Refuges and Homes for Adults.—The statistics given under this heading comprise all of the adult inmates in the various homes for adults in each of the provinces. These homes include hospices, houses of refuge, county and municipal homes and asylums, almshouses, poorhouses, rescue homes and houses of industry. The figures given below are not in any sense a measure of the pauperism existing in each province; the administration as between the provinces is not on a sufficiently uniform basis for that. Detailed tables will be furnished later giving the results of the special census of homes for adults undertaken in 1931.

6.—Statistics of Refuges and Homes for Adults, by Provinces, 1930, with Total Number of Inmates, June 1, 1931.

Item,	P,E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Canada.
Number of institutions	1	13 (2			l			1	8	-/-
Inmate Population-										
Inmates, Jan. 1, 1930	70	477	558	3,189	4,972	298	-	46	353	9,963
Inmates, admitted during 1930.	15	161	268	1,543	2,647	199	-	12	184	5,029
Inmates, left during 1930	4	109	171	962	2,133	114	-	16	143	3,652
Invates, died during 1930	11	48	73	472	621	45	-	2	35	1,307
Innates, Dec. 31, 1930	70	481	582	3,298	4,865	338	-	40	359	10,083
Inmates in institutions on June 1, 1931	62	436	605	8,355	4,864	381	-	40	368	10, 111

Homes for Incurables.—Although homes for incurables supply maintenance, nursing, medical and surgical aid to persons suffering from chronic and incurable diseases, the nature of the services given is such as to call for a special tabulation. Many hospitals for incurables care not only for those suffering from incurable diseases but also for the aged and indigent, and some even take care of orphans of both sexes.

In the case of general hospitals the service given both on economic and humanitarian grounds is to restore the patient to working efficiency in the community as soon as possible. The hospital or home for incurables looks after patients whose affliction is of a more or less permanent nature incapacitating them from any possibility of earning a living. The movement of population is necessarily slow, discharges being generally due to death. The class of care given differs from that given in general hospitals, owing to the fact that the inmates tend to become institutionalized and need the care of a physician less frequently.

Table 7 gives the more important data in connection with this class of institution.