

Of Irish birth	- -	191,231
" English "	.	114,290
" Scotch "		98,792
		<hr/> 404,313
Of Canadian birth	- -	902,879
		1,307,192
Of all other "	.	88,899
		<hr/> 1,396,091

"The tables of nativities of the patients admitted in the last six years, shows that the three nationalities, Irish, English and Scotch, with an aggregate of 404,313, in the population of the Province, have sent in 645 patients, whilst the Canadian Nationality, amounting to 902,879, has sent in only 266; in other words a part of the Provincial population, equal to 29 per cent. has contributed to the Asylum population nearly 67 per cent., whilst another part, the native Canadian, equal to nearly 65 per cent. in the Provincial population, has contributed only about 27 per cent. to the Asylum population. If the native Canadian population sent in patients in the same proportion as the Irish, English and Scotch together, they would have furnished 1141 instead of 266. But taking into consideration the fact that the population of foreign birth is almost altogether, or nearly, of adult age, and that the native Canadian includes those under adult age, the proportion of which is about 40 per cent. in the whole population, we should find that the fair proportion of Asylum admissions for native Canadians would be 865, whereas they have sent in only 30 per cent. of this number, or, in other words, the Irish, English and Scotch nationalities sent in the proportion of ten to three as compared with the native Canadians. The disproportion would be still greater, comparing the native Canadian with the Irish. The contributions of the latter, from given equal numbers, being over four to one."

NECESSITY FOR INCREASED ASYLUM ACCOMMODATION.

All the ordinary Lunatic Asylums in the Dominion* are represented by the Superintendents to be crowded. There are practically no vacancies for fresh cases, save those occasioned by deaths and discharges. Two grave evils result from the overcrowded state of our Asylums:

1st. The sanitary condition of the institution is impaired; and,

2nd. Recent acute cases of mania are denied admission *during the early and curative stage of the disease.*

In discussing this question, emphatically the question of the day, *quoad* the insane, the Board of Inspectors, in their report for 1865, observe: "Whence comes it that we are compelled almost invariably to refuse admission to patients whose cases are recent and curable, and only open our doors to admit them when they have become imbecile or hopelessly incurable? Dr. Workman answers—'They (the insane,) are denied early admission because we have no room for them, and we have no room for them because three-fourths or seven-eighths of our beds are held for life by persons who cannot recover. *The retention of these incurables is the cause of this evil.*' In other words, by retaining our incurables permanently in our Asylums we go on indefinitely multiplying the incurables outside. The problem then to be solved is this: 'How shall we reconcile the interests of the curable and the incurable insane?' To do justice to the former we must see that our curative Asylums are open to receive them as soon as the necessary formalities required by law have been complied with. To do justice to the latter, we must see that even where their recovery is hopeless, and there is no longer any sufficient reason for permitting them to occupy room in the chief Asylum, *to the exclusion of curable patients,* they are not turned adrift upon the world in their utterly helpless state without any provision being made for their shelter or protection.

"To meet the wants of both these classes of lunatics, Dr. Workman submits that two distinct classes of Asylums are required. One class might be styled 'Primary Asylums,' or 'Curative Hospitals for the Insane;' and the other, 'Secondary Asylums,' or 'Asylums for Chronic and Harmless Lunatics.' The former class of Asylums, the Curative Hospitals, should be built and maintained entirely at the cost of the State, and the latter class of Asylums, those for Chronic cases, should be built and maintained by unions of counties or districts, but should be subject to Government inspection, and have their principal Medical officers selected and paid by the Government. The Secondary Asylums should not receive any patients who had not passed a certain stated time in the Primary Institution. The necessary consequence of the adoption of such a scheme as this would be *to increase to a very high degree the efficiency of the Primary Asylums as curative institutions—to increase very largely every year the proportion of the insane who would be restored to reason, or in other words to check, to a very large extent, the wholesale manufacture of incurable lunatics, who, under the present erroneous system, must be every year thrown as a burthen for life upon the country.*"

While convinced himself of the expediency, on social, medical and economic grounds, of making distinct and separate provision for quiet and chronic lunatics, the writer of this article thinks it right to state that the Medical Superintendents of two of the Asylums in Canada,† and a large number of Superintendents of American Asylums, strongly object to the proposal, principally on the ground that

* Rockwood Asylum, which is intended for a special class only of Lunatics, is not included in the category of ordinary Asylums.

† The Provincial Asylums at St. John, New Brunswick, and St. Johns, Quebec.