

## PART III.—PSYCHOLOGICAL RETROSPECT.

*Colonial Retrospect.*

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Under this head I propose to give my impressions of the condition of the insane in Canada, derived during a visit made to the Dominion in August last.

*The Insane in Ontario.*

There were, on the 30th September, 1883, 2,825 patients in the Provincial Asylums of Ontario. This is an increase of 83, or 3·02 per cent. over the previous year. There were two less in the Insane Wards of the Kingston Penitentiary, and the insane in jails, awaiting removal, were fewer, viz., 34 instead of 47. There were 23 patients at home on trial. In all there were 3,070 insane and idiotic persons officially recognised, being 137 more than in the previous year.

They were thus distributed :—

	M.	F.	Total.
Toronto Asylum ... ..	358	345	703
London Asylum ... ..	440	455	895
Kingston Asylum ... ..	230	219	449
Hamilton Asylum ... ..	246	301	547
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Total insane in Asylums	1,274	1,320	2,594
Asylum for Idiots at Orillia *	122	109	231
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Total	1,396	1,429	2,825
Insane Convicts in Kingston Penitentiary ... ..	29	2	31
Insane Idiots in Common Jails	21	13	34
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Total	1,446	1,444	2,890

If to the above numbers are added the patients whose names are on the files for admission into the above asylums, viz., 157, and the number of patients out on probation, viz., 23, we obtain the total number known to the authorities at the above date, viz., 3,070.

Dr. O'Reilly, of Toronto, the Inspector of Asylums, who provided me with this information, states that there were 2,837 beds in the asylums of the Province; so that as 2,825 patients were resident at the time of this return, and a certain number were out on trial, it is clear that at that period the capacity of the institutions was pretty fully reached. More recently additional buildings have been erected, but

\* On Lake Simcoe. Dr. Beaton is the superintendent.

as the number of insane has increased, the relative proportion of supply and demand is probably about the same. It may be stated that the admissions during the year ending September, 1883, were, as regards the asylums mentioned, 543; the number discharged recovered was 174; and improved, 52; and the number of deaths, 183. The ratio of recoveries to admissions, viz., 33·52 per cent., is stated by Dr. O'Reilly to be higher than any year since 1877. The idiots are, of course, excluded. The mortality, calculated upon the average number resident, was 6·31 per cent., which is lower than for some years previously.

The total annual cost per patient in 1883, in the four asylums for the insane, varied from 127 dollars 16 cents (Hamilton) to 145 dollars 12 cents (London); the weekly cost being respectively 2 dollars 44 cents and 2 dollars 79 cents. Dr. O'Reilly contrasts the low rate of expenditure in the Canadian asylums with that of the United States, where the lowest average is 227 dollars 75 cents per annum per patient; while in Ontario the average is 134 dollars 68 cents. And he quotes the saying of one of the superintendents of the asylums in Ontario that this scale is "nearly poor-house rates." The same contrast has struck me as very remarkable, and the explanation is not altogether creditable to the Canadian Government. The salaries of attendants and servants are lower in Canada, but the explanation of the difference is to be found, according to the Inspector, in the relative character of the lodging, clothing, and, he proceeds to say, more especially the food. The quality is said to be good, but it is "plain and unattractive," so as to become extremely distasteful to many patients. It is difficult for a stranger to form an opinion on this subject, because he is unacquainted with their diet at home; but the asylum dietary is as good as in our county asylums.

The revenue from paying patients, of whom there were 538 in the asylums, amounts to a very considerable sum, viz., 59,922 dollars (£12,485) during the last year. This certainly points to the probable success of a private asylum which has recently been established at Guelph, and of which Dr. Lett is the superintendent.

I find, from a return made of the number of patients employed in the asylums of Ontario, that 52·57 per cent. of the patients were engaged in some occupation; being 1,479 out of an average population of 2,813. The largest percentage was at the London Asylum, viz., 69·89.

The authorities in Ontario are not blind to the difficulties connected with the accumulation of incurable patients, for whom the question of separate accommodation arises. I am glad to observe that the latter difficulty is being met by the erection of small buildings; these being sometimes devoted to the curable class of cases, while the larger buildings are retained for the incurable. In some instances, however, small buildings or cottages are, and may properly be, devoted to the chronic insane; while the recent cases are treated in

the old and more expensive building. Dr. O'Reilly believes that the general feeling is entirely in favour of detached wards or annexes, and I certainly found this to be the case at the asylums which I visited.

It will be advantageous to state here a few of the leading provisions of the existing statute relative to lunatics enacted in 1871 by the Legislative Assembly of the Province of Ontario, entitled "An Act Respecting Lunatic Asylums and the Custody of Insane Persons" (chapter 220).

The Public Asylums are established and acquired under a grant from the Legislature of the Province, and are invested in the Crown.

The Lieutenant-Governor has the appointment of the Medical Superintendent.

Among the duties of the Medical Superintendent are those of reporting the condition of the asylum to the Inspector of Prisons and Public Charities at each visit, and also to report annually to the Inspector upon the affairs of the institution. The financial affairs of asylums are conducted by the "Bursar," who is appointed by the Lieutenant-Governor.

The salaries of these officers are fixed by the Lieutenant-Governor, and do not exceed 2,000 dollars for the Superintendent, and 1,200 dollars for the "Bursar."

In regard to admissions, no patient can be admitted (except upon an order by the Lieutenant-Governor) without the certificates of two medical practitioners, each attested by two witnesses, and bearing date within three months of admission. Each certificate must state that the examination was made separately\* from any other practitioner, and after due inquiry into all necessary facts; the medical practitioner specifying the facts upon which he has formed his opinion, and distinguishing those observed by himself from those communicated to him by others. Dangerous lunatics may be committed to jail by a Justice's warrant on his receiving the necessary information, and after evidence given with reference to the prisoner's state of mind. He remains in jail until removed to an asylum by the Lieutenant-Governor, where he remains until discharged by the same authority.

The Inspector of Public Charities is *ex-officio* the Committee of every lunatic having no other, and who is detained in any public asylum of the Province. The Court of Chancery may at any time appoint a Committee of any such lunatic, if it considers it expedient, in place of the Inspector. The Chancellor, who may call experts to his assistance, decides the question of mental unsoundness and incapacity to manage his affairs, without a jury. I understood that the number under the legal guardianship of the Chancellor is somewhat under 400. They are placed in confinement under his warrant. For this class, the legal checks are much more stringent. They are subjected to more

\* Curiously [enough the previous Act required the examination to be made by the physicians together. "Three months" is a long period.

official recognition, and they cannot be discharged without the sanction of the Inspector. The ordinary patient, whatever may be his social position, is admitted into an asylum on two medical certificates, and he may be discharged by the Superintendent without reference to the Inspector.

In regard to *Private Lunatic Asylums*, Justices of the Peace assembled in General Sessions may grant a license to any person to keep a house for the reception of lunatics within the county. The regulations of private asylums are moulded upon those of the English Lunacy Laws, and need not, therefore, be given.

Returns are made monthly by the asylums to the Inspector in regard to admissions, discharges, and deaths. It is obvious that if these returns are made with a view to prevent improper admissions, or to allow of an inquiry in alleged deaths from violence, far too long a period elapses before the Inspector has cognizance of an admission or death at an asylum. It is argued that in the case of the private institution at Guelph, a Committee has general oversight over it, and that this constitutes a sufficient guarantee against abuses. But however good it may be, and doubtless is, it does not supersede the necessity of an independent Government official receiving immediate information in regard to the admissions and deaths of patients in every asylum, for whose inspection he is responsible to the public. And, before dismissing the subject of inspection, I would say it is a great defect in the law which enacted it, that it is not made imperative to have one of the Commissioners a medical man.

Passing to the asylums themselves, I will first refer to the asylum at *Toronto*, which I visited on the 20th of August last. The contrast, as I have elsewhere intimated, between the asylums of the Province of Ontario and those of Quebec is really astonishing. The system is essentially different. The Legislature of Ontario recognises the duty not merely of discovering institutions to which it can send its insane poor at so much a head, but of providing the institutions themselves, and making the State responsible for their proper management. I do not maintain that all has been done that can be done, or in all instances on a sufficiently liberal scale, nor yet that the asylums are perfect in their organization and management, still less that the system of inspection is the best that can be devised; and I object to any alleged dangerous lunatic who has not committed a crime being in the first instance sent to jail, and thereby branded as a criminal, but I have no hesitation in saying that there is a sincere endeavour to make adequate provision for the insane of the Province; that the inmates of the asylums are carefully treated, and that there exists among the superintendents a real interest in their work, and a desire to do their duty to their patients.

At the Toronto Asylum, superintended by an active administrator (Dr. Daniel Clark), there are 710 patients, the sexes being almost equal. The spacious corridors (15 feet in width) and rooms are

carpeted, and altogether well furnished, and in those used by the destructive patients there is not the dismal bareness too often witnessed. There is strong evidence of the great care and attention paid in this asylum to cleanliness, the dress and the general comfort of the inmates. There was hardly anything deserving the name of mechanical restraint. On the female side there has been practically none for two years, and as regards the men patients there has been none whatever, Dr. Clark informed me, for seven years. No patient was in seclusion at the time of my visit. Indeed, Dr. Clark strongly objects to its use. There is one feature in the construction of the asylum which attracts the notice of the visitor at first sight, not very pleasantly, it must be admitted, and that is the succession of semi-circular spaces or verandahs at the end of the corridors, protected and enclosed as they are by strong iron palisades. A glazed wooden frame partitions off these spaces from the corridor. On the areas of these projecting spaces the patients stand or sit on chairs, gazing on the outer world through the vertical bars. On those who look up to them from below, the impression of a cage in a zoological garden may be, and indeed has been, produced. At the same time it is surely much better for the patients to be able to step outside the corridor into such an enclosure and breathe the fresh air, than not. The view over the Lake (Ontario), etc., is extensive, and affords variety, while the objection which may be made in regard to the effect produced upon other minds is rather sentimental than practical. In a new building no doubt this precise construction would be avoided, or an ornamental guard would be constructed in place of simple bars.

The pay of the attendants, with whose appearance I was pleased, both as regards personal expression and dress, is liberal—18 to 26 dollars a month for males, and 10 to 12 for females. In the wings there is 1 attendant to 12 patients; not so many in the central large wards. There are also six night watches, three on each side of the house. There are six galleries for private patients. They pay from three to six dollars a week. There are also six free wards. Four hundred patients pay nothing. The weekly cost per patient is a little more than  $2\frac{1}{2}$  dollars a week, or 134 dollars (£27 6s) a year, exclusive of the capital account or repairs.

The patients are employed to a considerable extent, namely, about 60 per cent. of the free class, from whom alone work can be obtained. All the vegetables required for the asylum are raised on the grounds. There are 140 acres. Dr. Clark, however, states in the report he favoured me with that the last potato crop had proved a failure, but that the other crops were about the average. As there are about 29 acres under crop, the potato failure was a serious one for the asylum. As there are no crops of hay and oats, the cultivation of roots is mainly attended to, and Dr. Clark calls attention to the need of more arable land. The value of the produce of the present small farm was 13,763

dollars in 1883. Buildings, including a prison, have grown up in the vicinity; a regrettable circumstance, especially if, as I understand, land belonging to the institution has been sold for building purposes. There are, distinct from the main buildings, three cottages, in which 120 female and 50 male patients are accommodated. One is cheaply built, and is well adapted for the purpose. There are good day-rooms and dormitories. The floors are partly carpeted, and there are a few pictures on the walls.

The separation of cases which these annexes furnish, affords advantages which here, as elsewhere, are fully appreciated.

This, as well as the other Ontario Asylums, is inspected by one of two Inspectors of Public Charities and Prisons in the Province. He visits four or five times in the course of the year, and oftener if he sees fit. The Grand Jury have the power of visiting the asylum if they wish, and when they do so they make a presentment to the Court. Their visits, however, are, I believe of a somewhat formal character.

This asylum was opened in 1843, and was at that time the only institution for the insane in the Province. Indeed, this was the case when the well-known and universally esteemed Dr. Workman became superintendent in 1853. At that time there were only 300 patients. What the condition of the asylum was two years after it was opened (and I have reason to believe up to the time Dr. Workman became superintendent) I have the means of stating, on the authority of my brother, Mr. J. H. Tuke, who, on visiting it in 1845, made the following entry in his diary:—

“*Toronto, Sept. 30, 1845.*—Visited the lunatic asylum. It is one of the most painful and distressing places I ever visited. The house has a terrible dark aspect within and without, and was intended for a prison. There were, perhaps, 70 patients, upon whose faces misery, starvation, and suffering were indelibly impressed. The doctor pursues the exploded system of constantly cupping, bleeding, blistering, and purging his patients; giving them also the smallest quantity of food, and that of the poorest quality. No meat is allowed.

“The foreheads and necks of the patients were nearly all scarred with the marks of former cuppings, or were bandaged from the effects of more recent ones. Many patients were suffering from sore legs, or from blisters on their backs and legs. Every one looked emaciated and wretched. Strongly built men were shrunk to skeletons, and poor idiots were lying on their beds motionless, and as if half dead. Every patient has his or her head shaved. One miserable court-yard was the only airing court for the 60 or 70 patients—men or women. The doctor, in response to my questions, and evident disgust, persisted that his was the only method of treating lunatics, and boasted that he employs *no restraint*, and that his cures are larger than those in any English or Continental Asylum. I left the place sickened with disgust, and could hardly sleep at night, as the images of the suffering

patients kept floating before my mind's eye in all the horrors of the revolting scenes I had witnessed."

Dr. Workman reformed the asylum, and could an unvarnished tale be told of the condition in which he found and in which he left it, no better tribute could be paid to his character and work during the period he superintended it.

Dr. Workman now resides at Toronto, and has attained to nearly 80 years of age. His mind is still extraordinarily active; and his pen is frequently in his hand engaged in both original writing and in making translations from foreign Medical Journals. As longevity is in the family it is no mere form to express the hope that this Nestor of Canadian specialists may pursue his literary work for many years to come. In making Dr. Workman an Honorary Member of our Association at the last annual meeting, the latter honoured itself as well as him. In conversing with me on the provision required for the insane in Ontario, he gave it as his decided opinion that there had been an increase in their number beyond what either the increase of population or the accumulation of chronic cases could explain. Although the proportion of ascertained lunatics is about one to 700, Dr. Workman estimates that there is in reality one to 500. Formerly there was no general paralysis, now it is common enough; not so common, however, as in England, for at the Toronto Asylum there were not, at the time of my visit, more than a dozen cases; and there are only three or four deaths from this disease in the course of a year. Dr. Clark considers it more frequent among the better classes than the poor.

I visited with much interest the *London Asylum*, which Dr. Bucke superintends with great energy and enthusiasm. Not only is the town itself called after London, but the river upon which it stands is the Thames; and it boasts of its Westminster Bridge and its Piccadilly. The resemblance does not end here: for if it be allowed that there is a good asylum in or near our Metropolis, it will not be denied by anyone who inspects Dr. Bucke's institution that its analogue resembles it in this particular also. It was opened in 1870, and the present superintendent entered on his duties in 1877. The whole establishment, the main building, the separate one for the refractory patients, the cottages and the farm, convey the impression of active life, and of the sustained interest of an able head. Dr. Bucke has resolutely set himself to employ the patients in some way or other, especially on the farm—with great advantage, it need scarcely be said, to their mental and bodily health, and with the result of emptying the wards of those helpless, hopeless cases whose drear existence in the dead-alive asylums of any country suggests *cui bono* to the pessimist, and makes even the optimist sad at heart. If Dr. Bucke is asked how he employs a man in a state of acute mania, he replies, "Oh, I make him break stones."

Without taking the reply too literally, it may serve to show



the exceeding but just importance attached to labour or being out of doors, as has been so long and frequently maintained in the Mother Country. I gathered from enquiries that very few cases of mania with exhaustion are admitted to this asylum, a very important fact in this connection, which might have been expected as a point of contrast between the admissions into an asylum in old and new London. Mania in some form is about four times as frequent as melancholia. Only one patient was instrumentally fed last year.

The number of patients in this asylum is 888; 438 males and 450 females. It has a capacity for 906. The estate consists of 300 acres, 200 being occupied by the farm, 40 by the gardens, while the buildings cover the remainder.

The main building cost a little more than £100 per bed. (Land is here about £30 an acre.) It accommodates about 500 patients of both sexes of the quieter class and an assistant medical officer, Dr. Burgess, resides here. It consists of the usual arrangements—corridor (12ft. in width), recess, day, and bedrooms. Some of these are dormitories containing 16 beds. The number of single rooms in the whole establishment is 250. As I went through the men's side as many as 250 patients were at dinner in an associated dining-room. All had meat, and I found this was usual.

There is a distinct three-storied building for patients of a more or less excited character, male and female. The first assistant physician, Dr. Beemer, resides here. There is nothing special in the arrangement of the wards. There are 184 single bedrooms, affording 720 cubic feet of breathing space per patient. The windows were unnecessarily guarded by iron bars and net work. No doubt these are survivals of the past, and if rooms for the refractory were now built at this asylum, no trebly guarded window would be introduced, for it is out of character with the air of freedom which now everywhere prevails in the institution. More light would be also admitted into the building. There is a good airing court, shaded by trees, and provided with a shed and seats. In this asylum, as in most others on the other side of the Atlantic, the number of epileptics is small—only about 25. There was no patient in restraint and none in seclusion. Dr. Bucke observed that it was rare to have black eyes among the patients since he determined not to resort to mechanical restraint unless absolutely necessary. No patients were crouching on the floors in strong dresses. I must add that "chemical restraint" is not resorted to in the asylum. Sedatives are rarely given, even in small doses. In addition to the morning round, I went through the wards after the patients were in bed, and there was very little noise indeed. Before quitting this building for the excited patients I should state that, of 92 men residing in it, from 75 to 80 are on an average employed.

Dr. Bucke observes in his last report: "The disuse of all forms of restraint, and the employment of so large a proportion of the patients in the asylum, has been accompanied by (or has caused)



an unmistakable elevation of the tone of life throughout the whole institution; and as one evidence of the fact I may mention that the Sunday attendance at chapel has nearly doubled during the year just closed; a year ago the average attendance at Divine service on Sunday morning being about 260, and now over 400. . . . Along with the disuse of restraint and seclusion, we have almost entirely ceased using strong dresses, of which, up to within the last few months, we were in the habit of using a large number, and although we now use no restraint or seclusion, and hardly any strong dresses, we have less tearing of clothes and bedding, and breaking of furniture, etc., and far less striking and fighting on the part of the patients than when restraint and strong dresses were freely used. It should also be mentioned that we use absolutely no sedatives of any kind; and it is seldom indeed that any patient is held or restrained, even for a few minutes at a time, by the hands of attendants. The last fact was a very surprising one to me, for I had always believed that when mechanical restraint was discontinued in any asylum, manual restraint had to be substituted for it, and the chief argument which I have in former times used, and heard used, against the discontinuance of mechanical restraint, has always been that it was much preferable to restrain by the hand of an attendant, always wrongly taking it for granted that where the former was not used the latter must be."

In addition to the main building and the north or refractory branch, there are two excellent but cheaply constructed brick cottages, containing 60 patients each. The cost amounted to 32,000 dollars, or about £58 per bed. The patients in these cottages are either convalescent or able to appreciate the comparative independence of a separate house, not presenting any appearance of an asylum for the insane. The rooms were tastefully furnished and very clean.

There is still another cottage for 60 male patients—those who are particularly engaged in working on the farm. The cost was 18,000 dollars, being at the rate of a little more than £60 per bed.

As compared with most County Asylums in England, the furnishing of the main and north building struck me as somewhat scant. I am told that the patients of the class that go to the London Asylum are not accustomed to more at home in the way of carpets, &c., than they find when they come to the asylum. It is true, also, that they are so much out of doors that they may not care much for somewhat bare corridors and rooms. The cost per head for maintenance amounts to 105 dollars 12 cents, or about £21 a year; this includes, in addition to food, salaries and furniture, but not any considerable repairs or the additional buildings—certainly a low figure—and it should be mentioned that about 80 per cent. of the patients are clothed by the institution. I have already said that the total cost per annum of patients at the London Asylum amounts to 145 dollars 12 cents, or 2 dollars 79 cents per week. The above charge for maintenance is no doubt kept down by the large yield from the farm

and garden, although the total cost is greater than in any asylum in Ontario. I wished to ascertain the exact extent of this, but the accounts at the Superintendent's command did not show it, nor was the Inspector, Dr. O'Reilly, able to put me in the way of obtaining this information valuable and interesting as he felt it to be. A clear estimate of the net profit would greatly redound, I doubt not, to the credit of the institution, and the strenuous endeavour made to have a profitable farm connected with an asylum for the insane. Dr. Bucke drove me over the farm. Its produce and that of the gardens were roughly estimated by him at about £3,000 a year. There were 200 pigs on the day I was there. Over 100 are killed every year. Some 6,000 bushels of potatoes are raised annually, and as many quarts of berries from the gardens. Last year the crop of hay amounted to 140 tons. The asylum has 40 cows.

As none of the patients pay a cent (for it is a genuine pauper asylum), it is doubtless easier to induce them to work than in mixed institutions, and also to find men accustomed to farm, and to be handy at various trades. To compare the amount of work done at such an institution with one for private or mixed patients would be very unfair. It will not, however, be denied that there are some pauper institutions in the world in which the patients do little or no work from year end to year end, and spend a much larger proportion of the day in the wards of the asylum than out of them. Nor is it altogether impossible that there are institutions of a mixed class in which the patients might do a little more work both indoors and out, especially the latter, than they do already. In this I include the constant attempt to induce the patients to take exercise in the open air with as definite an object as possible. This can only be effectually done by a superintendent who has his heart in the work, and who will insist upon having a sufficient staff of attendants, even on the score of economy, should those who hold the purse-strings be deaf to an appeal to higher motives. But what if there is no breathing space outside the walls of the asylum? Then, woe betide the superintendent and the unhappy patients under his care. Their fate is sealed.

On examining the record of work, and taking a single day, I found that out of the 438 men no less than 392 were employed; while out of 451 women, 404 were occupied in some sort of work. Of 40 that do not work, 25 are physically incapable, and 15 cannot be induced to work without more pressure than it is thought right to use. I am well aware that figures like the above may mean much or little, but I am satisfied from personal observation that in this instance they mean much.

It is especially interesting to observe how a better system of treatment has become possible by the increased employment of the patients. With 880 patients the average number at work was, at the date of Dr. Bucke's last report, 625. He observes: "I have always found that, no odds how violent a patient is, if you can once get him or her to work, the case will give you very little further trouble in that way. . . . The male patients have been engaged in all the

various kinds of farm and garden work ; they work with the carpenter, mason, painter, tailor, engineer, baker and butcher ; they work in the horse and cow stables, and do most of the milking ; they assist in dining-room, kitchen and laundry ; they sew, knit, make and mend shoes, boots, and slippers ; seat chairs with cane and reed ; make mats ; they do tinsmithing, blacksmithing, locksmithing, upholstering, clerking ; all kinds of work in the halls, as bed-making, sweeping, scrubbing, sawing and splitting wood, shovelling coal, grading land, making roads, feeding and tending two hundred pigs, working in the store, picking hair for mattresses, and doing all sorts of odd jobs. The female patients are largely engaged in sewing and knitting ; and, besides, they work in the kitchen, laundry, and dining-rooms ; do all sorts of work in the halls, as bed-making, sweeping and scrubbing ; milk, pick hair for mattresses, and gather fruit and vegetables in the gardens."

The proportion of attendants to patients is certainly not high in the London Asylum ; in fact, the Province ought not to complain if the Superintendent should increase the number. For the violent patients, the proportion was one in nine—considerably less for the others. It ought, however, to be remembered that the number of ward attendants does not adequately represent the services rendered to the patients, inasmuch as those workmen who labour on the grounds or at any handicraft exercise surveillance over some of the patients at the same time. Several years ago, Dr. Eames, the President of the Medico-Psychological Association, urged upon his Committee the need of more attendants, and he states that while the proportion of attendants, with the above-mentioned helps, was one to eleven in his asylum, it averaged about one to eight in the asylums of Ireland generally. The maximum pay of male attendants at the London Asylum is about £50 a-year ; that of the females is about £30. On the male side are several female attendants—not the wives of attendants, as at Brookwood and some other asylums in England, but respectable widows. Dr. Bucke attaches great importance to this feature of his management, as ensuring cleanliness, tidiness, and consideration. He states that he has had no difficulty in finding suitable persons. He is fortunate, for he requires pleasant manners, industrious habits, good feeling, and, above all, good sense, in addition to widowhood. They must be widows indeed. To do him full justice, however, I must cite a few passages from his last annual report :—

"The first was engaged in January, 1883, and became the supervisor of the upper storey, and does all the work that a man in that position would do, and besides that she has a general supervision over the tidiness and cleanliness of the whole wing ; the other two women act as her assistants on the other two flats. They look after the men's clothing, see to the tidiness of the beds, cleanness of the floors, &c. &c. ; and, especially, they oversee the indoor work of a large number of male patients, who pick hair, sew, knit, make mats, &c. But the active duties of these women, though important, are scarcely

so valuable as is their mere presence in the halls, which has a strong tendency to check improper and unseemly talk and conduct, so that these halls are different places now from what they used to be before these women took service in them. . . . Down to the present time none of them have been by speech or action either injured or insulted by any patient. Almost universally the patients like to have them amongst them, and I find that often the women can get the patients to work when the male attendants can get them to do nothing."

In an institution where the gospel of fresh air and employment is so fully believed in and carried out, one feels especially interested in the dietary. The meals are taken at 6.30 a.m., 12, and 6 p.m., the patients going to bed after supper up to 9 o'clock p.m. I append the dietary in detail, but must premise that work, whether out or indoor, is not encouraged by the stimulus of beer, for Dr. Bucke is an out-and-out teetotaler. He has not used alcohol in any form, even as a medicine, for three years. When he became Superintendent a considerable sum was expended on beer; more food is now given, but not more milk, which is, I think, to be regretted. The attendants never had any beer, so no money equivalent has been necessary.

The dietary in the main asylum on a particular day which I chose, viz., June 8th, 1884, was as follows :—

## BREAKFAST.

Sunday.—Bread and butter, tea and coffee.

Monday and Wednesday.—Porridge and milk.

Tuesday.—Boiled rice and syrup.

Thursday.—Oatmeal porridge and syrup.\*

Friday and Saturday.—Porridge and milk.

## DINNER.

Sunday.—Stew, potatoes.

Monday.—Corn-beef, potatoes and beans.

Tuesday.—Roast beef, potatoes, bread pudding.

Wednesday.—Boiled beef, potatoes and peas.

Thursday.—Haricot, potatoes, and bread pudding.

Friday.—Fish, boiled beef, pickles and potatoes.

Saturday.—Roast beef, potatoes, bread pudding.

## TEA.

Sunday.—Bread and butter.

Monday and Saturday.—Bread and butter.

Tuesday.—Stewed rhubarb.

Wednesday.—Bread and butter.

Thursday.—Currant rolls.

Friday.—Apple sauce.

With the foregoing may be compared the dietary of an English pauper asylum, that at Hanwell :—

## BREAKFAST.

For males.—Cocoa, bread and butter.

For females.—Tea, bread and butter.

\* Molasses.

## DINNER.

Sunday.—Roast pork, beef, or mutton.

Monday.—Soup, thickened with oatmeal, rice, and peas, and containing 2 oz. of meat for each patient; also 6 oz. currant pudding or 10 oz. baked rice pudding.

Tuesday.—Meat pies.

Wednesday.—St. Louis corned beef.

Thursday.—Boiled bacon or pickled pork.

Friday.—Fish, fried or boiled, with melted butter.

Saturday.—Irish stew.

## SUPPER.

Tea, bread and butter.

For patients who are employed, luncheon, consisting of bread and cheese and beer (half-pint), is provided in addition; and for Monday's dinner, boiled bacon or pickled pork is given instead of soup.

The following are the principal salaries and wages allowed at the London Asylum:—

MALES.—Medical superintendent, £420; first assistant physician, £210; second ditto, £210; third ditto, £154; bursar, £290; steward and storekeeper, £166; engineer, £154; two carpenters, £220; tailor, £94; gardener, £83; assistant ditto, £50; butcher, £50; baker, £83; farmer, £125; two ploughmen, £115; cowman, £45; three night-watchmen, £157; three chief attendants, £195; twenty-nine ordinary male attendants, £1,389.

FEMALES.—Matron, £105; assistant ditto (refractory ward), £52 10s.; chief attendant, £52 10s.; thirty ordinary female attendants, £990; three night attendants, £82; five cooks and assistant cook, £137; five laundresses, £115; nine housemaids, £195; one dairymaid, £25; two seamstresses, £50.

With the foregoing may be compared the following salaries, &c., at the Hanwell Asylum (750 men, 1,143 women):—

OFFICERS.—(a) Resident medical superintendent (female department), £700 per annum; (a) resident medical superintendent (male department), £700; (d) chaplain, £350; (f) clerk to the Committee of Visitors, £275; assistant medical officer, £200; ditto, £200; ditto, £165; ditto, £150; (e) apothecary, £120; (b) engineer, £450; (a) storekeeper, £500; (e) clerk of the asylum, £325; (e) first assistant clerk, £130; (c) second assistant-clerk, £110; (e) storekeeper's clerk, £110; ditto, £60; outdoor inspector, £74; (e) matron, £345; assistant matron and organist, £66; junior assistant matron, £40; superintendent of laundry, £55; superintendent of workroom, £50; principal female attendant, £36; ditto, £34; ditto, £30; workroom assistant, £33.

(a) Furnished house, rates and taxes free, coals, gas, milk, and vegetables; (b) part ditto, ditto, ditto, washing, milk, and vegetables; (c) furnished apartments, attendance, coals, gas, washing, milk, and vegetables; the matron boards two servants; (d) unfurnished house; (e) dinner daily; (f) neither boarded nor lodged. The others have board, lodging, and washing.

(a) **MALE ATTENDANTS.**—(b) Three supervisors, at £80 ; (c) eighteen charge attendants, £25 to £40 ; forty-four ordinary ditto, £25 to £35 ; hall attendant, £40 ; (d) six night ditto, £62 to £72.

(a) One suit of uniform every eight months, and a suit of serge every two years under certain conditions ; (b) do not reside in asylum ; (c) have board, lodging, and washing, except in the case of some of the attendants, who are allowed £1 per month in lieu of their lodging and washing. Three out of the eighteen receive £47. (d) These attendants are neither boarded nor lodged.

(a) **FEMALE ATTENDANTS.**—Four supervisors, £30 to £39 ; twenty-five charge attendants, £15 to £29 ; eleven night ditto, £19 to £32 ; seventy-one ordinary attendants, £15 to £25.

(a) All have board, lodging, and washing ; three suits of uniform every eight months.

(a) **KITCHEN AND LAUNDRY.**—One head cook, £46 ; one assistant ditto, £26, with three suits of uniform every eight months ; one ditto, £20, with ditto ; two kitchenmaids, £14 to £20, with ditto ; one head laundress, £20 to £25, with ditto ; one assistant ditto, £18 to £25, with ditto ; one officers' ditto, £18 to £25, with ditto ; eleven laundry maids, £15 to £25, with ditto ; seven domestic servants, £14 to £20.

(a) All board, lodging, and washing.

**WORKMEN.**—One upholsterer, £1 12s. per week ; one ditto, £1 4s. ; two ditto, £1 and 18s. ; two tailors, £1 8s. and £1 4s. ; one tailor, £1 ; two shoemakers, £1 10s. and £1 3s. ; one tinman, £1 9s. ; one basket-maker, £1 7s. ; (a) one butcher, £1 4s. ; (b) two bakers, £1 6s. and 17s. ; (c) one gardener, £1 16s. ; one ditto, £1 4s. ; (d) one carter and driver, £1 ; one carter, £1 ; one cowman, £1 1s. ; one ditto, 18s. ; one gardener (front grounds), £1 1s.

(a) Breakfast and dinner daily ; (b) boarded, &c. ; (c) allowed vegetables ; (d) lodged and allowed coals, gas, milk, vegetables, and beer. All have an allowance of beer.

I next visited the *Hamilton Asylum*. This institution, opened in 1875, is beautifully situated, overlooking Lake Ontario at the point of Burlington Bay. The situation, however, is not altogether advantageous. It is inconveniently near a precipitous descent, and the approach to the asylum is troublesomely steep. It was originally designed for an inebriate asylum, but the needs of the insane were justly deemed more pressing and practical than those of dipsomaniacs.

Dr. Wallace is the medical superintendent. Unfortunately he has been out of health for some time, for which he has had to travel abroad, but he is now much stronger.

There are 567 patients in the house, of whom 270 are males and 297 females. About 5 per cent. of the patients pay, but only from 6s. to 10s. a week. The construction of the building is on the ordinary asylum plan, and is a handsome structure. The superintendent's house is distinct from, but close to, the institution. When I was going round a number of patients of both sexes were dining together

—105 men and 95 women. The dietary was good. The heating and ventilation of the house, the former by steam and the latter by flues to the roof, are well secured.

In the refractory galleries the least excited patients are, I was glad to observe, placed in the upper storey. Frequently in asylums on the American Continent the most violent are placed at the very top of the house, a practice very likely to involve neglect and the omission of proper outdoor exercise. The bringing of this class of patients up and downstairs is in itself a frequent cause of outbursts of excitement and struggling.

With regard to restraint, Dr. Wallace informed me that when he regarded it necessary he employed leather muffs for the men and the camisole for the women. Were a patient actually suicidal, he would at night, if not in the day, be placed in restraint, while a more intelligent patient would be placed in the same room. Some months had elapsed since a male patient had been restrained. A woman at the time of my visit was in restraint who persistently mutilated her face. When the camisole was removed she immediately resumed her injurious work. Judging from the reports of the Inspector, I should conclude that there has been a remarkable diminution of restraint during the last few years.

On the female side there is a sewing-room, where many of the patients work. All the sewing required by the institution is done here. As I am speaking of employment, I may add that for the male patients, in addition to other work, it is found convenient to employ them in winter, when it is more difficult to supply employment, in breaking stones under a shed.

The following is a statement of the employment of patients during the quarter ending June 30th, 1884:—

FEMALE PATIENTS.

Nature of Employment.	Number of Patients Working.	Number of Days Worked.
Laundry ... ..	15	1170
Kitchen ... ..	7	546
Sewing-room ... ..	12	936
Dining-room ... ..	13	1014
Mending ... ..	6	468
General Work ... ..	5	390
Knitting ... ..	30	2340
Work in Halls ... ..	35	2745
Store-room ... ..	8	624
<b>Total ... ..</b>	<b>131</b>	<b>10233</b>



## MALE PATIENTS.

Nature of Employment.	Number of Patients Working.	Number of Days Worked.
Laundry ... ..	5	390
Kitchen ... ..	5	455
Tailor's Shop... ..	2	147
Dining-rooms ... ..	8	728
Carpenters ... ..	6	292
Engineers ... ..	4	281
Masonry ... ..	12	465
Roads ... ..	12	322
Coal and Wood ... ..	20	849
Bakery ... ..	1	78
Dairy ... ..	6	546
Butcher ... ..	1	91
Piggery ... ..	2	182
Painting ... ..	2	112
Farm ... ..	12	524
Garden ... ..	20	745
Grounds ... ..	6	211
Stable ... ..	1	91
Halls ... ..	60	5460
Store-room ... ..	2	156
General Work ... ..	25	1652
Quarry ... ..	50	1400
Total ... ..	262	15177

In the refractory galleries on the men's side the number of the attendants was certainly too few. However, not only was no patient in restraint, but none were in seclusion or in a strong dress. A separate building for a certain number of the refractory class has been erected, and will be shortly occupied. This is another illustration of the tendency there is to adopt the plan of separation of classes of patients which has been carried out for some years in Great Britain. It is a neat red-brick building, with a limestone basement, and consists of a centre and two wings, having two storeys. It will accommodate 60 men. The cost seems high compared with some of the separate buildings which I have mentioned, viz., £120 a bed, but this is due to the class of cases for which the building is designed being acute instead of chronic. There are rooms on both sides of the corridors. The single rooms are well adapted for their purpose, but the provision for ventilation appears to be scarcely sufficient. The construction of the building readily admits of separating the noisiest from the less noisy patients, and also for placing patients on admission under special observation if desirable. When the building is occupied, an assistant medical officer is to be resident in this building.

He has not yet been appointed. Should a false economy prevent his appointment, the separation of this the most important class of the insane from the rest of the household, still further removed as they will be from the superintendent's quarters, will be an evil instead of a blessing. That such an evil is not imaginary I can assert from what I have witnessed in some Continental asylums, where the paramount idea seems to be to remove violent and dirty patients as far as possible from the centre of the asylum, and that without any medical officer.

There are objections, doubtless, to placing maniacs close to the central offices, but of the two evils I am sure that for the interests of the patients, to whom every other consideration ought to be sacrificed, this arrangement is better than putting them beyond the reach of sound and sight. I was glad to find that at the Hamilton Asylum an assistant medical officer resides in the main building near the wards for the refractory male patients. It is to be regretted that this is not the case in every institution for the insane in which acutely excited patients are admitted. He ought to be cognisant of noise if it is unusual, and to be within easy call. It will be said that the appointment of night-watches renders abuses or neglect impossible. This I entirely deny. No asylum is free from the possible, or rather probable, ill-treatment of patients when out of sight of the heads of the institution, but at no time is this so likely to occur as with the violent class during the night and early morning, for then it is that the patients and their attendants are least under observation.

There is another cottage on the ground, which was, I understand, formerly occupied by the bursar. This is now occupied by 19 female patients of a harmless kind. It looked home-like and clean, and the inmates, who were quite of a humble class, seemed very comfortable and contented. This cheerful cottage might be used for the convalescent class. It is comparatively inexpensive.

The attention paid to the dirty patients is highly creditable. The night-watches carry out the system of getting this class up to the fullest possible extent. I looked at the reports handed in to the superintendent in the morning, and found the number of reported soiled beds remarkably few. On the day I was at the asylum there were only two on the female and one on the male side. There are four night-attendants. I also examined many of the beds when passing through the dormitories, as also did Dr. Ashe, of the Dundrum Asylum, who happened to join us in our round, and we were struck with the cleanliness of the bed-linen in the division where it was most likely to be foul. I may state that only five men in this asylum were the subjects of paresis, and two women. Hence, as compared with an asylum in England of the same size, the number of patients likely to be dirty would be much smaller.

No alcohol is used at this asylum except medicinally, and that rarely. Formerly beer was an article of diet. When discontinued milk was given as a substitute when the patients desire it. No money

equivalent was given to the attendants. Their salaries reach £50 for men and £25 for women per annum.

The last asylum I visited in Ontario was that at *Kingston*. In the absence of the superintendent, Dr. Metcalf, his brother-in-law, Dr. Clarke, the assistant medical officer, obligingly showed me over the institution. It is situated on the north bank of Lake Ontario. There are 255 male and 250 female patients. These 505 patients are paupers, with the exception of a very few who pay the cost of maintenance, viz., two dollars, or nearly 8s. 6d., a week. The asylum, which is of stone, was opened in 1859. It is built in the usual corridor style, and has four storeys in addition to the basement, which is not used for the patients. There are 180 single rooms, 90 of which are for the worst class. The associated dormitories have not more than 11 beds in any one of them. The breathing space per patient amounts to 1,034 cubic feet in the former and 700 in the latter. In this asylum the suicidal patients are scattered in dormitories with other patients on whom reliance can to a considerable extent be placed. In addition, the attendants' door opens into the dormitory, and the night-watch looks in every hour. There has been no suicide since 1877.

The estate covers 140 acres, 85 being devoted to the farm and garden, on which patients are employed. Eight look after the cattle; 25 work on the roads; five assist the engineers; two are carpenters, two painters, three tailors, two shoemakers, two bakers; two assist in the kitchen; and 160 are employed in the wards. Of the women, upwards of 150 are employed.

I was glad to see here, as at the other asylums in Ontario, cottages for certain classes of cases. One cottage was occupied by 37 women of the quiet and incurable class. An annexe, only opened this year, for 70 patients of both sexes, and built of limestone, cost 30,000 dollars, including warming apparatus and furnishing, or about £100 per bed. There are no single rooms in the house. The centre consists of four and the wings of three storeys. At the present time it is full.

The general appearance of the patients at this asylum was very satisfactory. Evidently they are under kind and skilful management. The asylum is inspected four times a year by Dr. O'Reilly and nominally by the Grand Jury at the Assizes.

It is a matter of some interest to be able to compare the salaries given to the staff in an asylum in Canada with those allowed in England. For this purpose I append the salaries of the officers at the *Kingston Asylum* :—

Medical superintendent, £333, with house, rations for himself and family, &c., &c.; assistant medical officer, £210, with like extras; bursar, £240, dinner on the premises; steward, £100, with house, rations, &c.; storekeeper, £100, dinner on the premises; engineer, £155, with house and garden; assistant-engineer, £83, with meals and lodging, and stoker, £60, with meals and lodging; farmer, £72, with house, garden, and meals; gardener, £83, with house and garden; ditto vegetable garden, same; butcher, £50, with house

and garden and meals; baker, £83, with like extras; tailor, £83, with meals; carpenter, £90, with ditto; the night-watch (male side), £72, with meals; female night watch, £50, with meals; head male attendant, £83; ten attendants, £72 each, and eight attendants, £50; matron, £83, with rooms, rations, &c.; assistant-matron, £41 10s., with like extras; thirteen female attendants, £25; two night-watches, ditto; laundress, £30, with meals; assistant-laundress, £25; cook, £30; under-cook, £25; dairymaid, £20; two domestics, one at £25 and the other at £20.

In no case can a claim be made for a pension, which must be borne in mind in contrasting these figures with those of English asylums.

For the sake of comparison I add the following table from the last report of the Portsmouth Borough Asylum (England), where the patients number 450:—

**OFFICERS.**—Medical superintendent, £480 per annum, with unfurnished residence, light, fire, garden produce, milk and washing; assistant medical officer, £120 per annum, with board, furnished apartments, gas, coal and washing; chaplain, £180 per annum, non-resident; clerk of the asylum and steward, £200 per annum, non-resident.

**ATTENDANTS** (male department).—One head attendant, £40 per annum, with board, lodging, washing and uniform; three night attendants, 18s. 6d. per week, with one meal per night, non-resident; one charge attendant £30 per annum, one ditto £27, two ditto £26 10s., one ditto £25, each with board, lodging, washing and uniform; one second class attendant £25, two ditto £23 10s., two ditto £23, each with board, lodging, washing and uniform; one third class attendant £23, one ditto £22, six ditto £21, each with board, lodging, washing, and uniform; one hall porter £27, one ditto £19 5s., each with board, lodging, washing and uniform.

**NURSES** (female department).—One housekeeper and chief nurse, £55 per annum, with furnished apartments, board, washing, &c.; one organist, £30 per annum, with ditto; one needle mistress, £27 per annum, with board, lodging, washing and uniform, one night nurse, 14s. per week, with one meal per night, non-resident; one night nurse £21 per annum, one ditto £21 10s., each with board, lodging, washing and uniform; one charge nurse £24, four ditto £22, one ditto £21, one ditto £20, each with board, lodging, washing and uniform; two second class nurses £24, two ditto £20, one ditto £19 10s., one ditto £19, each with board, lodging, washing and uniform; two third class nurses £17 10s., two ditto £17, one ditto £16 10s., six ditto £16, each with board, lodging, washing and uniform.

It is stated in the last report of the Kingston Asylum that the value of the produce of the farm and garden amounted to upwards of £1,370. Two hundred and twenty three patients performed 57,244 days' work during the year. When I visited this asylum, a circumstance which had just occurred displays in its after-history a curious condition of Canadian law. A male patient escaped from the asylum

and made a criminal assault, for which he was arrested and tried. Incredible as it may seem, the opinion of the medical superintendent of the asylum was never sought. He was found guilty, and sentenced to six months' hard labour in jail without the question of the prisoner's insanity being gone into. The Judge stated that he must be lenient under the circumstances, but what these were have not been stated. Having read the history of his case, I should regard him as a most dangerous lunatic, and should be surprised if he does not commit some frightful crime when he regains his liberty. It is difficult to understand why he was not placed in the criminal asylum, where he would certainly have been prevented doing any injury to society.

I am informed that in the old Lunacy Act (prior to 1871) there was a clause which should not have been repealed, viz., the provision made for the detention of criminal lunatics in the criminal asylum as soon as their sentences expired. At present the asylum-authorities are forced to receive all criminal lunatics and insane criminals belonging to the province of Ontario at the time their sentences have expired. This state of affairs is, as might be expected, most unfortunate for the Kingston Asylum, for it is made the repository for all these criminals, and their influence is anything but salutary.

I append the dietary table at the Kingston Asylum for one week in July of this year:—

Days of Week.	Breakfast.	Dinner.	Tea.
Monday ...	Rice and milk. Coffee, bread and butter.	Barley soup. Beef, potatoes and bread.	Tea, bread and butter.
Tuesday ...	Porridge and milk. Coffee, bread and butter.	Roast beef, potatoes, and bread.	Cheese. Tea, bread and butter.
Wednesday ...	Cold meat. Coffee, bread and butter.	Barley soup. Beef, potatoes and bread.	Rhubarb. Tea, bread and butter.
Thursday ...	Porridge and milk. Coffee, bread and butter.	Plum pudding. Roast beef, potatoes and bread.	Tea, bread and butter.
Friday ...	Porridge and milk. Coffee, bread and butter.	Boiled fish. Beef, potatoes and bread.	Buns. Tea, bread and butter.
Saturday ...	Porridge and milk. Coffee, bread and butter.	Pea soup. Pork, beef, potatoes and bread.	Tea, bread and butter.
Sunday ...	Coffee, bread and butter.	Beans. Roast beef and bread.	Rhubarb. Tea, bread and butter.

With this dietary may be compared that of the Portsmouth Borough Asylum (England), which is probably above the average dietary of County and Borough Asylums :—

## BREAKFAST (daily).

Males.—8ozs. bread,  $\frac{1}{2}$ oz. butter, 1 pint tea, coffee or cocoa.

Females.—6ozs. bread,  $\frac{1}{2}$ oz. butter, 1 pint tea, coffee or cocoa.

## SUPPER (daily).

Males.—8ozs. bread, 2ozs. cheese or  $\frac{1}{2}$ oz. butter ; 1 pint tea.

Females.—6ozs. bread, 2ozs. cheese or  $\frac{1}{2}$ oz. butter ; 1 pint tea.

## DINNER.

Sunday.—16 to 18ozs. suet pudding, with treacle sauce, and the addition of fruit in the summer and dried fruit in the winter—males and females. 3ozs. of meat where ordered.

Monday.—5ozs. meat, males and 4ozs., females ; vegetables not less than 1lb.

Tuesday.—3ozs. tinned meat, males and females ; vegetables as on Monday.

Wednesday.—2 pints soup, 2ozs. meat, 5ozs. bread—males.  $1\frac{1}{2}$  pint soup, 4ozs. bread—females.

Thursday.—Meat pie, 12ozs.—males ; 10ozs.—females.  $\frac{1}{2}$ lb. potatoes or  $\frac{1}{2}$ lb. of other vegetables.

Friday.—Same as Monday.

Saturday.—1lb. fish, males and females ; vegetables same as Monday.

Half-pint of ale daily for dinner, except on Wednesday, for both males and females.

Women working in laundry have bread and cheese and half-pint of ale for lunch, with meat and ale for dinner on Wednesday ; also extra tea at 3 p.m.

Women scrubbing in wards have bread and cheese daily for lunch, with half-pint of ale. Men the same.

Men working in the shops or on the farm have half-pint of ale and bread and cheese at 10 a.m., and ale at four o'clock.

Meat pie contains 3ozs. of meat without bone for each patient. Soup is made from liquor of boiled meat, thickened with pearl barley, &c., to which are added vegetables, herbs, &c.

From the asylum I proceeded to visit the Penitentiary, which is in the vicinity, accompanied by Dr. Clarke. Mr. Creighton, the warden, who showed me over, is a very kindly gentleman. The prison appears to be in excellent order. There is a separate modern building for 43 criminal lunatics. The number on the day of my visit was 37. The character of the cells is, I am sorry to say, similar to those of a prison, and, so far as I could judge, the patients are treated with almost as much rigour as convicts, though not dressed in prison garb. This is wrong. Either they are or are not lunatics. If they are, they ought to be very differently cared for, while every security to prevent escape is taken. In the basement are “dungeons,” to which patients

are consigned when they are refractory as a punishment, although the cells above are in all conscience sufficiently prison-like. The floors of the cells are of stone, and would be felt to be a punishment by any patient in the asylums of Ontario.

In a day-room above the ground floor a number of patients were congregated, moody and apathetic. Some were in mechanical restraint.

Two men in the cells had once been patients in the asylum. One, with whom we conversed at the iron gate of his dungeon, laboured under a distinct delusion of there being a conspiracy against him. It was certainly not very likely to be dispelled by the dismal stone-floor dungeon in which he was immured without a seat, unless he chose to use the bucket intended for other purposes, which was the only piece of furniture in the room. Surely something will be done to terminate a condition of such unnecessary hardship. For criminals of the worst class this building is no doubt admirably suited, but it is astonishing that it should have been constructed for lunatics in recent times. In these remarks no reflection is for a moment cast on the excellent Warden of the Penitentiary. As to what the Visiting Medical Officer does in the medical treatment for these patients, or to secure their comfort, I shall not attempt to give an opinion.

I hasten to remark that the Penitentiary is not under the control of the Province, but the Dominion; otherwise, judging from the asylums of Ontario, it would, I have no doubt, be in a totally different condition.

It will thus be seen that the Province of Ontario possesses in its Asylums excellent institutions, in which modern views and the results of experience in other countries are vigorously and intelligently applied; in which employment is being carried out more and more to the extent consistent with the comfort of the patients; in which mechanical restraint is not resorted to unless every other means have failed, and in which a good example of segregation is exhibited, the usually constructed asylum being supplemented by an annexe or cottages adapted for particular classes. That such a system as this works well, no one who has seen it in operation in British or other asylums will be surprised to hear.

#### *Province of Quebec.*

On the 30th of August last I visited the lunatic asylum at Longue Pointe, seven miles from Montreal, called the *Hospice des Alienés de St. Jean de Dieu*. It was built by the Sœurs de Providence, and opened in 1876. The Province of Quebec contracts with them to maintain the lunatic poor\* in one of the two parts of the Province

\* At the rate of 100 dollars or £20 per annum per head at Montreal and 180 dollars at Quebec—a very insufficient sum, it would seem, for board, lodging and clothing. I understand that the money originally borrowed of the Provincial Government by the Montreal Asylum has been refunded, and that money has been borrowed from private quarters to assist in the erection of the additional buildings.



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

The neatness and cleanliness of the hall, reception-room and office strike the visitor very favourably on entering the establishment. The *Apothecaire* is a model of neatness. The nuns have themselves published a pharmaceutical and medical work, a large volume, entitled “*Traité Élémentaire de Matière Médicale et Guide Pratique*,” a copy of which the worthy Mother Superior was good enough to present to me. I was somewhat disappointed to find, on examining its pages, that only one was devoted to mental alienation, of which nine lines suffice for the treatment of the disorder. Among the moral remedies, I regret to see that “punitions” are enumerated; their nature is not specified. Two skeletons in the *Apothecaire* were shown to us by Ste. Thérèse, as being much valued subjects of anatomical study for the nuns, who would, it is not unlikely, consider their knowledge of the medical art sufficient for the needs of the patients. The law, however, obliges a medical man to reside in or near the asylum. Dr. Perrault, whom we did not see, occupies this post. This officer is appointed and paid by the Sisters; the visiting physician, on the contrary, is appointed and paid by the Provincial Government. We looked down upon a very large kitchen, where cooking by steam was going actively on, and a favourable impression as to the supplies was left upon the mind by the busy scene which presented itself. The amount of vegetables (potatoes, turnips, cabbages, &c.) produced on the land, is very large—more potatoes, I believe, than they consume. Maize, wheat, oats and buckwheat are raised. The estate consists of 600 acres. There are a large number of cows, and the asylum buys beasts to fatten and kill, thereby saving a considerable sum. I was informed that about fifty patients were usually employed out of doors, and more in harvest time. That such an establishment should be conducted by nuns must seem remarkable to those who are unacquainted with the large part taken by Sisters of Charity in the management of hospitals

in countries where the influence of the Roman Catholic Church extends. Theoretically, it would seem to be an admirable system, and to afford, in this way, a wide field for the employment of women in occupations congenial to their nature, and calculated to confer great advantages upon the sick, whether in mind or body. That women have an important *rôle* in this field will not be denied; but experience proves only too surely that to entrust those of a religious order with administrative power is a practical mistake, and leads to abuses which ultimately necessitate the intervention of civil power.

The asylum consists of a succession of corridors and rooms similarly arranged, there being dining rooms, recesses, and single and associate dormitories. There are four stories uniform in construction, exclusive of the basement and the rooms in the roof, and these four are supplied with open outer galleries or verandahs, protected by palisades. The lower stories are clean and well furnished, and the patients appeared to be comfortable. The apartments of the private patients were, of course, the best furnished. It was curious to see in the day rooms on the male side a nun with a female assistant. They are in the wards all day, and sleep together in another part of the building. In the refractory ward for men there were two male attendants, and in the other wards one male attendant, in addition to the two females. In each ward on the women's side there were two assistants with the nun in charge, and in the refractory gallery there were three assistants. The nuns and female assistants are not paid. The corridors, the width of which was fair, were carpeted down the centre, and there were pictures on the walls in considerable number. In the day-rooms, on the floors of which was oilcloth, the furniture, though simple, was by no means insufficient. In the recesses of the corridors, as well as in the corridors themselves, were seats for the patients. Although there were rooms on both sides of the corridor, the latter was fairly lighted by the recesses, &c. The dormitories were very clean, and presented a neat appearance; the beds were of hair, and a bright-coloured counterpane had a pleasing effect. Single rooms, used as bed and sitting room, were very neatly furnished, and had every appearance of comfort. For paying patients, and for a considerable number of the poorer class, I have no doubt the accommodation is good, and as I must shortly speak in terms of strong reprobation, I have pleasure in testifying to the order, cleanliness, and neatness of those parts of the building to which I now refer, and which we went over in the first instance.

It is as we ascend the building that the character of the accommodation changes for the worse. The higher the ward, the more unmanageable is the patient supposed to be, the galleries and rooms become more and more crowded, and they look bare and comfortless. The patients were for the most part sitting listlessly on forms by the wall of the corridor, while others were pacing the open gallery, which must afford an acceptable escape from the dull monotony of the

corridor. The outlook is upon similar galleries in the quadrangle at the back of the building, and to a visitor, the sight of four tiers of palisaded verandahs, with a number of patients walking up and down the enclosed spaces, has a strange effect. These outside galleries are, indeed, the airing courts of the asylum. There are no others. If the patients are allowed to descend, and to go out on the estate, they usually do so in regular order for a stated time, in charge of attendants, like a procession of charity school children. Those who work on the farm must be the happiest in the establishment.

In the fourth tier were placed the idiots and imbeciles—a melancholy sight necessarily, even when cared for and trained in the best possible manner, but especially so when there is no attempt made, so far as I could learn, to raise them to a higher level or educate them. If, however, they are kindly treated and kept clean, I should feel much less regret for educational neglect than I should feel pained by the state of the patients and their accommodation in the parts of the establishment next described. Far be it from me to attribute to these Sisters of Charity any intentional unkindness or conscious neglect. I am willing to assume that they are actuated by good motives in undertaking the charge of the insane, that they are acute and intelligent, and that their administrative powers are highly respectable. Their farming capacities are, I have no doubt, very creditable to them. It is not this form of farming to which I have any objection or criticism to offer. In the vegetable kingdom I would allow them undisputed sway. It is the farming out of *human* beings by the Province to these or any other proprietors against which I venture to protest.

It is impossible to convey an adequate idea of the condition of the patients confined in the gallery in the roof, and in the basement of this asylum. They constitute the refractory class—acute and chronic maniacs. They and the accommodation which has so long been provided for them must be seen to be fully realized. To anyone accustomed to a well-ordered institution for the insane, the spectacle is one of the most painful character. In the course of seven-and-thirty years I have visited a large number of asylums in Europe, but I have rarely, if ever, seen anything more depressing than the condition of the patients in those portions of the asylum at Longue Pointe to which I now refer. I saw in the highest storey, that in the roof, an ill-lighted corridor, in which at least forty refractory men were crowded together;\* some were walking about, but most were sitting on benches against the wall or in restraint-chairs fixed to the floor, the occupants being secured to them by straps. Of these seated on the benches or pacing the gallery, a considerable number were restrained

\* I substitute this figure for that originally given, in consequence of the statement of one of my critics. I conclude that this number *sleep* in the roof, and that the others whom I saw occupy beds in the storey below. Of course the number of refractory men patients greatly exceeds 40.

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

Passing from this gallery, which I can only regard as a “chamber of horrors,” we proceeded to the corresponding portion of the build-

ing on the female side. This was to me even more painful, for when, after seeing the women who were crowded together in the gallery, on benches, and in fixed chairs, many of whom were restrained by various mechanical appliances, we went into the narrow passage between the pens and the outer wall, the frantic yells of the patients and the banging against the doors, constituted a veritable pandemonium. The effect was heightened when the *guichets* in the doors were unbuttoned, and the heads of the inmates were protruded in a row, like so many beasts, as far as they could reach. Into this human menagerie, what ray of hope can ever enter? In one of the wards of the asylum I observed on the walls a card, on which were inscribed words to the effect that in Divine Providence alone were men to place their hopes. The words seemed to me like a cruel irony. I should, indeed, regard the Angel of Death as the most merciful visitant these wretched beings could possibly welcome. The bolts and padlocks were removed in a few instances, and some of the women were seen to be confined by leathern muffs, solitary confinement not being sufficient. One of the best arguments in favour of restraint by camisole or muff is that the patient can walk about and need not be shut up in a room, but we see here, as is so often seen, that unnecessary mechanical restraint does not prevent recourse being had to seclusion. A cell, darkness, partial or total, a stifling atmosphere, utter absence of any humanizing influence, absolute want of treatment, are but too often the attendants upon camisoles, instead of being dispensed with by their employment. When such a condition of things as that now described is witnessed, one cannot help appreciating, more than one has ever done before, the blessed reform in the treatment of the insane which was commenced in England and France in 1792, and the subsequent labours of Hill, Charlesworth and Conolly. But it is amazing to reflect that although the superiority of the humane mode of treating the insane, inaugurated nearly a century ago, has been again and again demonstrated, and has been widely adopted throughout the civilized world, a colony of England, so remarkable for its progress and intelligence as Canada, can present such a spectacle as that I have so inadequately described as existing, in the year of grace 1884, in the Montreal Asylum.

Before leaving the asylum, I visited the basement, and found some seventy men and as many women in dark, low rooms. Their condition was very similar to that already described as existing in the top-most ward. A good many were restrained in one way or another, for what reason it was difficult to understand. Many were weak-minded, as well as supposed to be excitable. The patients sat on benches by the wall, the rooms being bare and dismal. A large number of beds were crowded together in a part of the basement contiguous to the room in which the patients were congregated, while there were single cells or pens in which patients were secluded, to whom I spoke through the door. The herding together of these patients is pitiful

to behold, and the condition of this nether region in the night must be bad in the extreme. I need not describe the separate rooms, as they are similar to those in the roof. The amount of restraint and seclusion resorted to is, of course, large. Yet I was informed that it was very much less than formerly.

To the statement in regard to the crowding of the patients in this asylum, it will be objected that I have given a description of a state of things which will shortly disappear, as additional wards are being provided for their accommodation. While I am glad to hear that other rooms will be available before long, I am not by any means convinced that the lowest and topmost wards of this asylum will be disused for patients. There are now, the Mother Superior said, about 1,000 lunatics in the building, and when first informed that new wings were being prepared, I concluded that it was for the purpose of providing increased accommodation for the existing number of inmates only. That hope, however, was greatly lessened, if not wholly dispelled, when I learnt from this lady that when these new wards are ready there will be room in the institution for 1,400 patients. It is said the new rooms will contain 600 beds, but how many cubic feet are allowed in this calculation I do not know. I have no hesitation in saying that when the patients are removed who now occupy the two portions of the building I have described, and when the occupants of the other galleries are reduced to the number the latter ought properly to accommodate, there would be at least 400 patients who should be removed from the old to the new building. If I am correct in this opinion, the present lamentable evils will continue after the opening of the additional apartments, or if they are mitigated for a time, they will but too surely be renewed as fresh admissions take place. Assuming, however, that overcrowding is lessened, and that these dark cells should cease to be used, what guarantee—what probability—is there, that the manacles will fall from the wrists of the patients of this asylum? I am not now speaking from the standpoint of absolute non-restraint in every conceivable instance of destructive mania. It is sufficient to hold that the necessity for mechanical restraint is exceptional, and that in proportion as an asylum is really well managed, the number whose movements are confined by muffs, strait-waistcoats and handcuffs will become fewer and fewer. The old system of treating the insane like felons has been so completely discarded by enlightened physicians devoted to the treatment of the insane, that it can no longer be regarded as permissible in a civilized country. The astonishment which I experienced in witnessing this relic of barbarism in the Province of Quebec is still further increased when I see such excellent institutions as the lunatic asylums of the adjoining Province of Ontario. I am perfectly certain that if it were possible to transfer the worst patients now in the asylum at Montreal to these institutions, they would be freed from their galling fetters and restraint-chairs. They



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

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

The official inspection of this institution must now be referred to. When I was at the Quebec Asylum (Beauport) I obtained a copy of the report of that establishment. The names of three inspectors of the asylums and prisons of the Province are there given, namely, Drs. L. L. L. Desaulniers, A. de Martigny, and Mr. Walton Smith. They report to the Provincial Secretary, who resides at Quebec, and is the Government officer to whose department these institutions pertain. I was informed that the visits of the inspectors are due three times in the year. The Grand Jury are empowered, when they meet, to visit asylums and make a presentment to the Court in regard to their condition, but I understood that this is generally a very formal proceeding. With regard to the authority of the visiting physician appointed and paid by the Government, it has been hitherto, so far as I could ascertain, almost, if not entirely, *nil*. His hands have been so tied that he could not be held responsible for the way in which the asylum has been managed. The Quebec Legislature passed an Act in June last which has only just come into force, and which, among other provisions, extends and enforces the authority of this officer. It remains to be seen whether this Act invests him with sufficient power to carry out any system of treatment or classification of the patients which he may deem requisite.



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

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

*Beauport Asylum, Quebec.*

I visited the Beauport Asylum, at Quebec, Aug. 18, 1884. It was established in 1845; additions were made to the original building in 1865 for the male patients, and in 1875 for the female patients. The medical superintendents reside in the city, several miles away, and I had not the pleasure of seeing them. There are two visiting physicians. The asylum is inspected by Dr. Desaulniers, Dr. A. de Martigny, and Mr. Walton Smith. Resident on the premises is the warden, and in the vicinity is an assistant physician. I have to express to both these gentlemen my obligations for the kind way in which they received me, the time they devoted to my visit, and their readiness to show me the various parts of the building. My thanks are especially due to Mr. A. Thomson, of Quebec, for the assistance he rendered and for accompanying me.

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

The position and construction of a series of single bedrooms attached to the wards are most unfortunate. They are placed back to back, so that there is no window in them, the narrow passage which skirts them receiving light from a window at either end. There is an