35–39 ,,	11	22	33
40–44 ,,	8	14	22
45–49 ,,	14	14	28
50–54 ,,	8	10	18
55–59 ,,	5	2	7
60–64 ,,	2	6	8
65–69 ,,	5	7	12
70 years and over	----	----	----
Totals	108	155	263

TABLE NO. 20.—SHOWING THE PREVIOUS OCCUPATIONS OF FIRST ADMISSIONS FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Occupation	Male	Female	Total
Artist, commercial	1	-----	1
Accountant	1	-----	1
Agent	1	-----	1
Benchman	1	-----	1
Book-keeper	-----	1	1
Butcher	1	-----	1
Carpenter	3	-----	3
Cement-worker	1	-----	1
Chambermaid	-----	2	2
Clerk	5	2	7
Conductress	-----	1	1
Construction-worker	3	-----	3
Contractor	1	-----	1
Cook	1	-----	1
Customs Officer	1	-----	1
Domestic	-----	15	15
Engineer	2	-----	2
Factory-worker	-----	1	1
Farmer	1	-----	1
Fisherman	2	-----	2
Furniture-assembler	1	-----	1
Grocer	1	-----	1
High-rigger	1	-----	1
Home-maker	-----	107	107
Janitor	1	-----	1
Labourer	27	-----	27
Librarian	-----	1	1
Logger	9	-----	9
Machinist	2	-----	2
Mechanic	2	-----	2
Merchant	1	-----	1
Messenger	1	-----	1
Metal-worker	1	-----	1
Mill-worker	2	-----	2
Miner	3	-----	3
None	1	-----	1
Nurse's aide	-----	5	5
Nurse	-----	5	5
Pensioner	1	-----	1
Plumber	2	-----	2
Powderman	1	-----	1
Printer	2	-----	2
Railway conductor	1	-----	1
Retired	2	-----	2
Salesman	2	-----	2
Seaman	2	-----	2
Smelterman	2	-----	2
Stenographer	-----	7	7
Storekeeper	1	-----	1
Student	5	4	9
Surveyor	1	-----	1
Tailor	2	-----	2
Teacher	1	1	2
Telegrapher	1	-----	1
Typist	-----	1	1
Unknown	1	-----	1
Upholsterer	1	-----	1
Waiter	2	-----	2
Waitress	-----	2	2
Totals	108	155	263

TABLE NO. 21.—SHOWING THE METHOD OF COMMITMENT OF FIRST ADMISSIONS FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Method of Commitment	Male	Female	Total
By special Order in Council from the Provincial Mental Hospital, Essondale	14	26	40
By ordinary forms	54	79	133
By voluntary forms	40	50	90
Totals	108	155	263

TABLE NO. 22.—SHOWING RURAL-URBAN STATUS OF FIRST ADMISSIONS BY PSYCHOSES FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Psychosis	Total			Rural			Urban		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	56	70	126	4	6	10	52	64	116
Manic-depressive reaction	1	9	10	.....	.....	.....	1	9	10
Involutional melancholia	.....	7	7	.....	.....	.....	.....	7	7
Paranoia and paranoid states	.....	1	1	.....	.....	.....	.....	1	1
Senile psychosis	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pre-senile psychosis	.....	1	1	.....	.....	.....	.....	1	1
Psychosis with cerebral arteriosclerosis	3	2	5	.....	.....	.....	3	2	5
Alcoholic psychosis	6	.....	6	2	.....	2	4	.....	4
Psychosis of other demonstrable etiology	1	8	9	.....	.....	.....	1	8	9
Psychosis with psychopathic personality	.....	1	1	.....	.....	.....	.....	1	1
Psychosis with mental deficiency	2	.....	2	1	.....	1	1	.....	1
Psychoneurosis	29	49	78	.....	8	8	29	41	70
Syphilis and its sequelæ	4	1	5	.....	.....	.....	4	1	5
Undiagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....
Without Psychosis									
Pathological personality	4	3	7	.....	.....	.....	4	3	7
Immature personality	.....	2	2	.....	.....	.....	.....	2	2
Alcoholism	1	.....	1	.....	.....	.....	1	.....	1
Drug addiction	.....	.....	.....	.....	.....	.....	.....	.....	.....
Primary childhood behaviour disorders	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mental deficiency	1	.....	1	.....	.....	.....	1	.....	1
Other and unspecified character, behaviour, and intelligence disorders	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy	.....	.....	.....	.....	.....	.....	.....	.....	.....
Observation without need for further medical care—mental	.....	1	1	.....	.....	.....	.....	1	1
Totals	108	155	263	7	14	21	101	141	242

TABLE NO. 23.—SHOWING AGE-GROUPS OF DISCHARGED PATIENTS BY PSYCHOSES FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Psychosis	Total			Under 15 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years			45–49 Years			50–54 Years			55–59 Years			60–64 Years			65–69 Years			70 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	15	23	38							4	6	10	3	5	8	3	8	11	3	2	5	1	1	2	1	1	2														
Manic-depressive reaction		4	4								1	1								1	1								1	1						1	1			
Involutional melancholia		2	2																				1	1					1	1										
Paranoia and paranoid states	1		1																									1		1										
Senile psychosis																																									
Pre-senile psychosis		1	1																															1	1						
Psychosis with cerebral arterio-sclerosis	2		2																															1		1	1		1		
Alcoholic psychosis	3		3							1		1							1		1														1		1			
Psychosis of other demonstrable etiology		6	6														1	1		2	2					1	1		1	1		1	1							
Psychosis with psychopathic personality																																									
Psychosis with mental deficiency	1		1																			1		1																
Psychoneurosis	13	15	28								1	1				2	5	7	1	2	3	3	2	5	3	2	5	2	1	3	1		1	1	1	2		1	1			
Syphilis and its sequelæ	1		1																									1		1										
Undiagnosed																																									
Without Psychosis																																									
Pathological personality	1	2	3					1	1					1	1	1		1																							
Immature personality		1	1								1	1																													
Alcoholism	1		1																			1		1																	
Drug addiction																																									
Primary childhood behaviour disorders																																									
Mental deficiency	2		2	2		2																																			
Other and unspecified character, behaviour, and intelligence disorders																																									
Epilepsy																																									
Observation without need for further medical care—mental																																									
Totals	40	54	94	2		2		1	1	5	9	14	3	6	9	6	14	20	5	7	12	6	4	10	4	4	8	4	4	8	1	1	2	2	2	4	2	2	4			

TABLE NO. 24.—SHOWING DURATION OF LAST HOSPITAL RESIDENCE OF DISCHARGED PATIENTS BY PSYCHOSES FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Psychosis	Totals			Less than 1 Month			Less than 2 Months			Less than 3 Months			Less than 4 Months		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	15	23	38	2	7	9	9	5	14	4	10	14	—	1	1
Manic-depressive reaction	—	4	4	—	2	2	—	1	1	—	1	1	—	—	—
Involutional melancholia	—	2	2	—	—	—	—	1	1	—	1	1	—	—	—
Paranoia and paranoid states	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pre-senile psychosis	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
Psychosis with cerebral arteriosclerosis	2	—	2	—	—	—	2	—	2	—	—	—	—	—	—
Alcoholic psychosis	3	—	3	1	—	1	1	—	1	1	—	1	—	—	—
Psychosis of other demonstrable etiology	—	6	6	—	3	3	—	3	3	—	—	—	—	—	—
Psychosis with psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychosis with mental deficiency	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
Psychoneurosis	13	15	28	4	9	13	6	5	11	3	1	4	—	—	—
Syphilis and its sequelæ	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
Undiagnosed	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without Psychosis															
Pathological personality	1	2	3	—	1	1	1	1	2	—	—	—	—	—	—
Immature personality	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
Alcoholism	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary childhood behaviour disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental deficiency	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—
Other and unspecified character, behaviour, and intelligence disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Observation without need for further medical care—mental	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	40	54	94	10	24	34	22	16	38	8	13	21	—	1	1

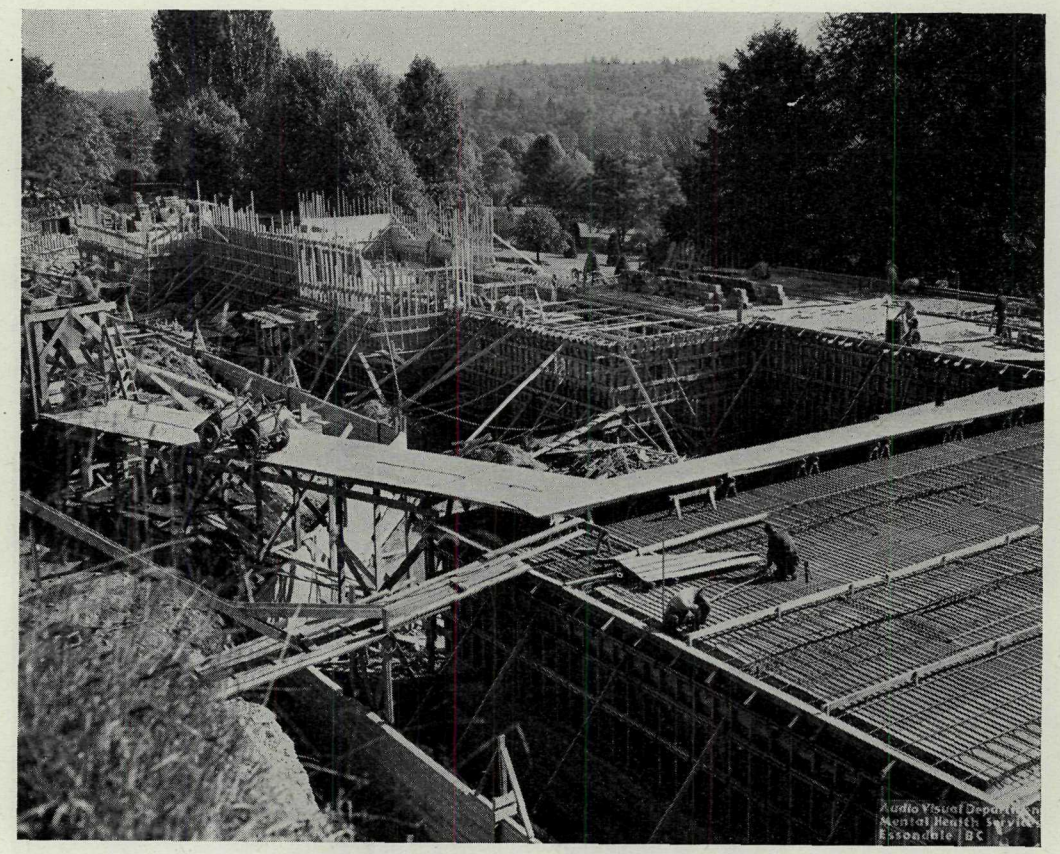
TABLE NO. 25.—SHOWING CONDITIONS OF PATIENTS ON DISCHARGE BY PSYCHOSES FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

Psychosis	Total			Recovered			Improved			Unimproved			Without Psychosis and Unclassified		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic disorders	15	23	38	2	7	9	10	11	21	3	5	8	—	—	—
Manic-depressive reaction	—	4	4	—	4	4	—	—	—	—	—	—	—	—	—
Involutional melancholia	—	2	2	—	1	1	—	1	1	—	—	—	—	—	—
Paranoia and paranoid states	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pre-senile psychosis	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—
Psychosis with cerebral arteriosclerosis	2	—	2	1	—	1	—	—	—	1	—	1	—	—	—
Alcoholic psychosis	3	—	3	3	—	3	—	—	—	—	—	—	—	—	—
Psychosis of other demonstrable etiology	—	6	6	—	2	2	—	2	2	—	2	2	—	—	—
Psychosis with psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychosis with mental deficiency	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
Psychoneurosis	13	15	28	2	3	5	6	8	14	5	4	9	—	—	—
Syphilis and its sequelæ	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
Undiagnosed	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without Psychosis															
Pathological personality	1	2	3	—	—	—	—	—	—	—	—	—	1	2	3
Immature personality	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Alcoholism	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary childhood behaviour disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental deficiency	2	—	2	—	—	—	—	—	—	—	—	—	2	—	2
Other and unspecified character, behaviour, and intelligence disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Observation without need for further medical care—mental	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	40	54	94	9	17	26	16	22	38	11	12	23	4	3	7

TABLE NO. 26.—SHOWING READMISSIONS FROM JANUARY 1ST, 1951, TO MARCH 31ST, 1951

One male readmission from Nelson, B.C.
Border-line intelligence.
Age, 14 years.
Single.
Voluntary commitment.

Patients' Christmas dance, Essondale.



Construction of Pennington Hall, Essondale.

PART II.—FINANCIAL

BUSINESS MANAGER'S REPORT

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—I beg to submit herewith for your consideration the financial reports of the Provincial Mental Health Services of British Columbia for the year ended March 31st, 1951, which includes various financial statements and tables.

It will be noted that while the medical section of the Provincial Mental Hospitals Report shows the daily average population as 4,637.11, as against 4,495 during the previous year, the financial section uses a population figure of 4,476.61. This difference is due to the transfer of Mental Hospital patients to wards of the Crease Clinic for various periods to enable us to make necessary alterations and redecorate some of the Mental Hospital wards. In order to secure an accurate figure of *per capita* costs, it was therefore necessary to subtract the transferred number of patients from the population figure of the Mental Hospitals and add them to the population figure of the Crease Clinic during their period of residence at the Clinic.

Gross operating costs for the three Mental Hospitals amounted to $4,889,119.57, as against $4,777,770.92 in 1949–50, resulting in the average daily *per capita* cost rising from $2.91 to $2.99. This increase of 8 cents per day is considered as being well within the confines of generally increased costs due to rising prices.

Patients' maintenance collections, including collections for the Crease Clinic, amounted to $556,193.50, as compared with $542,137.14 collected during the previous year.

Dairy produce, meats, fruits, and vegetables to a value of $281,027.14 were purchased during the year from Colony Farm.

A total of $343,668.98 was expended on equipment, personnel, and staff training under projects approved by the Dominion mental-health grants for the Province of British Columbia, the major portion being expended for staff and the training of staff. A statement detailing this expenditure is given in the financial statement.

On January 1st, 1951, the Crease Clinic of Psychological Medicine was opened to patients under the new "Clinics of Psychological Medicine Act." Included in the financial report is a summary of costs for the year covering the operation of the Clinic. As mentioned above, four wards of the Clinic were in use from April, 1950, until December, 1950, to house patients from the Mental Hospital, while renovations were being made to their quarters. While these patients were not officially patients of the Clinic, they are included in the population figures used in the financial tables, as all the costs for their maintenance and treatment while at the Clinic were borne by that institution.

As is usual in the opening of a new unit, the initial *per capita* costs are somewhat high, and in the case of the Crease Clinic the gross *per capita* cost amounts to $7.47 per day. It is anticipated that this will level off somewhat as the population increases. However, the very active treatment programme being carried out for the patients in the Clinic will no doubt tend to keep the *per capita* costs comparatively high.

The financial statements and tables covering the operations of the Homes for the Aged at Port Coquitlam, Vernon, and Terrace are also included in this report.

On October 3rd, 1950, 153 male patients were transferred from Essondale to the new 300-bed Home for the Aged at Terrace. This former military hospital had been

completely renovated to meet our needs. As a result of opening this new institution, our average daily population for the Homes for the Aged increased from 582.72 in the previous year to 690.23. The gross maintenance expenditure for the three institutions increased from $589,103.21 in 1949–50 to $821,151.49 for the year under review, while the daily *per capita* cost increased from $2.77 to $3.26. This sharp rise was in part due to the initial expenses incurred in the opening of the Terrace unit, which also includes the cost of the special train required to transfer the patients.

The over-all gross *per capita* cost for the treatment and care of patients in the Provincial Mental Hospital, Essondale; The Woodlands School, New Westminster; Provincial Mental Home, Colquitz; Crease Clinic; and the three Homes for the Aged amounted to $3.19 per day, while the net *per capita* cost was $2.80 per day.

The year under review has been a most active one, and one I feel in which we have made considerable progress. At Essondale the main items of interest were the opening of the Crease Clinic for the treatment of patients under the "Clinics of Psychological Medicine Act" on January 1st, 1951; the commencement of construction on the recreation building and on the new coal-storage facilities at the boiler-house; the installation of a new and modern dental clinic in the West Lawn Building and the completion of an extension to the bake-shop. The Centre Lawn Building was completely renovated, and a new tile floor was laid and dish-washing facilities installed in the dining-room on Ward C 4. Plans are being prepared for a new infectious unit and a new stores and laundry building. It is hoped that work on these two new units will start in the next fiscal year. Also at Essondale we started a new cooks' training programme that is working out most satisfactorily.

At The Woodlands School, New Westminster, the new 100-bed unit was opened on April 1st, 1950, and on February 5th, 1951, work was started on three new 100-bed units. A small modern Radiology Department was installed in the Administration Building, and work was started on converting the patients' old dining-room into a modern cafeteria for the staff.

At the Homes for the Aged work began on a new 100-bed unit at Port Coquitlam during the year, and, as already mentioned, the military hospital at Terrace was completely renovated and opened as a Home for the Aged on October 5th, 1950. W. E. Skillicorn, cashier in the business office at Essondale, was appointed supervisor of this unit.

I regret to advise that T. A. Morris, Deputy Business Manager at the Provincial Mental Home, Colquitz, retired on April 30th, 1950, owing to ill-health. Mr. Morris was succeeded by S. A. Inrig.

F. Gillard, of the business office at The Woodlands School, retired on superannuation on May 31st, 1950. He was succeeded by W. O. Booth.

A separate report has been prepared covering the operation of Colony Farm.

In closing, I would like to express my appreciation of the many courtesies shown and the close co-operation that has been maintained between the various departments of the Government and of the hospitals at all times.

All of which is respectfully submitted.

F. A. MATHESON,
Business Manager.

PSYCHOPATHIC DEPARTMENT

EXPENSE STATEMENT, MARCH 31ST, 1951

Salaries	$45,364.73
Office supplies	1,551.81
Telephone and telegraphs	1,082.73
Travelling expenses	7,503.09
Fuel, water, light, and power	1,019.11
Incidental expenses	2,197.41
Cost-of-living bonus	10,409.16
	$69,128.04

NOTE.—The above expenses absorbed into the New Westminster, Essondale, and Saanich statements on basis of population; Essondale, 76.53 per cent; New Westminster, 17.06 per cent; and Saanich, 6.41 per cent.

HEADQUARTERS DEPARTMENT

EXPENSE STATEMENT, MARCH 31ST, 1951

Salaries	$55,655.00
Office supplies	3,035.38
Travelling expenses	657.45
Incidental expenses	130.05
Cost-of-living bonus	11,822.16
	$71,300.04

NOTE.—The above expenses absorbed into the New Westminster, Essondale, and Saanich statements on basis of population: Essondale, 76.53 per cent; New Westminster, 17.06 per cent; and Saanich, 6.41 per cent.

FINANCIAL TABLES

MENTAL HOSPITALS

TABLE A.—SHOWING THE AVERAGE NUMBER OF PATIENTS IN RESIDENCE EACH YEAR, THE TOTAL AMOUNTS SPENT FOR MAINTENANCE, AND GROSS PER CAPITA COST (For Past Ten Years)

Year	Average Number in Residence	Maintenance Expenditure	*Per Capita* Cost
1941–42, New Westminster	607.40	$265,107.15	$436.46
1941–42, Essondale	2,976.62	1,080,329.80	362.93
1941–42, Saanich	286.40	134,961.02	471.23
1942–43, New Westminster[1]	605.17	286,077.54	472.72
1942–43, Essondale	3,042.06	1,157,787.55	380.59
1942–43, Saanich	284.06	146,898.22	517.14
1943–44, New Westminster	601.15	306,150.79	509.28
1943–44, Essondale	3,047.75	1,317,789.96	432.38
1943–44, Saanich	279.61	163,226.64	583.77
1944–45, New Westminster	606.25	373,672.82	616.37
1944–45, Essondale	3,072.84	1,558,923.64	507.32
1944–45, Saanich	277.87	207,979.27	748.48
1945–46, New Westminster	610.36	433,041.89	709.49
1945–46, Essondale	3,163.61	1,769,363.15	559.29
1945–46, Saanich	283.67	210,798.32	743.11
1946–47, New Westminster	626.29	497,945.37	795.07
1946–47, Essondale	3,217.03	2,117,563.62	658.24
1946–47, Saanich	286.48	231,894.65	809.46
1947–48, New Westminster	628.00	662,357.80	1,054.70
1947–48, Essondale	3,275.41	2,622,349.15	800.62
1947–48, Saanich	290.31	298,773.55	1,029.15
1948–49, New Westminster	631.75	800,776.92	1,267.55
1948–49, Essondale	3,394.08	3,162,819.02	931.86
1948–49, Saanich	287.76	356,110.21	1,237.52
1949–50, New Westminster	650.83	891,944.27	1,370.55
1949–50, Essondale	3,556.78	3,500,902.41	984.29
1949–50, Saanich	287.02	384,874.24	1,340.93
1950–51, New Westminster	763.81	1,081,062.76	1,415.35
1950–51, Essondale	3,425.98	3,419,312.37	998.05
1950–51, Saanich	286.82	388,744.44	1,355.36

[1] Maintenance expenditure includes cost-of-living bonus paid employees. This is also included in all subsequent years' reports.

TABLE B.—SHOWING GROSS COST FOR PAST TEN YEARS, ANALYSED UNDER ITS VARIOUS HEADINGS

Year	Salaries	Office Supplies and Postage	Travelling Expenses	Fuel, Water, Light, and Power	Repairs and Renewals	Furniture and Fixtures, Bedding, etc.	Provisions	Clothing, Boots, and Slippers	Medical and Surgical Supplies	Examination, Committal, and Transportation	Incidentals and Unforeseen	Total Gross
1941–42, New Westminster	$135,708.66	$1,170.08	$301.15	$26,700.86	$21,577.59	$2,194.44	$58,760.40	$8,402.80	$3,361.89	$8.00	$6,921.28	$265,107.15
1941–42, Essondale	476,303.17	8,893.36	4,194.31	96,972.60	87,444.58	18,973.60	253,680.71	51,219.99	34,865.48	11,247.61	36,534.39	1,080,329.80
1941–42, Saanich	61,683.08	723.51	271.91	10,634.01	10,115.62	884.79	34,867.93	8,324.96	1,309.12	7.50	6,138.59	134,961.02

Above headings discontinued in 1942. *See* new table, B 1.

TABLE B 1.—SHOWING GROSS COST FOR YEAR, ANALYSED UNDER ITS VARIOUS HEADINGS

Year	Salaries	Office, Stores, and General	Medical Care	Nursing and Ward Services	Dietary	Light, Water, Heat, and Power	Laundry	Cars and Trucking	Occupational and Recreational Therapy	Miscellaneous Expense	Buildings, Grounds, and General Maintenance	Cost-of-living Bonus	Total Gross
1942–43, New Westminster	$144,927.75	$1,051.58	$1,284.50	$14,235.83	$57,282.00	$29,537.10	$611.05	$244.30	$25.36	$4,466.30	$19,044.83	$13,366.94	$286,077.54
1942–43, Essondale	488,751.46	8,806.79	40,543.88	76,986.24	287,670.62	96,122.55	1,864.26	2,853.32	1,511.39	25,290.38	80,775.07	46,611.59	1,157,787.55
1942–43, Saanich	66,848.86	907.57	1,565.18	7,623.45	35,659.20	10,010.10	1,004.26	1,153.65	.....	8,879.13	7,336.80	5,910.02	146,898.22
1943–44, New Westminster	152,484.40	1,224.48	3,440.68	11,427.55	62,061.84	26,645.63	393.38	330.12	25.15	4,941.17	19,885.16	23,291.23	306,150.79
1943–44, Essondale	553,675.20	13,947.73	36,165.04	97,956.23	319,684.72	99,141.97	1,696.78	4,313.74	599.06	21,178.84	83,812.72	85,617.93	1,317,789.96
1943–44, Saanich	72,714.71	1,192.39	1,112.03	12,028.31	38,714.10	10,552.81	10.53	1,255.13	44.06	8,699.39	7,105.16	9,798.02	163,226.64
1944–45, New Westminster	(1)	13,687.27	18,921.99	164,667.51	49,658.65	46,895.53	5,946.13	215.27	5,012.42	11,956.05	23,314.97	34,297.03	374,572.82
1944–45, Essondale	(1)	53,408.50	109,695.27	656,302.24	314,784.01	130,615.43	12,202.33	9,557.86	21,154.17	49,518.59	80,259.12	121,426.12	1,558,923.64
1944–45, Saanich	(1)	8,100.32	5,170.23	72,514.51	41,585.24	22,709.00	1,579.98	3,581.63	4,071.49	25,310.65	9,606.29	13,749.93	207,979.27
1945–46, New Westminster	(1)	15,446.81	20,228.57	180,468.22	62,679.46	52,198.79	5,235.32	199.10	7,017.30	10,272.78	41,966.28	37,329.26	433,041.89
1945–46, Essondale	(1)	54,469.75	137,132.56	730,416.42	385,869.31	151,226.83	14,949.16	11,534.53	24,395.82	35,779.99	90,816.75	132,772.03	1,769,363.15
1945–46, Saanich	(1)	9,452.65	6,087.78	82,757.48	34,388.90	22,453.01	2,665.02	3,238.65	5,321.78	20,384.44	9,511.67	14,536.94	210,798.32
1946–47, New Westminster	(1)	15,000.90	26,149.11	203,152.83	71,960.62	54,338.21	5,498.75	344.59	10,787.43	10,354.46	50,581.99	49,776.48	497,945.37
1946–47, Essondale	(1)	61,993.27	192,930.21	797,445.45	454,642.88	182,145.74	17,215.56	14,368.56	29,619.98	52,737.68	139,277.36	175,186.93	2,117,563.62
1946–47, Saanich	(1)	10,086.20	6,274.03	90,202.94	53,338.17	25,169.14	2,162.46	5,120.65	6,882.94	4,832.47	10,391.12	17,434.53	231,894.65
1947–48, New Westminster	(1)	18,503.04	34,455.80	287,828.02	107,480.66	64,259.89	6,212.63	370.19	15,486.03	16,688.23	55,086.39	55,986.92	662,357.80
1947–48, Essondale	(1)	71,330.85	237,775.88	1,007,430.81	635,850.92	196,783.37	27,134.69	16,680.24	49,632.53	50,739.05	147,265.19	181,725.62	2,622,349.15
1947–48, Saanich	(1)	12,253.53	7,643.58	119,515.66	78,881.36	31,518.66	2,939.29	4,552.58	8,146.14	3,303.55	10,420.95	19,598.25	298,773.55
1948–49, New Westminster	(1)	21,519.55	43,442.25	341,029.30	138,010.01	47,908.97	8,183.28	558.12	18,930.78	15,358.92	80,277.44	85,558.30	800,776.92
1948–49, Essondale	(1)	80,033.18	281,081.52	1,151,639.39	793,249.75	176,506.71	31,360.94	18,262.08	71,448.60	52,593.37	224,606.34	282,037.14	3,162,819.02
1948–49, Saanich	(1)	12,734.74	9,095.59	142,367.47	97,515.36	20,623.51	3,400.18	1,879.27	9,187.62	3,432.46	25,505.72	30,368.29	356,110.21
1949–50, New Westminster	(1)	23,047.85	47,493.46	376,572.76	149,492.92	47,720.02	8,437.61	3,510.17	24,116.75	11,782.78	83,950.37	115,869.58	891,994.27
1949–50, Essondale	(1)	87,504.99	292,877.95	1,240,859.68	869,300.64	186,406.31	30,180.54	30,706.47	71,587.83	61,306.81	252,549.34	377,621.85	3,500,902.41
1949–50, Saanich	(1)	17,003.19	9,805.25	144,337.18	101,799.38	23,789.13	3,840.08	6,275.66	9,344.04	3,682.82	25,781.47	39,216.04	384,874.24
1950–51, New Westminster	(1)	26,923.01	54,099.48	449,739.78	185,692.88	55,612.13	8,723.16	3,494.75	28,271.07	12,588.10	93,785.33	162,133.07	1,081,062.76
1950–51, Essondale	(1)	104,544.08	246,646.20	1,106,258.35	858,688.53	179,498.41	28,092.67	21,539.78	88,658.89	51,071.44	314,427.85	419,886.17	3,419,312.37
1950–51, Saanich	(1)	16,068.76	8,690.09	143,846.05	99,501.36	23,023.89	3,919.90	2,457.12	8,768.96	3,987.91	31,224.85	47,255.55	388,744.44

[1] Salaries have been included in figures under the various headings.

TABLE C.—SUMMARY STATEMENT SHOWING THE GROSS AND NET PER CAPITA COST OF PATIENTS IN THE THREE INSTITUTIONS

Gross operating costs—		
New Westminster	$1,081,062.76	
Essondale	3,419,312.37	
Saanich	388,744.44	
Gross cost for the three institutions		$4,889,119.57
Less collections remitted to Treasury		512,176.64
Net cost for the three institutions		$4,376,942.93
Daily average population for the three institutions	4,476.61	
Gross *per capita* cost, one year	$1,092.15	
Gross *per capita* cost, one day	$2.99	
Net *per capita* cost, one year	$977.74	
Net *per capita* cost, one day	$2.68	

TABLE D.—EXPENSE STATEMENT OF THE NEW WESTMINSTER HOSPITAL FOR TWELVE MONTHS ENDED MARCH 31ST, 1951

Salaries, Supplies, and Operating Expenses	Vouchered Expenditure	Service and Supplies from Other Departments			Inventory Adjustment		Less Credits	Actual Cost of Operations	Yearly *per Capita* Costs
		Psychopathic	Headquarters	Public Works Department	Plus on Hand, March 31st, 1950	Less on Hand, March 31st, 1951			
Office, stores, and general	$15,416.21	$1,729.48	$10,124.74	.....	.....	.....	$347.42	$26,923.01	$35.25
Medical care	47,351.23	7,739.22	.....	.....	$2,980.55	$3,971.52	.....	54,099.48	70.83
Nursing and ward services	456,385.98	.....	.....	.....	32,542.27	32,275.58	6,912.89	449,739.78	588.81
Dietary	197,289.99	.....	.....	.....	12,493.68	10,981.32	13,109.47	185,692.88	243.11
Light, heat, water, and power	54,651.87	173.86	.....	.....	3,098.38	2,311.98	.....	55,612.13	72.81
Laundry	8,723.16	.....	.....	.....	.....	.....	.....	8,723.16	11.42
Cars and trucking	3,494.75	.....	.....	.....	.....	.....	.....	3,494.75	4.57
Occupational and recreational therapy	28,524.67	.....	.....	.....	.....	.....	253.60	28,271.07	37.01
Miscellaneous expenses	12,191.03	374.88	22.19	.....	.....	.....	.....	12,588.10	16.48
Buildings, grounds, and general maintenance	.....	.....	.....	$100,430.68	5,885.75	12,531.10	.....	93,785.33	122.79
Cost-of-living bonus	143,810.34	1,775.80	2,016.86	14,543.03	.....	.....	12.96	162,133.07	212.27
Totals	$967,839.23	$11,793.24	$12,163.79	$114,973.71	$57,000.63	$62,071.50	$20,636.34	$1,081,062.76	$1,415.35

Provincial Secretary's Department, vouchered expenditure	$967,839.23
Less credits	20,636.34
Net vouchered expenditure as per Public Accounts	$947,202.89

TABLE E.—EXPENSE STATEMENT OF THE ESSONDALE HOSPITAL FOR TWELVE MONTHS ENDED MARCH 31ST, 1951

Salaries, Supplies, and Operating Expenses	Vouchered Expenditure	Service and Supplies from Other Departments			Inventory Adjustment		Less Credits	Actual Cost of Operations	Yearly *per Capita* Costs
		Psychopathic	Headquarters	Public Works Department	Plus on Hand, March 31st, 1950	Less on Hand, March 31st, 1951			
Office, stores, and general	$54,053.86	$7,758.33	$45,418.89	.....	.....	.....	$2,687.00	$104,544.08	$30.51
Medical care	277,734.07	34,717.63	.....	.....	$23,831.31	$24,834.51	64,802.30	246,646.20	71.99
Nursing and ward services	1,269,990.56	.....	.....	.....	82,257.09	122,637.99	123,351.31	1,106,258.35	322.90
Dietary	1,122,395.33	.....	.....	.....	70,308.96	81,904.05	252,111.71	858,688.53	250.64
Light, heat, water, and power	256,632.47	779.92	.....	.....	3,292.68	11,716.00	69,490.66	179,498.41	52.39
Laundry	39,569.17	.....	.....	.....	.....	.....	11,476.50	28,092.67	8.20
Cars and trucking	26,601.22	.....	.....	.....	.....	.....	5,061.44	21,539.78	6.29
Occupational and recreational therapy	91,745.42	.....	.....	.....	.....	.....	3,086.53	88,658.89	25.88
Miscellaneous expenses	59,646.38	1,681.68	99.52	.....	.....	.....	10,356.14	51,071.44	14.91
Buildings, grounds, and general maintenance	.....	.....	.....	$331,125.82	47,925.67	64,623.64	.....	314,427.85	91.78
Cost-of-living bonus	378,355.48	7,966.13	9,047.50	36,708.88	.....	.....	12,191.82	419,886.17	122.56
Totals	$3,576,723.96	$52,903.69	$54,565.91	$367,834.70	$227,615.71	$305,716.19	$554,615.41	$3,419,312.37	$998.05

Provincial Secretary's Department, vouchered expenditure	$3,576,723.96
Less credits	554,615.41
Net vouchered expenditure as per Public Accounts	$3,022,108.55

TABLE F.—EXPENSE STATEMENT OF THE SAANICH HOSPITAL FOR TWELVE MONTHS ENDED MARCH 31ST, 1951

Salaries, Supplies, and Operating Expenses	Vouchered Expenditure	Service and Supplies from Other Departments			Inventory Adjustment		Less Credits	Actual Cost of Operations	Yearly *per Capita* Costs
		Psychopathic	Headquarters	Public Works Department	Plus on Hand, March 31st, 1950	Less on Hand, March 31st, 1951			
Office, stores, and general	$11,767.49	$649.82	$3,804.20				$152.75	$16,068.76	$56.02
Medical care	11,971.95	2,907.88					6,189.74	8,690.09	30.30
Nursing and ward services	146,182.45				$18,028.15	$16,420.21	3,944.34	143,846.05	501.52
Dietary	105,916.11				5,091.32	6,182.01	5,324.06	99,501.36	346.91
Light, heat, water, and power	22,625.71	65.33			1,865.35	1,532.50		23,023.89	80.27
Laundry	3,556.09				369.66	4.95	.90	3,919.90	13.67
Cars and trucking	2,457.12							2,457.12	8.57
Occupational and recreational therapy	8,768.96							8,768.96	30.57
Miscellaneous expenses	3,892.72	140.85	8.34				54.00	3,987.91	13.90
Buildings, grounds, and general maintenance				$30,310.39	5,551.20	4,636.74		31,224.85	108.87
Cost-of-living bonus	43,584.12	667.23	757.80	2,822.40			576.00	47,255.55	164.76
Totals	$360,722.72	$4,431.11	$4,570.34	$33,132.79	$30,905.68	$28,776.41	$16,241.79	$388,744.44	$1,355.36

Provincial Secretary's Department, vouchered expenditure	$360,722.72
Less credits	16,241.79
Net vouchered expenditure as per Public Accounts	$344,480.93

Remarks

	New Westminster	Essondale	Saanich
Total patients in residence, March 31st, 1951	790	3,465	283
Daily average population for one year	763.81	3,425.98	286.82
Gross maintenance *per capita* cost, one year	$1,415.35	$998.05	$1,355.36
Gross maintenance *per capita* cost, one day	$3.88	$2.73	$3.71

Revenue of Mental Hospitals for Past Ten Years

1941–42	$238,532.90	1946–47	$339,561.71
1942–43	261,986.32	1947–48	350,995.41
1943–44	322,522.87	1948–49	477,680.57
1944–45	317,735.15	1949–50	542,137.14
1945–46	350,163.87	1950–51	534,185.06

Expenditures Made under Dominion Mental-health Grants for Province of British Columbia, Year Ended March 31st, 1951

Crease Clinic—		
Equipment	$48,643.52	
Staff and personnel training	75,297.26	
		$123,940.78
Mental Hospital, Essondale—		
Equipment	$22,071.30	
Staff and personnel training	73,993.90	
		96,065.20
Mental Hospital, New Westminster—Equipment		7,328.98
Mental Home, Colquitz—		
Equipment	$918.07	
Staff and personnel training	6,756.00	
		7,674.07
Child Guidance Clinic, Vancouver—Staff		5,826.00
University of British Columbia—Training equipment		25,375.30
National Film Board mental-health film		4,158.11
Vancouver General Hospital		3,695.82
City of Vancouver—Staff and supplies		11,094.53
City of Victoria—Staff and supplies		4,402.42
General personnel training—		
Teachers	$7,030.50	
Social service	12,428.54	
Short-term postgraduate	287.23	
		19,746.27
Total		$309,307.48

CREASE CLINIC OF PSYCHOLOGICAL MEDICINE

SUMMARY OF COSTS FOR YEAR ENDED MARCH 31ST, 1951

	Salaries and Expenses	*Per Capita* Cost
Office, stores, and general	$6,814.72	$35.40
Medical care	38,093.83	197.87
Nursing and ward services	245,662.80	1,276.04
Dietary	111,638.66	579.88
Light, water, heat, and power	21,300.00	110.63
Laundry	6,000.00	31.16
Cars and trucking	2,471.40	12.84
Occupational and recreational therapy	480.93	2.50
Miscellaneous	2,411.88	12.53
Maintenance and repairs	18,605.72	96.64
Cost-of-living bonus	71,776.93	372.83
Gross cost	$525,256.87	$2,728.32
Less revenue, maintenance collections	22,008.42	114.32
Net cost	$503,248.45	$2,614.00

REMARKS

Total patients in residence, March 31st, 1951	170
Daily average population for year 1950–51	192.52
Gross maintenance *per capita* cost, one year	$2,728.32
Gross maintenance *per capita* cost, one day	$7.47
Net maintenance *per capita* cost, one year	$2,614.00
Net maintenance *per capita* cost, one day	$7.16

HOME FOR THE AGED, PORT COQUITLAM

SUMMARY OF COSTS FOR YEAR ENDED MARCH 31ST, 1951

	Salaries and Expenses	*Per Capita* Cost
Office, stores, and general	$400.86	$1.04
Medical care	13,934.42	36.22
Nursing and ward services	181,675.40	472.20
Dietary	114,363.67	297.25
Light, water, heat, and power	37,181.64	96.64
Laundry	4,920.00	12.79
Cars and trucking	3,536.01	9.19
Incidentals and unforeseen	1,957.62	5.09
Maintenance and repairs	23,143.88	60.15
Cost-of-living bonus	56,168.70	145.99
Gross cost	$437,282.20	$1,136.56
Less revenue, maintenance of patients	128,034.26	332.78
Net cost	$309,247.94	$803.78

REMARKS

Total patients in residence, March 31st, 1951	385
Daily average population of year 1950–51	384.74
Gross maintenance *per capita* cost, one year	$1,136.56
Gross maintenance *per capita* cost, one day	$3.11
Net maintenance *per capita* cost, one year	$803.78
Net maintenance *per capita* cost, one day	$2.20

AVERAGE NUMBER OF PATIENTS IN RESIDENCE, TOTAL AMOUNT SPENT FOR MAINTENANCE, AND GROSS PER CAPITA COST, 1941–51

Year	Average Number in Residence	Maintenance Expenditure	Gross *per Capita* Cost
1941–42	125.42	$71,757.77	$572.14
1942–43	130.32	83,029.63	637.12
1943–44	129.78	81,597.78	628.05
1944–45	132.25	103,626.48	783.56
1945–46	137.10	114,337.96	833.87
1946–47	202.44	138,802.91	685.65
1947–48	326.75	243,861.27	746.33
1948–49	372.03	339,606.91	912.85
1949–50	380.15	374,093.25	984.07
1950–51	384.74	437,282.20	1,136.56

HOME FOR THE AGED, VERNON

SUMMARY OF COSTS FOR YEAR ENDED MARCH 31ST, 1951

	Salaries and Expenses	*Per Capita* Cost
Office, stores, and general	$3,573.49	$15.44
Medical care	12,678.88	54.79
Nursing and ward services	69,212.06	299.08
Dietary	73,293.40	316.71
Light, water, heat, and power	12,537.61	54.18
Laundry	20,941.58	90.49
Incidentals and contingencies	4,539.90	19.62
Maintenance and repairs	22,589.26	97.61
Cost-of-living bonus	25,486.84	110.13
Gross cost	$244,853.02	$1,058.05
Less revenue, maintenance of patients	77,018.09	332.81
Net cost	$167,834.93	$725.24

REMARKS

Total patients in residence, March 31st, 1951	221
Daily average population for year 1950–51	231.42
Gross maintenance *per capita* cost, one year	$1,058.05
Gross maintenance *per capita* cost, one day	$2.90
Net maintenance *per capita* cost, one year	$725.24
Net maintenance *per capita* cost, one day	$1.99

AVERAGE NUMBER OF PATIENTS IN RESIDENCE, TOTAL AMOUNT SPENT FOR MAINTENANCE, AND GROSS PER CAPITA COST, 1948–51

Year	Average Number in Residence	Maintenance Expenditure	Gross *per Capita* Cost
1948–49	119.68	$150,706.50	$1,259.24
1949–50	202.57	215,009.96	1,061.41
1950–51	231.42	244,853.02	1,058.05

HOME FOR THE AGED, TERRACE

SUMMARY OF COSTS FOR YEAR ENDED MARCH 31ST, 1951

	Salaries and Expenses	*Per Capita* Cost
Office, stores, and general	$6,417.97	$86.65
Medical care	3,048.14	41.15
Nursing and ward services	29,629.80	400.02
Dietary	31,007.44	418.62
Light, water, heat, and power	14,973.40	202.15
Laundry	2,660.95	35.93
Cars and trucking	1,234.09	16.66
Incidentals and contingencies	21,552.10	290.97
Maintenance and repairs	18,062.41	243.86
Cost-of-living bonus	10,429.97	140.81
Gross cost	$139,016.27	$1,876.82
Less revenue, maintenance of patients	24,646.71	332.75
Net cost	$114,369.56	$1,544.07

REMARKS

Total patients in residence, March 31st, 1951	150
Daily average population for year 1950–51	74.07
Gross maintenance *per capita* cost, one year	$1,876.82
Gross maintenance *per capita* cost, one day	$5.14
Net maintenance *per capita* cost, one year	$1,544.07
Net maintenance *per capita* cost, one day	$4.23

SUMMARY STATEMENT SHOWING THE GROSS AND NET *PER CAPITA* COST OF PATIENTS IN THE THREE INSTITUTIONS

Gross operating cost—		
Port Coquitlam	$437,282.20	
Vernon	244,853.02	
Terrace	139,016.27	
		$821,151.49
Less collections remitted to Treasury		229,699.06
Net cost of the three institutions		$591,452.43
Daily average population of three institutions		690.23
Gross *per capita* cost, one year		$1,189.68
Gross *per capita* cost, one day		$3.26
Net *per capita* cost, one year		$856.89
Net *per capita* cost, one day		$2.35

PART III.—COLONY FARM

BUSINESS MANAGER'S REPORT ON COLONY FARM

A. M. Gee, Esq., M.D., C.M.,
Director of Mental Health Services,
Essondale, B.C.

SIR,—Herewith please find profit and loss account and other financial statements and reports covering the operation of Colony Farm for the fiscal year ended March 31st, 1951.

Farm profit for the year, after providing for all operating costs, amounted to $11,887.09, as compared to a profit of $32,671.03 for the previous year. The decrease in profit, amounting to $20,783.94, is made up primarily of a reduction in revenue from the potato-crop due to decreased prices and to an increase in Farm maintenance expenditures and additional cost-of-living bonus payments.

A considerable amount of maintenance and repair work was again done on the farm dykes, and they are now considered to be in fairly good condition.

I am pleased to report that in March, 1951, tenders were called for the new dairy and milking barn. When this building is completed, the Colony Farm will once more be in a position to adequately look after our very valuable dairy herd.

Colony Farm continues to supply Essondale and The Woodlands School with a high quality of milk, vegetables, pork products, and canned goods of all kinds.

All of which is respectfully submitted.

F. A. MATHESON,
Business Manager.

PROFIT AND LOSS ACCOUNT FOR YEAR ENDED MARCH 31ST, 1951

Department	Debits	Credits	Loss	Gain
Dairy and Herds	$129,382.14	$136,636.73	.....	$7,254.59
Work-horses	5,242.23	5,534.00	.....	291.77
Hogs	90,171.92	123,063.37	.....	32,891.45
Cannery	53,993.26	61,956.87	.....	7,963.61
Orchard and Truck-garden	24,030.53	48,099.35	.....	24,068.82
Tractors	11,970.99	17,026.00	.....	5,055.01
Trucks	5,284.12	5,342.50	.....	58.38
Farm Maintenance	74,081.78	3,080.22	$71,001.56	.....
Field Crops and Pasturage	29,299.35	61,575.62	.....	32,276.27
Cost of living bonus	26,971.25	.....	26,971.25	.....
Totals	$450,427.57	$462,314.66	$97,972.81	$109,859.90
				97,972.81
Profit for the year	.....	.....	.....	$11,887.09

DAIRY AND HERDS DEPARTMENT

PROFIT AND LOSS ACCOUNT, MARCH 31ST, 1951

Receipts

By sales—		
Live animals	$24,136.02	
Beef supplied to institutions	3,580.06	
Dairy produce	106,921.65	
By credit for manure	3,350.00	
Inventory, March 31st, 1951	89,279.00	
		$227,266.73

Expenses

Salaries and upkeep	$46,921.81	
Feed	80,415.33	
Horse-labour	493.00	
Trucking	1,090.00	
Tractor work	462.00	
Inventory, March 31st, 1950	90,630.00	
		220,012.14
Profit		$7,254.59

WORK-HORSE DEPARTMENT

PROFIT AND LOSS ACCOUNT, MARCH 31ST, 1951

Receipts

Two horses sold	$150.00	
Horse-labour charged to crops, etc.	5,334.00	
Credit for manure	50.00	
Inventory, March 31st, 1951	550.00	
		$6,084.00

Expenses

Salaries and upkeep	$3,470.23	
Feed and pasturage	1,382.00	
Inventory, March 31st, 1950	940.00	
		5,792.23
Profit		$291.77

HOG DEPARTMENT

PROFIT AND LOSS ACCOUNT, MARCH 31ST, 1951

Receipts

By sales—		
Live hogs	$11,483.66	
Pork supplied Essondale Hospital	79,542.82	
Pork supplied New Westminster Hospital (Woodlands School)	6,540.49	
		$97,566.97
By credit for manure		600.00
Inventory, March 31st, 1951		24,896.40
		$123,663.37

Expenses

Salaries and upkeep	$9,064.39	
Feed	52,027.53	
Light and power	800.00	
Fuel	200.00	
Horse-labour	1,094.00	
Truck	1,170.00	
Tractor	1,824.00	
	$66,179.92	
Inventory, March 31st, 1950	23,992.00	
		90,171.92
Profit		$32,891.45

CANNERY

PROFIT AND LOSS ACCOUNT, MARCH 31ST, 1951

Receipts

Supplies to—		
Mental Hospital, Essondale	$48,082.60	
Woodlands School, New Westminster	9,057.51	
Mental Home, Colquitz	4,356.95	
Tranquille Sanatorium	459.81	
		$61,956.87

Expenses

Salaries	$4,980.00	
Repairs	485.39	
Fruit and vegetables	24,243.95	
Sugar, spice, etc.	8,527.32	
Cans, crates, and containers	9,635.10	
Fuel	1,300.00	
Water	500.00	
Light and power	1,200.00	
Tractor-hauling	1,934.00	
Truck-hauling	1,187.50	
		53,993.26
Profit		$7,963.61

ORCHARD AND TRUCK GARDEN

PROFIT AND LOSS ACCOUNT, MARCH 31ST, 1951

Receipts

Produce supplied to—		
Mental Hospital, Essondale	$29,295.95	
Woodlands School, New Westminster	3,396.70	
Boys' Industrial School	30.00	
Colony Farm cannery	3,428.10	
	$36,150.75	
Inventory, March 31st, 1951	11,948.60	
		$48,099.35

Expenses

Salaries, seeds, etc.	$7,018.53	
Fertilizer, spray, and manure	1,500.00	
Tractor work	2,820.00	
Trucking	117.50	
Fuel	50.00	
	$11,506.03	
Inventory, March 31st, 1950	12,524.50	
		24,030.53
Profit		$24,068.82

FIELD CROPS AND PASTURAGE

PROFIT AND LOSS ACCOUNT, MARCH 31ST, 1951

Crop	Acreage	Yield (Tons)	Yield per Acre	Value	
Potatoes	72.0	1,019.00	14.14	$40,742.47	
Turnips	7.0	283.00	40.43	7,188.98	
Oat hay	39.5	140.00	3.54	3,080.00	
Silage	125.0	1,153.00	9.22	6,918.00	
Onions	4.0	19.05	4.76	1,291.17	
Pasturage	235.5			2,355.00	
					$61,575.62

Costs

Horse-labour	$3,326.00	
Tractor work	9,042.00	
Trucking	1,297.50	
Manure	2,500.00	
Fertilizer and spray	6,639.22	
Seed and sets	5,174.63	
Supervision	1,320.00	
		29,299.35
Profit		$32,276.27

TRACTORS

PROFIT AND LOSS ACCOUNT, MARCH 31ST, 1951

8,513 hours' work at $2		$17,026.00

Expenses

Salaries and upkeep	$10,236.36	
Gasoline and oil	1,734.63	
		11,970.99
Profit		$5,055.01

TRUCKS

PROFIT AND LOSS ACCOUNT, MARCH 31ST, 1951

2,137 hours' work at $2.50		$5,342.50

Expenses

Salaries and upkeep	$4,846.91	
Gasoline and oil	437.21	
		5,284.12
Profit		$58.38

GENERAL EXPENSES OF MAINTENANCE AND ADMINISTRATION

PROFIT AND LOSS ACCOUNT, MARCH 31ST, 1951

Salaries and miscellaneous expenses	$32,141.65	
Horse-labour	627.00	
Trucking	480.00	
Tractor work	786.00	
Gasoline and oil	316.49	
Sundry	13.35	
		$34,364.49
Proportion, Headquarters expense	$2,100.00	
Repairs through Public Works Department	37,157.89	
		39,257.89
		$73,622.38
Less sundry credits	$10.50	
Less gain on inventory of equipment	2,610.32	
		2,620.82
		$71,001.56

MISCELLANEOUS STATEMENTS, INVENTORIES, ETC.

MENTAL HOSPITAL, ESSONDALE—PRODUCE SUPPLIED BY COLONY FARM FOR YEAR ENDED MARCH 31ST, 1951

Dairy produce—		
Milk, 855,695 lb.	$49,501.73	
Cream, 209.5 qt.	180.19	
Table cream, 1,658 gal.	4,148.96	
		$53,830.88
Meats—		
Veal, 8,004 lb.	$3,457.70	
Hearts, livers, etc., 315 lb.	122.36	
Fresh pork, 226,136 lb.	78,674.52	
Pork plucks, 3,958 lb.	868.30	
		83,122.88
Fruits and vegetables—		
Fresh	$64,037.23	
Canned	48,082.60	
		112,119.83
		$249,073.59

MISCELLANEOUS STATEMENTS, INVENTORIES ETC.—*Continued*

THE WOODLANDS SCHOOL, NEW WESTMINSTER—PRODUCE SUPPLIED BY COLONY FARM FOR YEAR ENDED MARCH 31ST, 1951

Dairy produce—		
Milk, 47,450 lb.	$2,766.79	
Cream, 104 qt.	89.50	
Table cream, 1,141 gal.	2,839.72	
		$5,696.01
Meats—		
Fresh pork, 18,587 lb.	$6,456.50	
Pork plucks, 381 lb.	83.99	
		6,540.49
Fruits and vegetables—		
Fresh	$10,659.55	
Canned	9,057.51	
		19,717.06
		$31,953.56

ACCOUNTS RECEIVABLE, MARCH 31ST, 1951

Sundry amounts due from live stock, etc., sold	$1,875.25

REMITTANCES TO TREASURY

Sundry remittances to Treasury during year 1950–51 in payment of live stock and produce	$368,989.42

SUMMARY OF EQUIPMENT INVENTORIES, MARCH 31ST, 1951

Equipment in dairy	$4,430.50
Equipment in cannery	7,023.30
Horse and cattle barns and piggery	3,825.00
Farm implements	28,917.00
Pumping-stations and land-clearing	2,188.00
Butcher-shop	20.00
Carpenter-shop	1,047.05
Blacksmith-shop	825.00
	$48,275.85

ORCHARD AND TRUCK-GARDENS

Apiary supplies	$121.60
Plum-trees	1,715.00
Prune-trees	1,776.00
Pear-trees	1,523.00
Apple-trees	574.00
Cherry-trees	371.00
Rhubarb-clumps	3,000.00
Strawberry-plants	320.00
Vegetables on hand	960.00
Garden tools and equipment	1,588.00
	$11,948.60

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