ANNUAL REPORT

—OF THE—

PUBLIC HOSPITAL FOR THE INSANE

—OF THE—

PROVINCE OF BRITISH COLUMBIA

—FOR THE—

YEAR 1908.

THE GOVERNMENT OF
THE PROVINCE OF BRITISH COLUMBIA

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1909.

BURSER'S OFFICE AND RECORD ROOM,

PUBLIC HOSPITAL FOR THE INSANE

ANNUAL REPORT

REPORT

ON THE

PUBLIC HOSPITAL FOR THE INSANE.

1908.

To His Honour

The Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned respectfully submits herewith the Annual Report of the Medical Superintendent of the Public Hospital for the Insane for the year 1908.

HENRY ESSON YOUNG,

Provincial Secretary.

Provincial Secretary's Office,

January, 1909.

OFFICERS:

——:o:——

Medical Superintendent:
C. E. DOHERTY, M. D., C. M.

Assistant Medical Superintendent:
J. G. McKAY, M. D., C. M.

Bursar:
G. S. MacGOWAN.

Steward and Storekeeper:
R. REES.

Engineer:
HEWISON STOUT.

Clerk:
T. H. CAMBRIDGE.

Matron:
MARIA FILLMORE.

Chaplains:
R. LENNIE.
E. MAILLARD, O. M. I.

Chief Male Attendant:
GILBERT MATTHEWSON.

Matron and Chief Female Attendant:
MARIA FILLMORE.

Carpenter:
J. D. HOPKINS.

Plasterer and Mason:
EDWARD FRITZGERALD.

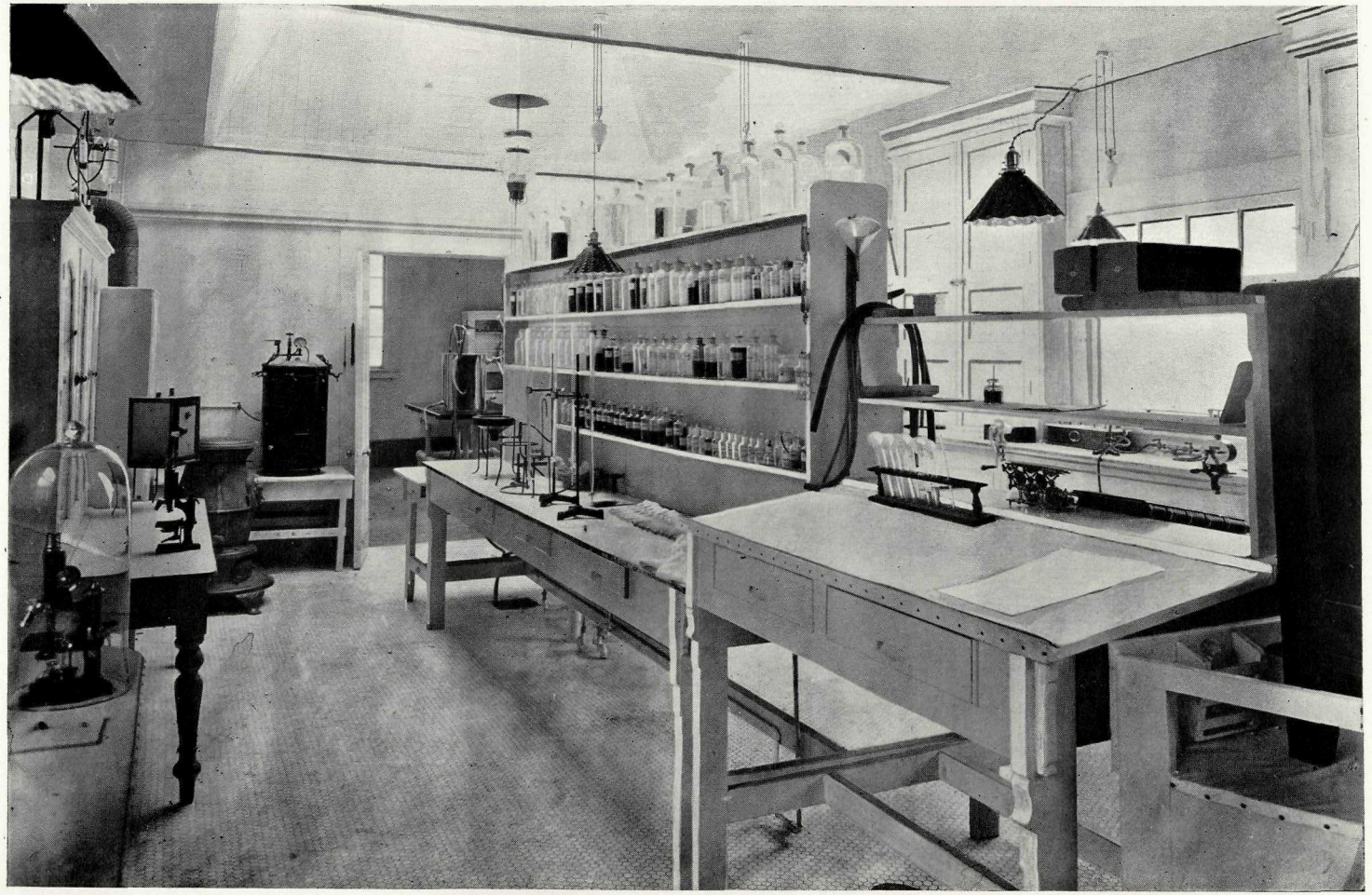
Farmer:
E. B. STINCHCOMBE.

Gardener:
W. T. L. HOUSE.

Tailor:
W. F. BEGGS.

Shoemaker;
D. McQUARRIE.

Laundryman:
J. HARGIE.



HOSPITAL LABORATORY

REPORT

OF THE

MEDICAL SUPERINTENDENT OF THE PUBLIC HOSPITAL FOR THE INSANE, NEW WESTMINSTER, B. C.

———:o:———

FOR THE YEAR ENDING 31ST DECEMBER, 1908.

NEW WESTMINSTER, B. C.,
January 12th, 1909.

The Honourable
The Provincial Secretary,
Victoria, B. C.

SIR,—I have the honour to submit, herewith, the Thirty-seventh Annual Report of the Public Hospital for the Insane at New Westminster, B. C., embracing a full account of the operations of that Institution for the year 1908, together with a summary of the requirements for the ensuing year, which I trust will receive approval of your Department before the passage of the Estimates at the next Session of the Provincial Legislature.

Regarding the statistical tables appended, one gives in detail all the movements of the Hospital population for the past year, including admissions, discharges, deaths and escapes, as well as a full classification of cases, showing forms of insanity, the cause if traceable, nationality, age, sex and social standing of all patients; the other table gives an accurate account of revenue derived from the farm, garden and all industries connected with the Institution.

ADMISSIONS.

In the matter of admissions, the past year has exceeded any previous year in our history, a total of 230 having been admitted. Of these 176 were males and 54 were females.

In glancing over the table of admissions, it will undoubtedly prove a matter of surprise to you when you see that over 70 per cent. of the admissions to the Hospital during the past year were foreign born, and that some 30 per cent. had been in Canada a shorter period than two years.

The immigration question is, in this country, one of the most vital questions of the day. Canada posing as a refuge for people of other lands, dissatisfied with their own country, is all very well, but when an attempt is made to make it also a place of refuge for those with whom their native countries are dissatisfied, it is time that the closest inspection be given each landing immigrant. For the past four or five years the degenerate "Flotsam and Jetsam" of other countries have been entering Canada in a continuous stream. Paupers, inebriates, insane and even known criminals have been deposited on our shores, and already have begun to fill our public institutions at an alarming rate. This Province has probably not suffered to the same extent as the Eastern Provinces, but even our statistics are sufficient to demonstrate that no expense should be spared in the matter of sieving at the ports of entry, if our institutions are to be prevented from becoming filled with the sweepings of older countries.

CAUSES.

(A.) *Heredity.*—Among the general predisposing causes, heredity has, as usual, played by far the most important part, as you will notice when you refer to Table No. 14. In compiling statistics for this table, every effort has been made by our medical staff to secure data from every possible source, the patient's word not having been accepted in most instances.

(B.) *Alcoholic Causes.*—That alcoholic excess is a potent cause of insanity is universally admitted, but, as stated in previous reports, my experience, an unbiased one, has been such as to leave considerable doubt in my mind whether insanity, caused by alcohol, is so general as the discourses of some temperance reformers would lead us to believe. No one can deny that the immediate use of alcohol tends to grave vasculur changes, nor is there the least doubt, in my mind, that the great majority of mankind are better without any alcohol at all, especially in adolescence and earlier manhood. Neither can it be denied that alcohol is a frequent cause of crime, but as a cause of insanity I think its influence has been slightly exaggerated and cannot be borne out by any reliable statistics. The proportion shown in Table No. 14 represents the number of admissions to our Hospital during the past year, where the cause could possibly be assigned to alcohol, and, while this proportion is serious enough in all conscience, it is far below the ex parte computations of the temperance platform.

(C.) Moral Causes, such as domestic troubles, mental shock, too much religious excitement, etc., have had victims.

(D.) Developmental and critical periods.

(E.) Exhaustion following wasting diseases.

(F.) Masturbation and sexual excess.

(G.) Original causes, such as softenings, senile wastings, apoplexies, etc.

(H.) Congenital defects.

DISCHARGES.

During the year 124 patients were discharged, nearly 60 per cent. of the admissions. This number is the largest ever discharged in any one year since the institution was commenced, being 33 more than during 1907. In classifying the discharged, only those are recorded as cured, who, in our opinion, made permanent recoveries, and whenever any doubt existed the case was placed on the list of improved.

ESCAPES.

During the year only two patients escaped. Both were working patients, who were allowed considerable freedom and were well advanced to convalescence at the time of leaving.

ASSAULTS, SUICIDES AND ACCIDENTS.

We are very pleased, indeed, to be able to report that, as a result of admirable diligence on the part of nurses and attendants, we have no suicides or homicides to report. Only one accident occurred during the year, where an epileptic, while in an excited condition, turned a bed on end and then allowed it to fall over on him, breaking several ribs.

DIAGNOSIS AND TREATMENT.

General.—The medical work in our hospital has become a more and more responsible task. To-day, to ensure good work in a hospital of this kind, every patient must be given a most thorough examination, which must be even more painstaking than in that of a general hospital, because our patients rarely can be depended upon to draw our attention to oversights, while, also in the matter of histories, we are also greatly handicapped.

MALE WARD.

On admission, each patient is studied as never before; mentally and physically the examination is systematic and thorough. To aid in the closer scrutiny, a laboratory was last year established, and, without having purchased any fantastic and expensive apparatus, our armamentarium is quite adequate.

For the better preservation of all data, we have abolished the old and established the new method of recording, a very important feature of which is the type-writing of all the physicians' notes. A clinical stenographer finds frequent work at the bed-side and in the recording office. For a greater facility of reference, we have established a convenient system of filing. Cross indices are rapidly building, so that we can correlate all data as to any single patient. Nor has growth along other lines ceased with the minute study of the patient; new methods of treatment with enlarged and more successful systems of therapeutics have been instituted; hydrotheraphy, which I will again mention later, has been so productive of results that our baths are now being used beyond their capacity, while our system of electro-therapeutics has, within the year, found frequent application.

Employment and Recreation.

The system of previous years in regard to the employment and recreation of patients has continued. No patient has been compelled to work against his or her will, and although the results of labour are of considerable commercial value to the hospital, yet the first consideration is the benefit to be accrued to the patient from the employment.

In the matter of recreation, the hospital orchestra is still maintained and has given excellent service during the year. Fortnightly concerts and patients' dances and socials have been conducted during the winter months, and have been greatly appreciated by all.

Freedom.

In the matter of the freedom of patients, this privilege has been greatly extended. At Colony Farm, where over forty patients are employed, a general parole exists, and it is wonderful how deeply sensible these patients have been to the trust placed in them. In only one single instance was the confidence abused. In New Westminster, also, the freedom of the grounds has been given to a much larger number of patients than formerly.

Pathological Laboratory.

The pathological laboratory, under the direction of Mr. F. P. Hughes, has become an indispensable adjunct to the medical service of the hospital. The clinical examinations, essential aids to the diagnosis and treatment of disease, are carried on with precision. As an example of the work done in the laboratory, I would submit the following summary of anatomical findings in a few of the cases personally observed :—

Histology.

Blood counts.		Determination of			Vidal's serum reactions.		Experimental work. Miscellaneous.
Reds.	Leukocytes.	Haemoglobin.	Blood coagulation time.	Specific gravity.	To B. typhosus.	To B. paratyphosus.	
42	41	3	3	3	11	7	B. paratyphosus isolated in pure culture from O. 5 cc. Blood from finger in one case.

Pathology.

No. of P. M.'s performed.	No. of specimens preserved.	Cerebro-spinal fluid from lumbar puncture for spirochaeta pallida.	Sections of		
			Bone splinter from P. M. No. 7.	Enlarged mesenteric gland from P. M. No. 8.	Tumour of brain from P. M. No. 9.
9	6	Not found on two occasions.	True bone.	No T. B.	Sarcoma.

Sputum Examinations.

Examined for	No of specimens.	No. of films.	Found in	Not found in	Total.
T. B.	11	44	0	44	44
Pneumococci.	1	4	0	4	4

Urine Examinations.

Total No. samples examined.	Sugar in	Albumin in	Bile pigment in	Blood cells		Spermatazoa in	Cells.			Casts		
				Reds in	Whites in		Seminal in	Epithelial in	Fatty in	Granular in	Epithelial in	Hyaline in
63	4	2	2	5	1	1	1	3	1	1	1	1

Analytical.

Chemical Analyses.		Biological Examinations.	
Milk.	Water.	Milk.	Water.
9	7	3	12

General.

Pus for gonococci.	Pleuritic serum for T. B.	Swab from throat for spirochaeta pallida.	Section inguinal lymphatic gland for spirochaeta pallida.
2 specimens. Not found.	1 specimen. Not found.	1 specimen. Not found.	1 specimen. Not found.

Cultures of B. typhosus, B. paratyphosus, B. pestis (human), B. dysenteriae (Shiga and Flexner), and the Micrococcus Melitensis, obtained from various sources, have been put through all the cultural reactions and microscopical tests to prove they are pure cultures.

Statistical.	Principal Lesions.	Central Nervous System.	Cardiac.	Vascular.	Pulmonary.	Genito-Urinary.	Gastro-Intestinal and Digestive Glands.	Miscellaneous.
1. Male; aet. 43; Japanese; married; labourer; in hospital 3 mos. 23 days. Melancholia.	Multiple tubercular abscesses in both lungs. Right lung collapsed, solid and nodular.	.....	Heart muscle pale ..	Slight aortic atheroma.	Chronic tuberculosis both lungs, large abscess in apex of each and multiple small abscesses with purulent infiltration.	.....	.....	Abdomen distended.
2. Male; aet. 32; white; single; clerk; in hospital 4 months. Paresis.	Intestines congested; no ulceration.	....	.....	.....	.....	.....	....	....
3. Male; aet. 40; Indian; married; fisherman; duration, 1 month; in hospital, 3¼ years. Paresis.	Hypostatic pneumonia, left lung.	Dura thickened and adherent to bone; anachroid opaque; oedema of convolutions; fibrous connections between dura, anachroid and pia; diffuse meningo-encephalitis.	Heart muscle pale and dilatation of heart, especially of right ventricle. Mitral and aortic valvulitis.	Marked aortic atheroma.	Left lung adherent to costal pleura and diaphragm; hypostatic pneumonia, both lobes nearly solid; right lung normal.	.....	Interstitial haepatitis; capsule adherent.	.....
4. Male; aet. 41; white; married; miner and cook; duration unknown; in hospital, 3 years. Paresis and tabes.	Atrophy frontal lobes cerebrum. Abscesses right kidney.	Chronic meningo-encephalitis and myelitis (diffuse); dura thickened and adherent to bone; increase of cerebro-spinal fluid.	Heart muscle pale; right sided dilatation. Aortic valvulitis.	Slight aortic atheroma.	Right lung adherent to diaphragm; contained several calcareous nodules.	Kidneys atrophied, pale and soft; right showed condition of pyelitis.	Atrophic cirrhosis of liver. Connective tissue overgrowth in spleen.	Arthropathy of right knee.
5. Male; aet. 22; white; single; labourer; duration short time; in hosital, 10 months. Epilepsy, pneumothorax.	Eight ribs fractured on right side; puncture of diaphragm and laceration of liver. Ruptured vessel on 4th rib right side, haemorrhage into pleural cavity; 7 ribs fractured left side.	Hole (operative) through frontal bone covered in with fibrous tissue; dura tenaciously adherent; white spots on anachroid; oedema of convolutions.	....	.....	Right lung collapsed, covered with lymph.	....	Spleen, 20 ozs., pale, capsule adherent; gall bladder distended and full; liver lacerated and punctured.	Numerous contusions and lacerations over body and limbs.
6. Male; aet. 84; white; miner; duration, 7 days; in hospital 1 month; first attack. Senile dementia.	Large clot over left hemisphere of brain; heart atrophied; large abscess in left psoas muscle extending from 3rd lumbar to Poupart's ligament. Transverse process left side 3rd lumbar denude of periosteum, longissimus dorsi infiltrated with pus.	Dura tenaciously adherent to bone; small sized brain macroscopically negative.	Heart atrophied; chronic mitral and aortic valvulitis; arterio sclerosis of coronaries.	Aorta and common iliacs cartilaginous and of a bluish colour.	Both lungs adherent to costal pleura; black pigmentation.	Chronic interstitial nephritis.	Atrophic cirrhosis of liver.	Ecchymosis left fore arm.
Male; aet. 48; white; miner; married; duration, 3 weeks; in hospital, 8¼ years. Terminal dementia.	Three splinters bone between hemispheres of brain.	Thin patch in bone of calvarium over splinters of bone adherent to dura, anachroid and pia, and penetrating ½ inch between hemispheres. White spots and bands on anachroid. Brain atrophied, pale and flaccid. Sections of bone splinters showed true bone.	.....	.....	.....	.....	.....	....
8. Female; aet. 43; Indian; widow; no children; duration, 3 years; in hospital, 5 months; second attack. Paresis.	Large intestine ulcerated and congested; hernia of colon in splenic flexure.	Plaques on anachroid; diffuse meningo-encephalitis reaching greatest intensity over central and parietal regions.	Heart small	... .	....	Infantile condition of pelvic organs.	Gall bladder full of stones; also 2 in duct. Mesenteric glands enlarged; no T. B. found in sections.	Very small woman.
9. Male; aet. 40; white; married; merchant; in hospital 1 month 13 days. Tumour of brain.	Large tumor in frontal lobe and one over temporal bone under scalp, of jelly like consistence. Microscopically gliomata.	Anachroid opaque and numerous white spots; oedema of convolutions. Marked decrease of cerebro-spinal fluid.	.....	.....	.....	....	.....	....

Hydrotherapy.

While I cannot claim and do not pretend to offer any new observations on the application of water as a therapeutic agent, the results we have obtained here have been most gratifying, and confirm those obtained by prominent authorities in other hospitals. Our three hydrotherapeutic rooms have now been in continuous operation for the past nine months, and a large number of patients have been treated, and as a direct result, very few remedies of a sedative class are now given in this hospital, while, together with the abolition of chemical restraint, the last trace of mechanical restraint has also disappeared.

Our continuous baths have been used most advantageously in cases of motor excitement, in the restlessness of general paralysis, and in neurasthenic conditions characterised by insomnia and apprehensive restlessness. In these, baths, at a temperature of 90 to 112 degrees, have been used, and the duration has worked from half an hour to nine hours. All bathing has been attended to by an experienced nurse under the direct supervision and dictation of one of the medical staff.

So favourable have been our results in the above class of cases, that, if I were today limited to one measure of treatment and obliged to choose between drugs of all kinds and the use of hydrotherapeutic measures, I should unquestionably select the latter in a very large majority of cases, especially where the patient is suffering from malnutrition and exhaustion of nerve force.

The following clinical histories of two cases are selected from the large number treated, for the purpose of illustration:—

S. K., aged 42 years; married; occupation, farmer; natural disposition, quiet; habits in health, temperate and industrious; no history of insanity as far as could be obtained in family on either side; assigned causes, remote environment, exciting, excessive reading of religious works; duration of attack previous to admission, two weeks; diagnosis, Manic Depressive Insanity. Admitted to Hospital on April 14th on a stretcher under the influence of a powerful sedative, right arm in bad condition as result of compound fracture caused by bullet wound inflicted by a terrified neighbour, acting, as he thought, in self-defence (this occurrence took place the day previous to his admission to the hospital and 15 days after the onset of mania). The patient was immediately put to bed, arm securely dressed, given simple enema and later received a small amount of peptonised beef juice and other nourishment. Soon after this feeding, the patient became very maniacal, active auditory hallucinations were present, temperature was 102 degrees, pulse about 120, delirium continued for three days, patient refusing all food; the tongue became very dry, teeth and lips covered with sordes; the skin was inactive and secretions of the body almost nil. On the afternoon of the third day (hydrotherapeutic measures having been delayed owing to severe conditions of arm), he was placed in a hot full bath, temperature 100 degrees, gradually increased to 112 degrees, at the end of one hour the skin became moist, sordes commenced to disappear and the patient asked for a drink of water. Eight hours later the pulse became soft and rapid and the patient was removed from the bath, given a stimulant and placed in a hot dry pack in order to continue the perspiration. After this he became quiet and slept soundly for several hours, the bowels and kidneys acted freely. The next day the patient again became somewhat noisy and was again placed in a hot full bath for one hour, sleep again followed. These full baths were continued for six days, at the end of which, all mental symptoms had disappeared and the patient was transferred to the Convalescent Ward where he remained for one month waiting repair of arm. On May 28th the patient was discharged cured.

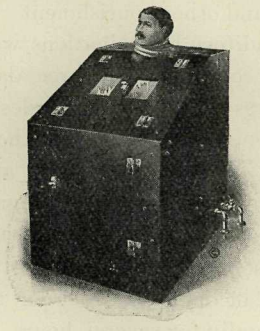
The second case, one also of Manic Depressive Insanity, but of the depressed variety:—

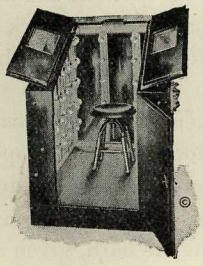
W. R., aged 32; single; occupation, carpenter; heredity denied; assigned causes; remote environment; exciting anaemia; duration of attack previous to admission, ten days; diagnosis, Manic Depressive. Admitted to the hospital May 12th, 1908.

One month before admission the patient, who had always been cheerful and active, became morose, suspicious, irritable, and suffered from insomnia. Ten days prior to the coming to the hospital, he developed well marked delusions of fear and persecution with active and painful hallucinations, both auditory and visional. He became so frenzied and agitated that he could not be cared for at home.

Physical examination; patient poorly nourished and anaemic; temperature 97.4 degrees; pulse 126; respirations 20 and shallow; skin cold and clamy; heart sounds feeble; sordes on lips and teeth; tongue coated and breath foul. He was immediately ordered a hot continuous bath, temperature 100 degrees, gradually increased to 112, ice cap to head. In about one hour the skin became active, the patient commenced to take considerable quantities of water voluntarily. He gradually became quiet and at the expiration of three hours was removed and wrapped in hot dry blankets. He continued quiet and slept most of the night. Hot baths and packs were continued alternately twice daily for ten days, the patient's sleep becoming much better, while the large quantities of water drunk promoted diuresis and free movements of the bowels. The toxic manifestations gradually disappeared and the motor and mental symptoms also subsided. At the end of the ten days, the auditory and visional hallucinations had completely subsided, so the active hydrotherapeutic treatment was suspended and the patient was placed upon general tonic treatment. On June 11th he was discharged cured.

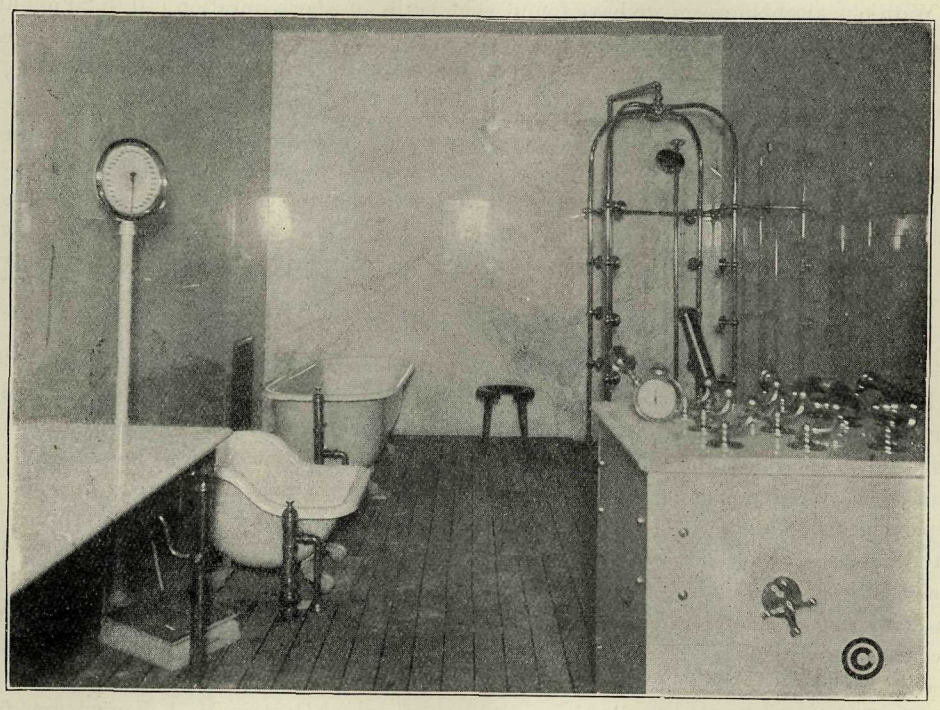
In cases of Catatonia with sub-normal body temperature, pulse slow and weak, skin harsh and dry—in fact, where every symptom of disordered nutrition is present and where the general sensibility appears diminished—we have experienced splendid results with the electric and steam cabinets. Such patients are placed in either one of these cabinets and the temperature gradually raised to 140° or 150°. Good, free respiration is produced, copious draughts of water being given. When perspiration is quite free the patient is removed from the cabinet and placed under rain and needle shower, temperature 100°, gradually cooled to 85°; he is then placed on massage table and given a good passive massage.



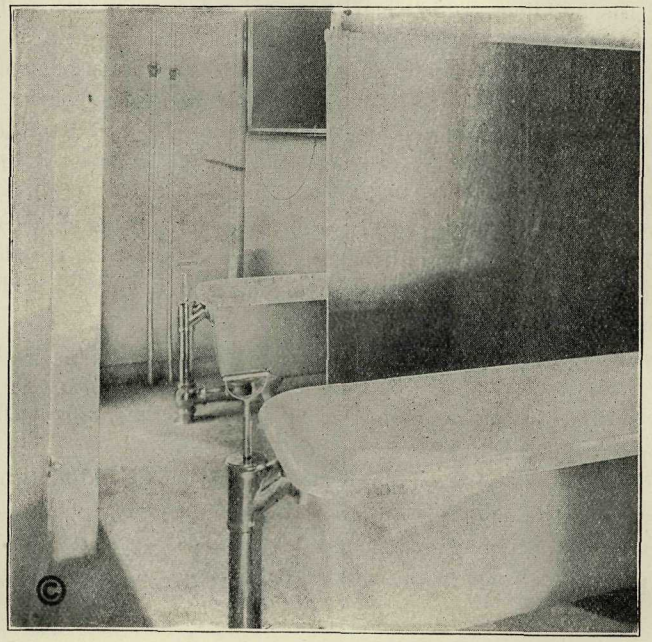


In such a procedure as the above, you get a well-marked sedative, tonic and eliminative effect. In many cases before the patient is in the cabinet for five minutes the pulse rate begins to increase; there is a rise of temperature and an increase of respiratory movements; the skin becomes hyperæmic and succulent, while its tactile and electrical sensibility is increased, all of which are urgently indicated and so hard to obtain by any other means in these intractible cases.

A DAY ROOM FOR MALE PATIENTS.



In alcoholic cases, where there is marked mental aberration characterised by illusions and hallucinations of such a nature as to cause great fright and worry to the patient, and considerable uncontrollable motor restlessness, and when sleep must be secured, hydrotherapy is undoubtedly beneficial. Here, formerly, large doses of opium or chloral were given, notwithstanding the fact that such were dangerous, especially when there were complications of such a nature as to contra-indicate their use.



With our alcoholic cases we have found cold baths of short duration (10 to 20 minutes, repeated every three hours) very beneficial. In these cases no baths are permitted except under the direct supervision of a medical man, and if such are complicated with endo, or pericarditis, or arteriosclerosis, lukewarm baths are substituted for the cold.

In conclusion, I might say that just as the general practitioner has discarded the use of powerful antipyretics in typhoid fever, in which these best result that could be claimed for them was that they allowed the patient to die with a normal temperature, and has universally substituted the brand bath or some modification of same, just so have we substituted mechanical and chemical restraint with a more rational system where the patient has some chance of recovery.

CHANGES IN STAFF.

By the death of Captain M. J. Knight, Bursar, which occurred on the 29th June, 1908, this hospital lost one of the strongest and best known members of its staff and the community a forceful character and striking personality. His incumbency had been connected with many changes in the hospital, and in these changes he was always a conspicuous figure, especially where he considered the name of the hospital at stake. He was a man of natural pride and independence of character, keeping his own counsels and making few confidants. He had the politeness of the old school and a certain formal, but pleasing, courtesy of bearing, which favourably influenced all those with whom he came in contact. He was a widely read gentleman with much general information, and was a most agreeable and intensely interesting conversationalist. Above all, he was a Christian gentleman, not only in creed but likewise in every-day practice.

The position of Bursar, rendered vacant by the death of Captain M. J. Knight, was filled by the appointment of Mr. Gowan MacGowan. The position of Bursar, in an Institution the size of this, is an important one, and in being able to secure the services of such a capable business man as Mr. MacGowan, both the Government and the Institution are to be congratulated.

IMPROVEMENTS.

For the past three years the attention of our mechanics has been devoted almost entirely to the interior of the buildings, which had been allowed to pass into such a bad state of disrepair that they had become almost unfit for human habitation. One by one these wards were gone over in a systematic manner, plumbing, heating, ventilation, and electric wiring receiving first attention. The floors in nearly every ward had to be renewed. All day-rooms, dining-rooms, dormitories and single rooms of each ward were in turn replastered, painted and properly decorated, and before leaving were comfortably furnished, most of the furniture being made on the premises by the carpenter and his working patients.

When you realise that, altogether, we have some 15 wards, with an accommodation varying from 20 to 45 per ward, you can understand the amount of work entailed in the above; but our results have been so gratifying to us all, especially to our patients, that we are amply repaid for all trouble and money expended.

During the year one new ward was completed and furnished, and is now occupied by male patients.

A handsome new laboratory, occupying the site of the old morgue, was finished, furnished with adequate apparatus and is now in operation.

At Colony Farm a temporary building was erected. This building, which is 30 feet by 60 feet and two stories high, comprises two dormitories, one day room, two lavatories with bath and linen rooms, and sleeping apartments for attendants. It is our intention to use this building for patients engaged in clearing land and preparing a site for the proposed new hospital.

DAY ROOM FOR FEMALE PATIENTS.

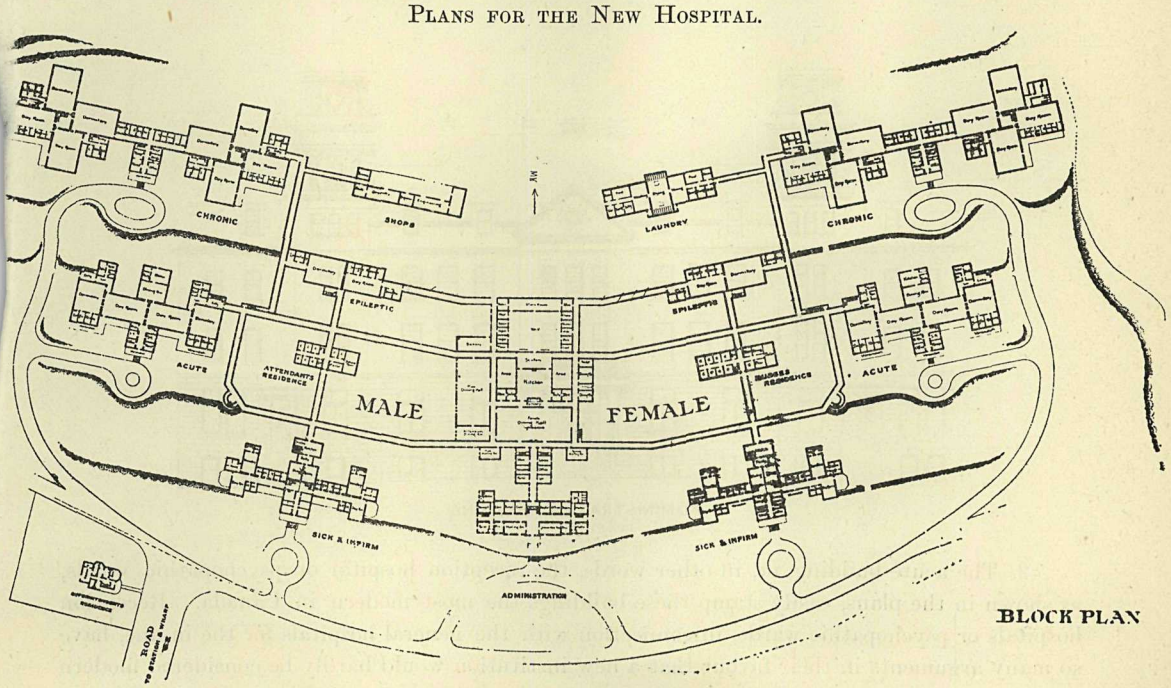
An observation dormitory was completed on "E" ward, by converting smaller dormitories and three single rooms into one large room, which was then fitted up with all conveniences for continuous supervision. The necessity for such a dormitory had been felt for some time in the handling of suicidal cases.

At Colony Farm the work of clearing land has progressed steadily. In all about 80 acres of bench land are now ready to be utilised for a building site, lawns, gardens, etc. Every acre of this land was heavily wooded and the amount of work entailed in clearing it proved much greater than I had anticipated. Well informed men in such work assure me that, if this clearing had been let by contract, $250 per acre would have been a small figure and one profitless to any contractor. So you see that the work done by patients, in this respect alone, represents a saving of $20,000 to the Province, not taking into consideration the 3,000 cords of wood secured for the institution at New Westminster, which, if estimated at $3 per cord, a moderate figure, would bring the total to $29,000.

A new road, approximately two miles in length, is now under construction, and when completed will represent a diversion of the Dewdney Trunk Road. Such a diversion, while straightening out and shortening the Trunk Road, will also prove a great convenience to the hospital, as it practically reclaims for lawn purposes several acres of beautifully sloping land. In this work the clearing of the right-of-way is being done by patients, while the road-bed itself is being prepared by the District Road Superintendent with ordinary day labour.

On November 28th tenders were called for the dyking and ditching of all low land of the farm, some 450 acres in extent. Every necessary experiment was made and every precaution taken before definite plans for the dyking and ditching were issued. Among the men whose opinions in this regard were sought were some of the best posted reclamation men in the Province, all of whom were, without exception, emphatic in declaring the splendid virtue of the soil and its feasibility to such a scheme as proposed. The successful contractor has already commenced the work, and his reputation is such that we feel certain the plans and specifications will be carried out to the letter.

PLANS FOR THE NEW HOSPITAL.



BLOCK PLAN

Without doubt the most important, and, at the same time, most progressive step ever taken by the Government of British Columbia, having for its object the welfare of its insane population, is the one at present under way. Some time ago a competition was opened to the architects of the Province and prizes offered for the best two schemes for a complete modern Hospital for the Insane. The most important conditions laid down to the competitors were that all prison and custodial features were to give way, as far as possible, to wholesome and curative features, while every essential for the scientific study, classification and treatment of cases was to be afforded.

Many of the leading architects of the Province entered the competition, several spending much time and money in travel and study of the modern hospitals on the continent and in the United States, with the result that the Department of Lands and Works has been enabled to secure plans for a new hospital which have received the highest commendation from psychiatrists in Eastern Canada and also from the Lunacy Commission of New York State.

Only a careful study of the plan accepted by the Government will enable one to appreciate the tremendous grasp of detail which the architect must have had of his subject. Here every provision is made for the reception, examination, classification and subsequent treatment and care of the insane. The plans of the individual buildings, which are well worth close inspection, are shown in this report.

1. *Administration Building.*—This is conceded by the New York State Architect to be a very fine and complete arrangement. The offices show space for the medical and clerical staffs and a most convenient arrangement of examination, record and conference rooms, while general reception rooms are shown for the public. The service department, including kitchen, dining-room, scullery, steward's offices and store-rooms, is a model arrangement, and one which might well be adopted as a standard.

ADMINISTRATION BUILDING
FRONT ELEVATION

2. The acute building, or, in other words, the reception hospital or psychopathic wards, as shown in the plans, easily stamp these buildings the most modern in Canada. Reception hospitals or psychopathic wards, in connection with the general hospitals for the insane, have so many arguments in their favour that a new institution would hardly be considered modern

MALE PATIENTS' DINING ROOM.

without them. Properly constructed, equipped and staffed, such buildings afford the very greatest facility for the study and proper classification of new patients, as well as for their most efficient treatment. Throughout the hospital idea prevails, and the patient, if not utterly confused, will not associate the situation with the popular conception of an insane asylum with keepers, locks and bars. Hydrotheraphy, medical treatment, dietetic management, massage and good nursing all seem to occur in a logical sequence in such surroundings.

3. *Sick and Infirm Building.*—Here also the hospital idea has been carried out, and a complete and convenient arrangement shown.

4. *Epileptic Building.*—A very fine epileptic building is shown and every facility afforded for the comfort and safe handling of these unfortunates.

5. *The Chronic Buildings.*—The plans and arrangements of these wards are most carefully studied. The noisy and disturbed patients can here be segregated effectually, and every means is afforded to lessen disturbance of all kinds. For instance, the dormitory arrangements are such that one night-man has one hundred patients continuously under observation. Good balcony space is shown, while the dormitories and day rooms show that special pains were taken looking toward the proper artificial and natural ventilation. The toilet and bath-room fixtures are all of the latest and most approved hospital type, while the elevations of the buildings are most pleasing and appropriate.

6. Good living quarters are shown both for male and female nurses, and ample provision is made in both for the amusement and general comfort of the employees.

CHRONIC BUILDING

EXPENDITURE.

In the matter of expenditure, our per capita cost of maintenance was $183.92. This is a low one, and compares favourably with other years. In connection with the item of expenditure, our per capita rate would have been further reduced but for the fact that an extraordinary amount was spent in furniture. This was rendered necessary on account of the furnishing of a new ward at New Westminster and a new building at Coquitlam, while the furnishing of the new laboratory is also included under this head.

TABLE A.

Showing the average number of patients in residence each year, the total amounts spent for maintenance and the per capita cost.

Year.	Average number in residence.	Maintenance expenditure.	Per capita cost.
1872 (81 days)	16.57	$ 2,265 25	$616 00
1873	16.07	7,841 94	487 98
1874	16.76	8,232 41	491 20
1875	27.42	9,892 38	360 77
1876	36.41	12,558 18	344 91
1877	34.61	12,917 17	373 26
1878	36.52	13,985 05	382 93
1879	38.17	10,253 72	268 63
1880	45.42	10,552 18	232 32
1881	47.18	10,691 76	226 62
1882	47.86	11,343 65	237 02
1883	48.73	11,829 11	242 75
1884	48.70	11,843 94	243 20
1885	54.67	15,555 87	284 54
1886	59.11	15,334 43	259 42
1887	73.55	15,945 22	216 70
1888	79.43	16,261 06	204 72
1889	71.30	15,657 79	219 60
1890	78.78	17,577 80	223 13
1891	119.87	21,757 03	181 50
1892	125.24	23,518 37	187 80
1893	133 92	25,904 98	193 36
1894	148.64	26,495 83	178 25
1895	162.97	31,587 89	193 83
1896	171.43	32,001 40	186 67
1897	188.91	36,224 76	191 75
1898	216.53	46,420 25	214 38
1899	226.44	54,917 45	242 52
1900	243.24	59,349 20	244 00
1901	269.56	55,406 08	205 54
1902	296.62	55,345 65	186 59
1903	332.23	59,353 57	178 65
1904	351.55	66,052 76	187 89
1905	340.90	63,342 07	185 80
1906	374 57	66,596 69	177 79
1907	419.24	74,874 64	178 59
1908	490.80	90,269.49	183 92

TABLE B.

Showing analysis of the per capita cost.

Year.	Salaries.	Provisions.	Clothing.	Fuel and Light.	Furniture.	Medicines.	Miscellaneous.	Total.
1872.....	$279 38	$184 03	$55 81	$22 44	$15 55	$10 18	$49 30	$616 69
1873.....	221 48	166 81	14 55	23 65	21 59	7 74	32 16	487 98
1874.....	231 10	152 10	22 07	23 98	28 36	7 78	25 81	491 20
1875.....	153 82	113 40	13 98	16 88	25 45	6 73	30 51	360 77
1876.....	143 34	114 45	18 68	22 75	17 90	2 86	24 93	344 91
1877.....	177 15	126 75	20 69	4 66	20 75	3 74	19 52	373 26
1878.....	176 16	124 23	30 43	13 94	7 20	9 16	21 82	382 93
1879.....	134 27	95 10	3 25	15 91	6 39	6 31	7 40	268 63
1880.....	111 84	87 71	5 74	14 06	6 00	3 63	3 34	332 32
1881.....	112 44	81 14	6 86	12 73	5 55	2 56	5 34	226 62
1882.....	121 51	84 52	7 05	12 30	4 54	3 49	3 61	237 02
1883.....	123 81	92 56	6 03	11 04	4 26	2 24	2 82	242 75
1884.....	124 02	90 64	7 03	12 43	4 14	2 77	2 18	243 20
1885.....	169 05	84 33	6 33	15 05	3 90	2 93	2 95	284 54
1886.....	159 03	69 35	5 49	16 20	3 72	1 59	4 04	259 42
1887.....	127 80	59 10	5 88	15 38	3 88	93	3 81	216 78
1888.....	118 34	60 47	4 41	13 90	3 11	2 09	2 40	204 72
1889.....	131 76	59 11	7 20	12 93	4 13	2 07	2 46	219 60
1890.....	121 54	62 77	9 02	17 31	4 00	1 29	7 19	223 12
1891.....	88 35	54 79	3 83	20 43	3 40	1 89	8 81	181 50
1892.....	94 25	56 74	4 69	20 53	3 35	1 80	6 42	187 80
1893.....	95 50	53 55	5 43	22 60	3 39	2 69	10 20	193 36
1894.....	87 76	57 07	5 25	18 83	2 98	1 43	4 93	178 25
1895.....	90 83	61 15	9 90	20 41	2 51	3 10	5 93	193 83
1896.....	89 13	55 93	6 30	20 29	2 56	3 63	8 83	186 67
1897.....	89 09	58 18	8 36	19 11	2 95	3 86	10 20	191 75
1898.....	94 68	69 43	9 94	21 82	2 76	5 12	10 62	214 37
1899.....	113 31	72 91	8 31	33 96	2 50	2 73	8 80	242 52
1900.....	116 04	72 62	9 06	32 10	2 15	1 71	10 32	244 00
1901.....	99 16	66 65	10 12	18 52	3 25	1 07	6 77	205 54
1902.....	87 47	61 13	7 95	15 25	4 13	1 20	9 46	186 59
1903.....	82 36	57 86	8 58	14 77	3 24	1 91	9 93	178 65
1904.....	87 43	60 01	6 85	17 84	4 48	2 10	9 18	187 89
1905.....	92 17	54 09	5 99	17 93	3 83	2 03	9 76	185 80
1906.....	88 76	53 15	5 16	15 92	3 57	1 21	10 02	177 79
1907.....	89 18	48 47	5 81	19 82	3 02	1 57	10 72	178 59
1908.....	90 93	49 17	6 61	17 63	4 56	1 79	13 23	183 92

TABLE C.

Showing the total expenditure of the Public Hospital for the Insane annually since its inception, analyzed under its various headings.

Year.	Salaries.	Provisions.	Clothing.	Fuel and Light.	Furniture (estimat'd)	Medicines, etc.	Miscellaneous.	Total of Current Expenditure.	Expenditure on Capital Account.			
									New Furniture.	Library.	Surgical Instruments.	Lands and Works.
1872	$ 1,027 30	$ 676 85	$ 202 64	$ 82 50	$ 57 19	$ 37 52	$ 181 25	$ 2,265 25	$ 1,300 00	.....	.....	$ 74 00
1873	3,559 31	2,680 69	233 82	380 00	347 00	124 49	516 77	7,841 94	.....	.....	.....	.....
1874	3,872 71	2,549 19	370 07	402 00	475 35	130 41	432 68	8,232 41	.....	.....	.....	.....
1875	4,217 73	3,109 49	383 75	463 00	696 66	184 65	836 60	9,892 38	.....	.....	.....	.....
1876	5,218 83	4,167 00	680 19	828 51	651 64	104 28	907 73	12,558 18	.....	.....	.....	.....
1877	6,129 63	4,386 67	716 13	161 50	718 08	129 41	675 75	12,917 17	.....	.....	.....	.....
1878	6,433 25	4,537 02	1,111 50	509 25	262 65	334 42	796 96	13,985 05	1,000 00	.....	.....	25 25
1879	5,124 96	3,629 95	124 08	607 60	243 75	240 75	282 63	10,253 72	.....	.....	.....	.....
1880	5,079 95	3,982 99	260 75	638 88	272 75	164 88	151 98	10,552 18	.....	.....	.....	17 62
1881	5,304 96	3,828 29	323 84	600 39	261 38	121 03	251 87	10,691 76	.....	.....	.....	.....
1882	5,815 46	4,045 02	336 82	589 00	217 12	167 22	173 01	11,343 65	.....	.....	.....	106 50
1883	6,033 50	4,510 55	293 37	537 50	207 38	109 50	137 31	11,829 11	.....	.....	.....	100 63
1884	6,039 96	4,412 60	342 47	605 67	201 78	135 11	106 37	11,843 94	100 00	.....	.....	.....
1885	9,242 23	4,604 96	345 88	822 65	213 24	160 14	161 77	15,555 87	100 00	.....	.....	245 52
1886	9,399 96	4,099 09	324 89	957 55	219 83	94 26	238 85	15,334 43	.....	.....	.....	212 55
1887	9,399 96	4,346 88	432 64	1,131 03	285 72	68 97	280 02	15,945 22	100 00	.....	.....	135 19
1888	9,399 96	4,803 57	350 17	1,103 86	247 24	165 60	190 66	16,261 06	.....	.....	32 00	224 34
1889	9,390 62	4,214 19	513 73	922 00	293 69	147 76	175 80	15,657 79	.....	.....	.....	625 56
1890	9,575 13	4,945 57	710 64	1,363 52	315 28	101 90	565 96	17,577 80	2,800 00	.....	.....	2,181 91
1891	10,590 28	6,568 27	459 58	2,449 09	406 84	226 31	1,056 66	21,757 03	900 00	.....	.....	1,001 86
1892	11,803 83	7,106 64	587 48	2,571 26	418 82	226 19	804 15	23,518 37	.....	19 00	.....	433 99
1893	12,790 28	7,172 53	729 38	3,029 00	452 55	362 08	1,369 16	25,904 98	650 00	.....	10 75	718 49
1894	13,044 16	8,492 53	771 05	2,799 87	442 69	212 86	732 67	26,495 83	200 00	.....	.....	170 32
1895	14,802 47	9,963 54	1,611 96	3,324 54	419 01	502 90	963 47	31,587 89	1,800 00	.....	.....	1,915 28
1896	15,280 62	9,588 22	1,079 85	3,479 46	439 36	623 24	1,511 05	32,001 40	800 00	5 15	148 01	1,126 74
1897	16,829 76	10,991 05	1,579 08	3,610 03	557 97	728 73	1,928 14	36,224 76	1,200 00	.....	19 00	848 38
1898	20,502 31	15,032 71	2,153 11	4,725 96	598 05	1,109 66	2,298 45	46,420 25	2,700 00	8 60	6 39	5,320 30
1899	25,658 15	16,511 05	1,882 13	7,690 35	566 86	617 27	1,991 64	54,917 45	1,300 00	29 10	.....	2,518 80
1900	28,224 96	17,665 60	2,203 97	7,807 15	521 96	415 10	2,510 46	59,349 20	2,400 00	25 10	11 89	1,806 10
1901	26,729 01	17,967 31	2,727 11	4,993 67	875 30	288 40	1,823 28	55,406 08	1,840 53	104 20	14 65	5,175 20
1902	25,945 89	18,132 13	2,359 90	4,525 45	1,221 87	354 38	2,806 03	55,345 65	1,157 47	111 48	19 20	5,561 42
1903	27,362 37	19,222 50	2,850 19	4,906 22	1,077 73	634 16	3,300 40	59,353 57	1,723 70	132 53	9 00	8,426 70
1904	30,735 95	21,096 19	2,409 34	6,271 55	1,574 84	738 85	3,226 04	66,052 76	1,463 48	91 47	16 95	4,593 88
1905	31,421 45	18,437 99	2,043 45	6,110 76	1,306 22	693 49	3,328 71	63,342 07	1,711 84	100 30	69 15	3,981 72
1906	33,243 80	19,908 19	1,934 15	5,965 32	1,337 80	453 41	3,754 02	66,596 69	1,365 76	150 88	114 16	5,564 03
1907	37,394 21	20,326 99	2,439 64	8,314 36	1,265 63	655 66	4,498 15	74,874 64	4,352 22	127 50	144 63	9,410 66
1908	44,626 20	24,132 49	3,244 77	8,652 81	2,239 68	877 40	6,496 14	90,269 49	5,646 86	89 58	91 01	10,775 00

REVENUE.

The amount of revenue collected at this office during the past year is greatly in excess of that collected during any previous year, the total amount paid in to the Government Agent being $25,807.83. This amount represents an increase in revenue over the previous year of over $5,000.

The appended table will show clearly the yearly collections at this office, since the time of the Institution's inception, and is worthy of your notice :—

1873	$1,440 99	1891	$ 761 15
1874	680 00	1892	2,418 43
1875	1,342 50	1893	1,585 40
1876	730 31	1894	2,709 53
1877	799 91	1895	4,409 23
1878	479 42	1896	3,741 71
1879	867 38	1897	3,816 80
1880	1,433 04	1898	4,003 79
1881	614 99	1899	4,769 04
1882	505 18	1900	6,893 33
1883	298 24	1901	12,800 76
1884	98 35	1902	10,926 23
1885	.....	1903	13,639 64
1886	50 00	1904	15,004 22
1887	720 59	1905	16,613 18
1888	750 00	1906	19,058 42
1889	220 00	1907	20,753 35
1890	599 24	1908	25,807 83

GARDEN PRODUCE—VEGETABLES.

Beans, French	536	lbs	$ 26 80
Beets	4,286	"	21 43
Broccoli	219	"	21 90
Cabbage	11,129	"	333 87
Cauliflower	268	"	26 80
Celery	53	doz.	13 25
Corn, sweet	91	"	22 75
Cucumbers	12½	"	3 75
Cale, Scotch	489	lbs.	19 56
Leeks	966	"	24 15
Lettuce	188	doz.	56 40
Onions	2,958	lbs.	44 34
Parsnips	4,218	"	21 09
Peas, green	1,415	"	84 90
Potatoes	3,224	"	27 25
Radishes, bunches	903		45 15
Rhubarb	1,572	lbs.	91 62
Spinach	1,188	"	71 28
Squash	2,484	"	90 36
Tomatoes, ripe	915	"	91 50
" green	493	"	14 79
Turnips	20,237	"	86 06
Total			$1,248 00

GARDEN PRODUCE—FRUIT.

Apples	27,929	lbs.	$ 525 50
Blackberries	296	"	23 68
Cherries	549	"	43 92
Currants, black	171	"	13 68
" red	1,639	"	131 12
Gooseberries	485	"	33 95
Peaches	57	"	5 70
Pears	408	"	8 25
Plums	2,983	"	119 32
Raspberries	417	"	33 36
Strawberries	1,536	"	160 00
Total			$1,096 48

HOME FARM PRODUCE.

Potatoes	95,935	lbs.	$ 855 00
Pork used at Institution	12,017	"	971 00
" sold to Fraser River Market	1,955	"	151 51
7 male pigs shipped to Vernon			21 00
Chickens	82		49 20
Ducks	13		13 00
Eggs	614	doz.	307 00
Total			$2,368 08

COLONY FARM.

Wood supplied to Institution	325	cords	$ 985 00
" in pile at Farm	702	"	1,404 00
" cut and split, not piled	450	"	550 00
Vegetables :—			
Cabbage	½	ton	$ 15 00
Potatoes	15	"	234 00
Carrots	1	"	10 00
Parsnips	½	"	5 00
Beets	½	"	5 00
Green food	4	"	28 00
Total			$3,236 00

REQUIREMENTS.

As it is the intention of the Government to commence work, early in the year, on the new hospital at Coquitlam, a sum sufficiently large to keep the New Westminster hospital in a good state of repair is all that will be necessary. $8,000 should be enough for this purpose.

Before closing this report, I take the opportunity to express, to the Officers and Employees of the Staff, my gratitude for their loyal support, and for the conscientious manner in which they have all discharged their duties during the year, such co-operation is indeed a stimulus to a man in charge.

I must say that I am, as heretofore, under continued obligation to yourself and the other Honourable Members of the Cabinet. Not least among the pleasant recollections of the past year are the numerous exemplifications of your sympathy in the attempts of our staff to bring the standard of the hospital to a higher plane of efficiency, and I can assure you that I appreciate your watchful interest in every phase of the work.

I have the honour to be,
Sir,
Your obedient servant,
C. E. DOHERTY,
Medical Superintendent.

STATISTICAL TABLES.

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TABLE No. 1.

Showing the operations of the Hospital for the year 1908, in summary form.

Movement of Population.	Male.	Female.	Total.	Male.	Female.	Total.
Remaining in residence at New Westminster, January 1st, 1908	338	122	460			
Remaining in residence at Vernon Branch, January 1st, 1908	58	.....	58			
Discharged on probation and still out	7	6	13			
Escaped but not discharged	4	.....	4			
Total under treatment	.....	.....	.....	407	128	535
Admitted during the year :—						
By ordinary forms	167	50	217			
By urgent forms	.....	1	1			
Order in Council	.....	1	1			
From Yukon Territory	9	2	11	176	54	230
Total under treatment during the year	.....	.....	.....	583	182	765
Discharged during the year :—						
As not insane	2	1	3			
As recovered	47	18	65			
As improved	34	7	41			
As unimproved	13	2	15			
Total	96	28	124			
Discharged on probation and still out, Dec. 31st, '08	8	7	15			
Escaped but not yet discharged	2	.....	2			
Died	42	15	57			
In residence at Vernon Branch Asylum	60	.....	60	208	50	258
Remaining in residence January 1st, 1909	.....	.....	.....	375	132	507
Total number of cases admitted since opening	.....	.....	.....	1,770	539	2,309
" " discharged "	885	314	1,199			
" " died "	440	86	526	1,325	400	1,725
Remaining under treatment January 1st, 1909	.....	.....	.....	445	139	584

Daily average population during the year	490.8
Maximum number present any one day, December 31st	509.2
Minimum " " January 1st	463.2
Percentage of discharges on admissions (deaths excluded)	53.9
" recoveries "	28.3
" deaths on whole number under treatment	7.44

TABLE No. 2.

Showing in summary form the operations of the Hospital since its 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	0	1	16	0	0	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	0	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	0	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
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*	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*	56	57	507	46	.....	765	28.30	53.90	7.44

*Three not insane.

TABLE No. 3.

Showing the number of admissions, discharges and deaths during 1908.

Months.	ADMISSIONS.			DISCHARGES.			DEATHS.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
January	16	5	21	.....	.....	.....	7	.....	7
February	12	4	16	5	.....	5	5	2	7
March	20	4	24	1	1	2	7	1	8
April	18	4	22	4	.....	4	4	3	7
May	15	4	19	8	4	12	2	.....	2
June	19	5	24	16	4	20	2	1	3
July	17	4	21	1	.....	1	2	1	3
August	15	7	22	16	2	18	2	.....	2
September	10	6	16	5	.....	5	2	.....	2
October	9	6	15	14	2	16	2	.....	2
November	13	3	16	13	7	20	5	5	10
December	12	2	14	13	8	21	2	2	4
	176	54	230	96	28	124	42	15	57

TABLE No. 4.

Showing the civil state of patients admitted during 1908.

Civil state.	Male.	Female.	Total.
Single	107	16	123
Married	44	30	74
Widowed	1	3	4
Unknown	23	5	28
Divorced	1	.....	1
Total	176	54	230

TABLE No. 5.

Showing the religious denominations of those admitted during 1908.

Religious Denominations.	Male.	Female.	Total.
Adventists	.....	1	1
Anglicans	26	9	35
Baptists	5	3	8
Buddhists	5	.....	5
Church of Christ	1	.....	1
Heathen	1	.....	1
Jews	1	1	2
Lutheran	9	1	10
Methodists	12	5	17
Presbyterians	29	12	41
Protestants	18	4	22
Roman Catholic	27	11	38
Shintoist	1	.....	1
Unitarians	1	.....	1
Unknown	30	6	36
None	10	1	11
Total	176	54	230

TABLE No. 6.

Showing the degree of education of those admitted during 1908.

Degree of Education.	Male.	Female.	Total.
Superior	7	.....	7
Common School	68	27	95
Could read and write	72	21	93
None	29	6	35
Total	176	54	230

TABLE No. 7.

Showing the nationality of those admitted during 1908.

Nationality.	Male.	Female.	Total.
Australia	3	2	5
Austria	2	.....	2
China	6	.....	6
Denmark	1	.....	1
England	46	14	60
Finland	1	1	2
Germany	1	.....	1
India	1	.....	1
Ireland	8	.....	8
Italy	1	1	2
Japan	7	.....	7
Mexico	.....	1	1
Norway	1	.....	1
Poland	1	.....	1
Portugal	1	.....	1
Russia	1	1	2
Roumania	2	.....	2
Scotland	21	9	30
Sweden	9	1	10
Switzerland	1	.....	1
United States	14	4	18
Wales	2	.....	2
West Indies	.....	1	1
Canada :—			
British Columbia	6	4	10
Manitoba	1	2	3
New Brunswick	4	.....	4
Nova Scotia	5	.....	5
Ontario	21	10	31
Prince Edward Island	1	1	2
Quebec	8	2	10
Total	176	54	230

TABLE No. 8.

Showing what districts contributed patients during 1908.

Place of residence at time of committal.	Male.	Female.	Total.
Yukon District:			
Dawson	9	2	11
Vancouver Island:			
Comox	1	.....	1
Crofton	1	.....	1
Esquimalt	1	1	2
Ladysmith	.....	1	1
Nanaimo	4	1	5
Nanoose	1	.....	1
Parksville	1	.....	1
Port Renfrew	1	.....	1
Quatsino	1	.....	1
Union Bay	2	.....	2
Victoria	22	8	30
Lower Mainland:			
Agassiz	1	.....	1
Aldergrove	.....	1	1
Alert Bay	1	1	2
Bear River	1	.....	1
Bella Bella	1	.....	1
Burnaby	2	1	3
Central Park	.....	1	1
Chilliwack	2	.....	2
Cloverdale	1	.....	1
Eburn	.....	1	1
Hammond	1	.....	1
Hazelmere	1	.....	1
Huntingdon	1	.....	1
Kitimaat	1	.....	1
Langley	1	.....	1
Loughborough Inlet	1	.....	1
Millside	1	.....	1
North Vancouver	2	1	3
New Westminster	14	2	16
Port Haney	.....	1	1
Port Moody	1	.....	1
Prince Rupert	2	.....	2
Rivers Inlet	1	.....	1
Skidegate	1	.....	1
Steveston	1	.....	1
Surrey	2	.....	2
Valdez Island	.....	1	1
Van Anda	1	.....	1
Vancouver	60	19	79
Whonnock	1	.....	1
Yale—Cariboo District:			
Barkerville	1	.....	1
150-Mile House	.....	1	1
Kamloops District:			
Comaplix	2	.....	2
Salmon Arm	.....	2	2
Okanagan District:			
Armstrong	1	1	2
Coldstream	1	.....	1
Enderby	.....	2	2
Kelowna	2	.....	2
Lower Nicola	1	1	2
Mara	1	.....	1
Penticton	1	.....	1
Kootenay District:			
Arrowhead	4	.....	4
Cranbrook	1	1	2
Elko	1	.....	1
Carried forward	161	50	211

TABLE NO. 8.—*Concluded.*

Place of residence at time of committal.	Male.	Female.	Total.
Bronght forward	161	50	211
Kootenay District.—*Concluded.*			
Fernie	1	.....	1
Fort Steele	1	.....	1
Golden	1	.....	1
Kaslo	2	.....	2
Michel	2	.....	2
Nelson	2	1	3
Revelstoke	2	1	3
Rossland	1	.....	1
Boundary District:			
Grand Forks	.....	1	1
Phoenix	1	1	2
Manitoba:			
Brandon	1	.....	1
Winnipeg	1	.....	1
Total	176	54	230

TABLE NO. 9.

Showing the occupation of those admitted during 1908.

Occupation.	Male.	Female.	Total.
Accountant	2	.....	2
Bartender	4	.....	4
Book-keeper	3	.....	3
Blacksmith	2	.....	2
Bridge iron worker	1	.....	1
Carpenter	7	.....	7
" bridge	1	.....	1
Canneryman	1	.....	1
Civil Service Clerk (Fiji)	1	.....	1
Clerk	5	.....	5
Cook	4	.....	4
Cooper	1	.....	1
Contractor	1	.....	1
Domestic	.....	3	3
Dressmaker	.....	2	2
Electrician	1	.....	1
Engineer (mechanical)	1	.....	1
" (marine)	3	.....	3
Farmer	8	.....	8
" (fruit)	2	.....	2
Farm hand	1	.....	1
Fisherman	6	.....	6
Gardener	1	.....	1
Gentleman	1	.....	1
Housewife	.....	23	23
Housekeeper	.....	1	1
Harness maker	1	.....	1
Labourer	33	.....	33
Lead mine manager	1	.....	1
Lather	1	.....	1
Librarian	1	.....	1
Logger	11	.....	11
Carried forward	105	29	134

TABLE No. 9.—*Concluded.*

Occupation.	Male.	Female.	Total.
Brought forward	105	29	134
Longshoreman	1	.....	1
Millhand	1	.....	1
Miner	21	.....	21
Machinist	2	.....	2
Moulder	1	.....	1
Merchant	3	1	4
None	9	19	28
Nightwatchman	1	.....	1
Painter	2	.....	2
Prospector	2	.....	2
Professor of French	1	.....	1
Printer	2	.....	2
Railway conductor	1	.....	1
Reporter	1	.....	1
Sailor	3	.....	3
School boy	3	.....	3
" teacher	2	.....	2
" girl	.....	2	2
Sea captain	1	.....	1
Student	1	.....	1
Shingle sawyer	1	.....	1
Stone cutter	1	.....	1
Teamster	3	.....	3
Tailor	2	.....	2
Time keeper	1	.....	1
Vagrant	.....	1	1
Unknown	5	2	7
Total	176	54	230

TABLE No. 10.

Showing the ages of those admitted during 1908.

Age.	Male.	Female.	Total.
From 10 to 15 years	1	.....	1
" 15 " 20 "	8	1	15
" 20 " 25 "	21	6	27
" 25 " 30 "	24	8	32
" 30 " 35 "	22	10	32
" 35 " 40 "	26	9	35
" 40 " 45 "	32	8	40
" 45 " 50 "	16	2	18
" 50 " 55 "	9	2	11
" 55 " 60 "	6	1	7
" 60 " 65 "	6	.....	6
" 65 " 70 "	2	1	3
" 75 " 80 "	2	.....	2
" 80 " 85 "	1	.....	1
Total	176	54	230

TABLE No. 11.

Showing the number of attack in those admitted during 1908.

Number of Attack.	Male.	Female.	Total.
First	68	20	88
Second	17	12	29
Third	3	.....	3
Fourth	2	.....	2
Fifth or more	9	3	12
Unknown	73	15	88
Congenital	3	4	7
Not insane	1	.....	1
Total	176	54	230

TABLE No. 12.

Showing the alleged duration of attack prior to admission.

Duration of Attack.	Male.	Female.	Total.
Under 1 week	20	3	23
From 1 week to 1 month	39	13	52
" 1 to 3 months	25	11	36
" 3 to 6 months	10	5	15
" 6 to 12 "	6	4	10
" 1 to 2 years	9	2	11
" 2 to 5 "	5	4	9
" 5 to 10 "	3	1	4
" 10 to 15 "	1	2	3
" 15 to 20 "	1	1	2
Unknown	57	8	65
Total	176	54	230

TABLE No. 13.

Showing statistics of heredity in those admitted during 1908.

Heredity.	Male.	Female.	Total.
Paternal branch	4	.....	4
Maternal branch	1	6	7
Paternal and Maternal branches	2	.....	2
Lateral branches	7	5	12
Said not to be heredity	55	27	82
History unascertained	107	16	123
Total	176	54	230

TABLE No. 14.

Showing the alleged existing causes of the attack of insanity.

Alleged Causes.	Male.	Female.	Total.
Accident	1	.....	1
Abuse of opium	.....	1	1
Business worry	7	1	8
Childbirth	.....	3	3
Crushed head	1	.....	1
Domestic worry	2	4	6
Depression	1	1	2
Deception	1	.....	1
Fright	.....	1	1
Exposure	2	.....	2
Fall	2	1	3
Heredity	2	2	4
Heart disease	1	.....	1
Hot weather	1	.....	1
Gunpowder explosion	1	.....	1
Intemperance (alcoholic)	13	1	14
Love affair	.....	1	1
Loss of memory	2	.....	2
Menopanse	.....	3	3
Mental worry	1	.....	1
Nervousness	.....	3	3
Non-support	.....	1	1
Onanism	1	1	2
Overstudy	1	1	2
Overwork	2	2	4
Religion	3	2	5
Senility	3	.....	3
Seclusion	2	.....	2
Unstated, but suspected heredity in majority	126	25	151
Total	176	54	230

TABLE No. 15.

Showing the state of bodily health on admission during 1908.

Bodily Condition.	Male.	Female.	Total.
In average bodily health	152	42	194
In reduced health	20	11	31
In greately reduced condition	4	1	5
Total	176	54	230

TABLE No. 16.

Showing the form of mental disorder in those admitted during 1908.

Form of Disorder.	Male.	Female.	Total.
Melancholia	15	7	22
Mania, depressive condition	27	20	47
Dementia præcox	39	13	52
Dementia organic	2	.....	2
General paralysis	25	2	27
Paranoia	21	4	25
Epileptic insanity	3	.....	3
Toxic "	19	3	22
Senile dementia	12	.....	12
Terminal dementia	9	1	10
Imbecility and Idiocy	3	4	7
Not insane	1	.....	1
Total	176	54	230

TABLE No. 17.

Showing the number allowed out on probation, and results during 1908.

Results.	Male.	Female.	Total.
Discharged recovered	33	13	46
" improved	8	6	14
" unimproved	3	.....	3
Returned to Hospital	6	6	12
Still out at close of year	8	7	15
Total	58	32	90

TABLE No. 18.

Showing alleged duration of insanity prior to admission in those discharged during 1908.

Duration of Insanity.	Male.	Female.	Total.
ess than 1 week	10	5	15
" 1 month	29	6	35
From 1 to 2 months	15	6	21
" 2 " 3 "	4	2	6
" 3 " 6 "	3	1	4
" 6 " 12 "	.....	1	1
" 1 " 2 years	.....	2	2
" 2 " 3 "	.....	1	1
Over 3 years	5	.....	5
Not insane	2	1	3
Unknown	28	3	31
Total	96	28	124

TABLE No. 19.

Showing length of residence of those remaining under treatment in 1909, and those who were discharged during the year 1908.

Length of Residence.	Of those under treatment January 1st, 1909.	Of those discharged & recovered in 1908.	Of those discharged improved during 1908.	Of those discharged unimproved during 1908.	Of those discharged not insane during 1908.
Less than 1 month	14	11	6	5	
From 1 to 2 months	20	11	10	3	1
" 2 " 3 "	16	16	8	1	2
" 3 " 4 "	13	6		2	
" 4 " 5 "	13	2	2	1	
" 5 " 6 "	20	3	2	1	
" 6 " 9 "	23	4	4	1	
" 9 " 12 "	20	9	3	1	
" 1 " 2 years	93	1	4		
" 2 " 3 "	55	1			
" 3 " 4 "	35	1			
" 4 " 5 "	29				
" 5 " 6 "	26		1		
" 6 " 7 "	19				
" 7 " 8 "	12				
" 8 " 9 "	13				
" 9 " 10 "	16				
" 10 " 15 "	32				
" 15 " 20 "	20				
" 20 " 25 "	8				
Over 25 years	10				
Total	507	65	41	15	3

TABLE No. 20.

Record of deaths for the year 1908.

Register No.	Initials.	Sex.	Age.	Time in Hospital.			Certified Cause.
				Years.	Months.	Days.	
2,015	S. D.	M.	44		3	8	General paralysis.
1,176	M. L	M.	71	6	3	22	Chronic nephritis.
2,061	F. N. W.	M.	34		1	7	Pyæmia.
2,028	A. S.	M.	70		3		Nephritis.
1,660	E. J.	M.	50	2	5	8	Aortic aneurism.
2,038	W. B. C.	M.	71		2	18	Senility.
2,072	P. L.	M.	85			21	Senility.
1,677	W. W. L.	M.	53	2	4	19	General paralysis.
1,925	G. F.	M.	12		9	17	Cerebral hæmorrhage.
949	M. M. U.	F.	44	8	4	18	Chronic nephritis.
1,881	R. A. C.	M.	77	1		5	Apoplexy.
1,086	H. M. M.	F.	33	7	2	18	Tuberculosis.
1,209	A. H.	M.	46	6	2	7	Endocarditis.
1,294	W.	M.	37	5	4	30	Epileptic exhaustion.
1,600	E. L.	M.	67	3		14	Tuberculosis.
2,092	P. McC.	M.	39		1	5	General paralysis.
2,099	W. W.	M.	44		1	8	General paralysis.
2,119	P. M.	M.	75			13	Senility.
1,962	R. H. L.	M.	73		8	12	Senility.
2,074	J. S.	M.	52		2	20	General paralysis.

TABLE No. 20.—*Concluded.*

Register No.	Initials.	Sex.	Age.	Time in Hospital.			Certified Cause,
				Years.	Months.	Days.	
1,812	P. C.	M.	22	1	6	16	Pneumonia.
2,114	E. M. Y.	F.	50	.....	.....	26	Cerebral hæmorrhage.
2,136	C. L.	F.	46	.....	.....	8	General paralysis.
757	W. R. W.	M.	36	10	10	12	Pneumothorax.
1,720	S. T.	F.	84	2	2	10	Senility.
2,049	R. W. M.	M.	32	.....	5	4	Epileptic exhaustion.
1,060	F. H. T.	M.	69	7	8	25	Endocarditis.
1,746	M. L. V.	F.	60	2	.....	16	Epileptic exhaustion.
1,747	K.	M.	40	2	.....	14	Epileptic exhaustion.
1,987	M. M.	M.	57	.....	9	19	General paralysis.
2,012	E. F.	M.	51	.....	8	6	Pneumonia.
2,123	W. W. C.	M.	35	.....	2	20	Tuberculosis.
1,170	J. S. D.	M.	58	6	9	20	Typhoid fever.
1,456	F. A. S.	F.	32	4	3	1	General debility.
1,996	C. F.	M.	45	.....	10	19	General paralysis.
1,585	A. W.	M.	18	3	6	17	Epileptic exhaustion.
963	H. S.	F.	33	9	7	19	Pneumonia.
131	R. B.	F.	80	29	1	6	Carcinoma.
1,774	M. F. D.	M.	56	2	1	28	Chronic nephritis.
2,077	G. D.	M.	80	.....	7	9	Senility.
2,176	Y. K.	M.	43	.....	3	13	Pneumonia.
2,254	R. S. B.	M.	35	.....	.....	18	General paralysis.
1,648	J. J.	M.	43	3	3	26	General paralysis.
2,238	D. F.	M.	54	.....	1	23	General paralysis.
2,162	H. H.	F.	43	.....	6	2	General paralysis.
1,194	T. L.	M.	41	7	11	22	General paralysis.
1,967	C. C.	F.	21	1	3	26	Epileptic exhaustion.
2,082	J. O'H.	M.	21	.....	9	23	Pneumothorax.
540	J. P.	M.	74	14	11	11	Senile gangrene.
2,266	P. F.	M.	84	.....	1	4	Senility.
720	J. R.	F.	50	12	.....	19	Pulmonary tuberculosis.
1,046	H. B.	M.	60	8	4	10	Morbis cordis.
2,204	P. H. B.	F.	34	.....	4	16	Endocarditis.
2,146	E. H. P.	F.	29	.....	7	18	Typhoid fever.
2,157	F. B. G.	M.	45	.....	6	3	General paralysis.
2,193	M. N.	F.	43	.....	5	16	General paralysis.
2,283	J. C.	M.	40	.....	1	13	Tumour of brain.

TABLE No. 21.

Work done by Patients for the year 1908.	
Carpenter	1,110 days.
Farmer	7,657 "
Gardener	2,083 "
Engineer	1,217 "
Kitchen	7,337 "
Laundry	3,487 "
Painter	1,588 "
Plasterer	1,185 "
Shoemaker	550 "
Tailor	294 "
Ward work	28,264 "
Porter	1,038 "
Baker	873 "
Plumber	227 "
Laboratory	68 "
Colony Farm	6,759 "

TABLE No. 22.

Articles made by Female Patients, 1908.

Aprons	125	Chemises	15
Dresses, gingham	41	Drawers (pairs)	33
" serge	5	Doilies	42
" night	3	Dusters	72
Handkerchiefs	152	Mats, rag	4
Napkins, table	12	Neckties	110
Pillow slips	280	Sheets	458
Skirts	18	Towels, bath	177
Tablecloths	37	" roller	139
Vests, under	4	" tea	75
Petticoats	51	" tray	66
Cushions	9	" huckaback	40
Window curtains (pairs)	34	Bureau covers	6
Sofa pillows	4	Billiard table covers	1
Bedside rugs	35		

Articles made for Nurses

Aprons	85	Dresses	36
Caps	51		

Repairs for Nurses.

Aprons	175	Dresses	186
Caps	34		

Mending done for Female Patients.

Aprons	236	Blankets	280
Blouses	256	Chemises	421
Drawers (pairs)	301	Dresses, gingham	488
Hose (pairs)	3,363	" serge	298
Pillow slips	193	" night	273
Sheets	209	Skirts	485
Spreads, bed	168	Towels, bath	148
Table cloths	152	" roller	105
Ticks, bed	118	Vests, under	407

Mending done for Male Patients.

Blankets	262	Coats	200
Drawers (pairs)	908	Overalls	229
Pillow slips	266	Pants (pairs)	626
Sheets	291	Table cloths	188
Towels, bath	185	Shirts, duck	1,090
" roller	119	" under	1,064
Spreads, bed	210	Socks (pairs)	8,443
Ticks, bed	152	Vests	120
Jumpers	63		

New Work done in Tailor Shop during 1908.

Uniforms, suits	46	Patients' clothes, coats	68
" coats	2	" vests	31
" pants	30	" pants	138
Bed ticks	50	Pillow ticks	55
Blankets, canvas	7	Combinations	7

Work done by Shoemaker, 1908.

New Work.		*Repairs.*	
New shoes, men's	59 pairs.	Men's shoes	371 pairs.
" slippers, men's	134 "	" slippers	114 "
" shoes, women's	0 "	Women's shoes	74 "
" slippers, women's	4 "	" slippers	11 "

Preserves put up for year 1908.

Strawberry	125 quarts.	Gooseberry	65 quarts.
Red currants	50 "	Cherries	70 "
Black "	46 "	Rhubarb	50 "
" berries	45 "	Raspberries	62 "
Peaches	25 "	Pears	35 "
Plum	145 "		

Pickles.

Plum	50 quarts.	Tomato	220 quarts.

DIAGNOSIS OF INSANITY BY THE GENERAL PRACTITIONER AND THE CONSEQUENT DUTIES WHICH MUST NECESSARILY DEVOLVE UPON HIM.*

———:o:———

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In general practice, a lunacy case will in all probability come under notice in one of the two following ways. First, it may occur in a patient already well known to the practitioner, such a case presenting but few difficulties to him, as he will have watched and noted the gradual departure from the patient's normal and moral standard, the principal difficulty often being that of convincing the patient's relatives or friends of his or her insanity and of the necessity of prompt removal to a proper place for treatment.

Secondly, the practitioner may be called suddenly to see an absolute stranger, more or less acutely insane, of whose history and antecedents no account can be obtained, but whose case, nevertheless, requires to be immediately dealt with; here the difficulty is greater.

A proper recognition of the early and premonitory symptoms of insanity is urgently required, as prompt and judicious treatment will often save the patient from an impending attack. It is usual among the public to picture an attack of insanity as coming on suddenly, whereas, in nearly all cases, the onset is gradual. Even in acute mania there is often a short foregoing period of depression.

Although sometimes the early symptoms may be well marked and unmistakable, they are more commonly so slight and apparently so trivial that they may pass almost unnoticed by the friends and may even be underrated by the family physician.

On being called to see a patient presumed to be insane, always carry a note-book and never his committal paper. The notes you make cannot be too full, in view of possible eventualities, as a mistake on one side may involve the patient's needless removal to an asylum (and I am sorry that we have a few reminders of this annually in our local institution); on the other hand, a failure to recognise the symptoms may leave a dangerous homicidal or suicidal lunatic at large.

If possible, before seeing the patient, have an interview with the nearest relative or friend, for the purpose of learning the particulars of the case; obtain from him, if possible, a full history of the case in his own words; inquire into the patient's previous habits and disposition and as to what changes have taken place in these and how recently. Find out whether there have been previous attacks; inquire as to sleep and as to mutterings and imaginary things; go fully over the family history, with especial reference to heredity of insanity, drink, epilepsy, suicide, etc.; if the informant be a near blood relative, observe whether he or she is of average intelligence and whether there are evidences of a neurotic tendency.

Your next and more important duty will be to interview the patient. Sometimes this can be arranged with the greatest ease, at others only with difficulty. If he be a general paralytic, a chronic alcoholic, or a senile maniac with grandiose ideas, he will welcome the

* Read before the British Columbia Medical Association, New Westminster, B. C., August 1-2, 1906.

doctor with open arms and will immediately plunge into the subject of his private affairs. But if he be a suspicious melancholic or a sufferer from delusional insanity, it is often difficult to approach him.

I would strongly advise that you insist on being introduced in no other capacity than that of a medical man. The patient is almost sure to detect the deceit sooner or later, unless he be acutely maniacal or hopelessly demented. On being introduced the doctor will have to employ the tact of the man of the world, in order to get on good terms with him. Having entered the patient's room, the physician will have an eye everywhere. He must observe any peculiarities in dress, whether slovenly or over-dressed, fantastic, or whether decorated with extra ribbons, extra buttons, etc. He will also note the patient's expression (this is very important), whether sad, vacant, elated, haughty and arrogant, or tearful and self-abased. The expression will usually indicate the trend of his delusions. Observe closely any odd or eccentric gestures, whether he turns suddenly to any part of the room as if listening to voices, or gazes fixedly in any one direction as if seeing something. Mutterings or whisperings will, of course, be noted. See if the ears are plugged with cotton wool. If so, it will usually come out on inquiry that this has been done to keep imaginary voices away. I find it is often a good plan, in fact, we now make it a general rule at our institution, to make a physical examination of the patient. This may produce no diagnostic results of importance, but it has the tendency to put the patient and the doctor on more friendly terms and opens the door for conversation, during which many subjective symptoms may be exhibited, often accompanied by severe denunciation of supposed persecutors. A question or two as to appetite may elicit hallucinations of taste or delusions of poison. The memory should be tested, both for recent and remote events, which may usually be done by keeping the patient on subjects agreeable to himself. If a patient be talkatively inclined, let him talk on and do not interrupt him. If insane, he is sure to drift to his fancied grievances or ailments. Remember that some patients, especially the educated ones, will often conceal their delusions. Though themselves firmly believing in them, they soon find that others do not and therefore argue with themselves that it is unwise to talk about them, but you will find by carefully handling these in extended conversation it is usually possible to elicit their delusions.

Having once decided in your mind that your patient is insane, the next and a very important question to be decided is, where he shall be treated, at home, in a public or private institution for the insane. Where you have acute maniacal symptoms and great excitement, this question is usually easily answered, as few families in this country are in a condition, financially or otherwise, to care for an acute maniac in their homes. For cases of agitated melancholia, and generally in all cases where there is marked mental or motor excitement, the asylum is by far the best recourse. Cases of stuporous insanity and of acute confusional insanity, without violence, and a large class of cases attended with serious bodily weakness, can be treated at home. The same is true, to some extent, with organic dementia, a small percentage of paresis and some cases of epileptic insanity. The inconveniences, however, especially in organic and paretic insanities, are very great and home treatment should hardly be advised unless the best nursing facilities are available.

In cases of paranoia with delusions of persecution, it is certainly advisable that the patient be sequestered and placed where he can do no possible harm. There are many of these monomaniacs at large who ought to be under restraint, but the public, and especially their friends, often do not realise this until some tragedy has occurred.

There is still another point in connection with your decision, which always should be borne in mind when discussing the home treatment of the insane, and that is the influence of the insane upon other members of the family. The effect of an insane member of the family living

in close relation with the rest, who are themselves somewhat predisposed and some of whom are of an impressible and receptive age, subject to the various influences that may affect them, is not in itself a desirable one and might in some cases be disastrous. This appears to me to be a consideration worthy of attention on the part of the physician, when the question of home treatment is left to his decision.

As the matter of establishing wards in general hospitals or a separate institution for the reception of acute cases of insanity has been considerably discussed at previous meeting of this Association and has been strongly advocated, especially by one member of the profession who has given considerable attention in his private practice to the subject of insanity and its treatment, a few words relating to such institutions might not be out of place.

An acute hospital would possess no advantages over the acute ward of our Provincial Hospital for the Insane, while it would have a great many disadvantages. Among others would be the following: The duration of the acute symptoms is very variable and on its termination there is another variable period, between the cessation of the acute symptoms and convalescence. What is to be done with the patient in this stage? Is he to be compelled to associate with the acute cases or is he to be transferred to the Provincial Asylum?

I feel certain that the question of experienced nursing would also be a great drawback to the treatment of acute cases of insanity in general hospitals, for it is absurd to imagine for one moment that such cases can be properly treated by persons with no special knowledge of, or experience in, all the details of the moral control these patients require, and it is our duty, as asylum physicians, to voice our condemnation of any attempt to minimise this, by far the most vital part of their treatment. Further, the periodical visits of a consultant are pratically useless as regards the supervision of details which are of daily, even hourly, importance for the care of the patient. It appears to me that it would be a great mistake to give acute cases, the most difficult of all to manage, into the care of hospital nurses, with no asylum training, who do not know what to do with them, who cannot understand the constant supervision and the unceasing vigilance they require, who are unable to anticipate a suicidal impulse or an outbreak of homicidal violence, and who will either rush in terror from the room at an outbreak of excitement or will resort to injudicious and unnecessary use of mechanical restraint. I am speaking of things of which I have a personal knowledge, and such occurrences are very frequently brought most forcibly to our notice. Patients, very often females, arrive at our hospitals in charge of nurses and policemen and, much to our disgust, it is not uncommon to see these unfortunates shackled and handcuffed. These nurses, upon being relieved of their patient, will heave a sigh of relief and will immediately proceed to give a most graphic description of the patient's actions and dangerous propensities, generally accompanied with an account of several hairbreadth escapes on their own part.

Such experiences as these, coupled with the history of their handling of the case, firmly impresses upon my mind that the public institution is the place for all insane, with the very few exceptions already mentioned, and if any effort is to be made in the interest of the insane, let it be in the shape of increasing the general comforts, amusements and the scientific treatment in our public institutions.

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