Thirty-first annual report of the directors of James Murray's Royal Asylum for Lunatics, near Perth, June 1858.

THIRTY-FIRST

ANNUAL REPORT

OF THE

DIRECTORS

OF

JAMES MURRAY'S ROYAL ASYLUM

FOR

LUNATICS,

NEAR PERTH.

JUNE 1858.

PERTH:
PRINTED BY ORDER OF THE DIRECTORS, BY JAMES DEWAR, JUN.

MDCCCLVIII.

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1858—59.

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Miss Matilda Giddings, *Matron.*
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ANNUAL REPORT

BY THE

Directors of James Murray's Royal Asylum

FOR LUNATICS.

14th JUNE, 1858.

It is now the duty of the Directors to submit the Thirty-First Annual Report of the Institution.

At the date of the last Annual Report, there were in the House 155 patients—85 males and 70 females. Since then 69 patients have been admitted—30 males and 39 females. The total number of patients under treatment during the past year was 224—115 males and 109 females. Of this number 22 have recovered—10 males and 12 females; 9 have been removed improved, 7 males and 2 females; 4 have been removed unimproved, 3 males and 1 female; and 14 patients have died—11 males and 3 females. There now remain in the Asylum 175 patients, 84 males and 91 females. For the ages of the patients admitted during the past year, their social condition, and other particulars, reference is made to the Report of the Medical Superintendent and Appendix thereto, hereto subjoined.

The Directors are happy to be able to report that, during no former period of the history of the Institution, has it been conducted with

greater efficiency and success. No exertions have been spared on the part, both by a judicious expenditure of money in introducing improvements, and by their own personal superintendence, to render worthy of the confidence of the public; and they have been warmly supported in this respect by the medical and other officers.

The time is now past when it is necessary to dilate on the advantages of Asylums for the insane, as these are now fully admitted by all intelligent men. Although this is the case, there is no doubt much which remains to be discovered in regard to Insanity in its various phases and the best mode of treatment. During recent years much has been done to collect and classify information on the subject, and as all true improvements must be the result of practical experience, nothing can be more conducive to the advancement of sound views than the Reports which are annually published by the medical men of different Asylums throughout the country. Along with the present Report, there is produced one from the Medical Superintendent, which enters minutely into the management of the Institution and its experience during the past year, and discusses many questions which suggest themselves in a manner both interesting and instructive; and as the Directors can add nothing to what is contained in that Report they would respectfully refer thereto for full information on these subjects.

In conclusion the Directors would record their best thanks to the various Officers for their assiduous attention to the interests of the Institution during the past year; and they trust that, through the Divine blessing, it may long continue to realize the expectations of the benevolent founder, and to prove a boon to the community.

REPORT

BY

THE MEDICAL SUPERINTENDENT

FOR THE YEAR 1857–8.

In our Report for 1856-7, we pointed out the steady increase in our population from 1855 to 1857; the number of inmates resident in June 1855 being 133—in June 1856, 146—and in June 1857, 155. This increase has continued during the past year, the number of patients at present resident being 175—that is, 20 more than last year, and 42 more than in June 1855. Rather unusually, there is, at present, and has been for some time, a preponderance of females over males, the former numbering 91, while the latter amount to 84. We have long since reached that limit of fullness of the Institution, beyond which we are constrained to refuse all applications for admission, unless when vacancies occur from discharges or deaths. It has been calculated that since January 1858, admission has been refused, on the ground solely of want of accommodation, to about 60 pauper patients. An urgent and constant demand for the admission of this class of patients continues, and probably will do so, until the District Pauper Asylums of Scotland are ready for the reception of patients. This unusual increase in the demand for admission is undoubtedly due to the operation of the new Act of Parliament anent Lunacy in Scotland, passed

General Results of Year.

Increase of Population.

Full state of House.

Refusals of admission.

since the date of our last Annual Report.* From an anxious desire to accommodate the most urgent cases of the neighbourhood, especially seeing that admission could not be obtained into other public asylums which were equally full with our own, we have been now for several months considerably overcrowded in some departments of the Institution, and have been obliged to fit up temporarily as pauper dormitories rooms originally intended for other purposes. We expect this pressure to be relieved on the opening of the Perth District Pauper Asylum. The removal of part, or all, of our pauper population to District Asylums will, it is hoped, enable us to do what it is, at present, impossible to attempt—to classify the patients according to the nature of their disease, and not merely according to their rates of board. The staff of attendants has been proportionally larger this year than at any former period, in consequence of—1. The unusual number of high-class patients, each requiring a separate servitor; 2. The measures taken with the unruly and excited—the sending of them to pump or garden-work under special attendants; and, 3. The appointment of supernumerary attendants to supplement the ordinary attendants, whenever and wherever a pressure of work rendered their services necessary.

Increase of Staff.

Admissions. In 1855, we have shown in last year's report, the admissions amounted to 36; in 1856, to 39; in 1857, to 47. This year they have been 69, being an increase of 22 on last year, and 33 on 1855.

Illustrations of advantages of early treatment. Of 69 admissions, 12 were placed under treatment within a week, 21 within a month, and 51 within 6 months of the breaking out of the disease—a fact that argues favourably for the more healthy ideas prevailing in the public mind as to the advantages of early treatment, and the superiorities of asylum over home management.

Re-admissions or Relapses. 14 of the admissions were re-admissions, or in other words, cases of relapse. Of this number, 10 had been previously discharged recovered, 2 improved, and 2 unimproved. In 11, the patients laboured under the same form of insanity as in last attack, while in 3 the type of the disease had changed.

Changes in type of disease. One woman was admitted with Erotomania, who had previously suffered from Melancholia; another with Mania, who had also

* 20 and 21 Vict., cap. 71, "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland." 25th August, 1857.

previously been a Melancholiac; while a man was admitted with Dementia, who had previously had Acute Mania. Such changes in the type or character of the disease are of constant occurrence.

Recoveries.

The recoveries amounted to 22. 3 patients recovered after a residence of 2 to 4 years in the Institution. The table of relapses shows, however, that all the recoveries cannot be considered as permanent or stable. Indeed, it may be laid down as a broad general rule that, when insanity has once exhibited itself, there is ever afterwards a tendency to relapse; or, in other words, recovery may in all cases be looked upon as temporary or uncertain. The table of recoveries shows the duration of disease prior to admission to have been under a week in 6, under a month in 9, and under 3 months in 17; while the duration of treatment was under 3 months in 6, under 6 months in 9, and under a year in 16. In estimating the proportion of recoveries, it is necessary to bear in mind the relation of our incurable to our curable population as to number. Of 175 patients presently resident in the Institution, not more than 52 can be properly considered curable, or 29·71 per cent—leaving the very large proportion of 123 patients, or 70·28 per cent., incurable. The older an Asylum is, the greater is likely to be its per centage of incurable cases; for there is a tendency in all public Asylums, where no rules to the contrary exist, to the slow accumulation of chronic and incurable cases.

Relapses.

Proportionof Incurables.

Removals: improved & unimproved.

9 patients were removed improved, but not recovered, and 4 were removed unimproved; some of them in opposition to our opinion and advice. All experience goes to prove the great danger and extreme impropriety of removing patients from Asylums in opposition to medical advice. One of the most frequent and fatal results is suicide. Of the patients removed unimproved, one—a man—escaped from his father's house shortly after his removal from this Asylum: he was found wandering about the country—was taken into custody by the police authorities, and was ordered by the Sheriff of the County to be confined in another public Asylum at his father's expense; another—a woman—was brought back within a few days of her removal from this, greatly worse; a third was placed under private surveillance in his own house, and has since died; a fourth was removed directly to another public Asylum, where he remains unimproved.

Evils of premature removal.

Mortality.

Our obituary list contains twice the number of deaths that it did last year. This has arisen chiefly from the three following causes:—1. That several patients were admitted in a dying state, and died within a few days or weeks after admission; 2. That several of the oldest residents in the Institution—some of them upwards of 60 or 70 years of age—have died during the year; and 3. That several persons labouring under General Paralysis, one of the most intractable and fatal forms of insanity, have died during the year. There has been no fatal epidemic, and no general or common cause of death. Diarrhœa occasionally, especially in spring and autumn, shows itself in an epidemic form; but it is generally simple, mild, and transient. Sometimes, however, it becomes more serious. Last spring a few cases, which occurred, assumed a distinctly choleroid type; and, though constituting what is popularly denominated "British Cholera," the affection differed apparently in no essential respect, as we have elsewhere shown,* from the more formidable Asiatic disease. It may, and probably does, to some extent differ in its causation; for it does not follow, because two diseases are attended, or characterised, by similar, or the same, symptoms, that they are the same in nature, or spring from a common cause. On the other hand, however, it must be remembered, in our speculations on this subject, that different causes are perfectly well known to be capable of generating the same disease. Of 14 deaths, 4 occurred in persons above 60 years of age; and 10 in persons above 40. The patients laboured chiefly under chronic and incurable forms of insanity; 3 deaths occurring in General Paralysis, 4 in Dementia, and 2 in Chronic Mania. The curable cases laboured under physical diseases of such a nature, and to such an extent, that they could scarcely have survived. Of 2 females labouring under Acute Mania, one died of Acute Phthisis, and the other of Typhoid Erysipelas. Some of the Pathological lesions were of interest, though not as throwing light on the mental state or phenomena. In one case—that of an old sailor—the principal lesion was an enormous cancerous liver, occupying nearly half the abdomen, and extending on the right side almost to the iliac region. It was of a dark purple colour, was very friable on being manipulated, and it

Epidemic Diarrhœa.

Identity of British and Asiatic Cholera

Causes of Death.

Pathology of fatal cases.

Cancer of Liver.

* "Identity of British and Asiatic Cholera."—*Medical Times, October* 31, 1857.

bulged into a series of cysts full of thick curdy pus. It had contracted a number of adhesions to the stomach, spleen, and intestines. The surface of the intestines was injected and coated with flocculent lymph, and the cavity of the abdomen contained a large quantity of bloody serum. In another case, death occurred during the night from the bursting of a vomica and subsequent asphyxia by the accumulation of the effused pus in the bronchi, trachea, and mouth. He had had hæmoptysis several months anterior to death. The lungs were found full of softening tubercles, which broke up under the slightest pressure; the apices of both were riddled with vomicæ or abscesses, and were also generally and firmly adherent to the walls of the thorax, the pleural adhesions being very dense. A third case was fatal by chronic gastritis and the non-assimilation of food resulting therefrom. The symptoms during life led to the suspicion of ulcer of the stomach. They had been those of chronic vomiting, severe and long persistent; without, however, the appearance of Sarcina in the ejesta. There was neither tumour of the pylorus nor ulcer of the stomach; but there was hyperæmia of the whole interior of the stomach, most intense about the cardia and pylorus, and on the rugæ, all of which were of a deep purple tinge. The stomach contained a quantity of mucous fluid. There was also intense dark purple hyperæmia of the interior of certain parts of the intestines, with irregular contractions of others. The brain was of very firm consistence. [The case was one of Dementia]. There was a large quantity of transparent serum in the ventricles; and adhesions of the Dura Mater, with partial effusions of lymph on the surface of the Pia Mater, made up the catalogue of appearances within the cranium. A fourth patient—likewise an old sailor, who had been a good deal abroad—succumbed to a complication of Hepatitis, Enteritis, and Bronchitis. He had been deeply jaundiced before death, and hepatic disease of the nature of Cirrhosis was suspected. The liver was found to be contracted, shrunk, speckled with white, and of a deep biliary tinge; it was firmly adherent to the colon and stomach. The hepatic epithelium was granular and gorged with biliary pigment; but it was not unusually fatty. The spleen was small, shrivelled, and easily lacerated. The patient reported, during life, that he had repeatedly suffered from ague and jaundice in warm climates. The intestines and mesentery were deeply

Death from bursting of a vomica.

Chronic Gastritis.

Hepatitis.

injected of a dark purple colour ; and there was also hyperæmia of th interior of the intestines, especially the small, which were lined wit a prune-juice-coloured mucus. There was a small quantity of blood serum in the cavity of the abdomen. A fifth case was fatal by wha has been denominated "serous apoplexy," occurring in the course c General Paralysis. The Dura Mater was adherent to the skul especially behind ; the arachnoid was generally opalescent and stud ded over posteriorly with numerous white granulations; and there wa a large amount of sub-arachnoidean and ventricular serum. Th tissues of the cerebrum and cerebellum were soft and friable; bu neither was there any distinct softening nor any apoplectic clot Three deaths fall to be recorded from General Paralysis, usuall so-called. This is a term, we believe, liable to be greatly abuse or misunderstood. It is too commonly and loosely used to includ all cases of Paralysis occurring in the insane, or at least thos associated with exaltation of ideas, or with the monomania o pride, vanity, or ambition. The name is somewhat unfortunate for in one, and that the most characteristic, stage, the Paralysis i local and limited—partial in extent; and, moreover, ordinary and spina paraplegia sometimes merges into Paralysis as general as this can be Nor is it marked by a specific pathological condition ; and it is no invariably associated with, nor characteristic of, particular forms o insanity. The term "General Paralysis," we believe, ought either t be more rigorously defined than at present, or it should be abolished It has occurred to us to see many mistakes made from the too vagu use of this term, which is frequently a most important one in medico legal cases. In courts of law it is possible that the lawyer and the medica witness may differ as to the interpretation which they put upon thes two words. The lawyer regards the "General Paralysis of the insane" as necessarily incurable, and as necessarily implying death at a period of not more than 2 or 3 years from the origin of the disease. By using this term, then—unless the medical witness otherwise and rigorously define the sense in which he employs the word—he will be held to commit himself to this view of the prognosis—a view which his evi dence may variously contradict.

General Paralysis: its Pathology.

General Paralysis.

Term "General Paralysis" unsatisfactory.

Its medico-legal aspects.

It has frequently been observed that in disease there is a tendency

Crisis in disease.

to crisis or death about 4 A.M. This has not been quite borne out by the obituary statistics of the last 4 years in this Institution, which go to show that the tendency to death is greatest between midnight and 6 A.M., and that death certainly occurs frequently, but not most frequently, about 4 A.M. We have noticed the same phenomena in general Hospitals. Our statistics, however, are too limited to enable us to arrive at perfectly satisfactory conclusions on this head. The majority of deaths in this Institution during the last 4 years has occurred between midnight and noon—the number being equally distributed over the 6 hours from midnight to 6 A.M., and then from 6 A.M. to noon,—5 in each period of 6 hours, or 10 in all. While between noon and midnight only 4 happened; and, of these, 3 occurred between noon and 6 P.M.

Peculiarities of disease in the Insane.

Many of the ordinary physical diseases of the sane become most insidious and exceptional in the insane; their character appears to be masked or obscured by an inertia or torpor of the nervous system. Their frequently typhoid type is another feature worthy of note; while a third is the frequent absence of irritative or symptomatic fever. We have sometimes known no complaints made, have seen no external evidence of pain or suffering in Acute Phthisis—"galloping consumption"—where the subsequent necropsy proved the lungs to have been riddled with vomicæ, full of pus; in phlegmonous erysipelas, going on to the formation of enormous collections of pus in the limbs; in Pneumonia, where the lungs were solidified and normal respiration was impossible; in organic diseases of the heart; in gastritis and other diseases. And we have seen, further, surgical operations frequently submitted to without a murmur,—nay, the patient all the while laughing and joking as if feeling had been completely obsolete. The most serious chest diseases may run their course without cough or expectoration; the excito-motor nervous system would appear to be nearly inert or torpid; and to this must be added, as an explanatory fact, that the attention, in the insane, is sometimes, in great measure, or quite, lost. Sooner or later progressive emaciation and debility, languor, lassitude, and indolence, perhaps anorexia or sleeplessness, direct attention to the state of the patient, in whom the physical signs then show the extent of the appa-

Absence of symptoms.

rently latent disease, which, however, has been really rapidly advan
ing towards its fatal termination. The progress of physical diseas
towards an acmé or fatal termination, with almost none of the ord
nary symptoms, is calculated to strike the general practitioner amon
the sane as something incredible, but it is nevertheless true. Th
masking of disease necessarily entails upon the Psychological Physici
the—"alieniste"—to use a continental expression—greater watchfu
ness, greater trouble, greater responsibility, than on his brother
ordinary civil practice. We have seen cancer of the liver, accompani
with Enteritis and Peritonitis, fatal, without pain wringing from t
sufferer a single complaint : nay, in one individual, whose case recu
to our memory, his personal character was greatly modified for t
better,—the type or aspect of his malady quite changed,—by his fat

Insanity as modified by disease and death.

organic disease. From having been passionate, fretful, and abusiv
he became affable, mild, and docile. This effect of co-existent physic
lesions in modifying the character of the patient and altering the ty
of disease has not unfrequently been very marked. The dying patie
has even been sane in his last moments ; death has been immediate
preceded by a bright, but transient, flicker of the light of reason ; an
the sufferer has expressed himself serenely, contentedly, happily, as
his latter end, and his transition from life, with all its troubles and d
eases, to eternity, with all its joys and comforts. The dying momen
of patients are, whether in a Psychological or religious aspect, fr
quently thus invested with peculiar interest. But this subject m
be considered to fall perhaps even more specially within the provin
of the Chaplain, and we shall not, therefore, further enlarge upon

Alternations of Insanity with Phthisis, &c.

Frequently cerebral disease would appear to be vicarious, or, in oth
words, it takes the place of, and alternates with, disease in other pa
of the body. This phenomenon has been chiefly noticed in connecti
with Phthisis. The latter is one of the most common complications
insanity. It often happens where insanity and Phthisis, or,—perha
we may be allowed to say, assuming, for the sake of illustration, t
pathology of the cerebral disease,—tubercular or scrofulous disease
the brain and lungs, co-exist in an individual, when disease in the o
organ is prominent, that of the other is in abeyance. That is to s
where and when the Phthisis becomes acutely developed, the patie

becomes *pro tem.* sane; and, on the other hand, when the pulmonary disease is overcome or retrogades, insanity again appears, frequently in the form of a paroxysm of acute mania. *Apropos* of Phthisis, we may further state that the scrofulous diathesis frequently manifests itself differently in different members of a family. One may be a lad of precocious talents, giving promise of the highest future distinction, but withal of an extremely sensitive nature, and possessed of a delicate nervous or nervo-sanguine temperament; a second may be of a very lymphatic temperament and suffer from scrofulous sores of the glands of the neck; a third may die young of Phthisis; a fourth may be insane; and a fifth, a drunkard or a prodigal. *Diseases of the stomach* are probably not unfrequent in the insane,—sometimes idiopathic, sometimes as the result of abstinence from food or the injestion of improper food. After deaths from abstinence the mucous membrane of the stomach is sometimes found in a state of inflammation, softening, or ulceration. The stomach may sometimes become habituated to food of an unusual kind, which, so far from being deleterious, may appear quite the reverse; at least we can testify that a patient, who frequently for weeks together eats quantities of grass, is perhaps the strongest and healthiest member of our community. He is subject to periods or fits of excitement, during which his appetite is inordinate, and there is no satisfying the incessant cravings of his morbid hunger. It is very certain, though it does not admit of definite statistical proof, that Dyspepsia, that protean and heterogeneous group of gastric maladies, is frequently the precursor, if not the cause, of insanity; interfering, as it does, more or less directly, with the due nutrition of the brain. Dr Bucknill* says that he never met with an instance of decided Bright's disease in the insane. One of the deaths which we have to record during the last year, appeared to us, from the symptoms, to have resulted from valvular disease of the heart, associated with Bright's disease. But, as there was no necroscopical examination, we cannot be sure that our conclusions were correct; and we shall not, therefore, at present combat his assertion. We cannot, however, see *à priori* why Bright's disease should not be as common in the

The scrofulous diathesis in its varied manifestations.

Diseases of Stomach.

Idiosyncrasies & habits as to food.

Dyspepsia as a forerunner of Insanity.

Bright's disease.

* "Manual of Psychological Medicine," by Drs Bucknill and Tuke: London, 1858, p. 451.

insane as in the sane, in proportion as the former are equally exposed to its causes with the latter. The same author further asserts that the kidneys are remarkably free from disease in all the forms of insanity; "and the changes which give rise to albuminous urine are especially rare in them." The latter statement corresponds with the result of researches made by ourselves, in 1856, on the chemico-microscopical characters of the urine in insanity; for, "in not a single instance was the urine albuminous."*

Albuminous urine.

Size of Brain & configuration of Skull in relation to Insanity.

It has frequently been supposed that a necessary relation or fixed proportion subsists between mental disease and the size of the brain and again, between the latter and the external size of the cranium or head; further, that the heads of the insane are characterised by certain peculiarities of conformation which are virtually diagnostic; and that the form and size of the head, may, therefore, in many, if not in all, cases, be valuable criteria in the determination or discovery of insanity. As a contribution towards the elucidation of this subject we have caused a number of measurements of the head to be made in 121 patients—48 males and 73 females. It has been thought advisable, or necessary, to add to the measurements of the head those of the height or stature, with a view to ascertain what relation subsists between the height of body and the size of head, and in what, and how many, cases the head is abnormally diminished or increased in size in proportion to the dimensions of the rest of the body. We are not prepared to admit that the size of the brain can be accurately estimated by external measurements of the head, nor that the mere size of the brain is always an index or measure of the amount or quality of intellectualization, or of abnormal mental phenomena. But, so far as mere measurement of the head and observations on its configuration can lead us to useful results, and so far as our experience in this Institution goes, our conclusions and results may be shortly stated as follows :—

Phrenology in its relation to Pschology

Results of researches.

1. That the size of the skull in the insane (excluding the class of Idiots) does not materially differ from its size in the sane.
2. That no relation can be traced, in the generality of cases, between

* "Contributions to the Chemistry and Histology of the Urine in the Insane."—Journal of Psychological Medicine, July, 1856, p. 488.

the size or form of the skull and the different types or phases of insanity.

3. That, though peculiarities of conformation of the skull certainly frequently exist, they do not bear any fixed relation to the types or phases of insanity.
4. That similar conformational peculiarities are probably equally common, or nearly so, in the sane.
5. That in a large proportion of cases the cranial development is decidedly good, and the conformation of the head apparently normal and regular.
6. That the size and form of the head are therefore *per se* fallacious criteria in the differential diagnosis of insanity.

It is to be noticed that our population includes no idiot cases, which are, therefore, excluded from our statistics. This is most important to bear in mind, for there is no doubt the above propositions do not hold equally good in regard to the idiot. Dr Bucknill lays it down that the average dimension of the head in the insane is below that of the sane; but he allows, that, in a large number of cases, the head is apparently, not only normal as to size, but it is even larger, and "well developed," in phrenological phrase.* According to our measurements, the circumference of the head at its greatest diameter, including forehead and occipital protuberance, was 24 inches in 8 males, 5 being cases of Dementia, 1 of Melancholia, 1 of Monomania, and 1 of Mania. In none of the females did the head attain this diameter. It was 23½ inches in 9 cases, 2 of these being females; or, in 6 cases of Dementia, 1 of Melancholia, 1 of Monomania, and 1 of Mania. It was 23 inches in 28 patients, 11 being females; or, in 11 cases of Dementia, 3 of Melancholia, 7 of Monomania, and 7 of Mania. The lowest diameter was 19 inches in 2 females, 1 being a case of Mania, and the other one of Monomania. The next lowest measurement was 20 inches in 4 females, 2 being cases of Mania, 1 of Melancholia, and 1 of Dementia. The lowest measurement in males was 21 inches in a case of advanced Dementia; but it was only 21½ inches in one of the most active and intelligent members of the

Dimensions of the Head in different forms of Insanity.

* Manual of Psychol. Medicine, p. 424.

Circumference of Head in Insanity.

community—a well-educated, accomplished gentleman—a man remarkable for his powers of memory. The diameter was 22 inches in the largest number of cases—37—11 males and 26 females. The average circumference in males was 23·90 inches, and in females, 21·74. The heights of the males, who had the largest circumference of cranium, were in 1, 5 feet 2 inches; in 1, 5 feet 5 inches; in 2, 5 feet 6 inches; in 1, 5 feet 7½ inches; in 1, 5 feet 9 inches; in 1, 5 feet 9½ inches; and in 1, 5 feet 10 inches. The statures of the females who had the greatest diameter of head, were respectively 5 feet 4 inches and 5 feet 7½ inches. The greatest capacity of cranium,—the greatest size of brain,—did not, therefore, necessarily go along with the greatest height or stature, occurring, as it did, in some of the shortest members of the community. The greatest antero-posterior measurement of the arch of the cranium, from the nick of the nose or junction of the nasal with the frontal bones, to the occipital protuberance, was 16 inches in 2 males—1 a case of Dementia, and the other of Monomania; their heights being 5 feet 9 inches, and 5 feet 10½ inches. It was 15½ inches in 1 male, a case of Dementia, whose height was 5 feet 4½ inches; and 15 inches in 5 cases, 1 being a female, or, 3 of Monomania, and 2 of Dementia, with statures of 5 feet 7½ inches, 5 feet 9 inches, 5 feet 10 inches, 6 feet, and the female of 4 feet 10 inches. The shortest measurement was 11 inches in 5 cases, 4 females and 1 male; being 2 of Dementia, 2 of Mania and 1 of Monomania: the height of the male being 5 feet 7½ inches, and that of the females, 4 feet 11 inches, 5 feet 1 inch, and 2 of 5 feet 3 inches. A measurement of 13 inches was found in the greatest number of patients—34—or 13 males and 21 females. The average measurement in males was 13·27, and in females, 12·54 inches. The greatest lateral measurement of the arch of the cranium—from ear to ear across the vertex—was 15½ inches in 1 male, a case of Monomania with a height of 5 feet 10½ inches. It was 15 inches in 11 cases, 2 being females—5 of Dementia, 5 of Monomania, and 1 of Melancholia. It was least, or 11½ inches, in a case of Mania, a female; and 13 inches in 16 cases, 15 being females, or, 7 of Mania, 6 of Dementia, and 3 of Melancholia. It was 13 inches in the largest number of cases—37—10 males and 27 females. The average in males was 13·58, and

Antero-posterior measurement of arch of Cranium.

Lateral measurement of arch of Cranium.

in females, 12·89 inches. The greatest dimensions of the head in all directions never occurred in the same individual; or, in other words, he who had the greatest circumference of cranium was not he whose head measured most antero-posteriorly or laterally. Thus of the 8 males who had a circumference of head of 24 inches, 2 had an antero-posterior measurement of 12½ inches, 3 of 13 inches, 2 of 13½ inches, and 1 of 14 inches; and a lateral measurement of 15 inches in 4, 14 inches in 2, and 13 inches in 2. Of 2 females, who had a circumference of 19 inches, 1 had an antero-posterior measurement of 11 inches and the other of 12 inches; while both had a lateral measurement of 13 inches. Again, of 2 males who had an antero-posterior measurement of 16 inches—or the greatest size of cranium from before backwards—both had a circumference of 23 inches; while one had a lateral measurement of 15 inches, and the other of 15½ inches. Of 5 cases, that had the smallest size of cranium, measured from before backwards, 1 male had a circumference of 22 inches, and a lateral measurement of 13 inches, 3 females had a circumference of 22 inches and 1 of 19 inches; and 1 had a lateral measurement of 12 inches, 2 of 13 inches, and 1 of 13½ inches. And lastly, 1 male who had the greatest lateral measurement of the arch of the cranium—15½ inches—had an antero-posterior one of 16 inches, and a circumference of 23 inches. In this case the head most nearly attained its greatest dimensions in all directions; it was one of Monomania, with paroxysms of Mania. The female, who had the least lateral measurement—11½ inches—had an antero-lateral of 13 inches, and a circumference of 22 inches. The greatest height of males was 6 feet 1 inch—a case of Chronic Mania—with a smallish circumference of head—22 inches; the antero-posterior measurement of cranium 12·5 inches; and the lateral 14 inches. There were 2 males at 6 feet—both cases of Monomania. In one of them the circumference of head was 22½ inches, the antero-posterior and lateral measurements each 13 inches; and in the other the circumference was 23 inches, antero-posterior measurement 13 inches, and lateral 14½ inches. The greatest height did not thus coincide with the greatest cerebral development. The least height of males was 5 feet 1 inch, with a circumference of 21 inches, and antero-posterior and lateral measurements of 12 inches. The greatest height of women was 5 feet 8 inches,

Stature in relation to size of Head

with a circumference of 23 inches, an antero-posterior measurement of 12 inches, and a lateral of 15 inches. The lowest stature of females was 4 feet 8 inches, with a circumference of 21 inches, an antero-posterior measurement of 13½ inches, and a lateral of 12 inches. The greatest number of men measured from 5 feet 6 inches to 5 feet 10 inches in height; and of women from 5 feet 2 inches to 5 feet 5 inches. The average height of males was 5 feet 7 inches, and of females 5 feet 2 inches. The Tables appended to our Report further show the size of the face in relation to that of the head proper or cranium; but as this has a less intimate bearing on our present subject we shall here omit all notice of it. The difference between the sexes as to height of body and size of head is, however, of considerable interest. On the whole, the stature of the women is only 5 inches less then that of the men; their heads are also less in all dimensions. This points to a smaller cerebral development in the female than in the male. But it is not necessary here to show that quality and quantity of brain are two different things, both in health and disease; and that the highest order of mind—the greatest number of mental endowments—do not always bear a definite proportion to the largest size of head. The average circumference of head in males was 23·90, in females, 21·74; the average antero-posterior measurement in males 13·27, in females 12·54; the lateral measurement 13·58 in males, and 12·89 in females; the average distance from the nick of the nose to the nape of the neck across the side of the head and cheek was 11·42 in males, and 10·65 in females; and the average distance from ear to ear across the face by the hollow of the chin was 12·53 in males, and 11·71 in females. The difference between the sexes as to circumference was therefore 2·16 inches; antero-posterior measurement of arch of cranium ·73; lateral measurement ·69; side of face ·77; and front of face ·82. The difference was, therefore, greatest as to the circumference of the head—2·16 inches; and least in regard to lateral measurement or ·69. Among comparatively frequent peculiarities of conformation in individual cases, we may mention a pyramidal or conoid tapering form which we have noticed in certain cases of Monomania and Mania; an unsymmetrical development of the two sides of the head—one being flatter, smaller, or more irregular than the other; and lateral compression, giving rise to what

Difference between sexes as to stature of body and size of Head.

Peculiarities of conformation of Head.

has been called the carinated or keel-shaped skull. Among minor peculiarities, with which every student of Physiognomy is familiar, are the low receding forehead, and the prominent occiput. Many of these peculiarities of conformation are congenital: some are undoubtedly due to accidents during birth. But it scarcely admits of doubt that others of them may have been produced, diminished, or exaggerated, in progress of the growth of the individual. The effect of Hydrocephalus and other diseases in expanding the bones of the head is well known; and some authors assert that Atrophy of the brain, in adult age, is sometimes followed by a corresponding flattening and shrinking of the cranial bones. Again it has been remarked by authors that the coronal region is unusually developed in the vain, proud, or ambitious insane. This we have certainly noticed in isolated cases; but we are not prepared to say whether such a phenomenon is a mere coincidence, accidental and inconsequential, or whether there is any fixed relation between the habitual manifestation of particular propensities or emotions, or the evolution of particular intellectual capacity, and the development or undue fulness of particular portions of the cranium.

Configuration of Head in relation to development of Brain.

The etiology of insanity is a subject of great importance as bearing on its proper prevention and cure. Important lessons may be learned in the daily history of every asylum. The sections pertaining to *causes* in the Tables appended to this Report are comparatively valueless—as all such tables necessarily are—from the imperfect and unsatisfactory data on which they are founded; it were profitless, therefore, minutely to analyse them. But there are causes undoubtedly operating daily on the large scale—causes which society may do much to prevent or annul—and some of which, in ignorance, prejudice, or obstinacy, it does not exert itself to prevent or abolish; and to these we deem it not unworthy nor unnecessary briefly to direct attention. For we regard it as a duty—though, withal, frequently a disagreeable and thankless one—incumbent on the Superintendents of asylums, to point out to society the grand public lessons which the histories of such institutions teach. It is only one part of the duty and privilege of these officers—one part of the use of such institutions—to cure insanity. Not a less important duty or use is that of contributing, in however small a degree, to the prevention of insanity—

Etiology of Insanity.

Fallacies of Statistics.

Hereditary transmission

to the purging from out society of the unhealthy or morbid elements which predispose thereto. No year passes without abundant proof of the heredity, or hereditary transmissibility, of insanity. Of 69 admissions, hereditary predisposition was proved in 17, 13 females and 4 males—the female sex, therefore, largely predominating in the proportion of more than 3 to 1. In one of these cases the mother was insane; in 2, the father; in 1, the father and brother; in 2, a brother; in 6, sisters; in 1, the maternal uncle; in 1, the paternal uncle; in 1, a half-uncle and aunt; in 1, a grandfather's cousin; and in 1, the family generally were eccentric or insane, according to the views taken as to what constitutes insanity and eccentricity respectively. With a view to illustrate the subject of hereditary predisposition more fully and trustworthily, we have examined our statistics for the last 31 years—from the opening of the Institution in 1827, to the present date—and we find, as the result, that of a total of 1130 cases admitted, it existed in 26·54 per cent., or rather more than one-fourth; or, if we deduct the cases in which no cause is stated—which gives us a total of 733, in 40·92 per cent. Of 300 cases, in which hereditary tendency is thus noted, 165 were females and 135 males—the former sex, therefore, greatly predominating. Esquirol estimates hereditary predisposition to occur in nearly one-fourth of the admissions, or 21 per cent.; Guislain at one-fourth, or even 30 per cent. Dr Webster, from the statistics of Bethlem, at 32 per cent.; the statistics of the York Retreat show nearly one-third of the admissions; and Professor Holst of Christiania states it as high as 69 per cent. in Norway. It may be necessary to explain that our statistics make no distinction between collateral and direct relationships. And it may further be advisable to remind the reader that it does not necessarily follow, because progenitors have been insane or eccentric, that the *immediate* offspring should be equally so. There are well-established laws of transmissibility which we cannot here stop to explain or enumerate. The form of insanity chiefly transmitted appears to have been Dementia. The mother was noted to have been insane in 20 cases, and the father in 29. The mother's insanity was transmitted in 13 intances to daughters, and in 7 to sons; while the father's was transmitted in 16 cases to sons, and in 13 to daughters. This bears out

Direct and collateral transmission

Form of Insanity chiefly transmitted.

the conclusions arrived at by the majority of British and foreign statists—that the mother's insanity is chiefly transmitted to daughters, and that of the father to sons. The father, however, according to our tables, was more frequently insane than the mother, in the proportion of 29 to 20 times. This does not quite accord with the generality of statistics, which show that the mother is more likely to transmit insanity than the father.

Effects of mother's and father's Insanity on offspring.

Intimately connected with this subject is the delicate and painful one of the inter-marriage of tainted persons, especially of tainted females—of women labouring under, or predisposed to, insanity—and whose offspring are more than likely to manifest insanity, or at least to bear about with them a strong predisposition. We cannot too strongly reprehend the practice in parents or friends of wilfully concealing from an intending husband or wife the fact of existing or prior insanity in the opposite contracting party. Such practise is not only cruel, but criminal; it is perpetuating and propagating insanity broad-cast; it is burdening the country with the helpless and diseased; it is—to use a phrase, which, if plain and homely, nevertheless embodies a great and wholesome truth—"deteriorating the stock" of society. One lamentable instance came under our notice during the year. A woman was brought here for the second time, whose house, on the evening preceding her admission, had presented the following scene:—In one apartment lay a dying husband cursing, with his last breath, the day he had been married, and lamenting bitterly that he had not been made aware that he was allying himself with a tainted woman. His simple and pathetic story was this: in his youth he had had an attachment for her as a girl; he spent some years abroad as a soldier; on his return, finding her still unmarried, he renewed his former attachment, and was permitted to propose marriage without being made aware, either by her or her friends, that, during his absence, she had had one or more attacks of insanity: they were married, and subsequent attacks soon opened his eyes to his wife's morbid tendency: from that day to the period of his death, he never ceased to allude to his alliance as the curse of his life. In an adjoining apartment, a son—an indolent "ne'er-do-weel," who had never exerted himself either for his own support or that of his parents—

Intermarriage of Insane persons.

Insanity as a barrier to marriage.

Concealment of Insanity with a view to marriage.

had just committed suicide, on being told that, in consequence of his father's approaching death, he would be compelled to work. A daughter had just come home to this scene of misery to be confined of an illegitimate child; while the mother was rushing from room to room, raving mad, and unable to comprehend the scene in which she was so prominent an actor. But, strange to say, similar marriages are sometimes deliberately solemnised among the educated and higher classes of society, when both parties have their eyes open. Such *mésalliances* are, however, much less seldom marriages of love than of convenience: there is probably, in general, money to be got on one or other side. The parties entering into such compacts are inexcusable on the plea of ignorance of the fearful results of such mal-assorted and unnatural unions. It is a delicate and difficult thing to interfere with civil liberty; but it admits of a reasonable degree of doubt whether there should not be some legal restriction in regard to such marriages. Their effects are most disastrous to society at large; and surely society, which bears the burden and suffers the penalty, has a right to enter some species of practical protest against proceedings, which are contrary to physiological, as well as to moral, law. The propagation of insanity by means of fatuous and facile female paupers is now amenable to civil law. This subject we may safely leave in the hands of the new Lunacy Board. Such females are comparatively seldom married: their lives are too frequently of the most irregular and dissolute character. More than one deplorable instance has occurred to our notice during the year.

Legal restrictions in marriages of the Insane

Celibacy as a cause of Insanity.

We are naturally led from the subject of marriages among the insane to consider celibacy as a predisposing cause of Insanity. Of 69 admissions during the past year, 49 patients have been unmarried, 17 married, and 3 widowed; or, in other words, the single have been considerably more than double the number of the married. But as the statistics of a single year may exhibit somewhat unusual or fallacious results, we have examined our statistics, bearing on this subject, for the last 31 years; and we find, as the result, that of a total of 679 cases, in which the social condition has been specially noted, 445 have been single, 196 married, and 38 widowed: that is, the single have constituted 65·54 per cent., and the married and widowed

together 34·46 per cent., of the whole admissions; or, in other words, the former have been nearly twice as numerous as the latter. It is but fair to state that the statistics of a single asylum may be as fallacious—in relation to society at large—as those of a single year in any given asylum. The statistics of other asylums do show different results. Those who are sceptical as to the value of statistics go the length of asserting that they may be made to prove anything! We trust society has a right to expect that this and similar inquiries and subjects will be elaborated by the new Lunacy Board for Scotland, one of whose most useful duties we take to be the drawing up of statistics from the returns which government compels the officers of asylums to furnish. Such is the public interest attachable to celibacy as a predisposing cause of insanity that we venture to compare our results with those arrived at by some of the first authorities—British and foreign—on the statistics of insanity, and to draw or deduce a few general conclusions therefrom. The statistics of Bethlem Hospital for the insane, London, according to Dr Hood, show that the married are more numerous than the single patients in the proportion of 1364 to 1194. This, however, is certainly an exceptional state of matters. Opposite results are given in Bucknill and Tuke's Manual of Psychological Medicine, and in the statistics of the majority of British and foreign asylums. In the Salpêtrière and Bicêtre during 20 years ending in 1822, according to M. Desportes, of 2490 patients, 1472 were single, and 956 married, widowed, or divorced. Jacobi's statistics of insanity in Germany show that, of 2015 patients, 1573 were single, and 422 married or widowed. Statistics then, on the whole, indubitably prove that celibacy predisposes to insanity, and also the converse—that matrimony is, to a certain extent, an antidote against insanity, or exercises a preservative influence. These propositions we commend to the attention of the "Times" and other journals which have recently, with such ability, discussed the advantages of early marriages and the disadvantages of prolonged, unnatural, and unhealthy celibacy! Parchappe remarks that celibacy, as a predisposing cause of Insanity, equally effects both sexes; but that matrimony is a greater preservative against insanity in males than in females. We do not here stop to inquire whether insanity in celibates is producible

Matrimony as a preservative against Insanity.

by, or traceable to, the restraints merely, or the vices, of celibacy. The subject is too delicate, difficult, and extensive to dilate upon at present. But its connection with what has been recently paraded in the "Times" as the "great social evil" is too evident to warrant us in omitting a mere allusion. Let it not, however, be supposed that we mean to infer or imply, in the 445 cases cited in our statistics, that the insanity was in them necessarily due to the condition of celibacy *per se*: let not the reader confound the *post* with the *propter hoc*. No doubt, in many cases celibacy was a result and not a cause: an effect of the same physical or mental condition which also caused the development of insanity. But deducting such, there still remains a sufficient number to enable us to assert that the state of "single blessedness" is not the most healthy one either as regards mind or body —nor the most natural one, view it as we may.

Sex in its relation to Insanity.

This year there has been a great preponderance in the admission of female over male patients—the numbers being—of females 39, and of males 30. Last year there was an excess of 1 female. These numbers taken by themselves, would tend to prove that females are more liable to insanity than males. But of a total of 1061 admissions during 30 years, from July, 1827, 527 were females, and 534 were males—showing a slight preponderance in favour of males. Our statistics tend to prove, however, that recoveries have been more frequent, and deaths less frequent, among women. For, of 456 recoveries from 1827 to 1857, 263 were females, and 193 males; while of 197 deaths during the same period, 77 were females, and 120 males. Taking the general statistics of British and foreign asylums as a basis, it is found that males are slightly more predisposed to insanity than females; and experience therefore proves what *à priori* reasoning would lead us to expect—judging from the greater frequency of the causes of insanity in the one sex than in the other.

Age in its relation to Insanity.

The age of patients when admitted does not give an accurate idea of the age at the time of attack; for the interval elapsing between the attack and admission varies greatly. Of 69 admissions, 20 patients were under 30 years of age, 38 below 40, and 53 below 50, while there were only 16 above 50. This shows—as all statistics tend to show—that the liability to insanity is greatest in mid age, when the battle of

life is fiercest,—when the powers of intellect proper are strained, and the emotions and passions excited, to the utmost. Our tables will show that the greatest number of admissions occurred between the ages of 30 and 40—viz., 18 ; then between 20 and 30, and 40 and 50, 15 each ; and lastly, between 50 and 60, 12. Of the recoveries, 23 in number—6 occurred under 30 years of age, 13 under 40, and 18 under 50, while only 4 patients were above the latter age : thus showing, that as is the liability to insanity, so are the chances of recovery greatest in mid age. Liability to Insanity greatest in prime of life. Chances of Recovery.

The period of admission is not a safe criterion or index to the period of attack ; but the dates of admissions in the aggregate may afford approximative results, nevertheless, of some value. Our statistical tables for the last 31 years show that the months in which the greatest number of admissions took place were August, July, June, and March ; while those during which the fewest admissions occurred were November, December, and February. Hence it may be broadly stated that the liability to insanity appears greatest during the hotter months of the year, and least during the colder—greater during hot than cold weather. This is borne out by the experience of asylums not only in Britain and on the Continent, but in India. Esquirol's experience in the Saltpêtrière was that the liability was greatest in May, June, July, and August, decreasing from the latter months to September or December. Parchappe comes to a similar conclusion. From this fact of the influence of season in predisposing to insanity, it may naturally be inferred that climate should act in a similar way ; or, in other words, that insanity should be more prevalent in hot than in cold climates—in India than in Scandinavia. This, however, explain it as we may, is contrary to fact ; for it is notorious that no country or climate is so pregnant of insanity as that of Norway, for instance. Again, in this Institution, the greatest number of recoveries occurred in September and August ; next in March, October, and December ; while the fewest occurred in November and February, the next months in order being April, May, and July. Esquirol's experience in the Saltpêtrière was that recoveries were more numerous in Spring and Autumn than during the other seasons or months of the year. Our table of Periods of Recovery also shows distinctly the preponderance

Season in its relation to Insanity. Periods of admission. Influence of hot months. Climate in its relation to Insanity. Period of recovery.

of recoveries among females, in the proportion of 263 to 192 males—[the numbers of the sexes admitted during the last 31 years being equal, or nearly so]. This preponderance of females in regard to recoveries holds good from year to year, and as a general rule—the disease in women being usually more acute, transient, and curable than in men.

Intemperance as a cause of Insanity.

In this Asylum, *Intemperance* has always figured comparatively low as a cause of insanity. During the past year, of 69 admissions, intemperance was assigned as the cause in only 4 cases; and in some of these it may have been wrongly so assigned. It apparently figures much higher among the recoveries, for of 22 cases discharged recovered during the year, intemperance was ascribed as the cause of the original attack in 6 instances. Taking our statistics for the last 31 years, we find intemperance or dissipation to have been the assigned cause in about 10 per cent. of the total of 1130 cases admitted; or, if we deduct the cases in which no cause is stated at all—which will leave a total of 733—in about 15 per cent. No distinction, however, is drawn—nor can it generally be drawn—between the influence of intemperance as an exciting, and as a predisposing, cause; for, undoubtedly, in different cases, it may be the one or other. Moreover, it is almost impossible to ascertain in how many cases it is really the cause, or a cause and not the effect, or an effect. For instance, intemperance is frequently associated with disappointments in business, grief, and despair and other depressing emotions; and it seems pretty certain that, in many of such cases, at least, intemperance and insanity are produced by the same moral causes—the intemperance exaggerating the insanity, or the insanity the intemperance. We fear that there is great tendency in certain sections of society to exaggerate the importance of intemperance as a cause of insanity, in order to illustrate more powerfully their own peculiar views. There is no necessity for this: the relations of intemperance to insanity are sufficiently apparent, and illustrations of the evils to which it thus leads are sufficiently numerous, to render exaggeration unnecessary and even mischievous. It may be necessary to enter a caveat against a popular error, viz., that all cases of insanity from drink are cases of *Dipsomania*. This term is liable to be abused and misunderstood. Cases of insanity traceable

Fallacies.

Intemperance as an effect of Insanity.

Dipsomania and Mania *à potu*

mediately or immediately to drink—to intemperance—are comparatively common in all asylums; but cases of Dipsomania proper are much less so. The term is properly applicable only when the disease takes the form of incessant and uncontrollable appetite for stimulants, an appetite which no consideration, moral or intellectual, personal or public, can enable the infatuated victim to control or keep under.

Crime in its relation to Insanity.

Crime and Insanity are frequently associated as words, and are intimately related as things. One case has occurred during the year, interesting as showing the relation of crime to insanity. It was that of a boy of 16, who showed on different parts of the body unmistakeable evidences of a strongly developed scrofulous diathesis. He had been frequently convicted of theft, and of similar offences; had been committed to several Reformatories in different parts of Scotland; and, apparently, being found incorrigible, was latterly sent to a prison, from which he found his way—on the expiry of his term of imprisonment, we presume—into a workhouse. The solitary confinement of the prison was stated to have been the cause of his insanity, which took the form of Suicidal Melancholia; but we should rather say that, in this case, the propensity to theft and to vice generally, was the result of insanity—one of its features or symptoms—while insanity was only more fully developed under the influence of prison discipline. There is, undoubtedly, in society much crime, so-called, the result of insanity—in which event breaches of the law cease, in the eye of the law, to be criminal—that is, the offender is held to be irresponsible, and an object for care and cure, rather than punishment. Some authors go the length of asserting that all crime is the result of insanity, or is itself insanity; but this is an extreme and unnatural view of the case. We must allow, however, that the legal definitions and limitations of crime and insanity are extremely arbitrary and unsatisfactory.

Kleptomania.

Crime and vice as a result of Insanity.

There are few more certain and frequent causes of insanity than that almost indefinable, but well-understood, state of mind denominated *anxiety*—from whatever source arising—the horrible alternation of hope and fear—that condition of inordinate mental tension in which depressing emotions predominate. Mere continuous mental labour, if it be not habitually excessive, and the claims of the body, as well as of the mind, to exercise, are attended to, and where there is no

Anxiety as a cause of Insanity.

overpowering anxiety, is seldom attended with danger to the mind. Hence we frequently find literary men attaining a ripe old age and preserving their intellect intact to the last—where their worldly circumstances have placed them above reach of want and penury—where fortune has smiled on them, and family joys have surrounded them. But the anxiety of the "*res angustæ domi*"—of "hope deferred"—of disappointed ambition, love, avarice—the grief for the loss of relatives—of worldly means—of worldly position and power: these depressing emotions operate speedily and powerfully—primarily on the mind and secondarily on the body—and insanity, premature old age, mental and physical decrepitude and death, are among their ruinous effects.

Moral treatment of Insanity.

Turn we now to the remedial means we employ—to the *moral treatment* of the insane: for under the head of medical treatment we have nothing to say, except that castor oil and colocynth pills, with opium, in some of its forms, constitute the essentials, as well as the bulk, of our materia medica. Drugs are comparatively little used: occupation, recreation, and education take their place, and prove efficient substitutes. In occupation, recreation, and education alike variety and novelty are extremely advisable—nay, necessary; but in order to secure these, considerable difficulty necessarily frequently occurs. Without variety and novelty it is difficult to secure attention, application, or interest, on the part of the patients. Hence we endeavour to vary the means of instruction and amusement from session to session; what we have one winter we omit the next, supplying its place by something equally attractive and interesting, but, at the same time, new or dissimilar. During the past winter, classes have, in great measure, taken the place of the course of lectures of the preceding session. In addition to the classes mentioned in our last Annual Report, two new classes have been instituted during the winter, both of them being conducted by teachers of eminence from Perth. One was a class for vocal music on the Tonic Sol-Fa system under the management of Mr D. Kennedy, Junior. It was attended by from 30 to 40 pupils, each being provided with copies of the scales and with books of singing: the class met once weekly, in the evening: exercises were prescribed for the intervals: and at the end of the

Importance of variety & novelty in occupation, education, and recreation.

Winter Classes.

Class for Vocal Music on Tonic Sol-Fa System.

session a concert was given by the class, whose progress and proficiency were duly attested, alike by the teacher and by a number of strangers present at the demonstration. The interest taken in this class by the pupils was intense and genuine : the class-nights were looked forward to and remembered with no ordinary pleasure : the singing was marked by an energy, vivacity, and correctness as surprising as refreshing : and the whole experiment was set down by the patients themselves as a decided triumph. One patient acted with great acceptance as monitor—giving the key note, copying the exercises and chants for his companions, and making himself "generally useful." The other class was for drawing, under the tuition of Mr Aitken Stiell of Perth : as in the former case, it met once a week, in the evening : each pupil in the class [consisting of 20 pupils], had proper drawing materials, and was supplied with copies : and exercises were prescribed for the intervals. During the session the tables of the high and mid male galleries were seldom without drawing books and copies, exhibiting every degree of proficiency. A wonderful facility was evinced by some patients, who were previously supposed quite incapable of any such exertion. Some of the copy books would do credit to any drawing academy in the kingdom ; and the productions of a few of the pupils have been framed, and now adorn our galleries. The Sabbath evening class has more than doubled its number of pupils, who now amount to upwards of 30 persons of both sexes, and of all ranks in society. It has been conducted—under the supervision of one of the officers of the establishment—by a patient, who superintends and keeps a register of all the exercises. At the close of the winter session a soiree was given, at which three medals were presented to the most distinguished pupils during the session. This class has been found peculiarly beneficial, not less from the inherent value of the exercises engaged in and the habits inculcated, than from forming a pleasant, as well as profitable, break in a day, which is unusually sombre and monotonous in an asylum. It may perhaps be supposed that emulation among the insane must be productive of injurious results. This is, however, speaking generally, a great mistake. Patients who are likely to suffer from competition or emulation are not admitted to such classes or exercises ; but in those who have been pupils at the various classes

Class Concert.

Class Monitor.

Drawing Class.

Proficiency of Pupils.

Picture Gallery.

Sabbath evening Class.

Class Soiree.

Prize system among the Insane.

Emulation and competition.

during the last three years, and in whom a worthy and proper emulation has been excited by their teachers, we have never seen a single

Pleasures of labour.

bad effect. The teacher of the Sabbath evening class rejoices in his self-imposed and generous labours: he feels, and he frankly confesses, that, whereas he would be a burden, useless, and mischievous, among his relations, or at large, here he can be really useful to his fellowmen —here he has "scope and verge enough" for his energies and abilities: he regards the Asylum as his home—defends its character against all aspersions—is the "Caleb Balderstone" of the establishment, and has no desire to leave it: he takes the greatest pride in his pupils, and no Superintendent could take more interest in the per centage of recoveries. In some of the larger English Asylums the Chaplain acts regularly as Schoolmaster; and this is perhaps one of the best arrangements that could be made. In the Norwegian State Asylum at Christiania, which we visited last summer, we found that the Chaplain superintends the moral and intellectual exercises of the patients, subject always to the control of the Superintendent. We are strongly of opinion that no public asylum should be without apparatus or machinery for educating the educable portion of its community; and this will always be considerable where its population is drawn mainly or entirely from the pauper classes. Three lectures were delivered to large audiences during the session: the first by the Rev. Mr Paton, Chaplain of the Institution, on the "Literature of the Age"—the second by Mr D. Kennedy, Junior, of Perth, on "Scottish Melody," with illustrations—and the third by the Rev. Mr Russell of Newburgh on "Words and Proverbs." To these gentlemen we have to offer our most cordial acknowledgments for their courtesy and kindness.

Schoolmaster.

Education of the Insane.

Lectures.

Library.

Our *Library* now contains several hundred volumes, and is constantly receiving accessions: it consists mainly of donations, or of books purchased by money-contributions. It has already proved of signal benefit to the inmates. The number of newspapers and serials circulating daily in the different departments of the Institution is greater than at any former period: this is also partly due to the attention of sympathising and liberal friends of the insane. Many patients receive newspapers and serials for their own special use.

Newspapers and Serials.

"Excelsior." "Excelsior" is increasing in popularity. We have been repeatedly

urged to publish more frequently or at greater length—such is the demand for it. But it may be advisable to take this opportunity of stating that it does not profess, and was never intended, to appear at stated periods : its issues will rather be "few and far between"—thrown off from our pens and our press when the spirit is in us, merely to attest our viability, and to chronicle the most prominent or important episodes or epochs in our history. It is the highest ambition of many of the patients to have their doings, sayings, and writings chronicled in the pages of our humble bifolial. One gentleman has catered most zealously for subscribers, and not without golden results. The editor has constantly on hand—for he is ever receiving—a quantity of MSS. on every conceivable subject, but chiefly relating to transactions occurring within our walls. Among recent subjects of inspiration we may mention Gheel Colonies and the treatment of Dipsomania. The *Museum* is slowly being enlarged ; and the *Bazaar* is prospering quietly. Donations to the museum, bazaar, and library are regularly chronicled in "Excelsior." Our *Dorcas Society* sent a contribution of their workmanship to the Pitfour Bazaar for the erection of baths and washing-houses in Perth ; and the ladies of our community are always ready to lend a favourable ear to appeals on behalf of charitable purposes.

Museum.

Bazaar.

Dorcas Society.

The *Concerts* of the winter season, which were 3 in number, were rendered unusually attractive and efficient by the proffered assistance of several professional singers from Perth and its neighbourhood, of whom we would specify as particularly worthy of our thanks, the Messrs Kennedy, Mr Gray, and Miss Fleming. At most of these concerts—as at most of our public amusements—visitors were present from town. This kind of association of the sane with the insane we have ever found most beneficial. The self-control exercised by the patients in presence of strangers is most marked : and there is a strong effort made so to behave as to entitle them to the privilege of associating and mixing themselves with the outer world. The inmates are proud of displaying the produce of their pens and pencils, or of narrating the history of their games or amusements to sympathising and intelligent visitors, in whom a display of affability and sociability never fails to educe a corresponding manifestation of confidence and love in

Concerts.

Assistance of Professional Musicians.

Association with the Sane.

Bals costumés the visited. Two *Bals costumés* were given at Christmas, and were par
ticularly brilliant and successful. As a variety, one *theatrical* and on
Magic Lantern. *magic-lantern entertainment* were given in winter. During summe
there were several open-air fêtes, with competitions in archery, quoit
Athletic Games. ing, and other athletic games. The afternoon of every Saturday durin
spring, summer, and autumn,—"weather permitting,"—is devoted t
Cricket. cricket, which is an established favourite, and in which all classes c
patients join. Bowls, quoits, and other out-of-door games are of almos
daily occurrence in good weather throughout the year. These athleti
games and exercises have undoubtedly contributed largely toward
restoration to physical and mental health in many cases. Tea, whis
and other parties, have been given at irregular intervals throughout th
year, but chiefly during the winter months.

Pic-nics. There have been *Pic-nics* during the summers of 1857 and 1858 to th
following localities :—Rossie-Priory ; Dunkeld House and the Falls c
the Braan ; Blairgowrie and Craighall-Rattray ; Crieff and Drummon
Castle ; Dunsinnane Hill ; Newburgh and Abernethy ; Lindores Loc
and Inchrye Abbey ; Glen Farg and the West Lomond Hill ; and In
vermay. Our warmest thanks are due to his Grace the Duke of Athol
not only for the privilege so kindly accorded of visiting the beautifu
scenery about Dunkeld, but for his personal services and attentions o
the occasion of our Pic-nic : also to Lord Kinnaird, Mr Belshes an
General Belshes, Invermay, Mrs Clerk Rattray of Craighall-Rattray
Mr Wilson of Inchrye, Dr Lyell of Newburgh, and others who threw
open their grounds for, or otherwise ministered to, our gratificatio
Fishing parties. Several of the gentlemen patients have formed small fishing parties, an
have done reasonable havoc among the trout of Invermay, and th
perch and pike of the Loch of Lindores. On the occasion of one of th
Flower Shows. Pic-nics, the party visited the Abernethy Flower-Show. The patien
take a special interest in the Perth and Bridgend Flower-Shows, ina
much as the produce of the Asylum-grounds generally stands well i
the prize lists, and contrasts favourably with the growth of more e
Drives and Walks. tensive and more pretentious gardens. As heretofore, parties
ladies and gentlemen, who are physically unable to walk far, or wh
are otherwise disqualified for joining walking parties, have had frequen
drives to Stormontfield Salmon Ponds, Pitcaithly Wells, Bridge

Earn, Glencarse, Balthayock, Balbeggie, and Methven. Parties have also been sent to town to such amusements as the following :—Mrs Baker's Concert, Dr Mark's Juvenile Concert, Mr Kennedy's Farewell Concert, Hoffman's Organophonic Band, Jullien's Concert, Hengler's Circus, Maunder's Menagerie, and Tom Thumb's Levée. Some patients have gone, and go regularly, to visit their relatives—spending the day or otherwise. Others have had probationary residence in the country during the summer months.

Amusements in town.

Visits to relatives.

A tailor has been added to the staff, and is kept in constant employment in mendings alone; a supernumerary attendant acts as painter, glazier, and fireman; while a third is nearly wholly occupied as messenger and post-man. A patient has frequently acted as precentor in chapel; another has superintended the pointing and plastering of walls; a third has the charge of the byre department; a fourth of the piggeries; a fifth is carpenter to the establishment; a sixth, supervisor of wells: three patients are indefatigable in the shoe-making department; while another is self-constituted director of our amusements. These are but a few of the offices in or about the establishment occupied by patients, who, in their several capacities, work willingly and diligently *pro bono publico*,—for the benefit of their less able and more heavily afflicted companions. Much has been done during the year to embellish our rooms, galleries, and halls—to give them as much as possible a home-character—to remove all appearances of coldness and constraint. Valuable paintings, engravings, and drawings have been framed in the house, and suspended on our walls; engravings from the "Illustrated London News" have been coloured by a patient, and now adorn the lower galleries; and statuary has been introduced extensively, with the effect of adding materially to the amenities of the establishment. These have already exercised a most beneficial effect in improving the taste, and adding to the comfort, of the inmates. It is gratifying to be able to state,—as shewing the estimation in which paintings and statuary are held by the patients,—that no case of deliberate destruction thereof has yet occured.

Industrial Staff.

Offices held by patients.

Æsthetical element in our galleries.

Paintings.

Statuary.

The ingenuity of the charitable and wealthy is frequently at a loss how best to dispose of their fortunes after their decease. We would venture to suggest, as a most worthy and a novel object for their

Bounty fund

solicitude—one which may cause their names to be blessed by thou sands of suffering fellow-mortals—the endowment of Reserve or Bount Funds to Asylums for the Insane, funds which would enable the Direc tors or Superintendents of these institutions to give to deserving an needy patients of the pauper or poorer classes, on their discharge, sma sums of money or supplies of clothing and necessaries to keep the comfortably until they should obtain suitable employment. Such a allowance would be an immense boon in many cases; the experimen has been tried in several of the English Asylums, and found to operat admirably. In too many cases the recovered pauper patient, o leaving the asylum, with all its comforts, returns to beggary an want—to a joyless home—to a reckless family. The fact of h having been in an asylum operates deleteriously in his applications f work; perhaps the labour market is over-stocked, and he finds impossible to obtain employment. Starvation stares him in the fac to "hope deferred" is added settled despair: and it need not surpri us that, in these adverse circumstances, a relapse occurs—his attac on this occasion, being more serious and of longer duration than on th preceding. On the other hand, with his little fund at command, h can afford time to look about him: he feels comfortable, happy, hop ful; and he can impart the same feelings to his family and friend by waiting his time, he secures suitable employment, and henceforwa everything prospers with him, or if it do not, it is not the fault of th Reserve-Fund.

Allowances to deserving and needy patients.

Every Superintendent, who has much to do with patients belon ing to the higher ranks of life, must have had ample experience petitions for curatory appointments, in cases where such patients ha money or property requiring to be managed or taken care of, on the behalf, during their confinement in asylums. The Lord Ordinary the Court of Session, to whom all such applications are made by t nearest relatives or guardians of the patient, invariably "grants wa rant for serving the same"—that is, a copy of the petition to t Court, setting forth the nature and amount of his money or esta and the necessity that has occurred for depriving him of its mana ment, along with medical certificates as to his insanity—upon t patient, by means of a messenger, who presents it personally,

Petitions for Curatory.

Anomalies of the Law.

presence of a witness. The Lord Ordinary further "appoints him"—that is, the patient—"to lodge answers thereto—[referring to the proposed appointment of a *Curator bonis*]—"if so advised, within eight days from the date of service." Now we have no wish, and we shall not presume, to constitute ourselves umpires or judges of the legal bearings of this practice. We do not venture to assert that such a proceeding is legally unnecessary or absurd. But this we feel bound to assert—and we do so, hoping that a legal remedy may be found for the evil complained of—that this practice is almost invariably attended with bad, nay, sometimes with most serious, results to the patient. We have frequently seen the favourable progress of a case at once checked, and all that had been accomplished in the course of months or years of careful treatment undone and rendered nugatory by the abrupt and unexpected visit of the messenger-at-arms with his service, and the copy of the application to the Court of Session. Only recently, a case occurred in which such visit produced a crisis in the disease of the patient visited: up to that point and that period he had been progressing favourably: subsequently to that visit, and the annoyances to which it gave rise, the progress of the disease had been downward and decided. There are many evils or disadvantages flowing from this legal proceeding—the more prominent of which alone we would here allude to. The copy of the petition does not come through the usual channel—the Superintendent—through whose hands pass, and properly pass, all letters and documents, messages, &c., to or from patients. This fact, of itself, either gives rise to suspicion on the part of the patient, or it shows him that there are certain things over which the Superintendent has no control; and the authority of this officer is thus virtually set aside or susperseded by that of the Court of Session. But it is the Superintendent and not the Court of Session that is responsible for the health and comfort of the patient: the former removes and keeps away everything which can irritate or disturb, and surrounds the patient with everything that can cheer and soothe. But on what principle can he be justly held responsible for the state of mind of his patient, when, in spite of all care and solicitude, documents of the most irritating and hurtful kind are put into the hands of such patient. This is a direct interference

Evils of personal service of copy-application for Curatory.

by the Court of Session—by the law—with the management—wit
the regulations of our asylums—management and regulations whic
are founded on, and guided by, all experience, as well as humanity
The question we wish to raise is whether such interference is nece
sary for the ends of the law, and if so, whether it cannot be modified s
as to avoid or lessen the injurious effects on the mental health of th
patient, in regard to the care of whose mere money and lands the la
is so jealous. We presume that the object of the law in causing
copy of the application for a curatory to be personally served on
patient is either, 1. To allow a person, who may believe himse
to be improperly detained, an opportunity of defending himself, an
opposing the application, on the plea of sanity and wrongous dete
tion ; or, 2. To allow a person who grants that he is quite proper
detained an opportunity of nominating his own Curator—that is,
opposing the appointment of any individual nominated by his relativ
or guardians, to whom he may have objections. If these be not th
objects of the law, we are at a loss to know what they are, and shou
be glad to be informed. Now-a-days there is practically no danger
a person being illegally or improperly detained in a public asylu
The mere fact of his confinement in an asylum is, therefore, *prim
facie* evidence that a patient is legally and medically a fit subject f
confinement—that he is of unsound mind, and in consequence thereof,
declared to be by law incompetent to manage either himself or his affai
He has, or should have, no *locus standi :* he is irresponsible for his
tions and sayings; and none of his transactions would legally hold goo

Alleged wrongous detention.

The Superintendents of public asylums are all men of education a
status in society, who could gain nothing, but who might lose ever
thing, by the improper detention of a patient. The admission of eve
patient is under warrant from the Sheriffs of counties, who previou
satisfy themselves, by the opinion of two duly qualified medical m
approved of by themselves, if need be, that the case is a proper c
for confinement. Should it, however, so happen, that any mistake
happened in the first instance, every patient has the privilege a

Supervision of asylums.

right of appeal to the Sheriff, who has the power of instituting s
investigation he may see fit in any case of alleged wrongous detenti
and who may order liberation. Further, all Scotch Asylums are un

the supervision of the Commissioners in Lunacy, who, at stated periods, personally visit every patient, with the history of whose antecedents and admission they are, in all cases, familiar; and lastly, in addition, every public asylum is subject to regular inspection by its own Directors, by Justices of the Peace, and by other constituted authorities,—the aim of this complex system of supervision being to prevent improper detention, and to secure proper treatment. There is, therefore, we repeat, every guarantee that can be given that each patient under treatment in a public asylum in Scotland is properly detained and detainable therein. But in the case of a patient requiring a Curator for the management of his funds and property there are additional guarantees. The application to the Court is fortified by the certificate of two medical men as to the insanity of the patient and his incompetence to manage his own affairs; and the Court, if not satisfied therewith, can order such investigation, or require such reports or certificates, as it may see fit. It is quite right that the Court should be jealous when the liberty of the subject is concerned—it is quite right it should satisfy itself that the patient is insane—that the relations are acting *bona fide*, and from pure motives, in their application, and that the Curator nominated by them is a man who will independently, honourably, and honestly act in his client's interest. Let the Court, by all means, take its own ways and means of satisfying itself as to all these or any cognate points; but let it remove the anomaly of first depriving a man of a *locus standi* by declaring him insane, and then giving him one by serving upon him a petition for curatory, and requiring him to lodge answers, "if so advised!" What does the latter phrase mean: who are to be his advisers? In some cases the temperament or character is so facile that a patient may be advised to anything, and by anybody: he may thus be advised to do things altogether foreign to his own interests, or those of his nearest and dearest relatives: he may become the dupe of unprincipled swindlers. In a large proportion of cases there is a total alteration of character; and a patient will either put confidence in entire strangers, or in those he formerly detested and disliked, or he will withdraw his confidence from those he formerly loved and cherished most fondly. In the latter case he

probably opposes most obstinately the wishes of his nearest relatives, believing them to be his greatest enemies, and he may thus, also, from a pure spirit of opposition, be led by his own insane will and morbid judgment to act most contrarily to the best interests of himself, or of his family. Many patients are full of whims and fancies; they are fickle as the weather, taking likings, and showing dislikings, quite foreign to their healthy or normal character. If it is left to such patients to nominate a Curator, they will make a selection to-day which they will reverse to-morrow; the person named will, probably, be named from caprice—one ignorant, perhaps, both of the patient and his transactions. If a patient is deprived of all intelligence, then is the form of serving the copy-application to the Court absurd—an empty form—a farce—a "fiction of the law;" if he is not, the chances are that he either declares his perfect sanity, and on this plea opposes the application *in toto*, or he objects to the appointment of the particular person nominated and proposed by his relatives. If he be litigiously inclined, and this is not unfrequently the case, and if he can find any lawyer to take up his cause and oppose the application, he may do so at a ruinous expense. We question much whether any good purpose is served in cases of the appointment of *Curator bonis* for the Insane, by listening to the wishes, or attending to the opinions, of the patient. Our own experience is altogether adverse; for we have over and over again seen such a proceeding attended by the most unfortunate results. We have discharged our duty by drawing attention to the subject, which we leave with every confidence in the hands of the Court of Session, convinced, as we are, that all proceedings taken by it in regard to the protection of the Insane are dictated by a single and pure feeling—the interest and advantage of the patient requiring their judicial protection.

Gheel Colonies in Scotland.

A subject which has recently attracted much attention in Scotland not only from those specially interested in the construction of asylums and the treatment of the insane, but also from the public generally, is that of colonising the insane, as is done at Gheel in Belgium. It has been suggested by some of those who have seen and admired the Gheel plan of treatment, that something of a similar kind should be introduced into Scotland; and certain sections of the Press have taken up

the suggestion encouragingly. In admiring the principle, however, there is a danger of overlooking the difficulties and disadvantages of the practice. It will be observed that the advocates of Gheel do not recommend it as applicable to all classes of the insane, but only to certain sections thereof—viz: to the quiet, well-behaved, industrious, and harmless. All parties are agreed that the violent and unruly, the suicidal, homicidal, and we may also add, the fugitive, should be placed in asylums proper. There can be no doubt as to the necessity of Asylums proper as Hospitals for the treatment of acute and troublesome cases. But we readily admit that, in our opinion, justice has not been done as regards treatment, to the incurable, but industrious, well-behaved, and harmless insane of Scotland. We have over and over again—and long prior to recent agitations regarding Gheel—advocated the advantages of the cottage, or home, principle of treatment as applicable to them, and have shown how this might be most advantageously associated with the present ordinary asylum system. We would introduce all that is admirable in the Gheel system, while we would avoid all that is to be condemned in it. Suitable occupation, amusement, and open air exercise *at home*—the advantage of homely surroundings—the society of kind relatives or friends—the possession of all the social ties that make life a pleasure instead of a burden—these we would place at the command of the classes of the insane we have indicated. The principles we advocate are not altogether new in Scotland: they have been, to a certain extent, already acted upon. Hitherto, many fatuous and idiotic, harmless patients have been allowed by the Board of Supervision to be kept at home by their own relatives, or they have been boarded with attentive peasants or cottars: and in many of these cases the patients have been altogether better placed than in asylums. Doubtless, there have been cases of abuse; but these have arisen from negligence on the part of the authorities, and ignorance of the proper treatment of the insane; these exceptional cases, however, must not be allowed to invalidate all we wish at present to urge—the principle of home treatment. Again, one of our Scotch Asylums has purchased cottages adjoining its grounds for residences to quiet, industrious patients: another is in the habit of sending patients during summer to sea-bathing or country quarters: and

Gheel Colonies applicable only to certain classes of Patients.

Home treatment.

Gheel principle being acted upon in Scotland.

all are in the habit of encouraging visits to relations and friends. All these are developments of the same grand principle. But, though long recognised, and hitherto acted on, to a considerable extent, its advantages have never been fully recognised by the public, without whose sympathy and assistance little on the great scale can be achieved. The subject is of special interest, at a time when Scotland is exerting herself to erect establishments for the proper treatment of her whole insane population on a scale commensurate with her necessities, and, we trust, her liberality and enlightment. In our opinion, a complete establishment for the insane should comprise, at least, the following departments :—

Model Asylums.

Their constitution.

1. An Hospital or Asylum proper for acute, troublesome, and dangerous cases : having every convenience for the treatment of insanity : with due arrangements for classification : and having sleeping apartments and day rooms on different flats or stories.
2. A Sanitorium for inebriates : for convalescents and patients on probation : and for harmless, quiet, and cleanly imbeciles.
3. Cottages for the quiet, harmless, and industrious, of the peasant class, who would live with married attendants.
4. A farm : work-shops, engine-house, and offices, &c.

Even with such ample arrangements, we should not think of forcing all the insane into asylums. Many chronic and incurable cases might be solely left to home management. Of course, we take it for granted that the Lunacy Commissioners satisfy themselves that such patients are properly housed and cared for—that they engage in suitable occupations—enjoy a reasonable measure of liberty, and so forth. But many others would undoubtedly be benefited by asylum discipline, and might, by their labour, contribute largely to their own maintenance. The experiment cannot easily be carried out in asylums containing a mixture of ranks or classes of patients; but, in the District Asylums of Scotland, which will soon be in progress, it might readily be tried —to what extent the insane, by their labour, can contribute to their own support, and to the relief of the burden of their maintenance on the rate-payers. We see no reason why a properly-constituted asylum should not be, to a certain extent, an industrial colony—embracing farming, weaving, carpentry, shoemaking, and other remunerative

Labour as a means of reducing rates of Board.

handicrafts. In proportion to the quantity and value of the work done, so would the rates of board be lowered, and the County exchequer relieved. If Scotland would agree to establish a Central National Institution for all her incurable, harmless, but industrious, insane, we are convinced the industrial, or colony, plan might be carried out with signal success. Such an establishment would also be comparatively inexpensive—requiring none of the complex provisions of an asylum proper. But, on the small scale, in asylums with a mixed population of 100 to 300, containing pauper patients labouring under every form of Insanity, we have no hope of seeing such a scheme carried out to the extent that is desirable. Asylums for acute cases are necessarily very expensive; those for chronic cases might be of exceedingly cheap construction. Were Scotland to build separate establishments for the curable and acute, the violent and dangerous, cases—on the one hand —and for the chronic and incurable, quiet and industrious—on the other; were she to construct District Asylums for the former, and a Central Institution or colony for the latter, she would probably find it to her advantage in more ways than one. In the latter case this Central Establishment would be sufficiently Gheel-like in its character, but its basis would be more satisfactory and safe. There is abundance of unreclaimed land in Scotland to work upon; some of the Hebrides at once suggest themselves as an admirable field for such a colony, were it not for their inaccessibility. But we do not see how such an experiment is to be started—even had it the sanction of the Board of Lunacy —unless the latter could show that the plan will undoubtedly be cheapest for the ratepayer as well as best for the patient, or unless they could compel the country to erect such an establishment. The principle or plan we advocate can, and probably will, in some instances, be carried out on the small scale. But it is a pity, at so favourable a juncture, that Scotland is indisposed to deviate from the beaten track in regard to the construction of her asylums and the treatment of her insane, and that the golden opportunity should hence be allowed to pass. We much fear that the only form in which the Gheel system will at present be introduced into Scotland will be that of cottages attached to, or in the vicinage of, our public asylums. These may be inhabited by quiet and industrious patients under the charge of married attend-

Asylums as Industrial Colonies.

Central National Asylum for Incurables.

District Asylums should be devoted to acute cases only.

Cottages attached to Asylums.

ants, or others specially trained to their duties. There will be a constant interchange of patients between the Hospital proper—the central building of the establishment—and the cottages or suburbs: to the cottages will be sent the convalescent, well-behaved, chronic and industrious cases; from the cottages will be sent the noisy, violent, idle, dangerous, and dirty. The greater, within certain limits, the number of separate buildings—the greater the facilities for classification—and the more efficient will be the working of the establishment. We look forward with hopefulness to the efforts of the Board of Lunacy to establish an improved series of National Asylums; and we trust that Scotland may yet be able to congratulate herself on her enlightened and liberal arrangements for the maintenance and cure of her insane!

APPENDIX

TO

REPORT OF MEDICAL SUPERINTENDENT,

CONTAINING

STATISTICAL TABLES

RELATIVE TO

GENERAL RESULTS, ADMISSIONS, RECOVERIES, DEATHS, &c.

I.—GENERAL RESULTS OF THE YEAR, 1857-8.

	Males.	Females.	Total.
Patients admitted from 1827 to 1857, ...	534	527	1061
	Males.	Females.	Total.	
Of these Recovered, ...	193	263	456	
,, Removed improved, ...	65	59	124	
,, ,, unimproved, ...	71	58	129	
,, Died, ...	120	77	197	
				449	457	906
Patients remaining June 1857, ...				85	70	155
,, admitted during the year June 1857, to June 1858,				30	39	69
Total number under treatment during 1857–8, ...				115	109	224
	Males.	Females.	Total.	
Of these Recovered, ...	10	12	22	
,, Removed improved, ...	7	2	9	
,, ,, unimproved, ...	3	1	4	
,, Died, ...	11	3	14	
				31	18	49
Patients remaining, June 1858, ...				84	91	175

Mean daily number of Patients under treatment during the year 1857–8, 164·358.

II.—ADMISSIONS.

	Males.	Females.	Total.
1.—*Age of Patients admitted.*			
Between 15 and 20, ...	3	2	5
„ 20 „ 30, ...	7	8	15
„ 30 „ 40, ...	9	9	18
„ 40 „ 50, ...	7	8	15
„ 50 „ 60, ...	2	10	12
„ 60 „ 70, ...	2	1	3
„ 70 „ 80, ...	0	1	1
2.—*Sex.*			
Males, ...	30	0	69
Females, ...	0	39	
3.—*Social Condition.*			
Single, ...	24	25	49
Married, ...	5	12	17
Widowed, ...	1	2	3
4.—*Occupation.*			
Butler, ...	1	0	1
„ , wife of, ...	0	1	1
Carpenter, ...	1	0	1
Carter, ...	1	0	1
Clerk in a Bank, ...	1	0	1
„ in Government Civil Service,	2	0	2
„ merchant's, wife of, ...	0	1	1
Clergyman, daughter of, ...	0	1	1
„ , Free Church Probationer, ...	1	0	1
Coachman, wife of, ...	0	2	2
Cork-cutter, „	0	1	1
Cottar, „	0	2	2
Draper's assistant, ...	1	0	1
Farmer, ...	2	0	2
„ , sister of, ...	0	1	1
„ , peasant, wife of, ...	0	1	1
Farm-servant, ...	2	7	9
„ , wife of, ...	0	1	1
Factory boy (tenter), ...	1	0	1
„ girl, ...	0	1	1
Fisherman, ...	1	0	1
Grieve or foreman, wife of, ...	0	1	1

II.—ADMISSIONS—[Continued.]

	Males.	Females.	Total.
Haberdasher, ...	1	0	1
Herd, ...	1	0	1
Landed Proprietor, ...	1	0	1
Mill-girl, ...	0	1	1
Muslin-sewer, ...	0	1	1
None, ...	1	6	7
Physician, daughter of, ...	0	1	1
Railway porter, ...	1	0	1
Sailor, ...	1	0	1
„ , wife of, ...	0	1	1
Secretary to a railway, ...	1	0	1
Sempstress, ...	0	1	1
Servant, domestic, ...	0	2	2
Shepherd, ...	1	0	1
Shipowner, sister of, ...	0	1	1
Shoemaker, ...	3	0	3
Weaver, ...	4	4	8
Winder of yarn, ...	0	1	1
Waiter in a hotel, ...	1	0	1
5.—Form of Insanity.			
Dementia, ...	2	3	5
General Paralysis, ...	3	0	3
Mania, Acute, ...	6	12	18
„ Chronic, ...	1	3	4
„ Puerperal, ...	0	1	1
„ Hysterical, ...	0	1	1
„ *à potu*, ...	1	0	1
„ Nymphomania, ...	0	2	2
Melancholia, ...	5	13	18
Monomania, ...	12	4	16
6.—Causes assigned.			
Accident, ...	0	1	1
„ , on a railway, ...	1	0	1
Annoyance about a legacy, ...	0	1	1
Beer drinking, ...	1	0	1
Blow on side, ...	0	1	1
Brain fever, ...	1	0	1
Catamenial irregularities, ...	0	1	1
Coup de Soleil, ...	1	0	1

II.—ADMISSIONS—[CONTINUED.]

	Males.	Females.	Total.
Death of children or other relatives,	0	3	3
Desertion by husband, ...	0	1	1
Disappointed ambition, ...	2	0	2
„ love, ...	0	1	1
Embarrassment in business, ...	1	0	1
Emigration of children, ...	0	1	1
Excitement of meeting old friends, ...	0	1	1
Fever, ...	1	0	1
Finding house occupied by strangers,	0	1	1
Fright and starvation, ...	0	1	1
Injury by a waggon, ...	1	0	1
Ill-usage by husband, ...	0	1	1
Intemperance, ...	3	0	3
Jail discipline, ...	1	0	1
Love affairs, ...	1	1	2
Marriage of a fellow workman, ...	1	0	1
None assigned or known, ...	10	21	31
Over-exertion at work, ...	1	0	1
Over-studying of religious books, ...	1	0	1
Pride, ...	0	1	1
Reading exciting tales, ...	1	0	1
Religious excitement, ...	0	1	1
Scandal, ...	1	0	1
Scarlatina, sequelæ of, ...	0	1	1
Sedentary occupations, ...	1	0	1
7.—Co-existent physical disease or deformities, &c.			
Acné, ...	1	0	1
Catamenial irregularities, ...	0	2	2
Chronic vomiting ; masturbation, sequelæ of,	0	1	1
Constipation, ...	2	0	2
Dyspepsia, ...	0	1	1
Debility from abstinence, extreme, ...	0	3	3
„ other causes, ...	0	1	1
Fever, sequelæ of, ...	1	0	1
Fractured ribs, ...	1	0	1
Hernia, ...	1	0	1
Lameness from injury, ...	1	1	2
None, ...	18	24	42
Paralysis, general, ...	2	0	2

II.—ADMISSIONS—[Continued.]

	Males.	Females.	Total.
Paraplegia, ...	1	0	1
Pediculi, ...	0	1	1
Pregnancy, ...	0	1	1
Phthisis, advanced, ...	0	1	1
Ophthalmia Tarsi and Chronic Ophthalmia,	0	1	1
Scrofulous Diathesis,...	1	1	2
Suicidal wounds in abdomen, ...	1	0	1
„ of genitals, ...	0	1	1
8.—*Duration of Disease prior to admission.*			
Under a week, ...	7	5	12
Between a week and a month, ...	3	6	9
„ 1 and 6 months,... ...	13	17	30
„ 6 „ 12 „	2	5	7
„ 1 „ 2 years, ...	4	2	6
„ 2 „ 5 „	0	4	4
Congenital, ...	1	0	1
9.—*Re-admissions.*			
For 2d time, ...	3	6	9
„ 3d „	1	1	2
„ 4th „	0	2	2
„ 6th „	0	1	1
10.—*Re-admissions or relapses : interval since last discharged.*			
A month or under, ...	0	1	1
Between 1 and 6 months, ..	0	3	3
„ 6 months and a year, ...	0	1	1
„ 1 and 5 years, ...	1	1	2
„ 5 „ 10 „	0	2	2
„ 10 „ 20 „	2	2	4
„ 20 „ 30 „	1	0	1
11.—*Suicidal and homicidal propensities.*			
Suicidal, ...	6	12	18
„ and homicidal,...	1	0	1

II.—ADMISSIONS—[Continued.]

	Males.	Females.	Total.
12.—*Periods of Admission from* 1827 *to* 1858, *showing approximatively the relations of Season to the time of Attack.*			
January, ...	50	39	89
February, ...	47	31	78
March, ...	55	55	110
April, ...	41	55	96
May, ...	52	52	104
June, ...	62	49	111
July, ...	58	53	111
August, ...	57	58	115
September, ...	47	48	95
October, ...	33	47	80
November, ...	37	36	73
December, ...	35	40	75
	574	563	1137

III.—RECOVERIES.

	Males.	Females.	Total.
1.—*Age.*			
20 years or under, ...	0	2	2
Between 20 and 30, ...	2	2	4
„ 30 „ 40, ...	3	4	7
„ 40 „ 50, ...	2	3	5
„ 50 „ 60, ...	2	1	3
„ 70 „ 80, ...	1	0	1
2.—*Sex.*			
Males, ...	10	0	22
Females, ...	0	12	
3.—*Social Condition.*			
Single, ...	4	8	12
Married, ...	4	4	8
Widowed, ...	2	0	2

III.—RECOVERIES—[Continued.]

	Males.	Females.	Total.
4.—Form of Insanity.			
Dipsomania, ...	3	0	3
Mania, Acute, ...	2	3	5
„ *à potu*, ...	2	0	2
„ Puerperal, ...	0	1	1
Melancholia, ...	2	7	9
Monomania, ...	1	1	2
5.—Causes assigned.			
Accidental omission of Sacrament, ...	0	1	1
Blow on side by a ram, ...	0	1	1
Catamenial irregularities, ...	0	1	1
Death of relatives, ...	1	2	3
Disappointment in love, ...	0	1	1
Intemperance, ...	6	0	6
Opposition to wishes by relatives, ...	0	1	1
Puerperal state, ...	0	1	1
Quarrels with neighbours, ...	0	1	1
Unknown causes, or none assigned, ...	2	3	5
Railway accident—loss of arm, ...	1	0	1
6.—Duration of disease prior to admission.			
1 week or under, ...	3	3	6
Between 1 week and 1 month, ...	0	3	3
„ 1 and 3 months, ...	4	4	8
„ 3 „ 12 „	2	2	4
„ 1 „ 2 years, ...	1	0	1
7.—Duration of treatment in Asylum.			
3 months or under, ...	2	4	6
Between 3 and 6 months, ...	1	2	3
„ 6 „ 12 „	3	4	7
„ 1 „ 2 years, ...	3	0	3
„ 2 „ 5 „	1	2	3
8.—Periods of Recovery from 1827 *to* 1858, *showing approximatively the relations of Season to the time of Recovery.*			
January, ...	12	24	36
February, ...	12	17	29
March, ...	21	22	43

III.—RECOVERIES—[CONTINUED.]

	Males.	Females.	Total.
April, ...	17	13	30
May, ...	13	19	32
June, ...	21	19	40
July, ...	13	20	33
August, ...	24	24	48
September, ...	17	37	54
October, ...	13	29	42
November, ...	12	12	24
December, ...	17	27	44
	192	263	455

The Recoveries constitute 44·89 per cent. of the Discharges [including deaths.]
31·88 per cent. of the admissions.
13·38 per cent. of the mean daily number under treatment.
9.82 per cent. of the total number under treatment during the year.

IV.—DEATHS.

	Males.	Females.	Total.
1.—*Age.*			
Between 20 and 30, ...	1	2	3
„ 30 „ 40, ...	1	0	1
„ 40 „ 50, ...	5	1	6
„ 60 „ 70, ...	2	0	2
„ 70 „ 80, ...	2	0	2
2.—*Sex.*			
Males—all incurable cases, ...	11	0	14
Females—all curable cases, ...	0	3	
3.—*Occupation or Rank.*			
Carpenter, ...	1	0	1
Carter, ...	1	0	1
Clerk, writer's, ...	1	0	1
„ , wife of, ...	0	1	1

IV.—DEATHS—[Continued.]

	Males.	Females.	Total.
Farmer and factor, ...	1	0	1
Labourer, ...	1	0	1
Land Surveyor, ...	1	0	1
None, ...	1	1	2
Sailor, ...	1	0	1
Shoemaker, ...	1	0	1
Servant, domestic, ...	0	1	1
Waiter in a hotel, ...	1	0	1
Weaver, ...	1	0	1
4.—Causes of Death.			
Apoplexy, occurring in course of General Paralysis, ...	3	0	3
Dysenteric Diarrhœa, associated with Atonic Dyspepsia, ...	1	0	1
Erysipelas, Typhoid-gangrenous, ...	0	1	1
Exhaustion from protracted abstinence prior to admission, ...	0	1	1
Exhaustion, Senile, ...	1	0	1
Heart disease, associated with Bright's disease of kidney, ...	1	0	1
Hepatitis, associated with Enteritis and Bronchitis, ...	1	0	1
Liver, Cancer of, ...	1	0	1
Gastritis, Chronic, ...	1	0	1
Phthisis, Acute, ...	1	0	1
„ , Advanced, ...	0	1	1
„ , [Bursting of a vomica,] ...	1	0	1
5.—Duration of Residence in Asylum.			
1 month or under, ...	0	2	2
Between 1 and 6 months, ...	3	1	4
„ 6 months and a year, ...	1	0	1
„ 1 and 6 years, ...	3	0	3
„ 6 „ 12 „	1	0	1
„ 12 „ 15 „	1	0	1
„ 15 „ 20 „	2	0	2
6.—Form of Insanity.			
Dementia, ...	4	0	4
Dipsomania, ...	1	0	1

IV.—DEATHS—[CONTINUED.]

	Males.	Females.	Total.
General Paralysis, ...	3	0	3
Mania, Acute, ...	0	2	2
„ Chronic, ...	2	0	2
Melancholia, ...	1	1	2
7.—Periods of Death.			
a.—Months or Seasons of the Year.			
January, ...	1	0	1
March, ...	2	0	2
April,...	2	0	2
June, ...	1	0	1
July, ...	0	1	1
September, ...	1	1	2
November, ...	1	0	1
December, ...	3	1	4
b.—Hours of the Day.			
Between midnight and 6 A.M., ...	5	0	5
„ 6 A.M. and noon., ...	4	1	5
„ noon and 6 P.M., ...	1	2	3
„ 6 P.M. and midnight, ...	1	0	1

The Deaths constitute 28·57 per cent. of the Discharges.
20·28 „ of the admissions.
8·51 „ of the mean daily number under treatment.
6·42 „ of the total number under treatment during the year.

V.—TABLE

SHOWING THE STATURE AND CRANIOLOGICAL DEVELOPMENT IN 121 PATIENTS [48 MALES AND 73 FEMALES] CHIEFLY OF MIDDLE AGE.

	Males.	Females.	Total.
*1.—Stature.**			
6 feet 1 inch, ...	1	0	1

* Of 125 Patients—48 males and 77 females.

TABLE V.—1. *Stature*—[CONTINUED.]

	Males.	Females.	Total.
6 feet 0 inch, ...	2	0	2
5 „ 11 inches, ...	1	0	1
5 „ 10½ „	2	0	2
5 „ 10 „	5	0	5
5 „ 9½ „	2	0	2
5 „ 9 „	4	0	4
5 „ 8½ „	1	0	1
5 „ 8 „	4	1	5
5 „ 7½ „	5	1	6
5 „ 7 „	5	1	6
5 „ 6½ „	1	0	1
5 „ 6 „	4	3	7
5 „ 5½ „	1	1	2
5 „ 5 „	4	8	12
5 „ 4½ „	2	3	5
5 „ 4 „	2	4	6
5 „ 3½ „	0	1	1
5 „ 3 „	1	12	13
5 „ 2 „	1	13	14
5 „ 1 „	1	6	7
5 „ 0½ „	0	1	1
5 „ 0 „	0	6	6
4 „ 11 „	0	7	7
4 „ 10½ „	0	1	1
4 „ 10 „	0	5	5
4 „ 9 „	0	2	2
4 „ 8 „	0	1	1
Average Stature in Males, 5 feet 7 inches.			
„ „ Females, 5 „ 2 „			
2.—*Circumference of Head at widest part.*			
24 inches, ...	8	0	8
23½ „	7	2	9
23 „	17	11	28
22½ „	3	5	8
22 „	11	26	37
21½ „	1	1	2
21 „	1	22	23
20 „	0	4	4
19 „	0	2	2
Average in Males, 23·90			
„ Females, 21.74			

TABLE V.—[Continued.]

	Males.	Females.	Total.
3.—*Antero-posterior measurement of Cranial Arch.*			
16 inches, ...	2	0	2
15½ „	1	0	1
15 „	4	1	5
14½ „	3	0	3
14 „	4	1	5
13½ „	3	7	10
13 „	13	21	34
12½ „	10	18	28
12 „	7	18	25
11½ „	0	3	3
11 „	1	4	5
Average in Males, 13·27			
„ Females, 12·54			
4.—*Lateral measurement of Cranial Arch.*			
15½ inches, ...	1	0	1
15 „	9	2	11
14½ „	7	2	9
14 „	11	4	15
13½ „	6	9	15
13 „	10	27	37
12½ „	3	13	16
12 „	1	15	16
11½ „	0	1	1
Average in Males, 13·58			
„ Females, 12·89			
5.—*Measurement of Side of Face.*			
13 inches, ...	0	1	1
12½ „	3	2	5
12 „	11	3	14
11½ „	17	6	23
11 „	12	19	31
10½ „	4	19	23
10 „	1	18	19
9½ „	0	3	3
9 „	0	1	1
8½ „	0	1	1
Average in Males, 11·42			
„ Females, 10.65			

TABLE V.—[CONTINUED.]

	Males.	Females.	Total.
6.—*Measurement of Front of Face.*			
14 inches, ...	2	1	3
13½ „	2	1	3
13 „	12	3	15
12½ „	17	8	25
12 „	12	23	35
11½ „	2	22	24
11 „	1	8	9
10½ „	0	5	5
10 „	0	1	1
9½ „	0	1	1
Average in Males, 12·53			
„ Females, 11·71			

TABLE V.—[Continued.]

7.—Relation of Craniological Development to the Form of Insanity.

		Mania.			Monomania.			Melancholia.			Dementia.			Total.		
		M.	F.	To.	M.	F.	To.	M.	F.	To.	M.	F.	To.	M.	F.	To.
1.—*Circumference of Head.*	24 inches.	1	...	1	1	...	1	1	...	1	5	...	5	8	...	8
	23½ ,,	...	1	1	1	...	1	...	1	1	6	...	6	7	2	9
	23 ,,	4	3	7	6	1	7	1	2	3	6	5	11	17	11	28
	22½ ,,	...	3	3	1	...	1	...	1	1	2	1	3	3	5	8
	22 ,,	2	11	13	2	2	4	1	2	3	6	11	17	11	26	37
	21½ ,,	...	...	...	...	...	...	...	...	...	1	1	2	1	1	2
	21 ,,	...	6	6	...	2	2	..	2	2	1	12	13	1	22	23
	20 ,,	...	2	2	...	...	...	...	1	1	..	1	1	...	4	4
	19 ,,	...	1	1	...	1	1	...	...	...	...	...	...	...	2	2
		7	27	34	11	6	17	3	9	12	27	31	58	48	73	121
2.—*Antero-posterior Measurement.*	16 inches.	...	...	...	1	...	1	...	...	...	1	...	1	2	...	2
	15½ ,,	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
	15 ,,	...	...	...	3	...	3	...	...	...	1	1	2	4	1	5
	14½ ,,	1	...	1	2	...	2	...	...	...	...	...	...	3	...	3
	14 ,,	...	...	...	2	...	2	1	...	1	1	1	2	4	1	5
	13½ ,,	...	3	3	1	...	1	1	1	2	I	3	4	3	7	10
	13 ,,	3	7	10	4	2	6	...	...	...	6	12	18	13	21	34
	12½ ,,	5	5	10	...	2	2	...	4	4	5	7	12	10	18	28
	12 ,,	6	7	13	...	1	1	1	2	3	...	8	8	7	18	25
	11½ ,,	...	2	2	...	1	1	...	...	...	...	...	...	...	3	3
	11 ,,	...	2	2	...	1	1	...	...	...	1	1	2	1	4	5
		15	26	41	13	7	20	3	7	10	17	33	50	48	73	121
3.—*Lateral Measurement.*	15½ inches.	...	...	...	1	...	1	...	...	...	...	...	...	1	...	1
	15 ,,	...	...	...	4	1	5	1	...	1	4	1	5	9	2	11
	14½ ,,	...	...	...	3	...	3	...	1	1	4	1	5	7	2	9
	14 ,,	4	2	6	...	...	...	1	...	1	6	2	8	11	4	15
	13½ ,,	...	2	2	3	1	4	1	2	3	2	4	6	6	9	15
	13 ,,	2	11	13	4	3	7	...	4	4	4	9	13	10	27	37
	12½ ,,	1	4	5	...	...	...	...	...	...	2	9	11	3	13	16
	12 ,,	...	7	7	...	...	...	...	3	3	1	5	6	1	15	16
	11½ ,,	...	1	1	...	..	...	...	...	...	...	...	...	...	1	1
		7	27	34	15	5	20	3	10	13	23	31	54	48	73	121

CHAPLAIN'S REPORT.

THE Chaplain has much pleasure in reporting favourably in his department. The attendance on his ministrations has equalled that mentioned in last year's Report. On Sabbaths, the Chapel is nearly full—on the male side quite full. The behaviour of the patients has been remarkably good, and their attention to the various parts of the service might be held up as an example worthy the imitation of many a congregation outside.

The Chaplain has repeatedly heard individuals reading along with him in a low tone, and, in case of his making a mistake or transposition, has been astonished to hear an involuntary correction escape the lips of one or more of his hearers.

This trifling circumstance he mentions as it seems to him to be an index to the remarkable attention of the patients to what he is at the time saying.

Such has been the care and vigilance of the various attendants in bringing out only the proper patients to Chapel, that only one individual has required to be removed during the past six months, and even on that occasion the service was not interrupted.

The large attendance at morning prayers on Tuesdays and Fridays, both of patients and officials, is highly gratifying.

So far, the duties of the Chaplain have been pleasant and easy. There is little difficulty in performing the Chapel duties of the Institution; but when you come to the private visitation, and to the subject of religious conversation with the patients in the galleries or in their wards, then the Chaplain's real difficulties commence.

A question which suggested itself formally to his mind on entering upon his duties was this. Is it advisable to converse on religious subjects with all the patients, and at all times, and under all circumstances? A minister out of doors, of course, carries his message to all, no matter of what stamp of intellect, or to what class of men each belongs. To each heart his duty is, to try to bring home the truth, that the end may, by God's blessing, be Salvation. Should the method of procedure on the part of the Chaplain of an Institution such as this, be on a like Catholic basis?

Many say "Yes, it should;" and the reason they give is, that religion is for all, and will comfort all; and they farther argue, that you have no title to rob a man of religious privileges, even though you may rob him of such as are political, social, or moral. After mature deliberation your Chaplain has come to the conclusion, that however painful it may be, and however harsh it may seem, yet that there are cases (not those of furious madmen) and times, in which religion should *not be* made a subject of conversation, and in which the patient should *not even be allowed to read the Bible*, or *to attend Chapel.*

So strong a statement of opinion requires reasons. The reasons which appear to warrant such a conclusion are as follows:—There are cases in which a misconception of true religion has been the predisposing cause of madness; and there are cases in which, though it has not been the primary cause, yet, in which, it has become the ruling mania. In such cases, to encourage conversation about religion, or to lead the individual's mind to dwell upon it in any way, is to add fuel to the flame of madness.

You remove all intoxicating liquors from the reach of the Dipsomaniac—you strive to divert the train of thought which is the mania of all others; and, by giving thought a new turn, you seek to drive the patient from his madness. Is it reasonable to reverse the process in this one case, and to try to cure by fostering the very mania itself, thus aiding in the development of the madman's delusion? One may meet with an argument as follows:—"Religion is an exception, and religious feeling can never be fostered wrongly. Religious dementia possesses the elements of a false religion, and this is the very reason why the patient should be preached to, and talked to, about religion; for, s

doing, you may overturn his delusion religion by the true, and thus accomplish his cure." This cannot be as long as the man is mad, for the very madness consists in his inability to discern truth from error. He thinks the false, the true—the delusion, the reality, and you have within him nothing to which you can appeal. Reason is in an abnormal state. Conscience—the judge—is incompetent to decide on evidence. The false is the true, the error right—the man's perverted faculties tell him so, and nothing will shake his erroneous belief. No manifestation of truth commends itself to the man's conscience in sight of God." It is the manifestation of untruth which in the maniac does that.

We can speak from experience when we say, that to converse on religious subjects at all times and under all circumstances with the religio-maniac will produce one of two most pernicious effects; either it will excite to phrenzy, or, because you cannot sympathise with the deluded one, will make him only more sullen. He will withdraw himself into the microcosm of his delusion, to which he will more thoroughly than ever give himself up.

A disease of the mind is upon the religio-maniac. Fellow-man must do what he can to cure that disease. Therefore, he hands the madman over to the Physician that he may work a cure, waiting till he tells that the moral agent is fit again to reason. This brings us to a very serious matter, which, though it refers to the Physician, is important to the Chaplain too, inasmuch as he must depend on him for guidance in this portion of duty. The responsibility incurred shutting a man up from the management of self and property is serious, but shutting a man up from religious ordinances and communion (even though such be necessary) involves a far greater responsibility. It is handing a very terrible judgment, and very earnestly must the Physician watch the psychological re-organisation of each patient's mind, that he may, and no farther than, the dawn-hour of recovered reason he may banish religion, which, before that hour, is to the man *madness*, and after it, the *greatest wisdom*.

A Chaplain's course, with regard to the various classes of the insane, seems, therefore, to be marked thus in respect of his intercouse with them. The mere imbeciles, teach as much as he can, in consideration

of the smallness of their powers of apprehension. The monomaniac whose mania is other than religion, treat as sane in regard to religion but, with regard to the religious monomaniacs, leave them mainly the Physician.

We know we have touched upon difficult ground. We know we take on us terrible responsibility in precluding or advocating the preclusion of any from religious privileges. But we must act for the best; and according to the little we know of mind's deep and subtle laws. We shut a man up from religion, to cure him of madness, that when cured, he may appreciate, and be ruled by, true religion; in place of fostering, and may be, making coeval with life, a religious madness, which prevents him from comprehending aright all we attempt to teach. And while we act thus, and sorrowfully take away from a brother or sister that which is the greatest consolation of weary and careworn mortals, we are comforted ever by the thought that God will judge such according to what they have, and not according to what they have not. That is, not according to Reason—to them unknown but, according to their sad Un-reason. We have dwelt thus long on this subject, from a sense of its importance, and because it has been a ground of much anxiety. The Religious Class mentioned in last year's Report still continues—conducted by one of the Ladies' Superintendants, aided by an upper-class patient. This class has been well, and regularly attended, and has afforded to many of the inmates not only pleasant thoughts in prospect and retrospect, but likewise useful employment in preparing for it, and much real instruction in holy things. We have during the winter had in full operation three other classes—a class for Drawing, one for Music, and one for the Practice of Psalmody. The working and effect of these classes has been very encouraging. They have supplied means for the diversion of many sad thoughts, and afforded many hours of amusement, while real progress has been made in the branches taught. In the study and practice of music especially have the patients taken delight and made progress. Our Lectures have not been so numerous this year as last. They have been only three in number; but we had in addition a novelty in the exhibition of many beautiful views by means of a Magic Lantern kindly lent by a neighbouring parish clergyman.

It is satisfactory to think that education is a possible thing among the insane. It has been doubted—it has been scouted as savouring of madness itself; but the experiment has been tried and succeeded. The music-master and the drawing-master will do more to pacify than the stern keeper of old; the pencil and picture, the piano and flute, more than any strait-waistcoat. By judicious education you may strengthen the little remaining intellect till, at last, though by slow degrees, the healthy portion of the mind so increases as to overcome the unhealthy, and you gladly discover that all the mind has recovered its normal state. There are *impossible* cases, but there are *possible*. Till all educational means have been tried, and have failed, let not the hope be given over.

Sad as is the work of ministering to fellow-mortals under such a cloud of Un-reason, there are still bright spots, and the labour goes on in the fervent hope, that even on this unlikely field, the Master will send down the dew and the rain of his Spirit, to the end that, some of these weary and troubled souls may find Rest; some of these doubters—Peace; some of these homeless—the Heaven-Home, through Jesus—their Lord and ours,—when, from their minds,

"The *veiling clouds* retire,
And, lo! the throne of the redeeming God."

JNO. PATON, *Chaplain.*

9th June, 1858.