

is that based on first admissions—re-admissions might be cases that were discharged as improved or unimproved and could not be considered as new cases of mental disease; (b) the classification of resident patients, first admissions, re-admissions, discharges, deaths with particular reference to mental diagnosis; (c) collection of data with respect to ex-service men, so as to indicate the influence of war service in the causation of mental disease; (d) the collection of data in respect to urban and rural residence, for, since forms of mental disease are thought to vary as between city and rural districts, it is advisable that all patients in our mental institutions should be classified under these heads; (e) the collection of data in respect to paroles, which, since the practice of granting parole is fairly general, was considered essential; (f) the collection of data relative to the administrative personnel of mental hospitals; (g) statistics regarding the values and acreages of hospital plants (although values given in some cases might be estimates, the information obtained will be of great value to those interested in the planning, development and future scope of our mental institutions).

Most of the mental hospitals in the various provinces are maintained by government and municipal grants, and information regarding the total expenditure for maintenance, cost of new buildings and additions and receipts from patients was also asked.

Apart from hospitals for the insane, a few general hospitals have special wards for the care of the insane, feeble-minded and epileptic. Homes for incurables, for the aged and infirm, almshouses, refuges and orphanages also have in care numbers of harmless insane, feeble-minded and epileptic. When the results of the Census of Institutions are completely tabulated, all these data will be given in special reports which will contain more detailed information. Summary statistics for hospitals for the insane, feeble-minded and epileptic for the year 1930 are given in a concise form in Table 4.

4.—Statistics of Hospitals for Mentally Defective Persons in Canada, by Provinces, 1930.

Item.	Prince Edward Island.	Nova Scotia.	New Brunswick.	Quebec.	Ontario.
Number of institutions.....	1	16	1	7	15
Normal capacity.....	300	1,812	650	9,645	10,457
Movement of Population—					
Inmates (beginning of year).....	266	1,410	782	8,415	10,334
First admissions.....	49	447	155	2,105	2,858
Re-admissions.....	38	76	58	461	673
Transfers from other institutions.....	-	26	-	215	206
Total Admissions.....	87	549	213	2,781	3,737
Discharges.....	61	189	103	1,367	2,125
Transfers to other institutions.....	-	60	-	107	540
Deaths.....	27	154	69	871	758
Total separations.....	88	403	172	2,145	3,423
Inmates (end of year).....	265	1,556	823	9,051	10,649
Staff—					
Doctors—					
Full time.....	2	4	2	38	49
Part time.....	2	14	1	12	8
Nurses—					
Graduate.....	5	35	-	133	154
Others.....	11	41	20	452	624
Totals, Staff.....	59	273	82	1,523	2,413
Revenue—					
Government and municipal grants.....	\$ 109,548	413,404	404,061	1,628,180	3,940,334
Fees.....	\$ 8,581	43,464	85,935	464,033	791,679
Totals, Receipts ¹	\$ 123,079	475,037	440,703	2,572,458	4,840,937
Expenditure—					
Salaries.....	\$ 31,113	165,894	53,001	624,981	2,104,446
Total maintenance.....	\$ 123,079	447,916	230,499	1,985,059	4,264,745
New building and improvements.....	\$ -	24,060	210,205	260,324	464,849
Totals, Expenditures ¹	\$ 123,079	485,011	440,703	2,526,767	4,764,434

¹Includes all other receipts and expenditures.