

Annual Reports 2nd-30th

Publication/Creation

1841-1869

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BOOK ANALYSIS

ANALYSIS OF THE

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TRUSTEES.

Mrs CRICHTON, Friars' Carse.
LT.-COL. W. GRIERSON, Dumfries.
REAR-ADMIRAL JOHNSTON, Cowhill.

DIRECTORS.

FRANCIS MAXWELL, Esq. of Gribton.
DAVID MELVILLE, Esq., Troqueer-Holm.
JOHN BABINGTON, Esq., Summerville.
DAVID JACKSON, Esq. of Newton.
JAMES CONNELL, Esq., younger of Conheath.

OFFICERS.

A. MELVILLE, M.D., Consulting Physician.
W. A. F. BROWNE, M.D., Resident Physician.
R. ADAMSON, Esq., Treasurer.
Rev. G. COWANS, Chaplain.
MISS SANDEMAN, Matron.
T. T. WINGETT, Apothecary.
MISS MACNAB, Housekeeper.
GEO. COOPER, Principal Attendant.

Patients remaining in the Institution, 1st June, 1840,	-	-	57
Ditto admitted from 1st June, 1840, to 11th Nov., 1841,	-	-	70
			<u>127</u>
Discharged recovered,	-	-	21
Removed,	-	-	9
Died,	-	-	10
			<u>40</u>
Remain,	-	-	87

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In consequence of the Annual Meeting having been appointed to be held in the month of November, and the Asylum year naturally terminating at the same time, in place of at Midsummer, when the First Report of the proceedings of the Medical Officer was rendered, the present necessarily embraces a period of Eighteen Months.

The following remarks will be found to contain much to encourage ^{General Re-} _{sults.} a continuance in the course hitherto pursued. They are intended to shew that a great degree of liberty is compatible with that seclusion and supervision which the treatment of insanity demands; that much rational enjoyment may be associated with impaired reason, ruined hopes, and hallucinations; and that the unpurged tastes, the remaining intellectual resources, and even the follies and foibles of the insane, present powerful weapons to be exerted in the eradication of disease, and in rendering life bright and happy. That occasionally events will occur to disappoint and discourage, is to be expected; and the abandonment of that prison-like discipline formerly existing, and which had safety and seclusion for its main objects, must multiply these; but the sum of our experience justifies the wisdom and the humanity of the measures adopted, and proves that the confidence of the public grows with our growth. Almost every apartment was recently filled, the applications for the admission of Patients are still numerous, and proceed from all classes of the community, and from all parts of the Kingdom. This rapid increase to our population was unlooked for, and somewhat embarrassing, and may have proceeded from temporary causes; but it suggests this reflection, that the reputation of the Institution, humble though that may be, is already widely spread, and that a friendly feeling and a confidence in the sincerity of our exertions exist in that large body of persons who have placed their friends, and, it may be added, their hopes and affections in our keeping.

In using the word Recovered in the Table which precedes the Re- ^{Recoveries.} report, two meanings are conveyed:—First, that the persons thus discharged are, in the estimation of their friends, or of the Physician,

able to resume their place in society, to exercise their professions or occupations independently, and that they are responsible for their acts; and, secondly, that the change effected is a cessation of a set of symptoms which may depend upon some deep-seated vice or injury of the nervous system, and consequently may recur; and that the transition from mental darkness to light, from fury to tranquillity, is not, and cannot be traced directly to any of the particular means adopted, but is the result of a series of efforts, of a system of medical and moral treatment. The preference given to this modest term is necessary, because to imply that in all such cases the mind had re-acquired its original tone, and vigour, and accuracy, had sprung back to the point which it originally occupied, would be altogether erroneous, and as presumptuous as to declare that the Patients pass from an hospital or fever ward in perfect health, neither debilitated nor injured by the disease, from the ravages of which they have escaped, nor liable to relapse, nor, in short, retaining any indication of the condition from which they have emerged. A distinction is sometimes drawn between the recovered and improved; but this has been departed from, because an individual is either sane or insane; because every Patient derives less or more benefit from residence in an Asylum; and because there is great difficulty in establishing a standard by which it could be shown where improvement merged into recovery.

Mortality.

The rate of mortality is still much below what obtains in the healthiest and best-regulated establishments, two of the deaths having occurred from causes over which art possessed no controul. And if it be recollected that all lunatics are in a state of disease; that the very activity of their faculties exhausts and injures the constitution, and renders it prone to, and less able to resist other maladies; that Patients are often transmitted to public institutions suffering from organic lesions which must ultimately sap the foundations of life, and which it is almost impossible to treat in an energetic and suitable manner; and that they are never sent until all active measures have proved unavailing, and it is found impossible to treat or manage them at home; it is matter for surprise that among individuals so situate, the proportion of deaths should be so small.

Of the individuals admitted during the past eighteen months, twenty-five, or nearly one-half, were at the time affected with grave complaints involving vital organs, two of these laboured under severe wounds inflicted by themselves, one was actually dying, and of the

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others it may be predicted that although watchfulness and care may protract life, and secure for a time a certain amount of healthy vigour, a fatal result must ensue. In another point of view, these cases present dark and discouraging features. Twenty-eight had passed the meridian of life, and were consequently beyond the period when the constitutional changes of growth, puberty, and maturity produce such marvellous effects in the economy, and frequently improvements in the relation and intensity of the mental powers; and were less susceptible of those impressions which it is the purpose of treatment in nervous disease to produce. Two laboured under incendiary and destructive mania; six were suicidal maniacs; eight refused obstinately to take food either at the time of admission or subsequently; two were earth-eaters; ten were furious; and eleven were idiotic or imbecile. Among materials so intractable and hopeless, it seems at first view presumptuous to expect that system, and order, and harmony should ever be introduced. And doubtless the attempt is a most laborious one, and demands all the zeal, and forbearance, and patience which a sense of the sacredness of the duty to be performed can call forth. Zeal to overcome the difficulties, to rise above the failures which occur at every stage of the course; forbearance towards the suspicions, the contumelies which arise, and the ungrateful, vindictive, and selfish feelings which are displayed; and patience to institute a series of remedies, the efficiency of which is problematical; to persevere after a hundred disappointments; to reiterate daily injunctions, and advice, and instruction, which are rejected; and to await with much misgiving, but with hope, the distant result of this long-sustained process.

By such exertions, and by kind and prudent management, a healthy Moral Health
in an Asylum. tone may be imparted to a household of lunatics where no improvement is effected, or can be expected, in their malady. This consists partly in the exercise of all the powers which remain undiseased and undisturbed, or under the will of the individual; in a disposition to meet conciliation by friendship, kindness by gratitude, and confidence by fidelity; and partly in the gradual accommodation of the mind to existing circumstances. When this spirit is diffused through all the inmates of an Asylum, not sunk in fatuity nor impelled by blind fury, the greatest end of moral treatment, if restoration to reason be expected, is accomplished; peace and equanimity prevail throughout; and that condition is established which is most favourable for the

revival of dormant powers, the correction of vicious habits, and the growth of contentment and resignation. It becomes a sort of invigorating moral climate, in which the shattered mind recovers a portion of its strength and elasticity, and is more easily and successfully acted upon by other means of alleviation. We have endeavoured to realise this desirable state, and it is believed that these efforts have not been altogether futile or fruitless. There will always be, it is to be apprehended, sources of dissension, dissatisfaction, and misery, in such a community; but the ingenuity of benevolence suggests a hundred modes by which they may be lessened. There will always be proud and callous hearts which will refuse to be comforted, or to respond to any generous impulse, to listen to any friend or monitor, "charm he never so well or wisely;" but coldness and stubbornness may be softened, if not subdued, even through their very selfishness. There will always be that most intractable and irreclaimable class of Patients who stand upon the line which separates insanity from crime; who shelter violent passions, an ungovernable temper, and treachery, under the pretext of irresponsibility; who glory in strife and turmoil, and actually enjoy the disturbance and distress which they create; who retain intelligence enough to plan and execute mischief, and dexterity to conceal, or deny, or excuse it; who are so far the victims of morbid fancies or delusions as to disarm wrath, but who can only be reached by sternness and severity, or by a series of privations which, were it not for their insignificance, would be regarded as penal. We have been intrusted with several individuals manifesting this unsound, or ill-regulated, or vicious character; men whom it would be cruel to treat as criminal, but whom it is difficult to recognise as madmen; who have been the prodigals of their family, the outcasts of society, and who have passed a large portion of their lives in exile from the ties and affections which purify and elevate human nature. One of these is a vain malicious being, who quarrels with his companions; and, continues to quarrel, although maltreated by them, tyrannises wherever he can find a slave, defies all authority, disobeys every order and rule, destroys property, has passed through three galleries, and has been the Ishmael of all; but ever meets you with a smile, affects deference and courtesy towards his superiors, eludes the vigilance and stultifies the accusations of his guardians, and has a dexterous explanation and justification for all his misdemeanours, and speaks soberly and sensibly upon ordinary topics. Another is cunning, and trea-

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cherous, and wayward ; enacts a paroxysm of frenzy when there is a fault to be concealed or extenuated ; destroys his wearing apparel, falsifies every circumstance, and fulfilled the measure of his transgression, the other day, by biting off a companion's nose ; and yet this man can speak and act rationally when interest dictates such a course. Both of these Patients have, however, been brought within the pale of discipline, and generally behave with propriety. It is conceived that men so constituted are even more deserving of pity and care than the imbecile or insane ; and although the task of governing and guiding them be both difficult and dangerous, it is much to be wished that they were, at any early part of their career, consigned to an Asylum, before they have contracted dissolute habits, or irreparably denuded themselves of the effects of education and training, where they might be protected from themselves, provided with a haven and a home, and surrounded with the controul, and occupations, and encouragements which retain so many stronger minds within the limits of propriety, but which cannot be provided elsewhere.

Notwithstanding the interruption which Patients so disposed create, ^{Quiet in an Asylum.} the quiet and stillness which prevail throughout an Asylum often occasion surprise. They generally afford a good test of the success of the system in operation, and either indicate a feeling of repose and content—and no reign of terror can so effectually silence the maniac as the reign of love and benevolence—or they prove that all are so employed, or so engaged, as to be able to resist or forget the tendency to extravagance and vehemence. There will, however, be restless and ^{Sources of Noise.} noisy members of such a body to disturb this harmony. One of these is a young man who, endowed with some ability for oratory, has continued for a year to declaim with unabated energy, and with only momentary intervals of lucidity, in a magniloquent, but still impressive style. His case is alluded to here in order to introduce the fact that he is almost immediately tranquillised and silenced when placed in his darkened room, evidently by the withdrawal of the stimulus of light. Another preacher of a different character, who has actually destroyed his voice by his cries and vociferations, and who spends much of his time in endeavouring to teach the alphabet to the sheep which brouse in the adjoining airing court, and which he declares to be deeply learned creatures ; does not appear to be affected by the darkness, but ceases to shout whenever the light of the lantern carried by the nightwatch reaches his room. These opposite conditions show how important it

is to possess means of acting upon the external senses as well as upon the affections of the Patients, and how much may be effected by what appear insignificant details and contrivances, but which really involve great principles.

Superintendence during the day.

The Officers of the Crichton Institution have proposed to supply, by personal superintendence and association, so far as such instruments extend and are applicable to the exigency, those deficiencies, that powerlessness of the agents in the treatment of the insane of which every one who is conversant with the subject must be conscious. Besides the regular visit, or inspection in the forenoon, in which all the Officers participate, which occupies two hours, when every Patient is seen, cheered, reprimanded, prescribed for as may be required; when the pursuits and pastimes for the day are sketched out, the ventilation and cleanliness of the house examined; when the mighty machine is set in motion,—the different Officers, in their several vocations, are almost constantly in contact with the insane, keeping up a chain of associations, and an uninterrupted stream of sympathy and kindness, towards those who require, and sometimes seek so ardently for both.

The Patients should likewise be made to feel, so far as is practicable, that they are objects of interest and care at all seasons; that there is a system in constant operation which is intended to regulate their conduct and modes of thinking, as well as their diet and regimen. The more extensively these means are multiplied, and the more intimately they act upon the habits, and hopes, and happiness, the more entirely and confidently will the Patient resign himself to the direction of those around, and become, as it were, plastic in their hands, to be moulded into that form, and according to that standard, which most closely approaches health.

Record of Observations.

It has been conceived highly important, not only that this superintendence should be exercised over all parts and persons in our community, but that a record should be carefully kept and preserved of every event in the social movement. To effect this, the Superintendent has been instructed to commit to writing the ordinary routine of duties and occupations; the most trifling, as well as the more striking and momentous occurrences of each day and hour; to describe the conduct of every Patient when it is characterised by excitement, eccentricity, or by some deviation from habitual deportment; to indicate, by name, who is culpable and who worthy of praise and reward; to trace any symptom of amendment, amelioration, or re-

lapse ; to enumerate the engagements, the recreations of each person ; the busy, the idle, the gay, the dejected ; those who have played at bowls, or billiards, who have walked in the grounds or taken carriage exercise, or who have declined or been unable to do either ; those who have enjoyed their food, and those who have refused to take it ; in short, to represent at a glance a written picture of all that is passing in every department at every particular period, embracing the looks and passions, as well as the pursuits of the inmates, the moral as well as the domestic and physical aspect and state of the household. These reports are regularly inspected by the Medical Officer, who is thus prepared with full and faithful data for the exercise of his powers ; the prosecution or modification of his plans ; and, which is of equal consequence, is enabled to perceive at once the entire working and minute details of his system ; is instructed as to its imperfections or success ; is directed where authority must be made to bear, where encouragement is required, where reprimand and expostulation, and where his interference as a medical or as a moral adviser, may be beneficial. The knowledge that such a copious and accurate journal is in existence, that no fact or feature in the behaviour of any individual can escape from the record or the recollection, is no mean or powerless instrument in preserving order and discipline, and in producing useful impressions upon minds inaccessible to higher impulses. From the number and variety of subjects within the scope of such a history, and from the mental progress of many individuals being traced from day to day, and from year to year, such a document will ultimately claim an interest and value independent of its present utility. If composed and arranged with ordinary clearness, it will become in the hands of the physician, or of any one capable of generalising the contents, a source of information as to the development and disappearance, the permanency, order of succession or connection of particular mental phenomena, and the foundation of a system of moral and general treatment, suggested and regulated by statistics and experience. To facilitate the accumulation of such a body of evidence as may prove useful to the stranger as well as to those more immediately interested, and at any, even a remote period, the form of register prescribed by law has been abandoned, and instead of a bare and barren list of admissions, discharges, and restraints, a connected and continuous description of the proceedings of each day is presented. At first, the diary

is narrative ; but at the close of every month the entries are cast into a Tabular form, so that in a minute the condition of any one Patient, or number of Patients, at any time or hour can be referred to, its duration determined, and the means adopted, and the effects produced ascertained.

Thus it appears that in the month of October last there were ninety-eight Patients resident in the Asylum ; that of these, two were discharged ; thirteen were indisposed ; two were affected with paralysis ; one with convulsions ; one vomited three times ; two complained of headache ; two of sickness ; one of toothache ; that in one the face was flushed, and in another it was pale. Four accidents took place in the same month ; one Patient suffered from a scratch upon the nose ; two from falls ; and in one the ankle was discoloured. The hot-bath was given twenty-five times, and nine individuals were bathed ; the shower-bath was administered eight times, six times medicinally, and twice to repress violence. Four Patients are reported as disobeying a regulation by remaining in bed after the hour appointed for rising, without permission or pretext of illness ; one of these offended thrice ; one, four times ; one, ten times ; and one, eighteen times. Four Patients are described as being each for one day mischievous ; three, as noisy ; the noise of one consisting in loud imprecations and maledictions, accompanied by good humour ; of another in vain boasting and declamation, attended with violence and vindictiveness ; of a third in the incessant repetition of the word "Just." Excitement was observed in eight Patients ; in one there were eight paroxysms ; in one, four ; in two, three ; and in all the others, one. Decided improvement is mentioned in three cases ; in one an aggravation of the symptoms may be concluded to have taken place, as an attempt to elope is noticed. One Patient resisted the persuasions and efforts of his attendant to put him to bed ; two were restless and unwilling to remain in bed ; four refused to be shaved ; two refused to take breakfast once ; one refused to take it eight times. Dinner was refused once by six Patients ; twice by two ; and seven times by one. Tea was refused by three Patients once, and by two twice. Supper was refused once by eight Patients. Eight Patients seem to have taken an inadequate quantity of nourishment ; three upon one ; one upon three ; two upon four ; and two upon eight occasions. One Patient was forced to take food once ; three were fed, one of these twenty-five times, another forty-nine times, and a third ninety-eight times. Under the head of

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Exercise, it is stated that the Patients of the higher classes, besides the general forenoon muster in the airing grounds, had walked in the gardens nineteen times before dinner ; ten times after dinner ; that forty individuals had gone into the country in the carriage ; that six enjoyed one drive ; five, two ; nine, four ; eleven, six ; five, seven ; one, thirteen ; one, seventeen ; and two, nineteen. Upon four days, parties played at billiards ; upon five days, parties played bowls ; and fourteen Patients visited the Exhibition of Paintings and Natural History then open, examining the various departments with interest, feeling and expressing satisfaction, and deporting themselves as quietly and correctly as if endowed with the same tranquillity and strength of mind as the crowd with which they mingled. With six exceptions, all the females were employed in needle-work, music, &c., during the whole or greater part of each day ; upon twenty-two days twelve male labourers were variously employed in the grounds ; and one tailor and two shoemakers in the House. In contrast to this long detail of enjoyments and indulgences, it appears that one Patient was for three hours restrained for the purpose of carrying into effect the directions of the Physician, and of associating acts of violence and defiance with a feeling of inconvenience and a sense of degradation. This is but a brief extract from the record ; but it will serve as a specimen of the mode in which the passing events of each day are preserved.

The control of discipline and superintendence here insisted upon, Superintendence during the Night. however lightly imposed and gently exercised, should never be altogether relaxed or removed. A night-watch has accordingly been appointed, who commences duty at the time the ordinary attendants resign their trust, and extends over the hours of rest and repose that humane rule which subdues and stills so many angry and turbulent passions, represses so many sources of disorder, and compels the mind to engage in healthy and happy trains of thought. In the absence of general dormitories, such a provision is most beneficial. But such an Officer is, or ought to be, invested with higher and more important functions. He is not merely the guardian of the sleep of his charges, although even in this respect he is useful, as the consciousness of his presence or proximity brings quiet, and confidence, and slumber to many an anxious, or timid, or despairing spirit. He is the protector, the friend, the monitor of all ; he visits the sick, administers medicine, attends to their wants, and narrowly observes their condition ; and so precarious is the tenure of health in nervous

disease, that these attentions are laborious, and require to be unremitting; he inquires into all complaints, and gratifies all reasonable desires; he traces every sound to its origin; reasons with, admonishes, flatters the restless and noisy; replaces the somnambulist in bed; cheers and comforts the gloomy and desponding; enters the apartments of the suicidal, or of those in whom agitation, sullenness, or change of demeanour has been observed during the day; gathers from the garrulity, or ejaculations, or prayers, or songs of many, those secret and cherished thoughts and projects which no ingenuity nor friendship can at other times extract, and ministers to the support and consolation of every one in that particular way which is most necessary or most acceptable. The Physician often hears of the pleasure which the step of the night attendant communicates, as he passes through the galleries; and one poor invalid recognises in him a relative whose frequent visits yield hope and healing to her troubled mind.

Record of Observations.

By means of this Officer, the inspection and record of observations maintained by the Superintendent is carried on during the night. There is thus obtained a complete history of the twenty-four hours, comprehending the time of sleep and silence, as well as the hours of bustle and business; for the very dreams, and delusions, and reveries of the Patients, disclosed under the influence of fear, or in the confidence of solitude, are discovered and reported, and it becomes nearly as certain what are the condition and conceptions of a Patient alone at midnight, as at noon-day and when subjected to the scrutiny of his attendant. From the notes of this Officer it is learned that, in the month of October, twenty-nine patients were noisy during the night—fourteen of these only once; three, twice; four, three times; two, four times; two, seven times; one, eight times; one, nine times; one, eleven times; and one, twelve times. Another entry shows that, during two nights, seven patients were noisy; during three, six; during three, five; during four, four; during ten, three; during six, two; and during two, only one. Upon thirty-two occasions, the disturbance was produced by talking; upon seventeen, by shouting; upon seventeen, by singing; upon eight, by praying; upon seven, by swearing; upon six, by scolding; upon five, by croaking; upon four, by knocking; upon two, by moaning; upon two, by moving the window; upon one, by screaming; upon one, by whistling; and upon one by walking to and fro in the bed-room. Were the analysis carried farther, it would indicate the number of quiet and the

number of noisy nights, the speeches made, the songs sung, the sources of alarm, and so forth. This attempt has been fully detailed, because even in its present immature and imperfect state it seems calculated to collect much knowledge which must otherwise be lost, and to provide a check against any sloth or sluggishness in the application of the means of cure, care, or consolation. That the results would be more correct and useful were it confided to the execution of scientific men, is true ; but this is, under existing circumstances, impossible.

The usefulness of physical exercise in interrupting morbid associations, ^{Physical Exercise.} in exhausting that dangerous attribute of muscular strength of which the insane are often possessed, and its efficacy in promoting the healthier discharge of the bodily functions and inducing sleep, are so highly esteemed that every exertion is made to keep the Patients as long in the open air as possible. Without adverting at all to the influence which the novelty or beauty of external objects may have upon the mind, or to the suggestions and recollections which may be raised by sights and sounds which cannot come within the range of the ward of an Hospital, great importance is attached to the change of atmosphere. Transient though the effect may be, and imperfect as the experiment must be, from the limited space traversed ; yet if an interval of a few hours, and a distance of a few miles, can produce an amelioration almost miraculous in certain nervous diseases, we have no right to speculate as to the precise limits within which that relation may exist, nor to conclude that a similar relation may not exist between derangement and local changes in the air. These views have led to an arrangement by which every person who is not confined by infirmity, or secluded in consequence of violence, passes some portion of the day in the open balconies, gardens, grounds, or in the country. Labourers, gardeners, and others, are engaged in the fields ; but exercise of various kinds must serve to the higher and educated classes in place of physical labour. It is certain that a smaller proportional number of these classes are cured when affected with alienation ; and this may, in some measure, depend upon the difficulty of supplying either adequate motives for exertion, or such occupations as shall give full scope to the muscular powers. The Pauper Patient works diligently to gain some trifling reward, or to escape in activity from the dull tedium of idleness, or from the poignancy of reflections which idleness gives birth to ; or because occupation is to him a source of gratification. But what reward, what temptation, can be offered to induce a man of birth or

refined manners, or of sedentary habits, to engage in rude and painful tasks to which he is unaccustomed; and what exercise or amusement, which can be safely prescribed, can compensate for the activity of the gardener or labourer, or the interest which he takes in his employment? In recommending exercise to the insane, there are, however, limits which must be observed. Freedom must be graduated according to the state and to the trust-worthiness of the individual. If furious and vociferous, the Patient is not therefore deprived of the influence of the cool and refreshing breeze which almost constantly blows upon the elevated site of the Asylum; but he must enjoy it in a balcony shaded from the sun, removed from the observation of the curious, but overlooking that world to which almost all the insane pant to return. If in a calmer mood—which is, however, no sufficient guarantee against a sudden outburst of passion, an attempt to escape, or outrageous conduct, all of which require watching—the Patient passes an hour or two in the airing yards, still by a distant view connected with the external scene. If composed or convalescent, he is introduced into the gardens and policies, where there are walks of some miles in extent, winding among flower parterres, green slopes, shrubberies, and orchards, and commanding wide prospects of the surrounding country; and where, within the past year, a promenade, or at pleasure a carriage drive, has been formed, following the circuit of the external wall, and so well constructed, that exercise can be taken almost at any season. Even now, parties of five, ten, and twenty may be encountered taking advantage of this provision. Upon one occasion, forty-four Patients were in the open air, scattered through the enclosure, at the same time. And when these various groups are seen pursuing their pleasures and occupations under the cheering influence of a summer sun; when carriages pass along the avenue to their different destinations; when a party is observed to be engaged, and apparently interested, at bowls, or a larger body are seen perambulating the promenade; when ladies are grouped upon the seats or sward, or in the flower garden, and when every spot has its labourers; and when there is neither cry nor gesture to denote that all these persons are deprived of reason, insanity is shorn of its horrors, and exhibited under an aspect which brings it, as it should be brought, within the range of ordinary sympathy. Such scenes are keenly relished by the public; but it is extremely doubtful whether we should risk the exposure or laceration of a single feeling or prejudice in the Patients in order to demon-

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strate how consonant with humanity the treatment of insanity may be. The gratification of what is a morbid curiosity may be purchased by the sacrifice of that quietude which is the first stage of convalescence, by the outrage of that retiring delicacy and consciousness of disease, which are the best foundations upon which moral training can proceed. All physicians who have associated intimately with the insane have appealed against the indiscriminate admission of strangers within the precincts of an Asylum. They court inspection, but they dread curiosity. They would solicit the visits of the scientific, the philanthropic, the guardians of the poor; but they would unscrupulously exclude all who come without interest, without sympathy, to gaze upon the wonders of a mad-house, or the extravagance of a "mind diseased." Many of the insane dislike and attempt to avoid the observation of their peculiarities; others experience a sense of shame and degradation under their misfortunes; almost all are keenly alive to new impressions, and are excited by the presence of new objects, even when they are inanimate. In individuals so sensitive, so governed by delusions, the intrusion of visitors must often inspire hopes which cannot be gratified, create apprehensions for which there is no ground, suggest fresh chimeras, and confirm former errors.

To augment the pleasure, and vary the modes of taking exercise, ^{Carriage Drives.} and to increase the opportunities of changing the scene and air, a large carriage, procured for the use of some of the higher ranks, has been recently resorted to, and parties of Patients of the middle classes have been repeatedly conveyed beyond the walls by various routes, which all present some attractive point of view or matter of interest, and which, however dull and insipid to others, contrast agreeably and vividly with the monotony of an Asylum. The eagerness with which this indulgence, for it can be regarded as nothing else, is solicited; the gratitude manifested when it is granted; and the several benefits derivable and actually derived from it, suggest the insertion of a description of an instrument by which such results are attained, that its use may be adopted in similar Establishments. The vehicle resembles an ^{Omnibus.} omnibus, is light, and easily drawn by two or three horses, and is capable of carrying from twelve to fifteen persons; but it has this advantage and peculiarity, that the body is divided into two separate compartments, each having all the privacy and comfort of a private carriage. By this construction, three individuals, or three parties with their attendants, may enter, travel in company for miles, and

return to their respective rooms without any communication ; the one Patient or party being indeed unconscious of the presence of the other. Such an arrangement was not of course devised for the lower classes, and would neither be wished for nor prized ; by the middle classes it can, and should be only occasionally enjoyed, and it is naturally enjoyed with more zest because it is a source of gratification foreign to their habits ; but wherever the wants of the higher classes place such a luxury within the reach of the other grades, and where it is an object to create a new and the most novel means of distraction, and at the same time to carry out the principle of separation and classification to its utmost extent, this expedient will be found serviceable.

Occupation.

Wherever it is possible, occupation is prescribed, not merely as in itself a means of cure, but as preparative to all other attempts to remove mental disease. It contributes primarily to impart healthy vigour to the body ; and, secondarily, to expel delusion, and to establish that tranquillity which allows and facilitates the operation of rebuke, remonstrance, threats, encouragement, or reasoning. Employment in the fields is still preferred ; and there has been almost constantly ten or twelve men busied in cultivating the garden, in planting and preserving the grounds ; in fact, forming a corps of labourers upon whom the Establishment chiefly depends for many of the comforts, and all the external ornament and beauty, which may so deservedly be ranked among the sources of happiness and restoration to the other Patients. These men are robust, cheerful at work, grateful for simple pleasures, docile, and orderly, and quiet, and so invariably enjoying the profound and refreshing sleep which follows exertion, that the gallery in which they reside is scarcely ever reported as being disturbed during the night. Labour is not, however, upon any occasion, carried so far as to produce fatigue—the aim is to benefit the Patient, not to perform an appointed service, or to save expence ; and that the energies of such individuals are not over-tasked or exhausted may be concluded from the nature of their evening recreation, for they pass at once from the spade and the scythe to basket-making, in which some of them, in despite of rude materials, are extremely expert. To two of the Patients were, for a time, committed the care of a carriage and horses, and the manner in which they discharged their duties as grooms and drivers was most satisfactory. A still greater degree of confidence was, however, reposed in a convalescent, to whom was entrusted the superintendence of the stoves and heating apparatus, and who, during

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the whole of last winter, undertook the dirty and disagreeable office, encouraged by the bribe of meat diet, and by the prospect of some small recompense if eventually discharged. Two tailors were for some time kept constantly engaged in preparing the paupers' dresses; one cobbler divides his attention between mischief and shoe-mending; one old soldier is a capital housemaid; and a painter plied his brush for some months most usefully. The activity which prevails in the female department will be best understood from the following Table of the articles which they have fabricated, and to which should be added the assistance given by one Patient in the kitchen, three in the laundry, and by four in the washing of miles of galleries and passages.

LIST OF WORK DONE SINCE JUNE, 1840.

120 Shirts.	96 Pairs Sheets.
84 Shifts.	1 Set Window Curtains.
40 Flannel Jackets.	18 Feather Beds.
36 Pairs Flannel Drawers.	18 Feather Bolsters.
18 Pairs Trowsers.	18 Feather Pillows.
18 Jackets.	12 Bed-Room Carpets.
18 Vests.	14 Chair Covers.
48 Gowns.	6 Sofa do.
50 Aprons.	1 Web, Flowered.
60 Petticoats.	20 Collars, do.
18 Pairs Pockets.	24 Pairs Cuffs, do.
24 Habit Shirts.	1 Child's Dress, do.
84 Caps.	8 Caps, do.
160 Handkerchiefs.	160 Yards Fringe.
82 Pairs Stockings, knitted.	60 Toilet Covers.
74 Pairs Socks, do.	12 Purses.
30 Bed-Gowns.	14 Bags, worsted work.
26 Frocks.	2 Rugs, do.
12 Pairs Corsets.	14 Door Mats.
36 Table Cloths.	4 Watch Guards.
330 Towels.	Spanish Figure sewed in worsted.
66 Bed Quilts.	
1st Nov., 1841.	

It is difficult to convey any adequate notion of the series of operations of which moral treatment consists, to describe the agents which have been, or may be, made to act directly upon the mind itself, because it is impossible to mark exactly where physical treatment terminates, as the efficacy of even a drug may, and often does, depend as much upon the feelings of repugnance or confidence with which it is swallowed, as upon the intrinsic properties. Indeed, every step beyond the regulation of the diet, and the exhibition of medicine to regulate and restore particular functions, there being no specific for derangement, leads to an attempt to reach the disease through, and by, the senses, the intellect, or the affections. The residence of an individual in an Asylum, the new arrangements, the absence of friends, the subjection to discipline, and the delivery of every thought

Moral Treatment.

and wish into the keeping of strangers, are all intended and calculated to address the mind itself, to serve as silent arguments and warnings against error, to create a disposition to self-examination and self-regulation, and to force the adoption or imitation of rational views and habits. That these instruments often act in this way is unquestionable; and because they cannot be assembled or applied at home, it is well shown that efficient treatment can only be found in an Asylum. The occupations, recreations, the rigid routine, the varied exercises, the stern or soothing tones of the Physician's voice, all operate on the same principle; and when judiciously selected and perseveringly applied, remodel the whole nature, and sometimes restore health. But besides these means, there are many, such as the following, which are suggested by the peculiar circumstances of each case, founded upon some former taste or capability, or adapted to the actual condition of the Patient, or the change which it is desirable to bring about:—

- Amanuenses.** Our amanuenses, greatly increased in number, have been as industrious as if engaged in productive labour. At one time it was ground for envy and emulation which should be selected to assist the Medical Officer; many thousand pages have been copied or written to dictation, and in one case with a marked humanising and elevating effect.
- Music.** One young lady is at present curing herself of extravagant ideas of her own greatness by copying, and then playing music, at which she is an adept. And that the curative powers of the sister art of painting might not be untried, we have an instance where a convalescent house-painter aspired to portrait painting, and executed a likeness of the Matron. The effort was certainly a failure; but it confirmed and consolidated the recovery of the artist.
- Translation.** One amiable, and accomplished, and excellent being, who imagined that it was incumbent upon him to abstain from food to increase the comforts of the poor, and to prevent a general famine, and that his brain was transmuted into fat, and consequently impeded the exercise of his faculties, was induced to engage in the study and translation of *Molière's Malade Imaginaire*. He spent many delightful hours at this task, bending his powers diligently to overcome the difficulties, and to discover the beauties of the author, coming out of himself, as it seemed; forgetting his own sorrows and ailments; and, it may be, tempted to doubt their reality, while laughing at the hypochondriacal fancies and medicine mania of Argan. He subsequently undertook the translation of the life of St. Vincent de Paul, and glowed and gladdened with the benevolence

which pervaded his every sentiment in transcribing the eulogiums upon that Howard of the sixteenth century, the friend and father of the poor lunatic. In one case, where it was important to impart new springs of conduct, to alter the character and the profession, and yet to recommend what coincided with the previous tastes and training of the individual, the study of medicine was engaged in, and the Patient read assiduously, acquired a very considerable knowledge of the sciences of anatomy and physiology, and imbibed a strong ambition to prosecute his studies further. A well-educated gentleman, who conceives that he is undergoing a temporary penance for an offence against a high ecclesiastical dignitary, and who would willingly spend his days over a Greek or Hebrew work, was bribed to relinquish these severer studies for the acquisition of the French language, which, with a very few hints as to pronunciation, he accomplished, and would have grappled with German had the necessary books been accessible. A schoolmaster, who is too proud of his caste to engage in manual labour, cheerfully attempted the tuition of his fellow-patients. A clergyman of most morose and melancholy disposition so far forgets his dejection and selfishness for an hour each Sunday, that he reads reverently and correctly, the prayers of the Church of England to such of the Patients and Officers as belong to that communion. When it is added that the Clerk who reads the responses is likewise insane, it may be imagined that the scene is fraught with interest and emotion, and only surpassed by those which occurred in the primitive ages of the Church when the energumens crept to the altar and were healed. Recovery cannot, in this instance, be directly traced to the act of devotion or the feelings excited; but there are reasons for supposing that these feelings are of a sedative and salutary kind; and they certainly possess this striking characteristic, that for the time they predominate over every other; and there may be observed the wandering reason, the turbulent passions, the deluded imaginations of priest and worshippers, however widely separated in all others, meeting and uniting in this one point, the solemnity of the act in which they are engaged.

It was determined to produce a powerful, painful, and retrospective train of feeling in a person who seemed to be lapsing from a state of high over-wrought sensibility into one of apathy and senility. He had distinguished himself as a poet; and during one of his darkest and dullest moods, some of his own beautiful and pathetic verses were read

Study of Medicine.

Acquisition of Languages.

Teaching.

Reading Prayers.

Reading Poetry to a Poet.

to him. He at first smiled, then appeared to be awakened to a recollection of the circumstances and emotions under which they had been composed, then became deeply affected and wept. He was agitated for some hours, but the effects gradually disappeared.

Love of Animals.

To engage the minor affections, and, in the absence of higher objects, to call forth that love for animals which has characterised men of refined and serene temperament, has been considered curative, and tried. Accordingly, sheep have been introduced into one court; in another rabbits have long ingratiated themselves with the Patients; in a third, urchins have become favourites; in a fourth, there is a colony of white mice; and in the fields, a jack-ass was courted and conciliated by a convalescent.

Public Reading.

The great objection to all these measures is, that they embrace only one Patient, or a very small number of Patients; that the application of them is, therefore, difficult and tedious; and that success must depend as much upon the skill and tact of the experimenter as upon the consent of the individual to be acted upon. What is wanted is some plan which shall rouse, arrest, and tend to regulate the intellect of a number of Patients simultaneously, without rousing or disturbing the passions; and as insanity, in a majority of cases, consists rather in excited feeling than in disordered reason, this precaution is absolutely necessary. It is not pretended that this panacea has been discovered; but a practice has been recently commenced which possesses many of the advantages coveted, is at all events perfectly innocuous, and promises to afford a very simple, cheap, and pleasing antidote to the darkness and dullness of a winter's evening. Such of the Patients as are known to be quiet and manageable, and as may be interested and amused, are assembled in the chapel between tea and supper. The place has been chosen because its construction is commodious and suited to the purpose, but chiefly because the Patients are accustomed to constrain themselves and regulate their deportment there. One of the Attendants, the others being seated among the Patients, is supplied with a work which shall always be new and attractive, and either historical or biographical, which he reads aloud for an hour, or until indications of exhaustion or restlessness appear. It will be observed that many objects are thus gained. Matter for reflection is supplied in a plain unostentatious manner to a much larger body of Patients than could be reached were the same book circulated, and by a person whom they are accustomed to treat with respect. Those who cannot read

are instructed ; those who are not inclined to read, or to read continuously, may be cheated into listening. Incentives to irritability being withdrawn, the jealous and irascible man may pass a placid and peaceful hour in following a narrative ; the attention may be fixed, the memory stimulated, and the whole current of thought turned into a new channel.

Concerts have, during the past year, taken the place of balls and dancing parties ; not because experience had proved the inexpediency of the latter, but because a greater number of Patients could be assembled together to enjoy the music than to share in the dance ; and because, by the selection of popular pieces and national airs, a direct appeal could be made to the earliest recollections, and the most delightful feelings of which human nature is capable. The Dumfries Brass Band was put in requisition ; and, after repeated trials, another novelty may be considered to have been introduced into the treatment of insanity in this country. During winter these concerts took place in the Board Room, in the presence of about forty or fifty of the Patients, whose animated and varied expression, and time-keeping feet showed how closely they followed, and how intensely they enjoyed, many of the tunes. In the summer evenings the Band was instructed to walk round the building, and thus address the ears of every inmate. This practice, besides including those who in a concert room might have disturbed their companions in disease, or been disturbed by them, supplied the pleasure unattended with the risk of the heat and imperfect ventilation of a crowded hall. Tranquil and convalescent patients have been allowed to attend quiet parties for conversation and music ; to visit the Theatre, the Circus, the Exhibition, the Bazaar, the Races, and Public Concerts ; and the liberty thus granted has in no case been abused, nor, so complete has been the controul exercised, have the insane been distinguished from those by whom they were accompanied. Now, when familiarised with the beneficent influence of a sounder philosophy, and instructed that many of the insane are only partially separated from the sane, such facts do not excite surprise or interest. But if it be recollected that, at a period by no means distant, *no* Patient ever passed beyond his cell or airing yard ; and that the very individuals now described as mingling in the pleasures of their fellow-men would have been condemned to perpetual confinement and to chains, the boldness and triumphs of the humane system will be appreciated.

Effect on In-
curable.

By such exertions has the year been marked. That these numerous expedients invariably or infallibly lead to the restoration of reason cannot be asserted. But they are deserving of a higher regard than as mere achievements of art or triumphs over the obstinacy, the caprices, and the misery of the morbid mind, inasmuch as they soften, soothe, and alleviate; and to do this must ever be the great business and object of those intrusted with the care of the insane. A large number, it is to be feared the largest number of those admitted into every Asylum, must be expected to pass the whole, or a greater part, of their lives in captivity; and to render this separation from the world as little an estrangement from happiness as is consistent with the ends in view, to render the reason partially and temporarily clear and capable of exertion, to cultivate and even create capabilities of enjoyment, are duties in every respect as important as the direction of the treatment and convalescence of the curable.

Responsibility
of Officers.

Those intrusted with the superintendence of individuals so excitable, so wilful, so inconstant, so little amenable to the ordinary laws and customs of society, and actuated by motives so far beyond the reach of ordinary agents, must necessarily be endowed with great power. But it is not well that they should be altogether irresponsible; and accordingly, besides the examinations made by the Officers of the Law, the Directors have, in rotation, regularly visited the Institution; they have entered every apartment, seen and conversed with every Patient, possessed opportunities of witnessing the whole of the internal arrangements, of detecting abuses if they existed, of suggesting alterations and improvements, and of sanctioning the efforts of the different Officers wherever these were worthy of support. Fortunately, few difficult cases have demanded their attention; but it may serve as a guarantee to the public of the carefulness, and rectitude, and kindness expected from servants, and as a proof of the rigid inflexibility of the regulations issued to secure these objects, to record that, where certain irregularities had occurred, they unanimously approved of the exercise of that authority with which the Medical Superintendent is invested, in making a signal example of the offenders. From the other Officers and Subordinates the Medical Superintendent has received much cordial co-operation. He entertains strong objections to particularise and to bestow encomiums, upon the grounds that, where individuals are so intimately connected together, approbation will be interpreted rather as the voice of friendship than of justice;

that, if they remain servants in such an Establishment, it must be concluded that they continue to merit the trust originally reposed; and, above all, that he has formed so high and pure a standard of duty for them and for himself, that failure is, to a certain extent, inevitable, and that the only proof and reward of the forbearance, and anxiety, and labour which are exacted will be the harmony and success characteristic of each department.

The Medical Superintendent has been, upon many occasions, under great obligation to the Consulting Physician, whose kindness and experience are equally deserving notice.

To the Directors, the Medical Superintendent is bound to offer his ^{Directors.} personal thanks for the countenance granted to him in the discharge of his duties; but especially does he express his gratitude on behalf of those whose guardian he is, for the judicious kindness and the well-directed liberality which have marked their government of the Institution, and their intercourse with its inmates, many of whom are deeply sensible of the innumerable privileges which they possess, and grateful to the source from which they proceed. But in addition to their fostering care, it is to be noted that the generous and enlightened spirit which suggested and matured the Institution has not faded or failed; for the same unwearied anxiety for the relief of suffering, the same liberal humanity which designed and superintended this vast undertaking in its progress, still watches over the interests of those who now enjoy the fruits of so much labour and love; and may be truly said, if not to share their joys and sorrows, to cherish a most pure and sleepless solicitude, that all which science or art can do shall be done to enhance the one and to alleviate the other; and to restore them, under the blessing of God, from being "fast bound in misery and iron," to the light of reason and of their right mind.

W. A. F. BROWNE, M.D.

I.—TABLE OF AGES OF PATIENTS.

	Males.	Females.	Total.
Between 10 and 20,	1	3	4
... 20 and 30,	14	7	21
... 30 and 40,	11	2	13
... 40 and 50,	8	11	19
... 50 and 60,	3	4	7
... 60 and 70,	5	1	6

II.—TABLE OF SEXES OF PATIENTS.

Males.	Females.
42	28

III.—TABLE OF DOMESTIC CONDITION OF PATIENTS.

	Males.	Females.	Total.
Married, . . .	13	12	25
Unmarried, . . .	28	14	42
Widowed, . . .	1	2	3

IV.—TABLE OF PROFESSIONS AND TRADES OF PATIENTS.

Professions.	Males.	Females.	Total.
Burgh officer, . . .	1		1
Clergymen, . . .	7		7
Clerks, . . .	5		5
Cabinet-makers, . . .	2		2
Drayman, wife of, . . .		1	1
Domestic Servants, . . .		5	5
Engineer, . . .	1		1
Excise officer, daughter of, . . .		1	1
Farmers, . . .	2		2
... wife of, . . .		1	1
Farm-servant, . . .	1		1
... wives of, . . .		2	2
Gardener, . . .	1		1
Gentlewomen, . . .		2	2
Labourer, . . .	1		1
... wives of, . . .		2	2
Mason, wife of, . . .		1	1
Merchants, . . .	3		3
... wife of, . . .		1	1
Milliners, . . .		5	5
Miniature painter, wife of, . . .		1	1
Officers, . . .	4		4
Post-boy, . . .	1		1
Sailors, . . .	2		2
... wives of, . . .		2	2
Schoolmaster, . . .	1		1
Schoolmistress, . . .		1	1
Sawyer, wife of, . . .		1	1
Shoemakers, . . .	2		2
... wife of, . . .		1	1
Soldier, . . .	1		1
Students in Divinity, . . .	3		3
Surgeon, . . .	1		1
Tailor, . . .	1		1
Tanner, . . .	1		1
Tradesman, wife of, . . .		1	1
Weaver, . . .	1		1
	42	28	70

V.—TABLE OF FORM OF DISEASE OF PATIENTS.

Affections of Intellectual Powers.	Males.	Females.	Total.
Idiocy,		2	2
Imbecillity,	5	1	6
Fatuity,	9	1	10
Mania, with delusion,	2	1	3
Mania, general,	3	7	10
Affectons of Sentiments.			
Melancholia,	4	2	6
Monomania of Pride,	1	1	2
... Fear,	1	2	3
... Suicide,	3	1	4
... Superstition,	1	2	3
... Suspicion,	3	2	5
... Vanity,	1	2	3
Affection of Propensities.			
Nymphomania,		3	3
Monomania, furious and destructive,	8	5	13

VI.—TABLE OF CAUSES OF DISEASE OF PATIENTS.

Causes.	Males.	Females.	Total.
Amenorrhœa,		3	3
Apoplexy,	2		2
Blow on Head,	1		1
Calumny,	1		1
Cephalalgia,	1		1
Cruel Treatment,		1	1
Disappointment in ambition, enterprise, &c.,	4	1	5
Disappointment in Love,	1	1	2
Dissipation,	6		6
Domestic Affliction,		1	1
... Disagreement,	1	1	2
Epilepsy,	1		1
Excessive Study,	6		6
Excitement, Religious,	1	2	3
Fall,	1		1
Fear,	3	2	5
Fever, Common,	1		1
... Typhus,	1	1	2
Grief,	1	5	6
Hardships,	1		1
Intoxication,	2	3	5
Jealousy,		1	1
Lactation,		1	1
Loud Noise,	1		1
Menorrhagia,		1	1
Mortified Pride,	1	1	2
Parturition,		1	1
Pecuniary Misfortune,	2		2
Scrofula,		1	1
Unknown,	3	1	4

VII.—TABLE ILLUSTRATIVE OF THE INFLUENCE OF HEREDITARY PREDISPOSITION.

	Males.	Females.	Total.
Hereditary tendency to Insanity traced in	12	11	23
Hereditary tendency to Nervous diseases traced in	7	4	11
No hereditary tendency traced in	23	13	36

VIII.—TABLE OF DURATION OF DISEASE.

Duration.	Males.	Females.	Total.
Less than 1 year,	17	15	32
More than 1	7	7	14
... 2	7	2	9
... 3	1	2	3
... 4	3	4	7
... 10	6	3	9
... 20	2	1	3
... 30			

IX.—TABLE OF NUMBER OF ATTACKS OF DISEASE.

	Number of Attacks.			
	I.	II.	III.	IV. or more.
Males,	25	11	2	5
Females,	18	4	2	3

X.—TABLE OF ATTEMPTS TO COMMIT SUICIDE.

Means of Destruction.	Males.	Females.	Total.
Abstinence,	2	2	4
Drowning,	1		1
Swallowing a Blister,	1		1
Strangulation,	3	2	5
Wound of Abdomen,		1	1
... Throat,	2		2

XI.—TABLE OF AMOUNT OF EDUCATION.

	Males.	Females.	Total.
Highly Educated, .	15	1	16
Well Educated, .	11	4	15
Can Read and Write,	12	16	28
Cannot Read or Write,	1	5	6
Unknown, . . .	3	2	5

XII.—TABLE SHEWING THE MODE OF RECORDING THE EMPLOYMENT OF ONE SET OF PATIENTS FOR A WEEK.

Date.	Days.	Patients indicated by Numbers.														Kind of Employment.
1841		1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Nov.		Hours employed.														
1	Monday, .	7	7	6	6	6	6	6	6	6	6	6	6	6	6	Cleaning shoes, wheeling coals, hoeing, mowing, and raking grass.
2	Tuesday, .	7	7	6	6	6	6	6	6	6	6	6	6	6	6	Cleaning shoes, raising, and gathering, and pitting potatoes.
3	Wednesday,	7	7	6	6	6	6	6	6	6	6	6	6	6	6	Cleaning shoes, raising potatoes, covering pit.
4	Thursday, .	7	7	6	6	6	6	6	6	6	6	6	6	6	6	Raising and housing potatoes.
5	Friday, .	7	8	6	6	7	6	7	6	6	6	6	6	7	6	Cleaning shoes and windows, raising and housing potatoes.
6	Saturday, .	7	7	6	6	6	6	7	6	6	6	6	6	6	6	Cleaning shoes, hoeing, raising, and housing carrots, earthing celery.
7	Sunday, .	2	2	2	2	2	2	2	2	2	2	2	2	2	2	Attending chapel, reading.
	Totals, .	44	45	36	36	39	38	40	38	36	2	39	2	2	2	Four hundred and three hours' occupation.

At the CRICHTON ROYAL INSTITUTION, and within the BOARD-ROOM there, upon TUESDAY, the 30th NOVEMBER, 1841, in the ANNUAL GENERAL MEETING of the TRUSTEES and DIRECTORS, held in terms of the Act of Parliament and Regulations of the Institution ;

PRESENT :

Mrs CRICHTON of Friars' Carse ;
Rear-Admiral C. J. JOHNSTON of Cowhill ;
Lieut.-Col. W. GRIERSON, Dumfries—Trustees ;

AND,

J. MACALPINE LENY, Esq. of Dalswinton ;
FRANCIS MAXWELL, Esq. of Gribton ;
JOHN STAIG, Esq., Dumfries ; and
DAVID MELVILLE, Esq., Troqueer-Holm—Directors ;

Rear-Admiral JOHNSTON in the Chair :

Dr BROWNE, the Resident Medical Officer, produced a Report, drawn up by him in terms of the Regulations ; and the Meeting approve of that Report, and direct it to be printed : And they beg to express their admiration of the minute, able, and eloquent manner in which it has been compiled, and their thanks for the zeal and success with which the Establishment has been conducted by him.

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SEVENTEENTH ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
FOR
LUNATICS,
DUMFRIES,
11TH NOVEMBER, 1856.

STATEMENT ANNUAL REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR

THE YEAR 1881

PRINTED

BY THE GOVERNMENT PRINTER

E. ADAM
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Patients in Institution, 11th November, 1855, - - -	313
Ditto Admitted since, - - - - -	82
	<hr/> 395
Discharged as Recovered, - - - - -	50
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SEVENTEENTH ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION FOR LUNATICS, DUMFRIES.

THE desire experienced to accommodate every case of insanity in which the symptoms of the malady or the condition of the sufferer demonstrated the expediency of seclusion, after the demands of the surrounding district had been fully satisfied, gradually led to the accumulation of a larger number of chronic cases in the Southern Counties' Asylum than the building was originally intended to contain, and than the Visiting Directors conceived to be consistent with the objects originally contemplated. No patient from the privileged Counties has been refused admission, no evil has arisen from the amount of the population; but the general movement of the Establishment was somewhat impeded and overburdened, the labour of the officers unduly increased, and the expectations of distant parishes raised beyond what the resources in existence could satisfy. It was at first proposed to discharge all patients who were not natives of the Counties of Dumfries, Kirkcudbright, and Wigtown; but as the House was not crowded, though full, and as the procedure would have entailed much inconvenience and expense upon the relations of those residing at a distance, and who might have acted under the impression that a permanent home was obtained for their charge, it was ultimately resolved to refuse admission to all individuals from unprivileged Counties, and to allow that gradual reduction of numbers by recovery, by removal during treatment, and by death, which annually effects such changes among the inmates of an Asylum, to bring about the desired result. It appears a trivial matter to decline the charge of an individual who has no legal claim upon the Establishment; but the act may involve the ruin of a family, even the safety of a community. The sufferer may prefer a particular Asylum, economy may regulate the wishes of relatives, the remoteness of similar retreats may determine the choice, and even purer motives may render such a refusal a positive misfortune.

Notwithstanding these restrictions, eighty-two patients have been admitted; twenty-four to the Crichton Institution, and fifty-eight to

the Southern Counties' Asylum. These have been selected from two hundred and twenty applications, one hundred and one belonging to the affluent, one hundred and nineteen to the indigent classes. Three hundred and ninety-five patients have been under treatment; while the number of those seeking advice during the premonitory stages, or under the milder forms of the malady, who feel or foresee the approach of disease, but who recoil from seclusion, whose presence is incompatible with the happiness of families, whose delusions are under control, whose temper and tastes are perverted, but whose understanding is unshaken, has been very great; so that the demand upon the resources at present at disposal has not diminished. It is very desirable that some retreat could be provided for such applicants, where there could be instituted discipline without restraint, where the law could sanction and support a voluntary and temporary resignation of liberty, or of some of its privileges, but refrain from treating or allowing its ward to be treated as a culprit and a captive. As, however, the grounds of selection consist in the urgency of the symptoms, and as the most chronic, and clamant, and intractable cases are admitted, the difficulties of management are increased, and the effects of treatment are imperfectly ascertained. It has become a great national object that accommodation should be available in every case; for although many of the patients rejected might derive benefit independently of isolation, it is certain that all curative means can be more efficiently applied under discipline; and that the interests of society, as well as of the individual, would be promoted by the immediate segregation of ungovernable passions, extravagant opinions, and debased appetites. The removal of monomaniacs and the fatuous to Poorshouses, in virtue of the dispensing power of the Board of Supervision, will aid the accomplishment of this object; but whether such Establishments should be allowed to become, as they must inevitably become, vast depots of the imbecile poor; whether the insane and indigent should be associated under the same management; whether such a decree of incurability as is implied in the order for consignment to a workhouse, is justifiable, or humane, or prudent; is extremely doubtful.

Removal of
Paupers.

Discharge.

Fifty individuals, or more than fifty per cent. on the admissions, have been restored to their friends, in possession of such sanity or self-control as admits of the prosecution of useful trades or professions and the exercise of civil rights; while thirteen have been re-

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moved during treatment presenting some traces of amendment, or in a state more amenable to the means of management in a family circle. Twenty-five have died—eight of the boarders, seventeen of the paupers; five a few weeks subsequent to admission, five suddenly, and the remainder of protracted and exhausting ailments, in a large number peculiar to, or characteristic of, affections of the nervous system. The mortality is considerable. As invariably occurs, the majority of the deaths are referable to affections of the lungs and brain. A number of patients are admitted to die; that due care and attention may be bestowed, and that the close of life may be spared those privations which poverty and desertion entail. The rate of mortality may be said to be regulated by the number of epileptic, paralytic, and phthisical patients admitted. From one Asylum these are rigidly excluded, on the pleas that their mental condition is incurable, that they are more fitted for the wards of an hospital, and that in one sense they may, however remote the issue, be regarded as moribund. Patients are constantly secluded while labouring under fatal affections, or so exhausted as to demand all the solicitude and watchfulness extended to the dying. Three patients died during the first fortnight of their residence. There are likewise, at all times, a number suggesting anxiety, as on the verge of sinking, prostrated by protracted excitement, covered with bed sores, or in that compromise between partial and complete death which separates paralytic attacks. But while such inmates incommode the general movement, and impart by their decline and death a sombre colouring to the department to which they belong, they are legitimate objects of care, as their physical condition is either the cause or consequence of the mental alienation; and as they engage the sympathies of their companions, and give a reality to that connexion with humanity which sometimes fades from the recollection of certain classes of the insane. It has been observed that the course of disease in the insane is rapid, its ravages more formidable and destructive, its issue more fatal, than in the sane. These facts have been explained by a vague theory of enervation, by an opinion that the withdrawal of nervous energy renders the tissues less durable, vigorous, and viable. It may be further observed that a majority of the deaths which occur in Asylums are sudden; and this may be attributed to the proclivity to epilepsy, apoplexy, and other diseases involving the nervous structure. After due deduction for the frequent supervention of coma, and various

Mortality.

Modes of Death.

modifications of suspended or impaired consciousness, the death of the insane may be fairly represented as rarely attended with suffering or struggle. Reason may not return, there may be no fervid aspirations after a new mode of being ; but agony or despair, or even anxiety, are rarely observed. The delusion of a life may extend an influence to its close. There are individuals who believe in the immortality of their bodies, who cannot die, and to whose experience dissolution can never become a reality : champions of their creed, they would court such a test of its truth. To some, physical pain, and even extinction, appear insignificant compared with the knowledge of which they are the depositories, the omnipotence almost within their grasp. Pre-occupation often shuts out its terrors. Even the dread of death is more majestic, more terrible than dissolution itself ; and the melancholic, whose history consists in a prolonged panic, dies unaffected and unappalled. A few die during sleep ; and as delirium is often added to the chronic mental malady, as the wild fancies of fever are mingled with the habitual delusions, others may be said to die in a dream. Three patients died so suddenly, so instantaneously, that pain could scarcely be experienced, or the nature of the feeling appreciated. Six sank in the coma which succeeds epilepsy and apoplexy, placed in a moment beyond the reach of suffering, and anxiety, and apprehension. In one, deep slumber merged in death. Six expired in the firm conviction that their danger was magnified ; that they were recovering, or already recovered ; and that time, or rest, or strength were the only ingredients required to make their cup overflow. One, supported by his delusion, died complacently, joyously, in the full blaze of light of his own creation. There was not positive euthanasia in three individuals ; but no dread, nor dismay, nor pain, so little conception of the issue as to render dissolution or the future appalling. In one, a stern and repulsive disposition was mollified on the approach of death ; in three, habitual acrimony and discontent were aggravated. In one, there was a passionate eagerness to return home ; in another, a craving for medical aid. It would appear that disease may attack psychical conditions of the existence and operation, of which all men, as well as the insane, are unconscious ; those capacities which receive impressions which do not necessarily become cognitions, but which lead to changes in the economy independent of the will. An example of this is afforded in a lady now in an advanced stage of consumption, who never has expectorated, whose

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will is perfectly unimpaired, and who is able to perform the act of expectoration. Although cavities exist in the lungs containing fluid, no intimation appears to be conveyed to the regulators of muscular action, no irritation is experienced, and no effort made to expel the contents.

The difficulties in ascertaining the real physical condition of entrants is great. The mind ostentatiously lays itself bare; and in the exercise of imaginary powers, or in the confession of imaginary weakness, affords sufficient evidence of disease. But it knows not, feels not the pangs, the ravages, of that change in which its disturbance originated; it may spurn the suspicion of disease as an insult, it may studiously cloak and conceal suffering, it may be the character of its predominating sentiment to do so, and where there exists no spontaneous, no intentional deception, irritation of the cerebral substance masks and modifies, it may be even arrests the progress of great constitutional changes. To examine the condition of the heart of a maniac may involve a combat and danger to the patient; to receive the statement of a self-deceiving, as well as a self-tormenting melancholic, would insure error. Even those who have, during a life-time, been associated with the insane are led into error; the magnitude of the moral evil engrosses anxiety, and the incoherence, the estranged affection, or the extravagant delusions divert attention from physical decay and danger. But experience proves that however covert and disguised, and however remote from specific disease, normal conditions and great constitutional changes exist in every case, and to which the mental phenomena may directly or indirectly be referred. The cases under observation during the past year may in this view be grouped together as connected with—I. Profuse discharges leading to impoverishment of the blood, three. II. Arrestment of secretions or of long-established discharges, four. III. Anæmia, from abstinence, depressing passions, thirteen. IV. Plethoric condition, two. V. Hereditary and strumous diseases, fourteen. VI. Congenital deformity, malformation, two. VII. Alcohol, opium, urea poisoning, thirteen. VIII. Puerperal condition, one. IX. Alteration in the organs of reproduction, one. X. Organic diseases, implicating the nervous tissue, sixteen. XI. Organic affections of the organs of circulation, four. XII. Blows on the head, three: and XIII. In five cases it was found impossible to determine the morbid physical condition.

Physical Condition of Patients admitted.

Mania Furi-
bunda.

Acute mania is supposed to be the most curable species of derangement. It is allied to the delirium ferox of fever; it frequently depends upon bodily derangement, obvious to observation and accessible to treatment. It consists in the supremacy of the animal and instinctive over the reflective powers, and implies exaltation rather than perversion. The delusions are more the suggestions of the frenzied passions than affections of the external senses or misinterpretations of real impressions. The incoherence is the result of the rapidity of thought, the simultaneous activity of different powers, and not of the abrogation of the ordinary laws of association, or loss of the significance of language. Of the eleven maniacal patients admitted, all have recovered, are convalescent, or so much improved as to countenance the expectation that the restoration of reason is at hand. In three, extreme violence existed. They arrived bound, and escorted as if public safety were endangered. The external manifestation of the disease was limited to vehemence, impetuosity, opposition, strife. Two were restless, loquacious, incapable of regulated movement or thought; but were passive in their resistance to interference. In two, the excitement found relief in agitation, vociferation, and singing. In two, the cries were obscene and menacing. In another, indomitable pride, and the assumption of military command, were mingled with delusions and wild extravagance, every declaration of superiority, every accusation of perfidy closing with the words "Fire, fire, kill." A man of forbidding visage, who slept with a reaping hook under his pillow, who dragged his wife from bed by her hair, who threatened the life of his child with a razor, and carried a similar threat against a neighbour into execution; became pacific at once, and assumed the position of the oppressed rather than of the oppressor. Recovery and improvement often occur suddenly, contemporaneously with crossing the threshold of the Asylum, as if the influence of discipline, the helplessness, the effiteness of a single will, the absorption of personality in the general movement of a large Establishment, and the order and restraint which obtain, acted as great revolutions in the economy in rousing, recalling consciousness and control.

Nudification.

Voluminous treatises have been devoted to the subject of the modes of dress. The impulse or principle which leads to the adoption of covering for the body, and the period in the progress of different races at which it came into operation, have escaped the investigation.

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Climate, pursuit, example, may have determined the particular garment, or the texture and form selected ; but it would appear that the awakening of mind to a consciousness of its destiny is marked by a discovery of the evils of nudity, and that the first humble teachings of sanity and civilization are of the necessity of bodily covering and clothing. It is probable that the characteristic of savageism consists in the poverty of experience, rather than in the feebleness of capacity. Certain inlets of knowledge in the barbarian are cultivated at the expense of others. He sees and hears with a precision and acuteness surpassing the powers of the lower animals ; but he bears the minor degrees of suffering with a stoicism, he moves through a land of beauty, is surrounded by exquisite perfumes, and regards delicious savors with an indifference which indicates imperfect perception, or total unconsciousness, of such impressions. There is an education of sensation : there is even a training and developing of the power of detecting and appreciating the particular classes and modifications of sensations, and it may be that the wakefulness induced by a rose leaf, the death of aromatic pain, contain or conceal a truth illustrative of exalted, and perhaps morbid, conditions of the sense of touch. This sense may share then, as well as the sense of shame, in the mode of life imparted by knowledge. Activity of consciousness, as well as new and intense and repeated external impressions, may impart increased susceptibility, and the enlargement of the objective relations, the multiplication of sensations, may necessitate and determine the protection of the surface of the body. The monoideaism : the intense and powerful passions, equally with the lethargy and indolence of the savage, are calculated to diminish the influence of all impressions which are not intimately connected with safety or the gratification of the wants and the sensuous indulgences which distinguish the advanced stages of society, or the teachings of luxury are neglected and unknown. When man is approaching the unreclaimed or natural condition of his race, either by the annihilation of the qualities which have enabled him to govern and guide his instincts, or by the usurpation of these instincts, his habits are assimilated to the rudimentary forms of society. In the maniac there are witnessed not only the blood-thirst, the ferocity, the cunning, the insensibility to pain of the savage, but his preference for nudity. History has preserved examples of this symptom from the earliest times, and it still constitutes one of the sources of perplexity and difficulty in all Establishments for the

insane. It may result from mere impatience of conventional restraint, from uneasy sensations, or impressions dependent upon the exalted or perverted sensibility of the surface, or from delusions connected with the garments worn; that they are poisoned, soiled, on fire, or the trappings of the tomb; or it may be dictated by an erroneous opinion as to the natural and proper condition of man, shared by a philosopher reputed to be sane and entitled to guide all reflecting minds; or it may constitute the manifestation of those dark and obscure suggestions which lurk under many of the extravagant or less repulsive manifestations of the insane. Occasionally such a tendency is encountered as an expression of excitement or of the increased temperature of the skin by which it is accompanied. Maniacs, in the early stage of their malady, denude themselves without design, and apparently with only a partial consciousness of the impropriety of the act; and these fanatics, impelled by fear, or the ferocity which attends intense suffering, who obtain prominence during great calamities, as during the siege of Jerusalem and the Fire of London, uttered their prophecies and denunciations in a state of nudity. Actuated by some obscure impulse, or by some association of external impressions with mental conditions, or by the law of periodicity, individuals reject their clothes at particular times, glory in their emancipation, are luxurious of their liberty, and, after such a demonstration of independence, resume the dress which they have cast off. This most frequently happens during the night, when restraint and supervision are partially removed; and from this circumstance the inclination is often associated with noctambulism. Individuals watch and walk in a state of nakedness for hours, or until disturbed by the night guardian, preserve grotesque postures, or busy themselves in the arrangement or disorder of whatever may be accessible, as if discipline alone had imposed the appearance of modesty and moderation. Others, however, will not remain in bed who pay some attention to their toilet. But there is an intolerance of particular portions of dress or covering. One eschews blankets; several invariably remove or destroy their caps, but no other habiliment; stockings and shoes must be secured by padlocks, while the other garments are worn willingly. One inmate would convert the chemise into a robe of state; and there is a general repudiation of buttons, braces, and bonds. These eccentricities are not so numerous as under that system which conceded to every morbid tendency its coveted gratification, when every imaginary monarch strutted in his crown of straw, and a

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modern Nebuchadnezzar indulged in grass, or the soil from which it grew. But now, as then, these features were not mere vague caprices, destitute of motive or explanation. They have their impress from the predominating feeling, their value as a measure of disease, their significance of its form and issue. The wool may prove an irritant to a highly susceptible temperament; the cap may be constructed of a material inconsistent with the original position, with the fancied dignity of the wearer; the boot may impede the movements of the winged Mercury, or augment that intense heat so often complained of. In the latter stages of the general paralysis of the insane, the incessant doing and undoing of the clothes may now be regarded as a pathognomic sign, and is legitimately designated, by those around, the button-mania. The skin is sometimes regarded as a dress, and all the additions refused as supererogatory, as if the feeling of personal identity were enfeebled as to a part, while preserved as to the whole body. During the persecution of the wolf-men of the Jura, they were arraigned as being clothed in the skins of beasts of prey with the hair turned inwards, and admitted the truth of the accusation, and must have depended for their convictions upon impressions derived from the skin, which justified the belief that it was an external and independent covering. If the habit disliked cannot be removed, it is torn to shreds; and should it resist the attempt, it is picked, rubbed, gnawed, burned. The disposition is so urgent, so indomitable, as to baffle all personal interference and vigilance; and dresses are now constructed of such a form, and provided with such contrivances, as generally to secure comfort and decency. The fabric selected for such intractable cases is canvas, and it can now be obtained striped and coloured, so as to resemble female apparel. The articles made are lined with flannel or quilted, in order to add to the strength and warmth; they may be so shaped as to appear the ordinary dress of the wearer, and the small button padlock may be employed under a great variety of circumstances. There is profound philosophical truth in the affecting words, "sitting clothed and in his right mind;" for not only is nudity a phase of alienation, but the cessation of the tendency is an indication of convalescence. But there is an antagonistic peculiarity. Patients refuse to undress; they retire to bed clothed; they resist all efforts to remove their apparel, and yield only to force or prolonged persuasion, or, it may be, to deception. The fatuous forget that coat or trowsers are worn; the

monomaniac apprehends theft, exposure revolts their delicacy, or their shirt has adhered to, has been absorbed into, or actually constitutes the skin. Examples occur in private where the same garment has been used for thirty years, and a similar course would be pursued in Asylums were opportunity offered. An extension of the same eccentricity leads to the use of numerous articles of clothing of the same kind. One gentleman wears three flannel vests; another appropriates all the pantaloons within his reach; and thefts of stockings, shirts, shawls would incessantly occur, did not authority interpose and reduce the wardrobe of each pilferer to its legitimate proportions.

Mania Errabunda.

There is a tendency in every mind, when tossed by strong emotion, to rapid movement. The diseased mind delivers itself up unrestrainedly to the impulse; and the individual marches, runs, rushes with the same impetuosity and reckless speed as his thoughts career before his consciousness. The act may be an automatic expression of the predominating feeling; it may be suggested by the high-strung tone or the irritation of the muscular system, by the pain, the thrilling, throbbing sensations experienced under excitement, or by that inclination to constant motion, which is itself a morbid psychical condition. There is not necessarily an object of desire or pursuit, no foe to flee from, no plan in view, no effort to escape from the tyranny of painful emotions; but a blind irresistible instinct, which hurries forward until fatigue or physical suffering, or interference, arrest its gratification. Such a condition has undoubtedly carried men out of civilization, beyond inhabited regions, and left them in deserts and forests, abandoned to their natural instincts, to inspire astonishment and horror whenever they are encountered as wolf-men, tree-children, and to suggest problems to philosophers as to innate ideas and the state of nature. Of four patients who have manifested this propensity, in combination with other symptoms of unsound mind, one left school repeatedly, and was found absorbed into the nomade population of London; mild, docile, infirm of purpose, he has shunned his friends, relinquished creditable and respectable situations, deserted from the army, and wandered without aim into new and strange scenes, been lost and mourned for until cast back by some surge or change in the tide of society by which he had been borne along. In a female, there was developed the desire to elude the observation and supervision of those around, to rush into the open air, unconfined space, to select the night for flight, and to wander forth without

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object, home, route, or knowledge of any spot, except that in which she lived. A cunning, silent, furtive man may have gratified his ambition by frustrating the precautions adopted for his safety; but liberty thus gained is never employed for any purpose but to loiter or walk rapidly and fantastically to and fro. Another artisan, of weak intellect, after exhibiting considerable restlessness, left his home, directed his way across the country, despised roads and bridges, avoided houses, and continued his arrow-like journey for several days, and after traversing a wide extent of moors and mountains, was found naked, shivering, bruised, and bleeding, but still intent on his onward course. Intolerance of rest and quiet, rapid aimless movements, often precede apoplexy. Either these are indications of physical changes terminating in grave lesions of the nervous structure, or they result from that mental perplexity and predominance of the lower propensities which so often usher in that state, which extinguishes at once the inclination and power to move. A patient, who had been an inmate for a few hours only, whose history was summed up in sleeplessness and restlessness, moved incessantly to and fro, moved when speaking, eating, denuded himself to obtain greater freedom of motion, sat down and died, affording a valuable illustration of the thunder-stroke of French writers, and of the necessity for reconsidering the prevalent opinion as to the duration of life after mortal injuries to the nervous system.

A lad left the Institution a month ago in a cunning and dexterous Escape. manner, but with no more precise idea of the use to which his enfranchisement might be applied, than that of walking to India. He had performed thirty miles of his journey, and relinquished his *El Dorado* reluctantly. On analysing the motives assigned for attempts to escape in this and other Asylums, the following statements constantly recur, that the fugitive wished to go to the fair, to attend business, a concert, to proclaim the advent of Christ, to commit suicide, to visit the Queen. Such attempts never succeed. Patients, whose intellect would be capable of defeating search, never resort to flight; while the cunning, that may momentarily elude vigilance, fails to organise means of preserving the advantage gained, and is prostrated or exposed by his own delusions, imbecility, or violence. In admitting the discomfort and monotony of confinement as suggesting escape, it must be considered that the pain of seclusion, of estrangement from all that renders liberty so especially precious, its mutual

relations, its social connexion, is much lessened by that selfishness or egoism which characterises alienation. The reality of their delusions is to the insane greater, if not dearer, than the temptations of the world. A member of a joyous household may deplore his solitude, a mother may yearn for her offspring; but the great majority of the insane separate themselves from the world before they are actually removed from it. They retreat within their own consciousness; all impressions are regarded not only subjectively, but connected with their prevailing and predominating idea or emotion. An artist, who conceives himself to be the apotheosis or concentration of Paganini, Lablache, and Turner, lives in and on his fond imaginings. Another artist has been persecuted at Court, and, in addition to "the proud man's contumely," has suffered evisceration. He has no longer heart or lungs; he cannot use his favourite instrument, and speaks of the ungrateful world as unworthy of his presence or powers. A melancholic has been persecuted by the police; even during the night they dazzle her eye by innumerable lanterns; she knows and finds no place of safety from their persecutions. A lady, whose blood has been extracted, lives constantly in the fear of death, and regards with indifference the mode and the place. Patients may covet freedom, but it is not for the purpose of employing it as they formerly did; it is not to perform the duties, to pursue the objects, or to enjoy the blessing which render it desirable; but to gratify passions, achieve aggrandisement, demonstrate propositions, not only incompatible with public order and safety, but inconsistent with their own nature, which are not the legitimate purposes of emancipation, but which must belong to a state of society, a world, utterly unreal and unlike that which they may regret.

The disposition to roam or run is met with connected with loquacity. Two individuals have exhibited this combination. They talked incessantly, loudly, and so hurriedly, that the words appeared poured out in sentences; no answer was demanded, no attention solicited, each exclamation corresponding to swift movements and gesticulations. These cases present the exceptions to the quiet and silence which obtain among the majority of the insane during the night. Soliloquy and noctambulism alone point out the necessity for the prolongation of supervision into the night. However erratic these individuals may be, and however devoid of motive their wanderings may be, their actions are voluntary. Cases occur where the most rapid evolutions,

Choreomania.

the most grotesque attitudes, the wildest gesticulations, are assumed in opposition to the interest, the object, the wish of the individual. He may will to move, and so far the exertion is successful ; but the will to move in a particular direction is not only abortive, but eventuates in progression or in a position totally differing from what was intended or expected. This form of aberration is generally observed in the young, and is preceded by abstraction or fixity of thought. Two patients have been admitted : one of whom, distinguished at school for his attention and assiduity, appears unable to emerge from the concentration so long cultivated ; silent, stolid, disinclined to move, resisting every external impulse, he clutches tenaciously at external objects, coils himself into constrained postures and the smallest possible size, and when put in motion, projects himself in leaps, gyrations, and grimaces ; the other is twisted into various attitudes, but generally presents the face towards the back, for the purpose, he avers, of seeing himself ; the arms are bent so as to approach each other behind, and thus contorted he remains for hours.

Modern science seems to point out that the rudiments, the tendencies to physical decay and disorganisation, exist originally in every frame. Birth is but the commencement of a process of decay. The relations of organisation, the circumstances, the noblest aspirations of the individual, may develop the latent evil ; but it exists independently of these, a part, a quality of the structure which it ultimately destroys. Similar views are entertained of the history of mental diseases. The germ may be traced in the early physical condition, as well as in the first dawnings of intelligence. Indications of unsoundness, of eccentricity, of weakness, and waywardness of the passions passing beyond the control of judgment and will, are found in all stages of progress, and under every mode of training. The "infirmities of noble minds" are said to afford proof of the existence of a substratum of unhealthy action, of the compatibility of gross sensuality, extravagant and untenable opinions, and erratic habits, with genius. The grasp of understanding, the brilliancy, the culture of other powers, may dazzle the observer and conceal the lurking taint or positive corruption ; but were the veil withdrawn, or did exciting causes supervene, the presence of the elements of derangement would be revealed. Certain philosophers are now preaching a crusade against human virtue, directing criticism to the exposure of the hollowness, the hypocrisy of the great ones of the earth, to de-

Development
of Emotive
Insanity.

monstrate the supremacy of selfish, corrupt, and debasing principles of action. It might be an easier task to prove that all men were mad. Those who have cast their eye most widely over humanity, or carried it most severely inwards, have recoiled in fear from the results of the survey. They have been astounded by the absence of wisdom, and order, and harmony, and wondered that society so composed, depending upon such discordant elements, should subsist; and dreaded that if religion, and law, and discipline were abrogated or weakened, men would not merely lapse into fanaticism and blood-thirstiness, but become maniacs or imbeciles. The truth seems to be, that in every mind there is an unhealthy current; there is a tendency to disease as there is a tendency to evil; that a contest is ever waged; that the sound mind is constituted by the mode of exercise of the faculties, rather than by their strength; that the triumphs of intellect consist as much in the subjugation and regulation of that which is anormal, inconsistent with peace and order, as in the clearness or profundity of its own acts. Whenever great predominance is given by original strength or culture to particular powers, it seems an inevitable consequence that others become enfeebled, irregular; and it is thus that in the monoideaism of artists, poets, and divines, foibles and oddities are laid bare, and the ordinary relations of society are forgotten.

Theomania.

The form of mental disease is influenced by current opinion. Not merely do individuals bring with them into seclusion the impress of the time; not only is every case modified more or less by the education, the position, the occupation of the individual, but the upheavings, the disputes, the conflicting opinions of mankind penetrate to the population of an Asylum. The prevailing thoughts, the dormant feelings and interests of many classes of patients, are found to be in accordance with the "vexed pulse of a feverish world." This is, in part, attributable to the intimate relations existing, and encouraged to exist, between the secluded and the free; but, in part, to those recent developments of the social and catholic ties which have brought men more into connexion, if not into sympathy, with the most distant members of the race, and which have rendered intercourse or intelligent relations necessary to the happiness and continued activity of the human mind. An Asylum is no longer an oubliette, a place of eternal sleep and forgetfulness, where those of ill-regulated passions or of perverted will are shut in, and the knowledge, and sympathies,

and ministrations of the healthy are to be shut out. It should be, and often is, a refuge from the agitations, and irritations, and noxious elements of active life; but, at the same time, a centre towards which all cheering and softening and purifying forces should gravitate. Dred is read with avidity, and no partisans are found for white slavery; the return to a patriarchal form of government is discussed, and the craving for fathership and fellowship, which prevail in society, responded to. But may not a reaction occur; and may not the suggestions of the morbid imaginations be propagated to the masses of mankind, mingle with the tide of rumour and belief, and ultimately assume the rank and character of a truth and a principle? One madman destroyed idolatry, converted the world to theism; and how far disease has entered into the epidemic fanaticism of successive ages, how far, even now, the theories of visionary, the actual delusions of distempered intellects, may swell the mass of error, cannot be determined. There may be encountered among the insane the germ or type of many of those opinions which have become the characteristics of schools of philosophy or religious truths, and can boast of disciples and proselytes. One gentleman believed in transmigration, contending that such a system may be compatible with the truths of Christianity, as it does not necessarily destroy the individuality of responsibility; that he may, as an animal, have been a preadamite; that sin began in Heaven before the fall. His only hope was, that if Satan, he might still, when the scheme of Providence was completed, be annihilated. The millennial period may have existed for fourteen years, and be known to a few only. Another denies the existence of matter, as he has only cognisance of psychical impressions; and of God, as all proofs of the existence of such a being are material. He cannot believe in anything except it be demonstrated; he is sceptical as to the reports of consciousness, as he can possess no evidence of its trustworthiness except through itself, and he is accordingly forced into what he designates the condition of nothingness.

Disease of the religious sentiment presents many aspects. It may possess the features of intense elevation of devotion; it may degenerate into dogmatic errors, or into wild irreverence and profanity. The designation embraces not merely the two extremes of piety, the abnegation of self, the abstraction, the reverie which approach the characteristics of quietism, and the extravagant formalism and observance of an objective worship; but the delusions as to supernatural

agency, Divine intervention, the conviction of special grace, unequalled penetration into the workings of Providence, and all the fancies, and follies, and presumptions which are generated by error or excitement. Periods marked by great sincerity and fervour of purpose, not only produce, but define and distinguish the types of feeling, to which such manifestations are to be referred. It would appear that in the pre-reformation era, mysticism and a passionate craving for intimate relations with Deity obtained a prominence, foreshadowing the moral convulsion that approached, and that these conditions were often associated, even in the pure and holy, with extravagant conceptions of the powers and privileges conferred upon the penitent or the proselyte. The very names and descriptions are applicable to the species of alienation daily presented to observation. To a certain class of minds it has appeared rash to assert that powers, consecrated to so lofty a purpose, could attain excessive activity, or influence, or dominion, or should be regarded as affected by disease, because they existed in ill-regulated or feeble intellects. It is certainly true that the essential features of the affections are derived rather from the judgment which guides, or fails to guide, than from the impulse which suggests faith or worship. The tendency to believe, to trust, to hope, to obey, may be sound and vigorous, while the individual conceives himself an incarnation of supreme power, or a dispenser of Divine justice. But cases occur in which these sentiments are weakened in proportion to the extent of the delusion, and extinguished by the obscurity and darkness which succeed. Two patients have been admitted presenting exalted pietism, and intense love and incessant adoration towards Deity. They shouted psalms and petitions, while engaged in strife and struggle with those around. They leaped up from rest and slumber to enjoy communion; they lay silent, contemplative, inattentive to external impressions; they prostrated themselves nude, abstinent, and absolved of all earthly ties; they were absorbed into the being they addressed, and for a season lost their individual consciousness. When recalled to their actual condition, the one became an impetuous and intractable champion of his own will and passions; the other an impulsive and excitable girl. Three patients have been under treatment arrogating special favour and enlightenment, penetration into the sources of sin, capability to resist temptation, and impeccability. In one, there is the sullen pride of superiority: he is the victim of all the enemies of God, and while he

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admits the laxity of his own morals and the dissoluteness and unprofitableness of his career, he hints that a certain latitude is allowed to those elected, as he is, to great destinies ; in another, there was the calm placidity of perfect triumph, the self-satisfaction of one whose cup was full ; in a third, the divine afflatus, which he boasts, had come accompanied by suspicions of mysterious changes in his person, and the conviction that his spine has been replaced by that of a shark. Three individuals are depositories of the will of God. They know Divine Will. His purpose, they have been in His presence, or have partaken of His counsels. In one, the revelations were vague and visionary ; but the slightest allusion to inspiration, or its source, induced an irradiance of countenance, and an effort to describe her trance and heavenly communion, which was feebly supported by palsied limbs and impoverished language : in the second, the disclosures related to the state of the lungs and heart : and in the third, the power of composing a sermon in ten minutes, and delivering it in copious, eloquent, and persuasive phraseology, was associated with the idea of preternatural swiftness imparted to a horse, comfort to a house, and beauty to the valley in which he resided. The fourth form in which theo- Divine Power. mania has been observed, is where there is the assurance that the individual is God or God-like, or endowed with authority over nature, which could only be possessed by Omnipotence. Two examples have occurred. An ignorant labourer, whose vocabulary is meagre and ungrammatical, assumes that in him the Holy Spirit is located, that he therefore can speak all languages, and experiences great anxiety to display his acquisition. A well-educated gentleman has lived on this earth, which he created during forty thousand years : he is the Saviour of mankind, and reads prayers every morning without detecting the incongruity of petitions addressed to himself by himself. These are not fleeting nor fluctuating impressions, but remain indelibly interwoven with the character.

Infidelity has its victims. The mind, solitary in its isolation and abstraction, seeks a help, a stay, "the worship of something afar," and rushes into fanaticism, or sinks into desolation and despair. It may be that the latent doubt, the speculative faith, the rationalism, which are suspected to underlie modern religion, rather than religious feeling itself, is the prolific source of the theomania now met with.

It is worthy of remark that nearly one-fourth of the patients ad- Melancholia. mitted have laboured under despair and despondency. An explana-

tion of this large proportion, which has been observed elsewhere, cannot be discovered in public events, unless the settlement of the great question and quarrels which agitated the world, and must have penetrated to the humblest heart, may have permitted and encouraged that self-analysis which so often suggests fear, and doubt, and despair. Physical disease is said to retreat and disappear before the terrible majesty of a general pestilence; and it may be that the selfish sorrows, the anxieties, which are developed into alienation, exercise less influence during the intense interest, consternation, or hope, which prevail when mankind is involved in great contests or great calamities. Under different social conditions, the insane have dreaded a Jesuit or the police; the mental affection has originated in, or derived its colouring from, surrounding circumstances. But, in all the cases now under consideration, the source of distress or disturbance was personal; the imaginary misfortune, or misery, or shame, sprung from the guilt, or rashness, or ruin of the sufferer. In one, the feeling of depression constituted the whole disease. There was no delusion, no aberration; but there existed the complex state of despair suggesting that it was impossible to taste the happiness which others enjoyed. In one, pecuniary ruin, and unwillingness to encounter the consequences, suggested the abandonment at once of life and hope. In three, despondency was associated with fear. They sat for days or months mute, motionless, or swaying to and fro, or writhing, pale, cold, sometimes trembling. In five, the specific object of terror was the spiritual condition. They had deserted God, or God deserted them. They were already under retribution. The enormity of their crimes was such that they did not desire forgiveness: their nature so interpenetrated by corruption as to be insusceptible of purity or peace. To this, in another case, was added the dread of the extent and severity of the punishment entailed. Two mothers feared that it might become their duty to sacrifice their children; a third, that she had disgraced and ruined a favourite son by opium eating. One aged woman dreaded apprehension for an imaginary debt. She heard the clank of the chains, the steps of her pursuers: her destiny was a public trial, her home a prison. Another had murdered all the subterranean population, and especially the colliers, and must await the merited vengeance. A lady, who has lost her stomach, whose circulation has been arrested, recoils from the death which impends, and yet accelerates its approach by refusing food; another abstains, and is haunted

at all times by voices which proclaim her reprobate and an outcast ; a third concentrates her mind upon her physical sensations, conceives that all superintending care has been withdrawn from her organisation, and dignifies her hypochondriasis by despair. Vague anxiety and depression as to the discharge of a duty marked the malady of a clergyman, whose fidelity to his charge, and excessive mental exertion, had exhausted his frame ; while long-continued disregard of all responsibility in another, brought at length alarm, shame, and attempted suicide.

But morbid terror may exist independently of despondency. It Monomania of Fear. may be the premonitory symptom of alienation. The mind sometimes sees and dreads its approaching overthrow. The apparition which superstition has conjured up, the instigation of a pained or perverted conscience, which is interpreted as the voice of God, may induce panic. It may haunt even the imbecile, whose intellect is not sufficient to impart courage, but sufficiently acute to perceive and exaggerate danger. But it may likewise be the characteristic of disease ; it may paralyse reason, even when it is free from hallucination ; it may suggest the objects dreaded, or magnify them beyond the dimensions which even a distempered imagination would confer. Five patients have laboured under panphobia. In two, no other conspicuous indications of disease could be detected. They awoke suddenly from sleep, shuddered, shouted for help ; but they neither point out the cause of their apprehension, nor describe the nature of their horror. In one, a frightful dream overthrew the mind, and the patient awoke insane and terror-stricken, and fled, as long as strength permitted, into corners, under tables, from some hideous phantom. A lady is affected, after profound sleep, with agitation, anxiety, and tremor, which she can neither explain nor control. A prisoner dreaded his anticipated trial so intensely as to be seized with epilepsy, to attempt suicide during the night, and to become, from that time, partially fatuous. He retained the feeling of timidity, and trembled whenever roused to a recollection of his supposed doom. In all these patients the paroxysm occurred during the night : it may be because darkness and solitude are prescriptively associated with belief in the supernatural, but chiefly because ordinary impressions and distractions are withdrawn, and the strength of all emotions is augmented. In all there existed irregularity of the circulation, and perhaps cardiac disease, which is known, even where the will suffices to rule or

Monomania of
Suspicion.

regulate the sentiments, to be accompanied by sudden anxiety, perturbation, fear of dissolution, and to suggest these feelings most strongly at the moment of awakening from sleep. There may be doubt of the intentions, disbelief in the integrity of friendship of those around, and blind credulity in the existence of hostility, stratagems, conspiracies, unmingled with fear. The treason may be seen, exposed, and punished, with all the calmness and fortitude of heroism. Four patients, animated by suspicion, have been under treatment. In two, delusion suggested the suspicion; in two, the feeling originated the delusion. A shepherd, residing in a remote valley, traced writings on the wall, which he interpreted as intimations of his own disease, of his wife's infidelity, and the unkindness of the world: the imaginary visits of a clergyman suggested in a female the attribution of unworthy motives, a denunciation to the Sheriff of immorality, and the circulation of those reports which so often disturb and embitter happiness and break up the bonds of society, which are so dexterously and inextricably interwoven with facts as to defy elucidation and defence, and illustrate the cunning, as well as the malignity, of the morbid and impure source from whence they spring. In a third, a sour and morose disposition represented all men as faithless and inimical, severed the ties of kindred, and created a gigantic plot against her life, and honour, and happiness. In a fourth, the jealousy of disappointed affection, nourished in solitude, has poisoned every spring of love and trust; and the murder of a favourite cat has demonstrated the existence of a society of Thugs, who meditate her own destruction.

Monomania of
Pride.

There has occurred one example of the monomania of pride. Every word and look convey an announcement of dignity, and defiance, and contempt. The patient's exalted position exempts her from industry and exertion, raises her above all around, and isolates her from her relations. Except the conviction of her greatness, no delusion has been detected; neither is the nature of her pretensions explained, nor perhaps even to herself explicable.

Erotic tendencies are generally observed in youth, or in extreme old age. In the former, they are often connected with scrofula and tuberculosis; and it is believed that cod liver oil, and the preparations of iodine, have proved anaphrodisiac as well as nutrient. When this form of disease appears at an advanced period of life, it either follows cerebral congestion, or accompanies enlargement of the prostate gland, or disease of some of the pelvic viscera. Medical, rather

than legal investigations should be instituted into those outrages upon decency and propriety, which may cloud the close of a life of probity and purity, and which prove as incomprehensible to the perpetrator as they are inconsistent with the character and conduct. Two cases have been received : one, a lady of sixteen ; the other, a septuagenarian. In one, the propensity was solitary ; in the other, it was connected with periodical depression and excitement.

It cannot be disputed that, whenever a propensity becomes incontrollable, whether it be injurious to the individual or society or not, whether it be regarded as a croquet or a crime, disease must exist. This must be true, whether the impulse has sprung suddenly and in irresistible strength, but unsolicited, from the depths of the original nature, or has been brought into activity by the will or habit, and been fed, and fostered, and favored, until its mastery is triumphant. The amount of responsibility may vary infinitely ; it may rest exclusively with the victim ; it may be divided between his pampered appetites and the social customs by which he is surrounded ; it may fall upon the race from which he sprung, the climate under which generations have passed away ; it may be traced back for centuries, and attached to a distant ancestry ; but in the irresistibility of the craving consists the disease. The desire for stimulants appears to be especially connected with a certain transmissible condition of the nervous system. There are families of drunkards : noble and ancient races have been ruined and extirpated by their orgies. There is much difficulty in dealing with such cases. While under the influence of intoxication, the characteristics of derangement are obvious, and restraint justifiable ; but when consciousness returns, the apparent attributes of sanity are displayed, and although the morbid appetite may be warping the whole soul, chained but not subdued, waiting, meditating, craving new excesses, seclusion is rarely resorted to, not because it is unnecessary or unjustifiable, or cruel ; but because it is supposed to be illegal. The timidity of the law has generally been such, that unless the patient, conscious of infirmity and degradation, consent to be treated as insane, no adequate treatment can be adopted. Five cases of dipsomania have been admitted. Every patient has submitted to treatment voluntarily ; affording an example of virtuous self-denial, of self-reformation, worthy of the noblest natures, and displaying how fully these individuals concur in the opinion that their condition was

intimately allied to, if not identical with, aberration ; how utterly feeble or powerless their will, their struggles, virtuous resolves, penitential prayers, are against the instigations of this tyrannic force ; how confident they are that the inability to gratify the propensity is the only preservative from its influence, the only rational mode of weakening and eradicating the power. A second difficulty is presented in the impatient submission to the rigidity of the discipline, to the hardness of the fetters, the duration of the captivity. It is clear that tendencies which have grown into habits, that habits which have grown with the growth, whose origin is lost in childhood, cannot be uprooted in a few hours, or days, or months ; that the absence of the impulse, or the determination to abstain, do not afford a sufficient guarantee of health. This improvement may be genuine and sincere, but be nothing more than the immediate result of returning physical health, and of the emancipation of the system from a poison. It seems well established that the mere removal of temptation, the most rigid rule of abstinence, may do much, but will not eradicate the morbid tendency. The felon may in jail be a model of honesty ; as the dipsomaniac may in an Asylum, or under a vow, be of sobriety. But as reformatories are required in the one case, long discipline, the displacement of old by the formation of new and healthy habits and tendencies, a re-education of all the powers, and a discouragement of the instincts, must form an important part of the treatment.

Monomania of
Ambition and
General
Paralysis.

The fact that the sentiment of hope acquires an anormal exaltation in the most fatal disease of the nervous, as well as of the nutritive system, that it irradiates every new infirmity, gladdens the most gloomy and painful scene, and lingers to the close of life, has a moral if it has no psychological significance. Two patients, affected with general paralysis of the insane, were among the admissions. To the imagination of the one, a small coasting vessel assumed the properties of an argosy ; to that of another, incredible swiftness was imparted to his horses, exquisite beauty to his residence, eloquence to his language, and he died in pain and prostration luxuriating in the anticipation of a feast. But these vivid and exaggerated visions are not confined to the palsied. Insane ambition may be found without complication. There may be monomania affecting the reports of one external sense. An offensive odour may haunt as well as a phantom ; there may be the deletion of a single external object ; of a cat or a rose ; the patient may find sources of alarm in every object ; or

he may at once fear, and suspect, and hate. A gentleman, of limited capacity and retired habits, has been deprived of liberty in consequence of an imaginary attachment, or of an attachment contracted on imaginary grounds of encouragement, to a lady of high rank with whom he has merely come into contact. The earnestness and importunity with which he urged his suit, and the obstinacy by which he is still actuated, justified seclusion ; but no other indication of aberration can be detected.

In the survey of an Asylum there is encountered a large population of contented, even happy patients, whose features may present an expression of feebleness and repose ; whose conversation is garrulous, puerile, or positively incoherent. They have adopted their residence as a home ; they conduct its industrial operations ; they attend, participate, and assist in its amusements, and may be classified by those peculiarities which either as the remains of their former disposition, or as the products of new mental combinations, occur in chronic alienation, and which may furnish elements of usefulness in the community with which they are connected. In certain demented, all the mental faculties may be manifested, but in a weakened, emasculated degree,—this is generally observed subsequent to acute mania : in others, particular powers, or special applications of those powers, are obliterated, the memory of time, words, may be thus affected,—this privation following apoplexy or epilepsy ; or new endowments are observed to rise from the destruction of the original capacities, training, and tastes. Seven patients may be comprehended under the first class ; but these are again distinguished by delusions or particular modes of thought. One mistakes her companions and attendants for her relatives ; a second mistakes herself for another person ; a third declares that pain in the head prevents her from thinking ; a fourth, that he lost power of thinking in America. A domestic servant declares her inability to return home, as her native parish is so densely peopled that there is no standing room ; another conceives that her industry should long since have propitiated an offended father ; and an officer speculates constantly on the purchase of an Arabian horse. Four may be arranged in the second class. In one epileptic, all former tastes, except that for dancing, appear deleted ; he gazes for hours on the same page and word, but names no impression ; in a paralytic the calculation of time and the recognition of persons are destroyed ; in an epileptic the perceptive powers alone remain ; and in

Dementia.

another paralytic all mental acts, except the joyful recognition of one individual, are absent. In such cases, but especially in the similar condition observed towards the termination of general paralysis, the following psychological peculiarities are worthy of record:—I. Slowness of every act of mentalization: II. Tenacity of particular combinations of ideas: III. Receptivity of the first impressions of a series: IV. The gradual growth of thought, after a convulsive attack, and increase of capacity for receiving and communicating impressions. Under the third category may be placed a female, whose language is fervid, impassioned, poetical, who speaks in quotations from standard authors, in whom a cultivated imagination appears to have occupied the place of the higher powers; and a blacksmith, who spontaneously, or when solicited, improvises with great fluency. His verses are incoherent, and of the rudest structure, but display a fertility of rhyme which is scarcely consistent with his education, or with the poverty of his capacity.

Development
of New Powers
during
Insanity.

Phenomena are occasionally observed, which justify the opinion that powers and faculties are developed, or acquire an extraordinary prominence during and by disease; which do not exist, nor are projected upon the ordinary sphere of action under common circumstances. How far delusions are waking dreams, or impressions received during sleep adopted as truths, is not inquired. How far visions are revelations and intense emotions, lofty aspirations, and developments of an inner life, is not inquired. But it is worthy of investigation, whether the fervid eloquence which overpowers, the subtle reasonings which distract, the predictions and denunciations which startle, and, above all, the convictions, the revolutions of opinion, sentiments, character, during alienation, are indications of the origination of new powers. Does the mind grow under excitement; do its faculties enter into new combinations amid the ruin of early training, established habits, and cherished hopes? Robert Hall recognised the invigoration of judgment as a compensation for the decay of imagination. A clergyman, recently discharged, conceived, and apparently correctly conceived, that he had acquired a greater copiousness and fluency of expression: a lady of sedate, even grave deportment, has become a humorist, and exhibits a felicity and profuseness of illustration, and a causticity in her wit, alike foreign to her capacity and disposition: another, of powerful intellect, has discovered strong grounds for belief in a previous state of existence, as she has penetrated to thoughts,

which are doubtless her own, and to impressions which she must have received, but which do not belong to her present condition. Another, of prosaic but excitable temperament, has acquired the power of composing verses. In another, the thoughts have become objective, her sins are presented to her visibly, her life is written on the walls, or passes before her a visible and tangible panorama. A third, holds that the world is animated, and that the changes upon the surface are not the results of a providential scheme, the designs and acts of a supreme intelligence, but vital processes, resembling decay and nutrition, and necessary to the preservation of its being. A fourth has lived forty thousand years as a cow, and possesses in his divine mind the archetype of all forms and harmonies.

Two cases of congenital idiocy have been added to the large number already secluded. Equally imperfect and undeveloped, their dispositions are strongly contrasted. A gentle, guileless boy, who does not recognise his relatives, who can only articulate a few vague phrases, has been confided to an amiable imbecile, whose whole moral nature has been roused and regenerated by the society and dependence of his charge. The other is cunning, sensual, degraded; but imitative and capable of tuition, could such be adequately supplied.

In contrasting the annual series of amusements, the arrangements devised to dissipate monotony and gloom, and the discontent which grows out of indolence—or in summing up the results, the hilarity or serenity imparted, and the intolerance of restraint and discipline which cannot be mitigated under the most favourable circumstances, the hostility which cannot be appeased by overtures of love, and peace, and enjoyment, and the weariness of hope deferred even amid efforts and appliances to support, and encourage, and occupy—it is difficult to conceive the state of mind which prevailed under a different system before such attempts were made, or contemplated, or conceived possible. The mental powers long resist maltreatment, mismanagement. Health, and order, and harmony return to the ruined and distempered spirit in despite of every opposing influence. It would appear that as hardship stimulates intelligence, and as squalor and suffering have often nurtured genius; cruelty, severity, and neglect may have roused from lethargy, strung the feelings and passions with energy, and necessitated that self-control which is so closely allied to sanity. But what must have been the privations of the inmates of an Asylum, even where no cruelty was practised, espe-

cially if they originally belonged to the educated classes, where all means of innocent recreation were discouraged or prohibited, where there were no classes, concerts, musical instruments, lectures, balls, books; and where these provisions, if introduced, did not approach the standard which now exists, but which is not found to meet the expectations, the wants, the wishes, of those for whose benefit that standard has been gradually but rapidly enlarged and extended. It may be that such means of amelioration now occupy a higher rank, and obtain a greater amount of consideration, than what those who place confidence in their efficiency originally intended; but should a further development of these resources be deemed invaluable, or even should less importance be attached to their influence, the positive benefits already conferred must prevent a return to the stern and sombre system formerly universal; to the curtailment of the hours appropriated to emancipation from active toil, to the economisation of light and mirth, to the exaggerated estimate set upon silence and sedentary habits, and the invariable and immutable rule that every individual must sleep or repose, or retire as the sun sets. There are difficulties in carrying out such innovations; but cordial co-operation may generally be expected from those who are to participate in the revolution, and the only actual sacrifice required is from those who have devoted themselves to secure the happiness and enlarge the mental range, by every approved means, of those whom they cannot restore to personal liberty; and whose powers of diffusing joy and gratification and instruction are actually as much the property of those whom they have adopted, as their experience, skill, or medical resources.

Moral
Treatment.
Lectures on
Errors of
Sense.

The attempt to systematise moral treatment, to apply its principles to the insane in groups, to act directly upon the mind itself, to uproot delusions by popular teaching, by a demonstration of their absurdity, or that they are explicable by the aid of science, has been successful. It is probable that the interest excited was partly attributable to the novelty of the subject, the curiosity which all men experience as to the laws of their own organisation, and the illustrations introduced, but the influence acquired was perhaps powerful in proportion to the unconsciousness of the auditors of the real object proposed; and a false faith may have been shaken, errors may have been corrected, and a healthier tone of mind imparted, by the attempt to criticise or refute the propositions advanced, and while the controversialist was altogether ignorant that he was the subject of an experiment. The

first lectures to the insane were, it is believed, delivered in this Establishment; but at present they form a part of the moral treatment in, at least, three Asylums in Scotland, and such a provision exists in the majority of American Institutions. The operation of such lectures, as were conducted during last season, may be threefold:—

I. The understanding may be convinced. II. The personality of the instructor may be adopted, and the auditor may think through and by his thoughts; may receive his opinions and belief; may embody his feelings. Or III. The impressions conveyed may displace and dissipate the suggestions of disease. It might be difficult to adduce an example where these exposures of popular superstition, or of the misinterpretations upon which delusions depend, actually plucked from the mind its rooted error; but illustrations might be described where doubt was suggested, where new trains of association were originated, and where, for a season, the mind became clear and vigorous while witnessing its own dissection, gazing on its own reflexion. One educated individual, who had long been actuated by delusions of all the senses, and who sought and conceived that he had found a solution of his former difficulties by reference to the laws of light and sound, cordially approved of the project, joined in the enterprise, and presented the striking spectacle of employing his own experience in leading his companions back to truth and love, and in wielding his recently regained reason against the follies and fallacies from which he had escaped, but which still actuated many of those to whom he appealed with darkness and despair. The same principle may be said to have been carried out in a series of expositions delivered by Dr Smith on Photography. The audience was limited to such in-

On Photography.

mates as were fully capable to follow the history of the art, the physical and chemical laws and processes which are involved in its application, and who could accompany the lecturer in excursions to the neighbourhood; but no facts appear better calculated to dispute the dominion of mystery, to enlighten credulity, than those which prove that the most profound secrets of nature may be revealed, and the most wonderful triumphs over natural difficulties may be accomplished, by scientific penetration. Dr Dickson continued this mode of teaching or of

On Botany.

treatment to a larger, but selected, audience during summer and autumn, by directing attention to vegetable anatomy and the laws of typical forms. Besides the immediate object of invading and disturbing that subjectivity and concentration which characterise so

many modifications of alienation, these inquiries into the laws and affinities of the vegetable kingdom had the higher aim and efficiency of conveying ideas of uniformity, and harmony, and design, where previously all was chaotic, or a congeries of isolated impressions. The estimate formed of the utility of these exertions may be learned from the arrangement recently completed, by means of which not only the diagrams, apparatus, and objects of natural history belonging to different Asylums are to be exchanged and employed, so as to vary and enlarge the field of observation and illustration, but such of the Medical Superintendents, as may be disposed, shall occasionally appear as lecturers before the communities under the charge of their fellow-labourers. This measure will lessen intellectual labour, introduce new elements of reflection to a succession of audiences, bring those who are, to a certain extent, isolated by the nature of their mission and functions into more frequent intercourse, by mutual co-operation, and by participation in working out the problem how far the powers of moral agents are, or may be, exerted over and in the cure of mental affections.

Exchange of
Lectures.

Literary
Occupations.

Besides the literary tastes, the ephemeral productions, the general cultivation, of which libraries, book-clubs, lectures, and periodicals are the evidence, there is buried amid these ruins of mind, profound learning, the acquisitions of protracted study and of practical experience. The philologist will be found engaged in a critical analysis of a sentence in Sallust or Tacitus; an engineer is busied in plans and projects prospective of a new railway millenium. Controversies upon Schiller are waged in one room, while the Tales of Souvestre are translated in another. Three ladies meet to read morning prayers, alternately in German, French, and Italian. A theologian varies his studies of the French divines by reading the works of Bacon in folio; a physician is busied in Dutch, that he may exchange thoughts with Vanderkolk. An artist engages in the completion of a picture for the Academy, and multiplies pen and ink sketches of exquisite beauty. Anglo-Saxon antiquities are the choice of one scholar; and one omnivorous reader is engaged in noting and recording every peculiarity and eccentricity which reduce great men to her own level. A mathematician prosecutes his calculations with a severity and enthusiasm which has already been rewarded; a scientific musician presides at the organ; two patients are to conduct classes in languages; and concerts and dramas have been mainly indebted to inmates for their

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excellence, success, and frequency. Mental exercise has become a necessity. Tuition is a part of the moral economy desiderated and demanded by the pupils, awakening the zeal and interest of preceptors, and prescribed by the physicians—not merely as a mode of filling agreeably the intervals between graver occupations, or of dispelling the monotony and tedium which fall most heavily upon those who approach most closely to health, but as restorative, as withdrawing the mind from its own acts; as imparting continuity of action, progressive developments; as engaging it in considerations not only abstracted from emotion and personal interests, but inconsistent with agitation, reverie, or abstraction, and those various modifications of morbid mental action which remain after the acute stage of alienation has passed away. The presence of an educated companion exercised Pascal's familiar; the act of reading aloud has silenced the blasphemies of imaginary voices; the exercise of artificial memory, of recalling particular trains of thought, has restored calmness during a paroxysm of violent excitement; and the acquisition of new ideas, the effort to comprehend new principles, the accumulation of materials for reflection, must give present occupation, if it does not communicate a permanent direction to the faculties. A class for instruction in German was, during last winter, attended by fifteen pupils. The anxious preparation, the appeals for assistance, the friendly rivalry between students of the opposite sexes, and the regret experienced when the course terminated, afforded proof of the justifiableness of the attempt. This course is to be resumed, and arrangements have been made to meet the tastes, and preferences, and deficiencies of a greater number of the inmates, by providing regular instruction in Latin, French, and drawing.

The accessibility to book-clubs, the cheap price of recent publications, might appear to render the accumulation of books in a library less important; but the incessant craving for variety, for artificial intellectual excitement, as well as a taste for the higher departments of literature, is brought with patients into Asylums: the newspapers and serials foster this predilection, the connexion of a large proportion of works with current events, the amount which they contribute to the materials of thought and conversation, render it necessary that the increment of books should correspond with the admission of patients. It is now a regular duty of an officer to convey books to and from the library, which, although ignored and

discountenanced twenty years since, is now elevated to the rank of a department.

Pursuits beyond the Walls.

While a select, and necessarily a small, number of the patients regularly attend worship in Dumfries; assist in the examination of seminaries of education; act as critics on theatres and concerts; copyists at lectures and picture galleries; admirers of flower shows; and spectators when the hounds throw off, arrangements are invariably made to introduce the scene of recreation or instruction within the walls, to present it before those portions of the community whose condition necessitates seclusion. A successful concert in town is repeated in the theatre, lecturers are invited to repeat their addresses; but it is necessary to record in an especial manner the kind co-operation afforded by Mr C. Harkness by bringing within the reach of so many who could appreciate the enjoyment the repetition of his investigation into the history of Madrigals and the illustrations by his class.

Excursions.

Patients have visited distant towns: have gathered the arbutus on the shores of Killarney: have mingled with the multitudes that crowd the Crystal Palace. If it be true that the exertions required in an attempt to escape have enlarged the capacity and promoted convalescence, that the removal from one place of seclusion to another has proved beneficial, that the emancipation during a few hours from the mildest discipline imparts new hopes and reanimates former predilections, how important must be the effects of a total separation from the badges as well as the bonds of their condition, of an escape from the consciousness of their isolation, and of an introduction to the impressions and enjoyments of the free, the healthful, and happy, of a reunion upon terms of equality with their fellow-men. The affluent can alone command such advantages; the partially sane can alone appreciate them. Upon a limited scale, however, such arrangements might comprehend a larger number than what has hitherto been conceived practicable. Forty excursions have been made to the environs; and where they fail as curative measures, they add to the amount of present enjoyment and pleasing recollection, deprive the sufferings even of the insane of some of their poignancy, engraft on disease mitigations of its bitterness, and convert delusions into sources of solace and satisfaction. A humble individual, who annually visits Newabbey, declares that it is his property, and extracts gratification from the gains which must accrue from the exhibition of the ruin;

and another prepares lists of the companions he desires during the season for excursion, months before the period arrives. The circle of rural amusements has been greatly enlarged. A corps of anglers has explored every stream, and many a lake, in the district. This sport has been sanctioned and encouraged by the most kind and liberal permission of the Duke of Buccleuch, Messrs Maxwell of Dinwoodie, Johnstone of Halleaths, Leny of Dalswinton, Dougal of Blackwood, Bell Macdonald of Rammerscales—by all to whom application was made. It is confidently believed that upon no occasion has this liberality been abused; while the pursuit of game was most enthusiastically prosecuted, the sportsmen were led into scenes of great natural beauty, and historic or romantic interest: were introduced into the grounds and woods, and sometimes to the hospitality of the proprietors, from which they have carried back impressions calculated to cheer the gloom of winter, and to displace the harsh and jealous thoughts sometimes entertained of their fellow-men. Pedestrian excursions have been made to the summit of Criffel; and either from that primitive instinct which prompts such ascents, the desire to contemplate a wide and varied expanse of country, from the feeling of temporary liberty, or that rivalry which arises upon such occasions, the indifferent became zealous, the lethargic became active and agile, and one assumed the lead who had been sedentary for months. Bowling and quoiting have many admirers. The annual medal has passed into new hands, and the contest for the championship was protracted for weeks. A new amusement is a new remedy. A skittle ground is projected and planned, and would certainly prove a boon during weather that does not provide smooth sward nor permit of exposure. In archery alone has there been a signal failure. History tells that Scotland furnished bows rather than bowmen; and either that the interest of the sport is not appreciated, or that tuition was arduous and imperfect, the attempt to suggest a new pastime was unsuccessful.

Among other changes, the appointment of a conjoint Treasurer must be recorded. Although not required by the age or health of the incumbent, it is a manifestation of that caution, and consideration, and probity, which have distinguished all his proceedings during his long and most useful occupancy of the office he holds, which has constituted him not only the manager of the pecuniary affairs, and the legal adviser of the Establishment, but the enlightened and

Angling

Archery.

Changes in Staff.
S. Adamson,
Esq.

faithful friend of all its officers and inmates. His son brings to the discharge of his important duties an intimate acquaintance with the affairs of the Institution, a knowledge of its traditionary, as well as of its written history, and a training amid the concerns he is about to superintend, and in a school worthy of all commendation for patient industry and rigid exactitude. Dr Smith, of the Southern Counties' Asylum, has been appointed Medical Superintendent of the Durham County Asylum at Bensham. His versatility of talent, his long domestication with large bodies of the insane, and his intuitive penetration into the disposition of those committed to his charge; his knowledge of mental disease and of the architectural provisions for its treatment, as presented in other countries and under different social systems, must especially qualify him for superintending the erection and commencement of a new Establishment. While such frequent changes, besides being expressions of confidence in the character and capacity of the individual officers, which are not to be rejected nor interfered with, are tacit but unequivocal tributes to the usefulness and success of the system, first introduced into this Institution, of converting an Asylum into a gymnasium, of rendering the duties of the junior medical officers opportunities for observation, means of training, a stage between general education and the prosecution of a speciality; and while such appointments diffuse what is good and useful over a wider surface,—they are attended with evils. They destroy abruptly those ties of friendship, and respect, and dependence, which constitute important instruments of cure, as well as sources of happiness, in such communities; they remove the officer at the precise time when his acquisitions and peculiar endowments are beginning to exercise influence upon those around, at the highest point of usefulness; and they invade all those systematic provisions for moral discipline which are only the growth of long association and combined exertion. These considerations have suggested the selection of one from the large number of candidates who presented themselves for the situation of Medical Assistant, who to higher qualifications added the determination to devote himself for a certain specified period to the study of mental diseases, and who is bound to yield back, in the duration of his professional and philanthropic ministrations, the first fruits of the experience which he may gather during his connexion with the Institution.

It may be permitted for those who so long laboured under his

Dr Smith.

Admiral
Johnston.

authority and endeavoured to carry out his will and wishes, to record humbly their deep regret that Admiral Johnston is no longer here to examine the satisfactory results of another year, to check sanguine expectations and what he regarded as rash aspirations, but likewise to award praise, and support, and strength, where they appeared to him to be merited. His chief interest was in the fiscal details of the community; but in the administration of all its affairs there were apparent a simplicity and inflexibility of purpose which all could understand and execute; which obtained respect or acquiescence even from those who might not see its expediency or justice, as the obvious and unequivocal suggestion of an honest and independent conviction. He may be said to have seen many subjects intuitively rather than through judgment; but even when guided by impulse, his conclusions were often as sound as the deliberate opinions of other men, and bore with them the impress and influence of perfect uprightness and an energetic will. In all these decisions there was a single-mindedness, a purity of intention, a sense of duty and a devotion to what he deemed to be the interest and prosperity of the Establishment, which disarmed opposition, which redeemed that inflexibility of opinion inseparable from earnestness of disposition, and which gave an elevation to his character denied to other natures. Within a short period of his death, and when bowed down by suffering, he spoke to the writer with undying interest in the concerns which had so long occupied so large a portion of his thoughts. At such a meeting as this, from which it is believed he never was until now absent, and in the proceedings of which he took so prominent a part, it may justifiably be said "though dead yet he speaketh."

Such arrangements, and such an assimilation of seclusion to the pursuits and pleasures of common life, even to the mode of life of the happy and enlightened, may lead to the erroneous impression that alienation is scarcely a privation, and that the restraints which it entails may be converted into golden bonds. It has become a fashion to paint Asylum interiors in brilliant and attractive colours. This error, as it is, may be the natural tendency of generous and sanguine minds to describe that which is hoped and expected and might be, as objects already accomplished,—to present the course which it may be a duty to tread, as a goal which has been reached. There is an opinion prevalent that the diminution or abolition of personal restraint not merely removed an evil and opprobrium, but formed the advent of a

State of Staff
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sion.

brighter day, of a new order of things, in which the supremacy of perfect humanity was established, in which all that was necessary for the happiness and restoration of the insane consisted in the faithful administration of the dictates of benevolence and the precepts of science, and in which harmony and peace and order had sprung up and constituted the characteristics of communities for the insane. The narratives of individuals spontaneously surrendering their liberty, of remaining for years voluntary captives, and the actual benefits which have attended the diffusion of just views of moral treatment, have contributed to fill up the details, and to give an exaggerated tone to this picture. But much has still to be learned and unlearned, to be worked out laboriously and struggled for earnestly, and to be long hoped for as "a sight to dream of, not to see," before that standard can be approached which philanthropists have created, before that deep substratum of misery, of unnecessary suffering, of error and mismanagement, which may be concealed by the pleasing aspect, the artistic decorations, the indulgences, even the partial cheerfulness which modern innovations have produced, can be removed or be reduced to that minimum which may be inseparable from mental disease. It is the experience of all those associated with the insane that vast as are the advances made from gratuitous cruelty, and although we may have arrived at the commencement of a new era, though we may stand upon the threshold of a grand moral revolution, the boundary has not yet been passed: that the instruments, the machinery, do not yet exist by which this change is to be effected, and that there are obstacles and difficulties to progress which may never be overcome. The events of a single day or hour in an Asylum, even where amelioration is the professed object, even where the day is to be devoted to festivity, when the inmates are animated by the expectation of enjoyment, and cleanliness, and comfort, and decoration prevail, demonstrate this truth. There may be the traces of a struggle, injuries, the destruction of furniture, and hostility, which could not be, or was not, prevented. The premonitions of the progress of disease have been unobserved or unreported. Order, and subordination, and industry, have been subverted by rigidity or by equally injudicious relaxation of discipline. Favouritism, persecution, are detected. The passions of the governors are found to emulate or to suggest and rouse the morbid tendencies of the governed. A succession of degraded, exhausted, expiring beings are visited, who lack,

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who may crave, and appreciate all the sympathies of a refined and elevated nature, who are treated as automatic. Schemes of practical utility are marred by ignorance, or perversity, or the collision of authorities; and the temper of the observer is tried, and it may be disturbed, by deceit, ingratitude, and failure, which no foresight could have prevented, which are connected with the character and imperfect views and training of the agents employed, and which may be elements of the disease which it is his mission to remove.

It has been necessary to discharge subordinate members of the staff for harshness or neglect. The grand and paramount object in all such communities is to elevate the condition, to extend the usefulness of the individuals intrusted with the immediate care of the inmates. It is to be feared that unless some other and higher motive than pecuniary reward (it may be sympathy, a sense of duty, or religious zeal) actuate such instruments, the full benefit of their influence and exertions cannot be secured. It is not enough to erect stately buildings, to lavish ornament, and comfort, and luxury upon the apartments, or to encourage occupation, and tuition, and amusement. It is not enough that the harsh and mistaken views of former times should have passed away, that the fetter is broken, the thong buried in ignominy, that all cruelty and neglect are prohibited and punished. It must be confessed that the progress towards the full development of the principles of enlightened moral treatment is insignificant, and must continue to be so until dissatisfied with negations; with the mere removal of what was barbarous, it becomes practicable to carry into the Asylum, in addition to the discipline of a vast and restless community, the merciful ministrations, the gentle and delicate attentions, the inexhaustible patience, the personal confidence of a home, and by the hands of an educated and enthusiastic brotherhood. This is no longer a Utopia. War, and pestilence, and physical suffering, have recently yielded fruits which peace and system failed to produce; and it has been demonstrated that the rich and noble, as well as the lowly, require only an adequate stimulus, a fitting field to engage in services more loathsome and perilous than attendance upon the insane. Time and training may be required to lead benevolence into such channels; but that the pent up affections and energies, the hitherto unproductive powers of one sex, at least, will be directed towards so legitimate an object, is inevitable. Until this moral gap can be filled up, until the new-born strength and schemes

of humanity be subjected to organisation, it is worthy of consideration whether a higher scale of remuneration, a retiring allowance, an improved moral status, might not induce individuals of higher qualifications, and a more liberal education, to engage and continue in the management of the insane. At one period attestation of character from the Superintendents of similar Institutions was adopted as a test of suitability. Subsequently, membership in the religious body to which the candidate belonged was substituted. Again, the duration of service in former engagements; and latterly, the obligation to abstinence was added. But all these means have failed to secure the results expected; and although the great majority of those employed are most respectable, cases frequently occur which interfere with the most perfect arrangement, defeat the most judicious treatment, and impair confidence in the system adopted. It is easy to train to the performance of a certain routine of duties: it is difficult to inspire gentleness, and forbearance, and faith, in the rule of kindness. It is easy to procure domestics: it is difficult to discover those who are capable of combining the qualities of the companion with the ability and self-denial to discharge servile and revolting offices. In the separation of these duties may perhaps be found a remedy for some of the evils deplored; but until some plan shall be devised which provides for the insane the guidance and intercourse of healthy minds of their own calibre and culture, or superior in vigour and acquisitions, which shall bring refined and rational benevolence to bear upon the distresses and miseries, which are inseparable from discipline, which shall demonstrate even to the clouded intellect and suspicious disposition that the object of the curator is not to subdue or tyrannise or irritate, and the motive neither sordid nor selfish: the hopes of philanthropists, the humble expectations of physicians,—who are aware that even such a glorious achievement could mitigate only the sufferings they are called upon to treat,—the design of the Foundress of this Establishment; and, it may be firmly believed, the will of the God of love and compassion, can only, in part, be realised.

W. A. F. BROWNE.

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TABLES.
I.—AGE OF PATIENTS.

	Males.	Females.	Total.
Between 10 and 20, ...	2	2	4
... 20 and 30, ...	16	9	25
... 30 and 40, ...	9	8	17
... 40 and 50, ...	6	13	19
... 50 and 60, ...	4	7	11
... 60 and 70, ...	3	2	5
... 70 and 80, ...	1		1

II.—SEX OF PATIENTS.

	Admitted.	Recovered.	Removed.	Died.
Males, ...	41	23	7	13
Females, ...	41	27	6	12

III.—CONDITION OF PATIENTS.

	Males.	Females.	Total.
Married,	12	10	22
Unmarried,	27	24	51
Widowed,	2	7	9

IV.—EMPLOYMENT OF PATIENTS.

Professions.	Males.	Females.	Total.
Artist,	2		2
Blacksmith,	1		1
Carrier, Wife of,		2	2
Clergyman,	1		1
Clerk,	3		3
Coachbuilder,	1		1
Dressmaker,		3	3
Engineer,	1		1
Engine-driver,	1		1
Founder, Wife of,		2	2
Gentlewoman,		7	7
Governess,		1	1
Housekeeper,		7	7
Ironmonger,	1		1
Labourer,	3		3
Laundress,		2	2
Man of Letters,	1		1
Manufacturer, Son of,	1		1
Merchant,	4		4
Officer in Army,	1		1
... .. Wife of,		1	1
... .. Navy,	1		1
Physician, Wife of,		2	2
Proprietor,	2		2
Saddler,	1		1
Sailor,	3		3
Schoolmaster,	1		1
Servant, Domestic,		5	5
... .. Farm,		3	3
Shepherd,	1		1
Shoemaker,	1		1
Shopkeeper,	1		1
Soldier,	1		1
Student in Literature,	1		1
Tambourer,		1	1
Warper,		1	1
Weaver,	3		3
No Trade,	3		3
Not known,	1	4	5

V.—FORMS OF DISEASE OF PATIENTS.

Affections of Intellectual Powers.	Males.	Females.	Total.
Idiocy,	2		2
Imbecility,	1	1	2
Fatuity,	2	2	4
Mania, with Delusions, ...	5	3	8
Mania,	9	11	20
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Affections of Sentiments.			
Melancholia, ... ..	4	7	11
Monomania of Fear, ... ..	5	3	8
... Pride, ... ..	5	2	7
... Superstition, ... ..	2	3	5
... Suspicion, ... ..	2	2	4
... Vanity, ... ..	1	3	4
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Affections of Propensities.			
Erotomania,	1	2	3
Dipsomania,	2	2	4

VI.—CAUSES OF DISEASE.

	Males.	Females.	Total.
Amenorrhœa,		1	1
Anæmia,		1	1
Apoplexy,	1		1
Blow on Head,	3	1	4
Chorea,	1		1
Congenital Malformation,	2	1	3
Depravity and Indulgence,	2	1	3
Disappointment,	2	2	4
Disappointed Affection,	1	1	2
... Ambition,	1		1
Distress from Blindness,		1	1
Disease of Heart,		1	1
... Kidney,	1		1
... Liver,	1		1
Dyspepsia,		2	2
Excitement, Religious, ...	1		1
Epilepsy,	3	1	4
Erotic Feelings,		1	1
Fear,	1		1
Fever, Rheumatic,		1	1
Grief,		6	6
Hæmorrhoids,	1		1
Intemperance,	4	2	6
Jealousy,	1		1
Mental Exertion,	3		3
Opium Eating,		1	1
Paralysis,	1	2	3
Puerperal Condition,		1	1
Scorbutus,	1		1
Seclusion, Habits of,	1		1
Self-pollution,	1		1
Struma,	1	2	3
Not known,	6	12	18

VII.—INFLUENCE OF HEREDITARY PREDISPOSITION.

	Males.	Females.	Total.
Hereditary tendency to Insanity,	13	9	22
Hereditary tendency to Nervous Dis- ease,	7	7	14
Hereditary tendency to Scrofula,		2	2
Hereditary tendency to Phthisis,	1	2	3
No hereditary tendency traced in	20	21	41

VIII.—DURATION OF DISEASE.

Duration.	Males.	Females.	Total.
Less than 1 year, . . .	23	23	46
More than 1	6	7	13
... 2	3	2	5
... 3		2	2
... 4	4	4	8
... 10	3	1	4
... 20	1	1	2
... 30	1	1	2

IX.—NUMBER OF ATTACKS.

	I.	II.	III.	IV. or more.
Males,	21	10	3	7
Females,	20	7	5	9

X.—SUICIDAL TENDENCY.

	Males.	Females.	Total.
Have attempted Suicide,	4	4	8
Have meditated do.,	4	6	10
Intentions not manifested, or unknown,	33	31	64

XI.—AMOUNT OF EDUCATION.

	Males.	Females.	Total.
Highly educated, . . .	6	8	14
Well educated,	12	3	15
Can read and write, . . .	13	23	36
Cannot read nor write, . . .	7	3	10
Unknown,	3	4	7

XII.—CAUSES OF DEATH.

	Males.	Females.	Total.
Apoplexy,	2		2
Bronchitis,	1	1	2
Broncho-Pneumonia,		2	2
Enteritis,		2	2
Epilepsy,	2	1	3
Erysipelas,	1		1
Fever, Fatty Degeneration of Kidney,	1		1
Heart, Fatty Degeneration of, Heus,	1		1
Paralysis,		1	1
Paralysis, General,	2		2
Phthisis,		3	3
Pneumonia,	1	1	2
Pulmonary Abscess,	1		1
Struma,		1	1

EIGHTEENTH ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
FOR
LUNATICS,
DUMFRIES,
11TH NOVEMBER, 1857.

CRICHTON ROYAL INSTITUTION
OF
DUNDEE
ANNUAL REPORT
FOR THE YEAR 1871

R. AD.
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TESTAMENTARY TRUSTEES.

MRS CRICHTON, Friars' Carse.
LIEUT.-COL. GRIERSON, Barndennoch.
J. MACALPINE LENY, Esq., Dalswinton.

STATUTORY TRUSTEES.

His Grace the DUKE of BUCCLEUCH.
The Right Hon. the EARL of GALLOWAY.
The Right Hon. the EARL OF SELKIRK.
The LORD-LIEUTENANT of the Shire of Dumfries.
The MEMBER for the County of Dumfries.
The SHERIFF for the Shire of Dumfries.
The MINISTER of St. Michael's Church, Dumfries.

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JAMES GILCHRIST, M.D., Resident Physician.
Mrs SOFTLEY, Matron.
JOHN DICKSON, M.D., Medical Assistant.
AND. HENDERSON, House-Steward.
Mrs RAMSAY, Superintendent.

SOUTHERN COUNTIES' ASYLUM.

HUGH STEWART, M.D., Medical Assistant.
Mrs HEARDER, Matron.
AND. HENDERSON, House-Steward.

R. ADAMSON, Esq., }
S. ADAMSON, Esq., } Treasurers.

Rev. G. COWANS, Chaplain.

STATISTICAL STATEMENT
 OF THE
 INSTITUTION FOR THE DEAF AND DUMB
 IN GREAT BRITAIN

FOR THE YEAR ENDING
 THE 31st DECEMBER, 1856.

Patients in Institution, 11th November, 1856,	-	-	-	307
Ditto Admitted since,	-	-	-	77
Discharged as Recovered,	-	-	-	384
Ditto as Improved,	-	-	-	40
Died,	-	-	-	15
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To those who have read the previous Reports of this Institution, and received them as the reflexion of the progress of a peculiar community which accompanied, and in some respects anticipated, the march of improvement, and of the opinions of an earnest man who had lived for a quarter of a century with the Insane; who had loved them, and been loved by them; who expected, and was willing, to devote his whole life and mind to develop new or apply improved means of amelioration; and who, conscious of his own deficiency and of the inadequacy of the remedial agents at his disposal, panted after farther observation and greater enlightenment; it may not appear extraordinary that the production of the last of the series should prove a difficult and painful duty. Such a composition must prove a record of unfinished labours, of inchoate projects, of views and convictions which must either be committed to the execution of others, or pass away abortive and forgotten. But it must further contain the announcement of the disruption of ties, and associations, and habits which have been the growth of a generation, and the cessation of a connexion which has been characterised, during its long continuance, by harmony, confidence, and friendship, and which has had, on both sides, the single and unselfish purpose of carrying healing and happiness to the sorrowing and suffering, of restoring useful members to society, and of protecting from themselves, and from evils which they can neither foresee nor avoid, the waifs and strays, the weak and wayward of our race. These documents show how gradually, perhaps how timidly, but how certainly, has been the growth of that principle of philanthropy which suggested the foundation of this Institution; how its base has been widened; how its applications have multiplied; how fear was cast out by love; how what was attempted as an experiment, was recognised as a discovery; how doubtful innovations became familiar usages; how moral treatment assumed a form, meaning, and importance; and how the whole subject of Insanity, its treatment, its bearings upon society and the destinies of our race, ceased to be regarded and shunned with horror and repugnance, and took place and equality with the great questions which appeal to the heart of nations as well as of individuals. The

General Results.

Close of Series of Reports.

eighteenth Report, now submitted, will, like many of its predecessors, afford ground for satisfaction and congratulation.

Admissions,
Crichton
Institution.

During the past year there have been precisely one hundred applications for the admission of Patients belonging to the upper classes. Of these, accommodation could only be found for twenty-six; and even at this season, when the number of inmates is diminished by discharges and removals, there is great difficulty in receiving even clamant cases; and the entrance of a new patient is a source of disturbance of those nice adjustments by which the wants of the stationary population are provided for. It has become a practice to transmit patients without previous correspondence or warning, in the hope that the nature of the case may excite pity, and obtain shelter. It has been necessary to prevent the arrival of other cases, and to cause their removal to other Establishments; and it is satisfactory that the condition of the chartered Asylums in Scotland is such as to justify this recommendation, and that the relations of the Crichton Institution with these are so intimate and friendly, as to secure attention to the appeal. These applications do not in any degree represent the wants of the district; they proceeded from all parts of the kingdom, the majority from England, and serve to indicate the wide surface over which the reputation of this Establishment has spread, and to sanction an immediate provision to meet a growing confidence, and, unfortunately, a growing need.

Admissions,
Southern
Counties'
Asylum.

One hundred and twenty-two applications have been received from Inspectors of Poor, or the friends of indigent patients. Fifty-one, or all those belonging to the district, have been admitted. Exclusion was resorted to, solely because the individual was not a native of the Southern Counties, and because it was most desirable to lessen the daily average in the Pauper Asylum. Either from doubts as to the operation of a recent legislative measure, or from more cautious and judicious views of the precarious nature of convalescence, there has been considerable reluctance manifested by these parochial authorities to remove individuals, apparently rational, and presenting the calmness and industry of a lucid interval; and the result is, a surplus population of the Asylum. This has been further augmented by the disinclination of several patients to abandon, at this season, comforts and advice which they could not obtain beyond the walls.

Report, Com-
missioners in
Lunacy.

The only condemnatory clause in the Report of the Royal Commissioners in Lunacy affecting this Establishment, was directed against

jectionable and injurious. It is subversive of that tranquil privacy which is a basis of moral treatment; it interferes with ordinary arrangements; it exposes what is the office of humanity to conceal; it imposes restrictions at other times unnecessary; and it distracts the attention and vigilance of the guardian, and excites his charge. As

As a preliminary step to the emigration of the used dormant
stitution, the laundry has been removed from the front to the back
of the central wing; and whenever the changes now in operation
have been completed, it is proposed to erect the stables, work-shops,
&c., on the north angle of the grounds. These offices have long
been regarded as occupying an unsuitable site, as obstructing the
view of many beautiful parts of the valley, and as filling the gal-
leries with smoke and effluvia, which, if not positively injurious to
the inmates, was destructive to furniture, and incompatible with
comfort. In the course of the ensuing summer it is hoped that the
erection of the south and south-west wings will commence, and that
the frontage and approach will assume more the aspect of a broad
sweeping esplanade than of a walled court. To erect a large portion
of these additions the walls of the airing-yards long since turned
into flower gardens, will contribute. The conversion of the sword
into the ploughshare was formerly esteemed the signal triumph of
peace: there is here the conversion of the materials of a prison into
those of a dwelling-house, the abolition of another means of restraint,
the demolition of all that remains characteristic of a Bastile in the
modern Asylum; and the exposure of a majestic structure in its
natural and noble proportions. Walled gardens, such as these have
long been, may be the most suitable spots for exercise in certain
cases; but the preparation for immuring every inmate in what has
been defined as a well with a stripe of turf at the bottom, and a
spot of sky at the top, was dictated by a timid and expiring policy.

It is important that the first impressions on admission to an Asylum Approach.
should be agreeable, unmingled with fear, or suggestive of captivity
and isolation. The whole course and success of the subsequent treat-
ment may depend upon the mode of admission, the reception, and
the opinion formed of the building and of its inmates. An approach,
a striking façade, a glimpse of a smiling country, may thus become
instruments of amelioration, may predispose the entrant to form pleas-
ing anticipations, to contract new relations, and to repose confidence.
The majesty of discipline is sufficiently vindicated by restrictions and

Criticism on
stitution.
Removal of
Offices.

eighteenth Report, now submitted, will, like many of its predecessors, afford ground for satisfaction and congratulation.

Admissions,
Crichton
Institution.

During the past year there have been precisely one hundred applications for the admission of Patients belonging to the upper classes.

Of these, accommodation could only be found for twenty-six; and ~~by the inability to perceive either cause or kindness in the~~ measure, the vague dread and perplexity and agitation natural to all minds and inseparable from disease, under such circumstances, cannot be compensated for, cannot be met. There is superadded to this unavoidable suffering, the suggestion of disease, the supposed realization of long-harboured apprehensions, the triumph of foes, the desertion of friends, which it is the object of seclusion to remove. This object is gained, however, not by the amount of pain inflicted, but by the change of associations, and impressions, and influences. There is an exaltation of sensibility, as well as of sensation, in the insane; and trivial occurrences assume to them an importance which aggravates their condition. Boyle fainted on hearing the splash of water; Robert Hall attributed his relapse to gazing constantly upon a flat country. A lady affirmed, during convalescence, that the rapid and rash manner in which a door was shut in the face of her companion, when she was left alone in a vast community of the insane, nullified for weeks the benefits of the real sympathy and succour she received.

The proposed addition will afford accommodation for about forty patients of the middle classes, and will give the means of better classification than can exist at present. It is intended that one gallery should be reserved for those who obtained the education, and retain the manners, and can appreciate the intercourse, of refined life, but have been reduced to poverty. This arrangement will meet in part only the demands from those classes which differ from the parochial pauper in little except in independence of spirit and culture, who crave the simplest and plainest home for their afflicted members, but who recoil from the base and grovelling associations supposed to be inseparable from ignorance and privation; or who seek a shelter as much for the delicacy, and tastes, and artificial wants imparted by training, as for the infirmities and enfeeblement inflicted by disease. It is highly desirable that the project were urged forward and finished. The necessity for more ample accommodation is as clamant as it has for years been; yet the confusion and disturbance created by the presence of bodies of workmen in all parts of the grounds, is most ob-

Evils of pre-
sence of Work-
men in
Asylum
Grounds.

jectionable and injurious. It is subversive of that tranquil privacy which is a basis of moral treatment; it interferes with ordinary arrangements; it exposes what is the office of humanity to conceal; it imposes restrictions at other times unnecessary; and it distracts the attention and vigilance of the guardian, and excites his charge. As if the independent action of these intruders had roused dormant desires, and suggested the idea of freedom, eight attempts to escape were made within a few weeks subsequent to the commencement of these operations, and by men who have enjoyed the same opportunities for years, and whose movements were little watched, as their faithfulness was never doubted. An attempt was made to conceal these operations by the erection of pallsades, but it failed. It may be a triumph of modern management, and an argument in favour of an enlargement of the privileges conceded to the insane, that workmen and industrious patients have mingled together, and no accident occurred; that even now a company of twenty individuals are engaged in forming the road which is to connect the new offices with the entrance, and within a few yards of the contractor's works, and pursue their task as if unconscious of the presence of strangers; but the mere avoidance of evil, the animation of the scene, and the ample occupation, do not compensate for the abrogation of discipline and long-established rules. Much merit is, however, due to the contractors and to their workmen for quiet, orderly deportment, for doing what must be done in the least offensive manner, and for adapting their proceedings to the special nature of the place.

If the calculation that there are seven thousand lunatics in Scotland be an approximation to truth; and if it be recollected that these do not include the vast numbers of dipsomaniacs, eccentrics, and partially insane, who mingle in society; and that both classes influence the happiness and involve the health of an equal number of families, it would appear that the insane population demand the special attention of the Legislature, not merely upon the ground of humanity, but of the health and well-being of society. It is equally evident that while the inspection of the confined insane, at least as carried out in this county, afforded a sufficient guarantee for due care and proper treatment, it had become absolutely necessary that some provision should be made for ascertaining the condition and securing the judicious management of the unconfined insane, of those residing with friends or confided to the charge of strangers, and ultimately for pro-

New Lunacy
Act, Cl. LX.

viding such accommodation as might be required to facilitate the recovery of recent cases, and the removal of the helpless and excitable and degraded from those associations where they are often neglected, and where their presence may be positively hurtful to those around. A measure has accordingly passed during the last Session of Parliament embodying the two great principles of inspection and accommodation. In this Act, Clause LX., this Institution is specially required to receive the Pauper Lunatics belonging to Dumfries, Kirkcudbright, and Wigtown, and these counties are constituted a District, "upon the conditions provided and prescribed in respect to Pauper Lunatics sent to District Asylums," so that while its special privileges are preserved, it will remain what it was originally intended to be, the Asylum for the Southern Counties; and the district is thus already, by the wisdom of the Foundress and Directors, in the same position as the other Districts of Scotland are intended ultimately to be placed. It is still further satisfactory to find, that receiving the statement contained in the last Report of the Board of Supervision as correct, and that the three counties contain 224 lunatics, in whole or in part dependent upon parochial aid, there is already provided sufficient, although barely sufficient, accommodation for the whole number that could be secluded. On this day there are in the Pauper Department 201 patients. Of these 77 belong to the County of Dumfries, 39 to Kirkcudbright, 26 to Wigtown, and 59 to other Counties; so that if the latter number were discharged, without taking into consideration the possibility of admitting additional cases, there would be accommodation for 201 of 224, which is as large a proportion as could be expected to require confinement. There is, however, no provision for the possible increase of the malady, nor for the inevitable augmentation of the incurable inmates.

Discharges.

The proportion of cases restored to society is encouraging. Forty patients have been discharged as recovered. But it is incumbent to confess, that the nature of what there is a disposition to describe as cures, is not satisfactory. The subversion of reason involves not only present incompetency, but a prospective susceptibility of disease, a proclivity to relapse; and it entails the suspicion and distrust, even of friends, as to the reality and stability of the improvement. Years are required to establish the confidence, both of the sufferer and of the circle in which he moves. The mind does not pass out of the ordeal unchanged. It is difficult to obliterate healthy impressions;

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it must be equally so to expel recollections which, although known to be false and hideous, were once acted upon, formed part of the moral being, and may still be associated with what is real and true. Great tragedians have experienced difficulty in casting off, laying down their assumed character; and delusions, intense, enthusiastic, potent delusions, must, like dreams, influence, where they have ceased to rule. Recovery sometimes consists in the weakened power, rather than in the expulsion of such sources of action. It may be little more than the exercise of great cunning, or self-control, in concealing the signs of error and extravagance. The intellect that recovers its balance may not always recover its strength. The subsidence of violence, the relinquishment of objectionable habits, the manifestation of taste or talent, may be accepted as tests of health, and serenity recognised as sanity. There may be merely uniformity to established usage or to paramount opinion. Reason may even be re-established while delusions linger on its confines; or while retaining its vigour, it may be shorn of its acquisitions, its brilliancy, and accuracy. These facts have inspired in one class of minds scepticism as to the curability of mental disease; and in another an ardent desire for the formation of homes for convalescents, sanatories, or some provision which would protect the newly discharged patient from the shock, the difficulties, and dangers which attend dismissal from an Asy'um. To many such a step is the commencement of a new attack.

The mortality has been nearly the same as during the previous years—greater than at the commencement of the Institution, less than the ordinary proportion. Under ordinary circumstances, medical observers rarely witness the deaths of their patients. It has been the practice that an officer should be present during the last moments of the dying. There is often much instruction to be gained in such crises: there is the nobler object of performing the duty of distant or indifferent friends, of imparting confidence and hope, and, it may be, physical aid. The insane, although often living in fear of death, do not generally believe in its near approach. This may be from a belief in the immortality of the body, but more frequently from an inability to accept debility and pain as the natural signs of decay and dissolution, as otherwise than proofs of malice and machination. To some, life has been a dream or an agony, and they care not as to its close. In many, the delusions which have given a colouring to life, irradiate its close; and home is at hand, wedding garments are laid out, and

Mortality—
Modes of
Death.

gold and gems are scattered around. The last intelligible words of an optimist, who had thirty gold watches in his stomach, and sacks of dollars around his cottage, were "watches, garden." Of twenty-four deaths that have occurred, three were so instantaneous that thought could scarcely intimate the change. One had no language to describe his distress. Three lay for days in that semi-conscious state which is a part of death, but conceals its approach. In two there was irritability excited by pain, intolerance of the relief afforded, and defiance of the circumstances under which they were succumbing. One boasted of new strength, of the establishment of perfect peace and order in his spirit, and sunk in a struggle with his own weakness and an argument with his attendant: one sustained a character of querulousness to the last: two experienced no pain, wondered that others did, and died in the conviction that others alone did: two were busied with their wardrobe: one with her children: one craved the presence of his companions, and extemporised burlesque ballads when they came: one rose a short time previous to dissolution to engage in a game with those around: one expired in bursts of song: one passed days in a reverie of companions, and scenes of mirth and revelry—one only of the whole number was truly sensible of his impending fate, and recoiled from that which he had for years courted, and partly induced by protracted abstinence. After he could no longer read, or be read to, he coveted the touch of his Bible, and died with it beside him.

Physical Condition of En-trants.

It is a popular error that Insanity is compatible with good health. This is countenanced by the intercourse which is permitted with certain classes of the inmates of Asylums. In the grounds and re-unions there appear to be a fair proportion of ruddy and robust persons, who differ little from the population beyond the walls, either in aspect or deportment. They present the pleasing features of the malady; they have passed through the most perilous stages; their organisation, grievously changed though it may be, is compatible with life, and with a certain amount of enjoyment, but not of its higher development or relations. In them the mind has become accommodated, reconciled to a new state of the system, to limitations and privations, and acts freely, and in a certain measure efficiently, under these conditions. But it is necessary to witness alienation in its incursion, to visit the refractory wards, the sick rooms, and dormitories, where the excited and the infirm are distributed, in order to ascertain the truth. The

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greatest number of recoveries and deaths take place during the first months of the attack. The phthisis, of which so many forms of monomania seem to be the symptom or accompaniment; the paralysis, which depends upon the same change in the nervous structure; the disease of the kidneys and dropsy, which are so often associated with melancholia; the pneumonia, which follows suspicious and suicidal mania; will all be found to have victims which present a strong and instructive contrast to the busy and active, and even festive scenes around. But even where there has been detected no specific ailment, there exists a large amount of physical debility and unhealth, which necessitates incessant care and solicitude, which is ever supplying occupants for the Infirmary, and which is the real sphere for the humanity and scientific skill, and can best be combated by hygienic arrangements, or measures which act upon groups of the inmates. It may be confidently affirmed that aberration is invariably connected with alteration in structure, which may generally be detected, and which, if so detected, is susceptible of alleviation. The condition of the Patients admitted illustrates these observations. They may be arranged in three groups: 1. The dying, of whom there were five; 2. The positively diseased, of whom there were thirty-one; and 3. Those whose constitution had been impaired or vitiated by previous circumstances or existing practices, of whom there were thirty-four; and seven could not be placed in either of these categories;—or they may be classified as connected with—I. Profuse discharges, leading to impoverishment of the blood, five; II. Arrestment of secretions, or of long established discharges, five; III. Anæmia from abstinence, depressing passions, four; IV. Plethoric condition, one; V. Hereditary and strumous diseases, six; VI. Congenital deformity, two; VII. Alcohol, opium, urea, bile, poisoning, fifteen; VIII. Alteration in the organs of reproduction, five; IX. Organic diseases implicating the nervous tissue, sixteen; X. Organic diseases of the organs of circulation, four; XI. Organic diseases of the organs of assimilation, seven; and XII. In seven cases it was impossible to determine the physical lesion.

Delusions are to the insane convictions, opinions, motives. They are held with a sincerity and devotion which seem to sanctify error, and which are rarely now found in the maintenance of creeds and causes for which men in former ages died. To uproot these impressions is to cure the disease, and to describe them will afford a

Mental Condition of En-trants.

fair estimate of the features of the cases added to the community since last Report.

Convictions of
Power and
Impeccability.

Mania appears to be an affection of the muscular system, as well as of the mind. The actual development of enormous strength, the craving for rapid motion and violent exertion, and the endurance of fatigue and suffering, indicate a morbid condition independent of the will, or over which the will exercises only partial influence. There is a belief in the possession of this additional force, and a consciousness of the acquisition of a formidable quality calculated and expected to extort respect and obedience. This faith may suggest to the mind the conviction of power and impeccability, so often observed in this class of affections. It is a fallacy of sane minds to claim moral grandeur for physical strength, and to infer from the prominence of one faculty the presence of others. Of eight individuals, boasting of their omnipotence and purity, seven were maniacs; one a paralytic. One of these, who nightly reduces her bed furniture to shreds, and renders her room loathsome and disgusting, can walk any distance, sing any song, perform any domestic act: a second danced, and declaimed of her noble friends and their distinguished doings, or of her own happiness, for days, and in support of her pretensions, which were not disputed, but were sadly at variance with old age and abject poverty: a third engages in historical composition, and the cure of his fellow-patients, in poetry and pugilism: a fourth, in the latter stage of consumption, could remove his own malady, could convert the heathen, and would have engaged in trenching: a fifth courted temptation, and rushed unprepared into moral conflict: a sixth objected, opposed, denounced, demanded, domineered: a seventh broke glass and heads, in order to demonstrate that he could oppose, resist, overcome. The eighth, when scarcely able to write his own signature, engaged in calculations to show his power and wealth, and that his discoveries in working metals were the source of a revenue amounting to millions. To this class generally belong the disturbers of the peace of an Asylum. Yet the perfect quiet and silence which obtain at all times, but especially during the night, has excited surprise. Such tranquillity is chiefly met with in certain communities, and in buildings of a certain construction. It is the characteristic of industrious, well-nourished paupers, who sleep in associated dormitories. To remove a vociferator from such a group, is to relieve his companions, but to favour the indulgence of his propensity. Noises,

Noise in
Asylums.

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however, are still heard ; there is the moan of pain, and the shriek of fear, the wail of sorrow, which might be and is soothed by companionship ; there is the song of praise and jubilation, the execrations or defiance of passion, which might be repressed by authority. These sounds occur chiefly on retiring to rest ; and when both the joys and miseries are more freshly and fully realised in the morning. It is most desirable that the night life of such men were shorter and less solitary. Light dispels the visions of one ; the visits of a night guardian hush the ejaculations of another ; and sympathy for the vigilance and annoyance occasioned to a companion, has checked the loquacity of a third. Noctiloquism is rarely the suggestion of a perverse desire to disturb. Loud noise is essential to the happiness of certain lunatics ; garrulity is the characteristic of many forms of monomania and fatuity ; and to shout in mania, appears to afford relief of the same kind as to exert and exhaust the muscular force. Of seventy-seven patients admitted, only eight have occasionally disturbed the general tranquillity during the night. One of these was roused by the introduction of vipers into his bed, and by a flood of scalding water : a second conceived it to be his duty to sing psalms, even in the silent watches : one, in the agonies of suffocation, whispers that he has no breath, no lungs, that his chest is gorged with food : one fights with, and anathematises imaginary foes : a fifth replies to voices which salute him from the wall : and another sings from the pleasure she derives from music, and as an accompaniment to her labour of destroying all that is destructible : two bemoan the loss of riches, and denounce the robbers. In the Crichton Institution, where a special and most exact record has for nearly twenty years been kept, and is still kept, of such circumstances, noises have been made during the past year by forty-eight males, and by twenty females : nineteen of the whole have spoken or struck the door of their apartments once only ; seven have done so upwards of a hundred times ; and one gentleman has chaunted or sworn three hundred and forty-nine times. Many of these sounds are uttered during sleep, or that state of imperfect consciousness in which so many of the insane pass the night, and which may be described as delirium in sleep. To give opiates in such cases, and where there is no cerebral irritation, is to prescribe for the benefit of the community, and not in order to secure rest to the recipient. Even when not uttered during dream or reverie, such ejaculations are involuntary

and contrary to the will of the speaker: they occur at periods when it is probable volition is enfeebled, and may be accepted as premonitory of convulsions, or paralysis, or as significant of changes in organisation, of which the sufferer is altogether ignorant.

Seclusion.

Circumstances have directed much attention to seclusion as a mode of ruling or regulating the noisy, or turbulent, or disobedient inmates of an Asylum. It has been denounced as a substitute for physical restraint. It has been extolled as a cure for violent passions and an obdurate will. To some it suggests the idea of darkness, solitude, desertion, and unrestrained indulgence in extravagant or gross instincts. To others is presented the picture of a well-ventilated room, without furniture, partially lighted, but removed from all sources of irritation and excitement, where self-examination and self-control are encouraged to resume their dominion. It may be dispensed with; but it may be applied wisely, humanely, and curatively. It is resorted to not solely to quench and quell insubordination, as is supposed, but from various motives, and for various objects. In this Establishment seclusion in padded or strong rooms has become very rare; while detention in a bed-room may be said to be frequent. This may be voluntary. A powerful maniac, who is carried to bed, remains there for weeks, and would remain longer, defying imaginary foes, or conferring imaginary titles upon imaginary friends. Patients require to be forced from their apartments. Seclusion may be punitive; inflicted for acts of immorality, or for violence or mere defiance of discipline, which come within the scope of the offender's sense of responsibility, where he knows the nature of the act and the consequence, and is able to resist the temptation to commit it. Seclusion may be protective, adopted where blind fury exposes the individual and all around to danger. Seclusion may be remedial, prescribed where the bodily condition requires rest, or where it may be necessary to repress pride, to curb anger, or to inspire that respect for order and tranquillity which is the basis of all sanity and serenity of mind. When any record of the employment of this agent is made, it is indispensable that such distinctions should be noted at once as a check upon its indiscriminate application, and as a ground for philosophic inquiry.

Convictions of
Divine Power.

It may be asserted that the religious element in the present age assumes the aspect of a philosophy rather than of a worship; that the devout mind deals rather with a dogma than with the persons of

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the heavenly hierarchy. This may influence the features of theomania, as presented in Asylums. There are fewer impersonations of Deity, of Apostles, of Saints, and less pretension to inspiration. Four individuals have been admitted who boast of signal manifestations of Divine favour, but who claim no Divine rights, powers, or privileges. One of these felt so satisfied of the special interposition of the Almighty, so assured of happiness and immortality, that he ceased to engage in work, or to support his family, but spent his life in joy and jubilee: a second is an accredited messenger and conqueror, who is to extirpate wickedness, subdue pride, and bring the lords of the creation in chains to her God; and who announces her mission in obscenities and blasphemies: a third is specially taught and enlightened, and, at the instigation of his teacher, cut off his nose as an act of obedience and humiliation: a fourth saw God face to face, heard the songs of the heavenly host while engaged in praise, obtained plenary enlightenment, and is constrained to obey the dictates of her conscience, rather than the laws of man. Of this class are many of the martyrs who have obtained a monument, of the impostors who have unsettled old faiths and introduced new. In all these individuals there have been suffering in support of their convictions, inflictions which strengthened their faith, and in one case proselytes who gave countenance, if not credence, to the delusion. It is worthy of remark that these individuals participated in the ordinary means of religious instruction, were submissive to the ordinary teachers, and belied their opinions at the very point where they were tested, and where their triumph should have been complete.

It might be rash to inquire how far belief in direct communion with the unseen world is consistent with health. The most powerful, as well as the purest, minds have bowed before such faith, obeyed the revelations received, and recognised an authority in the monitor which dethroned the human will. Descartes was followed by an invisible being, prompting him to pursue truth. Pope saw an arm issue from a wall. It is in some degree universal. The doubts of the sceptic assume horrific forms, and inspire terror. The line of demarcation is established between credulity and insanity, not by the nature of the apparition, but by the strength or weakness of the understanding of the ghost seer. Men may see who do not believe, may believe who do not see, or may see and believe. Four cases of superstitious mania have been admitted. A shepherd sees characters

Convictions of
Supernatural
Agency.

upon the walls of some mysterious import, which, although not interpreted, suggest fear and inability to engage in his occupation: a peasant is addressed by voices from the wall, and responds in vehement and angry defiance: the lungs and stomach of an intelligent tradesman have been closed and solidified by some unseen persecutor, and he lies, and has lain, for months in the agonies of death: an educated gentleman is incessantly receiving intimations from remote countries, from the Czar and other potentates, by agency which he knows to exist by its effects, and of events which have happened, or are to happen; and by the same instrumentality he utters prophetic words, speaks audibly in languages which he does not understand; is brought into contact with the most illustrious personages, who are reputed to be on thrones, or in senates, or upon battle-fields; and has spread out before him, like a panorama, some of the transactions which now occupy the hearts of all around.

Convictions of
Divine Wrath.

Nine cases of religious melancholia have been under treatment. Seven of these were females; two males. In all, suicide had been attempted or meditated. In all, there existed the same conviction that sin had shut them out from salvation; that, so great was their turpitude, even Omnipotence must be powerless to redeem. They were pale, dejected, enfeebled. They were either incapable of exertion, or fatigued by any effort. There is often an indisposition to motion under extreme suffering. In none of these did there exist delusion, except as to the heinousness and unpardonable nature of their offences. The disease consisted in exquisite suffering, in submission to the pangs of conscience, in the desire for oblivion and annihilation, in the desire yet dread of death. The degrees of pain experienced in mental neuralgia, as melancholia was defined by one who knew its pangs, must vary according to the susceptibility of the individual. All these cases are convalescent; but melancholia is compatible with long life. The same cry, the same contortion, the same confession of guilt, may occur for years, and the frame present no trace of decay. One female has uttered the name of God incessantly for three years. In some individuals it is a delusion that misery is endured; in others there is an exaggeration of the anguish, in order to attain the rank of martyrdom, to secure sympathy, or to justify their conduct. But that the pain is formidable, and is attended by physical degeneration and fatal to the integrity of the mind, is demonstrated by the invariable supervention of dementia.

There is sometimes superadded to despair, or the fear of punishment, a belief that the sinner is regarded with enmity, and pursued by the special vengeance of the Author of love and mercy. Under such an impression the deep dejection and submissiveness of the melancholic disappear, and there is resistance and hostility to the decree, and a determination to evade its execution. An educated man cannot sustain his fate; his agony is greater than he deserves; exceeds his strength and his offence; and he interprets the disproportion into permission to commit suicide by strangulation or venesection. A domestic servant, whose religious feelings had been developed by continued excitement, is appalled by the conviction that her Saviour loathes and repudiates and oppresses her, delivers herself up to wild extravagance, and beats and bruises her head in order to extinguish so polluted and debased a spirit. Another recurs with exultation to her past life, her innocence, her industry; accuses Deity of cruelty in depriving her of these privileges, of injustice in condemning her to perpetual suffering and immortality on earth, which she daily puts to the test by suicidal attempts. Feelings and fears closely allied to

Convictions
of Divine
Vengeance.

these are excited by the apprehension of demoniacal persecution and pursuit. A thought, a sensation, assume form and gigantic proportions, hideous lineaments, and the spirit quails before its own creation. It is observed that this condition is more frequently connected with hallucinations of vision than of the other senses. Human tormentors magnetise, poison, suffocate: angelic natures speak and warn, but the myrmidons of Satan rise vividly before the eye. This depends either upon the habit of personifying such agencies during education, or upon the tendency to refer suffering to material objects and malignant influences. Popularly and correctly such apparitions are supposed to be chiefly witnessed by the intemperate. The only example of this form of alienation which has been admitted occurred in an individual consigned to jail for misdemeanours committed while intoxicated. There arose in the darkness of his cell a haggard but luminous spectre: as it approached he retired, and ultimately leapt through the window, and was found upon the pavement disabled, panic struck, and incoherent.

Convictions of
Demoniacal
Vengeance.

Whole nations have been panic-struck. Centuries have been characterised by the dominion of fear and suspicion. The dread of the immediate end of the world, suspended commerce, cast the wealth of Europe into the hands of the Church, and broke up society.

Convictions of
Conspiracy.

So general was the feeling, so sincere those who acted under its influence, that it would be rash to designate it disease. Insanity disappeared during the epoch, or was absorbed and lost sight of in the general perturbation. Suspicion is a natural expression of popular commotion; and from the persecution of the Templars, to the supposed poisoning of the wells in Paris during cholera, has led to extravagance and delusions such as are encountered among the insane. Fifteen patients have laboured under this morbid conviction. Four conceive that they have been despoiled of property; that various individuals have conspired to appropriate their means, and to reduce them to beggary and ignominy by placing them among the insane. In one of these the riches is as imaginary as the spoliation: in the others the amount varies from millions to three silver spoons. In two, this persecution induced suicidal attempts: in a third, the agitation assumed the aspect of opisthotonos. A woman, living in solitude, saw in every visitor an avaricious foe whom it was necessary to propitiate, and actually sacrificed considerable sums to purchase her safety. In three the apprehensions of plots and sinister proceedings are vague, but equally intense. They are conscious of misery, they dread oppression, they live as victims of inscrutable malice, which has neither form nor object. The Inspector of the Poor is in one case, what the Police are in many others. A medical man is surrounded by spies, assailed every moment by signals and intimations, is doomed to shame, and imprisonment, and death; but the retribution may be just to one accused of such crimes as his. A merchant is the victim of a family compact. He has been hood-winked, set aside, entrapped into drinking the blood of his intended wife, and then expelled from his home. A labourer has been banished from his native village by a body of Christians, whose church, he ventured to contend, was not built upon a rock. To a lady, clergymen addressed exhortations and denunciations, newspapers conveyed hints, books described a wide-spread agreement to vilify and destroy. Magnetism is employed against one individual, and by a band of scientific assassins, for no other reason than that he is a man of genius, a son of a celebrated professor, and wears long hair. A clergyman adopts peculiar views as to baptism, and, expecting a general rising against him as a heresiarch, arms himself with a revolver. Another, whose thoughts have become objective, and are heard by himself, is known, tracked, pointed, hooted at, derided, denounced, wherever

he goes, as a culprit and a monster ; perhaps, he sometimes conceives, for the purpose of effecting some great revolution in his nature.

There is a large number of the insane who, although they do not conceive themselves so distinguished as to be the objects of a plot, are deeply impressed with the conviction that they are subjected to oppression and persecution. These form the malcontents of Asylums. They have been treated unkindly and ungenerously by friends, parents, protectors ; they are now denied the kindness and indulgence granted to others ; they create and cling to a grievance, and attribute even their malady to the machinations or ignorance of those engaged in treating and tranquillising their sorrows. Seven patients have presented these pathognomic symptoms. In one, the injustice originated in a brother, who first irritated, then restrained, then secluded his victim ; then died ; and whose history was exposed in a diatribe of a week's duration : in a second, a sister was at fault, but her lack of affection was productive only of tears and sighs : in a third, a female was assaulted in church by an elder, whose gripe is still felt, and suggests bursts of vituperation and laughter. An imbecile, who long shared the bed of the ass he drove, and which he regarded as his only friend, accuses his mother of systematic cruelty. An aged female has no home, no friends, is useless, forgotten, abandoned : another complains of being sawn in pieces, converted into coffins, and denied snuff and tobacco : an impetuous maiden attributes her misfortunes and captivity to the inability of others to appreciate her character, to lack of sympathy and sense in her relatives.

The belief that they have been exposed to external violence and aggression is often suggested by unhealthy conditions of the muscular sense. It is worthy of remark that such delusions are frequent among epileptics. Three of the eight cases now under consideration, are affected with convulsion. It is natural that the bruises which they receive, and the fatigue which they experience, and which are the results of their unconscious struggles, should be attributed to external causes and to enemies. But even where no violent contractions of the muscles can account for positive sensations, the extreme heat or cold, the formications, the spasms, the throbbing which so frequently follow or accompany extreme emotion, may suggest a similar explanation. Blows are often inflicted by the insane upon themselves, and attributed to those around, or, where double consciousness exists, to the second person in the duality. One of the patients

Convictions of Persecutions.

Convictions of External Violence.

now adverted to affirms that he was way-laid, and beaten to the effusion of his blood, and the fracture of his ribs, and the same assault occurs after every series of fits: a second is engaged in a succession of conflicts: a third maltreated an individual whom he regarded as an antagonist, and then complained of maltreatment. Two shrink timidly from the touch of those who approach, or recoil and scream, as if injury had been inflicted. One wife repudiates her husband for drugging her tea, and casting vermin and loathsome objects upon her person; while another insinuates that the poker was used as an instrument of domestic discipline.

Imperfect
Consciousness.

Where dementia or paralysis are impending, there is frequently experienced confusion of thought, a chaotic disturbance over which the individual possesses no control, but of which he is fully conscious. He can see the ruins of his own mind. Fear, a desire to escape from danger, or the place where the feelings arise; perplexity ensues, and the whole understanding is prostrated. This state may be momentary or permanent; it may be the precursor of greater mental changes, or constitute the aberration. Of seven cases under review, three belong to the first, four to the second class. The condition is often associated with the disposition to wander, and almost always with erroneous impressions as to place. An aged man, whose brain was poisoned by unexpired carbon, struggled under his fading perceptions of reality, strove to recall his consciousness, sought some assurance of his position from spot to spot, and craved a return to home and to himself. It was a flight from his own sensations. Another failed to determine what were the circumstances, who were the persons, which he indubitably observed, and passed from sleep into death in ignorance of how or why he was changed: a third, whose difficulties are increased by the substitution of a jargon for his original language, wanders to and fro, and speaks for hours, in search of an explanation of what and where he is. During this stage there is often observed as great inability to interpret the internal as the external impressions. It has been customary to draw a veil over the degradation of nature, which is so often a symptom of insanity. But it is right that the real difficulties of the management of large bodies of the insane should be disclosed; it is salutary that the involuntary debasement, the animalism, the horrors, which so many voluntary acts tend to, should be laid bare. No representation of blind frenzy, or of vindictive ferocity, so perfectly realises, so ap-

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parently justifies, the ancient theory of metempsychosis, or the belief in demoniacal possession, as the maniac grovelling in the earth glorying in obscenity and filth; devouring garbage or ordure, surpassing those brutalities which may to the savage be a heritage and a superstition, and which to the Pariahs, the criminal outcasts of civilisation, are a necessity of existence. These practices are not engrafted upon disease by vulgar customs, by vicious or neglected training, or by original elements of character. They are encountered in victims from the refined and polished portions of society, of the purest life, the most exquisite sensibility. Females of birth drink their urine. It is a frequent symptom of hysteric mania. They are not the offspring of ignorance, or of annihilation of the faculties, which give refinement and elevation to the imagination. Outlines of high artistic pretensions have been painted in excrement; poetry has been written in blood, or more revolting media. They are not the natural result of fatuity and forgetfulness. Ingenuity of the highest order is displayed; devices indicative of cunning, and dexterity, and design, are resorted to in order to gratify the crapulous appetite, and to baffle the obstacles and restrictions imposed; and which inspire that awe and respect so often suggested by the moral corruption of lofty natures. Patients are met with who refuse food, but devour every unclean matter which they can steal, or secrete, or seize by violence; who prefer to wallow in filth to every provision for comfort; who repeatedly, during one night, will baffle the attention and arrangements of their nurses; retain soiled articles beside them as enviable portions of their wardrobe, or trophies of success; who daub and drench the walls as hideously as their disturbed fancy suggests; who wash or plaster their bodies, fill every crevice in the room, their ears, noses, hair, with ordure; who conceal these precious pigments in their mattresses, gloves, shoes, and who will wage battle to defend and preserve their property. These habits are not necessarily connected with physical disease or with the decline of strength, but as frequently co-exist with vigour and activity, they continue for years, reappear at intervals, and may cease while the alienation continues. For such forms of aberration there must be provided a specific economy, preventive, or remedial. To rely upon the efficacy of a drug, efficacious though certain drugs are proved to be, or upon the majesty of moral treatment, would be vain. Beds of a peculiar form, and furniture of a peculiar fabric; utensils

so constructed as to retain their contents, have all been useful. The inculcation and observance of the most scrupulous cleanliness, the frequent visits of night guardians, are even more successful; but it is believed that the use of exercise and occupation during the day, of associated dormitories, where there is incessant supervision, in place of solitary rooms, will be found more efficacious than any other expedient; as, under such circumstances, light detects, authority interferes, example suggests, and the self-control which is developed by the presence of others contributes to check or eradicate individual propensities, and to introduce new habits or obedience to customs and rules which may neither be acknowledged nor relished. There are in the Crichton Institution forty patients of dirty habits, of whom fourteen wet, and the remainder wet and soil the bed. A portion do so occasionally; a large majority do so constantly. It was recently observed by one of the medical officers that erotic and obscene expressions are often used by theomaniacs, may be employed in addresses to the Deity, and constitute during periods of excitement a large portion of the conversation of devotees. It does not follow that the most ostentatious use of such expressions is indicative of hideous and hidden practices, as the fæcophagist may be a prude in manner, and a puritan in speech. Such manifestations are significant of different aspects of disease, and are attributable to various motives. The earth-eater declares it palatable or medicinal, or as allaying the cravings of hunger; the cannibal claims his pound of flesh as sacrificial, or retributive, or penal: the great majority of patients addicted to such practices deny all cognisance of the acts of which they are accused, refer them to others, to conspiracies, to supernatural agencies. A sailor affirmed that the tide rose into his chamber and floated his bed; a man of high rank saw molten gold and liquid rubies flowing around; and a pauper found ingots of gold in her bed. It must not be inferred that all that is God-like is obliterated; that all is dark, dismal, selfish, and degraded. Suffering purifies, and noble natures are denuded of the conventional coverings, of the hard impenetrable crust induced by position, or shame, or custom. Like men who see the stars at noonday from the darkness of a deep pit, the insane sometimes see and apprehend certain and remote truths with a seer-like distinctness. Friendships, which endure for life, have been formed within an Asylum; and as the mind is fresher after sleep, attachments contracted when it awakes from the semi-

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consciousness of disease present a disinterestedness and elevation which do not characterise those of the world. Patients who have effected their escape, have returned from home-sickness. Two during the past year have obstinately refused to leave the House, and resisted the urgent demands and force employed to set them free. A patient, bold, irritable, impetuous in youth, has, under the influence of general paralysis, become gentle, courteous, and affectionate. The commonplace citizen, fired with patriotism and poetry, displays a fervour and genius which his family can neither understand nor credit. A man, realising Pascal's theory of the duality of the human soul, pauses amid execrations and gesticulations,—resorted to as exorcisms of his Satanic nature,—to apologise, propitiate, and lay bare the nobleness of his purpose and the gentleness of his love, or to continue, parenthetically, profound discussions upon parthenogenesis.

The transitory state of suspended consciousness was illustrated in a young female, who seemed to have lost a portion of time and of existence, and was utterly unable to conceive the nature of her new condition; in a girl who wandered, wondered, and now sits mute, astonished, distracted; in a lady who, subject to palpitation and partial syncope, spends hours in anxiety and alarm as to her state, and in recovering self-possession; and in a girl, subject to slight convulsive attacks, who, for a certain time subsequent to the cessation of each, was unable to recal consciousness, or realise where or what she was. Insanity was long regarded as a disease of mature life, and more as the punishment and consequence of crimes and indiscretions than as the symptoms of disordered organisation. The innocence of childhood was held to be too sacred, too perfect, to be capable of decay or disease. It is still supposed to be rarely met with in extreme youth. The earliest period at which alienation has appeared is still undetermined. The privation of intellect is known to be congenital, and the vacant stare, the absence of instinctive affection, disclose the truth; but that delusion or derangement should grow with growth, and be contemporaneous with the very development of the powers, was for ages a problem willingly left undetermined. It is highly probable that the passion, peevishness, obduracy, mischievous propensities of infants and children, which are attributed to perversity of disposition, are allied to derangement, and that perversity of disposition is itself a disease. The falsehoods, the disingenuousness, the thefts, which even St. Augustine is said to have perpetrated, the murders by children, may owe their

Infantile
Insanity.

origin to the same cause. Such morbid tendencies may be cured during and by education, or they may be overlaid and concealed by the evolution of intelligence, by the acquisitions and the habits imparted. But these early aberrations may likewise be the germ of conditions which constitute the frame-work of the mind, and assume the awful importance of disease only when the test of adversity or age is applied; and the demon of Socrates and the hallucinations of healthy minds, as well as positive disease, may thus be traced to any impression received in the cradle. There would thus require to be a histology of the elements of mind. Great intellects have acknowledged or described as effects of imagination what can only be recognised as delusions. Jugforce had to Hartley Coleridge a reality, which gave this ideal region, and community, and code of laws, a prominence and power which subjugated his whole reason, and converted a portion of his life into a vision, and may have affected the whole of his subsequent career. A gentleman, recently discharged, was, when four years old, compelled to sleep alone in a garret. He there saw upon one occasion a scroll of the name and nature of which he was then ignorant, although he has since ascertained it to have resembled those used in remote antiquity. It was covered with written characters which he could not read, and which he did not know to be significant of thought or speech. It was broad, had ribbons attached, and was suspended without visible agency. He was alarmed, and screamed so loudly as to alarm a relative. On her arrival, actuated by shame, he declared that there was nothing the matter. This impression may be coloured by subsequent experience, for the narrator has seen myriads of visions, and has been insane, and it is only certain that at an early age he saw what did not exist, and what he could not know to exist. Such were the gorgeous processions presented to the wondering fancy of Jerome Cardan. What castle-building is to puberty, reverie and the belief in the personality of mental impressions is to children. Two members of the same family have been under observation, who at four and six years believed in, looked anxiously and waited for the arrival of companions whom they had never seen, and who did not exist. The crusade of the children, where a thousand, from ten to fourteen years, left their homes, either actuated by a blind impulse, or by epidemic madness, who saw visions and prodigies, and who perished under the guidance of extravagant delusions, and with unshaken faith, is the most striking illus-

tration of this condition. This ebullition of precocious credulity may have been suggested by the human tide which for ages rolled towards Palestine. The guillotine became a toy during the French Revolution, and had for victims cock sparrows and guinea pigs. But these are imitative diseases, and they chiefly prevail during youth. A more frequent form of infantile alienation is temporary loss of consciousness, with delusion. Three cases have recently occurred, in which the conception of one is, that there is vast amplification of the furniture around; and of two, both being members of the same family, that there is an enormous enlargement or distension of their own bodies—a delusion which led Saussure to remove the partitions in his house. The youth of many of the patients for whose admission application has been made, the inquiries of parents and guardians who do not recognise in the peculiarities of their charges indications of derangement, and the history of many of the patients under treatment, which shows traces of mental disorder at remote periods, even in childhood, appear to justify these observations, to identify such premonitions, such trivial deviations from health as the remote causes of the most grave forms of insanity, to suggest the frequency of such affections, and to point to early training not merely as laying the foundation of character, but as building up barriers against the advance of disease.

Wherever there is fatuity, an immunity from active suffering is enjoyed. As the powers of enjoyment are withdrawn, the capacity to suffer is diminished. This may be arrived at by mere privation, by a change in disposition, by the quiet, torpidity, or apathy which characterise the whole mind, by the child-like simplicity which often succeeds acute mania, by the adaptation of the habits to surrounding circumstances so often observed in chronic fatuity. But even where no enfeeblement of intelligence can be detected, and as a specific modification of insanity, this sense of enjoyment and self-satisfaction may be met with. It is not necessary that there should be obvious sources of gratification; there may be reasons for disquietude and distress; the individual has within his heart inexhaustible springs of contentment and happiness. The causes assigned may be various, or there may be none. The heart may leap for joy because a victory has been obtained over a foe, or a problem, or a propensity, or because it knows and cannot feel sorrow. There may be delusions of present prosperity or eternal bliss, the want of appreciation of existing relations, an in-

Convictions of
Beatitude.

tolerance of grief or anxiety, and the ability to cast off such burdens. A lady, who is a worshipper of wool-work, never interrupts her industry, even to estimate her happiness, is separated from home, friends, ordinary pursuits, is perfectly contented; a youth, whose great object in life is to collect funeral letters, glories over the acquisition of a scrap of black-bordered paper as if it represented bullion; another youth leaps, sings ballads of the olden time, and shouts in mock majesty from innate and indescribable exultation; a clerk shrieks *La Traviata*, and dances in the exuberance of his joyous excitement, and listens with delight to his supposed harmony; a lady, although bearing within her the viscera of a deceased husband, is so fully conscious of her present dignity as Countess of Carlisle, as to reject all other sources of pleasure, even intercourse with those around; and a scholar raises his eye from Tacitus or Horace to smile benignantly, and say that parsimony in snuff is his only ground of disquietude.

Moral
Treatment.
Amusements.

There have been 179 amusements or festivities provided for patients. It is difficult in this enumeration to separate what is occupation from what is entertainment, as they generally exchange functions, the Lecture-room becoming a scene of enjoyment, and the drama being a vehicle of instruction. The list contains meetings within the Institution, and visits to the places of recreation in Dumfries and surrounding country. It does not, however, include classes, reunions for reading, games, or what might be more legitimately included matches and competitions at bowls, where nearly the whole population was assembled to share in the interest of the struggle for the champion medal, the Patient's Bowls, the triumph of the respective Houses. It is confined to Lectures, 26; Dramatic Representations, 20; Concerts, 34; Festivities, Balls, 24; and Excursions, 63. The most marked departure from the routine of former years was in the latter class, but was a mere accident of the weather. Formerly an attempt to assemble groups for tea, and mirth, and music on the slopes were signal failures. Five successful meetings took place during the late season, where large numbers assembled, where music and dance were prolonged into the twilight, and suggested to the participators thoughts of brighter skies and more genial summers. There is no reason to doubt the remedial efficacy of such agents in rendering asylums better administered hospitals, happier homes. The tendency of the age is toward infidelity in the omnipotence of medi-

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cine, and this may have directed an undue attention to moral means in the treatment of alienation, and other causes may have led to an ostentatious display of what may, legitimately, be designated triumphs over its most repulsive concomitants, if not over itself; but where such provisions are contemporaneous with physical treatment, where they form a part only of the system pursued, and where they are converted into the means by which such treatment is rendered practicable, acceptable, or less repulsive, they merit the encomiums which have been bestowed upon them.

Under the impression that on emerging from insanity the mind ^{Classica.} grows again, is redeveloped, acquires new powers, or requires the reinvigoration of those formerly possessed, education has been more systematically pursued than during any former year. Weekly tuition in Mathematics, Drawing, German, French, and Latin were attempted, and although some of the classes failed to interest, and were not numerous attended, the experiment succeeded so far as to encourage its continuance, to suggest an extension of the arrangements, and create a new tone and new topics in a portion of the community. The class for French at one time contained 12 members. Greater interest was associated with the measure, as two of the classes were conducted by patients, as officers attended the prelections, and as impaired intelligence was in this way made instrumental in imparting knowledge, and health, and power. These meetings were not confined to convalescents, and the singular spectacle was presented of a voluntary convulsionary suspending his grimaces and gyrations, in order to receive instructions in Latin. Every evening had its appropriate occupation, and it may be well to introduce here the programme of these proceedings:—

Monday—Tuition in Latin from 8 to 9 P.M.; Reading-Room Open. Classes for Music, Southern Counties' Asylum.

Tuesday—Tuition in Mathematics from 7 to 8 P.M.; Musical Practice, Crichton Institution; Attendance Lectures, Mechanics' Institution.

Wednesday—Tuition in German from 8 to 9 P.M.; Reading-Room Open.

Thursday—Tuition in Drawing from 8 to 9 P.M.; Meeting for Bazaar Work.

Friday—Tuition in Mathematics from 7 to 8 P.M.; Lecture, Theatrical Entertainment, Concert, &c., in Theatre, Crichton Institution and Southern Counties' Asylum; Reading-Room Open.

Saturday—Tuition in French from 8 to 9 P.M.; Practice Sacred Music, Crichton Institution.

It will be observed that these studies are elementary. This was done advisedly and designedly. The object in view was to stimulate

Lectures.

Spontaneous
Studies.

Theatre.

intellectual activity, to afford materials for thought. They were likewise objective, that the mind might be withdrawn from introspection, cast out upon signs, and forms, and colours, that the impressions might arrest attention without exciting emotion, and create a continuity of interest and enquiry. The same principle regulated as far as possible the lectures, of which there were thirteen delivered to more general and promiscuous audiences; but where such addresses are delivered by generous volunteers, where they have been prepared for another class of minds, and where they are literary or discursive, such rules cannot be rigidly carried out. It is worthy of consideration whether a class of lecturers might not be called into operation, or a series of lectures composed for the express purpose of acting upon the unhealthy or excited mind. Chaplains are supposed to adapt their discourses to the capacity and condition of their hearers; and a mighty instrument of good, or, at least, a fertile source of enjoyment might be created, were educated men,—acquainted with the wants and wishes of the insane, interested as they often are in causes of less lofty aim,—to continue and consummate the designs of the Physician, while acting as teachers. But this detail does not convey an idea of the amount of mental labour which distinguishes the community: these efforts are, in fact, often a provision to lessen the profitless straining after great results, that intense activity which are symptoms of disease. An artist, on the principle that Art is long, but life is short, multiplies his productions in endless profusion, which he affirms to be pre-Raphaelitic, and which demonstrate at once the genius and grotesqueness of his conceptions. A man of science is busied in devising life-boats, and processes for boring cannon. A scholar translates Anacreon, and produces beautiful sketches of the ancient masters, with the same pen; another reads Latin authors with a rapidity and avidity greater than what the librarian sanctions. A diplomatist showers essays and protocols upon the overtaxed printer of the *New Moon*; while in every gallery there are artists, authors, actors, musicians. One group contains a painter in crayons; a drawer of landscapes, who divides his time between his piano and his pencil; a student of Hebrew and Greek, who boasts of the acquisition of Welsh; an Arabic scholar; a self-taught mechanician; a mathematician, who outstripped all accessible instructors; two enthusiastic performers on the stage; an emperor; and an idler.

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four months there has been no Theatre. The regret which attended the demolition of the former place of meeting, the allusions to the pleasing scenes witnessed there, and the desire for its re-construction, afford testimony to the prominent place which such amusements occupy in the affections of the inmates: while the cordial mirth, the abandonment to the passing scene, the applause, the criticism, vindicate the choice of this means of dissipating gloom, and of suggesting new and agreeable emotions. The opening of the new Theatre is to signalise this day the close of the Asylum year. Concerts have been much more numerous. They have been contributions of professional artists or of inmates; and no better illustration of the combination of talents and accomplishments required in conducting the moral management of the insane can be found than where patients, strangers, officers, and members of the families of officers are associated together in producing recreation for the benefit of those less gifted.

The musical classes of the Southern Counties' Asylum, of which there have been fifty-three meetings, have been conducted by one of the latter class of assistants; one whose gentle and cheerful ministrations were so interwoven with these holiday hours of relaxation that they were regarded as a right, and prized as a source of happiness. Her presence and tuition will be remembered long after her accustomed place is vacant and her cheerful voice and song are silent, as they have formed a small contribution to that vast amount of charity and good-will which, gratefully received and freely granted, is required to convert the burden of mental disease into a chain which may be gilded and even regarded with indifference, into a cross which can be borne.

Nor is positive labour neglected. From fifty to sixty men are constantly employed in the grounds: and of these one-fifth are boarders. Embankments, excavations, roads may be pointed out as the results of their efforts; and it is proposed that the extensive changes consequent upon the erection of additions shall be intrusted to them. The garden and grounds are their creation, and are maintained by them; but neither these operations, nor the groups engaged in them, include the individuals occupied as tailors, shoemakers, mowers, hostlers, messengers, and general domestics. The vegetables are raised by their aid; the shoes, and a large portion of the clothes of the paupers, are made by them. The painting of the Southern Counties' Asylum is due to them exclusively, and they have aided largely in plain work of the same description in the Crichton In-

stitution. The only limitations to the occupation of the insane is imperfect classification, and insufficient attendance. Infirmity, imbecility, paroxysms of acute mania, or certain forms of chronic alienation, may incapacitate; but all patients might be employed, were it prudent to use as a universal remedy what is obviously adapted for certain cases only.

Scientific
Excursions.

But there is a difficulty in providing mental occupation for the educated insane, in addressing each cultivated faculty, in stimulating each satiated taste, so as to command attention; in recommending subjects which, if presented as medicine, might prove as nauseous as the drugs of which they may be the substitute. The curable and convalescent remain but a short time under such influences, and are attracted by the novelty, as well as gratified by the intrinsic importance of intellectual training. But there is a large stationary population in every Asylum. There is estimated to be about sixty curable cases only in this Establishment, who suffer from the monotony, the ennui, the lassitude and discontent consequent upon protracted confinement, who have exhausted the ordinary means of occupation, and to whom classes and concerts become insipid and uninteresting, and yet of whose happiness such agents are important elements. Every effort has been made to vary and multiply these arrangements. Excursions, of which there have been sixty-three, through the fairest scenes, pall upon the sickly more readily than upon the healthy fancy; and to visit annually the same spots with the same companions, and under similar circumstances, is more a test to patience than a remedy for weariness. An attempt has been made to impart new features to such expeditions. To the gentle excitement of the journey, the impressions of rural life, the unfettered exploration of groves and glades, baronial halls, Druidical monuments, there have been added lectures upon Natural History. Botany and Entomology have been selected as the most appropriate sciences for investigation, and the wild flowers gathered or trodden upon, and "the winged flowers or flying gems" that rested on them, became themes of instruction and illustration. That the groups thus addressed participated in the experiment, that new and lofty views of common objects were imparted, that former acquisitions were revived, and abundant materials for future thought and speculation were supplied, may be affirmed, if a higher and more important influence be not claimed. The veteran beetle-hunter, who

ever modifications may be expedient, and in identifying himself with the interests and happiness of those over whom he watches. His education has been liberal, the recommendations of his teachers are strong and precise, and his gentle, modest, and cheerful disposition is already felt in the discharge of his duties. It may be considered whether the time has not arrived for conferring a larger emolument upon highly educated men who yield up so large a portion of their life in circumstances so uncongenial to youth, and in doing what, if well done, is beyond price. It is true that applicants for such situations are numerous, and that they could be procured without remuneration. But the object in view is not merely to teach and to train; but, while doing so, to employ the results of previous education at points and in modes to which the exertions of the Superintendent cannot reach, and to secure efficiency in the subordinates as well as in the chief.

There is in the present movement towards a national provision for Foundress. the insane a tacit acknowledgment of the wisdom and philanthropy which dictated the foundation of this Institution. The confidence long reposed in the arrangements and system adopted, imperfect though these may be, the amount of benefit conferred, both in the restoration of useful members to society, and in solacing the destiny of those who can no longer live nor labour with their fellowmen; and the growing difficulty to meet the applications from the affluent and educated classes, must afford strong evidence of the results and wide appreciation of the benevolent views of the Foundress. But the mere foundation of such an Establishment is a small part of that benevolence. Neither the public, nor the classes most deeply interested in and benefited by the enterprise, can know more than that for twenty years the mind in which the design originated has witnessed its rise, and progress, and maturity. They cannot know how much that spirit has lived with us and for us; how deeply cherished our interests have been; how each difficulty elicited action and aid; how each success became a personal gratification; how every event secured earnest sympathy; how there was weeping with those that wept, and rejoicing with those that rejoiced; or how powerfully and liberally support and succour were extended to those who immediately ministered to these objects, and who now record their gratitude and respect.

If there has been failure in these exertions, it has not rested with Directors. the governing body. The Directors of the Crichton Institution do

not limit their superintendence to mere monetary and economic details; without interfering with the views or duties of officials, without shewing that they ruled, they have exercised a most benign and salutary influence over the general working of the body; holding before them the great interests of society, but regarding the interests of those confided to the Institution as paramount to all other considerations. It is perhaps to be regretted that the body is fluctuating, that its most active and useful members often go out of office precisely when they have become familiar with the affairs of the community, and most capable to afford counsel; but there have ever been found individuals who, to large views of the objects and extension of the charity, have added generous sympathy for the evils that it cannot relieve, co-operation in the schemes for bringing the consolations and enjoyments of the world within the reach of the captive and the mourner, and cordial countenance to those who are entrusted with the development of these arrangements. The museum was created almost in a day, by the liberality of one; the library has been enriched and enlarged by the contributions of many; the amusements have been patronised and visited by others; and every legitimate proposal of the Superintendent has been met with fair consideration and support: while he has been treated so much more like a trusted and tried friend than an official, that it imparted to the discharge of his duties the character of gratitude towards his superiors, as well as that of a labour of love towards the inmates, and renders the resignation of that trust more a personal sacrifice than a public act.

Existing Staff.

Participation in a common danger is believed to originate friendship; participation in acts of charity, in attempts, whether successful or not, to introduce order, and peace, and love, where there was confusion; to give sight to the morally blind; to heal the wounded spirit; to pour hope into the heart of despair; and to do all this in defiance of obstacles, exposed to misconstruction, and with the imperfect knowledge and imperfect instruments accessible—is well calculated to create a higher and holier bond of union. The strength and usefulness of the agents engaged in such efforts consist more in their harmony, disinterestedness, and self-devotion, than in the diversity of their gifts, or the range of their experience. Much that has been accomplished here may fairly be attributed to the mutual confidence and understanding that has so long obtained among the various members of the staff; to the influence of one object, one

principle, and that object, humanity, over various dispositions, capacities, and motives; and to the fusion, and single-mindedness, and earnestness which result from an enthusiastic interest in the object to be attained. Much concord and happiness have flowed from the same causes. The one thought, and one hope, have united and harmonised conflicting elements of character; and the consciousness of the faithful performance of arduous duties has inspired respect for fellow-labourers, and, it is believed, regret that the fellowship can exist no longer. Those who remain under the shelter of the structure which they have contributed to rear, are entitled to enjoy the award of untiring industry, rigid integrity, large experience, and of a self-devotion which few can understand who have not been separated for years from their fellow-men; and he who goes forth will carry with him a deep sense of regard and co-operation and forbearance, and a full appreciation of what is effected by those who toil in silence and in secret amid the diseases and degradation of the human mind.

The appointment of Dr Gilchrist implies a change in the man Dr Gilchrist. rather than in the system. Unfettered by its details, with perfect independence of action, with matured experience, he will, doubtless, modify and extend,—and much is still required in modification and extension;—but the principles upon which the community has been conducted are founded in eternal truth, and justice, and Christian philosophy. He will come as a former friend, familiar with the history and dispositions and peculiarities of many of those who will regard him as the arbiter of their fate, accustomed to the movements of the body he is to govern, and animated by the same enthusiasm and discretion which distinguished him when formerly an officer, and endeared him to those whose affection and confidence it is most difficult to gain. It was not only seemly that a pupil of this school, which may boast of being, upon a small scale, the first Institution which was opened for study and observation in this country, should become its head; but it was wise that, should it be considered prudent to perpetuate what has been accomplished, the task should be confided to one conversant with the history of the work, who had aided in its progress, and whose prepossessions and predilections must be in favour of its continuance and development. He brings to the discharge of his duties—so onerous as to require more than human aid—a highly cultivated mind, varied acquirements, inflexible probity and faithful-

ness, an ardent attachment to the department of medicine in which he is engaged, and, that highest qualification, a love and sympathy for those who are to be the objects of his personal as well as of his professional solicitude, whose destinies, whose immortal souls, may be said to be in his keeping—

For you must love him, ere to you
He will seem worthy of your love.

Patients.

An Asylum is only in one sense an hospital. They both receive and relieve the suffering. But in an hospital the patients enter, depart, die. In an Asylum the inmates, or about one-half of them, remain for life. The duties of the medical officers of these Institutions differ widely: in an hospital the disease is viewed almost apart from the patient; in an Asylum the Physician becomes the friend, and companion, and instructor of those for whom he prescribes. He sees them every day for years; he mingles in their amusements, joins them in worship, lives with them; and, if he comprehends the scope of his influence, the triumph of his art, he loves them. In many cases this affection and interest are returned; and even where they are not, there is dependence upon his skill, respect for his authority, subjection to his will. But they occupy more intimate relations. The physician's room is a confessional. The confidence reposed is as sincere as if it were from penitent to priest. To him are disclosed the history of each life, the follies, errors, calumnies, which have cast down, the misfortunes which have ruined, the virtuous aspirations which have been misconstrued and defeated; exaggerations of crime, depreciations of worth, ambitious projects for which the originator claims the merit of patriotism or philanthropy: all that dignifies or degrades human nature. To him are attributed the power of life, and liberty, and hope; in him actually reside the sources of comfort, contentment, and restoration. Even where men have been in antagonism for years, there grows up a relation between them. It has been said of one so placed, that he preferred the society and valued the interests of the insane more than those of healthy and happy men. The explanation was, that he knew them better, had analysed their nature, found in it elements of excellence and beauty, and points at which intercourse could be established; that he learned to mould and adapt these materials into form and usefulness, and occupied the position of a parent and a guide. Where such ties have long existed,

where there have been boundless trust upon the one side, and sincere pity upon the other, it would be unnatural were the connexion broken without deep and lasting regret, without an earnest desire that the separation should neither be final nor total, and that there may be granted by the God of light and reason greater capacity for amelioration, more gifted instruments to carry out the designs of Providence.

W. A. F. BROWNE.

EXTRACT FROM MINUTES OF ANNUAL MEETING, 24TH
NOVEMBER, 1857 :—

“The Medical Superintendent, Dr Browne, produced and read his Report for last year, which was highly approved of, and directed to be printed and circulated, and for which he received the cordial thanks of the Meeting.”

(Signed)

W. GRIERSON, *Chairman.*

T A B L E S .

I.—AGE OF PATIENTS.

	Males.	Females.	Total.
Between 10 and 20,	1	1	2
... 20 and 30,	8	6	14
... 30 and 40,	8	9	17
... 40 and 50,	7	11	18
... 50 and 60,	7	13	20
... 60 and 70,	3	2	5
... 70 and 80,	1		1

II.—SEX OF PATIENTS.

	Admitted.	Recovered.	Removed.	Died.
Males,	35	9	12	13
Females,	42	6	28	11

III.—CONDITION OF PATIENTS.

	Males.	Females.	Total.
Married,	12	7	19
Unmarried,	23	25	48
Widowed,		10	10

IV.—EMPLOYMENT OF PATIENTS.

Professions.	Males.	Females.	Total.
Artist,	1		1
Barber,	1		1
Beggars,	1	2	3
Blacksmith,	1		1
Carrier, Wife of,		1	1
Chemist,	1		1
Clergymen,	3		3
Clerk,	1		1
Coachman,	1		1
Cooper,	1		1
Gentlewomen,		4	4
Grocer,	1		1
Hawker,		1	1
Housekeeper,		1	1
Farmers,	2		2
... Daughters of,		2	2
... Sister of,		1	1
... Wife of,		1	1
Innkeeper,	1		1
Labourers,	4		4
... Son of,	1		1
Laundress,		1	1
Lawyer,	1		1
Lodging-house keeper,		1	1
Manufacturer,	1		1
Merchants,	4		4
Proprietors,	2		2
Servants, Domestic,		10	10
... Farm,	2	2	4
... Wife of,		1	1
Sempstresses,		3	3
Shepherd,	1		1
Surgeon,	1		1
Tailor,	1		1
Teacher,	1		1
... Wife of,		1	1
Tradesmen, Wives of,		3	3
Washerwoman,		1	1
Wife of Captain of Sailing Vessel,		1	1

V.—FORMS OF DISEASE OF PATIENTS.

Affections of Intellectual Powers.	Males.	Females.	Total.
Idiocy,	2		2
Imbecility,		2	2
Fatuity,	3	7	10
Mania, with Delusions,	2	2	4
Mania,	8	9	17
Affections of Sentiments.			
Melancholia,	4	11	15
Monomania of Fear,	1	2	3
... Pride,	4	2	6
... Superstition,		2	2
... Suspicion,	8	4	12
... Vanity,			
Affections of Propensities.			
Dipsomania	2		2
Erotomania,		1	1

VI.—CAUSES OF DISEASE.

	Males.	Females.	Total.
Anxiety,		2	2
Broncho-pneumonia,	1		1
Cerebral Congestion,	1		1
Congenital Malformation,	3	1	4
Depletion,	1		1
Disappointment,		1	1
Dissoluteness,	1	2	3
Disease of Liver,		1	1
... Uterus,		1	1
Dyspepsia,		3	3
Epilepsy,	2	2	4
Erotic Feelings,		2	2
Excessive Study,	2		2
Excitement, Religious,		2	2
Fear,		1	1
Family Annoyances,	1	3	4
Fever, Gastric,	1		1
... Rheumatic,	1		1
Hæmatemesis,		1	1
Hysteria,		3	3
Intemperance,	4	1	5
Irritability of Temper,		1	1
Jealousy,	1		1
Misfortune,	1		1
Masturbation,	3		3
Paralysis, General,	1		1
Poverty,		1	1
Phrenitis,	1		1
Remorse,		1	1
Scarlatina,	1		1
Sedentary Habits,	1		1
Solitude,		1	1
Struma,		2	2
Tuberculosis,	1		1
Vanity,	1		1
Unknown,	6	10	16

VII.—INFLUENCE OF HEREDITARY TENDENCY.

	Males.	Females.	Total.
Hereditary tendency to Insanity, ...	8	14	22
Hereditary tendency to Nervous Disease, ...	7	10	17
Hereditary tendency to Scrofula, ...	1		1
Hereditary tendency to Phthisis, ...	1		1
No Hereditary tendency traced in, ...	16	19	35

VIII.—DURATION OF DISEASE.

Duration.	Males.	Females.	Total.
Less than 1 year, ...	23	23	46
More than 1 year, ...	2	6	8
... 2 years, ...	5	6	11
... 3 ...	1	3	4
... 4 ...	2	2	4
... 10 ...		1	1
... 20 ...	2	1	3
... 30 ...	1		1

IX.—NUMBER OF ATTACKS.

	I.	II.	III.	IV. or more.
Males, ...	16	12	11	3
Females, ...	26	8	5	4

X.—SUICIDAL TENDENCY.

	Males.	Females.	Total.
Have attempted Suicide, ...	3	10	13
Have meditated Suicide, ...	6	6	12
Intentions not manifested, or unknown,	26	23	49

XI.—AMOUNT OF EDUCATION.

	Males.	Females.	Total.
Highly Educated, ...	8		8
Well Educated, ...	10	8	18
Can Read and Write, ...	7	27	34
Cannot Read nor Write, ...	4	3	7
Unknown, ...	4	5	9

XII.—CAUSES OF DEATH.

	Males.	Females.	Total.
Alcoholismus Chronicus, ...	1		1
Apoplexy, ...	1		1
Ascites and Hydrothorax, ...	1		1
Bronchitis, ...	1		1
Broncho-pneumonia, ...	1		1
Cynanche Anginosa, ...		1	1
Disease of Bones of Skull, ...		1	1
Enteritis, Cerebral Congestion, ...	1		1
Epilepsy, ...	1		1
Erysipelas and Gangrene, ...		1	1
Fever, Gastric, ...	1		1
Heart, Fatty Degeneration of, ...		1	1
Marasmus, ...	1		1
Paralysis, ...		2	2
... General, ...	1		1
Phthisis, ...	2	4	6
Pneumonia, ...	1	1	2

NINETEENTH ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
FOR
LUNATICS,
DUMFRIES,
11TH NOVEMBER, 1858.

GRIGGTON ROYAL INSTITUTION
OF THE
NINETEENTH ANNUAL REPORT
FOR
THE YEAR
1898
LONDON
THE ROYAL INSTITUTE, 1898

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TESTAMENTARY TRUSTEES.

Mrs CRICHTON, Friars' Carse.
Lieut-Col. GRIERSON, Barndennoch.
J. MACALPINE LENY, Esq., Dalswinton.

STATUTORY TRUSTEES.

His Grace the DUKE of BUCCLEUCH.
The Right Hon. the EARL of GALLOWAY.
The Right Hon. the EARL of SELKIRK.
The LORD-LIEUTENANT of the Shire of Dumfries.
The MEMBER for the County of Dumfries.
The SHERIFF for the Shire of Dumfries.
The MINISTER of St. Michael's Church, Dumfries.

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THOMAS STEWART GLADSTONE, Esq. of Capenoch.
JAMES HOTCHKIS, Esq., Summerville.
Col. M'Murdo, of Mavis Grove.

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JAMES GILCHRIST, M.D., Resident Physician.
JOHN DICKSON, M.D., Medical Assistant.
Mrs SOFTLEY, Matron.
ANDREW HENDERSON, House-Steward.
Mrs RAMSAY, Superintendent of Ladies' Department.
ALEXANDER BRUCE, Superintendent of Gentlemen's Department.

SOUTHERN COUNTIES' ASYLUM.

HUGH G. STEWART, M.D., Medical Assistant.
Mrs HEARDER, Matron.
ANDREW HENDERSON, House-Steward.

R. ADAMSON, Esq., }
S. ADAMSON, Esq., } Treasurers.

Rev. G. COWANS, Chaplain.

STATUTORY PROVISIONS

THE LUNACY ACT, 1845
THE LUNACY ACT, 1853
THE LUNACY ACT, 1862

STATUTORY PROVISIONS

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APPENDIX

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ADMISSIONS.

DURING the year that has just closed two hundred and seven patients have sought to participate in the benefits of the Institution. Of this number eighty-five belonged to the middle and higher classes, of whom only thirty-three have found accommodation in the Crichton Royal Institution. Of the remaining one hundred and twenty-two, belonging to the lower classes, seventy-eight have been provided for in the Southern Counties' Asylum. Twenty-three of these cases were those of private patients, and the remaining fifty-five pauper. Of the former number a small proportion were persons, in reduced circumstances, who sought accommodation in the Crichton Royal Institution, but whose appeals could not be listened to—those departments in the House, at the lower boards, being pre-occupied.

A number of similar applications have been made from other and more distant districts, some of them very clamant cases, not a few of whom would even gladly have taken refuge in the Southern Counties' Asylum, had it been at all possible to admit them; which, in the crowded state of the House, could not be done.

These numbers, however, only represent the demands made upon us for accommodation of individual cases: in several instances, offers were made of groups of patients, in almost unlimited numbers—in one case twenty, in another as many as we could conveniently admit. These were all paupers, and, judging from the numbers for whom admission has been sought, as well as from the urgency with which petitions have been presented, the deficiency of accommodation which exists, in Scotland, for this class of patients must be great.

Of those who have found refuge in the Southern Counties' Asylum, a large proportion, we believe a larger than usual, have been what may be denominated bad cases—not only the hopelessly incurable, but the degraded, the helpless, the dying. Not a few of them, indeed, have exhibited pictures of the most abject wretchedness—degradation the most extreme—helplessness the most complete.

The increase of these cases is no doubt due to the stringent application of the recent Lunacy Act, actual or anticipated. The earnest

activity of the Commissioners will, in due time, reach them in their dark abodes, but as a consequence Asylums, many years to come, must become receptacles for these sad cases, to the lowering of our curative lists, the complication of our arrangements, the increase of our expenditure, the discomfort of our patients, and altogether, the deterioration of our moral atmosphere. Still we must bid them welcome, for we may assist in smoothing their otherwise rough passage to the tomb, which is indeed all we can hope to do. We trust we may believe them the relics of a passing, if not of a past, age—the last of their race. They tell a sad tale of the past, but they teach a useful lesson for the future.

The modes in which many patients are brought to the House are still unjustifiable, but seem gradually to improve. Hand-cuffs, ropes, and the more rough and savage appliances are not so frequently seen—even the strait jacket seems now looked upon with some suspicion. Females are still occasionally brought long distances, under the care of male attendants, a practice as unnecessary as it is objectionable. Patients are often induced to come by fraud, rather than compelled by force. The latter, even in its worst forms, is perhaps preferable to the former. Those so treated years after regaining their health, and when everything else disagreeable has been forgotten, will revert with intense regret to the deception which has been practised. When force is employed, the mind having regained its wonted health, admits its necessity, and is satisfied; but when deception has been practised, no such necessity is recognised. The wound inflicted is not physical but moral, and like all such wounds is difficult to heal—the more so when received from the hand of a friend.

Patients reach us by ways and means which are not a little puzzling to the uninitiated, and always interesting to the psychologist. A respectable female who had been removed imperfectly cured, and had become worse, insisted on her husband accompanying her on a visit to her old friends, and who, on her arrival, finding everything very satisfactory, was easily persuaded to remain in her old quarters. A lady, supposing her family and friends to have become metamorphosed into enemies, in order to plot her ruin, sought refuge in the Asylum, to escape their machinations. Another lady, believing that her husband was insane, brought him to the House, in order to secure for him appropriate treatment, but agreed, in the first instance, to place herself under it for three months, that she might test the efficiency of the system pursued. Yet another from a distance is accompanied half the way by a friend, the remaining half she travels

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per coach alone, hires a cab, conveys herself to the House, and petitions for admission, only stipulating that she be allowed to enjoy her former privileges, and that her detention be for a limited and definite period.

Voluntary application for admission into our Public Establishments is, by no means, an unusual and always a pleasant feature of their management—not the least important of many proofs that they are conducted on principles of justice and humanity. The mere fact of such application should surely be held of itself as satisfactory evidence that the patient requires treatment in an asylum, and indeed as a class such applicants not only require it, but especially benefit by it. They often, however, dread more the public and complicated legal proceedings which have to be adopted, before entrance, than detention itself; and surely it is neither wise nor humane, on the part of the law, to exact the same stern and stringent requirements from those who submit themselves to treatment voluntarily, as from those who are compelled to do so without their knowledge or consent.

During the last twelve months, owing to the overcrowded state of the Pauper Department of the Institution, no patient has been admitted into it beyond the boundaries of the three Southern Counties for which it is required more immediately to provide—no applicant, however, from these Counties, either private or pauper, has been refused admission. A considerable proportion of its inmates are patients from other and distant districts, whose removal would greatly relieve us, could admission be obtained for them elsewhere; but this seems almost impossible in the present deficiency of asylum accommodation.

DISCHARGES.

The Numbers discharged from both Houses, during the year, were seventy-five, of whom twenty-four were dismissed from the Crichton Royal Institution, and fifty-one from the Southern Counties' Asylum. A comparatively small proportion of these were discharged as cured—nine belonging to the higher classes; and twenty-one to the lower. In estimating the number of cures, it has to be remembered that both Houses have been filled for some years, and that consequently a very large number of the cases are of long standing and incurable—that, as already stated, an unusual proportion of the admissions were in the last stage of the disease and in the same hopeless condition, and that several of those discharged are patients belonging to other districts, and have consequently been transferred to other asylums. Of the remaining forty-five, fifteen were relieved and

thirty not improved ; while, of the whole number, thirty-five were deemed incurable.

In accordance with a too common practice, several of these cases were removed against Medical advice, either while unimproved or before convalescence was complete—some of them, in their subsequent history, affording sad illustration of the impropriety of so doing.

One patient was removed after being only a very short period in the House, and had to be brought back in three weeks very much worse. This patient has been removed a second time after a short residence, his case, in all probability, being now rendered hopeless. Another patient thus removed, returned in ten days, greatly deteriorated, and now permanently so. In one case, having strongly and repeatedly protested against the propriety of the patient's removal, a legal agent was brought apparently for the purpose of compelling obedience. Even the strong arm of law, however, failed, as the patient himself refused to leave except per force, which happily was not employed. He was removed at a subsequent period by stratagem. A lady having been removed, against her own wish, as well as against medical advice, while on her way home escaped from her friend, returned to the House, and piteously petitioned for protection, which, in the circumstances, could not be extended. This lady, after only two days' residence at home, compelled even her friends to admit the necessity of again restraining her, an admission which, unfortunately in this case, as in most others, comes too late for the patient.

Other cases have been removed, in which, though greatly improved, convalescence was still incomplete, and consequently at the imminent risk of relapse. The results of such removals are anticipated with anxiety though not yet known.

DEATHS.

The mortality during the year has reached its usual standard, being about six and a-half per cent. upon the numbers treated. Eleven died in the Crichton Royal Institution, and eighteen in the Southern Counties' Asylum. The mortality varies considerably from year to year, often without any apparent cause ; varies also, in different asylums, even where at least all the known conditions seem the same.

As is usual, the greater proportion of the deaths took place in the winter, spring, and autumn months—the lower temperature of these seasons having a marked effect upon the mortality of our asylums,

in spite of the perfection of our heating arrangements and care in their management ; and in striking contrast to the old belief in the immunity of the insane from the effects of cold.

A very large—an unusual number of patients—died of chest affections—no fewer than fifteen of the twenty-nine. Twelve succumbed to diseases connected with the nervous system, leaving only two as resulting from the more ordinary forms of disease.

In almost all the patients, death was the anticipated and inevitable consequence of long persistent, or severe forms of the malady. In two or three, whose symptoms were more obscure during life, the conjectural cause of death was confirmed by subsequent examination. No fewer than eight of the number were either moribund when admitted, or were suffering from such forms, or severity of the disease, as to render death an almost inevitable consequence within a short period of admission. These cases subtracted reduce the mortality by nearly one-third, and prove most indubitably that were more care and judgment exercised in placing patients under treatment, not only would the number of cures in our asylums be greatly increased, but the number of deaths also would be very much diminished.

OVERCROWDING.

Overcrowding in our asylums has been supposed likely to affect our mortality tables. If this be true it is important, as not only have our asylums been overcrowded for some years past, but they must be so for some years to come. That overcrowding, with its numerous associated evils, is an efficient cause of depressed vitality, and has, in many cases, resulted in extensive mortality, cannot for a moment be doubted. On more careful enquiry, however, it will be found that, in these cases, overcrowding was not alone the efficient cause, nor even the most important of those in operation—that such instances, in short, cannot be compared with the case of our public asylums, where the overcrowding is an isolated condition, and where besides its evils are by care and judgment reduced to a minimum. At all events, we are quite satisfied that it can be so reduced, if overcrowding alone exist. If there be a nutritious diet, constant exercise, variety of occupation, change of place, frequent amusements, and if the rooms be kept scrupulously clean, well ventilated, and at a moderate temperature, we do not fear much the overcrowding,—a room with a superabundance of cubic space, but cold and cheerless, imperfectly cleaned, and ill ventilated, we dread far more than one much below the standard as to size, but differing from it in all other particulars.

We are not the apologists of overcrowding, we only wish to express our conviction that it is an evil which by care can be overcome, so far as mere health is concerned. It has other evils many and great, on account of which we would gladly get rid of it as soon as possible.

AMUSEMENTS.

Our instructive and recreative arrangements have not ceased to occupy our attention during the year. Our concerts, classes, &c., have proceeded with their usual vigour, and, we hope, with their usual benefit—gratifying, elevating, and improving those who have come under their influence. One of the principal objects aimed at in these arrangements has been to secure the co-operation of the inmates—to make them not merely passive spectators, but active participants. The lethargic are thus roused to activity, the isolated are brought once more into contact with the living, the melancholic forgets his melancholy, and those wandering in the mazes of error and delusion may be recalled to light; and though reason may resume her throne only for a moment, she has gained a vantage ground which may secure for her ultimate triumph.

The machinery employed is multiform and various—classes, concerts, balls, dramatic performances, lectures, readings, recitations, scientific excursions, pic-nics, out-door games—everything, in short, that comes within the category of rational amusements or educational efforts.

The following numbers will indicate the personal efforts made by the patients in behalf of themselves and their fellow prisoners:—Twelve have been employed in writing poetry or prose; one in composing music; six are occupied in translating; eight sing at our concerts, and three assist with instruments, piano, violin, and organ; five have taken parts in our theatrical performances; eight have given readings, five recitations, and four lectures in public; two devote themselves to teaching; and one to printing.

The results of their labours are sixteen readings, seven concerts, five lectures, seven dramatic entertainments, eight charade performances, and three tableaux vivants representations.

To the labours of officers and others we are indebted besides for six concerts, fourteen lectures, and six miscellaneous entertainments in Theatre. To which must be added thirteen balls, eight open-air dances, accompanied by brass band from town, nineteen scientific excursions, eight of which were accompanied with practical field lectures, and fifty pic-nics. Nor must we forget our Christmas Tree, Halloween, and St. Valentine Festivities, Bowling Matches, &c. We

close the list, by adding to it thirteen parties to Theatre in town, thirteen to concerts, eleven to lectures, and eleven to miscellaneous amusements, besides about twenty dinner, tea, and evening parties, given by three or four friends who take a lively interest in the Institution—the greater number of them, indeed, by one, who has not ceased to shower favours upon us for years, and to whom, in name of the patients, we tender our most hearty thanks.

Our educational list presents us with the following classes and their pupils :—

Music, Instrumental, ...	8 pupils.
... Vocal, ...	6 ...
... Tonic sol fa class, ...	25 ...
German, ...	6 ...
Latin, ...	2 ...
French, ...	4 ...
Drawing, ...	8 ...
Dancing, ...	30 ...

The patients in the Southern Counties' Asylum have the privilege of attending all the public amusements in the Crichton Royal Institution—a very great boon. They have besides, weekly, two special entertainments for themselves, a music class, and a miscellaneous amusement meeting.

An endeavour was made during the season of pic-nics, to give them additional interest, by accompanying them with a series of field lectures illustrative of the district. A select party was sent once a-week in succession to the various points usually visited. In this way, several most interesting and instructive lectures were delivered on the history and antiquities of our ruined castles and abbeys ; while the geological, botanical, and zoological features of the district were not forgotten.

The propriety—the necessity we should rather say—of amusements in the treatment of the insane, seems now universally recognised, though by no means universally practised. For some years past education, in its various branches, has been added to the list of curatives, though not by any means generally admitted even as a principle, and still less so in practice. More recently, as already observed, the co-operative agency of the patients has been sought in their own behalf. Hitherto we have looked upon them too much as passive objects, and provided everything for them—now we recognise them as active agents, and require them to provide for themselves. This is only an advanced step in the onward march of improvement. The principle we believe to be an important one,

and, as in duty bound, we devote ourselves especially to its development, during the coming year, and hope in due time to record the results.

RESTRAINTS.

Mechanical restraint has been employed in only one instance during the year—in the case of a female suffering from epileptic mania. The patient had just been admitted, and was suffering from an attack of that blind reckless fury, not uncommonly associated with epilepsy. On visiting the patient she was found placed on a padded arm chair, and held there by the united force of three attendants, the reason assigned being that she had severely bitten her arm. As the wound was deep and extensive, and every indication given that the act would be repeated, the application of the ordinary muff was decided upon. After strict search, however, it was not forthcoming. It was ultimately ascertained that it had been lent to another Establishment, but at so distant a period as to have escaped the memory of the lender. At last supplied, the hands were secured; and the patient thus armed against herself was set at liberty. Her fury suddenly subsided, and was substituted by an expression of wild wonderment, in which latter mood she was left, under the care of a special attendant till further orders. On a second visit the instrument was removed, and never required to be replaced. The wound in the arm was followed by violent asthenic inflammation, terminating in extensive destruction of tissue, the establishment of sinuses, &c.—doubtless due to the depressed vitality and unhealthy condition of the patient—had many instead of one of these wounds been inflicted, we have no doubt life would have been seriously compromised, if not forfeited.

Another means of protection—rather we would call it than restraint—is the padded bed. It has long been used in this Establishment—we have employed it with benefit elsewhere, but have never seen nor heard of its use in any other asylum. It has been frequently in request lately in the case of a patient whose condition we think justifies, as well as explains, its application. The case is one of homicidal and suicidal mania of an intermittent nature, both characteristics being strongly marked during the paroxysms. He has had a special attendant, day and night, for many months. He is, however, active, cunning, and powerful, and, during the height of his excitement, it would be unsafe to place him under the care of a single attendant, especially during the night. He is accordingly placed in the padded bed, and thus protected from himself, and others protected from him.

The bed is made of firm materials and padded throughout to prevent self injury. It is covered with a girth netting, which secures air and comfort. Thus "cabined and confined," the patient is placed with safety under the care of a single night nurse.

Those who take special views of these cases will no doubt object to this so-called degradation of the patient, and insist upon an increase of attendants as preferable. We have already said that the patient is powerful and cunning, and, when in a condition to require the bed, excessively irritable and quarrelsome, the slightest interference on the part of the attendant being the signal for a furious attack. Contemplating the series of struggles that might ensue, even in a single night, and the consequences, moral and physical, to both parties, we cannot but prefer the compulsory quiet to the licensed excitement.

We are not sure, however, that these and like appliances may not be pleaded for on higher grounds. A patient recently admitted, and suffering from a severe attack of mania, with homicidal and suicidal impulses, had been watched, for two or three nights, by a single attendant. His attempts at self-destruction had become so determined and frequent, with occasional attacks made on the attendant, that it became necessary to increase the force. As the patient had become very much exhausted from want of rest, partial abstinence, and constant excitement, the padded bed was deemed preferable, and tried accordingly. First night resistance was long and severe, but ultimately a few hours of rest were obtained. Second night resistance less severe and prolonged, and, after an interval of rest, some hours' sleep were secured. Third night patient requested cover to be kept open, and he would try to remain quiet. His request was complied with, he fulfilled his promise, and obtained a fair night's rest.

A case illustrative comes to mind. Some three years ago, a patient was under treatment, usually quiet and industrious, but liable to paroxysmal attacks accompanied with suicidal impulse. When in that unhappy condition she had long pleaded, but pleaded in vain, to be supplied with the "strait jacket," which had been used when at home. After long opposition it was at last conceded. On its application the patient was effectually prevented from inflicting those injuries upon herself which she was impelled, yet dreaded to do. Self-confidence and a sense of safety were thus secured, which could not be obtained from the presence of any number of attendants. The happy results were again and again witnessed, and left no doubt as to their origin. But why should such results

be wondered at? are they not in accordance with a well-known physiological law? If it be true that the sight of a bridge or a river will rouse within the breast of the suicide the dormant impulse; and if it be a consequent duty on the part of the physician to conceal, if possible, these objects from his view, surely the same law demands, and the same duty urges the removal of, it may be, more common, yet not less powerful incentives, provided it can be done without inflicting a greater injury. Is there not reason for asking the question, whether, under the dread of "mechanical restraints," we have not been frightened from the legitimate use of mechanical appliances; whether we are not losing sight of important principles, under the talismanic influence of mere phrases.

COMPULSORY ALIMENTATION.

Mechanical feeding has been less frequent than in former years. Cases have occurred, but they have not been so numerous nor so prolonged. In other years we have alluded to abstinence existing as an endemic. There can be little doubt that it does so occur occasionally. The compulsory enforcement of food cannot be resorted to in all cases, with propriety or even with safety. The necessary manipulations may endanger life by the excessive irritability occasioned, or great exhaustion produced, and yet, in about a hundred cases so fed for weeks and months, in one case years, we have never met with any difficulty which was not overcome by perseverance. Patients sometimes habitually restrict their diet as to both quantity and variety. One patient has almost entirely lived on arrow root for many years. Another indulges in greater variety, but has taken a limited quantity also for years. Though such patients cannot be said to die of inanition after living thus for long periods of time, yet it cannot be doubted that such limited supply tends to depress the system, to lower vitality, and invite the approach of other diseases. It may be right to mention, as it sometimes serves to remove prejudice, and we mention it the more freely that the practice did not originate with ourselves, though it has our highest approval, that such patients, and others in similar conditions, are unlimited as to their choice. Articles the most delicate, as well as the most expensive, are freely offered—and to secure their confidence they are often supplied directly from the officers' table. Of course we are speaking of pauper patients.

IMPROVEMENTS.

Improvements in the grounds and out-buildings, projected some years ago, are steadily progressing. The offices and out-houses of the Establishment, originally placed directly in front of the main

building, are now entirely swept away, and their site occupied by a pleasant lawn. This is a great improvement—smoking chimneys, unceasing traffic, and obstructed views, are no longer complained of. The kitchens, laundries, bakery, and some other domestic departments are placed to the rear of the Building; while stables, piggeries, workshops, &c., are removed to an isolated and distant corner of the grounds.

The lower storey of the House has been further improved, by the removal of the high walls to the north-west, constituting the old airing courts. It is hoped that others, still standing, are destined to follow, in due time; so that the House may be completely opened up on at least three sides—to the north, south, and west—so as to enable the patients in the lower galleries to obtain unobstructed views in these directions; and secure, at the same time, more complete ventilation.

The stables, workshops, and offices connected with them have just been completed, and are now being devoted to their proper purposes. They appear to advantage, and promise to fulfil the expectations formed of them.

A new foul-linen wash-house is nearing completion, and will be in operation in a short time. It is of ample dimensions to meet future and increasing demands. It consists of two departments, to secure division and independence of labour for the two Establishments.

The bakery recently constructed has been in operation for some months, and has given entire satisfaction.

These improvements, and others, completed or in progress, important though they be, are intended as only preliminary to others still more important and extensive.

An addition has been proposed to the Southern Counties' Asylum, not indeed with a view to its completion for all time coming, but especially to meet a present and pressing necessity, and to obviate a long-standing complaint against the deficient structure of that part of the building, devoted to the management of refractory patients. Here completeness of structure is most necessary, and the want of it has been more severely felt in the now permanently overcrowded state of the House. The work is in the hands of the contractors, and already in progress. An addition is also proposed to the Crichton Royal Institution—a work of still greater magnitude and importance. It has been hoped for and talked of for some time. Its desirableness, if not necessity, seems at length to be agreed upon. In connection with it there are two features worthy of consideration. In the first place, it will afford a suitable op-

portunity for introducing a number of modifications and improvements, in accordance with advanced views on the subject of Asylum Architecture ; and supplemental of acknowledged deficiencies in the structure of the old building.

It is some twenty-five to thirty years since the House was designed, and when finished was no doubt a most complete structure of its kind, and well adapted for its purpose. Twenty-five years, however, is a long period, when the rapidity with which the treatment of insanity has improved and progressed is taken into consideration. Many are the arrangements, adjuncts, and appliances, all more or less depending upon modification of structure, now considered necessary for the safety, comfort, care, and cure of the insane, which were then not even thought of. It is true these wants have been seen, supplied, even anticipated ; but for the most part by temporary expedients, which are always accompanied with dissatisfaction and increased labour ; and, after all, only secure partial success. The proposed addition then will afford a suitable opportunity for introducing into the new structure all the modern improvements, and thus enable us to start the race of benevolence with fewer impediments and fairer prospects. Our competitors are numerous, powerful, and well equipped.

There is attached to this proposed addition, however, another feature of still greater importance.

The Crichton Institution, from the first, and in accordance with its benevolent foundation, set apart a large proportion of its accommodation to supply the wants of the most necessitous classes. This was soon taken possession of. When the Southern Counties' Asylum was completed, and the pauper patients removed to it, this accommodation was again at disposal in the Crichton Royal Institution. It however became gradually, and, at last, completely exhausted, so that, for the last two or three years, it has been quite impossible to admit patients of this class, except at boards which virtually exclude them : Hence, for those, the most necessitous, corresponding to a large district of country in the south of Scotland, not to speak of more distant districts, the benefits and privileges of this excellent and benevolent institution may be said not to exist.

We rejoice to know that to make provision for this class has been one of the cherished dreams of the benevolent foundress of the Institution for a long period ; and that it is her earnest wish, shared in by the Trustees and Directors, to devote a large portion of the new structure to this especial purpose. The House will thus become a complete Establishment, making ample provision for all. The Southern Coun-

ties' Asylum provides for the poorest. The Crichton Royal Institution, as it exists, provides for the higher and middle classes. It wants only the new structure to supply the remaining deficiency, and thus make a perfect whole.

It is scarcely possible to exaggerate the importance of this addition ; and we earnestly hope that means may be found to secure its completion.

NEW ASYLUMS.

The present is an auspicious hour for Scotland, with respect to her asylums. She occupies a high vantage ground. It will be sad should she refuse to take possession of the prominent position assigned her—neglect her opportunities, and disappoint the hopes which have been raised. In five years she will have provided twice that number of Hospitals for the insane. Perfection has not yet been reached. There is indeed great necessity for progress ; and although doubts and difficulties exist, yet there are many essential improvements known and required, which are beset by neither.

We do not, unfortunately, require to go back to the pre-historic period, or even to the dark ages, to learn the sad history of lunacy. The impressions made by its gloomy revealings are not yet effaced from the memories of the living. Perhaps the only consolation now left us is that that sad history had its origin in a mistake, and that, having discovered it, we are making what efforts we can to undo its results. The mistake seems to have originated in the belief that insanity was a crime, and the insane criminals—of a peculiar character indeed, and requiring, accordingly, peculiar punishment—hence suffering was inflicted, not for its own sake, but from a conviction of its necessity.

As the falsity of our belief has disappeared the humanity of our treatment has progressed.

The ameliorative process was first applied to the person of the lunatic. Flagrant and open cruelty was abandoned ; muffs and manacles removed. Then his prison house was improved, the cell was exchanged for the bed-room, iron bars were discarded, warmth secured, and the light and air of heaven admitted. We are afraid, however, the influence of the old idea still exists, and exists for evil. Looking, even at our most recently built asylums, and contemplating their structural arrangements, they seem to impress one with the belief that the architect set to work under the impression that every inhabitant of his future house would be either a homicide, a suicide, or a runaway.

We speak here of structural arrangements, not of personal treatment ; the latter has gone far ahead of the former, and it is said had the Medical Superintendent been as freely consulted on the one as on the other, they might have advanced with equal pace. Of this, however, we express no opinion. The following may perhaps be taken as a fair representation of the condition of patients, in say an ordinary pauper asylum. One-tenth will be found destructive or dangerous, requiring constant supervision and special building arrangements. One-tenth will be sick or so infirm as to require constant care and also some special structural provision. Two-tenths will be restless, cunning, and troublesome, requiring constant and careful superintendence, but no particular structural arrangements. Two-tenths will be quiet, feeble, and helpless, requiring only good nursing ; and the remaining four-tenths, the quiet, active, and industrious, scarcely even requiring attendance. If this view be an approximation even to the truth, it will be seen that only one-tenth of the patients really requires a structure corresponding to our old asylums ; another tenth requires the ordinary appliances of an infirmary, and the remainder require no special provision whatever, except what is necessary to secure comfort and health. The problem, then, of an asylum does not seem so difficult. Given three hundred patients, it is required to provide them with a building which shall afford one-tenth with separate and special structural arrangements, one-tenth with the ordinary requirements of an infirmary, and the remaining eight-tenths with a comfortable home and proper superintendence. Were this simple idea started with, we think our pauper asylums might be wonderfully simplified, and greatly cheapened.

We have spoken of an infirmary. This, we are afraid, is still a desideratum in most of our Scotch asylums. We believe it would very greatly contribute to the comfortable and successful working of our establishments. It should provide beds for about a tenth of each sex ; should occupy an isolated position on the ground floor, between the centre and wing ; should have a southern or south-western aspect ; should consist of a dormitory and a few single bed-rooms, at least two, one for a special case and one for a dying patient ; should have easy access to the open air for convalescents ; and should have attached to it a small day room and a nurse's room, with provision for supplying warm food during the night.

Dining-rooms, work-rooms, recreation-rooms, and class-rooms will, we hope, not be lost sight of in the new structures. There is great necessity also for making more ample provision for the private pa-

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tients who find their way into our pauper establishments, at pauper boards or at boards immediately above them.

ADJUNCTS.

The "cottage system" has been much talked of. We have great doubts of its success, except in special circumstances, and our doubts are due to the belief that it would be very expensive—that supervision would be difficult—that comfort would not be so well secured, as in the Asylum. There is a modification of it which we could wish to see carried out, having in view, however, the benefit of the attendant, rather than that of the patient. All our large public Establishments should provide a series of improved and superior cottages in their immediate vicinity, for married attendants. A limited number of the quiet, well-behaved, industrious, and convalescing patients might be placed under the care of their families, and thus a double advantage obtained. There is still another view of the cottage system. All Hospitals for the insane which contain patients of a high class, should be provided with a series of cottages, or rather villas, for the especial benefit of that class. When attention has been secured to the superior advantages of this system, we have no doubt it will be adopted.

Another desideratum of our high class Institutions is a sanatorium or convalescent establishment. This is of very great importance, and we have no doubt will soon be considered a necessary appendage. It should be in the immediate vicinity, and under the same superintendence as the House itself. It should contain the convalescent patients—those who could be trusted with a relaxation of the usual discipline, and others who would be greatly improved by occasional and temporary residence in such a building. It would be suitable for mild or incipient cases, in which the more stringent laws of an asylum are not required. Were such an addition as this made to our public asylums, we think it would go far to meet the difficulty which must be fully met ere long of providing for our dipsomaniacs. Such an establishment is precisely what a large proportion of them would require, and the association of such with the class of patients who should occupy it would be a mutual benefit. The objections to an asylum would, to a large extent, be obviated, while all its advantages would, at the same time, be secured.

To our high class establishments still another addition is wanting—a summer residence, either in the country or at the seaside. To secure lodgings at all for our patients is often difficult, and to secure them suitable still more so. Sometimes they have to be separated,

and placed in different and distant houses, at other times they have to mingle with strangers, which is not always agreeable either to them or to us.

CONCLUSION.

Another year has been added to the past—a brief period in the world's history, yet no unimportant portion of our own short existence. Begun in fear and passed in anxiety, its review happily affords only ground for gratitude in having escaped anticipated evils and obtained unexpected good. We owe much to a superintending Providence, and not a little to sympathising friends.

It was not forgotten how much was needed to enable us to supply the place of one who had obtained, and justly, a world-wide reputation, and to maintain in its high position the character of an Establishment which had secured universal confidence.

We are not indeed without aid and encouragement. A long assistantship had rendered us familiar with the principles of management. We had tested their soundness by actual experiment in another field of labour. The arrangements in existence for securing their practical application were complete. Besides, we had to sustain and stimulate us, the approbation of the friends of patients, and the hearty welcome of the patients themselves—the ready co-operation of our colleagues in office, the willing aid of a considerate committee, the kind encouragement of the benevolent foundress of the Institution, and the deep sympathy, the cordial support, and invaluable counsel of our predecessor in office.

To one and all we offer thanks, and trust their hopes may not have been disappointed.

J. GILCHRIST.

CRICHTON ROYAL INSTITUTION,
11th November, 1858.

For
South

In the
Admit

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ADMIS

I. Sex of

II.
Between

Ages Unk

III. C
Private,
Pauper,

IV. Social C
Married,
Single,
Widowed,

T A B L E S.

For "C. R. IN." read Crichton Royal Institution. For "S. C. A." read Southern Counties' Asylum.

GENERAL TABLE.

	C. R. IN.			S. C. A.			Total
	Males	Fem.	Total	Males	Fem.	Total	
In the Institution, 11th Nov., 1857,	71	50	121	124	76	200	321
Admitted during the Year, ...	20	13	33	39	39	78	111
Under Treatment, ...	91	63	154	163	115	278	432
Discharged, ...	13	11	24	21	30	51	75
Died, ...	7	4	11	7	11	18	29
Leaving 11th Nov., 1858, ...	71	48	119	135	74	209	328

ADMISSIONS OF PATIENTS BETWEEN 11TH NOVEMBER, 1857, AND 11TH NOVEMBER, 1858.

	C. R. IN.			S. C. A.			Total
	Males	Fem.	Total	Males	Fem.	Total	
<i>I. Sex of those Admitted into Asylum,</i>	20	13	33	39	39	78	111
<i>II. Ages of those Admitted.</i>							
Between 10 and 20, ...				2	1	3	3
... 20 and 30, ...	6	1	7	9	6	15	22
... 30 and 40, ...	4	6	10	8	9	17	27
... 40 and 50, ...	5	4	9	6	9	15	24
... 50 and 60, ...	4	1	5	6	8	14	19
... 60 and 70, ...	1	1	2	5	5	10	12
... 70 and 80, ...				1	1	2	2
Ages Unknown, ...				2		2	2
Total,	20	13	33	39	39	78	111
<i>III. Class of those Admitted.</i>							
Private, ...	20	13	33	11	12	23	56
Pauper, ...				30	25	55	55
Total,	20	13	33	41	37	78	111
<i>IV. Social Condition of those Admitted.</i>							
Married, ...	7	6	13	10	8	18	31
Single, ...	12	7	19	27	27	54	73
Widowed, ...	1		1	1	5	6	7
Total,	20	13	33	38	40	78	111

ADMISSIONS—Continued.

	C. R. IN.			S. C. A.			Total
	Males	Fem.	Total	Males	Fem.	Total	
<i>V. Mental Diseases of those Admitted.</i>							
Mania, Acute, ...	1	1	2	8	6	14	16
Mania, Acute, Dipsomaniacal, ...	2	2	4				4
Mania, Acute, Suicidal, ...	1	2	3				3
Mania, Acute, Periodical, ...					5	5	5
Mania, Chronic, ...	3	2	5	12	9	21	26
Mania, Chronic, Periodical, ...				1	4	5	5
Melancholia, Acute, ...	1	2	3	1	1	2	5
Melancholia, Acute, Suicidal, ...	3	1	4	1	2	3	7
Melancholia, Acute, Dipsomaniacal, ...	1		1				1
Melancholia, Chronic, ...					1	1	1
Melancholia, Chronic, Hypochondriacal ...	2		2	1		1	3
Dementia, Acute, ...	1		1				1
Dementia, Chronic, ...	1	2	3	5	1	6	9
Dementia, Chronic, Epileptic, ...	1		1	1	3	4	5
Dementia, Chronic, Senile, ...				3	1	4	4
Monomania of Fatuity, ...		1	1				1
Moral Insanity, ...	1		1				1
General Paralysis, ...	2		2				2
Imbeciles, ...				6	6	12	12
Total,	20	13	33	39	39	78	111
<i>VI. Occupation of those Admitted.</i>							
Clergymen, ...	2		2				2
Clerk, ...	1		1	1		1	2
Clerk, Wife of, ...		1	1				1
Gentlewomen, ...		6	6				6
Grocer, Sister of, ...		1	1				1
Farmer, ...	3		3				3
Farmer, Wife of, ...		1	1		3	3	4
Labourer, Wife of, ...		1	1		4	4	5
Lawyer, ...	2		2				2
Merchant, ...	1		1				1
Retired Tailor, ...	1		1				1
Teacher, Wife of, ...		1	1				1
Surgeon, ...	1		1	1		1	2
Physician, ...	1		1				1
Physician, Wife of, ...		1	1				1
Station Master, ...	1		1				1
Wife of Currier, ...		1	1				1
Stock Broker, ...	1		1				1
Butcher, ...	1		1				1
Mail Guard, ...	1		1				1
Labourer, ...	1		1	13	2	15	16
E. I. Civilian, ...	1		1				1
Gentleman, ...	1		1				1
Student of Divinity, ...	1		1				1
Weaver, ...				2		2	2
Soldier, ...				2		2	2
Servant, ...				2	11	13	13
Teacher, ...				3		3	3
Wife of Railway Porter, ...				1		1	1
Sempstress, ...					4	4	4
Winder of Firns, ...				1		1	1
Shoemaker, ...				2		2	2
Farmer's Daughter, ...				2		2	2
Innkeeper's Daughter, ...				1		1	1
Carry forward,	20	13	33	27	28	55	88

ADMISSIONS—Continued.

Occupation—continued.	C. R. IN.			S. C. A.			Total
	Males	Fem.	Total	Males	Fem.	Total	
Brought forward,	20	13	33	27	28	55	88
Widow of Sea Captain, ...				1	1	1	1
Postilion, ...				1	1	1	1
Pedlar, ...				2	2	2	2
Porter, ...				1	1	1	1
Sea Captain, ...				2	2	2	2
Ragman, ...				1	1	1	1
Farm Servant's Wife, ...				1	1	1	1
Forester, ...				1	1	1	1
Gardener, ...				1	1	1	1
Seaman, ...				1	1	1	1
Labourer's Widow, ...				1	1	1	1
Mason's Daughter, ...				1	1	1	1
Widow, ...				1	1	1	1
Home Living, ...				1	1	1	1
Mendicant, ...				1	1	1	1
Pauper, ...				1	2	2	2
Police Officer, ...				1	1	1	1
Teacher, ...				3	3	3	3
Total,	20	13	33	42	36	78	111
<i>VII. Causes of Diseases of those Admitted</i>							
Anxiety, ...	3	1	4				4
Intemperance, ...	5	1	6	3	1	4	10
Masturbation, ...	2		2	1	2	1	3
Religious Impressions, ...				2	2	2	2
Blow on Head, ...				1	1	1	1
Sun Stroke, ...			2				2
Congenital, ...				3	4	7	7
Hereditary, ...				7	5	12	12
Excessive Smoking, ...	1		1				1
Poisoning, ...		1	1				1
Over Study, ...	1		1	2		2	3
Over Work, ...	1		1				1
Monetary Losses, ...	1		1				1
Grief for Loss of Relatives, ...					5	5	5
Family Misfortune, ...		1	1				1
Debility, ...				1	1	1	1
Change of Occupation, ...	1		1				1
Change of Life, ...				3	3	3	3
Grief at being put in Jail, ...				1	1	1	1
Disappointed Affection, ...				1	1	1	1
Gastric Irritation, ...				1	1	1	1
Distress for Son's Marriage, ...				1	1	1	1
Child-bearing, ...				1	1	1	1
Epilepsy, ...				2	2	2	2
Old Age, ...				3	3	3	3
Bodily Disease, ...				1	1	1	1
Dropsy, ...				1	1	1	1
Dispute as to Property, ...				1	1	1	1
Unfortunate in Business, ...				2	2	2	2
Ill treatment from Husband, ...				1	1	1	1
Excitement of Society, ...				1	1	1	1
Irritation at some Affair, ...				1	1	1	1
Bodily Decay, ...				1	1	1	1
Climacteric Period, ...				1	1	1	1
Unknown, ...	3	9	12	10	10	20	32
Total,	20	13	33	39	39	78	111

ADMISSIONS—Continued.

	C. R. IN.			S. C. A.			Total
	Males	Fem.	Total	Males	Fem.	Total	
<i>VIII. Number of Attacks.</i>							
First,	14	10	24	32	32	64	88
Second,	6		6	6	4	10	16
Third,		1	1		1	1	2
Fourth,				1		1	1
Frequent,		1	1	1	1	2	3
Unknown,		1	1				1
Total,	20	13	33	40	38	78	111
<i>IX. Age on first Attack.</i>							
Between 1 and 10 Years, ...					1	1	1
... 10 and 20 Years, ...		1	1	2	2	4	5
... 20 and 30 Years, ...	5	1	6	13	8	21	27
... 30 and 40 Years, ...	4	6	10	2	8	10	20
... 40 and 50 Years, ...	6	1	7	2	9	11	18
... 50 and 60 Years, ...	1		1	6	1	7	8
... 60 and 70 Years, ...	1	1	2	3	1	4	6
... 70 and 80 Years, ...				1		1	1
At Birth (Idiots),				3	4	7	7
Ages Unknown,	3	3	6	8	4	12	18
Total,	20	13	33	40	38	78	111
<i>X. Duration of present Attack.</i>							
Under 1 Month,	6	4	10	10	6	16	26
More than 1 Month and less than 3,				9	7	16	16
... 3 Months ... 6,	5	4	9	2	4	6	15
... 6 Months ... 9,				1	2	3	3
... 9 Months ... 1 Year,	1	1	2	5	3	8	10
... 1 Year ... 3 Years,	7	3	10	5	3	8	18
... 3 Years ... 5 Years,				5	2	7	7
... 5 Years ... 10 Years,				1	1	2	2
... 10 Years ... 20 Years,				2	3	5	5
... 20 Years ... 40 Years,				1	5	6	6
... 40 Years ... 50 Years,				1		1	1
Unknown,	1	1	2				2
Total,	20	13	33	42	36	78	111
<i>XI. Bodily Condition of Admissions.</i>							
Anæmic,	4	3	7	5	6	11	18
Strumous,	3	1	4	1	1	2	6
Good,	4	3	7	5	2	7	14
Stout,	4	2	6				6
Pale,	1	3	4				4
Unhealthy,	1	1	2				2
Emaciated,				5	1	6	6
Healthy,				17	18	35	35
Exhausted,				3		3	3
Good, Nervous,					1	1	1
Nervous,					1	1	1
Plethoric,					2	2	2
Degraded,	3		3		1	1	4
Aged, Infirm,				1		1	1
Weak,				1	1	2	2
General Decay,				2		2	2
Recovery from Childbed, ...					1	1	1
Failed,					1	1	1
Rheumatic,					1	1	1
Not Stated,					1	1	1
Total,	20	13	33	40	38	78	111

DISCHARGES BETWEEN 11TH NOVEMBER, 1857, AND 11TH NOVEMBER, 1858.

	C. R. IN.			S. C. A.			Total
	Males	Fem.	Total	Males	Fem.	Total	
<i>I. Sex of Patients Discharged, ...</i>	13	11	24	22	29	51	75
<i>II. Ages of those Discharged.</i>							
Between 20 and 30, ...	5	2	7	4	2	6	13
... 30 and 40, ...	4	5	9	6	3	9	18
... 40 and 50, ...	4	3	7	2	11	13	20
... 50 and 60, ...				5	4	9	9
... 60 and 70, ...				1	5	6	6
Unknown, ...		1	1	4	4	8	9
Total,	13	11	24	22	29	51	75
<i>III. Class of the Discharged.</i>							
Private, ...	13	11	24	6	9	15	39
Pauper, ...				15	21	36	36
Total,	13	11	24	21	30	51	75
<i>IV. Mental Diseases of the Discharged.</i>							
Mania, Acute, ...	1	3	4	5	3	8	12
Mania, Acute, Dipsomaniacal, ...	3	3	6				6
Mania, Acute, Periodical, ...					2	2	2
Mania, Chronic, ...	4	3	7	4	15	19	26
Mania, Chronic, Periodical, ...					1	1	1
Melancholia, Acute, ...					1	1	1
Melancholia, Acute, Suicidal, ...	1		1		5	5	6
Melancholia, Acute, Dipsomaniacal, ...		1	1				1
Melancholia, Chronic, ...					1	1	1
Melancholia, Chronic, Hypochondriacal, ...	1		1				1
Melancholia, Chronic, Suicidal, ...					1	1	1
Dementia, Chronic, ...	2		2	10	1	11	13
Idiots, ...	1	1	2				2
Imbeciles, ...				2		2	2
Total,	13	11	24	21	30	51	75
<i>V. Duration of Disease.</i>							
Under 1 Month, ...	3		3				3
... 2 Months, ...							
... 3 Months, ...							
... 6 Months, ...	1	1	2	8	9	17	19
... 9 Months, ...		1	1				1
... 1 Year, ...	2	1	3	1	6	7	10
... 2 Years, ...	1	2	3	1	7	8	11
... 6 Years, ...	4	4	8	5	5	10	18
... 8 Years, ...				4	3	7	7
... 10 Years, ...				1		1	1
... 20 Years, ...				1		1	1
Unknown, ...	2	2	4				4
Total,	13	11	24	21	30	51	75
<i>IV. Condition when Discharged.</i>							
Recovered, ...	4	3	7	6	16	22	29
Relieved, ...	3	5	8	4	4	8	16
Not Improved, ...	7	2	9	12	9	21	30
Total,	14	10	24	22	29	51	75
Of the last two, are Incurable, ...				12	9	21	21

CURES BETWEEN 11TH NOVEMBER, 1857, AND 11TH NOVEMBER, 1858.

	C. R. IN.			S. C. A.			Total
	Males	Fem.	Total	Males	Fem.	Total	
<i>I. Sex of those Cured, ...</i>	4	3	7	3	13	16	23
<i>II. Ages of Patients Cured.</i>							
Between 10 and 20, ...							
... 20 and 30, ...	1		1	1	1		2
... 30 and 40, ...	1	3	4				4
... 40 and 50, ...	2		2		3	3	5
... 50 and 60, ...				2	1	3	3
... 60 and 70, ...				1	3	4	4
Ages Unknown, ...					5	5	5
Total,	4	3	7	3	13	16	23
<i>III. Class of Patients Cured.</i>							
Private, ...	4	3	7	2	4	6	13
Pauper, ...				1	9	10	10
Total,	4	3	7	3	13	16	23
<i>IV. Mental Diseases of Cured.</i>							
Mania, Acute, ...	1	1	2	2	1	3	5
Mania, Acute, Dipsomaniacal, ...	1	2	3				3
Mania, Acute, Periodical, ...					1	1	1
Mania, Chronic, ...	1		1	1	5	6	7
Melancholia, Acute, ...					1	1	1
Melancholia, Acute, Dipsomaniacal, ...	1		1				1
Melancholia, Acute, Periodical, ...					3	3	3
Melancholia, Chronic, ...					1	1	1
Melancholia, Chronic, Suicidal, ...					1	1	1
Total,	4	3	7	3	13	16	23
<i>V. Duration of Mental Diseases of Cured.</i>							
Under 3 Months, ...					1	1	1
... 6 Months, ...					3	3	3
... 9 Months, ...					4	4	4
... 1 Year, ...	1		1		1	1	2
... 2 Years, ...	1		1		3	3	4
... 5 Years, ...	2	3	5	1		1	6
... 6 Years, ...				1		1	1
... 7 Years, ...							
Unknown, ...				1	1	2	2
Total,	4	3	7	3	13	16	23

DEATHS BETWEEN 11TH NOVEMBER, 1857, AND 11TH NOVEMBER, 1858.

	C. R. IN.			S. C. A.			Total
	Males	Fem.	Total	Males	Fem.	Total	
<i>I. Sex of those who Died, ...</i>	7	4	11	7	11	18	29
<i>II. Age of Patients who Died.</i>							
Between 20 and 30, ...		1	1		1	1	2
... 30 and 40, ...					4	4	4
... 40 and 50, ...	4	1	5	2	4	6	11
... 50 and 60, ...	1	1	2	2		2	4
... 60 and 70, ...	1	1	2	3	1	4	6
... 70 and 80, ...					1	1	1
Unknown, ...	1		1				1
Total,	7	4	11	7	11	18	29

DEATHS—Continued.

	C. R. IN.			S. C. A.			Total
	Males	Fem.	Total	Males	Fem.	Total	
<i>III. Class of Patients who Died.</i>							
Private,	7	4	11		3	3	14
Pauper,				7	8	15	15
Total,	7	4	11	7	11	18	29
<i>IV. Mental Disease of those who Died.</i>							
Mania, Chronic,	2	1	3		2	2	5
Mania, Acute,				1		1	1
Dementia, Chronic,	1	2	3	3	4	7	10
Dementia, Chronic, Epileptic,				2	2	2	2
Dementia, Chronic, Senile,				2	1	3	3
Melancholia, Acute,	1		1				1
Melancholia, Acute, Suicidal,	1		1				1
Melancholia, Chronic,		1	1		1	1	2
Melancholia, Chronic, Suicidal,					1	1	1
General Paralysis,	2		2				2
Imbeciles,				1		1	1
Total,	7	4	11	7	11	18	29
<i>V. Duration of Mental Disease.</i>							
Under 1 Month,							
... 2 Months,	1		1				1
... 3 Months,							
... 6 Months,	2		2				2
... 9 Months,							
... 1 Year,				3	2	5	5
... 2 Years,				2	2	4	4
... 3 Years,	4	4	8		1	1	9
... 4 Years,					1	1	1
... 5 Years,				1	1	2	2
... 6 Years,					1	1	1
... 7 Years,					1	1	1
... 8 Years,					2	2	2
... 40 Years,				1		1	1
Total,	7	4	11	7	11	18	29
<i>VI. Bodily Diseases of which Patients Died.</i>							
Phthisis,		2	2				2
Phthisis Pulmonalis,				1	4	5	5
Bronchitis,	2	1	3				3
Pneumonia,		1	1				1
Broncho-Pneumonia,				1	2	3	3
Cerebral Ramollissement,				1		1	1
Apoplexy,					2	2	2
Cerebral Congestion,	1		1				1
Intestinal Disease,	1		1				1
Paralysis,	1		1	1		1	2
Gastritis,					1	1	1
General Decay,				2	1	3	3
Maniacal Exhaustion,				1		1	1
Pulmonary Apoplexy,					1	1	1
Epileptic Convulsions,	1		1				1
General Paralysis,	1		1				1
Total,	7	4	11	7	11	18	29

DEATHS—Continued.

<i>VII. Duration of Bodily Disease.</i>				C. R. IN.			S. C. A.			Total
				Males	Fem.	Total	Males	Fem.	Total	
Under	1 Month,	...	...	2	1	3	1	5	6	9
...	2 Months,	...	...	1		1	3	2	5	6
...	3 Months,	...	...	1	1	2	3	3	6	8
...	6 Months,		1	1		1	1	2
...	9 Months,	1		1				1
...	1 Year,		1	1				1
...	2 Years,	1		1				1
...	3 Years,	1		1				1
Total,				7	4	11	7	11	18	29

9
6
8
2
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1
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1
29

TOTAL

TWENTIETH ANNUAL REPORT

OF THE

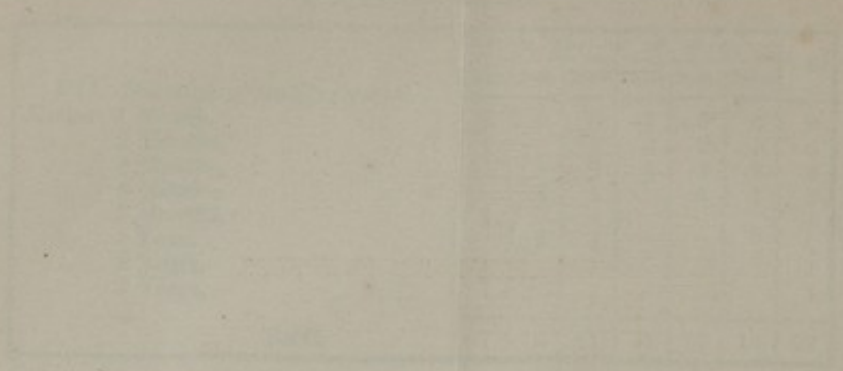
CRICHTON ROYAL INSTITUTION

FOR

LUNATICS,

DUMFRIES,

11TH NOVEMBER, 1859.



TWENTY-SECOND ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
FOR
JUNIOR
DUMFRIES
1881

R. ADAMS
& ADAMS

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Lieut.-Col. GRIERSON, Barndennoch.
J. MACALPINE LENY, Esq., Dalswinton.

STATUTORY TRUSTEES.

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The Right Hon. the EARL of GALLOWAY.
The Right Hon. the EARL of SELKIRK.
The LORD-LIEUTENANT of the Shire of Dumfries.
The MEMBER for the County of Dumfries.
The SHERIFF for the Shire of Dumfries.
The MINISTER of St. Michael's Church, Dumfries.

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AND. HENDERSON, House-Steward.
Mrs RAMSAY, Superintendent of Ladies' Department.
ALEXANDER BRUCE, Superintendent of Gentlemen's Department.

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Mrs HEARDER, Matron.
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THE applications for admission this year have amounted to the Applications number of one hundred and fifty-seven, the admissions to one hundred, the discharges to seventy-five, and the deaths to nineteen—the excess of admissions over discharges and deaths being six, leaving under treatment, at the termination of the year three hundred and thirty-four patients, as compared with three hundred and twenty-eight at the same period last year.

The corresponding numbers for the preceding year were—applications, two hundred and seven; admissions, one hundred and eleven; discharges, seventy-five; deaths, twenty-nine—the excess of admissions over discharges and deaths being seven, leaving under treatment, two hundred and twenty-eight.

The large reduction of applications is chiefly connected with the Reduction of Applications Southern Counties' Asylum, being eighty-one this year to one hundred and twenty-two last year, and is due to the information so widely circulated during the former year regarding the overcrowded state of the House, and the necessity for limiting the accommodation to the demands of the district. No patient from that district has been refused admission during the year, while those from other districts have been uniformly rejected.

Of eighty-one applications for admission to the Southern Counties' Asylum, seventy-five were admitted, thirty-nine males and thirty-six females, the entire number being from the three southern counties—Dumfries, Wigtown, and Kirkcudbright. About a third of these Admissions to Southern Counties' Asylum. admissions were private patients. This large proportion of private Private Patients in Southern Counties' Asylum. patients to the Pauper Department of the Institution is undoubtedly in a great measure due to the comparatively high board demanded in the Crichton Institution, rendering it impossible for persons of only moderate means to secure its advantages, the high board being due to the pre-occupation of the departments at lower boards by permanent residents. Several of these patients are persons of refined tastes, gentlemanly manners, and liberal education. No suitable provision whatever exists for them in the Southern Counties' Asylum, and their position there unquestionably diminishes the hope of cure, while their general discontentment is a source of anxiety and dissatisfaction

to those who are responsible for their treatment. Several patients of this class pass through the Crichton Royal Institution, being placed there for three or six months, in the hope of a cure being effected within that period. This hope being disappointed, as it frequently must be, relatives are reluctantly compelled to transfer them to the Southern Counties' Asylum, in almost every case, with diminished prospects of successful treatment.

Overcrowding.

The gradual removal, from the Southern Counties' Asylum, of a considerable number of patients, who had been admitted from other districts than our own, together with the completion of the new additions, have, at last, relieved our overcrowding, and we may now dismiss all anxiety on this subject, till, by gradual accumulation, the whole additional accommodation shall again have been disposed of. We have not yet realized all the advantages which these additions will give us, as, though occupied during the night, the day-rooms on the females' side are still unfinished. We do anticipate, however, a considerable increase of comfort to the patients, and a considerable decrease of dissatisfaction to the staff.

New Additions.

Classification.

A great improvement in the classification, and a reasonable supply of single rooms, are thus secured—thirty-eight in place of twelve to two hundred and fifty inmates. We shall now be enabled to dispose the patients into four groups or classes for each sex, which may be denominated the refractory, the troublesome, the infirm, and industrious. It will be seen from this enumeration, which exhausts the accommodation at disposal, that we cannot provide a separate position for those of whom we have already spoken, namely, the educated and refined. We rest satisfied, however, in the confident hope, that provision will be made for them, in due time, elsewhere.

Infirmaries.

We hope, also, by slight re-arrangements in the Old Building, to provide a small Infirmary for each sex, where the sick shall be under special surveillance day and night. This is a great desideratum in the House, as it is in most Asylums, and will prove an undoubted boon to the patients.

When the new additions are taken possession of, the re-arrangements in the old parts of the building completed, and the long anticipated increased airing grounds secured, the essential wants of the House shall have been provided for meanwhile.

Accommodation.

The new wings supply fifty additional beds, but when the proposed re-arrangements are made, the whole House will accommodate about two hundred and fifty patients, that is, seventy in excess of its previous capacity. The numbers in the House at present are two hundred and sixteen, of whom ten are pauper, and seven private pa-

tients from non-privileged districts, and twenty-seven private, from privileged districts. Supposing the former discharged, and the latter provided for, as anticipated, the accommodation at disposal for the three Southern Counties would be sufficient for about eighty additional patients—at present there are thirty-four vacancies.

During the year seventy-six applications were made for admission into the Crichton Royal Institution, of which, only twenty-five have been accommodated—fourteen males and eleven females. With reference to the accommodation at disposal in the Crichton Royal Institution, it may be stated that there is not a single bed-room, on either side of the House, at disposal—that every parlour is occupied, and that several rooms belonging to officers, or intended for the general purposes of the House, have been appropriated to the use of patients.

Applications
to Crichton
Royal Institution.

Before leaving the subject of admissions, it may be proper to say a passing word on the appearance of a little stranger amongst us, who, though not enumerated in the list of patients, is, nevertheless, an inmate, and not the less a subject of interest and attention.

Birth.

In this, as we believe in every chartered Asylum in Scotland, pregnant women are declared inadmissible. When admission was demanded for the present case, it became a question as to whether the demand should be complied with, or rather, whether, under the new Act, we could refuse compliance. It would appear that, as the district Asylums engage to provide for the wants of a definite district, they are bound to admit all cases, whatever be the concomitant conditions. Whatever be the rule of Law, it can scarcely be doubted that, by the rule of Right, all cases should be admitted, and especially such cases as require unusual care. This, at least, was the view taken of it. The patient was admitted, all due preparations were made, the object of solicitude was watched with a care, and the event anticipated with an interest, not less than if she had been an empress. The case was one of acute dementia, and the psychological interest attaching to it arose from the hope of ascertaining the results upon a morbid system, of an event usually so potent in its influence over the functions of the body and the faculties of the mind.

The patient gave not the slightest indication of approaching labour till within ten minutes of the birth. For some weeks, the child, with due assistance, was nursed by its mother, and slight, yet obvious indications of recognition and affection were observed. They gradually, however, died away, and the poor mother sunk back into a mental sleep, as deep as that of her unconscious offspring. The

rencontres between the parent and child—the peaceful innocency of the one, and the half-awakened emotions of the other, struggling as if to escape from the spell under which they were bound, were frequently witnessed with the most painful interest.

Though our hopes of ultimate success were thus disappointed, there was yet much seen to interest, to instruct, to encourage, for it was distinctly proved that the mind, even in its apparently most hopeless condition, can be reached, influenced, roused. To the earnest physician who is actuated, not more by due zeal for the honour of his profession, than by ardent sympathies with, and earnest desires for, the welfare of his patients, the fact that the work can be done, if only the proper means be supplied, cannot fail to nerve him with new vigour, and urge him onward with brighter hopes. The child was ushered into the world under the superintendence of Dr Inman, and introduced to the Church under that of the Rev. Mr M'Manus—the first birth and the first baptism within the walls of the Southern Counties' Asylum. It has been nursed from its birth by a patient, and is an object of great interest and attention to the inmates generally.

Discharges.

From both departments seventy-five patients have been discharged during the year, of whom fifty-seven were from the Southern Counties' Asylum, and eighteen from the Crichton Royal Institution. Of the fifty-seven discharges from the Southern Counties' Asylum, twenty-two were males and thirty-five females; sixteen were private patients—six males and ten females; forty-one paupers—sixteen males and twenty-five females. Of the whole number twenty-nine were recovered—twenty-eight relieved—eighteen not improved—and thirty incurable. A large proportion of those discharged from the Southern Counties' Asylum were patients from distant districts, and who were sent to other Asylums, or to the lunatic wards of Poorhouses, either because they were there admitted at lower rates of board, or were removed, at the urgent entreaty of the Directors, to relieve the overcrowding of the House. Nineteen were so discharged.

**Removals
against Me-
dical Advice.**

Fewer patients than usual have been removed this year, contrary to medical advice, and in an unfit condition to resume the duties of life. According to the recent Act, no pauper patient can be discharged from the Asylum uncured, without the authority of the Commissioners of Lunacy, but it leaves private patients in the same condition as before. Under the discipline and regulations of the Asylum, a patient may continue in a state of tranquillity, although a tendency to excitement still exists. When visited by relatives,

unless excitability be great, their presence acts as a motive to induce self-control. Should the mental powers be depressed, the same influence tends to rouse and raise them nearer to their normal condition, so that, in both cases, the visitors may be deceived into the belief that, what is merely the result of temporary circumstances, is a permanent condition. Medical advice is not listened to—the patient is removed—and, as frequently happens, with disastrous results. Three cases may be given, by way of illustration. A female patient was thus removed, and returned in eight days in a state of excitement, which did not disappear for some weeks. Another female, who had been quiet and industrious for two years, was only a few days at home, when excitement returned, which is not wholly removed after several months. A male patient, also, was removed, under strong remonstrance, and was returned in five days, plunged in the deepest melancholy, and with his suicidal propensities strongly re-excited.

It will have been noticed that the recoveries bear a small proportion to those discharged—twenty-nine to seventy-five. This is accounted for so far by the statement already made, that nineteen of these discharges were mere transfers from the Southern Counties' to other Asylums or Poorhouses, of patients who belonged to other districts. When, however, we compare the numbers cured with the numbers under treatment, we find that they still amount to only a small percentage—less indeed than seven per cent. This can also be accounted for: the Southern Counties' Asylum has, for two or three years past, been quite filled, and especially with chronic cases from other districts, and which, in almost every instance, are incurable. Besides, of the admissions during the last two years, since the introduction of the Lunacy Act, a larger proportion than usual have been incurable. This is due to the investigations of the Commissioners in Lunacy, who ordered to the Asylum all cases deemed by them unsuitable for farther treatment at home or in Poorhouses—these cases being in almost every instance hopeless.

Again, as regards the Crichton Royal Institution, it has been full for years, and as a very large proportion of the cases are incurable, it is obvious that the cures must be almost entirely limited to recent admissions—these again being circumscribed by the paucity of cures, removals, and deaths. This is made obvious at once by shewing that, of the twenty-nine cures, seventeen are cases admitted during the current year, although a considerable proportion of these are still under treatment, and will appear in the curative list of next year.

In order to get a more correct view of this subject, we have gone over the history of each case with as much care as possible, and the results we have arrived at are certainly less hopeful than we had anticipated. Of the three hundred and thirty-four patients left under treatment at the end of the year, we have selected twenty-six as within the limits of curability, using the term, however, in its very widest sense. Indeed, the lowness of the standard we have assumed is indicated at once by the fact, that of the twenty-six, no less than nine have been more than once inmates of this or some other Asylum. To indicate more accurately the nature of the cases, we divide them into two groups. In the first we place those who shall attain such a degree of improvement as shall entitle them to be set at liberty—who shall be manageable at home, or in private families, but who will still present some obvious symptoms of impaired or modified mental character—who shall have either an inaptitude for or inability to undertake the active duties of life successfully or permanently—and who all of them shall be re-attacked within a given period, the duration of which will depend upon the integrity of general health, the nature of the circumstances in which they are placed, &c. In the second list we place those in whom there is reasonable hope to believe that they will again fight successfully the battle of life, and come off victorious. Of the twenty-six curable patients, we assign twenty-three to the first group and only three to the second—that is, in the entire Establishment there are only three cases curable in the proper and restricted sense of the term.

Deaths.

The deaths during the year have been, in all, nineteen—males, eleven; females, eight. Of these, eleven were patients in the Southern Counties' Asylum, of whom three were private—one male and two females; and eight pauper—five males and three females. Of the eight deaths in the Crichton Royal Institution—six were males and two females. The low mortality and high health of both Establishments, during the year, have been remarkable. Last year the deaths were twenty-nine, and the mortality, calculated on the number under treatment, was six and three-quarters per cent.; this year about four and a quarter—while for the Southern Counties' Asylum separately it is about three and three-quarters. But further, when accidental cases are excluded, as for example, in the case of patients brought to the House in a moribund condition, the mortality due to ordinary causes is only about three and a-half per cent. for both Establishments, which is very low indeed.

Low Mortality.

In last Report we called attention to the evils of overcrowding, giving it as our opinion that these, though many and great, were not essential to it, and therefore irremediable, but to a large extent accidental and capable of removal. The low rate of mortality and high rate of health in the Southern Counties' Asylum during the year have singularly confirmed that opinion. It has to be observed besides, that with the overcrowding we had to contend with a greatly deficient airing ground space, water supply, and water-closet accommodation. For example, one gallery, originally providing for twenty-four patients, was constantly occupied by upwards of sixty, and yet during the entire summer and autumn, and even now, there has scarcely ever been water sufficient for two successive days together for the general purposes of the House, and frequently not sufficient for the ordinary purposes of ablution. Not only have corridors, which were unoccupied during the day, been turned into sleeping apartments, but even those occupied, and, in some cases, the ordinary day rooms, were permanently used as dormitories during the night, while the dormitories which should accommodate thirteen beds were permanently occupied by fifteen or sixteen, and even on many occasions by eighteen. As this has been the condition of the House for two years, there has been ample time for the development of those evils which are supposed to be inseparable from overcrowding—yet such are the results.

Diarrhœa has just appeared in the House, and it may be said this is the legitimate result of the overcrowding. It has to be observed, however—1st, That diarrhœa visits the Establishment more or less every year, and did so when it contained only one half the patients. 2d, It is confined to the female side of the House, which has always been less crowded than the male side. 3d, It is limited to one gallery, and that unquestionably the best aired and cleanest in the House. 4th, It is also the least crowded, for two-thirds of the patients are removed from the gallery to occupy the work-rooms during the day. 5th, It contains the strongest and healthiest inmates, the industrious and convalescent patients. 6th, The beds in the dormitories for months past have been not only at but under the normal standard. Why diarrhœa should appear in and be confined to this part of the House, we leave for others to determine—these are the facts.

We do not wish it to be understood that we deny the evils of overcrowding—they are palpable enough. What we wish to establish is, that by scrupulous attention to cleanliness, and especially to ventilation—by frequent removal of the patients to the open air

—by nutritious diet, occupation, amusement, &c., they may be reduced to a minimum, so far as health is concerned. In doing this we seek to establish two great truths in the management of Asylums. 1st, That no self-acting or mechanical appliances, however perfect or expensive, can ever successfully take the place of intelligent supervision. 2d, That to insure success the Medical Superintendent himself must not only originate and direct, but personally superintend, even to the minutest detail, all such arrangements. Hence the necessity of a special education, if not of special tastes and acquirements, on the part of that functionary. Hence also the necessity of limiting the size of our overgrowing Establishments. As usual, the larger proportion of the deaths are due to diseases of the chest and nervous structures, in the proportion of nine of the former to four of the latter, leaving six as due to more ordinary causes. Of nine chest diseases, six were cases of phthisis.

Restraint.

Six patients have been subjected to seclusion, and two to mechanical restraint. One patient has been secluded twice, one four times, and one six times, the rest once. The duration of seclusion ranged from two and a-half hours to five days, in one case ten. Seclusion is effected by placing the patient in the ordinary bed-room, dressed or in bed, or in a seclusion room, specially provided, with or without light, according to the nature and necessities of the case. It is resorted to chiefly in cases of acute mania in its earliest stages, paroxysmal or epileptic mania—sometimes as a curative measure, sometimes as a protection to the patient or his associates. One of the cases in which mechanical restraint was employed was that of an old man, who fell on the stone floor and fractured the clavicle. It was a case of senile dementia, with great restlessness, and after various means were resorted to it was found impossible to keep the fractured bones in apposition. The strait waistcoat was put on, and the cure was entirely successful. The other case was one of the most terrible of all the forms of insanity, in which self-mutilation is the prominent feature. Though under the care of two attendants, the patient could not be restrained from inflicting upon himself serious injury. In this instance the ordinary muff was used, which not only restrained but effectually protected the hands and arms. The paroxysm lasted some weeks, but the patient was under restraint only for twelve days, with, however, an interval of freedom.

Employment of Patients in the House.

We have purposely adopted the plan of employing discharged patients as servants and attendants. Three during the year have been so engaged; one, a female, was employed for six months as a

house servant—discharged her duties to satisfaction—but wishing a change, as other servants do, she left the House, and was only absent a fortnight when she was brought back as a patient. Another, also a female, was similarly engaged, and still occupies her position. A third, a male patient, has been recently employed as an attendant.

These arrangements offer many advantages to such patients as well as to the Establishment. During treatment they become accustomed to the habits of the House, and attached to its officers and patients. They thus perform their services from a sense of gratitude as well as of duty. They are placed under strict discipline and medical surveillance; moral advice or a medical prescription often serves to arrest or retard the threatened paroxysm. We have adopted this plan in many cases, but never had reason to regret it. It is intimately connected with another, and more important phase of the subject—the helpless condition in which many of the poorer patients are discharged. When a labouring man becomes insane, he loses his employment, and when, after his cure has been effected in the Asylum, he returns to his home—he finds himself penniless, occupationless, distracted, it may be, with a weakened body and enfeebled mind. Such a man is in the worst possible circumstances to cope with the world; in the best possible to secure the renewal of his malady. Many such cases gradually become deprived of hope, sink into depression, or lose self control, and return to the House. That some provision should be made for such cases cannot be questioned, but by whom or how? The Poor's Boards have a direct interest in the matter, for, surely, not to speak of its humanity, it would be more economical to supply such a man with a moderate sum to sustain him till work can be obtained, than risk return to the Asylum, where he is likely to become a permanent burden on the rates. In some of these cases we have communicated with their respective Boards, and obtained for them small supplies of money—in others we have not hesitated to supply it privately—in every such case, however, obtaining from the Inspector not only prompt repayment but hearty thanks.

These arrangements with discharged patients have been made with a view to meet the difficulty, or rather to mitigate the evil—for individual efforts are but as a drop to the ocean. In some of the English Asylums a special fund is provided.

Possibly the principle might be extended, certainly with benefit to a class of the patients, and we think, too, with some gain to the House, provided the cases be carefully selected.

Amongst other deficiencies of the Lunacy Act, we would claim attention to the non-provision in it for allowing patients to be discharged on trial. This is provided for in the English Act—why it is withheld from the Scotch it is difficult to say. It can scarcely be disputed that in many cases it would prove a boon, especially as regards the poorer class of patients, whose removal from the Asylum it is very desirable to facilitate in every way, seeing that whole families often depend upon them, not for comfort merely, but for their very existence. There are other cases also whom it would greatly benefit, by the mere tendency of such a change to lead to improvement, while to permanent residents it would often be a great privilege to spend a week or a month among friends occasionally—a privilege which could be extended to many with perfect safety and propriety.

Again, it is surely needless to compel a patient, whom it may be necessary or desirable to transfer from one Asylum to another, to pass through the cumbrous and expensive forms which were required on his admission. If the opinion of the Medical Superintendent be held a sufficient warrant for the *detention* of such a patient in the Asylum, it should surely be equally sufficient to warrant his *removal* to another.

Again, the state of the law is equally objectionable as regards voluntary applicants for admission. There are not a few such cases, and the tendency of the present just and humane treatment is to increase their number. It may be quite right and necessary that the law should protect, with sedulous care, the interests of a man who has been forcibly deprived of his liberty; but when a man knows and feels the approach of mental disease (and there are many such), and wishes at once to obtain appropriate treatment within the walls of an asylum, why should there be obstacles thrown in his way, and every means used by a public and expensive process to deter him from obtaining it, until perhaps he has lost the power of self-control, injured himself or his family, or until the time is past when such treatment would have been most effective? Then the law steps in and compels him to seek that aid which it deterred him from obtaining voluntarily and with more hopes of success.

The changes and improvements which were initiated years ago progress vigorously. The office-houses, stables, workshops, piggeries, &c., which were removed to a safe and unobjectionable, yet convenient, distance from the Establishment, have been completed and found suitable. The foul-linen wash-house has also been finished, and gives satisfaction.

Improve-
ments.
Offices.

Foul-linen
Wash-house

Two cottages at convenient distance from the House have been projected—one of the two being completed, the other in progress. They are intended to afford a separate and comfortable home for high-class patients—thus obviating the supposed disadvantages of the common Establishment.

The remaining airing-court walls to the north of the building have been removed; and a contract is already entered into for forming the old airing courts into terraces, walks, and flower-gardens.

The removal of the old offices from the front of the House, the high airing-court walls from the west and north, which had hitherto protected, but now left entirely exposed, the entrance to the Establishment suggested the propriety, if not necessity, of an entirely new approach. This has been completed, and although much has yet to be done around it to secure all its advantages, it is already admitted an improvement. It forms a natural line of separation between the garden and pleasure-grounds, is placed at a suitable distance from the House, and is screened from both Establishments by a line of trees and evergreens, by which their quiet and privacy is better secured. The new road behind the building, made for the conveyance of the general traffic, is also completed, and well adapted for its purpose.

A series of store-rooms for fruits and other garden produce is in progress, and nearly finished.

The most important work of the summer has been the completion of the new wings to the Southern Counties' Asylum. They have just been opened, and the advantages which they afford are very great. They will not only relieve the overcrowding, but will enable us to improve the classification and make larger and more suitable provision for the refractory classes. The actual increase of accommodation in beds, including those for attendants, afforded by the new building, is fifty-four, but they also give additional day-room space, which enables us to re-arrange some parts of the old, and thus raise the capacity of the whole House for patients from one hundred and eighty to two hundred and fifty.

While this addition to the House is accepted as a great boon, by no means exhausts the list of our wants. Not to speak of the necessity for further accommodation, which, however, cannot be far distant, and less important desiderata, we still want for the House in its present condition, a chapel, an amusement-room, and work-shops. A large dining hall, school-rooms, &c., might be secured at the same time, and by the same provision—they become the more necessary as the patients increase.

Grounds. The grounds, especially to the east, would be greatly improved by being supplied with a few groups of trees and evergreens, and an extension of the walks. A small lake for water-fowl and a cur-ling pond would further increase their usefulness as well as improve their beauty.

Conservatory. A conservatory for plants and vinery for fruits might be made an ornament to the grounds, a source of pleasure to the patients, and profit to the House.

Bakery. Our bakery has been in operation now for sixteen months, and, under the superintendence of a first-rate workman, has been completely successful not merely as a source of profit to the Establishment, but also as affording a constant supply of the very best bread, and thus getting rid of frequent complaints and annoyances resulting from the failure of such supply. The means of selecting and killing our own meat is still wanted, and is of equal if not greater importance than that of baking our own bread. The complaints about the meat are incessant, and are by no means the smallest of the annoyances met with in the management of the domestic department.

Gas. Gas is another frequent source of dissatisfaction ; and from the quantity used, as well as the price demanded, should be supplied to the House from an independent source, and within its own control.

Water. The water supply to the House for some years past has been becoming more and more unsatisfactory. That obtained from the town has been found almost constantly deficient during the entire summer and autumn, and although supplemented from the Nith, it entails an additional expense upon the House, its supplies are very irregular, and from the constant recurrence of the tides, the impurities from the town, and occasional floods, it is not always in a satisfactory condition for use. One of the greatest difficulties connected with the management of the overcrowded Southern Counties' Asylum has been the irregular, often deficient, supply of water. It is right to add, however, that the building committee are thoroughly alive to the importance of this essential element of comfort and health, and have already taken active steps to secure an ample, independent, and permanent supply.

Summer Residence.

In our last Report we alluded to the propriety, if not necessity, for adding to the House a Summer Residence and Convalescent Establishment, two additions which we think will, in due time, become recognised as essential adjuncts to all first-class Institutions.

During the summer five gentlemen and five ladies enjoyed a resi-

dence in the country, part of them at the sea-side—the time for each varying from a few weeks to a few months. Were the House in possession of a suitable residence in a healthy and pleasant locality, at convenient distance, a great many difficulties would be obviated, and advantages secured—at least double the number could enjoy the privilege, and at a more reasonable rate, as the house could be occupied for at least six months by successive relays of patients; the labour and anxiety of the medical officers would be lessened, as the patients would be concentrated in one locality of easy access, instead of being, as they now frequently are, scattered miles apart, and often objectionably located with strangers in the same house. We earnestly recommend this subject to the consideration of the Committee for the coming year. Murmurs of discontent have reached us as to the liberty thus allowed to the patients. As they have enjoyed the privilege for fifteen or twenty years without an accident—so far as we know, without a complaint being made—it is to be hoped they will not be now deprived of it.

It may be thought superfluous to demand also a sanatorium or Sanatorium. convalescent establishment, but the two buildings are not intended for the same purpose. The country house is intended especially as a temporary change to the permanent residents of the Establishment; it may be beneficial also to those suffering from chronic ailments, or convalescing from more acute bodily disease. The Purpose of Sanatorium. sanatorium is rather intended for those who may be recovering from acute mania, and who are only temporary residents in the Establishment; also for those milder cases of insanity or nervous disease, the subjects of which do not require the stricter discipline of the Asylum, or to whom or whose friends an asylum is otherwise objectionable; and there are other classes in the Establishment besides who would greatly benefit by an occasional and temporary residence there. This would also be a proper place for the higher classes and less advanced cases of dipsomania, who, though requiring strict surveillance, less need and feel more the restraints of the ordinary asylum. Were such additions made to all our public asylums in Scotland, they would certainly be more satisfactory for this latter class than special establishments built for the purpose, or many other plans that have been suggested.

As far as regards the first class, the principle is largely acted upon, but under many disadvantages. A considerable proportion of the patients who leave the Establishment are not sent directly home, but placed for a time in lodgings, or with private families, at various distances from the House. The obvious advantages of such an

addition to the Institution would be, at least so far as this class is concerned, that the patients would secure all the privacy and comfort which could be obtained in a private family—that they would still remain under the surveillance and care of the physician who was best acquainted with the history of the case, and who could best carry on to successful completion the cure which had been auspiciously begun, that they would still enjoy the society of officers and other friends, to whom they frequently become attached, and that they would participate in the benefits of the instructive and recreative arrangements of the parent house.

Addition to
Crichton
Royal
Institution.

In our last Report we mentioned a proposed addition to the Crichton Royal Institution. Although the addition to the Southern Counties' Asylum, which has just been completed, has chiefly occupied the attention of the Committee during the year, it has not done so to the exclusion of that mentioned, which has secured their earnest consideration more than once. This we view as not merely an addition, but an improvement, to the Establishment; indeed, by far the most important, if not the most necessitous, which has yet been suggested. It seeks to secure two primary objects—to make provision for a special class of patients, and to extend and improve the means of comfort and convenience for all.

Clamant
Cases.

For some years past those parts of the House set apart for the admission of the lower class patients have been completely filled, and the lowest board at which they can be now admitted is such as virtually to exclude a tolerably large class, and these the most necessitous, even from the immediate district, and many of whom are consequently compelled to seek refuge in Asylums at a distance which admit at lower rates, or in the Southern Counties' Asylum, which affords no provision for their separation from the pauper, which is in many cases objectionable to relatives and inimical to the patient.

Several
Rooms.

This addition is expected to supply another desideratum—more extended and improved provision for the instruction, amusement, and occupation of the patients. When the Crichton Royal Institution, some twenty or thirty years ago, was planned, architects, at least, had no knowledge of the extent to which sources of instruction and amusement might be made available in the treatment of insanity—hence no such provision was made in the original structure of the Building. When such became absolutely necessary, it was supplied as far as possible by temporary expedients, which are always more or less attended with discomfort and inconvenience—disadvantages ever increasing with the increased demand for admittance, every available portion of the House being devoted to the

more pressing necessities of the patients. Now it has become a matter of almost absolute necessity to make suitable and permanent provision of the character required, not more for the comfort than for the cure of the patients.

We have already alluded to two cottages which are being provided ^{Cottages.} as an addition to the House. These have been suggested, not merely to relieve the overcrowding, but as a sort of experiment—the initiation of a principle which we have no doubt will, in due time, be recognised as important in connection with first-class Establishments, namely, to provide cottages or villas for a proportion of its residents who would greatly benefit by being detached from the general hospital, and thus secured in all the comfort and privacy of a quiet home. This application of the so-called cottage system we deem, if not of greater importance, at least of less doubtful propriety than its application to paupers.

We would conclude our list of desiderata by alluding to what we ^{Cottages for Attendants.} have spoken of on a previous occasion—the building of Cottages for the attendants. This could be done with great facility; several small portions of land surrounding the grounds of the Institution would make suitable sites and gardens for them. The advantages to both the House and attendants are so obvious as to render it quite unnecessary to enumerate them.

Our instructive and recreative arrangements are now so well ^{Amusements} known as a permanent and important part of the curative provision of the Establishment, as scarcely to require separate notice. They consist of daily picnics during summer to localities interesting for their historic associations, their picturesque ruins, or scenic beauty, with occasional scientific excursions in pursuit of botany, geology, and other branches of natural history, with or without appropriate field lectures. Our list, indeed, comprises every possible variety from “grave to gay, from lively to severe,” which may be supposed suitable to instruct, exercise, amuse, arrest the attention, or in any way contribute, in however small a degree, to secure the one great object of them all—mental or physical improvement. Concerts, Lectures, Soirees, Balls, Readings, Theatrical Representations, Acted Charades, Tableaux Vivants, Tea and Dinner Parties, &c. Classes, in Latin, Greek, German, Instrumental and Vocal Music, Drawing, Dancing, &c. Out-door Games, as Cricket, Foot-ball, &c.

One addition to our list deserves especial notice—our ^{Instrumental Band.} Instrumental Band. It was commenced last year, and, under the conduct of an able master from town, has attained a degree of efficiency altogether unexpected in so short a period. It comprises twelve in-

struments. During the summer months we were able, by its efficient aid, to have a weekly dancing party on the green, and although the want of a proper amusement-room deprives us of its use during winter, it still contributes occasional variety and harmony to other amusements. We return especial thanks to those friends who so liberally aided us in its formation. We have also to thank our friends of the outer world, who have so efficiently assisted us by their liberal invitations to Dinners, Teas, Soirees, &c. We know they seek no other reward than the pleasure of doing good ; but we are glad to add to it, by the assurance, that it increases the happiness and excites the gratitude of all who are the recipients of such favours.

Christmas Revel.

The great effort of the season in the way of amusement was our Christmas Revel, which was announced in the Programme as a "Christmas Masque," in imitation of the Olden Times of Merrie England. The preparations were made with great care and at much cost. A large proportion of the characters were represented by the patients themselves—its celebration was honoured by the presence of several distinguished strangers—it was considered as of sufficient importance to receive an approbatory notice in the local journals—in short, in the usual parlance, it went off with great *eclat*. Such an event is thought about, talked of, and worked for, weeks before its consummation—sympathies are thus enlisted, activities roused, and anticipations excited, the wholesome influence of which is diffused over the entire Establishment, and persists even after its source has been forgotten.

Such efforts, however, are exhaustive both of time and funds, and cannot be renewed so frequently as might be wished.

Changes.
Mrs Softley.

The past year has been one of change, and consequently of difficulty. In early spring the Matron of the Establishment, Mrs Softley, after a long and painful illness, borne with Christian fortitude, resigned her spirit to the care of Him who gave it. She held her office for a period of eight years, and discharged its duties with almost unexampled activity and fidelity—so scrupulously, indeed, as greatly to aggravate her disease, if not to shorten her life. To those who knew her not she was distant and formal, but to those who were on intimate terms with her, kind and considerate. Under a cold manner there was concealed a warm heart, which secured for her the lasting regard of many friends—a regard abundantly and unequivocally testified during her last illness. Since Mrs Softley's death the permanent appointment of another Matron has not yet been made ; the Directors are, however, anxiously availing them-

selves of every means in their power to secure a competent and suitable person, and there is every reason to believe that their efforts will soon be attended with success.

There have been changes also in the Medical Staff. Dr Dickson, ^{Dr Dickson.} who held the situation of Medical Assistant in the Institution for a period of five years, having been offered an appointment presenting a new and more extended field for study, found it his duty, as well as his interest, to accept of it. His gentlemanly deportment, and obliging disposition, had secured for him the esteem alike of the inmates and the officers. His departure was signalized by general regret, and by none was it more deeply felt than by myself; for intimate acquaintance with the details of management, and an ever ready wish to afford aid where it was required, rendered him most useful as a colleague.

Dr Stewart succeeded Dr Dickson in the Assistantship of the ^{Dr Stewart.} Crichton Royal Institution. This gentleman had already had the benefit of eighteen months' experience in the Southern Counties' Asylum, and had secured general esteem by his affable manners, kindly sympathies, and cheerful disposition.

To Dr Stewart succeeded Dr Inman in the Southern Counties' ^{Dr Inman.} Asylum, a gentleman who brings with him high testimonials and the strong recommendations of private friends.

In a year of change, difficulty, and trial, I have gratefully to acknowledge the sympathy and support which has been afforded me by the attendants, the officers, and committee—by all indeed who earnestly wish well to the Institution.

JAMES GILCHRIST.

CRICHTON ROYAL INSTITUTION,
11th November, 1859.

T A B L E S.

For "C. R. IN." read Crichton Royal Institution. For "S. C. ASYLUM," read Southern Counties' Asylum.

GENERAL TABLE.

	C. R. IN.			S. C. ASYLUM.			Total
	Males.	Fem.	Total.	Males.	Fem.	Total.	
In the Institution, 11th Nov., 1859,	71	48	119	119	90	209	328
Admitted during the Year, ...	14	11	25	39	36	75	100
Discharged during the Year, ...	85	59	144	158	126	284	428
Died, ...	12	6	18	22	35	57	75
Leaving 11th Nov., 1859, ...	6	2	8	6	5	11	19
	67	51	118	130	86	216	334

DEATHS OF PATIENTS BETWEEN 11TH NOVEMBER, 1858, AND 11TH NOVEMBER, 1859.

	C. R. IN.			S. C. ASYLUM.			Total
	Males.	Fem.	Total.	Males.	Fem.	Total.	
<i>I. Sex of Patients,</i> ...	6	2	8	6	5	11	19
<i>II. Age of Patients.</i>							
Between 20 and 30, ...					3	3	3
... 30 and 40, ...	1		1	3	1	4	5
... 40 and 50, ...	3	2	5				5
... 50 and 60, ...	2		2				2
... 60 and 70, ...				2	1	3	3
... 70 and 80, ...				1		1	1
... 80 and 90, ...							
Total,	6	2	8	6	5	11	19
<i>III. Class of Patients.</i>							
Private, ...	6	2	8	1	2	3	11
Pauper, ...				5	3	8	8
Total,	6	2	8	6	5	11	19
<i>IV. Mental Diseases.</i>							
Mania, Acute, ...					1	1	1
Mania, Chronic, ...	1		1	1		1	2
Mania, Chronic Hysterical, ...					1	1	1
Melancholia, Acute Suicidal, ...	2		2				2
Melancholia, Chronic, ...						2	2
Dementia, Chronic, ...	1		1	1	2	3	4
Dementia, Chronic Epileptic, ...	1		1		1	1	2
Monomania of Superstition, ...		1	1				1
Monomania of Vanity, ...		1	1				1
General Paralysis, ...	1		1				1
General Paralysis, Dipsomaniacal, ...				1		1	1
Idiocy, ...				1		1	1
Total,	6	2	8	6	5	11	19

DEATHS OF PATIENTS—Continued.

V. Duration of Mental Diseases of Deceased.	C. R. IN.			S. C. ASYLUM.			Total
	Males	Fem.	Total	Males	Fem.	Total	
Under 1 Month, ...					1	1	1
... 2 Months, ...							
... 3 Months, ...							
... 6 Months, ...				1	1	2	2
... 9 Months, ...							
... 1 Year, ...	2		2				2
... 2 Years, ...				3		3	3
... 3 Years, ...	4	2	6	1		1	7
... 4 Years, ...					1	1	1
... 10 Years, ...				1	2	3	3
... 20 Years, ...							
Total,	6	2	8	6	5	11	19
VI. Bodily Diseases of which Patients Died.							
Subacute Gastritis, ...	1		1				1
Pneumonia, ...	1		1	1	1	2	3
Phthisis, ...		1	1	1	3	4	5
Epileptic Exhaustion, ...	1		1	1		1	2
Marasmus, ...		1	1				1
Exhaustion, ...					1	1	1
General Paralysis, ...	1		1				1
Sudden, ...	2		2				2
Cardiac Dropsy, ...				1		1	1
General Decay, ...				2		2	2
Total,	6	2	8	6	5	11	19
VII. Duration of Bodily Diseases of which Patients Died.							
Under 1 Month, ...	3		3		2	2	5
... 3 Months, ...		1	1	1		1	2
... 6 Months, ...	2	1	3	1	1	2	5
... 9 Months, ...				1		1	1
... 1 Year, ...				1		1	1
... 2 Years, ...	1		1	1	2	3	4
... 3 Years, ...				1		1	1
Total,	6	2	8	6	5	11	19

DISCHARGES BETWEEN 11TH NOVEMBER, 1858, AND 11TH NOVEMBER, 1859.

I. Sex of Patients, ...	C. R. IN.			S. C. ASYLUM.			Total.
	Males	Fem.	Total	Males	Fem.	Total	
...	12	6	18	22	35	57	75
II. Age of Patients.							
Between 10 and 20, ...				2	2	4	4
... 20 and 30, ...	6		6	5	5	10	16
... 30 and 40, ...	1	2	3	2	3	5	8
... 40 and 50, ...	2	1	3	7	8	15	18
... 50 and 60, ...	2	1	3	1	8	9	12
... 60 and 70, ...	1	2	3	1	4	5	8
... 70 and 80, ...				1	1	2	2
Ages Unknown, ...				3	4	7	7
Total,	12	6	18	22	35	57	75

DISCHARGES—Continued.

	C. R. IN.			S. C. ASYLUM.			Total
	Males	Fem.	Total	Males	Fem.	Total	
<i>III. Class of Patients Discharged.</i>							
Private,	12	6	18	6	10	16	34
Pauper,				16	25	41	41
Total,	12	6	18	22	35	57	75
<i>IV. Mental Diseases.</i>							
Mania, Acute,				1	6	7	7
Mania, Acute Dipsomaniacal,		2	2	1	1	2	4
Mania, Acute, Homicidal,				1		1	1
Mania, Acute, Suicidal and Homicidal,	1		1				1
Mania, Chronic,	3	2	5	4	13	17	22
Mania, Chronic Periodical,					2	2	4
Mania, Chronic Paroxysmal,					2	2	4
Mania, Chronic Dipsomaniacal,				2		2	2
Melancholia, Acute,				1	1	2	2
Melancholia, Acute Suicidal,	2		2		2	2	4
Melancholia, Chronic,				1	1	1	1
Melancholia, Chronic Suicidal,				1	1	1	1
Melancholia, Chronic Hypochondriacal,	2		2	1	1	1	3
Dementia, Chronic,	2	2	4	5	4	9	13
Dementia, Chronic Epileptic,				1		1	1
Monomania of Vanity,					1	1	1
Monomania of Superstition,					1	1	1
Moral Insanity,	1		1				1
Moral Insanity, Dipsomaniacal,	1		1				1
Imbecility,				5		5	5
Total,	12	6	18	22	35	57	75
<i>V. Duration of Mental Disease.</i>							
Under 6 Months,		1	1				1
... 1 Year,	2	2	4	9	20	29	33
... 2 Years,	4		4				4
... 4 Years,	6	3	9		5	5	14
... 6 Years,				1	2	3	3
... 8 Years,				3	3	6	6
... 10 Years,				1	1	1	1
... 15 Years,				5	5	10	10
... 20 Years,							
... 30 Years,				1		1	1
... 40 Years,				2		2	2
Total,	12	6	18	22	35	57	75
<i>VI. Condition when Discharged.</i>							
Recovered,	3	2	5	6	18	24	29
Relieved,	8	3	11	8	8	16	27
Not Improved,	1	1	2	8	9	17	19
Total,	12	6	18	22	35	57	75
Of the last two are Incurable,	6	4	10	9	16	25	35

CURES BETWEEN 11TH NOVEMBER, 1858, AND 11TH
NOVEMBER, 1859.

	C. R. IN.			S. C. ASYLUM.			Total
	Males.	Fem.	Total	Males.	Fem.	Total	
<i>I. Sex of Patients Cured,</i> ...	3	2	5	6	18	24	29
<i>II. Age of Patients Cured.</i>							
Between 10 and 20, ...				1	1	2	2
... 20 and 30, ...	1		1	2	4	6	7
... 30 and 40, ...				1	1	2	2
... 40 and 50, ...	1		1	1	3	4	5
... 50 and 60, ...	1	2	3	1	4	5	8
... 60 and 70, ...					3	3	3
Ages Unknown, ...					2	2	2
Total,	3	2	5	6	18	24	29
<i>III. Class of Cured.</i>							
Private, ...	3	2	5	2	5	7	12
Pauper, ...				4	13	17	17
Total,	3	2	5	6	18	24	29
<i>IV. Mental Diseases.</i>							
Mania, Acute, ...		1	1	1	6	7	8
Mania, Acute Dipsomaniacal, ...				1	1	2	2
Mania, Chronic, ...	1	1	2	1	6	7	9
Mania, Chronic Periodical, ...					1	1	1
Mania, Chronic Dipsomaniacal, ...				2		2	2
Melancholia, Acute, ...							
Melancholia, Acute Suicidal, ...					2	2	2
Melancholia, Chronic, ...					1	1	1
Melancholia, Chronic Suicidal, ...					1	1	1
Melancholia, Chronic Hypochondriacal, ...	2		2				2
Imbecility, ...				1		1	1
Total,	3	2	5	6	18	24	29
<i>V. Duration of Mental Diseases of Cured.</i>							
Under 1 Year, ...	1	2	3	3	11	14	17
... 2 Years, ...	1		1	1	2	3	4
... 3 Years, ...	1		1		2	2	3
... 10 Years, ...				1	1	2	2
... 15 Years, ...				1	1	2	2
Duration Unknown, ...					1	1	1
Total,	3	2	5	6	18	24	29

ADMISSIONS BETWEEN 11TH NOVEMBER, 1858, AND 11TH
NOVEMBER, 1859.

	C. R. IN.			S. C. ASYLUM.			Total
	Males.	Fem.	Total	Males.	Fem.	Total	
<i>I. Sex of those Admitted into Asylum,</i>	14	11	25	39	36	75	100
<i>II. Ages of those Admitted.</i>							
Between 10 and 20, ...				2	1	3	3
... 20 and 30, ...	5	1	6	13	6	19	25
... 30 and 40, ...	2	1	3	7	11	18	21
... 40 and 50, ...	4	4	8	10	4	14	22
... 50 and 60, ...	2	4	6	3	6	9	15
... 60 and 70, ...	1	1	2	1	6	7	9
Ages Unknown, ...				3	2	5	5
Total,	14	11	25	39	36	75	100

ADMISSIONS—Continued.

	C. R. IN.			S. C. ASYLUM.			Total
	Males	Fem.	Total	Males	Fem.	Total	
<i>III. Class of those Admitted.</i>							
Private,	14	11	25	10	11	21	46
Pauper,				29	25	54	54
Total,	14	11	25	39	36	75	100
<i>IV. Mental Diseases.</i>							
Mania, Acute,	1	2	3	3	7	10	13
Mania, Acute Dipsomaniacal, ...		1	1	1	1	2	3
Mania, Acute Periodical,					1	1	1
Mania, Chronic,	1	2	3	9	5	14	17
Mania, Chronic Periodical,					5	5	5
Mania, Chronic Epileptic,				1		1	1
Mania, Chronic Hypochondriacal, ...				1		1	1
Mania, Chronic Dipsomaniacal, ...				2		2	2
Melancholia, Acute,				2	2	4	4
Melancholia, Acute Suicidal,	1	3	4		3	3	7
Melancholia, Acute Dipsomaniacal, ...	1		1		1	1	2
Melancholia, Chronic Suicidal,	1		1	2	4	6	7
Melancholia, Chronic Dipsomaniacal, ...	1		1				1
Melancholia, Chronic Hypochondriacal, ...	2		2	2		2	4
Dementia, Acute,	1		1		1	1	2
Dementia, Chronic,	2	1	3	7	1	8	11
Dementia, Chronic Dipsomaniacal, ...	1		1				1
Dementia, Chronic Senile,					2	2	2
Monomania of Ambition,		1	1	1		1	2
Monomania of Superstition,		1	1	1		1	2
Monomania of Pride,				1		1	1
General Paralysis,	1		1				1
General Paralysis, Dipsomaniacal, ...	1		1	2		2	3
Imbecility,				1	2	3	3
Idiocy,				3	1	4	4
Total,	14	11	25	39	36	75	100
<i>V. Social Condition.</i>							
Married,	4	4	8	12	13	25	33
Single,	10	6	16	27	17	44	60
Widowed,		1	1		6	6	7
Total,	14	11	25	39	36	75	100
<i>VI. Occupation.</i>							
Gentlewomen,		5	5				5
Farmers,	4		4	1		1	5
Merchants,	2		2				2
Clerks,	2		2	2		2	4
Clerk's Wife,					1	1	1
Dressmakers,		2	2		1	1	3
Chemist,	1		1				1
Innkeeper's Wife,	1	1	1				1
Schoolmaster,	1		1				1
Labourers,				11	1	12	12
Son of Sailor,				1		1	1
Daughter of Sailor,					1	1	1
Daughters of Schoolmasters,		1	1		1	1	2
Daughter of Farmer,					1	1	1
Labourer's Wife,					1	1	1
Tailors,				4		4	4
Carry forward,	10	9	19	19	7	26	45

ADMISSIONS—Continued.

	C. R. IN.			S. C. ASYLUM.			Total
	Males	Fem.	Total	Males	Fem.	Total	
<i>VI. Occupation—continued.</i>							
Brought forward,	10	9	19	19	7	26	45
Tailor's Wife, ...				1	1	1	1
Servants, ...		1	1	3	6	9	10
Officer in Army, ...	1		1				1
Officer's Wife, ...		1	1				1
Hawkers, ...				2		2	2
Weavers, ...					2	2	2
Coachman, ...				1		1	1
Artist, ...	1		1				1
Charwoman, ...					1	1	1
Surgeon, ...	1		1	1		1	2
Housekeepers, ...					6	6	6
Artilleryman, ...				1		1	1
Clergyman, ...	1		1				1
Hostlers, ...				2		2	2
Students, ...				2		2	2
Vagrant, ...				1		1	1
Miner's Wife, ...					1	1	1
Shepherd's Wife, ...					1	1	1
Captain's Widow, ...					1	1	1
Mason's Wife, ...					1	1	1
Shepherd's Widow, ...					1	1	1
Grocer, ...				1		1	1
Shoemaker, ...				1		1	1
Sempstress, ...					1	1	1
Printer, ...				1		1	1
Occupation Unknown, ...				3	5	8	8
Gamekeeper, ...				1		1	1
Farmer's Widow, ...					1	1	1
Annuitant, ...					1	1	1
Total,	14	11	25	39	36	75	100
<i>VII. Causes of Diseases of those Admitted</i>							
Intemperance, ...	4		4	2	2	4	8
Loss of Employment, ...				1	1	1	1
Disappointed Affection, ...		1	1		1	1	2
Hereditary, ...		2	2	6	5	11	13
Anxiety, ...	3		3				3
Grief, ...				1	3	4	4
Epilepsy, ...	1		1	1		1	2
Change of Life, ...		2	2				2
Destitution, ...					1	1	1
Fever in Infancy, ...				1		1	1
Cold, ...					1	1	1
Overwork, ...				1		1	1
Disease of Brain, ...				1		1	1
Masturbation, ...	2		2	3		3	5
Overstudy, ...				1		1	1
Losses in Business, ...	1		1				1
Jealousy, ...	1		1				1
Cruelty of Stepmother, ...		1	1				1
Ill Usage, ...					1	1	1
Prolonged Lactation, ...					1	1	1
A Fright, ...					2	2	2
Rheumatism, ...					1	1	1
Scrofula, ...					1	1	1
Excitement of Home, ...					1	1	1
Abuse of Snuff, ...				1		1	1
Puerperal Disease, ...					1	1	1
Religion, ...				1		1	1
Causes Unknown, ...	2	5	7	20	14	34	41
Total,	14	11	25	39	36	75	100

ADMISSIONS--Continued.

	C. R. IN.			S. C. ASYLUM.			Total
	Males	Fem	Total	Males	Fem	Total	
<i>VIII. Number of Attacks.</i>							
First,	10	8	18	34	25	59	77
Second,	2	2	4	5	6	11	15
Third,	2		2		3	3	5
Fourth,					1	1	1
Frequent,		1	1		1	1	2
Total,	14	11	25	39	36	75	100
<i>IX. Age of Patients on first Attack.</i>							
Between 1 and 5 Years, ...				1		1	1
... 10 and 20 Years, ...	3		3	6	2	8	11
... 20 and 30 Years, ...	4	2	6	7	5	12	18
... 30 and 40 Years, ...	1	1	2	8	7	15	17
... 40 and 50 Years, ...	5	4	9	6	3	9	18
... 50 and 60 Years, ...	1	2	3	2	7	9	12
... 60 and 70 Years, ...		1	1	1	2	3	4
At Birth (Idiots), ...				2	1	3	3
Age on first Attack Unknown, ...		1	1	6	9	15	16
Total,	14	11	25	39	36	75	100
<i>X. Duration of present Attack.</i>							
Under 1 Month,	2	5	7	8	8	16	23
More than 1 Month and less than 3,				4	6	10	10
... 3 Months ... 6,	5	3	8	4	4	8	16
... 6 Months ... 9,				2	1	3	3
... 9 Months ... 1 Year.	3	1	4	1		1	5
... 1 Year ... 3 Years.	4	2	6	5	4	9	15
... 3 Years ... 5 Years.				1	1	2	2
... 5 Years ... 10 Years.				3	2	5	5
... 10 Years ... 20 Years.				2	1	3	3
... 20 Years ... 40 Years.							
... 40 Years ... 50 Years.				2	1	3	3
Duration Unknown,				7	8	15	15
Total,	14	11	25	39	36	75	100
<i>XI. Bodily Condition of Admissions.</i>							
Pale and Weak,	8	7	15				15
Anæmic,		1	1	7	1	8	9
Exhausted,				3	8	11	11
Plethoric,	1		1				1
Stout,	1	2	3				3
Good,	2		2				2
Healthy,	2	1	3	29	27	56	59
Total,	14	11	25	39	36	75	100

TWENTY-FIRST ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
FOR
LUNATICS,
DUMFRIES,
11TH NOVEMBER, 1860.

77	15	5	1	2	100								
1	1	11	18	17	18	12	4	3	16	100			
6	23	10	16	3	3	5	15	2	5	3	3	15	100
8	15	9	11	1	3	2	50	75	100				

TWENTY-FIRST ANNUAL REPORT
OF THE
GEOLOGICAL SURVEY OF GREAT BRITAIN
FOR
THE YEAR 1880
PART I
GENERAL REPORT
BY
RICHARD M. CLIFTON, F.R.S.
LONDON:
H.M.S.O. 1881.

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DURING the past year the applications have been one hundred and fifty-four; the admissions eighty-eight; the discharges fifty-four; and the deaths thirty-four; leaving under treatment three hundred and thirty-five. Applications

The corresponding numbers for the preceding year were—applications, one hundred and fifty-seven; admissions, one hundred; discharges, seventy-five; and deaths, nineteen; while, by a singular coincidence, the residual numbers are the same for each year. It has to be explained, however, that the number is considerably below the average of that under treatment throughout the year, owing to a large increase of the discharges for the last quarter, especially due to the removal of our remaining externes.

While the applications are nearly the same for the two last years, they are both considerably under those of the year preceding. That excess, however, was, in great measure, due to the urgent demand for admission, arising from the application of the new Lunacy Act, and the general deficiency of accommodation throughout the country. The discharges of this year have fallen below those of the last, which, however, were greatly above those of former years. This excess was due to the necessity for removing our externe or non-privileged patients, in order to provide accommodation for those from our own districts. A considerable, though less, proportion of the discharges this year are patients of the same class.

From these fluctuating and accidental circumstances no satisfactory information can be obtained as to the probable demands that will in future be made upon us, and the consequent permanent condition of the House. The recent entire removal of our externes has eliminated one element of disturbance from our calculations, so that our admission and discharge lists, in future, will assume a more uniform and steady character, and more truthfully represent the wants of the district, and the provision necessary to supply them. Accommodation.

Notwithstanding these elements of disturbance, there is no doubt of the fact, that here, as everywhere else, there is a gradual increase in the number of the insane, requiring a corresponding and progressive extension of accommodation. Whether it be due to an absolute increase of the disease itself or to special and temporary causes, or rather to both, it is not at present our province to determine. The fact remains unquestioned, and seems, indeed, to have assumed all the permanency and universality of a natural law.

Immediately preceding the opening of the new wings in the Southern Counties' Asylum, the number of patients had so largely exceeded their usual limits, as to exhaust at once a very considerable portion of the accommodation thus placed at our disposal. What remained, in consequence of the increase alluded to, had become gradually filled up during the year, and would soon have become exhausted, but for the removal of our externes. Their discharge has afforded us provision which will meet all demands for a considerable period. There are still a few private patients in the House from other districts, but whom it would be undesirable to remove, except in case of necessity.

Effect of
Distance on
Admission.

In reference to the question of prospective accommodation a somewhat important consideration suggests itself in the disproportion of admissions from the three counties, in proportion to their respective distances from the Asylum. The following numbers will illustrate sufficiently what is meant, as well as give pretty accurately the actual proportion of admissions from the respective counties. Supposing Dumfries to send 20 patients for admission, Kirkcudbright will send 15, and Wigtown 10—the higher numbers indicating the greater proximity of the county to the House.

Taking it for granted that the proportion of patients requiring treatment in an asylum is the same for each county, and that the numbers sent by Dumfries are to be taken as the true standard, then it is sufficiently obvious that a considerable proportion of the patients in the other counties eligible for asylum treatment are still retained at home.

Relation of
Distance to
Accommo-
dation.

That distance and its difficulties have a tendency to interfere with the transmission of patients to an asylum cannot be doubted, and may, to some extent, be justified, but it is more than probable that the influence so exercised will gradually lose its force, partly from the growing conviction that a larger proportion of patients should be treated elsewhere than at home, and partly from the more stringent provisions of the Lunacy Act, rendering this propriety to some extent a necessity. Should this be the case, and the proportion from each county approximate to the same, and that the higher standard, a new demand for accommodation will be made over and above that which is already supposed to arise from the gradual increase previously spoken of.

Admissions.

The applications to the Southern Counties' Asylum, and Crichton Royal Institution, were respectively eighty-four and seventy—the corresponding admissions twenty-one and seventeen.

The admissions to the Southern Counties' Asylum, with the exception of a very few private patients who are admitted on special grounds, are exclusively from the Southern Counties of Dumfries, Wigtown, and Kirkcudbright, for which, according to the recent Act, it is expected to make provision, and to which it is limited meanwhile. Of the seventy-one admissions to this department, thirty-five are males and thirty-six females—twenty-three are married, thirty-four single, eleven widowed, and three unknown; seventeen are private, and fifty-four pauper. Their ages vary from nineteen to eighty—fifteen have been discharged cured, or otherwise, seven have died, and forty-nine remain under treatment.

Admission
to Southern
Counties'
Asylum.

Of the admissions into the Crichton Royal Institution, one has died, three have been discharged, and thirteen remain under treatment—six are married, one widowed, and ten single. Their ages range from fourteen to fifty-six.

Admission
to Crichton
Royal Insti-
tution.

Two are hopefully curable, five partially so, and ten incurable. The two hopefully curable are labouring under a first attack—their ages fourteen and twenty-four—the hopeful features being somewhat neutralized by the cause of the malady in one case, and by the nature of it in the other; the five partially curable are those who are expected to get well, and again resume the duties of life, but who must anticipate a recurrence of the disease after a longer or shorter interval, this anticipation being founded upon the history of the case, or nature of the malady. This is, doubtless, a sad account to give of the most hopeful of our residents, but the statement of a few more facts will render the reason obvious. Three have already suffered from several attacks, while four are labouring under a second, leaving ten the subjects of a first one. Of these ten the duration of the malady in one has been two months, in five two years, in one three, in one six, in one nine, and in one ten. In therefore only one case (that in which treatment was had recourse to within two months of the commencement of the disease) is there any real ground of hope for a successful issue; and a happy illustration of the statement is found in the fact that that case was discharged cured after a residence of only three months.

Curability of
Admissions
to Crichton
Royal Insti-
tution.

Nor is it to be forgotten how delusive these periods of duration are, being usually dated from the first palpable outburst of the disease, relations being the last to detect those less obvious changes, which invariably more or less precede, often for a long period, its incursion. This period, the least attended to, is really the most important, as in all cases the disease during it is most hopefully curable, while in many its termination is coincident with the exclusion of all hope.

Most hope-
ful stage of
Curability.

- Intemperance.** Of fourteen, in which the cause is assigned or history known, intemperance is a marked feature in five, and in a sixth was the exciting cause of the present attack.
- Discharges.** The discharges this year are fifty-four—thirty-nine from the Southern Counties' Asylum, and fifteen from the Crichton Royal Institution—the corresponding numbers last year being seventy-five, of which fifty-seven were from the Southern Counties' Asylum, and eighteen from the Crichton Royal Institution. As already stated, a considerable though a less proportion than last year were sent to other asylums, or elsewhere, irrespective of their condition, being externes or non-privileged patients.
- Condition of Discharges.** Of the whole number twenty-four are tabulated as recovered, twenty-four as relieved, and six not improved. Of the two last, thirty in number, twenty-five are incurable.
- Discharges from Southern Counties' Asylum.** Of the thirty-nine discharges from the Southern Counties' Asylum, twenty-one were on the cured list—of the eighteen remaining, twelve were transferred to other asylums—the other six are private patients, and therefore, according to law, removeable at will by their respective obligants. In every case these six patients were removed either against positive medical advice, or at an earlier period than was deemed advisable. The results in most of the cases were as might have been expected. Two of them especially, in which disapprobation was strongly expressed, have already returned to the House (one of them in a few days), and, as almost invariably happens, with the disease so greatly aggravated as to render curative results much less hopeful. In both these cases the removal was effected by a member of the medical profession, in active practice, and after more than one personal interview with the patients.
- Unadvised Removals.** Of the fifteen discharged from the Crichton Royal Institution, three only are placed on the recovered list. They ought rather, however, to be considered as partial recoveries, as, though able to engage in the ordinary duties of life, traces of the disease still remain, and the probability of relapse is imminent.
- Recoveries in Crichton Royal Institution.** One of these was removed to a private family, with concurrence in its propriety—the other two were removed at an earlier period than was deemed advisable, the propriety of the removal being otherwise admitted. The only one on our not improved list was transferred to the Southern Counties' Asylum, for special reasons.

Of the eleven relieved, one was removed on trial, and returned to the House in a few days. Two were advisedly removed to private families for the benefit of change, as a preliminary step to greater liberty, or because the restraints of the Asylum were deemed no longer necessary. One was taken home by his friends—the remaining seven were removed prematurely, and against medical advice, more or less strongly expressed.

It is but right to admit that many of these unadvised removals are the results of other and more creditable motives than distrust in professional opinion, or ignorance of probable results. Still, with this admission, there are cases enough left every year to disappoint the hopes and sadden the heart of the Medical Superintendent, for very frequently these removals are made at the most critical period, when improvement has so far advanced as to justify the hope of its progress, but when, as yet, returning reason is insecurely seated, and unable to resume, without danger, her wonted functions. The public mind is becoming enlightened on the subject, but before its complete illumination many a sad sacrifice will have to be made to ignorance, prejudice, and mistaken kindness, and perhaps we may fairly add inexorable necessity.

The deaths during the present year have been thirty-four ; the corresponding numbers for last year and the previous one were respectively nineteen and twenty-nine ; while the per centages on the numbers under treatment, are for this year eight and a fraction, for last four and three-quarters, and for the previous one six and three-quarters. Last year there was nearly a third of difference in the rate of mortality between the two departments, the Southern Counties' Asylum being that much under the Crichton Royal Institution, and at a very low rate indeed. This year both are nearly the same. The higher rate of this year is almost what might have been anticipated from the very low rates of last.

Of ten patients who died in the Crichton Royal Institution, six were males and four females. Most of these were persons of advanced age—one died at thirty-one, and one at forty, three were fifty and upwards, two upwards of sixty, one seventy-five, and one seventy-six.

One of the patients was only seven days in the House, while no less than three had been resident for twenty years. The deaths of three are attributed to general decay, one to hepatic disease, in the case of a patient labouring under general paralysis, two to chronic

pneumonia, one to pthisis, one to tuberculosis, one to exhaustion from epileptic convulsions, and one to the so-called Addison's disease. Though this malady was suspected during life, it was complicated with, and the symptoms modified by long continued hepatic disease—a *post-mortem* examination confirmed the diagnosis in both respects.

Deaths in
Southern
Counties'
Asylum.

In the Southern Counties' Asylum twenty-four patients died—ten males and fourteen females—two males and three females were private patients, the rest paupers. A large proportion of the patients were considerably advanced in life. Of fifteen whose ages are known, nine were fifty and upwards, the oldest being seventy-five. Of those whose ages are not given, most of them had reached fifty, and some were above it. Of two epileptics, one died at twenty-five, the other at twenty. The latter was a case of congenital idiocy, in which epilepsy of a mild and modified form made its appearance two years ago.

Condition
of Patients.

Causes of
Death.

Of the deaths, three are attributed to general decay ; two to general paralysis, with its usual complications, one to syncope, four to consumption, one to epileptic exhaustion, seven to abdominal disease, and six to head affections.

Scarlatina.

About a month ago a well marked case of scarlet fever made its appearance in the Southern Counties' Asylum, in an idiot boy. At the time of its occurrence there were several cases in a village immediately beyond the walls of the Asylum, and besides it had made its appearance in, and was diffusing itself over, the town. The case made a good recovery. It was isolated as much as possible, and every precaution taken to prevent its spreading, happily with success, no other case having occurred.

New Wings.

The opening of the new wings has proved a source of satisfaction to all. Had the additions been on a larger scale, and not limited by the necessities of the existing building, other improvements, which are still desirable, might have been introduced ; as it is, they have rendered possible an improved and extended classification of the patients, and other amended internal arrangements, which had become most desirable ; indeed, from the increased and increasing numbers, a matter of necessity.

Infirmaries.

No greater advantage has resulted from the opening of the new wings than the establishment of our infirmaries. As they are not new erections, but re-arranged from existing portions of the old building, they are not all that could be wished ; they have, nevertheless, proved of essential service to the helpless, the sick, and the

dying, who are now placed under constant surveillance, day and night, and their wants attended to by special nurses.

The benevolent character of the Institution has not been lost sight of during the year, as proved by various acts of the Directors.

Benevolent
Character of
the Institu-
tion.

When, in consequence of the difficulties we had to contend with from overcrowding in the Southern Counties' Asylum, it became necessary to remove parochial patients, who had been admitted from distant districts, the private patients there were left undisturbed, though many of them are from a distance, and have no claim whatever upon the House.

Private Pa-
tients in
Southern
Counties'
Asylum.

When, moreover, it became necessary to raise the boards of our externe paupers, as a further inducement to their removal, in order to make room for those from our own districts, the boards of the private patients were unaltered, although almost nominal as compared with those charged elsewhere.

Again, since the new wings were opened, and more extended accommodation provided, the Directors have granted permission to certain localities, which lie beyond the limits of the privileged districts, to send their private patients at a modified rate of board, these patients being far from other asylum resources. They have, besides, given me the discretionary power of admitting any patient who may present special claims for consideration, so long as accommodation exists.

Admission
of Unprivi-
leged Pa-
tients.

In the Crichton Royal Institution, the pensioner's list, which is large, is full, with one exception retained for an emergency.

Crichton
Royal Insti-
tution Pen-
sion List.
Patients
with ex-
hausted re-
sources.

Patients whose resources have become exhausted have been allowed to retain their position at reduced rates, and former residents have been re-admitted on the same scale and for the same reason.

By far the most important decision of this character is that by which the lowest rate of board has been so reduced as no longer to form a barrier to the admission of patients of slender or exhausted means, but whose position in life, character, and education may fit, if not entitle, them to share in the advantages of the private department.

Reduction
of Board
for District
Patients.

When, some years ago, the House became full, and unable to meet further demands upon its accommodation, the lower rates of boards were raised to such an extent as necessarily to exclude such patients. Though the step may be admitted to have been a necessary one at the time, it nevertheless pressed hardly upon the surrounding community, as the class of patients alluded to was thereby compelled to take refuge in the pauper depart-

Reason for
raising low
Rates.

ment, or seek admission in asylums at a distance, which admitted to their private departments at lower rates of board.

Reason now removed.

During the intervening period, many of the lower class patients have died or been discharged, and the Directors have decided on lowering the rate of board to the original standard. This will undoubtedly prove a boon to that class of patients who are more than any other entitled to consideration.

Limitation of Privilege.

The right, meanwhile, is limited to the surrounding, that is the privileged, districts.

Internal Improvements.

During the summer the heaviest of our out-door works, which had been in progress for some years, were completed, since which more attention has been devoted to internal improvements, in which we have been encouraged by the liberality of the Directors.

Furnishing, &c.

The papering, painting, carpeting, and furnishing accounts have largely exceeded the average of other years, though much yet remains to be done, much of that, however, being contingent upon decisions with reference to other matters.

Sitting-rooms.

Suitable and useful articles of furniture, prints, &c., have been added to the first-class sitting rooms, while wardrobes are in preparation for the corresponding bed-rooms. Similar additions have been made to the second and third-class sitting-rooms.

Convalescent Gallery

The bedrooms in the ladies' convalescent gallery have all been supplied with chests of drawers, while others are being provided for the corresponding gallery in the gentlemen's department, as well as for individual patients who can appreciate or properly use them.

Window Curtains, &c.

Window curtains have been or are being supplied to all sitting-rooms, and to all galleries yet unfurnished with them, the two refractory ones excepted.

Sofas, &c.

Sofas, couches, or easy-chairs are now to be found in every sitting-room, and have also been extended to those galleries which hitherto have been without them.

Pictures, &c.

Pictures, statuary, ferneries, aquariums, and other objects of interest, elegance, or taste, are being greatly increased, and more widely diffused.

Protection, &c.

Fire guards, window guards, and other indications of restraint have been removed from the entire house, with the exception of a single seclusion room.

Window Shutters.

In the convalescent galleries and bed-rooms of quiet and trustworthy patients, the old clumsy window shutters have been dispensed with, and bed-room furniture allowed to remain during the night.

The primary object sought in these arrangements has been, to secure a greater degree of comfort and contentment for the patients, by removing, as far as is possible, and consistent with safety, everything that, by reminding them of their position, or condition, might have a tendency to irritate, annoy, or depress. The same object is sought to be secured by giving the House a more furnished and home-like appearance.

Object of change

The spirit of change has extended its influence to the pauper department also.

Southern Counties' Asylum Protection

In the Southern Counties' Asylum as in the Crichton Royal Institution, all window guards and fire guards have been dispensed with, except in the seclusion rooms, and refractory gallery on the female side.

When the new wings were opened, these protectives were expelled from the upper galleries—we have now taken a second step in advance by removing them from the lower also—a third only remains to be taken to secure their entire disuse.

The opening of the new wings, and consequent introduction of a better classification, has enabled us to substitute crockery for the tin-ware hitherto in use, as also to extend the use of table-cloths, and introduce other changes tending to domestic comfort. These improvements are, meanwhile, confined to the better class of galleries.

Crockery and Table-cloths

Of our ordinary amusements little need be said, as they are supposed as necessary to our every-day existence as eating and sleeping.

Amusements

The objects sought in these, as in other arrangements intended for the benefit of the patients, is to fill up usefully idle and listless hours—to withdraw their attention from themselves—to impart some degree of interest and pleasure—if possible, to secure their co-operation.

Objects

Additional interest in our pic-nics was secured this season by special arrangement.

Special Pic-nics

A series, apart from the ordinary one, was originated, to take place weekly—they consisted of mixed parties—ladies and gentlemen—were accompanied by one or more of the officers of the Institution, frequently also by friends interested in the House. They were generally attended by a lecturer, who gave a *resumé* of the history and antiquity of the places visited, or an account of the botanical and geological features of the district. Sometimes they were accompanied by music. To give them *eclat*, the entire vehi-

cular force of the establishment was summoned to their assistance, consisting of four carriages and an omnibus, with, not unfrequently, an additional one, conveying friends, for it is not to be forgotten that our pic-nics are highly popular, not dreaded but courted. In these re-unions, indeed, the patients exhibited the most pleasing and active interest. No greater disappointment could happen, nor greater punishment be inflicted, than to be omitted from the select list. The greater advantage was secured by the healthy excitement which resulted from their free intercourse with each other, with the officers, and other friends, in a more healthy, mental condition. Thus was secured the real object of the arrangement, which assuredly was a higher one than that of parade or display.

Safety of
such Asso-
ciations

It may be worth noting, that, though these pic-nics took place weekly, and the ordinary ones every day during several months of summer—though they included nearly every patient in the House, who were conveyed to all parts of the country, within a circuit of ten to fifteen miles, not the slightest accident or discomfort attended them.

Southern
Counties'
Asylum Pic-
nics

The same may be said of the patients in the Southern Counties' Asylum, nearly three-fourths of whom enjoyed the same liberties, with the same satisfactory results.

Sea-side Re-
sidents

The observation is equally applicable to our sea-side residents, twelve of whom were beyond the control of the House from periods varying from three weeks to three months, as also to our Highland trip, as stated elsewhere.

Band

The instrumental band has figured largely in our amusement list during the year. The improvement the players have made in so short a period is highly creditable to their zeal and ability. The dance on the green during the summer evenings is as popular as the pic-nics. The patients fully appreciate and highly benefit by these labours of love. The band has now become one of the "standing orders of the House."

Special
Amuse-
ments

The great effort in the way of amusement this year, as last, was our Christmas festivity. In order that amusements may not lose their wholesome influence, it is necessary that they should be constantly varied, novelty being one of the elements of pleasure. It is farther desirable, at stated periods, to prolong, extend, and intensify that influence, that all may reap some advantage, and some a larger share than usual. These ends are admirably secured by our less frequent but more pretending amusements, and especially by our annual Christmas festivities. Their novelty and success during the last two years have more than answered our expectations,

while the satisfaction felt at the interest excited, activities roused, and gratification afforded to the inmates, has been an abundant reward for the time, labour, and money expended on them.

The present year's festivity was termed the "Great Peace Congress." The idea is that of a grand world's convention held at a more advanced period of its history, with a view to destroy war and establish peace. To accomplish this desirable object a congress is held under the presidency of the genius of civilisation, aided by science and art, and to which representatives from all nations are summoned to aid in forming a government, the basis of which shall be "peace on earth and good will to man." Christmas Festivity.

The dresses, many of them rich and costly, of the different representatives, were made to correspond as nearly as possible to the costumes of their respective countries—as were the addresses delivered with their supposed sentiments and opinions.

A large number of the patients aided the preparations and took part in the representation, and a larger number witnessed it, while the interest excited reached even those who were unable to be present. Several of those who aided exerted themselves and performed their parts with a zeal and success far beyond expectation.

The only real drawback to its entire success was the want of an appropriate amusement room. When, however, the Crichton Royal Institution was planned only some thirty years ago, that such a representation could be suggested by, prepared for, participated in, and witnessed by the patients of an asylum, was as little dreamed of as we now dream of the realization of the idea within the same period.

Our instructive and educational agencies have been in requisition as formerly, comprehending classes in painting, drawing, ancient and modern languages, music, &c., some of them taught by patients, some by appointed teachers. Educational Arrangements.

Occupation, as a curative agency, is confessedly more effective than mere amusement, though, in their proper measure and place, both are required, and important. Occupation.

A true philosophy tells us that mental and physical activity are essential to the attainment and maintenance of health and happiness, and that the excess, deficiency, or perversion of these activities have largely to do with crime, disease, and insanity.

To increase, diminish, or correct these morbid mental manifestations, and thus restore the balance of healthy mental action, is the great aim of all those arrangements, amusing, instructive, or indus- Moral Treatment.

trial, which are comprehended in the category of moral treatment. That the ends aimed at are to some extent secured cannot be doubted, but it is equally certain that such aids are very far from being fully developed.

Manual occupation may be noted as one of the departments needing further attention. It is beset with difficulties, especially as regards higher class patients, partly from their previously acquired habits, and partly from absurd prejudices. For a class of cases it is, however, the best of all correctives, especially those departments of labour which require constant attention to external objects. We have made some efforts to apply this principle during the year, but our arrangements are yet so imperfect, or our successes so dubious, as to render them unworthy of record.

Summer Residence.

In our last we pointed out the desirableness of securing a commodious and eligibly situated abode for our summer residents. This year our wish was approximatively realised by renting for the entire season a house large enough to accommodate the whole of our health and pleasure seekers. This enabled us to extend the privilege to a larger number than usual. Twelve patients thus enjoyed the benefit of change of scene and air for periods of from three weeks to three months, with their respective attendants.

Could a suitable residence be obtained as the property of the Institution, or under some other arrangement, so as to secure it for a longer period, probably double the number might take advantage of, and benefit by, the change.

Patients' Trip to the Highlands.

Thoroughly persuaded that many resources, for the benefit of the mentally afflicted, remain to be taken advantage of, among others that of associated travelling, we, two years ago, projected a Trip to the Highlands with a party of patients. Impaired health and pressure of business prevented its accomplishment till this season.

Associated Travelling.

Travelling has long been known, recommended, and employed as one of our most important aids in removing morbid mental conditions, but associated travelling in such cases is rather a novelty. Doubtless to many it will sound strange even in these days of public enlightenment, that a party of the inmates of an asylum should start as ordinary tourists, on a journey of a week's duration—should encounter all the dangers and difficulties of bustling railways, crowded inns, and creaking steam-boats—should cross stormy firths, scale lofty mountains, and dance on dizzy heights.

Safety.

It can, however, be done, for the whole party returned "unscathed

in lith or limb," with improved health, with, we trust, clearer heads, and better hearts.

We have had gentlemen travelling with a companion, or patients with an attendant, but what we wish to note as special in the present arrangement, are the features of sociality and equality, the former secured by number, the latter by the presence of an officer of the Institution. This removes constraint, secures confidence, and inspires the esprit de corps—places the patient in the best possible condition for realising all the advantages, moral and physical, which may reasonably be expected from such a journey—advantages so self-evident as to require no further commendation. Specialty.

The interest of the trip is sought to be prolonged and extended by a projected series of lectures in connection with it. One of these, "on the history and antiquities of Arran," has already been delivered by the clergyman who so kindly aided us on the journey. The lecture was illustrated by a series of drawings, enlarged from his own sketches, taken on the spot by one of the party. Other lectures we expect to follow, recording the incidents of the journey, descriptive of the scenery, and explanatory of the botanical and geological features of the places visited. Results.

After a long and unsatisfactory interregnal period we have at last succeeded in obtaining a matron (Miss Lamond) in whom we can place confidence, and who has already given equal satisfaction to Directors, Officers, and Patients.

Dr Stewart retains his situation as Medical Assistant in the Crichton Royal Institution, and discharges his duties with his usual zeal and ability.

Mrs Graham, highly recommended as an aid to the matron, has discharged her duties most satisfactorily and successfully, and is about to enter on a more extended sphere of labour, where equal success is anticipated.

Mr Bruce continues at his post as Superintendent of the Gentlemen's Department, and affords invaluable aid as Leader of the Band, Conductor of the Music Classes, and Director-General of the amusive and recreative departments.

Mrs Hearder continues as Matron of the Southern Counties' Asylum, to whose care, labour, and success the condition of the House, and comfort of the patients, are the best attestation.

Dr Grierson has succeeded to the Assistantship of that Establishment, and is all that we could wish as a colleague.

A Superintendent of the Male Department in the Southern Counties' Asylum has been appointed—rendered necessary by the large increase of patients, especially on the male side of the House. The appointment has been a very satisfactory one, having been conferred on Mr John M'Cririe, an attendant, whose character, qualifications, and experience had been thoroughly tested by long residence in the Crichton Royal Institution.

A similar officer is required for the Female Department, but less urgently from the smaller number of patients. Night Nurses are also required for each Infirmary. The duties of the night nurse still devolve on the ordinary attendants, to the discomfort of themselves and the disadvantage of the House, for the frequent loss of sleep unfits them for the discharge of their ordinary duties, besides the disadvantage of constant changes.

It gives us much satisfaction to be able to state that we have full confidence in our present staff, that confidence resting on the belief that all its members are more or less actuated by an earnest and unselfish desire to co-operate with us in every measure that may be devised as an aid to the progress or success of our great and good work, which is "to minister to minds diseased."

Review.

The past year has been attended with its usual anxieties, as indeed, from the nature and extent of our duties and responsibilities, must ever be the case. We have, however, met with no insurmountable difficulties, have been alarmed by no impending dangers, nor overtaken by any serious accident, and, perhaps we may be permitted to add, that as much success has been obtained as might reasonably have been expected.

The merit, if any, to which these results may be due, and the satisfaction derived from them, we are most willing to share with attendants, officers, and directors, to all of whom, in their respective spheres, we are much indebted, and most thankful for the aid and encouragement they have afforded us.

Nor can we forget many friends beyond the walls, to whose kindly sympathies and personal assistance, we, as well as the patients, owe more than we can repay.

Lastly, it becomes us, with heartfelt gratitude, to acknowledge how much we are obligated to the superintending care of Him who is the Father of us all.

JAMES GILCHRIST, M.D.

CRICHTON ROYAL INSTITUTION,
11th November, 1860.

TABLES.

For "C. R. IN." read Crichton Royal Institution. For "S. C. A." read Southern Counties' Asylum

GENERAL TABLE.

	C. R. IN.			S. C. A.						Whole Total.	
	<i>Private.</i>			<i>Private.</i>			<i>Pauper.</i>				
	Males	Fem.	Total	Males	Fem.	Total	Males	Fem.	Total		Total
In the Institution, 11th Nov., 1859,	67	51	118	18	16	34	112	71	183	217	335
Admitted during the Year, ...	9	8	17	9	8	17	25	29	54	71	88
Under Treatment, ...	76	59	135	27	24	51	137	100	237	288	423
Discharged, ...	8	7	15	7	6	13	12	14	26	39	54
Died, ...	6	4	10	2	3	5	8	11	19	24	34
Leaving, 11th Nov., 1860, ...	62	48	110	18	15	33	117	75	192	225	335

ADMISSIONS OF PATIENTS BETWEEN 11th NOVEMBER, 1859, AND 11th NOVEMBER, 1860.

	C. R. IN.			S. C. A.						Whole Total.	
	<i>Private.</i>			<i>Private.</i>			<i>Pauper.</i>				
	Males	Fem.	Total	Males	Fem.	Total	Males	Fem.	Total		Total
<i>I. Sex of those Patients Admitted into the Asylum,</i>	9	8	17	9	8	17	25	29	54	71	88
<i>II. Age of those Admitted.</i>											
Between 10 and 20, ...		1	1	1		1	2	1	3	4	5
... 20 and 30, ...	1	2	3	4		4	12	2	14	18	21
... 30 and 40, ...	3	1	4	2	1	3	1	2	3	6	10
... 40 and 50, ...		1	1		1	1	5	9	14	15	16
... 50 and 60, ...	5	2	7		3	3		6	6	9	16
... 60 and 70, ...		1	1	2	3	5	2	5	7	12	13
... 70 and 80, ...								1	1	1	1
... 80 and 90, ...								1	1	1	1
Age Unknown,							3	2	5	5	5
Total,	9	8	17	9	8	17	25	29	54	71	88
<i>III. Class of those Admitted.</i>											
Private, ...	9	8	17	9	8	17				17	34
Pauper, ...							25	29	54	54	54
Total,	9	8	17	9	8	17	25	29	54	71	88
<i>IV. Social Condition of those Admitted.</i>											
Married, ...	4	2	6	2	4	6	9	8	17	23	29
Single, ...	5	5	10	7	2	9	14	12	26	35	45
Widowed, ...		1	1		2	2	1	8	9	11	12
Unknown, ...							1	1	2	2	2
Total,	9	8	17	9	8	17	25	29	54	71	88

ADMISSIONS—Continued.

	C. R. IN.			S. C. A.						Total	Whole Total.
	Private.			Private.			Pauper.				
	Males	Fem.	Total	Males	Fem.	Total	Males	Fem.	Total		
<i>V. Mental Diseases of those admitted.</i>											
Mania, Acute, ...	4	3	7	2	1	3	4	11	15	18	25
Mania, Acute, Dipsomaniacal,	2		2	4		4	6		6	10	12
Mania, Acute, Epileptic, ...		1	1				3	2	5	5	6
Mania, Chronic, ...				1	1	2	2	4	6	8	8
Mania, Periodic, ...					1	1	1	1	2	3	3
Melancholia, ...	1	1	2		2	2	4	2	6	8	10
Melancholia, Suicidal, ...					2	2		2	2	4	4
Monomania of Pride, ...								2	2	2	2
General Paralysis, ...	1		1	1	1	2		2	2	4	5
Dementia, ...	1	3	4				1	1	2	2	6
Imbeciles, ...				1		1	1	2	3	4	4
Idiots, ...							3		3	3	3
Total,	9	8	17	9	8	17	25	29	54	71	88
<i>VI. Occupation of those admitted.</i>											
Farmer's Daughter, ...			1								1
Wife of Proprietor, ...			1								1
Governess, ...			1								1
Gentlewoman, ...			4								4
Shopkeeper, ...			1								1
Farmer, ...	2		2	1		1				1	3
Manufacturer, ...	1		1							1	1
Medical Man, ...	3		3	1		1				1	4
Proprietor, ...	1		1								1
Joiner, ...	1		1								1
Sawyer, ...	1		1								1
Artilleryman, ...				1		1				1	1
Baker, Wife of, ...					1	1				1	1
Basketmaker, ...							1		1	1	1
Blacksmith, ...							2		2	2	2
Coast Guardsman, Wife of, ...					1	1				1	1
Farmer, Wife of, now a Pauper,					1	1		1	1	1	1
Farm-Steward, Wife of, ...					1	1				1	1
Gardener, ...				1		1				1	1
Hawker, ...								1	1	1	1
Housekeeper, ...								1	1	1	1
House or Domestic Servant,								6	6	6	6
Innkeeper, ...				1		1				1	1
Labourer, ...				1		1	7	4	11	12	12
Millwright, Wife of, ...					1	1				1	1
Milliner, ...								1	1	1	1
Miner, ...							1		1	1	1
Outworker, ...								1	1	1	1
Pauper, ...							4	9	13	13	13
Ploughman, ...							1		1	1	1
Saddler, ...				1		1				1	1
Stockingmaker, ...							1		1	1	1
Seaman, Wife of, ...					1	1				1	1
Slater, Wife of, ...								1	1	1	1
Small Dealer, ...					1	1				1	1
Student, ...				1		1	1		1	2	2
Tramp, ...								1	1	1	1
Washerwoman, ...									1	1	1
Weaver, ...							1		1	2	2
Writer, Clerk to, ...							2		2	2	2
Not Given, or Nothing, ...				1	2	3	4	2	6	9	9
Total,	9	8	17	9	8	17	25	29	54	71	88

ADMISSIONS—Continued.

	C. R. IN.			S. C. A.						Total	Whole Total.
	Private.			Private.			Pauper.				
	Males	Fem.	Total	Males	Fem.	Total	Males	Fem.	Total		
<i>VII. Causes of Disease of those Admitted.</i>											
Intemperance,	5	1	6	3		3	4	1	5	8	14
Misfortune,	1		1								1
Masturbation,	1		1								1
Exposure to Cold,		2	2								2
Menstrual Derangement,		2	2								2
Puerperal Condition,		1	1								1
Epilepsy,		1	1				3	2	5	5	6
Mental Anxiety,				1		1	1		1	2	2
Religion,					1	1	2		4	5	5
Fever,				1		1		1	1	2	2
A Fall,								1	1	1	1
Family Trouble,					1	1				1	1
Paralysis,							1	1	2	2	2
Disappointment in Love,								1	1	1	1
Debauchery,								1	1	1	1
Hereditary,				1		1		1	1	2	2
Congenital,							2		2	2	2
Injury to the Head,				1		1				1	1
Kick on Head, Eleven Years ago,							1		1	1	1
Anxiety for Son's Welfare,								1	1	1	1
Hypochondriasis,								1	1	1	1
Want,								1	1	1	1
Apoplexy,					1	1				1	1
Physical Constitution,				1		1				1	1
Pain in Stump after amputation of Arm,					1	1				1	1
Unknown,	2	1	3	1	4	5	11	15	26	31	34
Total,	9	8	17	9	8	17	25	29	54	71	88
<i>VIII. Number of Attacks.</i>											
First,	5	5	10	5	6	11	21	16	37	48	58
Second,		3	3	4	1	5	4	5	9	14	17
Third,	1		1								1
Fourth,											
Frequent,	3		3		1	1				1	4
Unknown,							2	6	8	8	8
Total,	9	8	17	9	8	17	27	27	54	71	88
<i>IX. Age on first Attack.</i>											
Between 1 and 10,											
... 10 and 20,		1	1	1		1	3	1	4	5	6
... 20 and 30,	3	3	6	3		3	11	1	12	15	21
... 30 and 40,	2	1	3	2	1	3	1	2	3	6	9
... 40 and 50,	2	2	4		1	1	5	9	14	15	19
... 50 and 60,	2	1	3		3	3		5	5	8	11
... 60 and 70,				2	3	5	2	5	7	12	12
... 70 and 80,								1	1	1	1
... 80 and 90,								1	1	1	1
At Birth (Idiots),											
Ages Unknown,				1		1	3	4	7	8	8
Total,	9	8	17	9	8	17	25	29	54	71	88

ADMISSIONS—Continued.

	C. R. IN.			S. C. A.						Total	Whole Total.
	Private.			Private.			Pauper.				
	Males	Fem.	Total	Males	Fem.	Total	Males	Fem.	Total		
<i>X. Duration of present Attack.</i>											
Under 1 Month,	1	1	2	2	2	4	7	10	17	21	23
More than 1 Month and less than 3,	2	2	4	2	3	5	4	4	8	13	17
... 3 Months ... 6,				1	1	2	1	1	2	4	4
... 6 Months ... 9,	1		1	1		1		1	1	2	3
... 9 Months ... 1 Year,								1	1	1	1
... 1 Year ... 3 Years,	5	3	8	1	2	3	3	4	7	10	18
... 3 Years ... 5 Years,								1	1	1	1
... 5 Years ... 10 Years,		1	1					1	1	1	2
... 10 Years ... 20 Years,		1	1	1		1	2	1	3	4	5
... 20 Years ... 40 Years,							2		2	2	2
... 40 Years ... 50 Years,								2	2	2	2
Unknown,				1		1	6	3	9	10	10
Total,	9	8	17	9	8	17	25	29	54	71	88
<i>XI. Bodily Condition of those admitted.</i>											
Good,	6	4	10	2		2	10	13	23	25	35
Weak,	1	2	3				1	1	1	1	4
Robust,	1	1	2				1	1	2	2	4
Exhausted,	1		1		2	2				2	3
Undeveloped,		1	1								1
Healthy,				4	5	9	9	9	18	27	27
Paralytic,								2	2	2	2
Emaciated,				1	1	2	2	2	4	6	6
Injured by leaping from window,							1		1	1	1
Much bruised,				1		1				1	1
Much bruised on head,				1		1				1	1
Anemic,								2	2	2	2
Not Stated,							1		1	1	1
Total,	9	8	17	9	8	17	25	29	54	71	88

DISCHARGES BETWEEN 11TH NOVEMBER, 1859, AND 11TH NOVEMBER, 1860.

	C. R. IN.			S. C. A.						Total	Whole Total.
	Private.			Private.			Pauper.				
	Males	Fem.	Total	Males	Fem.	Total	Males	Fem.	Total		
<i>I. Sex of Patients Discharged,</i>											
	8	7	15	7	6	13	12	14	26	39	54
<i>II. Age of those Discharged.</i>											
Between 20 and 30 ...	1	1	2	3		3	2	1	3	6	8
... 30 and 40 ...	2	2	4				3	2	5	5	9
... 40 and 50 ...	2	2	4	1	1	2	4	2	6	8	12
... 50 and 60 ...	3	1	4		2	2	1	3	4	6	10
... 60 and 70 ...		1	1	2	2	4	2	5	7	11	12
... 70 and 80 ...					1	1				1	1
Not Stated,				1		1		1	1	2	2
Total,	8	7	15	7	6	13	12	14	26	39	54

DISCHARGES—Continued.

	C. R. IN.			S. C. A.						Total	Whole Total
	Private.			Private.			Pauper.				
	Males	Fem.	Total	Males	Fem.	Total	Males	Fem.	Total		
<i>III. Class of those Discharged.</i>											
Private,	8	7	15	7	6	13				13	28
Pauper,							12	14	26	26	26
Total,	8	7	15	7	6	13	12	14	26	39	54
<i>IV. Mental Diseases of those Discharged.</i>											
Mania (Dipsomania), ...	2	1	3								3
Mania, Acute, ...				5	2	7	4	2	6	13	13
Mania, Chronic, ...					1	1	2	4	6	7	7
Mania, Periodical, ...							1		1	1	1
Mania, Puerperal, ...								1	1	1	1
Melancholia, ...	3	4	7	1	3	4	2	3	5	9	16
Monomania of Pride, ...	2		2					1	1	1	3
Monomania of Suspicion, ...							1	1	2	2	2
Monomania of Ambition, ...							1		1	1	1
Monomania, Religious, ...											
Dementia, ...	1	1	2	1		1		1	1	2	4
Imbecility, ...		1	1				1		1	1	2
Fatuity, ...								1	1	1	1
Total,	8	7	15	7	6	13	12	14	26	39	54
<i>V. Duration of Disease.</i>											
Under 1 Month, ...				1	1	2	1		1	3	3
... 2 Months, ...				1	1	2	2		2	4	6
... 3 Months, ...	2		2	1	3	4	2	3	5	9	10
... 6 Months, ...		1	1	1	1	2	4	2	6	8	8
... 9 Months, ...				1	1	2			1	1	1
... 1 Year, ...				1		1			1	1	1
... 2 Years, ...	4	3	7	2		2		2	2	4	11
... 6 Years, ...								6	6	6	6
... 8 Years, ...	1	3	4								4
... 10 Years, ...							3	1	4	4	4
... 20 Years, ...	1		1								1
Unknown, ...											
Total,	8	7	15	7	6	13	12	14	26	39	54
<i>VI. Condition when Discharged.</i>											
Recovered,	2	1	3	2	3	5	7	8	15	20	23
Relieved,	5	6	11	5	3	8	3	2	5	13	24
Not Improved,	1		1				2	4	6	6	7
Total,	8	7	15	7	6	13	12	14	26	39	54

CURES BETWEEN 11TH NOVEMBER, 1859, AND 11TH NOVEMBER, 1860.

	C. R. IN.			S. C. A.						Total	Whole Total.
	Private.			Private.			Pauper.				
	Males	Fem.	Total	Males	Fem.	Total	Males	Fem.	Total		
<i>I. Sex of those Cured,</i> ...	2	1	3	2	3	5	7	8	15	20	23
<i>II. Ages of Patients Cured.</i>											
Between 10 and 20, ...				1		1	2	1	3	4	4
... 20 and 30, ...							2	2	4	4	6
... 30 and 40, ...	1	1	2				3	1	4	5	5
... 40 and 50, ...				1		1		1	1	2	3
... 50 and 60, ...	1		1		1	1		3	3	5	5
... 60 and 70, ...					2	2					
Total,	2	1	3	2	3	5	7	8	15	20	23
<i>III. Class of Patients Cured.</i>											
Private, ...	2	1	3	2	3	5				5	8
Pauper, ...							7	8	15	15	15
Total,	2	1	3	2	3	5	7	8	15	20	23
<i>IV. Mental Diseases of Cured.</i>											
Mania, Acute, ...				1	1	2	3	3	6	8	8
Mania, Chronic, ...					1	1		1	1	2	2
Mania, Periodic (Dipsomania), ...				1		1	1	1	2	3	3
Melancholia, ...	1	1	2		1	1	2	2	4	5	7
Dementia Acute, ...								1	1	1	1
Monomania of Ambition, ...							1		1	1	1
Monomania of Pride, ...	1		1								1
Total,	2	1	3	2	2	5	7	8	15	20	23
<i>V. Duration of Mental Diseases of Cured.</i>											
Under 3 Months, ...				2	1	3	2		2	5	5
... 6 Months, ...	1		1		2	2	3	2	5	7	8
... 9 Months, ...							2	4	6	6	6
... 1 Year, ...											
... 2 Years, ...	1		1					1	1	1	2
... 5 Years, ...		1	1					1	1	1	2
... 6 Years, ...											
Total,	2	1	3	2	3	5	7	8	15	20	23

DEATHS BETWEEN 11TH NOVEMBER, 1859, AND 11TH NOVEMBER, 1860.

	C. R. IN.			S. C. A.						Total	Whole Total.
	Private.			Private.			Pauper.				
	Males	Fem.	Total	Males	Fem.	Total	Males	Fem.	Total		
<i>I. Sex of those who Died,</i>	6	4	10	2	3	5	8	11	19	24	34
<i>II. Age of Patients who Died.</i>											
Between 20 and 30, ...							1		1	1	1
... 30 and 40, ...	1	1	2				3	1	4	4	6
... 40 and 50, ...				1		1		2	2	3	3
... 50 and 60, ...	3	1	4				1	4	5	5	9
... 60 and 70, ...	1	1	2	1	1	2	1	3	4	6	8
... 70 and 80, ...	1	1	2					1	1	1	3
Unknown, ...					2	2	2		2	4	4
Total,	6	4	10	2	3	5	8	11	19	24	34

DEATHS—Continued.

	C. R. IN.			S. C. A.						Total	Whole Total
	Private.			Private.			Pauper.				
	Males	Fem	Total	Males	Fem	Total	Males	Fem	Total		
<i>III. Class of Patients who Died.</i>											
Private, ...	6	4	10	2	3	5				5	15
Pauper, ...							8	11	19	19	19
Total,	6	4	10	2	3	5	8	11	19	24	34
<i>IV. Mental Disease of those who Died.</i>											
Mania, Chronic, ...	2		2		1	1		3	3	4	6
Mania, Acute, ...				1	1	2	1	2	3	5	5
Dementia, Chronic, ...	2	3	5				1	1	1	1	6
Dementia, Epileptic, ...								1	1	1	1
Epilepsy, (Maniacal), ...	1		1				1	1	1	1	2
Melancholia, ...							1	1	2	2	2
Monomania of Pride and Suspicion, ...		1	1					1	1	1	2
Monomania of Fear, ...								1	1	1	1
General Paralysis, ...	1		1	1	1	2	3	1	4	6	7
Imbecile, ...							1	1	2	2	2
Total,	6	4	10	2	3	5	8	11	19	24	34
<i>V. Duration of Mental Disease.</i>											
Under 1 month, ...								2	2	2	2
.. 3 months, ...				1	1	2				2	2
.. 6 ..											
.. 9 ..							2	1	3	3	3
.. 1 Year, ...	1		1					1	1	1	2
.. 2 Years, ...	1		1				2	3	5	5	6
.. 3 ..				1	2	3	1	1	2	5	5
.. 4 ..							1	2	3	3	3
.. 6 ..		1	1								1
.. 8 ..		1	1					1	1	1	2
.. 40 .. above or unknown,	4	2	6				2		2	2	8
Total,	6	4	10	2	3	5	8	11	19	24	34
<i>VI. Bodily Disease of which Patients Died.</i>											
Apoplexy, ...					1	1		2	2	3	3
Ascites, ...								1	1	1	1
Cerebral Effusion, ...								1	1	1	1
Diarrhoea, ...	1		1		1	1		2	2	3	4
Diarrhoea (Chronic), ...				1		1	1		1	2	2
Epileptic Exhaustion, ...	1		1				1		1	1	2
Erysipelas, ...								1	1	1	1
Gastric Fever, ...							1		1	1	1
General Decay, ...		1	1				2	1	3	3	4
General Paralysis, (with Apoplexy),	1		1	1		1				1	2
Phthisis Pulmonalis, ...		1	1		1	1		3	3	4	5
Ramouilissement, ...							1		1	1	1
Syncope, ...							1		1	1	1
Pneumonia, (General Paralytic),							1		1	1	1
Chronic Pneumonia, ...		2	2								2
Paralysis, ...	1		1								1
Tuberculosis, ...	1		1								1
Supra-renal Capsular Disease,	1		1								1
Total,	6	4	10	2	3	5	8	11	19	24	34

DEATHS—Continued.

	C. R. IN.			S. C. A.						Total	Whole Total	
	Private.			Private.			Pauper.					
	Males	Fem	Total	Males	Fem	Total	Males	Fem	Total			
<i>VII. Duration of Bodily Disease.</i>												
Under 1 Month, ...	3		3	1	1	2	4	5	9	11	14	
... 2 Months, ...				1	1	2	1	1	2	4	4	
... 3 Months, ...	2	1	3				1	1	2	2	5	
... 6 Months, ...		2	2				1	4	5	5	7	
... 9 Months, ...					1	1			1	1	2	
... 1 Year, ...		1	1								1	
... 2 Years, ...	1		1				1		1	1	2	
... 3 Years, ...												
... 4 Years, ...												
Total,	6	4	10	2	3	5	8	11	19	24	34	

TWENTY SECOND ANNUAL REPORT

ORIGINATOR ROYAL INSTITUTION

PLIN ALFORD

IN MARCH

THE ROYAL SOCIETY

OF LONDON

AND THE ROYAL SOCIETY

OF EDINBURGH

PRINTED BY THE SOCIETY'S PRINTERS

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STATEMENT OF THE

COMMISSIONERS OF THE LAND OFFICE

IN

RESPONSE TO A RESOLUTION PASSED BY THE HOUSE OF COMMONS

ON THE 12TH MARCH 1871

BY

THE COMMISSIONERS OF THE LAND OFFICE

IN

COMPLIANCE WITH A RESOLUTION PASSED BY THE HOUSE OF COMMONS

ON THE 12TH MARCH 1871

BY

THE COMMISSIONERS OF THE LAND OFFICE

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THE applications for admission to the Institution this year amount to one hundred and fifty-one, the admissions to one hundred and seven, thereby placing under treatment during the year four hundred and forty-two. The discharges were seventy-nine, and the deaths nineteen, leaving as residents at the end of the year, three hundred and forty four. The corresponding numbers for 1860 were, applications, one hundred and fifty-four ; admissions, eighty-eight ; under treatment, four hundred and twenty-three ; discharged, fifty-four ; died, thirty-four ; leaving at its termination, three hundred and thirty-five. The comparative results for 1861, are a large increase of admissions and discharges, and a considerable reduction in the number of deaths, leaving at the end of the year an excess of nine over those of last.

General Statement.

Comparative Results.

GENERAL TABLE FOR BOTH ESTABLISHMENTS.

BOTH ESTABLISHMENTS.	1858.	1859.	1860.	1861.
Applications,	207	157	154	151
Admissions,	111	100	88	107
Under Treatment,	432	428	423	442
Discharged,	74	75	54	79
Dead,	29	19	34	19
Left,	328	334	335	344
Discharged—Cured,		29	24	51
Improved,		28	24	19
Unimproved,		18	6	9
Incurable,		35	25	18

This excess affects only the Southern Counties' Asylum. In the Crichton Royal Institution there is only a difference of one in the results of the two years. Such is not the case with the admissions to the two departments ; for, in the Crichton Royal Institution, the proportionate increase is much larger than in the Southern Counties' Asylum. In the latter, eighty to seventy-one ; in the former, twenty-seven to seventeen. If it be supposed that the excess is due to revival cases, it can only be true of the Southern Counties' Asylum, as in the Crichton Royal Institution only one such case was admitted. The admissions to the Southern Counties' Asylum have been nearly uniform for the last three years, viz., seventy-eight, seventy-five, seventy-one ; this year, eighty, the excess being only nine over those of last, and still smaller compared with the three former. The number of revival cases admitted was in all seventeen, so that the slight excess of admis-

Increase in Southern Counties' Asylum.

Increase due to Revivals.

sions into that department probably fairly represents the number of cases due to the revival excitement.

GENERAL TABLE FOR SOUTHERN COUNTIES' ASYLUM.

SOUTHERN COUNTIES' ASYLUM.	1858.	1859.	1860.	1861.
Applications,	122	81	84	83
Admissions,	78	75	71	80
Under Treatment,	278	284	288	305
Discharged,	51	57	39	56
Dead,	18	11	24	14
Left,	209	216	225	235
Discharged—Cured,		24	21	38
Improved,		16	13	11
Unimproved,		17	5	7
Incurable,		25	15	10

Admission,
Southern
Counties'
Asylum.

Of the admissions to the Southern Counties' Asylum, the number of each sex is precisely the same, and, for the last four years they have been nearly equal. In the discharge list, however, the females predominate, as is the case in other asylums, shewing that insanity in the male is a graver disease than it is in the female; this doubtless due, amongst other causes, to the greater liability to excitement in the female from slight disturbing agencies.

Number of
each sex.

To this proximate equality of numbers in the admissions of the two sexes, and to the less gravity and greater curability of the disease in females, is mainly to be attributed the large disproportion of the two sexes as permanent residents, the males greatly preponderating.

Numbers of
Private and
Pauper.

Of the whole number seventeen are private, that is, maintained by their friends, while sixty-three are supported by parochial boards, or, in other words, paupers. Most of these private cases are clothed by their relatives. To such patients as can appreciate the distinction—and few cannot—this is a great boon, as it enables them to escape the degrading uniformity of the pauper costume. It has to be observed, however, that no allowance is made to obligants or relatives in such cases. The clothing is charged and paid for, whether the patient be private or pauper, while such of the former as are clothed by their friends, receive no equivalent for the payment made. It seems a matter worthy of attention, whether some other arrangement might not be made for these cases, for, undoubtedly, policy, as well as humanity, dictates the propriety of giving the utmost consideration to the class who are willing to support their relatives in such circumstances. Many of them are more willing than able.

Clothing of
Private Pa-
tients.

It is also worthy of consideration whether, in any addition to, or change in the arrangements of the Southern Counties' Asylum, special provision should not be made for the better accommodation of some of this class, if possible, of such a nature as to separate them from the paupers. Many of the patients belonging to it are above the station of the latter, and not a few of them have received a liberal education, and have occupied a good position. In a small proportion of the cases a higher board would willingly be given for better accommodation, which, to many of them, would secure increased comfort, and to some greater probability of improvement. Even as regards those who could not afford a higher board it is urged, on the principle already stated, that motives alike of policy and humanity dictate the propriety of a liberal encouragement to this self-supporting and consequently highly deserving class.

Of the seventy-six whose ages are known on admission, the extremes are seventeen and eighty-two. There are twenty aged fifty and upwards, of whom fifteen are beyond sixty, shewing a large proportion of the cases at considerably advanced periods of life. There are eighteen at twenty-five and under, of whom five are twenty or less. Twenty-four are married, forty-eight single, and eight widowed. The disproportion between the married and single goes far to confirm the generally received opinion, that marriage is conducive to mental, as it certainly is to physical health.

The discharges this year are more than a third above those of last, the more to be noted, as last year a considerable proportion were externes, who were sent to their own districts, while only three of that class are in this year's list. The Southern Counties' Asylum still contains a few private patients of the externe class, whose discharge has not been insisted on, out of consideration to the patients or relatives. Two or three others have been recently admitted on special grounds; but, with these exceptions, the Southern Counties' Asylum contains no patients, private or pauper, except from its own district. This is as much a matter of necessity as of choice, as the additional accommodation placed at disposal two years ago, by the completion of the new wings, is rapidly being occupied, and will soon be exhausted.

For a number of years past there has been a nearly uniform addition of about five per cent. to the residents, which this year would have been greater but for the larger number of discharges. A small proportion of this increase may be due to the greater stringency of the recent Lunacy Act, and consequent removal to the Asylum of appropriate cases; but unquestionably the larger pro-

Better Accommodation for Private Patients.

Particulars of Admission.

Discharges, Southern Counties' Asylum.

Residents.

Accommodation, Southern Counties' Asylum.

number

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1861.

83
89
305
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portion of it is attributable here, as everywhere else, to the gradual accumulation of permanent residents, this the result, not of diminution of cures, for these have increased, but of diminished mortality, perhaps also, in small measure, to absolute increase in the disease itself, this increase of five per cent. being equivalent to an addition of ten to twelve to the House yearly, may probably be taken as an indication of accommodation yet to be provided.

Particulars
of Dis-
charges.

The numbers discharged are fifty-six, as compared with thirty-nine last year, of whom twenty-four are males, and thirty-two females; ten are private, and forty-six pauper; recovered, thirty-eight; relieved, eleven; unimproved, seven—of the two latter classes ten are incurable.

Unimprov-
ed.

Seven were removed "unimproved." Of these, three did not belong to the district, and were transferred to other asylums, while four were removed by friends.

Relieved.

Eleven were discharged "relieved," of whom two were sent, as patients, to a private house; four were private, and removed by relatives; the remaining four were paupers, also removed by relatives, if not in contravention of the Lunacy Act, at least in opposition to its spirit, and intentionally for the purpose of evading it.

Evasion of
Lunacy Act
by Relatives
of Paupers.

According to the Act a pauper patient, unless cured, cannot be discharged, except by authority of the Board of Lunacy. Paupers must be destitute of funds, but in many instances they are not deprived of friends, and these friends are often anxious that their afflicted relatives should return to their homes. The parties interested have learned so much of the Lunacy Act as to know that, while a pauper cannot be removed except by authority from head quarters, a private patient can. They have acquired this further information that, to change the one into the other is a simple process. They go to the Inspector and offer to remove the patient from the Parish Roll. The Inspector is too happy to comply with the request, and writes me to that effect. The bearer of the note is usually one of the friends, who presents it as the authority for the patient's removal, on the ground that he is no longer a pauper, but a private patient. When it is stated that seven such patients have been removed during the year, it will be seen that it is really a practical matter, and as information spreads there is no doubt that it will be more and more acted on, so that, ultimately, the law bids fair to defeat itself.

The immured pauper becomes in reality a prisoner for life. In the Scotch Act there is no trial clause, as in the English, and the only way in which such a patient can be legally replaced in the

care of his friends is so troublesome, cumbrous, and expensive, that it operates as an effectual barrier to such removals. When, with fees for two medical certificates and Sheriff's Clerk are added, the expenses of travel, and the risks of return, parochial boards are not likely to incur the charge, and relatives still less, from their inability to do so.

It is clearly desirable that facilities should exist for the removal of such patients to the care of their friends, when at all consistent with propriety; and it is equally important that these facilities should be direct, simple, and inexpensive. It would be difficult to devise a scheme more the reverse of all this than that which the law provides.

It would seem, however, to be the enactors, not the executors of the law, that are at fault, for one of the Commissioners of Lunacy, at a recent statutory visit, suggested that a greater number of the patients might be safely and satisfactorily transferred to the care of their friends. Approving of the principle, though not perhaps so sure of success in its application as the Commissioner, we made an effort to give it a fair trial. Five of the most likely patients were selected, and transmitted to their respective homes; but the success of the experiment is indicated by the fact that two of the five had returned to the House in a few weeks.

Another evil which this stringency and deficiency in the law tends to introduce is the inducement it holds out to affix a loose meaning to the term "recovered."

There are many reasons why labouring men should as speedily as possible return to their families, and it is often equally desirable in the case of others; and when it is felt that, by attaching the term "recovered" to a case—a term in itself exceedingly indefinite—a cumbrous and expensive process can be avoided, the temptation is not easily resisted. When duty, facility, and simplicity seem to lie on the one side, and law, trouble, and expense on the other, the result is obvious.

The cures, thirty-eight in number, as in the Crichton Royal Institution, bear an unusually large proportion to the discharges, and greatly exceed those of last year, which were only twenty-one. There are twenty-three females to fifteen males. The relative proportion of the sexes under treatment during the year is nearly the same, but inversely, so that from one hundred and seventy-six males we have only fifteen cures; while from one hundred and twenty-nine females we have twenty-three, more than double the number

Special
Cases.

proportionately. The extreme periods during which the patients were under treatment were two months and four years; thirteen were for six months or under, and thirteen for one year and upwards; five cases for periods of longer duration. These are all interesting, three of them especially so. One, a case of hypochondriacal melancholia, with intense hereditary taint, might, with all propriety, have been placed in the incurable list. She, nevertheless, completely recovered after a period of two years and three months. Another was a case of alternating mania and melancholia, of great severity and persistence, with marked suicidal tendency, and harassing dyspepsia. The patient was for two years and three months under treatment since last date of admission, but had been removed by her friends, contrary to medical advice, and had returned in a fortnight, so that in reality the disease was of several years' duration. A third was a case of mania, somewhat peculiar in its character, and especially marked by uncontrollable nymphomania, also with decided hereditary taint. This case was four years under treatment. All three were females, and I am strongly of opinion that the two last in a great measure owe their improvement to the skill and assiduity of the Medical Assistant, in adapting the moral treatment to their respective cases.

Moral Treat-
ment.

These and other examples tend to confirm our strong faith in what may be denominated the individualization of moral treatment, that is, its special adaptation to individual cases, its application being aided by the exercise of authority and influence. It has been, and continues to be our firm belief, that this principle lies at the bottom of all improvement and success in the moral treatment of insanity. It is a principle, however, entirely ignored in the increased and increasing tendency to amplify our already overgrown establishments, where the power of wielding that authority, and exercising that influence, is reduced to a minimum.

Revivalists.

The so-called revivalists admitted into the Southern Counties' Asylum during the year were seventeen in number, while only one was admitted into the Crichton Royal Institution. There were several other cases in which religious feelings were morbidly excited, but, as a proportion of such are admitted every year, and as there was no evidence to prove that they were directly attributable to revival excitement, we are not warranted in placing them in that category. Even in the list we have given as the result of that cause, probably a few should be weeded out as not really due to it, nothing being so vague, unsatisfactory, and often ill-founded, as the causes assigned for insanity.

Of the eighteen, seven were males and eleven females—six were married, eleven single, and one widowed. The mental condition in seven was that of mania—in ten, melancholia—in one, acute dementia. In nine, suicidal impulse was present—three of the patients had had previous attacks of insanity—three were of weak mind—one is described as being liable to severe bilious attacks—one exhibited markedly the scrofulous diathesis—one was always of a retired disposition. In one the disease was associated with vice of a special character—one was a Roman Catholic, and disturbed about the condition and prospects of the Pope and papacy—one was seventy years of age—and one lived in a lone house, whose excitement was said to be due to the interference of agents belonging to a faith not acknowledged by the patient.

Of the whole number, ten have been discharged—seven as cured, and three removed by friends, in two of whom there was considerable improvement. Of those that remain, one is convalescent, another has passed into chronic dementia, in one mania persists with almost unmitigated severity, in five melancholia more or less marked remains, in three of whom, however, there has been scarcely any time afforded to determine results.

The cases were marked by several peculiarities, some at least of which were modifications of the disease, produced by the special source of the mental disturbance. A few of these may be noted:—

There was a large proportion of abstinent from food. In three cases artificial alimentation was resorted to for prolonged periods, while, in a few others, the utmost care and assiduity was necessary to ensure the reception of a sufficient amount of nourishment. The number of melancholics was unusually great, that of suicides still greater. The tendency to excitement of the sexual feelings was very marked in a large proportion of the cases.

The position, and, to a considerable extent, the intellectual status of the patients is sufficiently indicated by the fact, that only one of the eighteen cases was admitted into the Crichton Royal Institution. It is especially worthy of note that only two of the patients, and these not marked, were received from the town, the very focus of the excitement. This we think mainly due to the care and prudence exercised by the leaders of the movement, which, with some exceptions at its commencement, was obvious; also to the greater—we should rather perhaps say wider—intelligence of a town population, and doubtless, in some measure to the greater mental mobility and consequent facility which residents

Particulars
of Revival
Cases.

Results.

Peculiarities

Intellectual
Status.

in towns possess in adapting their minds to new objects of attention.

We have adhered to facts as much as possible, purposely avoiding the question either in its psychological or theological aspects. In the extreme views taken by the representatives of each there seems to be about an equal amount of truth and error. The true history of revivalism will be better written when its exciting influence has passed away.

Deaths.

The deaths in the Southern Counties' Asylum are fourteen in number—nine males and five females. They are all paupers except one, a female. Their ages range from twenty-eight to eighty-three; one half the number are fifty and upwards; one patient had been twenty-two years in the House, being amongst the first admitted; one was only two days, being moribund on admission. This patient, habitually a wanderer, had left home, and was lost sight of for two days. He was found at a distance from habitations, behind a stone fence, where he had lain exposed during two intensely cold nights, without food or shelter. He was severely frostbitten and exhausted, and died on the second day after admission, having been two or three days in the Infirmary before transmission to the Asylum: one died of apoplexy; two of pneumonia; two of general paralysis; three of exhaustion; four of epileptic convulsions; and four of consumption; six thus dying of diseases of the nervous system.

The percentage on the number under treatment is nearly four and a-half. Last year the percentage was nearly double, the number of deaths being twenty-four.

CRICHTON ROYAL INSTITUTION.

Table of comparative Results.

Referring to the books of the Crichton Royal Institution we find the comparative results for the last four years, as follows:—

GENERAL TABLE FOR CRICHTON ROYAL INSTITUTION.

CRICHTON ROYAL INSTITUTION.	1858.	1859.	1860.	1861.
Applications,	85	76	70	68
Admissions,	33	25	17	27
Under Treatment,	154	144	135	137
Discharged,	23	18	15	23
Died,	11	8	10	5
Left,	119	118	110	109
Discharged—Cured,		5	3	13
Improved,		12	11	8
Unimproved,		1	1	2
Incurable,		10	10	8

It will thus be observed that, during the past year, while the admissions have considerably increased, the discharges have increased

in a still greater ratio. It is yet more important and gratifying to note that there is a large increase in the cures, and a large decrease in the deaths—being as stated for the four years respectively: cures, five, three, thirteen; deaths, eleven, eight, ten, five.

The tables show a somewhat smaller number of patients under treatment during the last two years, but this is accounted for from the increased demand for private sitting-rooms, in consequence of which those that when unoccupied were used as bed-rooms, are now converted into day-rooms, while, besides several first-class bed-rooms have been fitted up, furnished and occupied, as parlours, at reduced and very moderate boards, suitable for a class of cases hitherto unprovided for. These and other changes, introduced for the purpose of securing greater variety of accommodation, and a larger amount of domestic comfort to the patients, have somewhat diminished bed accommodation. A plan has just been sanctioned by the committee, which, when carried out, will, to some extent, make up for this deficiency. Every sitting-room in the House is occupied at present.

Of the twenty-seven admissions to the Crichton Royal Institution, nineteen are males and eight females; twelve are married; fourteen are single; and one widowed. Their ages range from twenty to fifty-nine; the duration of the disease before admission varied from a week to sixteen years. In four cases the time stated is less than a month. During the year seven of those admitted have been discharged, and two have died. Of the seven four were recovered, in three of whom the duration of the disease was under a month, in the fourth six months; the other three cases were removed contrary to medical advice. Two of the three have already returned to the House, and the third has applied for admission.

Hereditary taint may be traced in six males and three females. Constitutional tendency in five males and ten females. The disease in the remaining three females seems to have had its origin in special causes.

In nineteen males admitted, no less than thirteen are marked by intemperate habits, with or without associated vices. Two of the cases are, however, re-admissions, but still eleven patients remain, in which this symptom constitutes a prominent feature in the disease. That the malady in a considerable proportion of these is due to alcoholic poisoning cannot be doubted; but it is as little doubtful that, in some at least, hereditary taint and constitutional tendency, with other more special causes, originated the disease. In these cases the habits of intemperance may be considered either as

Demand for
Private
Rooms.

Admissions,
Crichton
Royal
Institution.

Dipsomania.

1861.

68
27
137
23
5
100
13
8
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8

while the
increased

a result of the primary disease, or as a separate and superinduced malady. In any case it is an aggravation.

Whatever answer shall yet have to be given to the question whether the use of poisons, such as alcohol, opium, tobacco, &c., can be persisted in, in any case, without injury to the nervous system, it is at least certain that there are many constitutions which cannot be subjected to their use with impunity, and it is equally certain that nothing tends so much to develop such a constitution in the child as the excessive use of such drugs by the parent.

Discharges,
Crichton
Royal
Institution.

The discharges are in all twenty-three, of whom twelve are males and eleven females. Of these thirteen are discharged "recovered," eight "relieved," and two "unimproved." Of the ten unrecovered eight are deemed incurable. As already stated the number discharged is much greater than usual, and especially is this the case as regards the number cured. Hereditary taint can be traced in thirteen; constitutional tendency in seven; three only are attributable to special causes. Of twelve males six were dipsomaniacal, in one of the six drinking was associated with opium eating.

Cures,
Crichton
Royal
Institution.

Of the thirteen cured six are males and seven females. Their residence in the House varied from two months to six years. One case was twenty years under treatment. Of the whole number seven were under one year's residence, most of these cases were brought under treatment at an early period.

Relieved.

Of the eight who were discharged "relieved," two were removed to other asylums, one to a private house, two were discharged on trial quite recently, and contrary to medical advice, also the remaining three, all of whom are already returned to this or other asylums.

Unimproved

The two discharged "unimproved" have been placed under the care of their relatives.

Incurable.

The eight considered incurable have all gone to or been returned to asylums, except two, who are still in the care of friends.

Deaths,
Crichton
Royal
Institution.

If the increase of discharges is satisfactory, the diminution of deaths is still more so, there being only five—three males and two females, or about half the usual number. Their ages are twenty-seven, forty-eight, fifty-two, sixty-six, and seventy-one. The oldest had been fifteen years in the House, the others for various periods under two years. The causes of death were hepatic disease, general paralysis, cerebral disease, ordinary paralysis, and tumor of the mamma three of the five dying from diseases of the nervous system. In all except one, death may be said to have been inevitable, in the sense that it was the necessary result of the condition

of the patient, or of the form of the disease under which he laboured. The exception was the case of hepatic disease. The patient was free from it when admitted, and it did not seem to have any necessary connection with the mental condition, and in this sense may be called accidental. The percentage of death on the number under treatment is only a little over three and a-half.

To improve the internal arrangements of the House, and there-^{Improve-ments.} by secure a greater amount of domestic comfort to the patients has been the special object of the present year's efforts. In papering, painting, carpeting, furnishing, and ornamentation alone, about £1000 have been expended. The amount of work done in these departments has largely exceeded that of the last three years, during which it has been in progress. It is still incomplete, but by the termination of another year we hope to have reached the point we started for, when it is trusted the House may fairly be compared with the best of its kind, and in comfort at least, if not in elegance, with even our first-class private asylums.

A large proportion of the sitting and bed rooms have been re-papered, painted, carpeted, and furnished; nearly all the balconies and galleries also have been re-painted and provided with sofas, &c. Large accessions have been made in prints, statuary, ferneries, flowers, birds, and special articles of furniture.

The first and second class patients have been provided with an ^{Table Service.} entirely new table service made for the purpose, and so constructed as to secure, independently of other arrangements, a proper temperature for the food; the usual articles are in silver, and cruet frames, &c., have been made expressly to correspond.

In addition to the bed-room furniture already supplied to the convalescent galleries, and to other suitable cases, each of the first-class bed-rooms has been furnished with a wardrobe.

The objectionable water-closets in the best bed-rooms are being ^{New Baths.} removed, and marble baths substituted for those hitherto in use.

A glass dome has been constructed over the central stair, furnishing a large amount of light which, when the stair has under-^{Light to Stair.} gone the modifications to which it is to be subjected, will, it is expected, supply sufficient to render unnecessary the use of gas during the day, and greatly add to the cheerfulness, and improve the sanitary condition of those galleries which are deficient in light and ventilation. Light has been already secured, to some extent, by the introduction of glass panels in the doors.

Considerable progress has been made in the laying out of the ^{Improve-ment in Grounds.} grounds by levelling, filling up, road making, planting, &c., but we

cannot hope to announce the completion of this work till the termination of another year. A somewhat herculean task of this description has just been commenced in the levelling of a hill for the formation of a cricket ground. Several gentlemen patients have offered their services, and the work proceeds with vigour.

Contemporaneous with our efforts to secure a greater amount of domestic comfort to the patients, have been our attempts to obtain for them a larger share of personal liberty. It has hitherto been too much the custom in asylums to treat the patients with rigid uniformity, and thus to sacrifice the liberty and comfort of the majority to the care and safety of the minority. In former times asylums were too justly designated prisons, and their inmates prisoners. While much ingenuity has been exercised, labour expended, and expense incurred in changing these prisons into abodes more suitable for the character and condition of their occupants, it is questionable whether the same attention has been given to the treatment of the prisoners. Much confessedly has been done, but it is more than doubtful whether the stringent discipline of the prison does not yet exist to a larger extent than is necessary or desirable. When it is remembered how very recently we were horrified with the details of prison life, with what vigour the system was defended, with what tenacity adhered to, and with what difficulty it was at last got rid of, the question just asked is doubtless a pertinent one, for, unquestionably, the same tendency to perpetuity of system exists in both classes of establishments, and if there be any difference, it is rather against than in favour of asylums.

The great barrier to architectural reform and change has been the tendency to perpetuate uniformity of structure in the vague belief that, because patients suffered from the same malady, they must be in the same condition and require the same structural arrangements. The same vague belief led to uniformity of treatment, and now tends to its perpetuity.

The old asylum may be designated a large, complicated, and expensive building, provided for the treatment of patients, for not more than a third of whom are its special provisions necessary. Precisely the same may be said of the rigid and uniform system of rules usually adopted in their treatment.

Such a change, however, is not only beset with difficulties and attended with risks, but exacts an increased amount of toil, attention, and vigilance. Difficulties arise on the part of those to whom greater liberties are granted, from their liability to abuse them—on the part of those to whom they are refused, from envy and dis-

satisfaction—difficulties too arise on the part of attendants from their want of discrimination, and consequent tendency to mis-apply new rules, as well as from their dislike to increased demands upon their vigilance and attention.

In conformity with this spirit of change, relaxation in the rigidity of rules and uniformity of treatment has been gradually introduced during the last few years, and is still progressing; honour and trust are in many cases substituted for keys and attendants; self-confidence, self-dependence, and self-control are thus exercised, encouraged, and strengthened.

The rules restricting the use of articles of furniture and dress are much modified, greater liberty is allowed in the use of rooms, and freer mutual intercourse is permitted. Special privileges are granted to the convalescent galleries, as well as to a number of individual patients. Several have the range of the grounds without attendants, and a few are allowed to visit friends in town, without supervision; in fishing and other parties, and frequently in pic-nics, the patients have their attendants dispensed with, being accompanied only by the officers in the capacity of companions. As illustrative of what may be done in judiciously chosen cases, with perfect safety, we may refer to our tourists' party for the last two years, where the patients have been accompanied by one of the officers whose only authority is that of friendship; also to the case of a lady who paid a visit of three weeks to her friends, and came back to the House unattended, a distance of one hundred and fifty miles; also to that of a gentleman who visited his friends in Edinburgh, did business there, and returned to the Institution without any supervision whatever.

In the way of amusements we have little to record that is new ^{Amuse-ments.} or important. They are amongst the most ordinary occurrences of our every day life, and do not attract notice except when special efforts are made. We are ever ready to suggest, or adopt whatever may be suggested by others, if it can in any way further our object.

Our Christmas festivity was as usual successful. It consisted of ^{Christmas Festivities.} a concert, a play, and a ball. These were parts of one unique whole, were all engaged in successively on the same evening, were all got up by our own amateurs, and so, consequently, taxed to the utmost their powers of production; but they were found equal to the occasion, as proved by their entire success.

Our lectures, readings, plays, concerts, and assemblies continued ^{Lectures, &c}

during the winter as on former occasions. In summer our daily *ordinary*, and our weekly *special* pic-nics, our weekly rural dances and musical promenades, &c., were as popular as in former years.

Out-door
Games.

Our out-door games—cricket, bowls, foot-ball, &c., have lost nothing of their zest.

Horticultu-
ral Society's
Show.

The Horticultural Society's Show, which took place in the grounds this season, added variety to our objects of interest. A large number of patients from both Houses visited the exhibition, with which they were much pleased. We, on our part, contributed to the Society's advantage by providing the music, which was furnished by our own Band, whose efficiency was duly appreciated.

Localities
Visited.

The usual objects or localities of interest visited by our pic-nic parties are the Castles of Amisfield, Carlaverock, Comlongan, Drumlanrig, Lochmaben, and Torthorwald. Lincluden and Sweetheart Abbeys. Lochrutton, Loch Kindar, Loch Lotus, and Lochend. Routan Bridge, Drumclyer, Whitehill, Auldgirth Bridge, and Friars' Carse. In addition to these places parties have visited Whitehill Colvend, and "Piper's Cove," Dundrennan Abbey, Crichup Linn, Leadhills, and Wanlockhead Mines, Kenmure Castle, the hills of Criffel, Queensberry, &c. There have been, besides, numerous botanical, geological, and fishing parties.

Museums
Visited.

We have also visited the interesting museums of Mr Gibson at Duncow, Dr Grierson at Thornhill, and the beautiful and valuable mineralogical collection of Mr Dudgeon at Cargen. We beg to tender our thanks to the gentlemen named, and others, for their kind consideration, and, in many instances, liberal hospitalities. Our thanks are also due to many private friends, for very pleasant dinner, tea, and evening parties. Unimportant as these matters may appear, they largely add to the happiness of the patients, and constitute no small addition to their curative treatment.

Tourists'
Party.

Our summer trip was undertaken with its usual exhilarating anticipations, and terminated with its former gratifying results.

Four gentlemen participated in its pleasures. The scene was the Cumberland Lakes. The weather was all that could be wished, and a week was spent pleasantly and usefully.

Gardening.

Gardening occupies the attention of a few. A party of gentlemen devoted their time to trenching during the summer.

Printing.

Printing has been added to the list of our useful occupations. An attendant who has taught himself the art in the House superintends daily a small class of busy amateurs. Two gentlemen are

already able to print their own productions, and two others are actively aiding in the management of the "New Moon."

Our instrumental band has rendered us important aid during the season, and deserves commendation for the high efficiency it has attained in a short period, for its steady pursuit of the object sought in its establishment, and the readiness with which it complies with the demands made upon it. Instrumental Band

Our sacred music, choral, and glee classes are also sources of healthful and pleasurable occupation and relaxation to the patients, apart from the very efficient concerts, which are the fruits of these labours. Music Classes

Our other classes in music, drawing, German, French, &c., have been equally patronized, and successful as usual. Education

Our sea-side and country visitors were this year more numerous than on any former occasion, and enjoyed their holidays for a longer period. Two separate establishments were secured for them; one at the sea-side, the other more inland, and selected especially for its fishing facilities, to afford sport for a few of the followers of Isaac Walton, an additional inducement being the possession of a boat, placed at their disposal by a gentleman to whom the patients are much indebted. Fifteen were privileged with this change of residence for periods varying from a week to three months, and all more or less enjoyed and were benefitted by it. Sea-side Visitors

But for the difficulty attending the selecting and obtaining of suitable localities for this purpose, and the necessarily increased expenditure in consequence, the privilege might be extended to a much greater number. Want of Summer Accommodation

In spring a locality was visited in the hope that it might prove suitable on which to build a permanent summer residence—a most desirable object. It had many advantages, the principal disadvantage being that it was literally inaccessible, while, from the nature of the ground, access to it could only be obtained by a very considerable outlay. Until such a building as this is secured, the Establishment must be considered as wanting in one of its most essential requirements. New Summer Residence

The changes in our Staff this year have happily been few. In spring, Mr Henderson, the steward, who had zealously and faithfully served the House for eleven years, resigned his appointment. He was succeeded by Mr Sothcott, whose integrity, earnestness, and other good qualities are strongly guaranteed, and whose efficiency in the management of his department increases as his knowledge of its duties extends. Changes in Staff

Death of
Secretary

It is our sad and painful duty to record another change, in the death of one who, in all justice, may be called one of the pillars of the Institution. Since the opening of the Establishment Mr Adamson has occupied the position of its Treasurer, Secretary, and accredited Adviser. He was a man remarkable for shrewdness, integrity, and independence, qualities which, united to thorough business habits, general intelligence, and large experience, rendered him invaluable to the House. The writer placed in him the most entire confidence, and in all his difficulties and trials never sought his counsel in vain. He feels that he has lost not only a confidential adviser but a personal friend. His place is now occupied by his son, who, as joint Secretary and Treasurer for some years, has acquired a thorough knowledge of the business of the House, and has thereby qualified himself for discharging the duties of so important a position.

Review

In reviewing the history of the past year we find not a little to depress and dishearten, yet there is more to gratify and encourage. There are hopes deferred, plans defeated, progress retarded, yet much has been done, and much that is essential and important, as bearing more especially and directly upon the domestic comfort of the patients. Various steps in advance have been taken, which will lead to still further improvement. There have been no epidemics, the amount of sickness has been small, deaths have been few, accidents trifling, calamities none.

For securing these results we are much indebted to Directors, Officers, and Attendants, to all of whom we owe, and readily give, our hearty thanks.

In our official Staff, in both Establishments, we place entire confidence, a statement which we never expressed on any former occasion with so much cordiality, satisfaction, and thankfulness, and at the same time so unexceptionally.

Staff

The aid and sympathy extended to myself, the readiness and self-sacrifice with which services have been performed, the strong attachment to the Institution, and hearty interest in its affairs manifested by all, while they have proved their suitability for their respective offices, have materially contributed to the harmony and efficiency of the Establishment, and have strengthened the hands and encouraged the heart of one whose labours, anxieties, and responsibilities would have been too burdensome without such aid. Thanks to them—thanks especially to the Giver of all Good.

JAMES GILCHRIST, M.D.

CRICHTON ROYAL INSTITUTION,
11th November, 1861.

TABLES.

For "C. R. IN." read Crichton Royal Institution. For "S. C. A." read Southern Counties' Asylum.

ADMISSION OF PATIENTS BETWEEN 11TH NOVEMBER, 1860,
AND 11TH NOVEMBER, 1861.

	C. R. IN.			S. C. A.						Total	Whole Total.
	Private.			Private.			Pauper.				
	M	F	T	M	F	T	M	F	T		
<i>I. Sex of Patients Admitted,</i>											
	19	8	27	8	9	17	32	31	63	80	107
<i>II. Age of those Admitted.</i>											
Between 10 and 20,		1	1	1		1	1	3	4	5	6
... 20 and 30,	7		7	5	3	8	9	7	16	24	31
... 30 and 40,	5	3	8	1	1	2	4	3	7	9	17
... 40 and 50,	4		4		3	3	9	10	19	22	26
... 50 and 60,	3	4	7				5	1	6	6	13
... 60 and 70,				1	2	3	3	6	9	12	12
... 70 and 80,							1		1	1	1
... 80 and 90,								1	1	1	1
Ages Unknown,											
Total,	19	8	27	8	9	17	32	31	63	80	107
<i>III. Class of those Admitted.</i>											
Private,	19	8	27	8	9	17				17	44
Pauper,							32	31	63	63	63
Total,	19	8	27	8	9	17	32	31	63	80	107
<i>IV. Social Condition of those Admitted.</i>											
Married,	9	3	12	1	3	4	15	5	20	24	36
Single,	10	3	13	7	6	13	15	20	35	48	61
Widowed,		2	2				2	6	8	8	10
Unknown,											
Total,	19	8	27	8	9	17	32	31	63	80	107
<i>V. Mental Disease of those Admitted.</i>											
Acute Mania,	1	3	4		3	3	5	6	11	14	18
Acute, Mania, (Dipsomaniacal), ...	5		5				2	1	3	3	8
Acute, Mania, (Kleptomaniacal), ...							1	1	1	1	1
Acute, Mania, (Impulsive),				1		1	1	1	2	3	3
Acute, Mania, (Suicidal),				1	1	2	1	1	2	4	4
Acute, Mania, (Epileptic),							1		1	1	1
Chronic, Mania,		2	2		1	1	2	4	6	7	9
Chronic, Mania, (Periodic),	1		1				2	4	6	6	7
Chronic, Mania, (Suicidal),								1	1	1	1
Delirium of Inanition,							2		2	2	2
Dementia, (Acute),						2	2			2	2
Dementia, (Chronic),	4	1	5	1	2	3				3	8
Fatuity,				1		1				1	1
General Paralysis,	3		3				2		2	2	5
Imbecility,				1		1	2	1	3	4	4
Melancholia, (Acute),	3	1	4				5	1	6	6	10
Melancholia, (Suicidal),				1		1	6	7	13	14	14
Monomania of Ambition,				2		2			1	1	3
Monomania of Pride,	2	1	3						2	2	5
Presenting no trace of Insanity, ...									1	1	1
Total,	19	8	27	8	9	17	32	31	63	80	107

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ADMISSIONS—Continued.

	C. R. IN.			S. C. A.						Total	Whole Total.	
	Private.			Private.			Pauper.					
	M	F	T	M	F	T	M	F	T			
<i>VI. Occupation of those Admitted.</i>												
Basketmaker,							1		1	1	1	1
Blacksmith,				2		2	1		1	3	3	3
Coachbuilder,				1		1				1	1	1
Coachman,							1		1	1	1	1
Domestic Servant,							3	3	14	14	17	17
Farmer,	2		2	2		2					2	4
Farmer, Sister of,						1	1				1	1
Farmer, Wife of,						1	1				1	1
Farm Servant,								6	6	6	6	6
Gardener,							1		1	1	1	1
Housekeeper,								2	2	2	2	2
Labourer,				1		1	1		1	1	1	1
Labourer, Wife of,									1	1	1	1
Mason,							1		1	1	1	1
Nailmaker, lately Hawker,							1		1	1	1	1
No Occupation,	1	1	2		1	1				1	3	3
Outworker,									5	5	5	5
Pauper,									1	1	1	1
Pensioner, Wife of,					1	1				1	1	1
Ragpicker in a Store,									1	1	1	1
Railway Labourer,							1		1	1	1	1
Sailor, (Marine),							1		1	1	1	1
Sawyer, Wife of,					1	1				1	1	1
Sempstress,					1	1			5	5	6	6
Sergeant Major in Militia,							1		1	1	1	1
Soldier,							1		1	1	1	1
Shoemaker,							1		1	1	1	1
Shepherd,							1		1	1	1	1
Student,				1		1				1	1	1
Surgeon,	1		1				1		1	1	2	2
Tailor, Wife of,									1	1	1	1
Teacher,				1		1	1		1	2	2	2
Vagrant,									1	1	1	1
Watchmaker,							1		1	1	1	1
Gentlewomen,		4	4								4	4
Clergyman,	1		1								1	1
Manufacturer,	1		1								1	1
Milliner,		2	2								2	2
Chemist,	2		2								2	2
Taxman,	1		1								1	1
Draper,	1		1								1	1
Retired Merchant,	1		1								1	1
Clerk,	3		3								3	3
Proprietors,	2		2								2	2
Merchant,	1		1								1	1
Bookseller,	1		1								1	1
Adventurer,	1		1								1	1
Merchant's Wife,		1	1								1	1
Total,	19	8	27	8	9	17	32	31	63	80	107	107

ADMISSIONS—Continued.

	C. E. IN.			S. C. A.						Total Whole Total.
	Private.			Private.			Pauper.			
	M	F	T	M	F	T	M	F	T	
<i>VII. Causes of Diseases.</i>										
Abrupt intelligence of Mother's Death,							1	1	1	1
Amenorrhœa,							2	2	2	2
Anxiety for the future,						1	1	1	1	1
Attempted Seduction,						1	1	1	1	1
Congenital,			1	1			1	1	2	2
Concern for the Pope,							1	1	1	1
Concern about the Soul's well-being,							1	1	1	1
Coup de Soleil and Intemperance, ...							1	1	1	1
Intemperance,	10	10				4	1	5	5	15
Dyspepsia,						2	2	2	2	2
Epilepsy,						1	1	1	1	1
Fall from a horse,						2	2	2	2	2
Fright,							1	1	1	1
Gastric Fever,							1	1	1	1
Illness,				1	1				1	1
Injury,				1	1	1	1	2	2	2
Jealousy,						1	1	2	2	2
Law Plea,							1	1	1	1
Loss of Wife,						1	1	1	1	1
Malingering,							1	1	1	1
Masturbation,	2	2	1	1	1	1	1	2	4	4
Overwork,						1	1	1	1	1
Hereditary taint,	1	2	3							3
Quarrel with Employer,						1	1	1	1	1
Religion,						1	1	1	1	1
Religious Excitement,				1	3	1	4	5	5	5
Ditto, with Death of Relations, ...						1	1	1	1	1
Remorse,						1	1	1	1	1
Revivalism,		1	1	1	4	5	4	3	7	12
Scarlet Fever,							1	1	1	1
Senility,							1	1	1	1
Stroke on head,						1	1	1	1	1
Want,						3	3	3	3	3
Unknown,	3	1	4	5	2	7	2	11	13	20
Menorrhagia,		1	1							1
Family Misfortunes,		1	1							1
Disappointment,	1	1								1
Loss of Fortune,		1	1							1
Overstudy,	1	1								1
Mental Anxiety,	1	1								1
Sudden Death of Husband,		1	1							1
Total,	19	8	27	8	9	17	32	31	63	80
<i>VIII.—Number of Attacks.</i>										
First,	12	6	18	4	6	10	21	19	40	50
Second,	3	2	5	3	1	4	10	5	15	19
Third,	3	3	1	2	3			1	1	4
Fourth,								1	1	1
Frequent,	1	1						5	5	5
Not known,						1		1	1	1
Total,	19	8	27	8	9	17	32	31	63	80

ADMISSIONS—Continued.

	C. R. IN.			S. C. A.						Total	Whole Total.	
	Private.			Private.			Pauper.					
	M	F	T	M	F	T	M	F	T			
<i>IX. Age when first Attacked.</i>												
Between 10 and 20,	3	1	4	1			1	1	3	4	5	9
... 20 and 30,	6	1	7	5	3	8	8	8	8	16	24	31
... 30 and 40,	6	5	11	1	1	2	6	2	8	10	20	21
... 40 and 50,	2		2		3	3	9	8	17	20	22	22
... 50 and 60,	2	1	3				3	3	6	6	9	9
... 60 and 70,				1		1	4	6	10	11	11	11
... 70 and 80,					2	2	1		1	3	3	3
... 80 and 90,								1	1	1	1	1
At Birth (Idiots),												
Unknown,												
Total,	19	8	27	8	9	17	32	31	63	80	107	
<i>X. Duration of present Attack.</i>												
Under 1 Month,	3	2	5			3	3	12	14	26	29	34
More than 1 Month and less than 3,				2	3	5	5	6	11	16	16	16
... 3 Months	2		2	2	1	3	3	1	4	7	9	9
... 6 Months	1	1	2		1	1	3	1	4	5	6	6
... 9 Months	1	1	2		1	1	2	2	4	5	7	7
... 1 Year	4	1	5	2		2	3	1	4	6	11	11
... 3 Years	5	1	6	1		1		2	2	3	9	9
... 5 Years	2	1	3	1		1	2		2	3	6	6
... 10 Years		1	1								1	1
... 20 Years	1	1	2								2	2
... 40 Years												
... 50 Years,								2	4	6	6	6
Unknown,												
Total,	19	8	27	8	9	17	32	31	63	80	107	
<i>XI. Bodily Condition of those Admitted.</i>												
Ancemic,	4		4		1	1	1	4	5	6	10	10
Completely exhausted, with the shoulders and feet in a state of slough from Frost-bite,							2		2	2	2	2
Emaciated,	1	1	2	1		1	2	4	6	7	9	9
Exhausted,	2	2	4	1	2	3	5	6	11	14	18	18
Exhausted, with Cuts on the Throat and Arms,							1		1	1	1	1
Exhausted, with Broken Ribs,					1	1				1	1	1
Good,	3	3	3	2	5	9	6	15	20	23	23	23
Good, hand nearly severed from body,				1		1			1	1	1	1
Good, covered with bruises,				1		1	1	1	2	3	3	3
Healthy,	8	3	11		2	2	4	3	7	9	20	20
Healthy, but malformed,				1		1				1	1	1
Paralytic,												
Robust,							1	4	5	5	5	5
Weak, bruised and cut about head and face,							1		1	1	1	1
Weak,	1	2	3		1	1	5	3	8	9	12	12
Total,	19	8	27	8	9	17	32	31	63	80	107	

DISCHARGES BETWEEN 11TH NOVEMBER, 1860, AND 11TH NOVEMBER, 1861.

	C. R. IN.			S. C. A.						Total	Whole Total.
	Private.			Private.			Pauper.				
	M	F	T	M	F	T	M	F	T		
<i>I. Sex of Patients Discharged,</i>	12	11	23	4	6	10	20	26	46	56	79
<i>II. Age of those Discharged.</i>											
Between 10 and 20, ...		1	1	1		1	1	2	3	4	5
... 20 and 30, ...	3	1	4	1	1	2	3	3	6	8	12
... 30 and 40, ...	4	2	6	2	2	4	1	6	7	11	17
... 40 and 50, ...	1	3	4		3	3	10	9	19	22	26
... 50 and 60, ...	2	3	5				3	3	6	6	11
... 60 and 70, ...	2	1	3				2	3	5	5	8
... 70 and 80, ...											
Unknown, ...											
Total,	12	11	23	4	6	10	20	26	46	56	79
<i>III. Class of those Discharged.</i>											
Private, ...	12	11	23	4	6	10				10	33
Pauper, ...							20	26	46	46	46
Total,	12	11	23	4	6	10	20	26	46	56	79
<i>IV. Mental Diseases of those Discharged.</i>											
Dementia, ...	2		2		1	1				1	3
Imbecility, ...				1	1	2	1	1	2	4	4
Mania, (Acute), ...	3	6	9	2	2	4	4	9	13	17	26
Mania, (Dipsomaniacal), ...	3		3	1		1	3	2	5	6	9
Mania, (Epileptic), ...							2	2	2	2	2
Mania, (Periodic), ...								2	2	2	2
Mania, (Suicidal), ...								1	1	1	1
Mania, (Chronic), ...	2	3	5				4	3	7	7	12
Melancholia, ...				2	2	4	6	10	12	12	12
Melancholia, (Acute), ...	1	2	3				1	1	1	1	4
Melancholia, (Suicidal), ...							1	2	3	3	3
Monomania, ...											
Monomania of Pride, ...	1		1								1
Total,	12	11	23	4	6	10	20	26	46	56	79
<i>V. Duration of Disease.</i>											
Under 1 Month, ...					1	1				1	1
... 2 Months, ...					1	1		1	1	2	2
... 3 ...			1	1			4	4	4	4	5
... 6 ...	1		1		2	2	4	5	9	11	12
... 9 ...	1		1	1	1	2	2	8	10	12	13
... 1 Year, ...	2	2	4				1	3	4	4	8
... 2 Years, ...	4	2	6	2		2	3	3	6	8	14
... 6 ...	2	3	5	1	1	2	4	6	10	12	17
... 8 ...	1	1	2				1	1	1	1	3
... 10 ...							1	1	1	1	1
... 20 ...	1	2	3								3
Unknown, ...											
Total,	12	11	23	4	6	10	20	26	46	56	79
<i>VI. Condition when Discharged.</i>											
Recovered, ...	6	7	13	2	2	4	14	20	34	38	51
Relieved, ...	5	3	8	1	2	3	4	4	8	11	19
Not Improved, ...	1	1	2	1	2	3	2	2	4	7	9
Total,	12	11	23	4	6	10	20	26	46	56	79

CURES BETWEEN 11TH NOVEMBER 1860, AND 11TH
NOVEMBER, 1861.

	C. R. IN.			S. C. A.						Total	Whole Total.
	Private.			Private.			Pauper.				
	M	F	T	M	F	T	M	F	T		
<i>I. Sex of those Cured,</i>	6	7	13	2	2	4	14	20	34	38	51
<i>II. Ages of Patients Cured.</i>											
Between 10 and 20, ...				1			1	1	2	3	3
Between 20 and 30, ...	1	1	2		1	1	2	2	4	5	7
Between 30 and 40, ...	3	1	4	1		1	1	5	6	7	11
Between 40 and 50, ...		3	3		1	1	8	8	16	17	20
Between 50 and 60, ...		2	2				2	1	3	3	5
Between 60 and 70, ...	2		2					3	3	3	5
Between 70 and 80, ...											
Total,	6	7	13	2	2	4	14	20	34	38	51
<i>III. Class of Patients Cured.</i>											
Private, ...	6	7	13	2	2	4				4	17
Pauper, ...							14	20	34	34	34
Total,	6	7	13	2	2	4	14	20	34	38	51
<i>IV. Mental Disease of Cured.</i>											
Mania, (Acute), ...	4	6	10		2	2	4	7	11	13	23
Mania, (Chronic), ...				1		1	3	7	7	8	8
Mania, (Dipsomaniacal), ...	2		2	1		1	3	1	4	5	7
Mania, (Periodic), ...							1	2	3	3	3
Mania, (Suicidal), ...								1	1	1	1
Melancholia, ...							3	4	7	7	7
Melancholia, (Acute), ...		1	1					1	1	1	2
Total,	6	7	13	2	2	4	14	20	34	38	51
<i>V. Duration of Mental Diseases of Cured.</i>											
Under 1 Month, ...											
Under 3 Months, ...		1	1		1	1	3	1	4	5	6
Under 6 Months, ...	1		1		1	1	3	4	7	8	9
Under 9 Months, ...	1		1				3	6	9	9	10
Under 1 Year, ...		2	2			1	1	2	3	4	6
Under 2 Years, ...	2	2	4				1	3	4	4	8
Under 3 Years, ...						1	3	2	5	6	6
Under 5 Years, ...		1	1	1				2	2	2	3
Under 8 Years, ...	1	1	2								2
Under 20 Years, ...	1		1								1
Total,	6	7	13	2	2	4	14	20	34	38	51

DEATHS BETWEEN 11TH NOVEMBER, 1860, AND 11TH
NOVEMBER, 1861.

	C. R. IN.			S. C. A.						Total	Whole Total.
	Private.			Private.			Pauper.				
	M	F	F	M	F	T	M	F	F		
<i>I. Sex of those who Died,</i>											
	3	2	5	1	1	9	4	13	14	19	
<i>II. Age of those who Died.</i>											
Between 20 and 30, ...	1		1					1	1	1	2
Between 30 and 40, ...							4	1	5	5	5
Between 40 and 50, ...	1		1				1	1	2	2	3
Between 50 and 60, ...	1		1				3		3	3	4
Between 60 and 70, ...			1	1	1			1	1	2	3
Between 70 and 80, ...			1	1							1
Between 80 and 90, ...							1	1	1	1	1
Total,	3	2	5	1	1	9	4	13	14	19	
<i>III. Class of those who Died.</i>											
Private, ...	3	2	5	1	1					1	6
Pauper, ...							9	4	13	13	13
Total,	3	2	5	1	1	9	4	13	14	19	
<i>IV. Mental Disease of those who Died.</i>											
Dementia, ...	1		1					1	1	1	2
General Paralysis, ...	1		1				2		2	2	3
Imbecility, ...							1		1	1	1
Mania, (Acute), ...							1		1	1	1
Mania, (Chronic), ...			1	1			1	2	3	3	4
Mania, (Epileptic), ...							3		3	3	3
Mania, (Puerperal), ...								1	1	1	1
Melancholia, ...	1		1	1	1			1	1	2	3
Monomania of Pride, ...			1	1							1
Total,	3	2	5	1	1	9	4	13	14	19	
<i>V. Duration of Mental Disease.</i>											
Under 1 Month, ...							1		1	1	1
Under 3 Months, ...								1	1	1	3
Under 6 Months, ...	2		2								
Under 9 Months, ...											
Under 1 Year, ...											
Under 2 Years, ...							3	1	4	4	4
Under 3 Years, ...	1		1	1	1		1	1	2	3	4
Under 4 Years, ...							1	1	2	2	2
Under 6 Years, ...							1		1	1	1
Under 8 Years, ...											
Under 20 Years, or upwards, ...			2	2			2		2	2	4
Total,	3	2	5	1	1	9	4	13	14	19	

DEATHS—Continued.

	C. R. IN.			S. C. A.						Total	Whole Total.
	Private.			Private.			Pauper.				
	M	F	T	M	F	T	M	F	T		
<i>VI. Bodily Disease of which Patients Died.</i>											
Apoplexy,								1	1	1	1
Epileptic Exhaustion,							3		3	3	3
Gelatio,							1		1	1	1
General Paralysis,	1		1				2		2	2	3
Marasmus,				1	1		1		1	2	2
Phthisis Pulmonalis,							2	3	5	5	5
Paralysis,		1	1								1
Tumour of Breast,		1	1								1
Disease of Brain,	1		1								1
Disease of Liver,	1		1								1
Total,	3	2	5	1	1	9	4	13	14	14	19
<i>VII. Duration of Bodily Disease.</i>											
Under 1 Month,	1		1				2	1	3	3	4
Under 2 Months,											
Under 3 Months,							1	1	1	1	1
Under 6 Months,							2	1	3	3	3
Under 9 Months,							1	1	1	1	1
Under 1 Year,	1		1								1
Under 2 Years,		2	2				3		3	3	5
Under 3 Years,	1		1								1
Under 4 Years,				1	1	1		1	2	2	2
Under 20 Years,						1		1	1	1	1
Total,	3	2	5	1	1	9	4	13	14	14	19

GENERAL TABLE.

	C. R. IN.			S. C. A.						Total	Whole Total.
	Private.			Private.			Pauper.				
	M	F	T	M	F	T	M	F	T		
In the Institution 11th Nov., 1860,	62	48	110	19	14	33	117	75	192	225	335
Admitted during the year, -	19	8	27	8	9	17	32	31	63	80	107
Under Treatment, - - -	81	56	137	27	23	50	149	106	255	305	442
Discharged, - - - - -	12	11	23	4	6	10	20	26	46	56	79
Died, - - - - -	3	2	5		1	1	9	4	13	14	19
Left, 11th November, 1861, -	66	43	109	23	16	39	129	76	196	235	344

TWENTY-THIRD ANNUAL REPORT

OF THE

ORIOLETON ROYAL INSTITUTION

FOR

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TWENTY-THIRD ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION FOR LUNATICS.

DURING the year commencing 11th November 1861 and terminating 11th November 1862, there have been one hundred and fifty-nine applications for admission, ninety-nine admissions, four hundred and forty-three under treatment, sixty-five discharged, and thirty have died, leaving, as residents, at the termination of the year, three hundred and forty-eight.

The discharges (sixty-five) have been forty-four "recovered," seventeen "relieved," and four "unimproved." Of the twenty-one discharged unrecovered, fourteen are deemed incurable.

On comparing the statistics of the present year with those of the four preceding, we find that the applications are higher than for the last three years, but considerably below 1858. This peculiarity has been already accounted for by the increased demand for asylum accommodation which occurred during that year and the circumstance that the Southern Counties' Asylum since that period has limited its admissions, with a few exceptions, to patients from the three Southern Counties.

The admissions during the period spoken of have varied from eighty-eight to one hundred and eleven. This year they are ninety-nine. The discharges (sixty-five) lie between the extremes of the years compared, which are fifty-four and seventy-nine.

The deaths (thirty) occupy the same position between the extremes nineteen and thirty-four. The numbers under treatment are only one in excess of last year, but considerably above those of the three preceding.

The numbers left at the termination of this year are larger by a few than for the four former years.

During this period there has been a gradual increase in the number of permanent residents from three hundred and twenty-eight in 1858 to three hundred and forty-eight in 1862. It has to be observed, however, that this increase affects only the Southern Counties' Asylum, the Crichton Royal Institution having reached the limits of its accommodation years ago.

The numbers cured are forty-four, and largely in excess of former years, the last excepted.

Those unimproved, and believed incurable are much in the same proportion as last year, but considerably under those of the former years.

When, however, we analyze the statistics of the two departments separately, we find not only marked differences, but, in some respects, contrasts.

We may state generally that the demands on the Southern Counties' Asylum, as shewn by the statistics of the last five years, exhibit a gradually decreasing tendency to increase, while in the Crichton Royal Institution the tendency is the reverse. The difference is more marked this year than on any of the four preceding.

The applications to the Southern Counties' Asylum this year are seventy-nine to eighty-three last. In the Crichton Royal Institution, eighty to sixty-eight.

The admissions to the Southern Counties' Asylum are sixty-three to eighty, the former number being the smallest for the five years. Correspondingly in the Crichton Royal Institution they are thirty-six to twenty-seven, being the largest number for five years.

The same difference is observable in the numbers under treatment, and discharged during the year, and those left residents at its termination.

This relaxation of the demand on the Southern Counties' Asylum is probably in some measure due to the anticipated, now confirmed, powers to be conferred on the Commissioners in Lunacy by the Amended Lunacy Act, in virtue of which they are enabled to license private houses for the reception of patients, as well as wards in poor-houses.

This supposition seems proved by the fact that while during the first three-fourths of the year the admissions monthly have varied from four to nine, in September there was only one admitted, and in October none, a most unusual circumstance.

SOUTHERN COUNTIES' ASYLUM.

Applications.—The applications (seventy-nine) and the admissions (sixty-three) shew that there have been sixteen non-admissions. Some of these were patients from other districts and refused, some were re-arranged for and admitted to the Crichton Royal Institution or elsewhere; others were not again heard of. In no case was a patient from the three Southern Counties refused admission.

Admissions.—Of the admissions (sixty-three), thirty-two are males, of whom eight are private, the remainder pauper; thirty-one females, of whom six are private, the rest pauper. Twelve of the number are re-admissions, three are transferences from the Crichton Royal Institution, and three are externes. One of the latter was admitted on the ground of previous residence, another from having been a considerable time under treatment in the Crichton Royal Institution, and a third from the circumstance of being located just beyond the bounds of the county and far removed from accommodation elsewhere.

There were single, twenty-nine; married, twenty-one; and widowed, thirteen.

The ages vary from fifteen to eighty-three. There are five under twenty: namely, one at fifteen, two at sixteen, and two at eighteen. There are thirty-eight from twenty to fifty; and from fifty upwards, twenty—of whom one is seventy-two, two are seventy-four, one is eighty-one, and one is eighty-three. Thus shewing that nearly a third of the cases are beyond middle life, a considerable proportion of whom have reached old age.

The health of eleven was good, of sixteen indifferent, seventeen were diseased, and five were dying. During the year sixteen of the number have been discharged, ten have died, and thirty-seven remain still under treatment.

Discharges.—From the Southern Counties' Asylum there were discharged forty-one, of whom twenty-nine were "recovered," ten "relieved," and two "unimproved." Of the two latter classes six were incurable.

The numbers cured (twenty-nine) are fewer than last year, but more than in the three former. Fourteen are males, of whom two are private and twelve pauper; fifteen are females, of whom three are private and twelve pauper.

The duration of treatment varied from two months to nine years. In all twenty-three were cured within the year, two of whom were under two months; two were under two years, and one over eight years. This case was an intensely suicidal patient—a shoemaker, and for a long period it was thought inadvisable to allow him the use of dangerous instruments. The trial, however, was at last made, and not only without untoward results, but with entire success, as it was followed by the patient's restoration to health.

Of the uncured—twelve in number—five are private, of whom three are males and two females; and seven paupers, of whom four are males and three females. Of the seven pauper cases, one was transferred to his own parish in Ireland, one as a single patient to a pri-

vate house, and three were removed as private patients, having been taken from the poor's roll by friends for the purpose. These cases are usually removed against medical advice. One wandered away from home and was found dead on the moor: the histories of the two others are not known. The remaining five private cases were mostly removed in like circumstances, excepting one transferred to the Crichton Royal Institution. One continues unimproved, one is worse, one has regained health, one has returned to the house, one is only lately discharged, and one is not known.

Deaths.—The deaths this year are considerably in excess of the past, although not so high as in the year 1860.

The number, twenty-five, in the Southern Counties' Asylum, out of a population of two hundred and ninety-eight, is in contrast with five in the Crichton Royal Institution from a population of one hundred and forty-five, the percentage in the former case on the number under treatment being $8\frac{1}{2}$ nearly, in the latter $3\frac{1}{2}$ nearly. While $8\frac{1}{2}$ may be considered higher than usual, it is not above, indeed it is considerably below, what usually occurs in many asylums. Three and a half per cent. for the Crichton Royal Institution may be considered very low indeed, especially when it is understood, as will be shewn, that in three of the five cases death was recognised as inevitable on admission. The average percentage for four years in the Southern Counties' Asylum is about $6\frac{1}{2}$; in the Crichton Royal Institution about $5\frac{1}{2}$; both of which may be considered as favourable, especially the latter.

On more narrowly examining the death list, we shall find a larger proportion than usual moribund on admission. No less than five cases died within a week, two of them within two days, all of whom were in this condition, while not a few others were labouring under disease recognised as necessarily fatal within a short period. The deaths amongst the admissions are proportionately more than double those amongst the residents. Five also died at ages above seventy. Thirteen died after a year's residence. Of the remaining twelve, one was resident eleven, one nineteen, and one twenty-four years. The last was the oldest inmate in the house, being admitted on January 28th, 1839, twenty-four years ago.

He was a healthy though not a robust man, and never complained until his death illness overtook him.

The ages at death were, from twenty to sixty, seventeen; sixty to seventy, three; one at seventy-one; one at seventy-seven; one at eighty-one; two at eighty-three.

In the death list are no private patients: seventeen are males and eight females.

Eight died of disease of the lungs, of whom five were cases of consumption; ten of nervous disease; two of apoplexy; two of epilepsy; two of paralysis; three of general paralysis; and one of maniacal exhaustion. The remaining eight succumbed—one to Bright's disease, one to erysipelas, one to general decay, one to heart disease, one to marasmus, and one to strangulated hernia. The duration of the disease varied from a day to four years, besides the case of heart disease—which was sudden in its termination, and two other cases which lasted many years.

Residents.—The condition of those left under treatment at the termination of the year may be summed up as follows. There are in all two hundred and thirty-two, of whom one hundred and thirty-seven are males and ninety-five females.

Of the whole number the health of one hundred and ten is good, of sixty-five indifferent, fifty-four are diseased, and three are dying.

Mental Condition.—As to mental condition, sixteen are idiots, thirty-four imbeciles, sixty demented, forty-six melancholics, thirty-seven maniacs, fourteen monomaniacs, ten dipsomaniacs, three suffer from general paralysis, and thirteen from epilepsy.

General Condition.—As to general condition, one hundred and two are employed industriously, seventy-four are under superintendence in airing court, eighty-one in grounds, three are on parole in the grounds, fourteen are confined to the House by medical order, and five to bed from disease or debility.

Other conditions will be seen on referring to the General Table.

CRICHTON ROYAL INSTITUTION.

Applications.—The applications to the Crichton Royal Institution (eighty) are in excess of the three preceding years. There being thirty-six admissions, leaves forty-four non-admissions.

Non-Admissions.—The failure of these to take advantage of or obtain the accommodation required is due to many causes, some of which at least have no connection with the House. Doubtless one of the causes so connected is the fact that patients are not admitted, except on special grounds, at rates of board between £24 and £50. This is due to the want of accommodation.

Admissions.—The admissions, thirty-six in number, are in excess of

the preceding four years,—in one case more than double the number. Twenty-one are males and fifteen females.

Nine are married ; twenty-four single ; and three widowed.

Their ages vary from seventeen to ninety. Three are under twenty, two at seventeen, and one at nineteen ; one at seventy ; one at ninety ; and thirty-one from twenty to sixty.

On admission six laboured under dementia ; eleven melancholia ; seven mania ; four monomania ; six dipsomania ; one general paralysis ; and one moral insanity.

Health.—Health was apparently unimpaired in thirteen ; impaired in twenty-one ; two were diseased, of whom one was fatally so. Of the whole number there were discharged during the year eight ; one died ; and twenty-seven are still under treatment.

Discharges.—The discharges (twenty-four) are also the largest number during the five last years, and, what is still more important, the observation extends also to the cures, which are fifteen in number.

During the last two years those discharged cured have amounted to nearly half the number admitted.

Of those cured (fifteen) ten are males and five females. Four were cases of mania ; three of melancholia ; seven of dipsomania ; and one of moral insanity. All of them were under treatment less than a year, except two, one of whom was seven, the other ten years. One was re-admitted, and therefore discharged twice.

Seven were discharged “relieved” and two “unimproved.”

Of these, three were transferred to the Southern Counties' Asylum, two to other asylums, and four sent home on trial.

Of these nine cases, eight are deemed incurable.

Deaths.—The deaths are this year only five, the same number as last, in reality smaller in proportion, as there were a larger number under treatment. The comparison with the three former years is still more favourable, the numbers being proportionately eleven, eight, ten. Unfortunately this observation cannot be applied to the Southern Counties' Asylum, in which the mortality has been comparatively large, as already stated.

Four are males and one a female.

One died after six weeks' residence, at the age of sixty, of malignant disease of the stomach. The fatal nature of this case was recognised on admission.

Two died of general paralysis, both males, the one at thirty-two, and the other at fifty-six. In one the disease existed two years, in the other four. Thus out of the five deaths three were recognised as inevitable on admission.

Of the other two, one—a male—was the result of *phthisis pulmonalis*, at the age of thirty-five. This patient had been ten years in the House. The other—a female—died of pneumonia, aged fifty-seven, after a residence of eighteen years.

Residents.—The residents left under treatment at the end of the year are one hundred and sixteen—sixty-seven males and forty-nine females, a larger number than on either of the two preceding years.

With regard to bodily condition, in ninety-seven health may be said to be good, in fourteen indifferent, and five labour under disease.

With regard to mental condition, two are idiots, five are imbeciles, forty-five demented, ten melancholics, thirty maniacs, thirteen monomaniacs, eight dipsomaniacs, and three labour under general paralysis.

With regard to curability, there are curable (in the proper sense of the term) none; doubtfully curable, twenty-one; incurable, ninety-five. I may explain that with reference to the extremes—curable and incurable, there is no room for doubt; that is to say, there is no case in the House presenting those features which would enable one confidently to predict a cure within a reasonable period and of a permanent character: while as to the category of incurables, all doubt is purposely excluded.

Dividing the doubtfully-curable list into two, *a* presents us with seventeen, which are regarded as curable to this extent that they may reach that condition which will enable them to be restored to the world, and—in a proportion of the cases—to go through life happily and creditably. There will, however, in each case, be left a mental residuum—a greater or less loss of mental integrity, constituting a tendency to renewed attacks, which may or may not occur, according to the circumstances in which the patient is placed.

The division *b* consists of four, whom recent admission or other peculiarity renders doubtful; none of the cases being so hopeful, however, as to be placed upon the curative list.

Accommodation.—With regard to the accommodation at disposal, I may state that six patients have been discharged during the last two months, and that three of the six beds are already engaged. All the parlours are occupied except one, and that is engaged. Both cottages have occupants, and the four new bedrooms lately fitted up are also occupied.

General Condition.—Here may appropriately be introduced the results of a table, which now requires to be kept daily, the intention of which is to exhibit a continuous history of the condition of the patients.

In reality it shews this condition only on the last day of the year,

but, with a few explanations, may be made to give a fair epitome of their circumstances during the whole period.

Under the heading "Employed Industrially," of thirty-three, two males are stated as so occupied, but during the year there is a volunteer digging party of gentlemen of from five to ten, and on some occasions, as on the formation of a new cricket-ground, the force is much larger.

Those employed for amusement are also greatly increased on certain occasions, as in preparation for our festivities, &c.

The numbers confined to the airing courts are now reduced to a minimum, consisting of the feeble, occasionally a recent case in a state of excitement, and one or two of degraded habits, whose condition is such as to forbid their appearance on the grounds. There are only two such at present in the House, to which may be added two patients who have lost the use of their limbs.

These numbers in the grounds and beyond the walls depend upon each other, the latter simply representing those who drive out on that particular day. It is to be observed, however, that many of the gentlemen walk daily beyond the grounds, and occasionally some of the ladies, this irrespective of the daily pic-nics and frequent other walking, driving, or fishing parties during summer.

Those dining in association are stated to be ninety-six. This number exceeds the patients actually associated, as some of those occupying their own rooms prefer dining, for the sake of society, at the common gallery table. This wish, when expressed, is generally complied with, but is limited to the class immediately above the gallery patients.

The remainder of the table does not seem to require further comment.

We may complete the statistical portion of the Report by stating that of the numbers at present resident, twenty-five have been permanently absent from chapel during the year, nine voluntarily and sixteen involuntarily, that is, their mental condition necessitating their absence. Fourteen have been permanently absent from amusements, of whom five are so voluntarily and nine involuntarily. Six have been confined within the grounds, and one within the airing-court; that is, of the whole number of patients in the House only six have been precluded from walking or driving beyond the walls, and only one has been excluded from the grounds. This will shew the extent to which airing-courts are necessary. I need scarcely here explain that the first numbers include all the others—the same parties who are excluded from chapel are excluded from amusements, &c.

Improvements.—Our internal improvements may now be said to be completed, with, however, some noted exceptions. The exceptions

alluded to have been, however, discarded from consideration only to be presented at a more convenient season.

The improvements effected in the rooms and galleries of the high-class patients during the year have proved most suitable. They consist of new bath-rooms and water-closets, the removal of the water-closets from the first-class bedrooms, and the providing of sleeping-rooms for the attendants. During the preceding years these rooms were re-papered, painted, and carpeted. Some of them were supplied with new furniture, all of them with additions to what existed. These galleries are now supplied with every comfort, and approximated as much as possible to the provisions of a home. There is still room for introducing articles of taste and elegance of a better class and in greater number.

As regards the House in general, with a few exceptions (and these confined especially to the lower galleries) which will be overtaken in the spring, we are able to state justly that so far as painting, papering, carpeting, and furnishing can produce or increase domestic comfort, that comfort is now secured. We have no hesitation in adding that in this, as well as in several other respects, though not yet in all the provision made for the patients has reached the highest standard to which their board entitles, and, as regards not a few of them, has gone far beyond it.

At the opening of the establishment, and for many years after, a considerable number of the patients were admitted at boards which even then barely paid expenses, while a few have always been maintained at rates merely nominal. Many of these patients have been long periods in the House, some of them twenty years. These boards remain unaltered to the present day, while wages have risen, salaries have increased, the price of provisions has advanced, the comforts of the House have been multiplied, &c. The inevitable result is a stationary income and a necessarily ever-increasing expenditure, in consequence of which, unless prevented by some re-adjustment of the balance, the establishment must one day find itself insolvent. These observations are not made with the wish to induce a higher scale of boards, but if possible to obtain consideration for an extension of the House, and thereby secure a better arrangement of classes. As a mere act of justice to the community, the Institution ought to open its doors to every class, and at every rate of board. To enable it to do so, the rate of board for each class obviously should cover the expenditure for that class. An extended and amended classification, such as would alone enable us to secure this, is, in the present condition of the House, with its limited and contracted accommodation, impossible.

The improvements in the grounds are not yet completed. Considerable advantage has been gained by the removal of the dead wall in front of the House. It is now open to sun and air—those important agents of health, and presents a less prison-like aspect.

The projected Slaughter-House is now complete and operations have just commenced. We trust to be able next year to give as good an account of it as of the bakery. Advantage has been taken of the building of the Slaughter-House and allied offices to erect a single Cottage, and a double one is also in course of construction. It is hoped that the object in building them will be so far gained as to induce the Directors to commence a series for the use of the attendants.

Amusements.—Our Amusements, Classes, &c., have been as well attended and successful as in former years. A tabular arrangement of them is given, which will supply all the information necessary.

Two only present features of novelty and special interest—May-Day and the Horticultural Exhibition. The former was an attempt to revive the ancient festival held on the first of May, still lingering in some districts in England. What with processions and music, banners and devices, the May-pole with its gaudy trappings, the representatives of Flora, &c., with their gay dresses, it was, at least in the estimation of all who witnessed or took part in it, a great success.

The Horticultural Exhibition, which took place on the grounds on the 5th September, was intended to celebrate the Jubilee of the Dumfries and Galloway Horticultural Society, which is said to be one of the oldest in Scotland. The arrangements were made with great care and on the most extensive scale. The day was everything that could be desired, and its entire success was acknowledged by all.

It is calculated that ten thousand people entered the grounds, and five thousand visited the Museum, which was thrown open for the inspection of the public.

The Crichton Instrumental Band gave their services in the grounds, while in return all within the walls were freely admitted to the exhibition of flowers, &c.

In the Southern Counties' Asylum ninety-eight of the patients availed themselves of the privilege, and forty-eight in the Crichton Royal Institution.

In these apparent invasions on the privacy of the Asylum due consideration is given to the wishes, feelings, it may be prejudices, of patients and their friends, with reference to their association with the public on such occasions.

It would be idle to insist upon the benefits to be derived by the inmates from such arrangements.

The monthly holiday to the hard-working, ever-anxious business or

professional man is not more essentially necessary for the restoration of mental and bodily vigour than are these breaks upon the monotony of life to our inmates.

Two other festivities were recently projected, but the sudden approach of cold weather prevented their accomplishment.

One was a "Harvest Home," to be got up with the most recently approved adjuncts, intellectual, moral, physical, and artistic.

Another was to celebrate the termination of our out-door pastimes for the year, and, at the same time, to express our gratitude for the generous gift of a lady who has not unfrequently made similar demands upon our better feelings. With the money placed at our disposal we have provided four handsome Silver Medals, which are to decorate the breasts, for one year at least, of the best player in the respective Games of Croquet, Bowls, Cricket, and Football. The contest is to take place yearly between the two establishments.

An equal sum of Five Pounds has been placed at our disposal for similar purposes by another benevolent lady in the south of England, to whom we are also indebted for many favours.

We take this opportunity of thanking them, in behalf of the patients, and many others for smaller sums, donations of books to the Library, and gifts to the Museum.

Our yearly tourists' party failed this season. The International Exhibition made its demands upon us, and it was thought too distant, too expensive, and perhaps too exciting and exhausting for this purpose.

Our sea-side party has been larger than on any former occasion. It increases steadily every year. Four ladies and thirteen gentlemen participated in the soothing and invigorating influence of the sea-side breeze, the period varying from a week to five months.

In addition to these, one lady and one gentleman paid a visit to their friends, the one for a few days and the other for a few weeks.

Number of Amusements.—

1. Lectures, - - - - -	7.
2. Readings, &c., - - - - -	5.—House 3, Strangers 2.
3. Theatricals, - - - - -	7.— Do. 5, Do. 2.
4. Concerts, - - - - -	6.— Do. 5, Do. 1.
5. Balls, - - - - -	7.
6. Dancing-on-the-Green Parties, -	13.
7. S. C. Asylum Weekly Amusements,	52.
8. Soireès, Crichton House, - - -	3.
9. Amusements in Town, - - - -	29.
10. Pic-nics, - - - - -	65.
11. Do., Southern Counties' Asylum,	8.
12. Botanical Excursions, - - -	3.
13. Fishing Parties, - - - - -	10.

14. Inauguration of Crichton House Museum,	1.
15. Festivities—Christmas, St. Valentine's Day, May-Day, Hallowe'en,	- 4.
Total,	- - - 220.

Water-Colour Painting, two pupils.

Changes.—In our resident staff, no changes have occurred during the year. We cannot extend the observation beyond the walls. Dr Grieve, consulting physician to the Institution for a period of twenty years, has, in the meridian of life, fallen a prey to malignant disease. A tedious illness was borne with Christian resignation, a certain death was met with exemplary fortitude.

During the five years we have been associated with him we have ever found him prompt in attendance, ready in suggestion, gentlemanly in bearing, and ever anxious for the welfare of the patients and the best interests of the House.

We have also to record the death, at a ripe old age, of Mrs Crichton of Friars' Carse, the foundress of the Institution, which took place somewhat suddenly on the 11th October.

This lady, at her husband's decease some thirty years ago, was left in possession of a large sum directed to be applied to purposes of benevolence. Its special application to the founding of an Asylum was her own voluntary act. The benefits which the Crichton Royal Institution has bestowed upon the district in which it is situated, and upon many far beyond it, are the best proofs of the wisdom and benevolence which actuated the giver. Since its foundation she has never ceased to take the warmest personal interest in its management and success,—how warm only those can tell who have had direct intercourse with her in connection with its affairs. Her last business transaction with the Medical Superintendent, only a few weeks before her death, was a significant practical comment upon her benevolent disposition, in its relation to the House. It was to make arrangements for placing upon her pension list the name of a gentleman, who, by the pressure of disease, had been deprived of the means of maintenance, during its progress, to which he was entitled by education and position.

We are happily enabled, this year as last, to conclude our Report by gratefully recording the entire absence of accident, or indeed any untoward circumstance, beyond what might reasonably have been anticipated.

Our thanks are due to the Directors for their counsel and support, to our colleagues in office for their ready assistance, to our working staff for their faithful discharge of duty, our gratitude to God for his superintending care.

JAMES GILCHRIST, M.D.

T A B L E S.

For C. R. I. read Crichton Royal Institution.
For S. C. A. read Southern Counties' Asylum.

GENERAL TABLES.

	1858.	1859.	1860.	1861.	1862.	
<i>Crichton Institution.</i>						
Applications, ...	85	76	70	68	80	
Admissions, ...	33	25	17	27	36	
Under Treatment, ...	154	144	135	137	145	
Discharges, ...	23	18	15	23	24	
Dead, ...	11	8	10	5	5	
Left, ...	119	118	110	109	116	
Discharged,	{	Cured, ...	5	3	13	15
		Improved, ...	12	11	8	7
		Unimproved, ...	1	1	2	2
		Incurable, ...	10	10	8	8
<i>Southern Counties' Asylum.</i>						
Applications, ...	122	81	84	83	79	
Admissions, ...	78	75	71	80	63	
Under Treatment, ...	278	284	288	305	298	
Discharged, ...	51	57	39	56	41	
Dead, ...	18	11	24	14	25	
Left, ...	209	216	225	235	232	
Discharged,	{	Cured, ...	24	21	38	29
		Improved, ...	16	13	11	10
		Unimproved, ...	17	5	7	2
		Incurable, ...	25	15	10	6
<i>Both Establishments.</i>						
Applications, ...	207	157	154	151	159	
Admissions, ...	111	100	88	107	99	
Under Treatment, ...	432	428	423	442	443	
Discharged, ...	74	75	54	79	65	
Dead, ...	29	19	34	19	30	
Left, ...	328	334	335	344	348	
Discharged,	{	Cured, ...	29	24	51	44
		Improved, ...	28	24	19	17
		Unimproved, ...	18	6	9	4
		Incurable, ...	35	25	18	14

	C. R. I. PRIVATE.				S. C. A.				PAUPERS.			
	M.	F.	T.	W.T.	M.	F.	T.	W.T.	M.	F.	T.	W.T.
In the Institution 11th Nov., 1861,	66	43	109	23	16	39	120	76	196	235	344	
Admitted during the Year, - - -	21	15	36	8	6	14	24	25	49	63	99	
Under Treatment, - - - - -	87	58	145	31	22	53	144	101	245	298	443	
Discharged, - - - - -	16	8	24	5	5	10	16	15	31	41	65	
Died, - - - - -	4	1	5				17	8	25	25	30	
Leaving on 11th Nov. 1862, - -	67	49	116	26	17	43	111	78	189	232	348	

	C. R. IN.			S. C. A.						Total.	Whole Total.
	PRIVATE.			PRIVATE			PAUPER.				
	M.	F.	T.	M.	F.	T.	M.	F.	T.		
Idiots,	2	2	2	2	2	9	5	14	16	18	
Imbeciles,	4	1	5	7	2	9	13	10	23	32	
Dements,	26	19	45			5	1	36	6	51	
Melancholics,	3	7	10	6	6	12	21	13	34	46	
Maniacs,	15	15	30	9	6	15	39	37	76	91	
Monomaniacs,	7	6	13		1	1	6	7	13	14	
Ethicomaniacs,											
Dipsomaniacs,	7	1	8	1	1	2	7	1	8	10	
Optimomaniacs,	3		3		1	1	2	1	3	4	
Epileptomaniacs,				1		1	9	3	12	13	
	37	49	116	26	17	43	111	78	189	232	
Resident, 11th November, 1861,	66	43	109	23	16	39	120	76	196	235	
Applied,	47	33	80	10	9	19	34	26	60	79	
Admitted,	21	15	36	8	6	14	24	25	49	63	
Under Treatment,	87	58	145	31	22	53	144	101	245	298	
Discharged,	16	8	24	5	5	10	16	15	31	41	
Recovered,	10	5	15	2	3	5	12	12	24	29	
Relieved,	5	2	7	2	1	3	4	3	7	10	
Not Improved,	1	1	2	1	1	2				2	
Incurable,	6	2	8	2		2	3	1	4	6	
Died,	4	1	5				17	8	25	25	
Resident, 11th November, 1862,	67	49	116	26	17	43	111	78	189	232	
*Employed—Industrially,	2	31	33					62	40	102	
... For Amusement,	3	5	8						102	115	
Take Exer- cise. { Under Superintendence—In Airing Court	6		6				35	39	74	74	
... In Grounds,	31	40	71				44	37	81	81	
... Beyond Walls,	15	10	25							25	
On Parole—In Grounds,	4	1	5				3		3	8	
... Beyond Walls,	1		1							1	
Dining in Association,	56	40	96	26	17	43	111	78	189	232	
Confined to House—By Medical Order,	1	3	4				7	7	14	14	
... From Caprice,	1		1							1	
Confined to Bed —From Disease or Debility,	1	2	3				2	3	5	5	
... From Caprice,											
Special Dresses —Strait Waistcoat, Polka, &c.											
... Gloves, Muffles, Straps, &c.											
... With Special Fastenings,	1	1					2		2	3	
... With Ordinary do.,											
... Locked Boots,							1	4	5	5	
... Quilted Blankets,	5	5					9	3	12	12	
In Seclusion, —In Bed Room,											
... In Seclusion Room,											
Sleeping on Stretchers,	1	1					9	10	19	19	
Raised by Night Attendant,	4	4	8				8	4	12	12	

* This Table shows the condition of the House on the 11th November, 1862.

	C. R. I.			S. C. A.						Whole Total.	
	I. Sex of those Patients Admitted into the Asylum,			PRIVATE/PAUPERS							
	M.	F.	T.	M.	F.	F.	M.	F.	T.		
	21	15	36	8	6	14	24	25	49	63	99
<i>II. Ages of those Admitted.</i>											
Between 10 and 20, ...	1	2	3	1		1	2	2	4	5	8
... 20 and 30, ...	7	2	9	1	2	3	6	4	10	13	22
... 30 and 40, ...	5	3	8	2	1	3	4	2	6	9	17
... 40 and 50, ...	5	3	8		2	2	6	8	14	16	24
... 50 and 60, ...	1	5	6	2	1	3	5	3	8	11	17
... 60 and 70, ...	1		1					4	4	4	5
... 70 and 80, ...				2		2		1	1	3	3
... 80 and 90, ...							1	1	2	2	3
Age unknown, ...											
	21	15	36	8	6	14	24	25	49	63	99
<i>III. Class of those Admitted.</i>											
Private, ...	21	15	36	8	6	14				14	50
Paupers, ...							24	25	49	49	49
	21	15	36	8	6	14	24	25	49	63	99
<i>IV. Social Condition of those Admitted.</i>											
Married, ...	5	4	9	1	1	2	10	9	19	21	30
Single, ...	14	10	24	4	3	7	11	11	22	29	53
Widowed, ...	2	1	3	3	2	5	3	5	8	13	16
Unknown, ...											
	21	15	36	8	6	14	24	25	49	63	99
<i>V. Mental Diseases of those Admitted.</i>											
Delirium of Inanition, ...							2	1	3	3	3
Dementia, Acute and Senile, ...	1	1	2		1	1	2	1	3	4	6
Dipsomania, ...	5	1	6								6
Fatuity, ...	1		1								1
General Paralysis, ...	1		1				3	1	4	4	5
Idiocy, ...								1	1	1	1
Imbecility, ...	1		1	2		2	1		1	3	4
Mania, Acute, ...	3	3	6				2	7	9	9	15
Mania, Acute, Dipsomaniacal, ...				1	1	2	6	2	8	10	10
Mania, Acute, Kleptomaniacal, ...				1	1	2	1		1	3	3
Mania, Acute, Epileptical, ...				1		1	3	1	4	5	5
Mania, Acute, Suicidal, ...					2	2	1		1	3	3
Mania, Chronic, ...	1	1	2				1	1	2	2	4
Mania, Periodic, ...								2	2	2	2
Mania, Suicidal, ...								1	1	1	1
Melancholia alternating with Mania, ...				1	1	1	5	6	7	7	7
Melancholia, Acute, ...	4	5	9	1		1			1	10	10
Melancholia, Chronic, ...		1	1							1	1
Melancholia, Hypochondriacal, ...	2		2							2	2
Melancholia, Suicidal, ...				2		2	1	2	3	5	5
Monomania of Suspicion, ...	2	1	3							3	3
Monomania of Pride, ...		1	1							1	1
Monomania of Fear, ...		1	1							1	1
	21	15	36	8	6	14	24	25	49	63	99

VI. Occupations of those Admitted.	C. R. I.			S. C. A.			T	Whole Total.			
	PRIVATE			PAUPERS							
	M	F	T	M	F	T					
Basket-maker, ...						1	1	1			
Butler, Wife of, ...						1	1	1			
Carter, ...						1	1	1			
Clergyman, ...	1	1						1			
Clerk, ...	3	3	1	1				4			
Clerk, Banker's, ...						1	1	1			
Colonel, ...	1	1						1			
Engineer, ...	1	1						1			
Farmer, ...	1	1	1	1				2			
Farmer, Wife of, ...		3	3	1	1			4			
Farmer, Daughter of, ...						1	1	1			
Farmer, Widow of, ...				1	1			2			
Farmer's Overseer, Widow of, ...						1	1	1			
Fisherman, Wife of, ...						1	1	1			
Gamekeeper, ...			1	1				1			
General's Daughter, ...		1	1					1			
Gentlemen, ...	2		2					2			
Gentlewomen, ...		6	6					6			
Governess, ...		1	1					1			
Grocer and Weaver, Wife of, ...						1	1	1			
Housekeeper, ...				2	2			3			
Joiner, ...						2	2	2			
Labourer, ...						7	2	9			
Lawyer, ...	2		2					2			
Manufacturer, ...	1		1					1			
Merchant, ...	4		4					4			
Merchant, Wife of, ...		1	1					1			
Milliner's Apprentice, ...						1	1	1			
Miner, Daughter of, ...						1	1	1			
No occupation, ...			2	1	3	1	4	8			
Pig Dealer, ...						1	1	1			
Planter, ...	1		1					1			
Proprietor, Daughter of, ...		1	1					1			
Sailor, ...	1		1			1	1	2			
Salesman, ...			1	1				1			
School Boy, ...						1	1	1			
School Girl, ...		1	1					1			
Sempstress, ...						1	1	1			
Shepherd's Wife, ...											
Shoemaker, ...						2	2	2			
Servant, Domestic, ...				1	1	8	8	9			
Servant, Farm, ...						1	1	1			
Skinner, ...						1	1	1			
Stockingmaker, Wife of, ...						1	1	1			
Stone-dyker, ...			1	1				1			
Student of Divinity, ...	1		1					1			
Surgeon, ...	2		2	1	1			3			
Tailor, ...						1	1	1			
Tradesman's Wife, ...		1	1					1			
Weaver, ...						1	1	1			
Woolsorter, ...						2	2	2			
	21	15	36	8	6	14	24	25	49	63	99

VII. Causes of Disease of those Admitted.	C. R. I.			S. C. A.						Whole Total.	
	M. | F. | T.			PRIVATE			PAUPERS				
	M.	F.	T.	M.	F.	T.	M.	F.	T.		
Age, Old, ...	1	1	2								2
Amenorrhœa, ...				1	1						2
Anxiety about the future of self and family,				1	1		1	1	2		2
Bodily Exhaustion, ...							1	1	1		1
Congenital, ...						2	2			1	3
Daughter's Marriage, ...								1	1	1	1
Disappointment in Love, ...						1	1	1	1	2	2
Disease of Brain, ...							1	1	2	2	2
Domestic Affliction, ...	1	1	2	1	1						3
Epilepsy, ...						1	1	2	1	3	4
Excitement of Last Year's Revivals,									1	1	1
Excitement, Religious, ...		2	2								2
Family Matters, ...					1	1		1	1	2	2
Fatigue of Body, ...	1	1	2					1	1	1	3
Fright, ...								1	1	1	1
General Decay, ...							1				1
Hereditary, ...	1	1	2	1	1	2		2	3	5	5
Ill Usage, ...								1	1	1	1
Intemperance, ...	6	1	7	1	1	2	6	2	8	10	17
Masturbation, ...	5		5				2		2	2	7
Menstruation, Derangement of, ...		1	1					2	2	2	3
Over Study, ...	1		1								1
Pregnancy, ...								2	2	2	2
Puerperal Condition, ...		1	1								1
Scrofula, ...						1		1	1	1	1
Sun-stroke, ...	1		1								1
Taking Nostrums of Herb Doctor, ...							1		1	1	1
Tobacco Smoking, ...							1		1	1	1
Unknown, ...	4	6	10	2	1	3	6	8	14	17	27
	21	15	36	8	6	14	24	25	49	63	99
VIII. Number of Previous Attacks.											
First, ...	13	12	25	5	4	9	18	13	31	40	65
Second, ...	5		5	2		2	2	6	8	10	15
Third, ...	1		1				1	4	5	5	6
Fourth, ...		2	2	1	1	2				2	4
Several, ...	2	1	3		1	1	3	2	5	6	9
	21	15	36	8	6	14	24	25	49	63	99
IX. Age when first Attacked.											
Between 10 and 20, ...		3	3	1		1	4	2	6	7	10
... 20 and 30, ...	11	3	14	1	3	4	4	4	8	12	26
... 30 and 40, ...	3	5	8	1	1	2	5	2	7	9	17
... 40 and 50, ...	4	2	6				6	7	13	13	19
... 50 and 60, ...	1	2	3	2	1	3	4	3	7	10	13
... 60 and 70, ...											
... 70 and 80, ...								1	1	1	1
... 80 and 90, ...	1		1				1	1	2	2	3
At Birth (Idiots), ...				2	2			2	2	4	4
Unknown, ...	1		1	1	2			3	3	5	6
	21	15	36	8	6	14	24	25	49	63	99

	C. R. I.			S. C. A.						Whole Total.	
				PRIVATE			PAUPERS				
	M.	F.	T.	M.	F.	T.	M.	F.	T.		
<i>X. Duration of Existing Attack.</i>											
Under One Month, ...	7	6	13	2	1	3	11	7	18	21	34
More than 1 Month and less than 3, ...	3		3	1	1	2	2	4	6	8	11
... 3 Months ... 6,	2	1	3			2	2	1	2	3	5
... 6 Months ... 9,	2	3	5				1	3	4	4	9
... 9 Months ... 1 Year,		1	1	1		1		1	1	2	3
... 1 Year ... 3 Years,	3	1	4				4		4	4	8
... 3 Years ... 5 Years,	1	2	3				1	1	2	2	5
... 5 Years ... 10 Years,	1	1	1				1		1	1	2
... 10 Years ... 20 Years,	1	1	2					1	1	1	3
... 20 Years ... 40 Years,	1		1	3		3		2	2	5	6
... 40 Years ... 50 Years,											
Unknown, ...				1	2	3	3	4	7	10	10
Total, ...	21	15	36	8	6	14	24	25	49	63	99
<i>XI. Bodily Condition of those Admitted.</i>											
Anæmic, ...	8	8	16								16
Debilitated, ...							2		2	2	2
Emaciated, ...							2	4	6	6	6
Exhausted, ...							1	4	5	5	5
Exhausted from Phthisis, ...							1		1	1	1
Exhausted and Covered with Bruises, ...	1		1				2		2	2	3
Feeble, ...							1	2	3	3	3
Good, ...				2	3	5	5	1	6	11	11
Healthy, ...	10	6	16	3	1	4	4	2	6	10	26
Helpless, ...				1		1				1	1
Nervous, ...	1		1								1
Robust, ...				1	1	2	1	3	4	4	4
Weak, ...	1	1	2	2	1	3	4	10	14	17	19
Weak and Icteric, ...								1	1	1	1
Total, ...	21	15	36	8	6	14	24	25	49	63	99

DISCHARGES BETWEEN 11TH NOVEMBER, 1861, AND 11TH NOVEMBER, 1862.

	C. R. I.			S. C. A.						Whole Total.
				PRIVATE			PAUPERS			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	
<i>I. Sex of Patients Discharged between the above Dates,</i>										
16	8	24	5	5	10	16	15	31	41	65
<i>II. Age of those Discharged.</i>										
Between 10 and 20, ...	1	1	2				1	1	1	3
... 20 and 30, ...	5	2	7	4	2	6	4	5	9	15
... 30 and 40, ...	4	1	5				3		3	8
... 40 and 50, ...	5	1	6	1	1	4	6	10	11	17
... 50 and 60, ...	1	2	3	1	2	3	3	3	6	9
... 60 and 70, ...		1	1				2	2	4	5
... 70 and 80, ...								1	1	1
Unknown, ...										
Total, ...	16	8	24	5	5	10	16	15	31	41
<i>III. Class of those Discharged.</i>										
Private, ...	16	8	24	5	5	10				10
Pauper, ...							16	15	31	31
Total, ...	16	8	24	5	5	10	16	15	31	41

	C. R. I.			S. C. A.						Whole Total.
				PRIVATE			PAUPERS			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	
<i>IV. Mental Diseases of those Discharged.</i>										
Dipsomania, ...	8	1	9							9
Melancholia, Acute, ...	1	1	2	4	3	7	6	4	10	17
Melancholia, Chronic, ...	1		1							1
General Paralysis, ...							1	1	1	1
Imbecility, ...							1	1	1	1
Mania, Acute, ...	2	4	6	1	2	3	7	8	15	18
Mania, Chronic, ...		1	1				1	2	3	3
Mania, Intermittent, ...	1		1							1
Monomania of Pride, ...	1	1	2					1	1	1
Monomania of Suspicion, ...	2		2							2
	16	8	24	5	5	10	16	15	31	41
<i>V. Duration of Disease of those Discharged.</i>										
Under 1 Month, ...										
“ 2 Months, ...				1		1	1	1	2	3
“ 3 Months, ...					1	1	1	1	2	2
“ 6 Months, ...	3		3	1		1	3	4	7	8
“ 9 Months, ...				1	3	4	5	6	11	15
“ 1 Year, ...	2	2	4					2	2	2
“ 2 Years, ...	4	1	5	1	1	2	3	2	5	7
“ 6 Years, ...	3	2	5	1		1	1	1	2	7
“ 8 Years, ...	1		1				1	1	1	2
“ 10 Years, ...	1	1	2			1		1	1	3
“ 20 Years, ...										
“ 30 Years, ...	2	2	4							
Unknown, ...										
	16	8	24	5	5	10	16	15	31	41
<i>VI. Condition when Discharged.</i>										
Recovered, ...	10	5	15	3	3	6	12	12	24	30
Relieved, ...	5	2	7	1	1	2	4	3	7	9
Not Improved, ...	1	1	2	1	1	2			2	4
	16	8	24	5	5	10	16	15	31	41
Of the last two as incurable, 5 M., 3 F., 8 T.										

CURES BETWEEN 11TH NOVEMBER, 1861, AND 11TH NOVEMBER, 1862.

	C. R. I.			S. C. A.						Whole Total.
				PRIVATE			PAUPERS			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	
<i>I. Sex of those Cured.</i>										
	10	5	15	3	3	6	12	12	24	30
<i>II. Age of Patients Cured.</i>										
Between 10 and 20, ...	1	1	2					1	1	1
... 20 and 30, ...	2	1	3	3	2	5	4	4	8	13
... 30 and 40, ...	4	1	5				1	1	1	6
... 40 and 50, ...	3	1	4	1	1	3	4	7	8	12
... 50 and 60, ...							3	3	3	3
... 60 and 70, ...		1	1				1	2	3	4
... 70 and 80, ...								1	1	1
Unknown, ...										0
	10	5	15	3	3	6	12	12	24	30

	C. R. I.			S. C. A.						Whole Total.	
				PRIVATE			PAUPERS				
	M.	F.	T.	M.	F.	T.	M.	F.	T.		
<i>III. Class of Patients Cured.</i>											
Private,	10	5	15	3	3	6					21
Pauper,							12	12	24	24	24
	10	5	15	3	3	6	12	12	24	24	45
<i>IV. Mental Diseases of Cured.</i>											
Dipsomania,	6	1	7								7
Mania, Acute,	1	2	3		2	2	3	4	7	9	12
Mania, Intermittent,	1		1	1		1		1	1	2	3
Mania, Dipsomaniacal,							4	1	5	5	5
Melancholia, Acute,	1	1	2	2	1	3	5	6	11	14	16
Melancholia, Chronic,			1	1							1
Monomania of Pride,	1		1								1
	10	5	15	3	3	6	12	12	24	30	45
<i>V. Duration of Mental Diseases of Cured.</i>											
Under 1 Month,											
“ 3 Months,					1	1	2	1	3	4	4
“ 6 Months,	3		3	1		1	2	3	5	6	9
“ 9 Months,				1	2	3	4	4	8	11	12
“ 1 Year,	2	2	4					2	2	2	6
“ 2 Years,	2	1	3	1		1	3	2	5	6	9
“ 4 Years,	1		1								1
“ 8 Years,	1	1	2								2
“ 10 Years,	1		1			1		1	1	1	2
“ 30 Years,			1	1							1
	10	5	15	3	3	6	12	12	24	30	45

DEATHS OF PATIENTS BETWEEN 11TH NOVEMBER, 1861, AND
11TH NOVEMBER, 1862.

	C. R. I.			S. C. A.						Whole Total.	
				PRIVATE			PAUPERS				
	M.	F.	T.	M.	F.	T.	M.	F.	T.		
<i>I. Sex of those who Died,</i>											
	4	1	5	1	1	2	17	8	25	25	30
<i>II. Age of those who Died.</i>											
Between 10 and 20,											
... 20 and 30,							2	2	2	2	2
... 30 and 40,	2		2				3	3	3	3	5
... 40 and 50,							3	4	7	7	7
... 50 and 60,	2	1	3				4	4	4	4	7
... 60 and 70,							2	2	4	4	4
... 70 and 80,							2	2	2	2	2
... 80 and 90,							1	2	3	3	3
Unknown,											
	4	1	5				17	8	25	25	30
<i>III. Class of those who Died.</i>											
Private,	4	1	5								
Pauper,							17	8	25	25	
	4	1	5				17	8	25	25	30

	C. R. I.			S. C. A.			Whole Total.
				PRIVATE		PAUPERS	
	M.	F.	T.	M.	F.	T.	
<i>IV. Mental Diseases of those who Died.</i>							
Delirium, Senile, ...				1	1	1	1
Dementia, ...				1	1	1	1
Dementia, Senile, ...					2	2	2
General Paralysis, ...	2	2		3	3	3	5
Idiocy, ...				1	1	1	1
Imbecility, ...	1	1	2		1	1	3
Mania, Acute, ...				2	1	3	3
Mania, Chronic, ...				1	1	2	2
Mania Epileptica, ...				2	1	3	3
Melancholia, ...	1	1		4	1	5	6
Monomania of Ambition, ...				1	1	1	1
Monomania of Fear, ...					1	1	1
Theomania, ...				1	1	1	1
	4	1	5	17	8	25	25
<i>V. Duration of Mental Diseases of those who Died.</i>							
Under 2 Months, ...	1	1					1
" 2 Years, ...				2	2	2	2
" 3 Years, ...				3	2	5	5
" 4 Years, ...	2	2			1	1	3
" 6 Years, ...				1	1	2	2
" 8 Years, ...				1	1	1	1
" 20 Years, ...	1	1	2	4	1	5	7
Unknown, ...				5	3	9	9
	4	1	5	17	8	25	25
<i>VI. Bodily Disease of which Patients Died.</i>							
Apoplexy, Serous, and Choreia, ...				1	1	1	1
Bronchitis, ...				1	1	1	1
Cancer of Stomach, ...	1	1					1
Epilepsy, ...					1	1	1
Erysipelas, ...					1	1	1
Exhaustion, Bodily, & Chronic Bronchitis, ...				2	2	2	2
Exhaustion, Epileptic, ...				2	2	2	2
Exhaustion, Maniacal, ...				1	1	2	2
General Paralysis, ...	2	2		3	3	3	5
Marasmus and Chronic Diarrhoea, ...					1	1	1
Morbus Brightii, ...				1	1	1	1
Morbus Cordis and Hæmoptysis, ...				2	2	2	2
Pneumonia, ...	1	1			1	1	2
Ramollisement, ...					1	1	1
Phthisis, Laryngial, ...				1	1	1	1
Phthisis Pulmonalis, ...	1	1		2	2	4	5
Strangulated Hernia and Peritonitis, ...				1	1	1	1
	4	1	5	17	8	25	25

	C. R. I.		S. C. A.				T.	Whole Total.
			PRIVATE		PAUPERS			
	M.	F.	M.	F.	M.	F.		
<i>VII. Duration of Bodily Disease.</i>								
Under 1 Week, ...	1	1						1
“ 1 Month, ...					8	2	10	10
“ 2 Months, ...						1	1	1
“ 3 Months, ...	2	2			1		1	3
“ 6 Months, ...					2		2	2
“ 9 Months, ...					2		2	2
“ 1 Year, ...					1		1	1
“ 2 Years, ...	1	1				1	1	2
“ 4 Years, ...	1	1			2	3	5	6
“ 20 Years or upwards, ...					1	1	2	2
	4	5			17	8	25	30

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TWENTY-FIFTH ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
HOSPITAL FOR THE INSANE,
DUMFRIES,
11TH NOVEMBER, 1864.

TWENTY-FIFTH ANNUAL REPORT
OF THE
COMMISSIONERS OF THE
HOSPITAL FOR THE INSANE,
DUBLIN,
FOR THE YEAR 1875.

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The SHERIFF of the SHIRE of Dumfries.
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THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
CHICAGO, ILLINOIS

REPORT OF THE
COMMISSIONERS OF THE
LAND OFFICE
FOR THE YEAR
1880

CHICAGO
PUBLISHED BY
THE UNIVERSITY OF CHICAGO
PRESS

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TWENTY-FIFTH ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
AND
SOUTHERN COUNTIES' ASYLUM.

General Statistics.—During the year terminating 11th November, 1864, the applications have been one hundred and forty-eight, the admissions one hundred and fifteen, making the number under treatment four hundred and fifty-nine.

There have been discharged sixty-nine and fifteen have died, leaving resident at the termination of the year three hundred and seventy-five.

Of those discharged forty have left "recovered," twenty-one "relieved," and eight "unimproved."

Of the two classes who left relieved and unimproved, twenty-nine in number, nineteen were deemed incurable.

These statistics include the patients in both establishments and exhibit this year—the seventh of our superintendentship—the largest number of admissions, the largest number under treatment, the smallest number who have died, and the largest number of residents at the termination of the year.

CRICHTON ROYAL INSTITUTION.

Applications.—The applications to the Crichton Royal Institution have been sixty-eight, the admissions forty, leaving twenty-eight unreceived. The non-admission of these is doubtless chiefly due to the crowded state of the House generally and to a specific result from it, the rejection of patients of only moderate means.

Admissions.—The number admitted, forty, is considerably in excess of any year during the last seven. The admissions for the two months May and June were equal to the entire number admitted during the year 1860. In Class First—rate of board from £30 to £50—there have been no admissions; in Class Second—rate of board from £50 to £80—there have been thirty-one; in Class Third—rate of board £100 to £200—there have been nine. In the Two Higher Classes none.

Of the whole number, twenty-four are males and sixteen females, a predominance of males being indicated as in other years; twelve are

married ; twenty-four single ; and four widowed—the unmarried predominating as usual.

Their ages are :—Twenty to thirty, six ; thirty to forty, nine ; forty to fifty, seventeen ; fifty to sixty, six ; one at sixty-two ; and one at seventy-six. Two were admitted by order of the Procurator-Fiscal, the others by “warrant” of the Sheriff. Nineteen are known to have had previous attacks. One patient was re-admitted once, another twice within the year. One was an epileptic ; four were suicidal ; four of the number were voluntaries ; sixteen were discharged before the termination of the year, of whom twelve were recovered ; twenty-four are still resident.

Mental Condition.—The mental condition of those admitted was found to be as follows :—Seventeen laboured under mania ; eleven under melancholia ; five under monomania ; six under dementia ; one under general paralysis. Of the whole number, twelve were dipsomaniacs.

Physical Condition.—The health of eleven appeared unimpaired ; of twenty-four, impaired ; and five were diseased.

Under Treatment.—The number under treatment—one hundred and fifty-five—is the largest number recorded during seven years, and exhibits an excess of twenty over the minimum of that period. The excess is due to the larger number admitted and the smaller number who have died, and not to the diminution of discharges, which are in excess of former years.

Discharges.—The number of discharges—twenty-nine—is also greater than any recorded for seven years, notwithstanding the increased number under treatment and left resident.

“Recovered.”—The recoveries—nineteen—is also the largest number on record for the above period. Twelve were males, seven females ; eleven were admitted within the year, and seventeen were resident, under one year.

“Relieved.”—Of those relieved and not improved—ten in number—six are males and four females. Five returned to their own homes, four to asylums, and one to a private family. Of the four sent to asylums, three were transmitted to the Southern Counties’ Asylum from exhaustion of means of support ; the fourth being a voluntary patient and having become worse was readmitted into the Crichton Royal Institution as an ordinary inmate. Another voluntary patient discharged himself before his cure was completed. Three patients were removed against medical advice, one of whom not long after committed a serious assault and was returned to the House. This

is the smallest number of patients, we have to regret, discharged, against medical advice, during our superintendentship.

Incurables.—Of the two last classes, the relieved and unimproved, six were deemed incurable, two of whom were transferred to the Southern Counties' Asylum, mentioned above; three went home, of whom two have since died, and one is the patient who committed the assault already alluded to.

Deaths.—The deaths, two in number, are less than half those recorded in any of the previous seven years. This is the more noteworthy seeing that we have already indicated the largest number of patients under treatment in that period. The numbers are small and might be supposed accidental. This objection will be obviated, however, in some measure, by enumerating the deaths during each of the preceding years, beginning with 1858. They are as follows:—Eleven; eight; ten; five; five; five: thus indicating a gradual diminution, and terminating in two for 1864, so that for this year the largest number of residents corresponds with the smallest number of deaths. The per-centage on the admissions is 5, on those under treatment $1\frac{1}{4}$ nearly. Whatever view may be taken of the facts, it certainly indicates a remarkably low rate of mortality in a diseased population.

Residents.—Our residents, that is, those resident on the last day of the year, one hundred and twenty-four, is again the largest number recorded for seven years, and that, as already stated, notwithstanding the increased number of discharges; and the further consideration besides, that the termination of the year always represents the minimum number of residents.

Accommodation.—Every parlour of the house, including cottages, is occupied, and two patients await vacancies as they occur. The beds at disposal are also entirely occupied, and four patients are temporarily provided for, being so many in excess of the actual accommodation. It is sufficiently obvious, from the statements now made, that, unless further provision be secured, the benefits of the Institution must henceforth be very much curtailed, as applicants can only be received in lieu of those who have been discharged or have died.

Mental Condition.—The mental condition of the patients is exhibited under the following general heads:—

Idiots, ...	2	Monomaniacs,	15
Imbeciles, ...	5	Dipsomaniacs,	12
Dements, ...	46	Optimomaniacs,	1
Melancholics,	12	Epileptomaniacs,	3
Maniacs, ...	28		

Physical Condition.—As to general health, fifty-six appear to be unimpaired, consisting of forty males and sixteen females; fifty-nine are impaired, consisting of twenty-eight males and thirty-one females; seven are diseased, consisting of three males and four females; two are moribund, one male and one female.

Curability.—On a careful consideration of each case as to its present condition and past history, the following conclusions are arrived at with reference to curability. There are deemed curable, five; doubtfully curable, nine; and incurable, one hundred and ten.

Condition of House.—The following items, taken from the daily register, will indicate the condition of the House on the last day of the year:—

Employed Industrially,	38
For Amusement,	35
Taking Exercise under Superintendence in Airing Court, 8	
In Grounds,	96
Beyond Walls,	28
On Parole in Grounds,	11
Dining in Association,	92

These numbers constantly vary and can only therefore indicate the condition of the House on that particular day. The following items being less variable will give a fair idea of its condition generally:—

Confined to House by Medical order, ...	7
Confined to Bed by Disease or Debility, ...	5
Wearing Special Dresses with Special Fastenings, ...	1 Female,
Special Dresses with Ordinary Fastenings, ...	1 Female,
Wearing Locked Boots,	4
Sleeping with Quilted Blankets,	5
In Seclusion Room,	1 Female,
Sleeping on Stretchers,	1
Raised by Night Attendants,	8

To which may be added the following. During the year thirty-five patients have never been to chapel. The absence of nineteen of these is due to mental condition; of six to physical inability; of four to religious scruples; and of six to special delusions. Twenty-two have never been at amusements. The absence of sixteen of these is due to mental condition, and of six to physical inability. Nine have never been beyond the walls. Due in four to mental condition, and in five to physical inability. Six have never been out of the House: all due to physical inability. Another analysis of the residents gives the following:—

Criminals, ...	1	Violent, ...	2
Homicides, ...	1	Abstinent, ...	4
Suicides, ...	8	Sick, ...	7
Epileptics, ...	2	Infirm, ...	3
Paralytics, ...	3	Helpless, ...	5
Destructive, ...	9	Of dirty Habits,	13
Dangerous, ...	3		

Restraint and Seclusion.—In the Crichton Royal Institution, neither the shower-bath nor douche have been applied, during the year, as repressive agencies, nor any species of mechanical restraint. Seclusion in bedroom has been had recourse to in the case of eight patients, has been so employed seventy-three times, and the time spent in seclusion has been in all ninety-three days and four hours. Here again, however, as explained in another part of the Report, we encounter the difficulty of deciding how much of the time so spent is medicinal and what is repressive. One gentleman, for example, has periodical paroxysms of an epileptoid character, during which he himself craves seclusion, where he is at once protected from danger. One gentleman laboured under an attack of furious mania, accompanied with violence and destructiveness, for a considerable period, during which he had to be secluded almost daily. One gentleman was only once secluded; one lady twice; one gentleman and two ladies are each liable to periodical attacks, during which seclusion is resorted to until at least the severity of the attack has passed over. And one lady is permanently so excitable that her association in the common gallery with the others is the exception rather than the rule: in her more violent condition she occupies her bedroom: in her state of greater quietude she mingles with the others, or occupies a small gallery by herself, or walks under special attendance.

Locked Bed.—The locked bed, as explained in another page, has been employed in the case of one gentleman and two ladies. By the gentleman only once and for a short time; by one of the ladies quite recently, and by the other for a considerable period. In the latter case it is now used permanently by the patient, but mostly as a common bed, being used otherwise only during excitement, an attendant being present during the night to secure its proper use.

Escapes.—During the year there have been only two effectual escapes from the Crichton Royal Institution, the subject of both being the same gentleman. They are remarkable alike for ingenuity, agility, and endurance. The first was effected from the grounds at 10 A.M. and within sight of two attendants. He was found next day at 4 P.M., having reached Penrith and been thirty hours without food

or sleep. On the second occasion, he escaped from a pic-nic party at Lochmaben at 2 P.M., and was found on the third day at 10 A.M. at Grassmere in Cumberland, having travelled the whole distance on foot in that time, without sleep and without food so far as is known. He was seen and pursued by his attendant for some miles but lost in a wood. To elude pursuit he avoided Carlisle, and crossed the Eden in a fishing-cobble. To avoid Penrith, he made direct for Keswick across the country: a considerable portion of this part of the journey must have been performed during the night.

Three escapes were also effected from the Southern Counties' Asylum, once by a male and twice by the same female patient. In both cases the female succeeded in escaping during the night by stealing the keys of the attendant while asleep.

In all the cases the patients were brought back and sustained no injury.

SOUTHERN COUNTIES' ASYLUM.

Applications.—The applications to the Southern Counties' Asylum have been eighty in number, which, though in excess of the last two, is about the average of former years. The non-admissions are only five, and accounted for from an occasional application for patients beyond the bounds. Although the House is full, no patient from the three Southern counties has been refused admission.

Admissions.—The admissions, seventy-five in number, are, like the applications, in excess of the last two years, but about the same as for the five former. The average for the years 1858, 1859, 1860, 1861, is exactly seventy-six; in 1862 and 1863 they were reduced to sixty-three and sixty-two respectively; while this year they have reached the usual standard, seventy-five.

The sexes are thirty-three males to forty-two females. Twenty-five of the patients were private and fifty pauper. Twenty-two are married; forty-three single; and ten widowed.

Ages.—The ages vary from fifteen to seventy-four. There is one at fifteen; one at sixteen; two at seventeen; one at eighteen; two at nineteen; thirteen from twenty to thirty; sixteen from thirty to forty; sixteen from forty to fifty; twelve from fifty to sixty; ten from sixty to seventy; and one at seventy-four.

Specialities of the Seventy-Five Admissions.—Fifteen have been discharged and two have died within the year; while fifty-eight remain under treatment.

Forty-three have been admitted labouring under a first attack; twenty-three under a second or higher number; and nine are unknown. Six have been re-admitted within the year.

Three have been admitted, on the order of the Procurator-Fiscal; the rest by warrant of the Sheriff. There have been five transfers: three from the Crichton Royal Institution, and two from other Asylums.

Health.—On admission the health of ten was apparently unimpaired; of thirty-nine impaired; twenty-five were diseased; and one moribund.

Discharges.—The discharges, amounting to forty in number, were nearly the same as for each of the preceding six years, excepting the large number of externes transferred to other Asylums during the first two. Of these, twenty-one were "recovered;" fifteen "relieved;" four "not improved;" and thirteen incurable.

Eighteen are males, of whom seven are private and eleven pauper; twenty-two are females, of whom seven are private and eleven pauper.

Recovered.—The recoveries are twenty-one, which is a somewhat less proportion than in former years, this however due, as stated in last Report, to a larger number discharged unrecovered under the Probationary Clause of the recently amended Lunacy Act.

Of the numbers recovered, six are private, of whom three are males and three females; fifteen are paupers, of whom four are males and eleven are females.

Residence.—The time during which those who have recovered were under treatment is as follows:—One has been resident under seven years; one under four years; two under three years; five under two years; two under one year; two under nine months; three under six months; two under three months; two under two months; and one under one month.

Relieved.—Those discharged only "relieved" are fifteen in number: of whom three are private, two males and one female; twelve pauper, of whom six are males and six females. Under this heading are included those discharged by permission of the Board of Lunacy, under a special clause of the Lunacy Act already referred to: of these, seven are probationers, that is, on trial for a definite period; and five are sent to the care of private families, to remain permanently, should the condition of the patient permit. The former class of patients are selected in the hope that the change may be beneficial, and that the patient may recover before the termination of the probationary period. The latter are selected because harmless and in the belief that in such cases a change from Asylum life is desirable, not, however, with the

expectation of recovery. These beliefs and hopes, unfortunately, are seldom realized.

“Not Improved.”—Four patients have been discharged under this heading, all of whom were private—two males and two females. One of these was taken home to her friends, and has somewhat improved; one was readmitted on the order of the Procurator-Fiscal, having committed an assault, and has since been transferred to the Crichton Royal Institution; the other two have been readmitted.

Readmissions.—Of the readmissions within the year, six in number, one was a probationer, and one discharged as a “single patient to a private house;” both returned within a short period of their removal and very much worse,—one of them, indeed, being the worst case under treatment during the year. The one patient had been very much improved for many months, the other for years, previous to discharge. Three were private patients and removed by relatives, one to return within a few days, and one within six weeks. Of the two, one could not rest away from the Asylum, and himself demanded admission; the other was a case discharged by an evasion of the law, the relations having removed him from the poor’s roll, and having demanded his discharge as a private patient. When taken home, it was found there was no one to superintend him, and he was brought back after a few days. The sixth was discharged, on special grounds, and was returned to the House by order of the Procurator-Fiscal, having been found a wanderer. This list is mostly made up of those who are removed contrary to medical advice.

Incurable.—Of the relieved and not improved, nineteen in number, thirteen are deemed incurable.

Deaths.—The deaths this year are thirteen, the smallest number recorded absolutely, during the last seven years, with one exception, relatively the smallest without exception, because during the exceptional year there were only two hundred and eighty-four patients under treatment to three hundred and four this year.

In a recently published standard work on the statistics of insanity, the average annual rate of mortality deduced from the reports of the English Commissioners of Lunacy, for five years, is given as 10.97 per cent., being for males 13.25, and for females only 8.96.

From another table, shewing the mean annual mortality per cent. at different ages in the county and borough asylums, hospitals, and licensed houses of England and Wales, during the five years ending December 31st, 1858, the rate is 14.14, after which the writer observes:—“As the above is a high mortality and extends over a short period, it may give a juster impression to add the lower death-rate of the York Lunatic Asylum and the Retreat.”

The average death-rate of these two asylums, for a number of years and for all ages, is 6.02. The death-rate of the Southern Counties' Asylum for this year is 4.28, and therefore very considerably under even this exceptionally low rate. It has already been shewn that the death-rate of the Crichton Royal Institution is only 1.29, and therefore a small fraction only of the preceding. The death-rate of both establishments taken together is only 3.26, and therefore little more than one-half of the favourable standard given. The writer further states that the average death-rate of the *sane* for all ages is 2.26: the death-rate, therefore, in the Crichton Royal Institution is little more than one half that occurring in the sane population.

These results may be considered too favourable, inasmuch as the death-rate with which they are compared is calculated on the *average* number under treatment, while the mode adopted here is to base the calculation on the *whole* numbers under treatment.

Reducing both to the same standard, we obtain the following results:—

1st, Death-rate as deduced from every variety of hospitals for the insane in England and Wales, 14.14 per cent.

2d, As deduced from Commissioners' Reports, 10.97.

3d, As deduced from the Retreat and York Lunatic Asylum, 6.02.

4th, Occurring here in 1864:—

a. Southern Counties' Asylum—Males,	7.601.
... .. —Females,	2.755.
... .. —Both sexes,	5.778.
b. Crichton Royal Institution—Males,	1.413.
... .. —Females,	2.030.
... .. —Both sexes,	1.721.
c. Average of Both Establishments, ...	3.44975,

Or, 3.45.

Shewing that the mortality in the Southern Counties' Asylum is considerably under that of the most favourable report; that in the Crichton Royal Institution it is about a fourth, while for both Houses it is a little more than one-half.

Class.—There are private patients, two males and one female; ten are pauper, eight males and two females.

Age.—Two died aged twenty-seven; two, forty to fifty; four, fifty to sixty; three, sixty to seventy; one, seventy-four; and one, seventy-nine.

Residence.—One was resident under two months; one under three months; four under two years; one under five years; one under six years; one under eight; one under fourteen; one under seventeen;

two under twenty-five. The two first were recent admissions, one being moribund and one hopelessly incurable when received. The two last are the oldest residents, with one exception, there being only a fortnight between the dates of the respective admissions of the three. The first admitted of the two was peculiar in his character and habits, even amongst the insane. Though he lacked something of the manly about him, he had nothing peculiarly womanly, for he never used the unruly member; his hands were therefore the more busy: he plied his needle "from early morn till dewy eve," and seldom willingly intermitted his labours except to do "a stroke of work for himself," which, when performed, was always stamped with his morbid originality. He was a healthy member of the community, but sunk at last under a prolonged attack of double pneumonia. His associate was a subject of still greater interest. In his vigorous condition he was the embodiment of frolic; he was liable to periodical paroxysms of fury, which, however, were only an exaggeration of his natural disposition, for he always carried with him his happy temper and jovial humour. Previous to the building of the establishment, he was an inmate of the old lunatic wards of the Infirmary, and it is whispered that, when in his paroxysms, he had a daily dose of horsewhip: we know not whether this be true, but, if true, we can only believe it to have been administered medicinally, under a false theory, it may be, as we cannot conceive that any one less malevolent than a fiend could have felt angry with such a patient, in any circumstances. We may say of his departure truthfully, "the last link is broken," for, as to the treatment of insanity, he was the last tie that bound the present to the past, a sort of twilight intervening between night and day. Though only twenty-five years ago, the treatment of the insane then was as great a contrast to what it is now as light to darkness—indeed, to one who has had no experience of it, utterly inconceivable. Poor Joe Tait gradually passed into his second childhood, for he had reached his 79th year, and it is interesting to note that his paroxysmal attacks persisted to the last, although, from gradually failing strength and vitality to sustain them, they had become indicated rather than expressed. He died of old age, complicated at last with chronic bronchitis. A man of heart does not part with his faithful dog without regret,—it may be, a silent tear: let it not be supposed that we feel *less* when such landmarks are removed from amongst us.

Diseases.—Two died of general paralysis; two of maniacal exhaustion; two of consumption; two of pneumonia; two of heart disease; two of general decay; and one of disease of the kidneys.

Residents.—The residents, two hundred and fifty-one in number, that is, those residing in the House on the last day of the year, are greatly in excess of all former years and more than the highest number of any one of the last seven, by sixteen. This excess is due partly to the gradually increasing demand for admission, but partly also to the diminution of deaths. It would have been higher but for the greater number of probationers discharged during the last two years. Making allowance for these discharges, it will be found that there is a permanent addition to our residents, over the seven years, of about ten per annum. Should the rate of increase persist, the additional accommodation to be placed at disposal by the new building will again become exhausted in about seven years. The permanency of this increase, however, is not expected. It is obvious that there must be a limit to it somewhere. A permanent population in a limited district naturally will only produce a given number of insane annually, unless from the supposition, either that the population itself increases or the causes producing the disease.

In recent years the residents in Asylums have accumulated enormously, but this is evidently due, not so much either to extending population or to increased causes of production, as to prolonged life, the result of improved treatment. This also, however, must have its limits, but when they are to be reached is a question of difficulty.

The Board of Lunacy has been seven years in operation, and it may now fairly be supposed that, under their careful superintendence, these limits ought not to be far distant. The only other supposable cause capable of disturbing the relation between the insane inside an asylum and those insane outside is change of the law, but such disturbance is likely to be kept within very narrow bounds. An example is afforded in the changes introduced recently, whereby the Commissioners are allowed to license lunatic wards in Poor's-Houses and private dwellings for the reception of convalescents and harmless incurables, the tendency of that change being to lessen the number of inmates in asylums.

The numbers resident are two hundred and fifty-one, of whom one hundred and thirty-six are males, and one hundred and fifteen females. Of these, fifty are private; of whom twenty-eight are males and twenty-two females: two hundred and one are pauper; of whom one hundred and eight are males and ninety-three are females.

Bodily Condition of Residents.—The health of residents may thus be stated:—One hundred and twelve are unimpaired; eighty-three impaired; fifty-two diseased; and four moribund.

General Condition of the House.—The general condition, distribution,

and occupation of patients is given as follows :—Employed industrially, ninety-five ; for amusements, six ; under superintendence in the airing-court, sixty-five ; in grounds, eighty-two. On parole in grounds, four ; confined to House by medical order, twenty-two. It has here to be explained that only one of the twenty-two is a male, the large number of females being restricted to the House in consequence of the workmen employed in the new building overlooking the female airing-court. The remaining arrangements will be seen in the table. We may add that only one patient has not been out of the House during the year, a female, whose condition—mental and bodily—renders it unadvisable. Forty-five have never been beyond the airing-court, of whom seven only are males. As regards the females, this number is beyond what is desirable, but the constantly occupied and public condition of the grounds—the number of workmen moving about—render it, in present circumstances, unadvisable to lessen the number. It may further be stated that there are in the House forty-eight patients destructive, seventy-two violent, thirty-three dangerous, eleven gluttonous, eleven abstinent, ten sick, twenty-five infirm, and thirty-eight helpless. The first three numbers are confessedly very large ; they include, however, not only the patients bearing the character, but also those having the tendencies.

There are fifteen externes resident, of whom nine are males and six females. These are patients who do not belong to the three Southern counties, and who are admitted or retained as inmates on special grounds, most of them because they have been a long time resident in the House. A few have been transferred from the Crichton Royal Institution, from the failure of funds to support them at the higher board. They are all private patients except two.

Restraint.—The Restraint-Book introduced by the Commissioners of Lunacy is arranged under three heads :—*Mechanical Restraint, The Douche or Shower-Bath, and Seclusion in Bed-Room.* Under the first heading, viz., mechanical restraint, we have no case to present : no patient has been so restrained during the year. Second, the douche, has not been used on any occasion. The shower-bath has been employed as a repressant of excitement twelve times on ten patients, eight submitting to it once, and two twice each. In this, as in similar instances, it is difficult to decide when the use of the shower-bath should be considered medicinal or merely repressive, as it certainly is in many cases of excitement an important curative agent ; it is never so used except when the patient is in robust health and vigorous activity.

Third, seclusion in bed or padded room, or seclusion-room. Under

this heading we find tabulated as follows:—Eighteen persons have been secluded for longer or shorter periods. The seclusion-room has been so occupied forty-eight times, and the time spent in seclusion has been altogether forty days and eleven hours. Here, again, the same difficulty occurs, as with the shower-bath, of distinguishing between the medicinal and the restraining use of seclusion. For example, one patient is recorded as having been twenty-three days in his bed-room during the year. He is liable to periodical attacks of epilepsy, during which he becomes excited, violent, destructive, and dangerous to himself and others. When under these paroxysms he is kept in his bedroom for a few hours or days, by which means not only he and others are secure from danger, but, by the removal of excitants, an amount of composure is secured for him attainable in no other circumstances. Another case was confined seven days under almost similar conditions. All the other cases were confined for short periods, only hours instead of days.

The seclusion-rooms provided, in the recent additions to the Southern Counties' Asylum, have been found of the greatest possible benefit in such cases. In immediate proximity to the refractory galleries, removed from noise and other excitants, and provided with every comfort, they thus afford all that is desirable. When a paroxysm of excitement occurs, the patient is immediately removed to the seclusion-room, thus ceasing to be a source of excitement to his companions, himself secluded from all excitants, the paroxysm soon passes off, and he returns to his place with composure,—all this in accordance with the basic rule of modern treatment—the more excited a patient is, the more liberty he requires; which, it may be noted, is precisely the reverse of that which obtained in former times. It was, the more excited a patient is, the more must he be restrained. The seclusion-room is simply a small gallery, and the only difference between the patient's condition there and the ordinary gallery is, that he is *alone*. To these we may add the locked-bed, which is occasionally employed with great benefit. When the excitement of a patient persists during the night as well as day, which it frequently does, even in an increased degree, and when, under the influence of such excitement, he does not remain in bed, two evils have to be guarded against—the depressing influence of cold, and the exhausting influence of want of sleep and continued motion. When such a patient is robust and takes a sufficient quantity of nourishment, only the former has to be contended with, and is easily evaded by the use of locked boots, warm dresses, &c. When, however, the patient is weak, exhausted, and abstinent,

and death imminent from the persistence of these its causes, we have to contend with a more formidable enemy.

It is obvious that, to save life, rest must be obtained at all hazards. To secure this, one of two plans must be adopted: either to keep the patient in bed by manual force, or by some mechanical arrangement. The presence of two attendants to secure this object would inevitably provoke resistance, and thereby increase exhaustion,—the evil to be avoided. The locked-bed is, therefore, had recourse to in preference. It is simply an ordinary box-bed, padded at the sides and covered with an open netting. The patient is placed in it, and the netted lid closed. He may struggle for a time to escape from his imprisonment, but, in most cases, cessation of motion gradually takes place, tranquillity succeeds, sleep follows and with it life and health. We have no hesitation in saying that several patients, by the use of these means, have been saved from inevitable and speedy death.

Accommodation.—The statistics already given, in reference to the Crichton Royal Institution, must have prepared the Directors for a repetition of the observations annually made relative to the necessity of providing further accommodation in this establishment. For many years, for want of such provision, an entire class of patients—and that class not the least worthy of consideration—have been shut out from the benefits of the Institution. What was formerly applicable to one class only is latterly, however, virtually applicable to all, as the accommodation is always so nearly exhausted as to render the adoption of temporary expedients and makeshifts a matter of daily occurrence; the tendency of which is to lessen the comforts of the patients, generally to impede the harmonious working of the establishment, thereby, not only limiting, but actually diminishing its curative provisions. In an Asylum, where only one class or rank is admitted, the providing of a bed alone is necessary, but in an establishment to which different classes or ranks are applicants, a multiplicity of difficulties has to be contended with, in each case.

Extension has never been strenuously urged on the mere ground of additional accommodation, although it seems reasonable that an Asylum, intended for the general good of the district in which it is placed, should at least make provision for every class within that district, especially for that class which, from its condition, most deserves consideration.

The acknowledged deficiency, in the means provided for the econo-

mical management of the House, has been urged as even a stronger ground for building. These always complained of have ever become greater, as the number of applicants and residents increased.

A third reason, and one more essential than all, for additional provision, is the long-acknowledged and still more frequently complained of deficiencies connected with the general management and domestic comfort of the patients. Refractory galleries, seclusion-rooms, and infirmaries have long been in possession of the Southern Counties' Asylum, while workshops and a recreation hall are being provided for it. These improvements have yet to be added to the Crichton Royal Institution, although here, some of them at least, are far more essential to the comfort and health of the inmates than there.

If any additional provision, or even improvement, be really intended for the Crichton Royal Institution, its further postponement will greatly increase existing difficulties and much diminish its prospective advantages.

Amusements.—Our recreative and amusement arrangements proceed much as usual. In summer, Cricket, Bowls, Croquet, Pic-nics, and Rustic Dances are the favourite recreations; in colder weather, Cricket and Foot-Ball, &c., prevail. To avoid details a list is appended, which will serve all purposes. There are some specialities which we may note. Croquet has been largely developed during the year. Our Cricket Club, in their youthfully ardent experience, had the assurance to challenge a long-established, well-disciplined, local antagonist. Of course they were thoroughly thrashed for their temerity. This, as usual, has only tended to stimulate them to renewed efforts. Last winter, Gallery Tea-Parties were much encouraged. This is a recent and very interesting addition to our domestic arrangements. The patients are no longer locked up and guarded as so many prisoners, but are allowed to associate and invite each other to friendly parties in their respective galleries and sitting-rooms. Our Fishing Parties also have greatly exceeded their usual limits, to the delight of many inmates with Walton tastes: thanks to those gentlemen who have liberally permitted us to "poach on their preserves." Amongst our special festivities may be noted our Shakspearian Commemoration. It consisted in a miscellaneous musical and dramatic entertainment, the pieces sung, played, and acted being exclusively Shakspearian. It was got up, by the united efforts of the band, musical choir, and dramatic company of the Institution, and was very creditable to the heads and hearts of all concerned. It gave great pleasure to a large audience, consisting of the inmates of both establishments and a

number of invited friends of the Institution, by all of whom it was deservedly appreciated and applauded.

Our Fête Champêtre.—This festivity was arranged, in honour of a long promised visit to the Institution, by Professors Balfour and Laycock, with their respective pupils, from Edinburgh. They were accompanied by Mr Commissioner Browne. The Directors kindly placed the carriages at the disposal of the party which conveyed them to and from the station. A few friends interested, in the establishment, were invited to join the guests to breakfast at Crichton House. The botanical party, under Professor Balfour, started in pursuit of their favourite study, on the banks of the Nith and the shores of the Solway; while the psychological department, under Professor Laycock and the Commissioner, visited and examined the grounds, offices, and both Institutions, after which an interesting and able paper, on the moral treatment of the insane, was read by Mr Commissioner Browne, in the Board-Room, to the psychological students, medical officers of the Institution, and others present. This was preceded and followed with practical remarks by Professor Laycock, and Mr Wightman one of the Directors. These proceedings were succeeded by a procession, from the Southern Counties' Asylum, headed by the band of the Institution; by a monster tea-party on the green, of which a large proportion of the inmates of both establishments partook. The Fête was concluded by a rustic ball. The day was fine, and an unusual amount of wholesome excitement was diffused through the Institution. No symptom of regret was manifested by the party, unless it might be their extreme reluctance to leave the grounds when the announcement was made that the train was due.

Special Pic-nic.—This year, as during the two preceding, a pic-nic was organized, on behalf of certain parties who are friendly to the Institution, and to whom we are obliged in many ways, especially for their frequent visits and their association with us in our amusements, thus affording a wholesome and most important element in moral treatment. It was accompanied by a portion of the band, and a happy day spent, affording another illustration of the well-known adage that "Giff-gaff maks guid frien's."

Our Harvest Home.—The "kirn" is a new addition to our festivities, and well deserves a place in the list. It was celebrated with the usual adjuncts. An appropriate thansgiving sermon was preached by the chaplain, Mr Cowans, in the afternoon. A rustic procession, from the Southern Counties' Asylum, was then organized, which traversed the grounds, accompanied by music, banners, appropriate devices,

and emblematic representations. There were agricultural and horticultural implements: and the staff of life was efficiently represented by a loaf and a biscuit of such dimensions as to afford ample materials for an entire large tea-party. There were cornucopiæ—emblems of plenty: there were trophies of fruit, flowers, and cereals: and there were—last of all—four large and beautiful etchings, emblematic of the four seasons,—these, as most of the others, being the work of patients.

The procession was followed by an out-door tea-meeting, and the day concluded by a dance on the green.

The weather was fine and everyone pleased.

Sea-Side Party.—Our sea-side party this year numbered twelve, ten gentlemen and two ladies, who enjoyed the refreshing breezes of the sea for periods of from one to fifteen weeks.

Tourists' Party.—One of the peculiar features of our recreative provisions for some years past, has been our Tourists' Party, which occurs yearly and extends over a week.

It will, doubtless, seem strange to those unacquainted with the character of our inmates to hear of a tourists' party proceeding from an Asylum, and especially to those whose recent experience in travelling have made them uncomfortably familiar with the risks and worries of crowded hotels, crazy boats, and screeching engines, not to speak of the now common salutation, which so often unwelcomely greets the weary traveller's ear, "Haven't a single bed, sir."

In spite of these increasing difficulties our Tourists' Party continues, and is now, we hope, become one of the "standing orders of the House."

A new feature in our arrangements this year was the possession of one of the House carriages, which the Directors kindly placed at our disposal. Of all modes of travelling, this, certainly, in one's own carriage, is the most agreeable as well as profitable. Next year we hope to add a party of ladies, when we shall have reached the climax of our aspirations, in this branch of our recreative department.

The place selected for visitation, on this occasion, was Ayr, hallowed by the recollections of Burns, and many other associations connected with our early history. The route adopted was the western, by the Castle-Douglas road, through the upper valley of the Ken, by New Galloway, Dalry, and the beautiful pastoral country surrounding Carsphairn, by the wild desolation of Loch Doon, through Dalmellington, &c.

On the return route the party kept more to the east, through a mountainous district, terminating in the beautiful valley of Moniave, thence through Thornhill, &c. This was by far the most agreeable and successful party we have yet had. Only one expression of regret was heard at the termination of the journey,—the length of time which must intervene between this and the party of 1865. Five gentlemen shared its pleasures.

It is needless to dwell on the advantages to patients to be derived from these parties, for they are self-evident.

Amusements, Crichton Royal Institution, from November 11th, 1863, to November 11th, 1864.

Lectures, Crichton Royal Institution,	9
Lectures, Town,	14
Theatrical Performances, Crichton Royal Institution,	5
Theatrical Performances, Town,	7
Concerts, Crichton Royal Institution,	6
Concerts, Town,	8
Drawing-Room Dances,	8
Open-Air Dances,	8
Gallery Tea and Dancing Parties,	6
Readings and Miscellaneous Entertainments, Crichton Royal Institution,	5
Readings and Miscellaneous Entertainments, Town,	7
Pic-nics and Scientific Driving Excursions,	60
Fishing Parties,	29
Crichton House Parties,	5
Parties to Castledykes Gardens,	4
Special Celebrations :—	

Shakespeare Commemoration—St. Valentine's Festival—
Fête Champêtre—Student's Visit—Harvest-Home
Festival—Hallowe'en Festival—New Year's Ball.

Amusements, Southern Counties' Asylum, from November 11th, 1863, to November 11th, 1864, and Average Attendance.

Number of Amusements.	Amusements.	Number of Patients.	
		Male.	Female.
52	Weekly Dances, Southern Counties' Asylum,	35	35
7	Open-Air Dances, Crichton Royal Institution,	36	32
6	Concerts, Crichton Royal Institution, ...	61	40
3	Special Lectures, Southern Counties' Asylum,	42	40
3	Lectures, Crichton Royal Institution, ...	61	40
5	Theatrical Performances, Crichton Royal Institution,	60	48
1	Fête Champêtre—Students' Visit, ...	60	45
1	Costume Ball, Southern Counties' Asylum,	90	75
1	Tea and Ball, Southern Counties' Asylum,	94	70
1	Spence's Songs and Recitations, ...	34	30
1	Panorama, Dumfries, ..	13	13
1	Diorama, Dumfries,	13	13
1	Harvest Home,	55	47
2	Parties, Castledykes Gardens, ...	40	40
1	Party to Flower-Show,	5	—
1	Shakspeare Commemoration,	38	30
1	Party, Crichton House,	10	10
8	Pic-nics,	63	41

Improvements.—We have little to note in the way of improvement for this year. Several of a minor character have been effected, both in the House and out of doors, which are important *in cumulo*, but, like the smaller virtues, will not bear to be named individually.

In the early part of the season, our working patients were mostly employed in digging the foundations for the additions to the Southern Counties' Asylum. Our Cricket-Ground, Bowling-Green, and Croquet-Ground are all completed and in full operation. Our Curling and Skating-Pond is yet on paper.

The ornamentation of the grounds has been pushed forward another step by the formation of walks, transplanting of trees, planting of shrubs, &c., but much in this department remains to be done, and indeed cannot be accomplished until the changes and improvements rendered necessary by the new buildings be complete.

In-Doors.—Ornamentation and sources of domestic comfort have been extended in the Southern Counties' Asylum, and improved, in character in the Crichton Royal Institution. As an example, in the latter, tile-flooring has been substituted for painted flags, which is undoubtedly a great improvement in water-closets, laundries, and bath-rooms.

Occupation.—In the garden, grounds, roads, &c., there is little difficulty in securing employment for the Southern Counties' Asylum patients, although hitherto the want of workshops for the different trades, now being provided, has been a serious drawback. The ever-increasing number of males, however, deserves the attention of the Directors in relation to an extension of the grounds: although for the next year or two an abundant supply of work will be furnished by the extensive excavations, and other changes and improvements, in connection with the additions now being made.

With the higher class patients, in the Crichton Royal Institution, the subject of occupation is attended with much greater difficulty, due especially to the habits and sentiments of the patients themselves, but also, in no small measure, to the non-provision of workshops and other appliances and inducements to exertion. This is a department which is as yet undeveloped and has not received the attention it deserves. Our gardening party has been more or less in a state of activity. A few gentlemen also have been engaged in upholstery work; a few are employed in the House; and a few others have made themselves useful in the printing-office. A turning-lathe has recently been put up. We regret to say this meagre account is all we have to give of the working department of the Crichton Royal Institution, with the exception of a few individual

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efforts. This observation has, of course, reference only to gentlemen. A large proportion of the ladies occupy themselves, in various ways, in useful and fancy work.

Amongst classes our Drawing Class has been the special favorite during the year. To the Winter was added a Summer Class, wherein the pupils were taught to sketch from nature. It was favoured with a pic-nic once a week, and the pleasant work was pursued with spirit and enthusiasm.

New Building.—The new addition to the Southern Counties' Asylum, begun in spring, is rapidly approaching completion. The building of the external walls is already finished, the roofing completed, and there remains only the internal work, the partition walls, plastering, and fittings, &c. Its provisions consisting of cellarage, increased kitchen accommodation, apartments for domestic servants, bath-rooms, workshops, chapel, dining and recreation hall, and also accommodation for seventy to eighty patients. It will undoubtedly be a great boon to the House, how great we shall be better able to record, in our next report.

Water Supply.—The efforts made to secure a sufficient supply of wholesome water, so vastly important to the sanitary condition of the establishment, have been so far successful as to give every promise of securing the object contemplated, so soon as the work is completed.

We have, happily, this year, no note to take of the doings of death, so far as our Directorate or official staff is concerned: the latter, while suffering no diminution, has gained an addition in the appointment of Dr Scott, as consulting surgeon, to the establishment. His long residence in town and connection with the Infirmary render any laudatory statement, on our part, as to his character, status, and qualifications, superfluous.

Our Medical Staff is now complete, consisting of a Medical Superintendent over both Houses, with a Medical Assistant in each resident, a Consulting Physician and Consulting Surgeon non-resident.

During no year of our Superintendentship have we had less to regret or more to be grateful for. Our thanks are due and offered to the Directors for their kind consideration: to our Domestic Staff for their needful aid: and our gratitude to God for his special care.

JAMES GILCHRIST, M.D.

T A B L E S.

For C. R. I. read Crichton Royal Institution.
For S. C. A. read Southern Counties' Asylum.

GENERAL TABLE NO. I.

Shewing Condition of Both Establishments, Separately and Combined, for Successive Years.

<i>Both Establishments.</i>	1858.	1859.	1860.	1861.	1862.	1863.	1864.	
Applied, ...	207	157	154	151	159	132	148	
Admitted, ...	111	100	88	107	99	88	115	
Under Treatment,	432	428	423	442	443	436	459	
Discharged, ...	74	75	54	79	65	64	69	
Discharged	{	Recovered, ...	29	24	51	44	32	40
		Relieved, ...	28	24	19	17	27	21
		Not Improved,	18	6	9	4	5	8
		Incurable, ...	35	25	18	14	25	19
Died, ...	29	19	34	19	30	28	15	
Remain, ...	328	334	335	344	348	344	375	
<hr/>								
<i>Crichton Royal Institution.</i>	1858.	1859.	1860.	1861.	1862.	1863.	1864.	
Applied, ...	85	76	70	68	80	60	68	
Admitted, ...	33	25	17	27	36	26	40	
Under Treatment,	154	144	135	137	145	142	155	
Discharged, ...	23	18	15	23	24	22	29	
Discharged	{	Recovered, ...	5	3	13	15	10	19
		Relieved, ...	12	11	8	7	9	6
		Not Improved,	1	1	2	2	3	4
		Incurable, ...	10	10	8	8	9	6
Died, ...	11	8	10	5	5	5	2	
Remain, ...	119	118	110	109	116	115	124	
<hr/>								
<i>Southern Counties' Asylum.</i>	1858.	1859.	1860.	1861.	1862.	1863.	1864.	
Applied, ...	122	81	84	83	79	72	80	
Admitted, ...	78	75	71	80	63	62	75	
Under Treatment,	278	284	288	305	298	294	304	
Discharged, ...	51	57	39	56	41	42	40	
Discharged	{	Recovered, ...	24	21	38	29	22	21
		Relieved, ...	16	13	11	10	18	15
		Not Improved,	17	5	7	2	2	4
		Incurable, ...	25	15	10	6	16	13
Died, ...	18	11	24	14	25	23	13	
Remain, ...	209	216	225	235	232	229	251	

GENERAL TABLE NO. II.

Shewing Results of the Year.

	C. R. I. N.			PRIVATE.			S. C. A.			PAUPERS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	T.	W. T.	
In the Institution, 11th Nov., 1863,	67	48	115	25	17	42	106	81	187	229	344	
Admitted during the year,.....	24	16	40	12	13	25	21	29	50	75	115	
Under Treatment,.....	91	64	155	37	30	67	127	110	237	304	459	
Discharged,.....	18	11	29	7	7	14	11	15	26	40	69	
Died,.....	1	1	2	2	1	3	8	2	10	13	15	
Resident 11th November, 1864,.....	72	52	124	28	22	50	108	93	201	251	375	

Admission of Patients between 11th November, 1863, and 11th November, 1864.

I. Sex of those Patients Admitted into the Asylum,	C. R. IN.			S. C. A.						Whole Total.	
				PRIVATE.			PAUPER.				
	M.	F.	T.	M.	F.	T.	M.	F.	T.		
	24	16	40	12	13	25	21	29	50	75	115
<i>II. Ages of those Admitted.</i>											
Between 10 and 20, ...						1	1	5	2	7	8
... 20 and 30, ...	7	2	9	2	6	8	3	2	5	13	22
... 30 and 40, ...	8	1	9	3	2	5	2	8	10	15	24
... 40 and 50, ...	8	9	17	3		3	6	9	15	18	35
... 50 and 60, ...	1	2	3	2	2	4	3	6	9	13	16
... 60 and 70, ...		1	1	2	2	4	1	2	3	7	8
... 70 and 80, ...		1	1				1		1	1	2
	24	16	40	12	13	25	21	29	50	75	115
<i>III. Class of those Admitted.</i>											
Private, ...	24	16	40	12	13	25					
Paupers, ...							21	29	50	75	115
	24	16	40	12	13	25	21	29	50	75	115
<i>IV. Social Condition of those Admitted.</i>											
Married, ...	8	4	12	3	6	9	6	8	14	23	35
Single, ...	14	10	24	7	6	13	12	18	30	43	67
Widowed, ...	2	2	4	2	1	3	3	3	6	9	13
	24	16	40	12	13	25	21	29	50	75	115
<i>V. Mental Disease of those Admitted.</i>											
Dementia, ...	2	4	6	1	1	2	2	2	4	6	12
General Paralysis, ...	1		1	1		1	1	1	2	3	4
Imbecile, ...				1		1	2	1	3	4	4
Mania, Acute, ...	4	4	8	2	4	6	2	8	10	16	24
Mania, Chronic, ...	1		1	2	3			6	6	9	10
Mania, Dypsomaniacal, ...	8		8				1	1	2	2	10
Mania, Epileptic, ...							4	2	6	6	6
Mania, Homicidal, ...				1		1				1	1
Delusional Insanity, ...	2		2								2
Mania, Simulated, ...							1		1	1	1
Melancholia, Acute, ...	4	7	11	2	4	6	3	6	9	15	26
Melancholia, Homicidal, ...				2		2				2	2
Melancholia, Suicidal, ...				1	2	3	3	2	5	8	8
Monomania, ...	2	1	3				2		2	2	5
	24	16	40	12	13	25	21	29	50	75	115
<i>VI. Occupations of those Admitted.</i>											
Blacksmith, ...							1		1	1	1
Blacksmith, Wife of, ...								1	1	1	1
Boarding-House Keeper, ...		1	1								1
Bookseller, ...	1		1								1
Carter, Wife of, ...								1	1	1	1
Clergymen, ...	2	2	4								4
Clerk, ...	4		4				1		1	1	5
Coal Merchant, Wife of, ...								1	1	1	1
Domestic Servant, ...		1	1	5	5		8	8	13	13	14
Draper, ...	2		2	3		3				3	5
Draper, Wife of, ...				1	1					1	1
Druggist, ...	1		1				1		1	1	2
Engine Man, ...							1		1	1	1
Engraver, ...				1		1				1	1
Farmer, Wife of, ...					1	1				1	1
Farmer, Daughter of, ...				1	1			1	1	2	2
Gardener, ...				3	3					3	3

Causes of Diseases of those Admitted <i>Continued.</i>	C. R. IN.			S. C. A.						Whole Total.
				PRIVATE.			PAUPER.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Religious Excitement, ...				1	1	2	1	1	3	3
Remorse, ...				1	1	1			1	1
Revivalism, ...				1	1	2	1		1	3
Solitude, ...		2	2							2
Sunstroke, ...	1		1							1
Uterine Disease, ...		1	1							1
Want, ...							1	1	1	1
Unknown, ...	4	4	8	4	2	6	5	13	18	24
	24	16	40	12	13	25	21	29	50	75
<i>VIII. Number of Previous Attacks.</i>										
First, ...	13	9	22	7	11	18	14	14	28	46
Second, ...	2	5	7	3		3	4	9	13	16
Third, ...	3	1	4		1	1		1	1	2
Fourth, ...	1		1		1	1				1
Several, ...	5	1	6				1	3	4	4
Unknown, ...				2		2	2	2	4	6
	24	16	40	12	13	25	21	29	50	75
<i>IX. Age when First Attacked.</i>										
Between 10 and 20, ...	2	1	3		2	2	4	4	8	10
... 20 and 30, ...	10	4	14	2	5	7	3	2	5	12
... 30 and 40, ...	7	2	9	4	3	7	6	7	13	20
... 40 and 50, ...	3	5	8	3		3	3	7	10	13
... 50 and 60, ...		3	3		2	2		2	2	4
... 60 and 70, ...		1	1	1	1	2	1	1	2	4
... 70 and 80, ...							1	1	1	1
Unknown, ...	2		2		2		3	6	9	11
	24	16	40	12	13	25	21	29	50	75
<i>X. Duration of Existing Attack.</i>										
Under One Month, ...	7	5	12	2	2	4	3	12	15	19
More than 1 Month and less than 3 M.	6	2	8		2	2	3	3	6	8
... 3 ... 6 Months.	4	4	1	4	5			2	2	7
... 6 ... 9 ...								1	1	1
... 9 ... 1 Year.				1		1		1	1	2
... 1 Year and less than 3 Years.	4	1	5	2	2	4	2		2	6
... 3 Years ... 5 ...	2		2	1	1	2	4	3	7	9
... 5 ... 10 ...		4	4				3	1	4	4
... 10 ... 20 ...	1		1	1		1	3		3	4
... 20 ... 40 ...	1		1							1
... 40 ... 50 ...										
Unknown, ...	3	3	4	2	6	3	6	9	15	18
	24	16	40	12	13	25	21	29	50	75
<i>XI. Bodily Condition of those Admitted.</i>										
Unimpaired, ...	8	1	9	5	4	9	5	5	16	19
Impaired, ...	12	8	20	3	4	7	7	10	17	24
Diseased, ...	4	7	11	4	4	8	9	14	23	31
Moribund, ...				1	1				1	1
	24	16	40	12	13	25	21	29	50	75

Discharges between 11th November, 1863, and 11th November, 1864.

I. Sex of Patients Discharged between the above Dates,	C. R. IN.			S. C. A.						Whole Total.	
				PRIVATE.			PAUPER.				
	M.	F.	T.	M.	F.	T.	M.	F.	T.		
	18	11	29	7	8	15	12	15	27	42	71
<i>II. Age of those Discharged.</i>											
Between 10 and 20, ...		2	2	1		1	1	3	4	5	7
... 20 and 30, ...	6	1	7	2	5	7	1	1	1	8	15
... 30 and 40, ...	7		7	2	2	4	4	2	6	10	17
... 40 and 50, ...	4	4	8		1	1	4	9	13	14	22
... 50 and 60, ...		2	2	1		1	1		2	3	5
... 60 and 70, ...	1	2	3	1		1	1		1	2	5
	18	11	29	7	8	15	12	15	27	42	71
<i>III. Class of those Discharged.</i>											
Private, ...	18	11	29	7	8	15			12	15	27
Pauper, ...											44
	18	11	29	7	8	15	12	15	27	42	71
<i>IV. Mental Diseases of those Discharged.</i>											
Dementia, ...						1	1	1	1	2	3
Dipsomania, ...	5		5					3		3	8
General Paralysis, ...	1		1								1
Imbecility, ...	1		1								1
Mania, ...				3	2	5	2	5	7	12	12
Mania, Acute, ...	4	5	9								9
Mania, Chronic, ...	2		2								2
Mania, Intermittent, ...				1	2	3	2	3	5	8	8
Mania, Simulated, ...						1			1	1	1
Melancholia, ...	4	5	9	3	3	6	3	6	9	15	24
Monomania of Suspicion, ...	1		1								1
Moral Insanity, ...		1	1								1
	18	11	29	7	8	15	12	15	27	42	71
<i>V. Duration of Disease of those Discharged.</i>											
Under One Month, ...				2		2	1		1	3	3
... Two Months, ...		1	1		1	1		1	1	2	3
... Three Months, ...	4	2	6		1	1		1	1	2	8
... Six Months, ...	2	1	3		1	1		4	4	5	8
... Nine Months, ...	3	3	6	1	2	3	1	1	2	5	11
... One Year, ...	2	2	4		1	1	1	3	4	5	9
... Two Years, ...	2	1	3	2	1	3	3	2	5	8	11
... Three Years, ...				1	1	2		1	1	2	2
... Five Years, ...								1	1	2	2
... Six Years, ...	3		3				4		4	4	4
... Seven Years, ...											1
... Eight Years, ...	1		1			1				1	1
... Ten Years, ...				1		1				1	1
... Twenty Years, ...		1	1								1
Congenital, ...	1		1								1
	18	11	29	7	8	15	12	15	27	42	71
<i>VI. Condition when Discharged.</i>											
Recovered, ...	12	7	19	3	6	9	5	10	15	24	43
Relieved, ...	3	3	6	2	2	2	1		1	3	9
Not Improved, ...	3	1	4	2	2	4				4	8
As Single Patients, ...							4	1	5	5	5
On Probation, ...							2	4	6	6	6
	18	11	29	7	8	15	12	15	27	42	71

Cures between 11th November, 1863, and 11th November, 1864.

	C. R. IN.			PRIVATE.			S. C. A.			PAUPERS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	12	7	19	3	5	8	3	10	13	21	40	
<i>I. Sex of those Cured.</i>												
<i>II. Age of Patients Cured.</i>												
Between 10 and 20, ...		1	1					2	2	2		3
... 20 and 30, ...	4	1	5	3	2	5	1	1	2	7		12
... 30 and 40, ...	3		3		2	2	2	3	5	7		10
... 40 and 50, ...	4	2	6					4	4	4		10
... 50 and 60, ...		1	1		1	1				1		2
... 60 and 70, ...	1	2	3									3
	12	7	19	3	5	8	3	10	13	21		40
<i>III. Class of Patients Cured.</i>												
Private, ...	12	7	19	3	5	8					8	27
Pauper, ...							3	10	13	13		13
	12	7	19	3	5	8	3	10	13	21		40
<i>IV. Mental Diseases of Cured.</i>												
Delusional Insanity, ...								2	2	2		2
Dipsomania, ...	5		5									5
Mania, Acute, ...	4	4	8	2	2	4		2	2	6		14
Mania, Chronic, ...								1	1	1		1
Mania alternating with Melancholia,								1	2	3		3
Melancholia, ..	2	2	4	1	3	4	2	3	5	9		13
Monomania of Suspicion, ...	1		1									1
Moral Insanity, ...		1	1									1
	12	7	19	3	5	8	3	10	13	21		40
<i>V. Duration of Mental Diseases of Cured.</i>												
Under One Month, ...				1	1					1		1
... Two Months, ...								1	1	1		1
... Three Months, ...	3	3	6		1	1		1	1	1		8
... Four Months, ...								1	1	1		1
... Six Months, ...	1	1	2					1	1	1		3
... Nine Months, ...	3	3	6		2	2		1	1	3		9
... One Year, ...	2		2					2	2	2		4
... Two Years, ...	1		1	1	1	1		1	2	3		4
... Three Years, ...				1	2	3		2	2	5		5
... Five Years, ...	2		2					1	1	1		3
... Seven Years, ...								1	1	1		1
	12	7	19	3	5	8	3	10	13	21		40

Deaths between 11th November, 1863, and 11th November, 1864.

	C. R. IN.			S. C. A.						T.	Whole Total.
	PRIVATE.			PRIVATE.			PAUPER.				
	M.	F.	T.	M.	F.	T.	M.	F.	T.		
<i>I. Sex of Patients who Died between the above Dates,</i>	1	1	2	2	1	3	8	2	10	13	15
<i>II. Age of Patients who Died.</i>											
Between 20 and 30, ...				1		1		1	1	2	2
... 40 and 50, ...							2		2	2	2
... 50 and 60, ...		1	1	1		1	2	1	3	4	5
... 60 and 70, ...	1		1		1	1	2		2	3	4
... 70 and 80, ...							2		2	2	2
	1	1	2	2	1	3	8	2	10	13	15
<i>III. Class of those who Died.</i>											
Private, ...	1	1	2	2	1	3				3	5
Pauper, ...							8	2	10	10	10
	1	1	2	2	1	3	8	2	10	13	15
<i>IV. Mental Diseases of those who Died.</i>											
Dementia, ...				1		1	1		1	2	2
General Paralysis, ...							2		2	2	2
Idiocy, ...							1	1	2	2	2
Mania, Acute, ...							2		2	2	2
Mania, Chronic, ...				1	1	2		1	1	3	3
Melancholia, ...	1	1	2				2		2	2	4
	1	1	2	2	1	3	8	2	10	13	15
<i>V. Duration of Mental Diseases of those who Died.</i>											
Under One Year, ...					1	1	1		1	2	2
... Two Years, ...				1		1	1	1	2	3	3
... Three Years, ...	1		1								1
... Five Years, ...							2		2	2	2
... Ten Years, ...		1	1				1		1	1	2
... Fifteen Years, ...							1		1	1	1
... Twenty Years, ...				1		1			1	1	1
... Thirty Years, ...							2	1	3	3	3
	1	1	2	2	1	3	8	2	10	13	15
<i>VI. Bodily Disease of which Patients Died.</i>											
General Decay and Bronchitis, ...								1	1	1	1
General Paralysis, ...								2	2	2	2
Ischlunia Renalis, ...								1	1	1	1
Maniacal Exhaustion, ...					1	1	1	1	2	3	3
Morbus Cordis, ...						1	1		1	2	2
Pneumonia, ...							1	1	2	2	2
Plethoric Pulmonalis, ...		1	1								1
Bronchitis, ...	1		1	1		1	1		1	2	3
	1	1	2	2	1	3	8	2	10	13	15

	C. R. IN.			S. C. A.			Whole Total.
	PRIVATE.		PRIVATE.	PAUPERS.			
	M.	F.	T.	M.	F.	T.	
<i>VII. Duration of Bodily Disease of those who Died.</i>							
Under One Week, ...						1	1
... Three Weeks, ...						2	2
... Three Months, ...	1		1				1
... Five Months, ...				1	1	3	4
... Six Months, ...		1	1				1
... Nine Months, ...				1	1	1	2
... Two Years, ...				1	1	1	2
... Five Years, ...						1	1
Several Years, ...						1	1
	1	1	2	2	1	3	8
						2	10
						13	15

	Whole	Partial
1	1	
2	2	
4	4	
2	1	
2	2	
1	1	
1	1	
13	15	

TWENTY-SIXTH ANNUAL REPORT
 OF THE
 CRICHTON ROYAL INSTITUTION
 AND
 SOUTHERN COUNTIES' ASYLUM,
 DUMFRIES,
 FOR THE YEAR 1865.

ANNUAL REPORT
OF THE
ONTARIO ROYAL INSTITUTION
FOR THE YEAR 1880
TORONTO: GIBBONS, BROTHERS, AND COMPANY, PRINTERS.
1881.

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TWENTY-SIXTH ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
AND
SOUTHERN COUNTIES' ASYLUM
FOR THE YEAR 1865.

General Statistics.—During the year terminating 11th November 1865, the applications have been one hundred and fifty-seven, and the admissions one hundred and five. These added to the residents of last year make the number under treatment to have been four hundred and eighty.

The numbers discharged have been seventy-eight, and eighteen have died, leaving resident at the termination of the year three hundred and eighty-four.

Of those discharged, forty-one were "recovered;" twenty-nine were "relieved;" and eight "unimproved." Of these two last, fourteen were deemed incurable.

These statistics include the patients in both establishments, and do not differ materially from those of last year.

The applications are more numerous, the admissions show a slight diminution, while the numbers under treatment are considerably higher. The numbers discharged are also greater, while the deaths are slightly increased.

The numbers resident are actually those in the House, and do not include the "probationers," who are all discharged as relieved. This diminishes to some extent our curative list, as a portion, at least, of those so discharged would otherwise appear under the head of "recovered," who now must of necessity be placed under that of "relieved." The numbers so discharged are eleven.

CRICHTON ROYAL INSTITUTION.

Applications.—The applications to the Crichton Royal Institution were eighty-two. This, with one exception, is the largest number that have applied during eight years, and is considerably more than double the number admitted. A proportion of the non-admissions is doubt-

less due to other causes than those relative to the House itself, but by far the larger number are refused for want of accommodation.

Admissions.—The number admitted were two fewer than last year, but, with that exception, the largest number admitted during eight years. The smallest number admitted in any month was two, while the largest was six.

Of the whole number, twenty-four were males and fourteen females. The usual predominance of males persists. Nine are married, twenty-seven single, and two widowed.

The ages are :—From twenty to thirty, five ; thirty to forty, thirteen ; forty to fifty, ten ; fifty to sixty, eight ; one at sixty-two, and one at seventy-four.

One was admitted by order of the Procurator-Fiscal, two as probationers, the rest by order of the Sheriff. One was twice admitted during the year. Of the thirty-eight, twenty or more than half have had previous attacks ; eighteen have been discharged ; and one has died during the year.

Of those discharged,—eight were cured ; six were improved ; and four unimproved. These last were transferred to the Southern Counties' Asylum : nineteen remain resident.

Mental Condition.—Nineteen were cases of mania, fifteen cases of melancholia, three cases of dementia, and one of general paralysis. One was an epileptic, six were dipsomaniacs, and four were suicides, while seven others were doubtfully so.

Physical Condition.—Unimpaired, one male and three females, total four ; impaired, eighteen males and seven females, total twenty-five ; diseased, five males and two females, total seven. Total males, twenty-four ; total females, twelve ; whole total of males and females, thirty-six.

Under Treatment.—The number under treatment, one hundred and sixty-two, are seven in excess of last year, that being recorded as the largest number in the same category during seven years. When it is stated that the admissions and deaths were nearly the same, and that there was a large excess of discharges, it points obviously to the overcrowding and difficulties connected with it which have occurred during the year.

Discharges.—The number discharged, thirty-five, is the largest recorded for eight years.

Recovered.—The recoveries, eighteen, are also a maximum number.

Eleven were males and seven females. Eight were admissions within the year; eight were resident under one year; one under two, and one under three. One was a voluntary patient.

Relieved.—Of those relieved and unimproved, seventeen, nine were sent to friends; two discharged on probation, one of them twice; and five were transferred to the Southern Counties' Asylum, of whom two were relieved and three unimproved. Seven were deemed incurable, and four doubtfully so.

Three patients appear twice in the discharge list within the year.

We have to record—and we deem it worthy of record—that this year only one patient was discharged as really against medical advice. Even this case was not a strong one; it had to be deplored, however, for two reasons; in the first place, because the case was in itself an interesting one, and afforded ground for hope of cure; in the second place, because improvement was progressing hopefully. In some others, doubt was expressed, but in every one of them some reason was given for the removal beyond the mere will of the friends. In no former year have we had so little to deplore in this respect. The rashness, self-will, and ignorance displayed in the removal of patients against medical advice exceeds belief. To witness the painful—often fatal—results, is one of the hardest trials the Medical Superintendent has to undergo.

Mortality.—The deaths are three in number, one male and two females. One of the females died of pneumonia, and one of tetanus. One was aged seventy-six, the other seventy-four. The male patient died of general paralysis at fifty. The case of tetanus, happily a rare disease, especially among the insane, was thought of sufficient importance to be published at the time of its occurrence. One of the cases was resident three weeks, one under three months, and the other about two and a half years.

Attention was drawn in last year's report to the low rate of mortality existing in the establishment. Happily this year, contrary to expectation, we are able to give an almost equally favourable account.

Last year there were in the Crichton Royal Institution two deaths to one hundred and fifty-five under treatment, which gives 1.29 per cent. This year there are three to one hundred and sixty-two, which is 1.85 per cent. If the ages of two of the patients be taken into account and the nature of the case in the third, it will appear still more favourable, for little could be expected of patients at seventy-six and seventy-four years of age, detained at home till they were in the last stage of exhaustion, and thus, as is too frequently the case,

sent to the House, when there is not the faintest hope of doing more than retaining the patient in life for a few more weeks or months by good nursing. The third—the case of general paralysis—which is always fatal within a short period, lived longer than was anticipated—nearly two years and a half.

Residents.—The numbers in the Crichton Royal Institution this year are precisely the same as last, viz., one hundred and twenty-four, of whom fifty are females and seventy-four males. Last year the corresponding numbers were fifty-two and seventy-two.

Accommodation.—As one hundred and twenty represents the capacity of the House, it will appear obvious that it is not only full but crowded, and this, too, notwithstanding the fact that during the three days preceding the termination of the year patients were discharged.

This persistent overcrowding of the House has been an increasing difficulty for years. It is to be hoped that somehow or other means will be found to secure the establishment of an equilibrium between demand and supply.

The refusal to admit patients at the lower board, which has been again adopted for the last two or three years, has not lessened the demand for admission, while it has introduced another important element of disturbance by disarranging the relative numbers of the different classes, for each of which the House makes a fixed provision.

Mental Condition.—The following table exhibits the mental condition of the residents under the usual headings :—

Diseases.	Males.	Females.	Total.
Mania, ...	26	21	47
Melancholia, ...	11	10	21
Monomania, ...	5	7	12
Dementia, ...	24	12	36
Imbecility, ...	5	—	5
Idiocy, ...	2	—	2
General Paralysis,	1	—	1
	74	50	124

Nine are besides Dipsomaniacs and Two Epileptics.

Physical Condition.—The physical condition is also given below in a tabular form :—

Health.	Males.	Females.	Total.
Unimpaired, ...	38	11	49
Impaired, ...	27	27	54
Diseased, ...	8	12	20
Moribund, ...	1	—	1
	74	50	124

Curability.—The condition of the patients as to curability is also appended. No case is given as curable, that is, there is no patient in the House who fairly warrants the expectation that he will be discharged with perfect mental health.

The nineteen doubtfully curable cases include, amongst others, the recent admissions. The more doubtful of this class will probably succumb to the disease, while the greater proportion will return to their homes and occupation, but with more or less impairment of mental health and with greater or less liability to the return of the disease.

	Males.	Females.	Total.
Curable, ...	—	—	—
Doubtfully curable,	10	9	19
Incurable, ...	64	41	105
	<u>74</u>	<u>50</u>	<u>124</u>

Condition of the House.—This is also exhibited in a tabular form, as extracted from the Daily Register. It gives the condition of the patients on the last day of the year. It must, however, be remembered that several of its items are liable to the greatest possible variation.

	Males.	Females.	Total.
Employed—			
Industrially, ...	19	22	41
For Amusement, ...	36	5	41
Under Superintendence—			
Taking Exercise { In Airing Court, ...	7	—	7
In Grounds, ...	58	32	90
Beyond Walls, ...	28	16	44
On Parole—			
In Grounds, ...	12	1	13
Beyond Walls, ...	1	—	1
Dining in Association, ...	60	37	97
Confined to House—			
By Medical Order, ...	2	10	12
From Caprice, ...	—	3	3
Confined to Bed—			
From Disease or Debility, ...	1	1	2
From Caprice, ...	—	1	1
Special Dresses—Gloves, Muffles, &c.,	—	1	1
... With Special Fastenings,	—	1	1
... With Locked Boots,	1	3	4
... Quilted Blankets,...	—	3	3
Sleeping on Stretchers, ...	1	—	1
Raised by Night Attendant,...	12	7	19

To these may be added the following :—Thirty-seven patients have not been at Chapel during the year ; twenty-five not at Amusements ; five have never been out of the House ; twelve never beyond the walls. The causes necessitating such conditions are sometimes mental, sometimes physical. Sometimes the patient is absent from want of will, sometimes from want of ability. The same patients generally appear under the different headings.

	Males.	Females.	Total.
Never at Chapel, ...	19	18	37
Never at Amusement, ...	15	10	25
Never beyond Walls, ...	2	10	12
Never out of House, ...	—	5	5

The House statistics conclude with the following table, which explains itself :—

	Males.	Females.	Total.
Criminals, ...	2	—	2
Homicides, ...	1	1	2
Suicides, ...	5	5	10
Epileptics, ...	2	—	2
Paralytics, ...	4	2	6
Destructives, ...	8	4	12
Dangerous, ...	13	5	18
Violent, ...	3	6	9
Abstinent, ...	—	2	2
Sick, ...	3	1	4
Infirm, ...	2	1	3
Helpless, ...	2	4	6
Dirty Habits, ...	8	8	16

Restraint and Seclusion.—Restraint of any kind has not been had recourse to, in any case, during the year, nor has the douche, shower, or plunge-bath been used on any occasion as a mere repressant.

Seclusion has extended to sixteen cases, seven of these have been only once secluded, and four others two, three, and four times. In these eleven cases, the whole time secluded by each during the year has not exceeded a day, in-most of them from half-an-hour to a few hours.

Of the other five, one lady has been secluded twenty-seven times, the term of seclusion generally extending to two or three days. This is a case of remittent mania, in which the paroxysms are attended with great violence, destructiveness, and obscenity. Happily the case, after persisting in this condition for two or three years, has passed into restless melancholia, and the unfortunate lady no longer requires to be separated from her companions.

Another lady suffers from the same form of mania, although the

paroxysms are not so violent, nor long continued. She has been secluded seventeen times, in all about seventeen days.

A third lady, who must be placed in the same category, has been in seclusion six times, in all about five days.

Two other ladies on admission were in the condition of acute mania and secluded for a few days each till the acute stage had disappeared. In all these cases the ordinary Bedroom, darkened or otherwise, or a small secluded Gallery is used, according to circumstances.

As this is held to be the most appropriate treatment in such cases and has nothing extraordinary or specific about it, it is not easy to see why it should be dignified, or degraded rather, by the specific designation "seclusion." The term may be more appropriately applied to those cases which are secluded as a matter of safety in cases of temporary violence or excitement. A measure which we deem infinitely preferable to the, by some, much lauded restraint by attendants, the presence of whom, in such circumstances, almost invariably increases the excitement of the patient.

In the Commissioners' Report the greatest possible difference of practice is recorded as existing in the various Asylums on this subject. It appears self-evident that the Restraint-Book must be very dependent on the interpretation of the term. It is doubtless one of those to which may be very appropriately applied the well-known adage, *Quot homines, tot sententiae*.

Escapes.—The Escape Book presents us with only two cases. One was that of a patient who had not been long in the House. He was absent only a few hours, and returned uninjured. He put his foot into a trap by inquiring the way at our seaside residence. His escape was due entirely to the carelessness of the attendant.

The other was a case of more interest. The patient, being deemed trustworthy, was on parole within the grounds. One night his bedroom was found empty, and in lieu of himself was a note as follows:—"Only gone to vote. I will be back at bed-time on Tuesday evening without fail, so don't alarm yourselves." Having perfect faith in the patient's word of honour, there was no doubt felt as to his making his appearance in due time, unless detained against his will. It was, nevertheless, necessary to hunt him up. The attendant found him next day in a celebrated western burgh, as he was leaving the polling-booth. Having accomplished his object, he willingly returned with the attendant. He had walked all night a distance of twenty to thirty miles, and hired a gig for the rest of the journey—about an equal distance.

Accidents.—The Accident Book presents us with only one case.

A patient, aged seventy-four, somewhat feeble and erratic in his movements, fell from his own feet on the floor, and dislocated the right shoulder downwards. As it occurred during the usual medical visit, the dislocation was immediately reduced, and the patient was all right in a few days.

SOUTHERN COUNTIES' ASYLUM.

Applications.—The applications to the Southern Counties' Asylum, seventy-five, were very slightly in excess of the admissions, sixty-seven. Though the House has been recently overcrowded no case entitled to admission has been refused, as relief from the opening of the new additions was at hand.

Admissions.—The admissions, sixty-seven in number, though not the minimum, are under the average of the last eight years. They exhibit, however, an extraordinary and unaccountable increase recently. In the first half of the year there were admitted twenty, in the second half forty-seven, considerably more than double. In the first five months of the year the admissions were fourteen, whereas in the one month of September there were seventeen admitted.

A few externs were recently admitted, in anticipation of the accommodation to be placed at our disposal by the opening of the new building.

The sexes are—twenty-eight males to thirty-nine females.

Seventeen are private and thirty-one pauper.

Twenty-two are married.

Twenty-nine are single and six widowed.

The ages vary from thirteen to eighty-six. Under twenty there are five (one at thirteen, two at sixteen, and two at eighteen); at and above seventy, four (one at seventy, one at seventy-one, one at seventy-three, and one at eighty-six). Four are unknown. The rest are intermediate between twenty and seventy.

One was admitted by order of the Procurator-Fiscal; one was voluntary; two were re-admitted probationers; four were transfers from the Crichton Royal Institution. The rest were admitted in the ordinary way by orders from the Sheriff.

Re-admissions within the year, three.

Fifteen have had more than one attack.

There were discharged during the year nine cured, three improved, four not improved; and two died, leaving resident forty-nine.

Mental and Physical Condition.—The mental and physical condition is exhibited in the following tables :—

Mental Condition.	Males.	Females.	Total.
Mania, ...	14	12	26
Melancholia, ...	8	16	24
Dementia, ...	3	4	7
Monomania, ...	—	3	3
Imbecility, ...	2	4	6
General Paralysis,	1	—	1
	28	39	67

Physical Condition.	Males.	Females.	Total.
Unimpaired, ...	8	8	16
Impaired, ...	15	13	28
Diseased, ...	5	18	23
	28	39	67

Discharges.—The discharges, forty-three, are about the average number of former years : twenty-three were cured, fifteen improved, and five unimproved.

One male and five females were private ; fifteen males and seventeen females were pauper.

Recovered.—Of the twenty-three recovered, one male and four females were private, ten males and eight females paupers. Nine of the number were admitted within the year.

Relieved.—Of the twelve relieved, one was a private female ; three males and three females were pauper ; and five were probationers, all females, of whom two were private and three pauper.

Two were discharged as probationers, having completed their term of trial ; one was sent to Ireland, her native country ; two were sent to Private Houses, by order of the Commissioners ; and two were discharged as private patients, and five on probation.

Unimproved.—Of the five discharged not improved, one was sent to his native country in Ireland, one was discharged as a voluntary patient, and three being private patients were removed by friends.

Residents.—The residents, two hundred and sixty, is the largest number we have yet had to record as inmates in the Southern Counties' Asylum. As a number of patients have just been discharged, it does not represent the maximum number which the House has contained. It has, besides, to be remembered that the probationers are not included, who would have swelled the number to two hundred and

sixty-nine. Bearing in mind the large number of externs discharged in 1858 and 1857, the increase of residents has been about ten annually. Should it continue at the same rate, the accommodation provided by the new addition will be exhausted in seven years. Should special provision be made as proposed for private patients with small or exhausted means, it will be sufficient for ten years. It is hoped that by this time the tendency to increase will have reached its limits.

The externs at present resident are twenty, of whom twelve are males and eight females. The greater number of these cases are old patients, not discharged for special reasons. The remainder are almost all transfers from the Crichton Royal Institution. During the year there have been seven of this class admitted, of whom four were transfers from the Crichton Royal Institution, and two intimately connected with it.

The sexes of the residents are one hundred and forty-three males to one hundred and seventeen females.

There are fifty private patients and two hundred and ten pauper. The following analytic table represents the present condition of the residents :—

	Males.	Females.	Total.
Epileptics, ...	12	10	22
Paralytics, ...	4	3	7
Abstinent, ...	6	17	23
Sick, ...	6	13	19
Infirm, ...	8	14	22
Violent, ...	26	35	61
Destructive, ...	19	23	42
Dangerous, ...	21	27	48
Wet or Dirty, ...	25	23	48

Deaths.—The deaths, fifteen in number, are two in excess of last year. The number under treatment this year being greater than last, reduces them to nearly an equality. In the present year there are fifteen deaths to three hundred and eighteen under treatment; in the former there are thirteen to three hundred and four. The respective per-centages are 4.71 to 4.28. For both Houses the respective per-centages of this year and last are 3.75 to 3.27, the increase this year being only a fraction per cent. on last.

Perfectly aware of the extreme variability which is exhibited by the mortality tables of an Asylum in a succession of years, we have no wish to boast. It is fair to note, however, that while the rate of mortality in the Institution has always been very moderate and far below that of many establishments, the exceptionally low rate of last year has

been followed by another nearly equally so, when there might have been anticipated a considerable increase.

In the Crichton Royal Institution, the deaths, in the last five years, have been exactly twenty, while in the three preceding there were twenty-nine. As the diminution has persisted for five successive years, we only hope it may continue.

Of the fifteen deaths, one was private, a male; and fourteen pauper, five males and nine females.

The ages are:—Twenty to thirty, two; thirty to forty, six; forty to fifty, one; fifty to sixty, two; sixty to seventy, two; one at seventy; one at seventy-five.

The causes of death were:—

Epileptic Exhaustion, ...	7
Consumption, ...	3
General Paralysis, ...	2
Heart Disease, ...	1
Cardiac Dropsy, ...	1
Pulmonary Hæmorrhage, ...	1

15

Restraint and Seclusion.—No case has been under mechanical restraint during the year. Thirty-one cases have been secluded. Of these thirteen have been once in seclusion from two to eight hours each, six twice, five three times, one four times, two six times, and one seven times, for similar periods of time.

Two have been secluded thirteen times, and one fifty-three times. One of the two former is a strong-limbed, virile-voiced vociferator, whose thunder-toned denunciations, sometimes continued for hours, would rouse into uncontrollable irritability a gallery of Jobs.

Another is a case of unusually prolonged furious mania in a powerful woman, whose words are disgusting and acts dangerous.

The third, who has been so frequently confined, is a big-boned rough-limbed imbecile, whose form and instincts are evidently of the gorilla type. She is liable to sudden paroxysms of fury, during which one swing of her weighty arm clears an inordinate amount of space, provided there be human obstructions in the way. What good could be effected by placing such a creature in fetters, as would be done by our friends on the Continent, or under the control of a set of attendants, as would be done by our foes in this country, we cannot see. Quietly transferred to the Exclusion Gallery, with no fetters to chafe at nor antagonist to rouse, her passions soon die out exhausted.

New Buildings.—The additions to the Southern Counties' Asylum, intimated in last Report as in a progressive condition, are just completed, and, so far as we can judge, promise to afford all the advantages that were anticipated from them.

1. There is ample Cellarage for Storage and Engine-Room, &c.
2. There is a General Bath Room expressly provided for the new department.
3. There is a Dining Hall, conveniently situated equally to the kitchen, to the new department, and to the old part of the House, and of sufficient size for the accommodation of the entire patients. This will also serve as a General Amusement Room.
4. There is a new Chapel, of easy access and ample size, with a fair share of architectural beauty, and not wanting even in ecclesiastical pretensions.
5. There are large additions to the domestic department, consisting of an Enlargement of the Kitchen, a Back Kitchen, a Servants' Hall, a Crockery Store, Pantry, Larder, Milk House; and in sleeping accommodation, a Servants' Dormitory, Two Single Rooms, a Sick Room, and a Housekeeper's Room.

6. Work-Room Accommodation, consisting of One Large Room, Two Moderately-Sized, and Two Smaller.

7. Special Accommodation for Patients. This consists of Two Large Day Rooms, Two Large Dormitories, Two Smaller, Two Small, and Six Single Rooms, providing in all for seventy-five patients with their attendants, for whom there are also three separate rooms.

In planning and executing these additions, the prospective demand for increased accommodation has been steadily kept in view, so that the Chapel, Dining Hall, Work Rooms, and Provision for Domestics are such as to size, relative position, &c., as to be sufficient not merely for the establishment in its present condition but for any reasonable future increase.

Another matter of still greater importance has been kept in view in these additions, viz., the entire rearrangement and classification of the patients. They are so planned that the entire working males will be located in the new building and thus isolated to a considerable extent from the rest of the House, yet having easy access to it when occasion requires.

In like manner the entire working females will be located in the central part of the old building, forming thus also a department by itself. In the wings and cross wings will be retained the non-working patients, the recent cases, the refractory, and the sick.

This arrangement will be attended by many advantages, amongst

others, greater comfort to the patients generally with increased facility and economy in the working of the Establishment. Even in a curative point of view it will be important, as a patient will find himself passing upwards step by step, as improvement progresses, while at every successive step he will secure increased comforts and more agreeable companions.

8. In making provision for the new arrangements, a large dormitory in the old Building was appropriated for a new female work-room; the patients occupying it were, however, accommodated elsewhere by other arrangements, so that the actual gain to the House by the new Building is represented by seventy-five patients. Taking its cost at £5,000, it would give the expenditure of £66 per head,—a moderate sum. When, however, it is considered that not one-half of the building is provided for those patients; that, in fact, the Chapel, the Dining-Hall, the Work-Room, the Domestic Accommodation, and the Enlargement of the Kitchen, are fitted not only to supply their wants, and the wants of the entire Establishment, nor these only but also those of its Future Extension; when all this is taken into consideration, the work must be considered remarkably economical.

9. The new addition not only satisfies the demand for increased accommodation, but with its Chapel, Dining-Hall, Workshops, &c., supplies many wants long and severely felt. It does not, however, satisfy all demands. There are, at least, two defects which still require to be remedied before we can reach the level of ordinary requirements.

1st. Some provision requires to be made in the old galleries for Attendants, Storage, &c., which up to this moment are entirely destitute of such provision.

2nd. There is Infirmary Accommodation required. Our present Infirmarys, so called, consist simply of an ordinary Dormitory with no adjuncts whatever, no day-room, no store-room, no attendants' room, no death-room, &c. This provision, originally inadequate, becomes daily more so, as the patients increase in number.

3rd. A third proposition has been entertained, viz. to make special provision for a class of patients immediately above paupers. This, besides being a great boon to such patients, would be productive of other indirect benefits to the House.

A plan to remedy these defects is already before the Board and it is to be hoped it will receive the consideration it merits, be adopted, and thereby place the House, in some measure, on an equality with our new District Asylums, and secure at once its efficient and economical working.

In preparing plans for these additions, the various new schemes now proposed for the location of the working classes of patients were duly considered. As, however, the upper part of the Building was required to supply the wants of the existing Establishment, it was found a matter of necessity to provide the demanded accommodation for patients along with it.

In any similar future demand the propriety of locating some of the quiet patients in Cottages to be provided for the Attendants as already proposed, and especially of placing the working patients on a farm, deserves and ought to receive the most careful consideration: for no doubt can be entertained that such an arrangement would secure two-important results,—greater economy in the working of the Establishment and greater comfort to the patients, if not a higher rate of cures.

Amusements.—We have nothing new to record in our amusement or recreative arrangements. The appended lists give all the information required. Our Tourist Party failed this year for want of materials, funds, and time.

Southern Counties' Amusements from November 11th, 1864, to November 11th, 1865:—

	House.	Town.	Males.	Females.	
Open-Air Dances, ...	11	...	433	172	
Concerts, ...	6	...	392	120	
Panorama, ...	1	...	15	12	
Parties to Broomlands, ...	...	3	16	14	
Parties to Crichton House, ...	...	2	20	40	
Reading and Miscellaneous					
Entertainments, ...	3	...	127	95	
Theatrical Performances, ...	5	...	115	102	
Dumfries Mechanics' Exhibition, ...	12	...	75	52	
Picnics, ...	10	...	73	49	
New-Year's Ball, ...	1	...	103	57	
St. Valentine's Festival, ...	1	...	70	46	
Harvest Home, ...	1	...	74	39	
Tea Party, ...	1	...	95	57	
	40	17	1726	1150	Total, 2876.

Crichton Royal Institution Amusements from November 11th, 1864, to November 11th, 1865:—

	House.	Town.
Lectures, ...	6	12
Theatrical Performances, ...	5	16
Concerts, ...	8	20
Drawing-Room Dances, ...	8	
Open-Air Dances, ...	11	
Gallery Tea and Dancing Parties, ...	4	

	House.
Reading and Miscellaneous Entertainments,	8
Picnics and Scientific Driving Excursions,	67
Fishing Parties,	17
Crichton House Parties,	3
Parties to Castle-Dykes Gardens,	3
Parties to Dumfries Exhibition,	15
Special Celebrations,	4
Festivals of St. Valentine, Harvest Home, Hallowe'en, and New-Year's Ball.	

Occupation.—A number of gentlemen were induced this summer to undertake gardening. A portion of ground was allotted to each, and a wholesome competition elicited. Five gentlemen were thus occupied. The interest excited extended to the ladies, two of whom also competed, I need not say, with entire success. A few gentlemen also assisted at the formation of our Curling-Pond. From the new classification about to be adopted in the Southern Counties' Asylum of the working patients, it is expected that a large addition will be made to the working list.

Improvements.—The only thing we can note, under this head, apart from the additions to the Southern Counties' Asylum, is our Curling-Pond. It has been long talked about, but has not hitherto been undertaken, on account of the demand made on our labourers by the removal of the large and unsightly accumulation of earth which had lain for an unreasonable time in the grounds and to the excavations required for the additions to the Southern Counties' Asylum.

Could we secure a supply of water for the summer, which is doubtful, it would form a beautiful ornamental lake, and would be seen to great advantage from the higher part of the grounds.

In the meantime we can only devote it to the purpose for which it was more especially provided, and thus secure a new item to our recreation list and a new source of health and pleasure to our residents.

Sea-Side Residence.—Our party this year numbered sixteen, thirteen gentlemen and three ladies, a considerable increase on those of other years. The time spent there was from three weeks to three months, and, according to the visitors' account, was passed very pleasantly.

Water Supply.—The boring process for water on the bank of the Nith has been discontinued meanwhile.

If measurements be correct, the pump delivers about 4000 gallons per hour, at which rate a day's pumping of ten hours supplies 40,000 gallons. At the same rate, and with the pump in constant action, the daily supply would be 96,000, a quantity much more than is required.

We must, however, express our disbelief in the accuracy of the tests

employed. It would appear, however, that there can remain no longer any doubt that a sufficient supply could be obtained by more boring, if necessary.

As the source of supply is far from the House and involves considerable expenditure, boring has been commenced within the grounds, with what success remains to be seen.

We are happily not called on this year to record in sad terms the decease of any of our working or directing staff. One intimately connected with the House has, however, passed away, and the fact thus recorded with regret we know will be responded to by very many within these walls. This is not the place to notice the merits of a character so rare and exceptional, but her long and intimate connection with the House, her liberality and kindness to patients and officers, can never be forgotten.

We have to acknowledge the aid given us by a matured and experienced staff, the various members of which have performed their duties with exemplary patience and zeal.

Dr Stewart, availing himself of the materials accumulating since the opening of the establishment, has produced a series of elaborate statistics on the subject of insanity which will prove generally useful. They have been noticed with approval in the various journals.

Though "doctors differ," which they should not do, seeing that the other classes of the community claim a monopoly of the privilege, our two consultants have not done so. Though brought into "dangerous proximity" over cases of a mixed and dubious nature, happily they "agreed to differ," and so proved beyond dispute, contrary to established belief, that doctors do sometimes agree.

The year has passed away quietly; no accident has occurred. The machinery, though sometimes threatening, has never come to a standstill, while its jolts and jars only served to remind us that it is constructed of human materials.

We must conclude with grateful acknowledgments to all who have aided us in securing results so satisfactory, under the superintendence of Him who ruleth over all.

J. GILCHRIST, M.D.

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T A B L E S.

For C. R. I. read Crichton Royal Institution.
For S. C. A. read Southern Counties' Asylum.

GENERAL TABLE, NO. I.

Showing Condition of Both Establishments, Separately and Combined, for Successive Years.

<i>Both Establishments.</i>		1858.	1859.	1860.	1861.	1862.	1863.	1864.	1865.
Applied, ...		207	157	154	151	159	132	148	157
Admitted, ...		111	100	88	107	99	88	115	105
Under Treatment,		432	428	423	442	443	436	459	430
Discharged,		74	75	54	79	65	64	69	78
Discharg'd	Recovered, ...		29	24	51	44	32	40	41
	Relieved, ...		28	24	19	17	27	21	29
	Not Improved, ...		18	6	9	4	5	8	8
	Incurable, ...		35	25	18	14	25	19	14
Died, ...		29	19	34	19	30	28	15	18
Left, ...		328	334	335	344	348	344	375	364
<i>Crichton Royal Institution.</i>		1858.	1859.	1860.	1861.	1862.	1863.	1864.	1865.
Applied, ...		85	76	70	68	80	60	68	82
Admitted, ...		33	25	17	27	36	26	40	38
Under Treatment,		154	144	135	137	145	142	155	162
Discharged, ...		23	13	15	23	24	22	29	35
Discharg'd	Recovered, ...		5	3	13	15	10	19	18
	Relieved, ...		12	11	8	7	9	6	14
	Not Improved, ...		1	1	2	2	3	4	3
	Incurable, ...		10	10	8	8	9	6	9
Died, ...		11	8	10	5	5	5	2	3
Left, ...		119	118	110	109	116	115	124	124
<i>Southern Counties' Asylum.</i>		1858.	1859.	1860.	1861.	1862.	1863.	1864.	1865.
Applied, ...		122	81	84	83	79	72	80	75
Admitted, ...		78	75	71	80	63	62	75	67
Under Treatment,		278	284	283	305	298	294	304	318
Discharged, ...		51	57	39	56	41	42	40	43
Discharg'd	Recovered, ...		24	21	38	29	22	21	23
	Relieved, ...		16	13	11	10	18	15	15
	Not Improved, ...		17	5	7	2	2	4	5
	Incurable, ...		25	15	10	6	16	13	5
Died, ...		18	11	24	14	25	23	13	15
Left, ...		209	216	225	235	232	229	251	260

GENERAL TABLE, NO. II.

Showing Results of the Year.

	C. R. I.			PRIVATE.			S. C. A.			PAUPER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Resident, 11th Nov., 1864,	72	52	124	28	22	50	108	93	201	251	375	
Admitted during the Year,	24	14	38	9	8	17	19	31	50	67	105	
Under Treatment,	96	66	162	37	30	67	127	124	251	318	480	
Discharged,	21	14	35	2	5	7	16	20	36	43	78	
Died,	1	2	3	1	1	2	5	9	14	15	18	
Resident, 11th Nov., 1865,	74	50	124	34	25	59	106	95	201	260	384	

Table of Admissions between 11th November, 1864, and 11th November, 1865.

				C. R. I.			S. C. A.			
				M.	F.	T.	M.	F.	T.	S. T.
<i>I. Sex of Patients Admitted during the Year,</i>				24	14	38	28	39	67	105
<i>II. Ages of those Admitted,</i>										
Between	10 and 20,	...	...				1	4	5	5
...	20 and 30,	...	...	4	3	7	5	8	13	20
...	30 and 40,	...	...	6	5	11	11	15	26	37
...	40 and 50,	...	...	6	4	10	6	6	12	22
...	50 and 60,	...	...	7	1	8	2	1	3	11
...	60 and 70,	...	...	1		1	2	2	4	5
...	70 and 80,	...	...		1	1	1	2	3	4
...	80 and 90,	...	...					1	1	1
				24	14	38	28	39	67	105
<i>III. Class of those Admitted.</i>										
Private,	...	...	...	24	14	38	9	8	17	55
Pauper,	...	...	...				19	31	50	50
				24	14	38	28	39	67	105
<i>IV. Social Condition of those Admitted.</i>										
Married,	...	...	...	6	3	9	12	10	22	31
Single,	...	...	...	16	11	27	14	25	39	66
Widowed,	...	...	...	2		2	2	4	6	8
				24	14	38	28	39	67	105
<i>V. Mental Diseases of those Admitted.</i>										
Dementia,	...	...	...	5	1	6	2	3	5	11
Dypsomania,	...	...	...	4		4				4
General Paralysis,	...	...	...	2		2	1		1	3
Imbecility,	...	...	...				3	5	8	8
Mania,	...	...	...	4	7	11	14	15	29	40
Monomania,	...	...	...	4	1	5				5
Melancholia,	...	...	...	5	5	10	8	16	24	34
				24	14	38	28	39	67	105
<i>VI. Occupations of those Admitted.</i>										
Butcher,	...	...	...	1		1				1
Clerk,	...	...	...	2		2	1		1	3
Clogger,	...	...	...				1		1	1
Cooper,	...	...	...				1		1	1
Draper,	...	...	...	3		3	1		1	4
Draper, Travelling,	...	...	...	1		1	1		1	2
Dressmaker,	...	...	...					3	3	3
Dyer, Master,	...	...	...	1		1	1		1	2
Farmer,	...	...	...	4	1	5				5
Farmer's Daughter,	...	...	...					2	2	2
Factory Worker,	...	...	...			1	1			1
Gamekeeper,	...	...	...				2		2	2
Gardener,	...	...	...				1		1	1
Gentlemen and Gentlewomen,	...	...	...	5	7	12				12
Governess,	...	...	...		3	3				3
Grocer,	...	...	...	1		1				1
Horsebreaker, Wife of,	...	...	...					1	1	1
Housekeeper,	...	...	...					4	4	4
House Servant,	...	...	...					9	9	9
Innkeeper,	...	...	...		1	1		1	1	2

				C. R. I.			S. C. A.			
				M.	F.	T.	M.	F.	T.	S. T.
<i>Occupations of those Admitted continued.</i>										
	Labourer, Male,	...	...				6		6	6
	Labourer, Female,	...	...					3	3	3
	Labourer, Wife of,	...	...					5	5	5
	Manufacturer,	...	...	1		1				1
	Mason,	...	...				1		1	1
	Mason, Wife of,	...	...					1	1	1
	Mill Worker,	...	...					1	1	1
	Miner,	...	...				1		1	1
	No occupation,	...	...	2	1	3		7	7	10
	Pauper,	...	...					1	1	1
	Plasterer,	...	...				1		1	1
	Quarryman,	...	...				1		1	1
	Saddler,	...	...				1		1	1
	Schoolboy,	...	...				1		1	1
	Schoolmaster and Stonedyker,	...	...				1		1	1
	Shepherd and Labourer,	...	...				1		1	1
	Shoemaker,	...	...				1		1	1
	Shoemaker and Labourer,	...	...				1		1	1
	Student,	...	...	1		1				1
	Surgeon,	...	...				1		1	1
	Tailor, Wife of,	...	...					1		1
	Upholsterer,	...	...	1		1				1
	Weaver,	...	...	1		1	2		2	3
				24	14	34	28	38	67	105
<i>VII. Causes of Disease of those Admitted.</i>										
	Age,	...	...				1	1	2	2
	Anxiety about Work,	...	...	3		3	1		1	4
	Begetting an Illegitimate Child,	...	...					1	1	1
	Bodily Disease,	...	...	1	1	2				2
	Brain Fever,	...	...				1		1	1
	Cerebral Disease,	...	...				1		1	1
	Constitutional,	...	...					2	2	2
	Disappointment about Property,	...	...		1	1				1
	Desertion by Husband and Strong Delusions,	...	...					1	1	1
	Evil Reports,	...	...				1		1	1
	Epilepsy and Worms,	...	...					3	3	3
	Fear of Witchcraft and Fear of Want,	...	...				1	1	2	2
	Hard Reading on speculative religious subjects	...	...				2		2	2
	Hereditary,	...	...		3	3		3	3	6
	Intemperance,	...	...	5	1	6	2	1	3	9
	Lactation,	...	...					2	2	2
	Loss of Husband,	...	...					1	1	1
	Mental Anxiety,	...	...		1	1				1
	Masturbation,	...	...	1		1				1
	Overworked—perhaps,	...	...	2		2	1		1	3
	Pride,	...	...				1	1	2	2
	Puerperal,	...	...					1	1	1
	Seclusion,	...	...			1	1			1
	Small Pox,	...	...	1		1				1
	Sunstroke,	...	...				1	1	2	2
	Uterine Disease,	...	...					1	1	1
	Unknown,	...	...	11	6	17	15	19	34	51
				24	14	38	28	39	67	105

				C. R. I.			S. C. A.				
				M.	F.	T.	M.	F.	T.	S.T.	
<i>VIII. Number of Previous Attacks.</i>											
First,	11	8	19	20	23	43	62	
Second,	9	4	13	6	10	16	29	
Third,	1	1	2	1	2	3	5	
Fourth,	1		1				1	
Several,	2	1	3	1	1	2	5	
Unknown,						3	3	
				24	14	38	28	39	67	105	
<i>IX. Age when First Attacked.</i>											
Under 10,	2	1	3	2	3	5	3	
Between 10 and 20,	7	4	11	6	8	14	25	
— 20 and 30,	4	4	8	7	11	18	26	
— 30 and 40,	5	3	8	5	2	7	15	
— 40 and 50,	4	1	5		2	2	7	
— 50 and 60,	1		1	1	2	3	4	
— 60 and 70,		1	1				1	
— 70 and 80,	1		1	7	10	17	18	
Unknown,								
				24	14	38	28	39	67	105	
<i>X. Duration of Existing Attack.</i>											
Under 1 Month,	8	7	15	6	17	23	38	
More than 1 and less than 3 Months,	2	3	5	2	6	8	13	
— 3 Months — 6 Months,	5	1	6	8	1	9	15	
— 6 Months — 9 Months,		1	1				3	
— 9 Months — 1 Year,		1	1	3	1	4	5	
— 1 Year — 3 Years,	6	1	7	2	2	4	11	
— 3 Years — 5 Years,	1		1	1	2	3	4	
— 5 Years — 10 Years,				1		1	1	
— 10 Years — 20 Years,	2		2	4	1	5	7	
— 20 Years — 40 Years,					1	1	1	
Unknown,				1	6	7	7	
				24	14	38	28	39	67	105	
<i>XI. Bodily Condition of those Admitted.</i>											
Unimpaired,	1	3	4	8	5	13	17	
Impaired,	18	9	27	14	16	30	57	
Discased,	5	2	7	6	13	24	31	
				24	14	38	28	39	67	105	

Table of Discharges between 11th November, 1864, and 11th November, 1865.

				C. R. I.			S. C. A.			
				M.	F.	T.	M.	F.	T.	S. T.
<i>I. Sex of Patients Discharged during the Year,</i>				21	14	35	16	23	39	74
<i>II. Ages of those Discharged,</i>										
Between 10 and 20,	...	...	...				2	2	4	4
... 20 and 30,	...	...	...	4	4	8	1	5	6	14
... 30 and 40,	...	...	...	8	2	10	6	8	14	24
... 40 and 50,	...	...	...	7	6	13	3	6	9	22
... 50 and 60,	...	...	...	2	2	4	2	1	3	7
... 60 and 70,	...	...	...				1		1	2
... 70 and 80,	...	...	...				1	1	1	2
				21	14	35	16	23	39	74
<i>III. Class of those Discharged.</i>										
Private,	...	...	...	21	14	35	2	5	7	42
Pauper,	...	...	...				14	18	32	32
				21	14	35	16	23	39	74
<i>IV. Mental Diseases of those Discharged.</i>										
Delusional Insanity,	...	...	...	1		1				1
Dementia,	...	...	...	4	2	6	1		1	7
Dypsomania,	...	...	...	8		8				8
Imbecility,	...	...	...				1		1	1
Melancholia,	...	...	...	3	7	10	6	11	17	27
Mania,	...	...	...	3	5	8				8
Mania, Acute,	...	...	...				7	9	16	16
Mania, Chronic,	...	...	...				1	3	4	4
Monomania of Suspicion,	...	...	...	2		2				2
				21	14	35	16	23	35	74
<i>V. Duration of Disease of those Discharged.</i>										
Under One Month,	...	...	...	1		1		1	1	2
— Two Months,	...	...	...	1	2	3				3
— Three Months,	...	...	...	3	1	4	4	4	8	12
— Six Months,	...	...	...	4	3	7	6	6	12	19
— Nine Months,	...	...	...	2	2	4	1	2	3	7
— One Year,	...	...	...	2	1	3	1	2	3	6
— Two Years,	...	...	...	1	4	5	1	6	7	12
— Four Years,	...	...	...				1	1	2	3
— Six Years,	...	...	...	2		2	1		1	3
— Eight Years,	...	...	...		1	1				1
— Ten Years,	...	...	...				1	1	2	2
— Twenty Years,	...	...	...	2		2				2
— Forty Years,	...	...	...	1		1				1
Unknown,	...	...	...	2		2				2
				21	14	35	16	23	39	74
<i>VI. Condition when Discharged.</i>										
Recovered,	...	...	...	11	7	18	13	13	26	44
Relieved,	...	...	...	8	7	15	1	7	8	23
Not Improved,	...	...	...	2		2	2	3	5	7
				21	14	35	16	23	39	74

Curas between 11th November, 1864, and 11th November, 1865.

	C. R. I.			S. C. A.			Total
	M.	F.	T.	M.	F.	T.	
	11	7	18	13	13	26	
<i>I. Sex of those Cured,</i>							
<i>II. Age of Patients Cured.</i>							
Between 10 and 20, ...				2	2	4	4
— 20 and 30, ...	2	2	4	2	3	5	9
— 30 and 40, ...	4	1	5	4	6	10	15
— 40 and 50, ...	4	3	7	3	1	4	11
— 50 and 60, ...	1	1	2	2	1	3	5
	11	7	18	13	13	26	44
<i>III. Class of Patients Cured.</i>							
Private, ...	11	7	18	2	2	4	22
Pauper, ...				11	11	22	22
	11	7	18	13	13	26	44
<i>IV. Mental Diseases of Cured.</i>							
Dypsomania, ...	7		7				7
Dementia, ...	1		1				1
Mania, ...	1	4	5	8	7	15	20
Melancholia, ...	1	3	4	5	6	11	15
Monomania of Suspicion, ...	1		1				1
	11	7	18	13	13	26	44
<i>V. Duration of Mental Diseases of those Cured.</i>							
Under 1 Month, ...					1	1	1
— 3 Months, ...	3	2	5	5	2	7	12
— 6 Months, ...	3	2	5	4	2	6	11
— 9 Months, ...	1	1	2	1	4	5	7
— 1 Year, ...		1	1	1	1	2	3
— 2 Years, ...	1	1	2	1	3	4	6
— 4 Years, ...				1		1	1
— 20 Years, ...	1		1				1
Unknown, ...	2		2				2
	11	7	18	13	13	26	44

1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20
21	21	21	21	21	21	21	21
22	22	22	22	22	22	22	22
23	23	23	23	23	23	23	23
24	24	24	24	24	24	24	24
25	25	25	25	25	25	25	25
26	26	26	26	26	26	26	26
27	27	27	27	27	27	27	27
28	28	28	28	28	28	28	28
29	29	29	29	29	29	29	29
30	30	30	30	30	30	30	30
31	31	31	31	31	31	31	31
32	32	32	32	32	32	32	32
33	33	33	33	33	33	33	33
34	34	34	34	34	34	34	34
35	35	35	35	35	35	35	35
36	36	36	36	36	36	36	36
37	37	37	37	37	37	37	37
38	38	38	38	38	38	38	38
39	39	39	39	39	39	39	39
40	40	40	40	40	40	40	40
41	41	41	41	41	41	41	41
42	42	42	42	42	42	42	42
43	43	43	43	43	43	43	43
44	44	44	44	44	44	44	44
45	45	45	45	45	45	45	45
46	46	46	46	46	46	46	46
47	47	47	47	47	47	47	47
48	48	48	48	48	48	48	48
49	49	49	49	49	49	49	49
50	50	50	50	50	50	50	50
51	51	51	51	51	51	51	51
52	52	52	52	52	52	52	52
53	53	53	53	53	53	53	53
54	54	54	54	54	54	54	54
55	55	55	55	55	55	55	55
56	56	56	56	56	56	56	56
57	57	57	57	57	57	57	57
58	58	58	58	58	58	58	58
59	59	59	59	59	59	59	59
60	60	60	60	60	60	60	60
61	61	61	61	61	61	61	61
62	62	62	62	62	62	62	62
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97	97	97	97	97	97	97	97
98	98	98	98	98	98	98	98
99	99	99	99	99	99	99	99
100	100	100	100	100	100	100	100

Table of Deaths between 11th November, 1864, and 11th November, 1865.

	C. R. I.			S. C. A.			
	M.	F.	T.	M.	F.	T.	S. T.
	1	2	3	6	9	15	18
<i>I. Sex of those who Died during the Year,</i>							
<i>II. Ages of those who Died,</i>							
Between 20 and 30, ...				1	1	2	2
... 30 and 40, ...				3	3	6	6
... 40 and 50, ...				1	1	1	1
... 50 and 60, ...	1		1		2	2	3
... 60 and 70, ...				1	1	2	2
... 70 and 80, ...		2	2	1	1	2	4
	1	2	3	6	9	15	18
<i>III. Class of those who Died.</i>							
Private, ...	1	2	3	1		1	4
Pauper, ...				5	9	14	14
	1	2	3	6	9	15	18
<i>IV. Mental Diseases of those who Died.</i>							
Dementia, ...		1	1	3	2	5	6
General Paralysis, ...	1		1	1	1	2	3
Imbecility, ...				1	2	3	3
Mania, Acute, ...		1	1	1	2	3	4
Mania, Chronic, ...					2	2	2
	1	2	3	6	9	15	18
<i>V. Duration of Mental Disease of those who Died.</i>							
Under Two Months, ...				1		1	1
— Three Months, ...		1	1				1
— Six Months, ...					1	1	1
— One Year, ...					1	1	1
— Three Years, ...	1		1	1	2	3	4
— Four Years, ...				2	3	5	5
— Six Years, ...					2	2	2
— Seven Years, ...				1		1	1
— Ten Years, ...		1	1				1
Unknown, ...				1		1	1
	1	2	3	6	9	15	18
<i>VI. Bodily Disease of those who Died.</i>							
Bronchitis, ...					1	1	1
Cardiac Dropsy, ...				1	1	2	2
Epilepsy, ...				3	3	6	6
General Paralysis, ...	1		1	1	1	2	3
Phthisis, ...		1	1		3	3	4
Pulmonary Hæmorrhage, ...				1		1	1
Tetanus, ...		1	1				1
	1	2	3	6	9	15	18

			C. R. I.			S. C. A.			
			M.	F.	T.	M.	F.	T.	S. T.
<i>VII. Duration of Bodily Disease.</i>									
Under 2 Weeks,	...	...				1	1	1
— 1 Month,	...	...	2	2	1	1	2	4
— 3 Months,	...	...			1		1	1
— 6 Months,	...	...				1	1	1
— 1 Year,	...	...				1	1	1
— 2 Years,	...	...			1	3	4	4
— 3 Years,	...	...	1		1	2	3	3
— 4 Years,	...	...		1		2	2	2
— 6 Years,	...	...					
			1	2	3	6	9	15	18

TWENTY-EIGHTH ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
AND
SOUTHERN COUNTIES' ASYLUM.
DUMFRIES,
FOR THE
YEAR 1867.

WESTMINSTER ABBEY

CHURCH OF ST. MARTIN

ST. MARTIN'S CHURCH

1850

C B

800

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WELLWOOD H. MAXWELL, Esq. of Munches.
J. J. HOPE JOHNSTONE, Esq. of Annandale.

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The MEMBER for the County of Dumfries.
The SHERIFF of the Shire of Dumfries.
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CARLO MALAN, Esq., Medical Assistant.
MISS LAMOND, Matron.
MRS STEWART, Housekeeper.
MISS COSTIN, Superintendent of Workroom.
ALEX. BRUCE, Superintendent of Gentlemen's Department.
THOMAS SOTHCOTT, House Steward.
ALEX. BORTHWICK, M.D., Consulting Physician.
WM. SCOTT, M.D., Consulting Surgeon.
S. ADAMSON, Esq., Treasurer.
Rev. G. COWANS, Chaplain.

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OFFICERS.

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W. R. M'NAB, M.D., Medical Superintendent.
MRS HEARDEE, Matron.
JOHN M'CRIRIE, Superintendent of Males.
MISS ANDERSON, Superintendent of Females.
THOMAS SOTHCOTT, House Steward.
ALEX. BORTHWICK, M.D., Consulting Physician.
WM. SCOTT, M.D., Consulting Surgeon.
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Rev. G. COWANS, Chaplain.

ST. JAMES'S HOSPITAL
11, York Street, London, E.C. 4.
1887.

REPORT
ON THE
RESULTS OF THE
TREATMENT OF
THE PATIENTS
DURING THE YEAR
1887.

CONTENTS

REPORT ON THE RESULTS OF THE TREATMENT OF THE PATIENTS DURING THE YEAR 1887.

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TWENTY-EIGHTH ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
AND
SOUTHERN COUNTIES' ASYLUM.
FOR THE
YEAR 1867.

General Statistics.—During the year terminating 11th November, 1867, the applications have been one hundred and eighty-nine; the admissions, one hundred and eighteen; making the numbers under treatment five hundred and twenty-nine.

Sixty-seven have been discharged, thirty-five have died, leaving resident at the termination of the year four hundred and twenty-seven.

Of those discharged, forty-one were recovered, twenty-five relieved, and one not improved.

Of the two last classes, nine were deemed incurable.

These general statistics include the patients in both establishments, and, compared with those of last year, exhibit an increase in the applications, a slight decrease in the admissions and discharges, a considerable increase in the deaths, and a large increase in the numbers under treatment and left resident at the termination of the year.

There has been a slight increase in the recoveries, and a corresponding decrease in the non-recoveries.

Eight are absent on probation, four from the Crichton Royal Institution and four from the Southern Counties' Asylum, and, although legally considered as still under the jurisdiction of the House, are not included in the statistical tables as residents.

CRICHTON ROYAL INSTITUTION.

Applications.—The applications to the Crichton Royal Institution approach the same standard as in former years, and are more than double the numbers admitted.

Admissions.—The admissions, thirty in number, are a slight diminution on those of last year.

One patient was twice admitted during the year.

No less than eleven have been resident in the house in previous periods. One was a transfer from the Southern Counties' Asylum. Three were voluntaries, and the rest admitted in the usual way.

Of the whole number, twelve have had one or more previous attacks.

These admissions have been disposed of as follows:—Three have died within the year. Nine have been discharged cured, two improved, and two on probation, leaving resident fourteen of the thirty.

The ages vary from eighteen to sixty.

Seven were married; twenty single; three widowed.

The House being overcrowded at the termination of the year 1866, it was absolutely necessary to refuse applicants until it was brought back to its normal condition. This has been accomplished, there being resident now one hundred and twenty-three to one hundred and thirty-three last year, the former number exhausting the normal accommodation.

Under Treatment. The numbers under treatment during the year have been larger to a slight extent than during any of the preceding ten years, accounted for by the unusual number of admissions in 1866.

Discharges.—The discharges are also the largest number for any of the preceding ten years, with one exception.

Sixteen are entered as recovered; thirteen relieved; one not improved.

Of the non-recoveries, five were deemed incurable.

Eight were discharged on probation, and one as a voluntary patient.

Probationers.—In case of four of them, the probationary period has already expired.

Of these four, one has been discharged somewhat improved; another recovered; a third returned to the House, and a fourth has not yet been discharged, but has not improved.

Of the four remaining, two, the completion of whose recovery is anticipated, are progressing favourably. The other two are much in the same condition as when discharged. The further improvement of one of the two is very doubtful,—of the other not now expected.

Mortality.—The deaths, ten in number, are greatly in excess of the last few years,—partly accounted for by the larger number in the House. The per-centage on the numbers under treatment being 6 22-163rds. All are males, except one.

The ages vary from forty-three to seventy-two. Two were between forty and fifty; three between fifty and sixty; three between sixty

and seventy ; and one at seventy-two. One age unknown, apparently about seventy.

The deaths were due in five cases to nervous disease, one being the result of paralysis, two of paresis, one marasmus, and one of nervous exhaustion.

Of the remainder, one was due to inflammation of the lungs, one to enteritis, one to jaundice, and one to cancer of the tongue.

Two were moribund on admission, the one dying in fifteen days, the other in three weeks. The affirmation may, with almost equal propriety, be applied to the two patients who died of paresis, which disease may still be regarded as always fatal, however long the fatal result may be retarded by appropriate treatment.

Three of the cases were admitted during the year, and were resident under three months.

One had been resident about two years ; one, three years ; one, five years ; one, ten years ; one, twelve years ; one, eighteen years.

Residents.—The numbers resident, one hundred and twenty-three, namely, seventy-three males and fifty females, are less than the corresponding numbers at the same date last year by ten, but are about the same as those of the two preceding years, and exactly represent the normal accommodation of the House, which is consequently full, and can only accommodate more as vacancies occur by deaths or discharges, or by special arrangements.

The larger numbers of last year were exceptional, and have been already accounted for. They have been gradually diminished, partly by slight increase in the deaths and discharges, and partly by the refusal of fresh applicants. The residents do not include, as already stated, the four probationers.

The following Table will indicate the general condition of the patients at the end of the year, to which may be added the following particulars.

Twenty-five gentlemen do not attend chapel, leaving forty-eight who do attend, of whom four also attend churches in town.

Twenty-one ladies do not attend chapel, leaving twenty-nine who do attend, of whom five also go to churches in town.

Eighteen gentlemen do not attend amusements, leaving fifty-five who do, and of whom eighteen attend amusements in town.

Twenty-two ladies do not attend amusements, leaving twenty-eight who do ; of these twelve go to town.

Three gentlemen and eleven ladies have not been beyond the grounds during the year, and six ladies have not been out of the House.

I need scarcely explain that the three primary causes which necessitate these arrangements are—

First, Physical condition, such as paralysis, lameness, delicate health.

Secondly, Mental condition, such as excitement, obstinacy, caprice, &c.

Thirdly, Several of the cases are recent admissions, and are not, therefore, as yet in possession of sufficient self-control to enable them to take advantage of these privileges.

Parole.—There are, on parole, beyond the walls, three gentlemen. On parole, within the walls, ten gentlemen and five ladies. On limited parole, five gentlemen.

Employed—Industrially, ...	...	10	9	19
... For Amusement, ...	...	12	9	21
Taking Exercise {	Under Superintendence—In Airing Court,	4		4
	... In Grounds,	63	27	90
	... Beyond Walls,	42	22	64
	On Parole—In Grounds, ...	10	5	15
... Beyond Walls, ...	3		3	
Dining in Association, ...	...	57	26	83
Confined to House—By Medical Order,	...	7	9	16
	From Caprice, ...	1	7	8
Confined to Bed —From Disease or Debility,	...			
	From Caprice, ...			
Special Dresses	—Straight Waistcoat, Polka, &c.,			
	... Gloves, Muffles, Straps, &c.,			
	... With Special Fastenings,		5	5
	... With Ordinary do., ...			
... Locked Boots, ...		5	5	
... Quilted Blankets, ...	1	6	7	
In Seclusion	—In Bed Room, ...		1	1
	In Seclusion Room, ...		3	3
Sleeping on Stretchers, ...	...		1	1
Raised by Night Attendant, ...	...	7	6	13

Health.—An analysis of the residents gives the following results as to general health.

Forty-three are *apparently* unimpaired in bodily health, namely, ten females and thirty-three males.

Impaired.—Thirty-nine; twenty-one males and eighteen females.

Diseased.—Forty-one; nineteen males and twenty-two females.

Moribund.—None.

Medical Treatment.—There are under special medical treatment for bodily diseases, fifty-two, namely, thirty-three males and nineteen females.

For mental ailments, twenty-two; eleven of each sex. In all, seventy-four.

Under *Special Medical Diet* for bodily ailments—Thirty. Seventeen males, and thirteen females.

For Mental Ailments.—Seven males and ten females. In all, forty-seven.

Thirty-two are helpless.

One is paralytic.

Two are epileptics.

Eight are suicidal.

Three are self-injurers.

Sixteen are of dirty habits.

Twenty-eight are of dangerous and destructive habits.

Seventeen have offensive or improper habits.

Twenty-four are noisy.

This analysis will give some idea of the work and worry involved in the management of an Asylum.

Accidents.—In the accident book are recorded two cases during the year.

One was an injury to the knee-joint in the case of a violent patient, sustained during the night, by what means is not known, probably by jumping from her bed in the dark. The knee had previously suffered from disease.

The second was the case of a patient who sustained some injury to the mouth and fauces, in consequence of a draught of ammonia being administered to him in mistake for medicine. This was, of course, due to the carelessness of the attendant, in not discriminating between two bottles.

Escapes.—In last year's report we had happily to record no escapes in the Crichton Royal Institution. This year we have to note one.

The patient had the parole of the grounds for a considerable period, when, one day, under the influence of sudden impulse, he thought it advisable to go and visit his wife and family. When his object was accomplished, he returned voluntarily to the House.

SOUTHERN COUNTIES' ASYLUM.

Applications.—The applications recorded this year in the Southern Counties' Asylum are one hundred and twenty, which is far in excess of the admissions. No cases, however, from the three Southern counties have been refused admission. The excess being due to applications from externs beyond the legal bounds, which, unless in exceptional cases, were refused.

Admissions.—The admissions, eighty-eight in number, are only two less than those of last year, which, on both occasions, considerably exceeded those of the eight preceding years. During the former year, the excess is accounted for, to a very slight extent, however, by the greater number of externs admitted,—justified by the ample accommodation provided by the new additions.

The excess of this year cannot be so accounted for, as the number of externs now resident are precisely the same as at the end of last year.

Of the whole number, forty-three were males and forty-five females.

Fifteen males and twenty females were private patients.

Twenty-eight males and twenty-five females pauper.

Twenty-five were married, fifty-six single, and seven widowed.

The ages vary from sixteen and a half years to seventy-seven.

Four unknown.

The admissions include eight externs, seven of whom are private and one pauper; also, four transfers from other asylums, and two re-admitted probationers.

The admissions during the year have been disposed of as follows:—Five have died; fourteen have been removed, of whom eleven were discharged cured, and three improved. Of the latter, one was a transfer to the Crichton Royal Institution, and two were discharged on probation. Sixty-seven still remain resident.

Under Treatment.—The numbers under treatment during the year, namely, three hundred and sixty-six, are largely in excess of all former years.

These numbers shew not only a tendency to increase, but to do so with an ever-increasing ratio.

The numbers in 1863 were two hundred and ninety-four, which, as compared with those of the present year, gives an increase of seventy-two in four years.

Discharges.—The discharges, thirty-seven in number, are somewhat under the average of former years. The recoveries, however, twenty-

five, maintain the usual standard, which is $28\frac{1}{2}$ per cent. on the admissions.

It has to be explained, however, that, as the tables are constituted, the probationers are excluded, being all discharged improved, which considerably lowers the per centage of cures. Twelve were discharged relieved, of whom four were deemed incurable.

Residents.—The residents, three hundred and four in number, are twenty-six in excess of last year, indicating, as already stated, an ever-advancing increase of the residents. One hundred and sixty-four are males and one hundred and forty females.

Of the whole number, eighty-two are private patients and two hundred and twenty-two paupers.

The externs are thirty-one, twenty-two of which are private and nine pauper.

Of the whole number, twenty-seven are regarded as helpless, fifty-one as noisy, thirty-seven as dangerous. Thirteen are regarded as abstinent, all of whom have been fed for longer or shorter periods artificially during the year.

As to Health.—Sixty-eight give indications of being perfectly healthy, two hundred and three are considered as labouring under impaired health, forty are diseased, and five are regarded as moribund, twenty-two are epileptics, four are paralytics.

Thirty-five are under special care for wet and dirty habits, twenty-seven for dangerous or destructive habits, twenty-six for improper or immoral habits, and sixteen for suicidal propensities.

There are under special medical treatment, for mental ailments, seventy-six; for bodily ailments, twenty-eight.

Attending Chapel Service.—One hundred and five; fifty-six males, forty-nine females. Also attend Chapel in Crichton Royal Institution, ten males and twelve females—twenty-two: in town, two males.

Attending Amusements.—In Southern Counties' Asylum, sixty males and forty-three females; total, one hundred and three: in Crichton Royal Institution, twenty-four males and fifty females; total, seventy-four: in Town, twenty males but no females. Total males attending amusements, one hundred and four; total females ditto, ninety-three; whole total, one hundred and ninety-seven.

Mortality.—The deaths are twenty-five in number and slightly in excess of former years, but very little, considering the numbers under treatment. The per-centage is $6\frac{1}{2}$ nearly (6 152-183).

The assigned causes of death are:—Ten chest disease—of which four are phthisis; ten nervous disease; two heart disease; one morbus coxæ; one carcinoma ventriculi; one chronic dyspepsia.

Ages vary from twenty-two to seventy-seven years, namely :—

One at twenty-two ; two from twenty to thirty ; one from thirty to forty ; six from forty to fifty ; three from fifty to sixty ; seven from sixty to seventy ; one, seventy-three ; two, seventy-five ; one, seventy-six ; one, seventy-seven.

As no less than five of the number died at upwards of seventy, they may fairly be said to have died of old age.

Five were admitted within the year, of whom one lived only eight days, one eleven days, one three weeks. Eight were admitted in 1866. Of the remainder, one was resident four years, two five years, one six years, one nine years, one fifteen years, two seventeen years, and one each twenty, twenty-one, twenty-two, and twenty-three years.

Accidents.—The only accident recorded is that of a patient who sprained his knee during a frolicsome wrestling match with a companion. It was put to rights in a few days.

Escapes.—Seven escapes are recorded for the year. Three of them females, four males.

Of the seven, however, five were immediately followed, and brought back within a few minutes to a few hours, some of them not having been lost sight of. Of these, the name of one occurs four times in the same page, who was also referred to in last year's report as one of a special class well known in Asylums, who, from their ingenuity and perseverance frequently elude the utmost vigilance. There would be less difficulty in controlling him in the House, but, being an able-bodied man, he is sent out to work. It is thought better to risk escape than ruin health.

The remaining two are worthy of special record.

A vigorous female, possessed of much cunning and dexterity, aided by an associate, succeeded in making her escape by a somewhat daring and novel plan. They were sleeping in a dormitory on the first floor with ten other patients, in immediate connection with which was the attendants' room, occupied by two attendants. The means of communication between the two being a door with an open window. The two patients set to work during the night, and silently removed the internal woodwork of the window, and thereby succeeded in removing the window itself, then let themselves down by tying their sheets together. One was secured in a very short period : the other reached her friends, and was by them denied, concealed, and detained for three days.

These escapes have been much facilitated by the additional and often neglected gates required for workmen connected with the new building, which, happily, is now completed.

Probationers.—Nine patients have been discharged on probation from the Southern Counties' Asylum,—four males and five females.

Of these, four have completed their periods of trial and have been discharged recovered. One of them has, however, been since readmitted. One, during her residence at home, met with an accident.

Four still remain on trial, and one is progressing satisfactorily, but in two, at least, it is expected that convalescence will not be of long duration.

NEW BUILDINGS.

Under this heading in last year's Report, reference was made to certain defects in the Southern Counties' Asylum which required still to be supplied. These defects have been made good, and consist of—

1st, Infirmary Accommodation. This includes day-room, dormitory, single rooms, double rooms, and other requisite appliances, as bath-rooms, &c.

Two attendants are on duty during the day, one during the night, so as to secure punctual and permanent attention to the wants of the sick and infirm.

A separate entrance to the day-room is provided, so that the patients can reach the airing-court, &c., without coming in contact with the other inmates.

2nd, Special Galleries. These are the realization of a long-cherished wish to make special provision for a class of patients whose education or position entitled them to consideration. A small additional charge is made for the privilege to those who can afford it. To those who cannot it is still granted, their condition and habits being otherwise suitable.

These galleries consist of day-room, a small dormitory, and separate bedrooms. They are isolated from, and better furnished than the rest of the House.

The patients have superior provision, separate attendance, and do not mingle with the other inmates, except on public occasions.

3rd, Additions and Improvements. These consist of new and improved bath-rooms and water-closets, for old galleries, in projections to the front, attendants' rooms and store-rooms. Separate entrances to the general bath-rooms for each sex. Additional provision for housemaid, &c. I need scarcely add that these additions have been found of great advantage to the House.

The reference in last Report to these demands, then prospective, now completed, concludes as follows:—

"These completed, our list of demands on behalf of the Southern Counties' Asylum is exhausted, and we do not see that fresh ones are likely to arise, so far as the building is concerned, until it again requires extension, or some new mode of treatment is forced upon our attention."

When this was written last year it was scarcely expected that the subject of extension would require to be noticed in the next Report. The admissions, however, during the year have so largely exceeded expectation as to entitle it to renewed consideration.

The average increase per annum to the permanent residents, over the last ten years, has been ten nearly. On dividing this period into two portions, the first seven years indicate an increase of seven per annum, while the second period of three years gives an increase of nearly eighteen, or, taking the years separately, namely, 1865, 1866, and 1867, the increments respectively are nine, eighteen, twenty-six; in all, an increase of fifty-three in three years.

It thus appears that the increase per annum, instead of gradually diminishing, as was naturally to be expected, is not only increasing, but doing so in an ever and rapidly increasing ratio. The increase of the previous year is, no doubt, in some measure, due to the admission of a greater number of externs, justified by the increased accommodation placed at disposal on the opening of the new additions. The increase this year, which is a third more than last, cannot be accounted for in the same way, as at present the number of externs are precisely as at the corresponding period last year, namely, thirty-one.

Such an unexpected and increasing demand upon the House completely upsets the calculations hitherto made, and requires the serious consideration of the Directors in view of future extension.

EXTENSION AND IMPROVEMENTS, CRICHTON ROYAL INSTITUTION.

During the year the Directors have had under their careful consideration propositions for the extension and improvement of the Crichton Royal Institution.

The plans are in the hands of the Building Committee, and in so forward a condition as to warrant the hope that building operations may be commenced forthwith.

PROMOTIONS.

In our last we announced the promotion of Dr Stewart, medical assistant, Crichton Royal Institution, to the Superintendentship of the Borough Asylum, Newcastle. We have now to make a similar announcement with regard to Dr Grierson, medical assistant, Southern Counties' Asylum, who has been promoted to the Superintendentship

of Millholme House, which at present represents the proposed New District Asylum for Roxburgh. The Doctor held office here for a period of seven years, and secured the esteem—I may say affection as well—of patients and officers alike. On his departure a valuable gold watch and chain was presented him, which was contributed to by servants, attendants, and patients, as well as by his colleagues in office. A valuable donation was also accorded to him by the Directors. He carried with him the affectionate regards of our entire community.

Another promotion has been effected in our staff in the marriage of Miss Lamond, matron, Crichton Royal Institution, to Dr Stewart aforesaid. It is pretty generally acknowledged that the marriage is "a happy one." The gratitude of our community for the faithful and devoted services of Miss Lamond was suitably expressed by the presentation of a handsome silver tea-caddy.

Dr Malan now occupies the position of Dr Stewart, and Dr M'Nab that of Dr Grierson.

Miss Kate Lamond, assistant-matron, now Miss Lamond, has been promoted to the matronship vacated by her sister.

Mrs Stewart, a person of large experience and highly recommended, has been elected to fill the position of the former.

Among these changes we have unfortunately to record the death of another member of our Board,—J. M'Alpine Leny, Esq. of Dalswinton. He was one of the original Directors appointed by Act of Parliament in 1840, and was in 1856 appointed a Trustee in room of Charles James Johnston, Esq. of Cowhill, deceased, which position he held till his death, January 5th, 1867. He ever took the warmest interest in the affairs of the Institution. His shrewdness, energy, and knowledge of business rendered him a valuable member of the Board, and his vacant place may be filled with difficulty.

APPENDIX.

The Reports of the Institution have hitherto dated from the 11th November of the previous to the 11th November of the following year; henceforth it is arranged that they shall coincide with the historical year—January to December.

This year's Report includes the statistics of the year only, the additional period between 11th November and 31st December is added as an Appendix.

It is intended in next year's Report, which will commence a new series, to adopt the Tables recommended by the Medico-Psychological Association.

To ensure perfect accuracy we have subjected the present Tables to

a careful scrutiny, and have re-arranged them so as to include the final discharge of the probationers, who have been hitherto entered in the Tables on their first discharge as *improved* only.

Probationers, Crichton Royal Institution. The whole number of probationers discharged from the Crichton Royal Institution during the years 1864, 1865, 1866, and 1867 are fourteen, of whom four are still undetermined, leaving ten disposed of as follows:—three readmitted to the House, four discharged improved, and four recovered,—thus adding four to the recovery list during that period.

Probationers, Southern Counties' Asylum.—In the Southern Counties' Asylum, the numbers discharged during the same period are thirty-eight: of these, four remain undetermined, leaving thirty-four, who have been thus disposed of:—One has died, eight have been readmitted, eight have been discharged improved, and seventeen discharged cured,—which adds largely to the curative table, these seventeen having already appeared as discharged *improved*.

The numbers discharged from both Houses taken together thus amount to twenty-one, increasing the number cured to this extent, and diminishing those relieved to the same extent.

Thus the relation of the *cured* to the *improved* in the Crichton Royal Institution will be, for the four years, sixty-seven to twenty-seven, instead of sixty-three to thirty-one, and correspondingly in the Southern Counties' Asylum, one hundred and fifteen to forty-five, instead of ninety-eight to sixty-two. In both Establishments, one hundred and eighty-two to seventy-two, instead of one hundred and sixty-one to ninety-three.

A Table is constructed to shew the results.

The changes in the House since the termination of the year, that is, between 11th November and 31st December, 1867, are indicated as follows.

There are admitted into the Crichton Royal Institution two gentlemen and three ladies.

One gentleman discharged relieved, and no deaths; leaving resident on 31st December, 1867, seventy-four gentlemen and fifty-three ladies,—in all, one hundred and twenty-seven.

In the Southern Counties' Asylum there have been admitted sixteen, of whom three are private and thirteen pauper—six males and ten females.

Discharged—one male recovered, died three, all females—one private, two paupers; leaving resident on 31st December, 1867, three hundred and sixteen, of whom eighty-three are private and two hundred and thirty-three pauper.

Sewing

Both Estab
Applied,
Admitted,
Under Treat
Discharged
(Recovered
Relieved,
Not Impro
Incurable
Died, ...
Left, ...

Crichton Royal
Applied, ...
Admitted,
Under Treat
Discharged
(Recovered
Relieved,
Not Impro
Incurable
Died, ...
Left, ...

Southern Counties
Applied, ...
Admitted,
Under Treat
Discharged
(Recovered
Relieved,
Not Impro
Incurable
Died, ...
Left, ...

Resident,
Admitted
Under Treat
Discharged
Died, ...
Resident,

GENERAL TABLE, NO. I.

Shewing Condition of Both Establishments, Separately and Combined, for Successive Years.

<i>Both Establishments.</i>		1858.	1859.	1860.	1861.	1862.	1863.	1864.	1865.	1866.	1867.
Applied, ...	...	207	157	154	151	159	132	148	157	173	189
Admitted, ..	...	111	100	88	107	99	88	115	105	124	118
Under Treatment,	...	432	428	423	442	443	436	459	480	508	529
Discharged, ...	...	74	75	54	79	65	64	69	78	70	67
Discharg'd	{ Recovered, ...	—	29	24	51	44	32	40	41	39	41
	{ Relieved, ...	—	28	24	19	17	27	21	29	28	25
	{ Not Improved, ...	—	18	6	9	4	5	8	8	3	1
	{ Incurable, ...	—	35	25	18	14	25	19	14	17	9
Died, ...	...	29	19	34	19	30	28	15	18	27	35
Left, ...	...	328	334	335	344	348	344	375	384	411	427
<i>Crichton Royal Institution.</i>		1858.	1859.	1860.	1861.	1862.	1863.	1864.	1865.	1866.	1867.
Applied, ...	...	85	76	70	68	80	60	68	82	73	69
Admitted, ...	...	33	25	17	27	36	26	40	38	34	30
Under Treatment,	...	154	144	135	137	145	142	155	162	158	163
Discharged, ...	...	23	13	15	23	24	22	29	35	18	30
Discharg'd	{ Recovered, ...	—	5	3	13	15	10	19	18	10	16
	{ Relieved, ...	—	12	11	8	7	9	6	14	8	13
	{ Not Improved, ...	—	1	1	2	2	3	4	3	—	1
	{ Incurable, ...	—	10	10	8	8	9	6	9	7	5
Died, ...	...	11	8	10	5	5	5	2	3	7	10
Left, ...	...	119	118	110	109	116	115	124	124	133	123
<i>Southern Counties' Asylum.</i>		1858.	1859.	1860.	1861.	1862.	1863.	1864.	1865.	1866.	1867.
Applied, ...	...	122	81	84	83	79	72	80	75	100	120
Admitted, ...	...	78	75	71	80	63	62	75	67	90	88
Under Treatment,	...	278	284	288	305	298	294	304	318	350	366
Discharged, ...	...	51	57	39	56	41	42	40	43	52	37
Discharg'd	{ Recovered, ...	—	24	21	38	29	22	21	23	29	25
	{ Relieved, ...	—	16	13	11	10	18	15	15	20	12
	{ Not Improved, ...	—	17	5	7	2	2	4	5	3	—
	{ Incurable, ...	—	25	15	10	6	16	13	5	10	4
Died, ...	...	18	11	24	14	25	23	13	15	20	25
Left, ...	...	209	216	225	235	232	229	251	260	278	304

GENERAL TABLE, NO. II.

Shewing Results of the Year.

	C. R. IN.				S. C. A.						
	PRIVATE.		PRIVATE.		PAUPER.		PAUPER.				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	W.T.	
Resident, 11th November, 1866,	83	50	133	40	26	66	111	101	212	278	411
Admitted during the Year,	19	11	30	15	20	35	28	25	53	88	118
Under Treatment,	—	—	102	61	163	56	46	101	139	126	265
Discharged, —	—	—	20	10	30	9	7	16	8	13	21
Died, —	—	—	9	1	10	2	1	3	11	11	22
Resident, 11th November, 1867,	73	50	123	44	38	82	120	102	222	304	427

GENERAL TABLE, NO. III.

Table of Admissions between 11th November, 1866, and 11th November, 1867.

	C. R. I.			S. C. A.			W.T	
	M.	F.	T.	M.	F.	T.		
<i>I. Sex of those Admitted during the Year,</i>	19	11	30	43	45	88	118	
<i>II. Age of those Admitted.</i>								
Between 10 and 20, ...	2			2	3	2	5	7
... 20 and 30, ...	7	4	11	11	11	11	22	33
... 30 and 40, ...	3			3	9	10	19	22
... 40 and 50, ...	5	3	8	9	9	18	18	26
... 50 and 60, ...	1	4	5	7	5	12	6	17
... 60 and 70, ...	1			1	1	5	6	7
... 70 and 80, ...						2	2	2
... 80 and 90, ...						1	1	1
Age Unknown, ...						3	3	3
	19	11	30	43	45	88	118	
<i>III. Class of those Admitted.</i>								
Private, ...	19	11	30	15	20	35	65	
Pauper, ...				28	25	53	53	
	19	11	30	43	45	88	118	
<i>IV. Social Condition of those Admitted.</i>								
Married, ...	4	3	7	14	9	23	30	
Single, ...	15	5	20	25	33	58	78	
Widowed, ...				3	4	7	10	
	19	11	30	43	45	88	118	
<i>V. Mental Diseases of those Admitted.</i>								
Dementia, ...	1			1	3	2	5	6
Dypsomania, ...	6			6	1	1	7	
Epileptic Mania, ...					2	3	5	5
General Paralysis, ...					7	7	7	
Idiocy, ...	1			1	3	3	4	
Imbecility, ...					4	4	8	
Mania, ...	7	8	15	13	16	29	44	
Monomania, ...		2	2				2	
Melancholia, ...	4	1	5	10	20	30	35	
	19	11	30	43	45	88	118	
<i>VI. Occupations of those Admitted.</i>								
Baker, ...						1	1	
Butler's Wife, ...		1	1				1	
Book-Hawker, ...					1		1	
Cattle-Driver, ...					1		1	
Clerk, ...	5			5	1		6	
Clergyman, ...	1			1			2	
Clergyman's Wife, ...		1	1				1	
Clergyman's Widow, ...		2	2		1	1	3	
Cooper, ...						1	1	
Cook, ...		1	1				1	
Cowfeeder, ...						1	1	
Daughter of Clothier, ...		1	1				1	
Draper, ...	1						1	
Draper's Widow, ...		1	1				1	
	7	7	14	6	2	8	22	

Occupations of those Admitted—Continued.	C. R. I.			S. C. A.			W.T.
	M.	F.	T.	M.	F.	T.	
<i>Carried forward,</i>	7	7	14	6	2	8	22
Dressmaker, ...		1	1		4	4	5
Doctor of Medicine, ...	1		1				1
Domestic Servants, ...					12	12	12
Engine-Fitter, ...				1	1	1	1
Farm Labourer, ...					1	1	1
Farm Servant, ...				2	2	4	4
Farmer, ...	2		2	2	2	2	4
Farmer's Daughter, ...					2	2	2
Farmer's Son, ...	1		1	1	1	1	2
Farmer's Wife, ...					1	1	1
Field-Worker, ...					1	1	1
Fisherman, ...				1			1
Foreman, ...	1		1				1
Gardener, ...				2	2	2	2
Gentlemen and Gentlewomen, ...	4	2	6		2	2	8
Governess, ...					1	1	1
Grocer, ...				2	2	2	2
Hawker, ...				1	1	1	1
Housekeeper, ...					1	1	1
Housewife, ...					2	2	2
Labourer, ...				8	8	8	8
Labourer's Wife, ...					1	1	1
Mill-Worker, ...					2	2	2
Miner, ...				1	1	1	1
Nurseryman, ...	1		1				1
No occupation, ...				4	4	8	8
Out-door Labourer, ...					1	1	1
Out-door Worker, ...					2	2	2
Ploughman's Wife, ...					2	2	2
Railway Labourer, ...				1	1	1	1
Sailor, ...				1	1	1	1
School Boy, ...				1	1	1	1
School Master, ...				1	1	1	2
Seedsman, ...	1		1		1	1	1
Servant, ...							1
Settler, ...	1		1				1
Shepherd, ...				1	1	1	1
Soldier, ...				1	1	1	1
Student, ...				1	1	1	1
Tailor, ...				1	1	1	1
Teacher, ...				1	1	1	1
Tradesman's Wife, ...		1	1				1
Vagrant, ...					1	1	1
Warehouseman, ...				2	2	2	2
	19	11	30	43	45	88	118

VII. Causes of Disease of those Admitted.

Anxiety for being Unemployed, ...				1	1	1
Anxiety about Relations, ...		2	2			2
Apprehension of Coming Want, ...				1	1	1
Bad health, ...	1	2	3	2	2	5

Causes of Disease of those Admitted—Continued.	C. R. IN.			S. C. A.			
	M.	F.	T.	M.	F.	T.	W.T.
Carried forward,	1	2	3	2	2	2	5
Change of Life, ...		1	1		1	1	2
Congenital, ...				4			4
Constitutional, ...	1		1		1	1	2
Death of Mother and Sisters, ...					1	1	1
Death of Aunt, ...	1		1				1
Debility, ...				1		1	1
Delusions, ...					1	1	1
Dissipation, ...	1		1				1
Disease of Brain, ...		1	1		1	1	2
Disappointment in Business, ...	2		2				2
Epilepsy, ...				1		1	1
Family Disagreements, ...				1		1	1
Fear, ...		1	1				1
Grief, ...					1	1	1
Grief for Death of Mother and Sisters, ...					1	1	1
Hereditary, ...	2	2	1	1	2		4
Imprisonment for Debt, ...			1		1	1	1
Intemperance, ...	6		6		1	1	7
Loss of Father, ...				1	1	1	1
Loss of Son, ...				1	1	1	1
Loss of Wife, ...				1	1	1	1
Low Diet, ...				1	1	1	1
Mental Anxiety, ...		1	1				1
None can be assigned, ...					1	1	1
Over Study, ...	1		1	2		2	3
Over Work, ...	1		1				1
Puerperal, ...				1	1	1	1
Puerperal Fever, ...				1	1	1	1
Religion, ...		1	1	1			3
Rheumatic Fever, ...				1	1	1	1
Said to be Family, ...				1			1
Self-Abuse, ...	1		1				1
Severe Illness, ...				1	1	1	1
Shock from Son Committing Suicide, ...				1	1	1	1
Spinal Disease, ...	1		1				1
Uterine, ...				1	1	1	1
Weak Constitution, ...					1	1	1
Not Known, ...	3	2	5	22	29	51	56
	19	11	30	43	45	88	118

VIII. Number of Previous Attacks.

First, — — — —	12	6	18	17	14	31	49
Second, — — — —	1	3	4	2	2	4	8
Third, — — — —	1	1	2	2		2	4
Several, — — — —	5	1	6	1	5	6	12
Unknown, — — — —				21	24	45	45
	19	11	30	43	45	88	118

IX. Age when First Attacked.

Between 10 and 20, — — — —	5		5	3	2	5	10
— 20 and 30, — — — —	8	4	12	11	11	22	34
— 30 and 40, — — — —	2	1	3	9	10	19	22
— 40 and 50, — — — —	2	2	4	9	9	18	22
— 50 and 60, — — — —	1	2	3	7	5	12	15
— 60 and 70, — — — —			1	1	5	6	7
— 70 and 80, — — — —					2	2	2
— 80 and 90, — — — —				1		1	1
Unknown, — — — —		2	2		3	3	5
	19	11	30	43	45	88	118

				C. R. I.			S. C. A.			
				M.	F.	T.	M.	F.	T.	W.T.
<i>X. Duration of Existing Attack.</i>										
Under 1 Month,...	...	...	...	7	4	11	12	8	20	31
More than 1 Month and less than 3 M.,	...	...	...	3	3	6	7	5	12	18
... 3 ...	...	...	...	2	2	5	6	11	13	
... 6 ...	...	...	...	2	2	1	3	4	6	
... 9 ...	...	...	1 Year,			2	3	5	5	
... 1 Year	...	...	...	1	2	3	3	5	8	11
... 3 ...	...	...	...			1	1	1	2	2
... 5 ...	...	...	10				1	1	1	1
... 10 ...	...	...	20	1	1		2	2	3	3
Unknown,	...	...	...	5	5	12	11	23	28	28
				19	11	30	43	45	88	118
<i>XI. Bodily Condition of those Attacked.</i>										
Unimpaired,	...	...	...	4		4	6	3	9	13
Impaired,	...	...	...	15	11	26	24	36	60	86
Diseased,	...	...	...				13	6	19	19
				19	11	30	43	45	88	118

GENERAL TABLE, NO. IV.

Table of Discharges between 11th November, 1866, and 11th November, 1867.

				C. R. I.			S. C. A.			
				M.	F.	T.	M.	F.	T.	W.T.
<i>I. Sex of those Discharged during the Year,</i>				12	9	21	17	20	37	58
<i>II. Age of those Discharged during the Year.</i>										
Between 10 and 20,	—	—	—	1		1	2	1	3	4
— 20 and 30,	—	—	—	3	2	5	3	6	9	14
— 30 and 40,	—	—	—	2	1	3	6	3	9	12
— 40 and 50,	—	—	—	3	3	6	2	6	8	14
— 50 and 60,	—	—	—	2	1	3	2	1	3	6
— 60 and 70,	—	—	—		2	2	2	2	4	6
— 70 and 80,	—	—	—	1		1				1
Unknown,	—	—	—					1	1	1
				12	9	21	17	20	37	58
<i>III. Class of those Discharged.</i>										
Private,	...	...	...	12	9	21	9	7	16	37
Pauper,...	...	...	...				8	13	21	21
				12	9	21	17	20	37	58
<i>IV. Mental Diseases of those Discharged.</i>										
Dementia,	...	...	...		1	1	1	1	2	3
Dypsomania,	...	...	...	2		2	1		1	3
Imbecility,	...	...	...				2		2	2
Mania, ...	...	...	...	6	5	11	8	10	18	29
Monomania,	...	...	...	1	2	3				3
Melancholia,	...	...	...	3	1	4	4	9	13	17
General Paralysis,	...	...	...				1		1	1
				12	9	21	17	20	37	58

<i>V. Duration of Disease of those Discharged.</i>	C. R. IN.			S. C. A.			
	M.	F.	T.	M.	F.	T.	W.T.
Under 1 Month, ...				2	1	3	3
— 2 Months, ...	1		1	1		1	2
— 3 Months, ...	1	1	2		1	1	3
— 6 Months, ...	4	5	9	4	5	9	18
— 9 Months, ...	3		3	4	5	9	12
— 1 Year, ...	1	1	2	1	5	6	8
— 2 Years, ...	1	1	2	2	2	4	6
— 4 Years, ...	1	1	2	1		1	3
— 10 Years, ...				1		1	1
— 15 Years, ...					1	1	1
— 30 Years, ...				1		1	1
	12	9	21	17	20	37	58

<i>VI. Condition when Discharged.</i>							
Recovered, ...	10	3	13	11	15	26	39
Relieved, ...	2	6	8	6	5	11	19
	12	9	21	17	20	37	58

GENERAL TABLE, NO. V.

Table of Cures between 11th November, 1866, and 11th November, 1867.

	C. R. I.			S. C. A.			
	M.	F.	T.	M.	F.	T.	W.T.
<i>I. Sex of Patients Cured,</i>							
	10	3	13	11	15	26	39
<i>II. Age of Patients Cured.</i>							
Between 10 and 20, ...	1		1	2	1	3	4
— 20 and 30, ...	2	1	3	3	4	7	10
— 30 and 40, ...	2		2	5	2	7	9
— 40 and 50, ...	2	1	3	1	5	6	9
— 50 and 60, ...	2	1	3		1	1	4
— 60 and 70, ...					2	2	2
— 70 and 80, ...	1		1				1
	10	3	13	11	15	26	39
<i>III. Class of Patients Cured.</i>							
Private, ...	10	3	13	5	3	8	21
Pauper, ...				6	12	18	18
	10	3	13	11	15	26	39
<i>IV. Mental Diseases of Cured.</i>							
Dementia, ...				1		1	1
Dypsomania, ...	2		2	1		1	3
Imbecility, ...				2		2	2
Mania, ...	5	2	7	5	9	14	21
Monomania, ...	1	1	2				2
Melancholia, ...	2		2	2	6	8	10
	10	3	13	11	15	26	39

V. Duration of Mental Diseases of those Cured.	C. R. IN.			S. C. A.			W.T.
	M.	F.	T.	M.	F.	T.	
Under 1 Month, ...				1		1	1
— 2 Months, ...	1		1	1		1	2
— 3 Months, ...	1		1		1	1	2
— 6 Months, ...	3	3	6	4	4	8	14
— 9 Months, ...	2		2	2	4	6	8
— 1 Year, ...	1		1		4	4	5
— 2 Years, ...	1		1	2	1	3	4
— 4 Years, ...				1		1	1
— 6 Years, ...	1		1				1
— 15 Years, ...					1	1	1
	10	3	13	11	15	26	39

GENERAL TABLE, NO. VI.

Table of Deaths between 11th November, 1866, and 11th November, 1867.

I. Sex of those who Died during the Year,	C. R. L.			S. C. A.			W.T.
	M.	F.	T.	M.	F.	T.	
	9	1	10	13	12	25	35
II. Age of those who Died during the Year,							
Between 20 and 30, ...				3		3	3
— 30 and 40, ...				1		1	1
— 40 and 50, ...	2		2	4	2	6	8
— 50 and 60, ...	2	1	3	2	2	4	7
— 60 and 70, ...	4		4	2	4	6	10
— 70 and 80, ...	1		1	1	4	5	6
	9	1	10	13	12	25	35
III. Class of those who Died.							
Private, ...	9	1	10	2	1	3	13
Pauper, ...				11	11	22	22
	9	1	10	13	12	25	35
IV. Mental Diseases of those who Died.							
Dementia, ...	1		1		1	1	2
General Paralysis, ...	2		2	2	2	2	4
Idiocy, ...					2	2	2
Imbecility, ...				1	1	2	2
Mania, ...	5	1	6	2	6	8	14
Melancholia, ...	1		1	3	2	5	6
Epileptic Mania, ...				3		3	3
Monomania of Pride, ...				1		1	1
Not stated, ...				1		1	1
	9	1	10	13	12	25	35

APPENDIX TABLE A.

Showing Condition of Both Establishments, Separately and Combined, for Successive Years.

Both Establishments.			Orickton Royal Institution.			Southern Counties' Asylum.		
1858.	1859.	1860.	1858.	1859.	1860.	1858.	1859.	1860.
Applied, ...	207	157	154	151	159	132	148	157
Admitted, ...	111	100	88	107	99	88	115	105
Under Treatment,	432	428	423	442	443	436	459	480
Discharged,	74	75	54	79	65	64	69	78
Recovered,	—	29	24	51	44	32	40	41
Relieved,	—	28	24	19	17	27	21	29
Not Improved,	—	18	6	9	4	5	8	8
Incurable,	—	35	25	18	14	25	19	14
Died,	29	19	34	19	30	28	15	18
Left,	328	334	335	344	348	344	375	384
Applied, ...	85	76	70	68	80	60	68	82
Admitted, ...	33	25	17	27	36	26	40	38
Under Treatment,	154	144	135	137	145	142	155	162
Discharged,	23	13	15	23	24	22	29	35
Recovered,	—	5	3	13	15	10	19	18
Relieved,	—	12	11	8	7	9	6	14
Not Improved,	—	1	1	2	2	3	4	3
Incurable,	—	10	10	8	8	9	6	9
Died,	11	8	10	5	5	5	2	3
Left,	119	118	110	109	116	115	124	124
Applied, ...	122	81	84	83	79	72	80	75
Admitted, ...	78	75	71	80	63	62	75	67
Under Treatment,	278	284	288	305	298	294	304	318
Discharged,	51	57	39	56	41	42	40	43
Recovered,	—	24	21	38	29	22	21	23
Relieved,	—	16	13	11	10	18	15	15
Not Improved,	—	17	13	7	2	2	4	5
Incurable,	—	25	15	10	6	16	13	5
Died,	18	11	24	14	25	23	13	15
Left,	209	216	225	235	232	229	251	260
Applied, ...	120	120	120	120	120	120	120	120
Admitted, ...	88	88	88	88	88	88	88	88
Under Treatment,	366	366	366	366	366	366	366	366
Discharged,	37	37	37	37	37	37	37	37
Recovered,	1	1	1	1	1	1	1	1
Relieved,	—	—	—	—	—	—	—	—
Not Improved,	—	—	—	—	—	—	—	—
Incurable,	—	—	—	—	—	—	—	—
Died,	4	4	4	4	4	4	4	4
Left,	304	316	316	316	316	316	316	316

* The first column 1867 gives the statistics of the year November 11th, 1866, to November 11th, 1867. The second gives the statistics from November 11th, 1867, to December 31st, 1867. The third column gives both combined, that is, from November 11th, 1866, to 31st December, 1867.

APPENDIX TABLE B.

Shewing Results of Period between 11th November, 1866, and 11th November, 1867.

	C. R. IN. |						S. C. A.					
	PRIVATE.			PRIVATE.			PAUPER.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	T.	W.T.	
Resident, 11th November, 1866, Admitted during the Year,	83	50	133	40	26	66	111	101	212	278	411	
	19	11	30	15	20	35	28	25	53	88	118	
Under Treatment,	102	61	163	55	46	101	139	126	265	366	529	
Discharged, — —	20	10	30	9	7	16	8	13	21	37	67	
Died, — — —	9	1	10	2	1	3	11	11	22	25	35	
Resident, 11th November, 1867,	73	50	123	44	38	82	120	102	222	304	427	

APPENDIX TABLE C.

Shewing Results of Period between 11th November, 1867, and 31st December, 1867.

	C. R. IN. }						S. C. A.					
	PRIVATE.			PRIVATE.			PAUPER.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	T.	W.T.	
Resident, 11th November, 1867, Admitted,.....	73	50	123	44	38	82	120	102	222	304	427	
	2	3	5	1	2	3	5	8	13	16	21	
Under Treatment,.....	75	53	128	45	40	85	125	110	235	320	448	
Discharged,.....	1		1	1		1				1	2	
Died,.....					1	1		2	2	3	3	
Resident, 31st December, 1867.,	74	53	127	44	39	83	125	108	233	316	443	

APPENDIX TABLE D.

Shewing Results between 11th November, 1866, and 31st December, 1867.

	C. R. I. }						S. C. A.					
	PRIVATE.			PRIVATE.			PAUPER.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	T.	W.T.	
Resident, 11th November, 1866, Admitted to Dec. 31st, 1867,.....	83	50	133	40	26	66	111	101	212	278	411	
	21	14	35	16	22	38	33	33	66	104	139	
Under Treatment,.....	104	64	168	56	48	104	144	134	278	382	550	
Discharged,.....	21	10	31	10	7	17	8	13	21	38	69	
Died,.....	9	1	10	2	2	4	11	13	24	28	38	
Resident, 31st December, 1867.,	74	53	127	44	39	83	125	108	233	316	443	

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APPENDIX TABLE, A. 2.

Shewing Condition of Both Establishments, Separately and Combined, for Successive Years, and Corrected so as to Include "Probationers."

Both Establishments.		1858.	1859.	1860.	1861.	1862.	1863.	1864.	1865.	1866.	1867.	1867.	1867.
Applied, ...	207	157	154	151	159	132	148	157	173	189	27	216	
Admitted, ...	111	100	88	107	99	83	115	105	124	118	21	139	
Under Treatment,	432	428	423	442	443	436	459	483	513	536	456	557	
Discharged,	74	75	54	79	65	64	66	76	68	66	3	69	
Recovered,	—	29	24	51	44	32	40	46	46	46	2	52	
Relieved,	—	28	24	19	17	27	18	22	19	15	1	16	
Not Improved,	—	18	6	9	4	5	8	8	8	3	1	1	
Incurable,	—	35	25	18	14	25	19	14	17	17	9	9	
Died,	29	19	34	19	30	28	15	18	27	35	3	28	
Left,	328	334	335	344	348	344	378	359	418	435	450	450	
<i>Orickton Royal Institution.</i>													
Applied, ...	85	76	70	68	80	60	68	82	73	69	8	77	
Admitted, ...	33	25	17	27	36	26	40	38	34	30	5	35	
Under Treatment,	154	144	135	137	145	142	155	162	159	164	132	169	
Discharged,	23	13	15	23	24	22	29	34	18	27	1	28	
Recovered,	—	5	3	13	15	10	19	18	12	18	1	18	
Relieved,	—	12	11	8	7	9	6	13	6	8	1	9	
Not Improved,	—	1	1	2	2	3	4	3	—	1	1	1	
Incurable,	—	10	10	8	8	9	6	9	7	5	5	5	
Died,	11	8	10	5	5	5	2	3	7	10	—	10	
Left,	119	118	110	109	116	115	124	125	134	127	131	131	
<i>Southern Counties' Asylum.</i>													
Applied, ...	122	81	84	83	79	72	80	75	100	120	19	139	
Admitted, ...	78	75	71	80	63	62	75	67	90	86	16	104	
Under Treatment,	278	284	288	305	298	294	304	321	354	372	324	388	
Discharged,	51	57	39	56	41	42	37	42	50	39	2	41	
Recovered,	—	24	24	38	29	22	21	28	34	32	2	34	
Relieved,	—	16	13	11	10	18	12	9	13	7	—	7	
Not Improved,	—	17	13	7	2	2	4	5	3	—	—	—	
Incurable,	—	5	5	10	6	16	4	5	10	4	—	4	
Died,	18	25	15	10	6	16	13	15	20	25	3	28	
Left,	209	216	225	235	232	229	254	264	284	308	319	319	

* The first column 1867 gives the statistics of the year November 11th, 1866, to November 11th, 1867. The second gives the statistics from November 11th, 1867, to December 31st, 1867. The third column gives both combined, that is, from November 11th, 1866, to 31st December, 1867.

APPENDIX TABLE, B. 2.

Shewing Results of Period between 11th November, 1866, and 11th November, 1867, and Corrected so as to Include "Probationers."

	C. R. IN.						S. C. A.					
	PRIVATE.			PRIVATE.			PAUPER.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	T.	W.T.	
Resident, 11th November, 1866, Admitted during the Year,	84	50	134	41	28	69	109	106	215	284	418	
	19	11	30	15	20	35	28	25	53	88	118	
Under Treatment, ...	103	61	164	56	48	104	137	131	268	372	536	
Discharged, ...	18	9	27	9	8	17	9	13	22	39	66	
Died, ...	9	1	10	2	1	3	11	11	22	25	35	
Resident, 11th November, 1867,	76	51	127	45	39	84	117	107	224	308	435	

APPENDIX TABLE, C. 2.

Shewing Results of Period between 11th November, 1867, and 31st December, 1867, and Corrected so as to Include "Probationers."

	C. R. IN.						S. C. A.					
	PRIVATE.			PRIVATE.			PAUPER.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	T.	W.T.	
Resident, 11th November, 1867, Admitted, ...	76	51	127	45	39	84	117	107	224	308	435	
	2	3	5	1	2	3	5	8	13	16	21	
Under Treatment, ...	78	54	132	46	41	87	122	115	237	324	456	
Discharged, ...	1		1	1		1		1	1	2	3	
Died, ...					1	1		2	2	3	3	
Resident, 31st December, 1867,	77	54	131	45	40	85	122	112	234	319	450	

APPENDIX TABLE, D. 2.

Shewing Results between 11th November, 1866, and 31st December, 1867, and Corrected so as to Include "Probationers."

	C. R. IN.						S. C. A.					
	PRIVATE.			PRIVATE.			PAUPER.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	T.	W.T.	
Resident, 11th November, 1866, Admitted to Dec. 31st, 1867,	84	50	134	41	28	69	109	106	215	284	418	
	21	14	35	16	22	38	33	33	66	104	139	
Under Treatment, ...	105	64	169	57	50	107	142	139	281	388	557	
Discharged, ...	19	9	28	10	8	18	9	14	23	41	69	
Died, ...	9	1	10	2	2	4	11	13	24	28	38	
Resident, 31st December, 1867,	77	54	131	45	40	85	122	112	234	319	450	

APPENDIX TABLE E.,

Showing Detailed Results for the Years 1863-4, 1864-5, 1865-6, for Both Houses, and Corrected so as to Include "Probationers."

	C. R. IN.						S. C. A.					
	PRIVATE.			PRIVATE.			PAUPER.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	T.	W.T.	
1863-4.												
Resident, 11th November, 1863,	67	48	115	25	17	42	106	81	187	229	344	
Admitted during the Year,	24	16	40	12	13	25	21	29	50	75	115	
Under Treatment, ...	91	64	155	37	30	67	127	110	237	304	459	
Discharged, ...	18	11	29	7	7	14	10	13	23	37	66	
Died, ...	1	1	2	2	1	3	8	2	10	13	15	
Resident, 11th November, 1864,	72	52	124	28	22	50	109	95	204	254	378	
1864-5.												
Resident, 11th November, 1864,	72	52	124	28	22	50	109	95	204	254	378	
Admitted during the Year,	24	14	38	9	8	17	19	31	50	67	105	
Under Treatment, ...	96	66	162	37	30	67	123	126	254	321	483	
Discharged, ...	21	13	34	2	4	6	17	19	36	42	76	
Died, ...	1	2	3	1		1	5	9	14	15	18	
Resident, 11th November, 1865,	74	51	125	34	26	60	106	98	204	264	389	
1865-6.												
Resident, 11th November, 1865,	74	51	125	34	26	60	106	98	204	264	389	
Admitted during the Year,	24	10	34	21	8	29	28	33	61	90	124	
Under Treatment, ...	98	61	159	55	34	89	134	131	265	354	513	
Discharged, ...	9	9	18	12	4	16	17	17	34	50	68	
Died, ...	5	2	7	2	2	4	8	8	16	20	27	
Resident, 11th November, 1866,	84	50	134	41	28	69	109	106	215	284	418	

JAMES GILCHRIST, M.D.,
Medical Superintendent.

STATE OF NEW YORK
IN SENATE
January 15, 1884.

SUNDRY	
Item	Amount
For the purchase of books	100 00
For the purchase of stationery	50 00
For the purchase of printing	200 00
For the purchase of fuel	100 00
For the purchase of repairs	50 00
For the purchase of sundries	100 00
Total	600 00

Approved by the Senate, January 15, 1884.

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TWENTY-NINTH ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
AND
SOUTHERN COUNTIES' ASYLUM.
FOR THE
YEAR 1868.

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The Right Hon. the EARL OF GALLOWAY.
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The MEMBER for the COUNTY of Dumfries.
The SHERIFF of the Shire of Dumfries.
The MINISTER OF ST. MICHAEL'S CHURCH, Dumfries.

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S. ADAMSON, Esq., Treasurer.
Rev. G. COWANS, Chaplain.

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TWENTY-NINTH ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
AND
SOUTHERN COUNTIES' ASYLUM,
FOR THE
YEAR 1868.

General Statistics for Both Establishments.—During the year terminating 31st December, 1868, the applications have been one hundred and seventy-two. At the termination of last year, the residents were four hundred and fifty, and the admissions have been one hundred and fifteen, making the numbers under treatment during the year five hundred and sixty-five. Eighty-nine have been discharged and thirty have died, and there remain resident at the end of this year four hundred and forty-one, of whom six are absent on probation.

Of those discharged, fifty-six were *recovered*, thirty *relieved*, and three *not improved*.

Of the last two classes, fifteen were deemed incurable.

On comparing these statistics with those of last year, we find the applications fewer, the admissions nearly the same, the discharges more numerous, and the deaths less so, while the numbers under treatment have been greater, and those left resident at the termination of the year are nearly the same.

CRICHTON ROYAL INSTITUTION.

Applications.—The applications to the Crichton Royal Institution are this year seventy-nine, more than three times the number admitted. Many causes unconnected with the House doubtless account for the non-admission of a portion of the number. A large proportion, however, must be attributed to the high initial board for admission, which has been of necessity maintained for some years, owing to the exhaustion of the accommodation for those at lower rates.

Admissions.—The admissions, twenty-eight in number, differ from those of last year only by two.

Of the whole number, twenty-one are ordinary patients, and no less than seven voluntaries, that is, patients who have sought admission to, or remained in, the House, by their own expressed wish, through the special clause in the Lunacy Act, which enables them to do so by obtaining the sanction of the Board of Lunacy. Besides there are

four of the ordinary patients, who, previously residents, expressed a wish to return to the House. That is, out of twenty-eight admissions, eleven have preferred to again become or remain residents of the establishment.

Of the seven voluntaries, three were previously discharged as ordinary patients, and re-admitted as voluntaries at their own request. The remaining four were former residents, and returned to the House on finding health again giving way.

The ever-increasing number of voluntaries which return to the House yearly, while a source of gratification to the officers, is, at the same time, we hope, a fair proof of the satisfactory nature of the treatment they are submitted to, inasmuch as every one of them has been previously resident, has passed through a period of convalescence before re-admission, and is, therefore, in a condition to discriminate and appreciate the treatment received.

Two voluntaries were also admitted to the Southern Counties' Asylum, both previous inmates.

Fourteen of the whole number have had one or more previous attacks. One was admitted twice during the year.

Ten of the admissions have been discharged recovered within the year, three relieved, one has died, and fourteen remain under treatment. Of the three discharged relieved, one was transferred to the Southern Counties' Asylum, and one is absent on probation.

The ages vary from eighteen to sixty.

Ten are married, sixteen single, and two widowed.

Under Treatment.—The number under treatment—one hundred and fifty-nine, are precisely the same as in 1866.

Discharges.—The discharges, thirty-one, are the largest number since 1858, with one exception; nineteen are recovered, eleven relieved, and one not improved. Of the two last, eight are deemed incurable.

The recoveries are the largest number discharged in ten years, being within a fraction of 68 per cent. on the admissions (67·86).

Two were transferred to the Southern Counties' Asylum. Four of the discharges were voluntaries.

Four patients during the year were sent out on trial. Two of them have been discharged cured, and one relieved. One is still absent on probation.

Of the four absent on trial at the end of last year, two were discharged as recovered, the other two as relieved.

Mortality.—The mortality this year has exceeded the usual limits. During the years 1861, '2, '3, '4, '5, the mortality was five, five, five,

two, and three respectively, which is at the rate of 2·7 per cent on the numbers under treatment during the five years. In 1866 and 1867, the deaths were seven and ten, while in 1868 they have been twelve. The increase in the two former years is partly accounted for by the increase of numbers under treatment. The per-centages are respectively 4·43, 5·95, and 7·84. When, however, we examine the list of deaths, we find nothing special to account for the excess. There is a case which was only four days in the House. The patient, indeed, was moribund on admission, never rallied, and died of typhoid mania.

2nd. We find three patients, who died respectively at the ages of seventy-two, seventy-four, and eighty-three. All were long residents in the House, one sixteen, one twenty-one, and one twenty-two years, all of whom may be said to have reached the natural term of life.

3rd. Of another group, we find the ages fifty-nine, sixty-one, sixty-two, two of whom were also resident for several years. Of the remaining five, one died of general paralysis at thirty-two, one of paralysis and epilepsy at forty-seven, and three of consumption with or without complications, at the respective ages of forty-four, forty-eight, and fifty-one.

Of the whole number, the obvious cause of death in five was brain disease, in three of the lungs, in two disease of the abdominal organs, and two were due to general decay and exhaustion.

Residents.—The numbers resident, one hundred and sixteen, sixty-eight males and forty-five females, include four voluntaries, one probationer, and one hundred and eleven ordinary patients.

A few beds at low rates are empty, also two parlours, the occupant of one discharged a few days, the other a few weeks, previously. The diminution of residents, as compared with last year, is accounted for by the increase in discharges and deaths.

An analysis of the residents gives the following:—

Thirty-seven have never been at chapel; sixteen never at amusements: thirty-three are going to amusements in town; nine to chapel in town: three have never been out of the House; three never out of Airing-Court; one never out of bed; fifteen never out of grounds: thirteen are on parole in grounds; two on parole out of grounds: forty-one are unimpaired in health; forty impaired; thirty-two diseased: one is a paralytic; thirty-seven are helpless; eight suicidal; five self-injurers: eighteen are of dirty habits; twenty of improper habits; twenty-seven are dangerous and destructive; thirty-one noisy.

Under medical treatment for bodily disease, fifty-three; for mental disease, forty; total, ninety-three.

Under special diet for bodily disease, forty-eight; for mental disease, thirty-five; total, eighty-three.

Pensioners.—Five pensioners still remain as residents in Crichton Royal Institution. These patients owe their privilege to the foundress of the Establishment. The privilege lapsed with her decease, six years ago, but the individual patients retain it for life.

Two are also resident in the Southern Counties

The term does not include those who have been recently admitted at reduced rates by special act of the Directors. These amount to six in the Crichton Royal Institution, and to nineteen in the Southern Counties' Asylum.

Of these, three have been discharged from the Crichton Royal Institution, and ten from the Southern Counties' Asylum, leaving in the Crichton Royal Institution three, and in the Southern Counties' Asylum nine, in all twelve, still resident.

Amusements.—The amusements for the year in the Crichton Royal Institution amount to two hundred and eleven, consisting of—

Lectures, 20	Parties, 35
Plays, 8	Pic-nics, 94
Concerts, 20	Miscellaneous, ... 17
Readings, 9	Special, 8

The number gives an average of upwards of four per week, and, with the exception of thirty-eight which were provided in town, were all supplied within the walls, and, with a few exceptions, by the unassisted aid of the officers, attendants, and patients. These do not include the classes mentioned in operation at the Southern Counties' Asylum, nor drawing-classes, &c., in the Crichton Royal Institution, nor out-door games, as bowls, &c.

Accidents.—The accident-book of the Crichton Royal Institution presents us happily with only one case, and that of a very slight character. In the early part of the year, a paralytic patient fell at his bedside, while being dressed, and cut his ear. It healed kindly and rapidly.

Escapes.—There is, happily, not a single case of escape to record this year. This is a subject for congratulation, if not surprise, considering the large increase of liberty the patients now enjoy compared with what was allowed even ten years ago.

Seaside Residents.—The numbers who were sent to the seaside this year were eleven,—nine gentlemen and two ladies.

The importance of such a residence to the patients cannot be over-

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rated, whether viewed as a mere change or as an accessory to medical treatment. Its full benefits can only be realized when the House secures a villa as its own property, under its own control, and accessible at all times.

One enjoyed the sea-breezes for three weeks, one for five, three for six, two for nine, and three for three months.

Epidemic.—An epidemic of scarlatina invaded the Establishment in the early part of winter. It appeared in both Houses at nearly the same time. In the Southern Counties' Asylum ten cases may be considered due to it, but only seven of them exhibited the characteristic rash. Of eleven cases in the Crichton Royal Institution, only six were so characterized. In the Southern Counties' Asylum, four male patients were among the number, while the remainder were female attendants and servants. In the Crichton Royal Institution there were no patients attacked, with perhaps the exception of one, and, as in the Southern Counties' Asylum, it was confined to the female attendants and servants.

In villages to the south of the Institution it was virulent and fatal.

The *increase* of deaths in the Crichton Royal Institution had as little to do with it as the equally *diminished* mortality in the Southern Counties' Asylum.

It was followed by a considerable amount of sickness, in the form chiefly of catarrhal and influenzal attacks.

New Buildings, Crichton Royal Institution.—In our last we reported that the plans for the additions to the Crichton Royal Institution were in the hands of the Directors. We are happily now able to report the rapid progress of the building. The sunk floor with the first and second storeys above ground are nearly completed. We hope to be able to report the completion of the building in our next.

Kitchen and Laundry.—Plans are also selected and contracts taken for additions to and improvements in Kitchen and Laundry. The Work to be commenced in Spring.

When the additions are completed, the Kitchen Department will consist of kitchen, back-kitchen, servants' hall, larder, pantry, milk-room, crockery-store, and special accommodation for servants.

The Washing Department, including laundry-range, and foul-linen wash-house, is to be entirely re-arranged and supplied with the best and newest machinery.

When completed, it will consist of reception-room, wash-house, laundry, sorting-room, and drying-closets. There are also to be, over drying-closets and Engine-house, two large open drying-rooms, thus economising the heat which would otherwise be wasted.

The space between the foul-linen wash-house and the laundry-range will be covered over with a glass roof, and thus afford a large open-air drying-shed. The sorting-room will be connected with the new work-room by a covered tramway.

It is believed that these additions and alterations will greatly improve the efficiency of both establishments.

SOUTHERN COUNTIES' ASYLUM.

Applications.—The applications for the year are ninety-three, only eight in excess of the admissions. Other demands were made *en masse* from different parts of the country, which, of course, could not be complied with.

Admissions.—The admissions, eighty-five in number, are three less than last year, but, with one other exception, are the largest on record for ten years. During that period they have varied from sixty-two to ninety. Of the whole number, thirty-five were re-admissions. Two were voluntaries.

Thirty-nine were males, and forty-eight females.

Two males and sixteen females were private, twenty-nine males and thirty-two females pauper.

Three were externs, one admitted on special grounds, and two transfers from Crichton Royal Institution.

Thirty-two were married, forty-three single, ten widowed, and two unknown.

The ages varied from nineteen to seventy-six.

Of the admissions, four have died during the year, fifteen have been discharged cured, three relieved. Two are absent on probation, and fifty-three remain resident.

Under Treatment.—The numbers under treatment during the year have been four hundred and six,—two hundred and nine males and one hundred and ninety-seven females,—a number which exceeds by thirty-two those of last year, and by fifty those of the former one.

Discharges.—The discharges, fifty-eight in number, are the largest number recorded, and include thirty-seven recovered, eighteen relieved, and two not improved. Of these last, seven are deemed incurable.

The cures are the largest number we have recorded for ten years, and give 42.53 per cent. on the admissions.

Those discharged relieved are numerous, but six were externs and sent to Asylums in their own district, eight were private patients and removed by relations before recovery was completed, and three were

probationers discharged by special arrangements with the Board of Lunacy, and one a voluntary, who became worse and was admitted as an ordinary patient.

Mortality.—The numbers who have died this year in the Southern Counties' Asylum are eighteen, nine males and nine females, seven of whom are private and eleven pauper. The percentage is only 4.41 on the numbers under treatment, and may be considered a very moderate rate of mortality and a set-off to the increased rate in the Crichton Royal Institution. The numbers last year with a smaller population were twenty-six.

When we examine the ages, we find five died above seventy and four above sixty, that is, one-half of the entire number.

Three were under three months resident and three more under six, four of these cases were seen to be hopeless, and one if not two were moribund on admission and never rallied. The custom still extensively prevails of sending patients to the House not in the initial, hopeful, and curative stages of disease, but when death threatens the patient and hope even as to physical life has long since fled.

One patient died after a residence of twenty-four years. He was a hale, hearty man, and may be said to have died of old age, though only sixty-nine. Death could not be assigned to the lesion of any particular organ.

An imbecile female died of heart disease at the age of sixty-four. Her sister had died of the same disease only a few months before at sixty-five. What is interesting in those two cases is that the two sisters, both imbeciles, had lived together inseparably till health began to fail, when they were sent to the Asylum, where both died of the same disease, the one after a few weeks, the other after a few months' residence.

Residents.—The numbers resident, exclusive of probationers, three hundred and twenty-five, one hundred and seventy-one males and one hundred and fifty-four females, exceed those of last year by six. Of these seventy-three are private, and two hundred and fifty-two pauper. Thirty are externs, the remainder, two hundred and ninety-five, belong to the three Southern Counties.

An analysis of the residents gives the following results:—Forty-five are helpless, nine paralytic, twenty-eight epileptic, fifteen suicidal, ten self-injurers, forty dirty, forty-one of dangerous and destructive, and forty-six of improper habits, thirty-nine are noisy: one hundred and seventy-three never attend chapel, one hundred and sixty-three never attend amusements, six are never out of House, twenty-three never out of airing-court, two hundred and eleven never out of

grounds: forty-five go to town amusements, three go to town to chapel: five are on parole in grounds, two on parole out of grounds.

There are ten whose health is unimpaired, two hundred and seventy-six whose health is impaired. Thirty-four are diseased; five moribund.

Under treatment for mental disease, seventeen; for bodily disease, thirty. On special diet, eighteen.

Probationers.—Fifteen patients have been sent out on trial during the year, five males and ten females. Five are still absent, and the remaining ten have been disposed of as follows: four have been discharged *recovered*, three *relieved*, and three have returned to the House.

Since the probationary clause came into operation four years ago, seventy-one patients have been sent out on trial from both Establishments. Of these six are still absent, leaving sixty-five, who have been disposed of as follows. One has died, thirty-two have been discharged *recovered*, seventeen *relieved*, and fifteen have returned to the House. In other words, of the sixty-five patients whose term of trial has lapsed, one-half, thirty-two, have been discharged *recovered*, nearly one-fourth, fifteen, returned to the House, and seventeen remained as they had left the Establishment, that is, were discharged *relieved*. Moreover it has to be observed that those returned to the House includes those only who were readmitted within the limits of the probationary period, a much larger proportion having ultimately returned.

These results are in accordance with the anticipation of practical experience, and are not encouraging to those who advocate a more extensive exodus to the country on merely theoretical grounds.

No doubt the probationary clause is useful to a certain class of cases. It enables us to send a working-man home to his family, where he might be much needed, sooner than might otherwise be the case, or it meets the difficulty of impatience, which is a characteristic of many convalescents, and some others. After all, however, impatience itself is most frequently only a marked symptom of impaired mind, and the question will arise whether the same or perhaps even a larger proportion of cures might not have been secured by the longer detention of such cases till convalescence was more confirmed.

Granting, however, that the probationary clause is useful to a limited number of cases, there is still a considerable proportion of patients in every Asylum who do not require its restraints. Under treatment they soon reach the highest attainable health point, but they remain eccentric or defective, and their condition is unsuitable to home life or ordinary society. For such a class the cottage, the farm, the sana-

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tarium, or some other arrangement connected with the House, is the appropriate place, such as we have suggested elsewhere. They do not need the more stringent discipline of the Asylum. At home they are a source of worry and anxiety and ultimately of danger. There they would find themselves in circumstances suited to their condition, and where their lives would be spent more happily and usefully.

Injuries.—In the Southern Counties' Asylum two cases of injury are recorded. One that of an aged female patient, who fractured the forearm when getting out of bed. The union of the bones was tedious and somewhat imperfect.

The other was more serious. A male patient, while on the grounds, opened a vein in the bend of the arm with a fragment of glass, and was found in a state of collapse from loss of blood. The wound healed kindly, and the patient rapidly recovered his strength.

His case may be fairly cited as an example of a class of cases which happily do not frequently occur in Asylums, but which, when they do, baffle the utmost skill and care either to foresee or prevent the accidents which may arise from them.

The patient referred to had been working in the grounds more or less for six months previously, not constantly, for he was capricious and would give it up for a few days occasionally. On the occasion of the accident, he was out with a walking party, and was literally surrounded with patients and attendants.

The reason assigned was that "the devil put it into his head."

It is very gratifying to have nothing more serious to report for the year. The books, however, do not record the thousand "hairbreadth 'scapes" which bulk largely in the daily incidents of an Asylum, and constitute too large a proportion of its daily cares and anxieties.

Escapes.—The list of escapes is large, being seven in number. One of them, a female, appears twice during the year: the rest are males.

Three of them just got over the wall, and were brought back immediately. One was absent twenty-seven days.

One was a convalescent who got impatient. He was discharged cured a few weeks after.

Another may be denominated a case of monomania of locomotion. He has escaped one or more times every year during his residence.

The third and fourth went off together by a preconcerted plan, but were brought back immediately.

One of the two employs his whole time in concerting plans to effect his escape.

The fifth, C. C., was one of a few trusted patients, who were allowed

to walk into the country during summer. He concealed himself in a wood, and got as far as Liverpool. This patient had been accustomed to bush travelling in Australia.

The sixth had been in possession of a large amount of liberty, even beyond the walls, for ten years. He had a great affection for horses and cattle, and went off not from any wish to escape but merely to gratify his special desire. He was found in a field examining with great earnestness the qualities of the stock it contained.

The seventh, a female, is one of those whose whole occupation is concerting plans to get away.

She is recorded on a former occasion to have escaped with the aid of another patient by removing the outer framework of one of the dormitory windows.

The escape on this occasion was effected by stealing the key from the attendant, while asleep in the dormitory with eleven other patients. She got into the lobby, and got through a window, which was supposed secure against the possibility of such a feat.

1. It is noteworthy that three of the cases are inveterate vagabonds, if we may use the term in its primary sense. They have escaped before and will again, unless deprived of liberty to an unjustifiable extent.

2. It is equally noteworthy that three others of them are the most trustworthy patients in the House, and had for long periods been entrusted with exceptional liberty.

3. That five of the escapes were effected in the same fortnight, shewing the effect of example on weak minds.

Classes.—During the latter part of the year, classes, which are still continued, have been conducted in the Southern Counties' Asylum by two Lady Residents of the Crichton Royal Institution.

One a class for teaching the patients music, the other for teaching them reading, writing, arithmetic, and geography.

Similar classes have been established in the Southern Counties' Asylum from time to time, as agents and opportunities presented themselves. They are, doubtless, an important adjunct to moral treatment, but their permanency is not easily secured without paid agency, and the extent of the House is hardly yet such as would justify us in demanding such agents.

The amusements to which the Southern Counties' Asylum patients have been admitted during the year amount to ninety-eight, that is, within a fraction of two per week, and, but for the loss of our violinist, which necessitated a temporary cessation of the weekly dance, they would have exceeded that number.

Out-door games, as croquet, bowls, quoits, &c., are not included, as these are daily during summer.

Amongst others may be mentioned two visits to panoramas in town, embracing forty-five patients, and nine picnics to the country, to which were conveyed all the working and well-behaved patients, one hundred and four in number.

Extension of Southern Counties' Asylum.—The extension of the Southern Counties' Asylum again claims the immediate attention of the Directors.

During the last three years the demand for admission has largely exceeded the result of calculations founded on the experience of the preceding seven, so that the accommodation at disposal is all but exhausted. This is especially the case in the female side of the House. The females hitherto have lagged far behind the males in number, but latterly have indicated a disposition to equal them, and have consequently increased the pressure locally.

Another necessity for extension is the want of single rooms, which, compared with the number of the patients, are greatly deficient.

Preliminary to extension, three plans are recommended to the consideration of the Directors, which might all be carried out simultaneously.

1. Extension of the present Establishment. This in some form and to some extent is rendered necessary in order to provide for refractory patients, and to secure a greater number of single rooms.

2. Accommodation at the New Farm for Working Males. This plan has much to recommend it, on grounds both of economy and curative value. A large simple building, but constructed in accordance with carefully-considered sanitary principles, could be erected at a comparatively small cost per head, to accommodate the out-door working males. The removal of convalescent patients from the Asylum to the Farm would undoubtedly act beneficially on health, apart from and in addition to the more favourable influences of the place itself. It would, in fact, become a sanatorium establishment to the patients.

3. The third plan is to build cottages for the attendants, and locate in them one or more patients.

This plan has been recommended more than once. Now is a fitting time for its re-consideration. It could be carried out by building cottages either on a properly-selected spot on the Farm, or on the waste ground outside the walls.

The advantage to the attendants would be great, both in a pecuniary and in a moral sense. It would utilize their skill, derived from special training, precisely where and in the way in which it is wanted,

while the payment made for its exercise would afford an additional means of support to their families. To married attendants especially it would be a boon, as affording them comfortable homes for their families in immediate connection with their employment, and thereby rendering unnecessary the always dangerous, often disastrous, practice of seeking their relaxation in town, with its numerous and too often irresistible temptations.

There is a class of patients who do not need the continued restraints of an Asylum, or who require them only because their powers and capacities are so peculiar as to require for their utilization special conditions, which conditions society does not supply. The cottages recommended would afford the conditions required, and relieve us from the painful alternative of either retaining such patients as permanent residents in the Asylum, or of sending them out on probation, or otherwise, with the certain knowledge that they will return in a very short period in a worse condition than when they left.

Of all the answers given to the important question which now engages public attention, namely, How are we to dispose of the ever-increasing numbers in our over-crowded Asylums? there is none so satisfactory as that which advises their disposal around the central establishment; and this for two very important reasons.

1st. Because there they are placed under the care of trained attendants, who can understand, appreciate, and accommodate themselves to their peculiarities and defects.

2nd. Because they remain under the sanction of a qualified and responsible head, who is ever present to check abuses, attend to health, and generally to watch over the interests of the community.

GENERAL.

Water Supply.—The new water supply, after careful calculation and a twelvemonths' experience, proves to be ample not only for the present but for the prospective wants of the Establishment. Its qualities, both for washing and dietetic purposes, have been tested by a professional analysis, and pronounced to be first-class.

Its re-distribution has yet to be completed.

Owing to the changes in and additions made, especially to the Southern Counties' Asylum, during the last few years, the main pipes fail to supply the requirements of the House, and the distribution generally has become deranged.

To remedy these defects the supply and distribution are to be

re-arranged *de novo*, and, as part of the arrangement, a large iron tank, capable of containing 50,000 gallons, is to be erected on the elevated part of the grounds, and at such a height as will enable the water to reach the upper storey of both Houses by gravitation.

A spring which was struck on digging the foundation of the recent addition to the Southern Counties' Asylum, will be utilized at the same time.

The trial bore which was put down in the neighbourhood of that building has not yet reached water.

Gas Supply.—For similar reasons the gas supply has become defective and deranged. This will be remedied when the new addition to the Crichton Royal Institution is completed.

An independent supply made on the premises is as yet in the category of things to be done.

Changes in Staff.—The only change we have to notice in our staff this year has arisen from the promotion of Mr M'Cririe to the Superintendentship of the Haddington Asylum. Mr M'Cririe acted as attendant in the Crichton Royal Institution for a period of fifteen years, and as superintendent of the male department in the Southern Counties' Asylum for a period of seven years. In the former position, it is only justice to him to state that he was one of the most trusted, trustworthy, and efficient servants the House ever possessed, while in the latter he in every respect reached the high standard that was set up for him. Of his efficiency and success in his new and onerous position, no doubt can be entertained. His wife, who was also trained in the Crichton Royal Institution, accompanies him as Matron. On leaving his position here, his friends and fellow-labourers presented him with a valuable Silver Watch and Gold Chain, and the Directors, to mark their appreciation of his long and faithful services, voted him a donation in money.

His place is temporarily occupied by a faithful and trustworthy attendant.

Attendants, Officers, Directors.—We have to acknowledge the services of the attendants, the greater part of whom have discharged their duties with patience and fidelity. There are always a few who reach our port under false colours, but to whom we give a wide berth as soon as possible.

We have also to express our gratitude to the officers of both establishments for the faithful discharge of their arduous duties.

Our assistants, Dr Malan and Dr M'Nab, have further afforded us valuable aid in the moral treatment of the patients by frequent prelections and addresses,—the former on general, the latter on scientific

subjects. They have given much gratification and benefit to the patients, and are a valuable adjunct to the requirements of an educated and—to some extent—a scientific community.

Our grateful thanks are also due to our consultants, Dr Scott and Dr Borthwick, for their promptitude and attention in cases of difficulty and during the epidemic of scarlatina.

We have to thank the Directors for much kindness and forbearance, and, besides, for more substantial favours. It is to be hoped they may be accepted as an acknowledgment of services faithfully rendered, if still imperfect.

JAMES GILCHRIST, M.D.,
Medical Superintendent.

Dis- (See Improved, Incourable, Died, Last, ...)	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

* The first
 November
 December
 11th, 1866.

		1858.	1859.	1860.	1861.	1862.	1863.	1864.	1865.	1866.	1867.	1867.	1867.	1868.
Both Establishments.		207	157	154	151	159	132	148	157	173	189	27	216	188
Applied, ...	...	111	100	88	107	99	88	115	105	124	118	21	139	115
Admitted, ...	...	432	428	423	442	443	436	459	483	513	536	456	557	565
Under Treatment,	...	74	75	54	79	65	64	66	76	68	66	3	69	107
Discharged,	...	—	29	24	51	44	32	40	46	46	50	2	52	56
Recovered,	...	—	28	24	19	17	27	18	22	19	15	1	16	30
Relieved,	...	—	18	6	9	4	5	8	8	3	1	—	1	3
Not Improved,	...	—	35	25	18	14	25	19	14	17	9	—	9	—
Incurable,	...	29	19	34	19	30	28	15	18	27	35	3	38	30
Died, ...	...	328	334	335	344	348	344	378	389	418	435	450	450	446
Left, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Crichton Royal Institution.		1858.	1859.	1860.	1861.	1862.	1863.	1864.	1865.	1866.	1867.	1867.	1867.	1868.
Applied, ...	...	85	76	70	68	80	60	68	82	73	69	8	77	79
Admitted, ...	...	33	25	17	27	36	26	40	38	34	30	5	35	28
Under Treatment,	...	154	144	135	137	145	142	155	162	159	164	132	169	159
Discharged,	...	23	13	15	23	24	22	29	34	18	27	1	28	31
Recovered,	...	—	5	3	13	15	10	19	18	12	18	—	18	19
Relieved,	...	—	12	11	8	7	9	6	13	6	8	1	9	11
Not Improved,	...	—	1	1	2	2	3	4	3	—	—	—	1	1
Incurable,	...	—	10	10	8	8	9	6	9	7	5	—	5	—
Died, ...	...	11	8	10	5	5	5	2	3	7	10	—	10	12
Left, ...	...	119	118	110	109	116	115	124	125	134	127	131	131	116
Southern Counties' Asylum.		1858.	1859.	1860.	1861.	1862.	1863.	1864.	1865.	1866.	1867.	1867.	1867.	1868.
Applied, ...	...	122	81	84	83	79	72	80	75	100	120	19	139	109
Admitted, ...	...	78	75	71	80	63	62	75	67	90	88	16	104	87
Under Treatment,	...	278	284	288	305	298	294	304	321	354	372	324	388	406
Discharged,	...	51	57	39	56	41	42	37	42	50	39	2	41	76
Recovered,	...	—	24	21	38	29	22	21	28	34	32	2	34	37
Relieved,	...	—	16	13	11	10	18	12	9	13	7	—	7	19
Not Improved,	...	—	17	5	7	2	2	4	5	3	—	—	—	2
Incurable,	...	—	25	15	10	6	2	13	5	10	4	—	4	—
Died, ...	...	18	11	24	14	25	23	13	15	20	25	3	28	18
Left, ...	...	209	216	225	235	232	229	254	264	284	308	319	319	330

* The first column 1867 gives the statistics of the year from November 11th, 1866, to November 11th, 1867. The second gives the statistics from November 11th, 1867, to December 31st, 1867. The third column gives both combined, that is, from November 11th, 1866, to 31st December, 1867.

TABLE I.—*Shewing the Admissions, Re-Admissions, Discharges, and Deaths, during the Year 1868, in the Crichton Royal Institution.*

			M.	F.	T.
In Asylum, 1st January, 1868, ...	...	...	77	54	131
			M.	F.	T.
Admitted during the Year, ...	...	...	9	9	18
Re-Admitted during the Year, ...	...	...	7	3	10
Total admitted, ...	...	...	16	12	28
Total under care during the Year, ...	...	...	93	66	159
Discharged or removed—			M.	F.	T.
Recovered, ...	...	...	12	7	19
Relieved, ...	...	...	6	5	11
Not improved, ...	...	...	1	1	1
Died, ...	...	...	6	6	12
Total discharged and died during the Year, ...	...	...	24	19	43
Remaining in the Asylum, Dec. 31st, 1868 (inclusive of absent on trial, males 0, females 1), ...	...	...	69	47	116
Average number resident during the Year, ...	...	...	70	53	123

TABLE I.—*Shewing the Admissions, Re-Admissions, Discharges, and Deaths, during the Year 1868, in the Southern Counties' Asylum.*

			M.	F.	T.
In Asylum, 1st January, 1868, ...	...	...	170	149	319
			M.	F.	T.
Admitted during the Year, ...	...	...	30	22	52
Re-Admitted during the Year, ...	...	...	9	26	35
Total admitted, ...	...	...	39	48	87
Total under care during the Year, ...	...	...	209	197	406
Discharged or removed,			M.	F.	T.
Recovered, ...	...	...	16	21	37
Relieved, ...	...	...	11	8	19
Not improved, ...	...	...	2	2	2
Died, ...	...	...	9	9	18
Total discharged and died during the Year, ...	...	...	36	40	76
Remaining in the Asylum, Dec. 31st, 1868 (inclusive of absent on trial, males 2, females 3, = 5), ...	...	...	173	157	330
Average number resident during the Year, ...	...	...	171	146	317

In consequence of the illness and absence of assistants, the other Tables have been postponed.

THIRTIETH ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
AND
SOUTHERN COUNTIES' ASYLUM.
FOR THE
YEAR 1869.

THIRTIETH ANNUAL REPORT
OF THE
COMMISSIONER OF THE GENERAL LAND OFFICE
AND
SOUTHERN FORESTS, 1899
FOR THE
YEAR 1899

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WELLWOOD H. MAXWELL, Esq. of Munches, M.P.
R. VANS AGNEW, Esq. of Barnbarroch.

STATUTORY TRUSTEES.

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The Right Hon. the EARL OF GALLOWAY.
The Right Hon. the EARL OF SELKIRK.
The LORD-LIEUTENANT of the SHIRE OF DUMFRIES.
The MEMBER for the COUNTY OF DUMFRIES.
The SHERIFF of the SHIRE OF DUMFRIES.
The MINISTER of St. MICHAEL'S CHURCH, DUMFRIES.

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FRANCIS MAXWELL, Esq. of Gribton.
T. S. GLADSTONE, Esq. of Capenoch.

CRICHTON ROYAL INSTITUTION.

OFFICERS RESIDENT.

JAMES GILCHRIST, M.D., Medical Superintendent.
CARLO MALAN, Esq., Medical Assistant.
MRS BUCK, Matron.
MRS STEWART, Housekeeper.
MISS COSTIN, Superintendent of Workroom.
ALEX. BRUCE, Superintendent of Gentlemen's Department.
THOMAS SOTHCOTT, House Steward.

OFFICERS NON-RESIDENT.

ALEX. BORTHWICK, M.D., Consulting Physician.
WM. SCOTT, M.D., Consulting Surgeon.
S. ADAMSON, Esq., Treasurer. | Rev. G. COWANS, Chaplain.

SOUTHERN COUNTIES' ASYLUM.

OFFICERS RESIDENT.

JAMES GILCHRIST, M.D., Medical Superintendent.
W. R. M'NAB, M.D., Medical Assistant.
MRS HEARDER, Matron.
MISS HEARDER, Assistant Matron.
D. FORTEITH, Superintendent of Males.
MISS ANDERSON, Superintendent of Females.
THOMAS SOTHCOTT, House Steward.

OFFICERS NON-RESIDENT.

ALEX. BORTHWICK, M.D., Consulting Physician.
WM. SCOTT, M.D., Consulting Surgeon.
S. ADAMSON, Esq., Treasurer. | Rev. G. COWANS, Chaplain.

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THIRTIETH ANNUAL REPORT
OF THE
CRICHTON ROYAL INSTITUTION
AND
SOUTHERN COUNTIES' ASYLUM.
FOR THE
YEAR 1869.

General Statistics of Both Establishments.—The movements of the two Establishments combined, for the year 1869, are indicated as follows. One hundred and forty-three have applied; one hundred and three have been admitted; five hundred and forty-nine have been under treatment; seventy-nine have been discharged; nineteen have died; and four hundred and fifty-three, including eleven who are absent on probation, is the number left resident at the termination of the year.

Of those discharged, forty were *recovered*, fifty-three *relieved*, and four *not improved*.

The numbers resident, four hundred and fifty-three, are seven in excess of those of last year, and the largest number yet recorded in the Institution.

CRICHTON ROYAL INSTITUTION.

Applications.—The applications to the Crichton Royal Institution are this year seventy, of whom thirty-six have been admitted.

Admissions.—The admissions, thirty-six, are the largest number recorded for twelve years, with two exceptions. Twenty-one are gentlemen, and fifteen ladies. Eleven of the whole number are re-admissions, that is, have had one or more previous attacks.

Twenty-eight are *ordinary* and eight *voluntary* patients.

The ages vary from nineteen to eighty-one.

Nine are married, twenty-five are single, and two are widowed.

Of the whole number, nine have been discharged, six *recovered*, three *relieved*, and two have died, twenty-five remaining still under treatment.

One gentleman has been re-admitted three times, and one twice, during the year.

Under Treatment.—The numbers under treatment during the year have been one hundred and fifty-two.

Discharges.—The discharges, twenty-one, include ten *recovered*, nine *relieved*, two *not improved*. The two last are, one transferred to the Southern Counties' Asylum, and the other a gentleman who had been admitted on a certificate of emergency, but for whom other medical certificates could not be obtained, the indications of insanity were so vague. He was discharged for want of evidence, but consented to remain as a voluntary patient. He soon broke down, and afforded unequivocal indications of his real condition. The patient had come direct from a London Asylum, accompanied with two medical certificates, but which, owing to some peculiar interpretation of the law, are not legal in Scotland.

Mortality.—The number of deaths for the Crichton Royal Institution are five,—three gentlemen and two ladies. Two of the patients died in spring, while the other three died in one month—November. One, a case of senile dementia, died of heart-disease, aged seventy-two, after twelve months residence. One, a case of intermittent mania, died of general decay, the immediate cause of death being hæmoptysis, at seventy-eight, after a residence of twenty-six years. A third died of paralysis and exhaustion, at sixty-five, having been resident four years. The fourth, a case of paresis, died of exhaustion from epileptic convulsions, at the early age of thirty-seven, having been resident under four months. The fifth, a case of puerperal mania and of pleurisy, with complications, died at twenty-nine, after a residence of only three weeks. In both these cases, the patients may be said to have been moribund on admission, for the former was admitted at an advanced stage of the disease, when improvement was hopeless, and, in the case of the latter, the disease that carried off the patient, and from which she never rallied, was not detected previous to admission.

The deaths this year,—five, are much below those of the three preceding years, namely, eight, ten, and last year twelve. The percentage on the numbers under treatment is $3\frac{1}{2}$ nearly (3 19-77).

At the moment I am writing, I find, from the "Times," of 13th January, 1870, that the mortality in Edinburgh last week was 37 per 1000, and in Glasgow 47, from which it appears that the mortality in the Crichton Royal Institution, a community in which every member is supposed to be diseased, is actually lower than it is in Edinburgh by a considerable fraction, whereas, in relation to Glasgow, it is as 3.25 to 4.7. In the Southern Counties' Asylum, though a fraction higher than in the Crichton Royal Institution, it is still below that of Edinburgh, much more so than of Glasgow.

Residents.—The numbers left resident at the termination of the year are one hundred and twenty-six,—seventy-three gentlemen and fifty-three ladies, and include three probationers, seven voluntaries, and one hundred and sixteen ordinary patients. The numbers are ten in excess of those resident at the same date last year.

Every parlour in the House is occupied, and the entire gallery accommodation also is taken up.

Accidents.—There is, happily, no case of accident or injury recorded during the year.

Escapes.—There is but one escape entered. This was the case of a gentleman, whose tendencies were well known. The attendant had been specially cautioned, but, as usual in such cases, neglected the advice. The patient was brought safely back in two days. The paucity of such escapes is not only a matter for congratulation but surprise, in a community where a portion, at least, are watching every opportunity for effecting their purpose, and where, besides, so large a number are enjoying ever-increasing liberties.

On Parole.—Nineteen patients are on parole, six of whom (four gentlemen and two ladies) go beyond the walls without superintendence.

Pensioners.—The pensioners are two gentlemen and three ladies, the same as last year.

Voluntaries.—The number of voluntary patients admitted during the year have been eight,—six gentlemen and two ladies. Of these, four have been discharged, and four remain. One, a former resident, was also discharged, leaving seven still resident. Of these seven, four wish to remain permanent members of our community. The three remaining are recent cases.

Probationers.—Seven patients have been placed on trial during the year, four gentlemen and three ladies. Of these, two have been discharged recovered, one relieved, one readmitted, and three still remain on "Probation."

SOUTHERN COUNTIES' ASYLUM.

Applications.—The applications, seventy-three, are nearly the same as the admissions, no claimant from entitled districts having been refused, and none from other districts having been admitted, except two or three in special circumstances; the House being always nearly full.

Admissions.—The admissions, sixty-seven, are fewer than they have been for the last three years, during which they indicated a rapid increase. Twenty-one of them are re-admissions, of which one is a voluntary.

Thirty-one are males, and thirty-six females.

Twenty are private, seven males and thirteen females.

Forty-seven are pauper, twenty-four males and twenty-three females.

Twenty-one are married, thirty-four single, and twelve widowed.

The extreme ages are, one at sixteen, one at seventeen, two at seventy, and one at eighty-four.

One was a transfer from the Crichton Royal Institution, and two from other Asylums.

Four were externs, but admitted only in special circumstances.

Four were readmitted within the year.

They have been disposed of as follows. Thirteen have been discharged recovered, one relieved, and three have died. Fifty remain under treatment.

Under Treatment.—The numbers under treatment during the year have been three hundred and ninety-seven, consisting of two hundred and four males, and one hundred and ninety-three females. The numbers are nine under those of last year, but far in excess of the two former ones.

Discharges.—The discharges are only two under those of last year, and include thirty *recovered*, twenty-four *relieved*, and two *not improved*.

The *recoveries*, thirty, are 45 per cent. nearly (44 52-67) on the number of admissions. The *relieved*, twenty-four, and *not improved*, two, are larger than usual, but they include, inclusive of the two not improved, ten externs sent to their homes or to other Asylums, these being discharged for want of accommodation. Six were private, and discharged on various grounds, while the remainder, paupers, were variously disposed of by special arrangements with the Board of Lunacy.

Mortality.—The number who have died during the year are fourteen; six males and eight females. Two are private and twelve pauper. Three died of consumption, at the respective ages twenty-one, thirty, and thirty-six; two of exhaustion, at fifty-four and sixty-seven; two of heart-disease, at forty-nine and eighty-three; two of cerebral disease, at thirty-six and sixty-eight; one of paralysis, at seventy-nine; one of erysipelas, with complications, at sixty-three; one of general paralysis, at forty-four; one of exhaustion from chorea, at fifty; and one was accidental, at thirty-four. Of the whole number,

seven died above the age of fifty, and seven under, the extremes being twenty-one and eighty-three; one also at seventy-nine.

Eight were respectively resident—one, ten years; one, seven; two, six; one, three; two, two; and one, one. While the other six were respectively—one, six months; one, five; two, three; and two, two.

The number, fourteen, gives a very favourable indication of the sanatory condition of the House, being only $3\frac{1}{2}$ (3 97-201) per cent. on the numbers under treatment.

One death was, unfortunately, the result of suicide by hanging; a case proving, we think, very plainly, how impossible it is, in some cases, to prevent such a catastrophe.

The patient had been three months in the House, and had given no indications of suicidal intention or propensity. He slept in a single room, and was in the habit of making his own bed. He had dressed himself, and appeared in the gallery amongst the rest of the patients, but immediately returned to his room to make his bed, and in a few minutes was found there suspended by his braces from a bar of the window. The bedroom door was partially open; one attendant was making beds in rooms immediately contiguous, another was working within three feet of the partially open door, and a number of patients were occupying a bench right opposite and within a few feet of it.

Residents.—The numbers resident at the end of the year, three hundred and twenty-seven, are only three under those of last year. Excluding eight absent on probation, there are actually resident one hundred and seventy-four males and one hundred and forty-five females,—three hundred and nineteen.

Of these, seventy-three are private, and two hundred and forty-six pauper. Twenty-five are externs. The remainder, two hundred and ninety-four, belong to the three Southern counties—Dumfries, Kirkcudbright, and Wigtown.

Health.—The health of the community is represented by fourteen unimpaired, two hundred and seventy impaired, and thirty-five diseased.

On Parole.—Six patients are allowed extended liberty, one of whom goes beyond the walls.

Accidents.—In the accident-book three cases are recorded. One, the fracture of metacarpal bones of ring and little finger; the cause of the accident was never ascertained. Another, fracture of ulna; the result of being pushed over by another patient. The third, a severe cut on the outside of the hand, caused by the patient's suddenly thrusting his hand through a pane of glass during the excitement of an epileptic seizure. All of them healed kindly and rapidly.

Escapes.—Seven escapes are recorded for 1869, five men and two women. All of them were brought safely back within a few hours, except two. One of these had been several years in the House without giving the slightest indication of any wish to leave. He wandered on in a given direction for about fifty miles, and then returned to his mother's house in town. An attendant had got early on his track, but always missed, and did not secure him till he had completed his journey. It was obviously prosecuted without an aim, and undertaken from the sudden impulse of a mere propensity to wander.

In the other case, the patient had also been several years in the House, and was so quiet and thought so trustworthy as to be sent with a small party beyond the walls. This privilege had been enjoyed during the summer, when, one day, taking advantage of a wood which was at hand, he disappeared. On this occasion, he succeeded in reaching Liverpool, taking some three weeks to his journey, eluding attendants, police, &c. The journey seemed to prove beneficial, for on his return he was found more vigorous and active, and consented to work, which he had not done before. He gradually improved in health, and, after some six months, it was arranged to discharge him on probation. Before this could be effected, he again escaped and reached home, where it was thought advisable to leave him. The patient had at one time been an Australian bushranger.

Pensioners.—There are two pensioners in the Southern Counties' Asylum, who still live to enjoy their special privileges.

Voluntaries.—One voluntary was admitted during the year, which, with a previous readmission, makes two still resident. This person, who had been admitted as an ordinary patient at an early part of the year, was discharged recovered. In a few months she became worse, and sought and obtained the protection of the House as a voluntary patient.

Probationers.—The numbers discharged on probation this year are twenty-eight, of whom thirteen are males and fifteen females. Of the whole, twenty have completed their term of probation, and eight still remain on trial. Of the twenty disposed of, seven have been discharged recovered, eight improved, and five readmitted. The numbers sent out on trial have been nearly double those of any former year, but the results, as above stated, do not tend to encourage its extension, but rather point in the opposite direction.

In last year's Report, we gave the results of probationary movements since the law came into operation, shewing that one-half nearly had been discharged recovered. This year's experiments confirm these results, and shew that we have probably already exceeded the limit of prudence, if not of safety.

GENERAL.

Gardening.—A few ladies and gentlemen still pursue this healthful and pleasant occupation. One gentleman, who has for some years past contended at the Horticultural Shows in the neighbourhood, took for his share of prizes last year—eighteen.

Pets.—This subject is introduced for the first time into the Report. As the number of these adjuncts to our community are increasing yearly, they seem worthy of a note, as one of the many efforts made to increase our ameliorative agencies. They are a multifarious family, consisting of singing-birds, fancy-birds, pigeons, owls, hawks, jack-daws, dogs, cats, rabbits, hedgehogs, mice, &c., and to which we may add domestic fowls, for which one gentleman has recently displayed an inordinate affection.

Every means is taken to encourage our native birds to associate with us, and not unsuccessfully, as is proved by the fact that a robin, for some years, even in summer, fed daily from the hand of its lady patron in the grounds.

Recreations —Under this head we present a table, the summation of which amounts to two hundred and eighty, which is at the rate of five and a-half (5 15-26),—or, excluding the pic-nics, to two hundred, which gives four (3 11-13),—weekly. This is the provision made for the patients in the Crichton Royal Institution. It does not include such amusements as bowling, croquet, &c., which are daily in practice during summer, nor the pic-nics, which are also daily, weather permitting.

For the Southern Counties' Asylum patients, the number amounts to one hundred and two, which gives within a very small fraction of two per week (1 25-26). This does not include ordinary amusements, nor pic-nics, of which there were twenty-three, in which were conveyed, to various parts of the country, one hundred and five men and fifty-seven women.

Classes.—Our classes formerly reported are still carried on in the Southern Counties' Asylum. To the day classes have been added a Sabbath class. It deserves to be noted that those classes are chiefly conducted by a Lady Resident of the Crichton Royal Institution, who, having become convalescent, was discharged as an ordinary, but chose to remain as a voluntary—patient. She devotes herself to many other useful services, as reading to the sick, encouraging the desponding, urging the indolent, &c. I need hardly say that her labours are thoroughly appreciated by patients as well as officers, and the Directors have recently acknowledged her services by a handsome gift.

We have still a large field uncultivated in this direction, but it is very difficult to secure willing and efficient labourers.

Another—the Ladies' Working-Class—has been established by the Matron of the Crichton Royal Institution. It forms an agreeable and useful worthy reunion amongst the ladies, of which reading, chatting, music, and working constitute the main ingredients.

Lectures.—In the early part of the summer, a course of Seven Lectures on "Music, Theoretical and Practical," was given by the Medical Superintendent. The lectures were illustrated by diagrams, apparatus, and experiments, and were concluded by an illustrative concert, in which the principles which had been established were explained and practically applied to the various classes of music.

During the Summer, a course of Twenty Lectures on Botany was given by Dr M'Nab, Medical Assistant, Southern Counties' Asylum. They were attended by a few friends from town, by the officers of the Establishment, and by a select number of the patients. They were accompanied by occasional Botanical Excursions, which afforded an agreeable combination of instruction, pleasure, and health. In these lectures the Doctor gave evidence of his thorough knowledge of the subject, alike by his breadth of view and mastery of details. The former has been greatly aided by his extensive acquaintance with the works of Continental as well as British botanists; the latter by his long and persevering microscopic studies.

His style is quiet, clear, and logical, such as to enable the learner to follow even the intricacies of the subject with a reasonable amount of attention.

At the termination of the course, the Doctor was presented with "Harvey's Phycologia Britannica," in four volumes—a well-earned prize.

Dr Malan, Medical Assistant, Crichton Royal Institution, had also prepared a series on "Travelling and Travellers," but, as the season was nearly over, an opportunity was not afforded him for their delivery.

Other Lecturers have given their services, as on former occasions.

The two Medical Assistants have further rendered good service by brief addresses on various subjects, scientific, historical, and general, at the Omnium-Gatherum Society Meetings.

Sermons.—An inmate of the Crichton Royal Institution has conducted, with acceptance, public worship in the Chapel of the Southern Counties' Asylum, nearly every Sabbath morning during the year, having thus preached thirty-nine sermons.

The sermons have all been composed in the House by himself, and though rather unequal in composition, are mostly vigorous in style,

rich in illustration, and often beautiful in language. They are moderately Calvinistic, and, according to that creed, faultlessly orthodox. Their expository character is far above mediocrity, although they partake rather much of the intellectual and philosophic for his audience. Apart altogether from their sacred character and influence, they are a mutual advantage to preacher and hearers.

Omnium-Gatherum Society.—Our Omnium-Gatherum Society is now in its third year, and has proved, as was expected, a highly useful and pleasant addition to our recreative agencies. It meets monthly during winter. Its limits are wide, as its name implies. It provides a place for everything, "from grave to gay, from lively to severe," thereby combining profit with pleasure, work with play. It embraces the reading of papers, discussions of the subjects treated, exhibitions of natural history and other objects of interest received for the Museum, visits to the Museum, even music, tea, and chat find an appropriate place within its Omnium-Gatherum confines.

It has elicited many most interesting and ingenious papers, especially from inmates who have hitherto been silent or unwilling to avail themselves of our more public vehicle of thought and sentiment—the *New Moon*.

Changes in Staff.—The only change which has occurred during the year, in the staff of the Crichton Royal Institution, results from the promotion of Miss Lamond, our Matron, from her official position to the hymeneal altar. She was presented with a gold watch and chain, in acknowledgment of efficient services and kindly sympathies rendered and extended to all. Her place is now occupied by Mrs Buck, a lady of much experience in Asylum and public life, and highly recommended.

In the Southern Counties' Asylum, Miss Hearder has been appointed Assistant Matron, to aid her mother, who has been a most faithful and efficient officer of the Institution for eighteen years, and whose health had suffered.

Our grateful thanks are due to the *Officers* for their kindly and efficient aid, and to the *Attendants* and *Servants*, the greater number of whom have been faithfully attentive to their duties, to our *Consultants*, for their prompt attendance in cases of difficulty, and to the *Directors* for their counsel and support.

JAMES GILCHRIST, M.D.,
Medical Superintendent.

the illustration, and often the illustration is made
 itself. Calmly and, according to that great, kindly, and
 their respective character is far above ordinary. Although they are
 the various parts of the intellectual and philosophic for his audience.
 about altogether from their own character and influence, they are
 mutual advantage to teacher and learner.

...
 in its final year, and has proved, as was expected, a highly useful and
 pleasant addition to our respective systems. It meets monthly during
 winter. Its goals are wide, of its same topics. It provides a place
 for everything. It has been a year, from time to time, thereby
 containing proof with pleasure, work with joy. It contains the
 writing of papers, discussions on the subjects treated, exhibitions of
 natural history and other objects of interest, records for the changing
 rights to the museum, even more, and that has an opportunity
 given within its teaching-Galilean course.

It has called many most interesting and important papers
 only from learners who have labored even about or unwilling to avail
 themselves of our more public fields of thought and sentiment—the

...
 Although in fact—the only change which has occurred during the
 year is the staff of the Christian Social Institution, recalls from the
 promotion of Miss Landon, and that, from her official position to
 the personal staff. She was presented with a gold watch and chain
 in acknowledgment of her services and kindly sympathies ren-
 dered and extended to all. Her place is now occupied by Miss Day,
 a lady of much experience in foreign and public life, and highly
 recommended.

In the Southern Counties Agency, Miss Hardin has been appointed
 Assistant Station, to all her duties, who has labored most faithfully
 and efficient effort of the Institution for eighteen years, and whose
 health has suffered.

Our English people are due to the efforts of our friends and
 friends and to the efforts of our friends and friends, the great number of
 them have been faithfully and devotedly labored for the cause.
 we have gained numerous names of our friends, and in the
 let their names and support.

...
 JAMES GILCHRIST, M.D.
 ...

Ms. A. 2. 327 | 328 | 310 | 308 | 306 | 304 | 302 | 300 | 298 | 296 | 294 | 292 | 290 | 288 | 286 | 284 | 282 | 280 | 278 | 276 | 274 | 272 | 270 | 268 | 266 | 264 | 262 | 260 | 258 | 256 | 254 | 252 | 250 | 248 | 246 | 244 | 242 | 240 | 238 | 236 | 234 | 232 | 230 | 228 | 226 | 224 | 222 | 220 | 218 | 216 | 214 | 212 | 210 | 208 | 206 | 204 | 202 | 200 | 198 | 196 | 194 | 192 | 190 | 188 | 186 | 184 | 182 | 180 | 178 | 176 | 174 | 172 | 170 | 168 | 166 | 164 | 162 | 160 | 158 | 156 | 154 | 152 | 150 | 148 | 146 | 144 | 142 | 140 | 138 | 136 | 134 | 132 | 130 | 128 | 126 | 124 | 122 | 120 | 118 | 116 | 114 | 112 | 110 | 108 | 106 | 104 | 102 | 100 | 98 | 96 | 94 | 92 | 90 | 88 | 86 | 84 | 82 | 80 | 78 | 76 | 74 | 72 | 70 | 68 | 66 | 64 | 62 | 60 | 58 | 56 | 54 | 52 | 50 | 48 | 46 | 44 | 42 | 40 | 38 | 36 | 34 | 32 | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 4 | 2 | 0

		1858.	1859.	1860.	1861.	1862.	1863.	1864.	1865.	1866.	1867.	1867.	1867.	1868.	1869.
Both Establishments.		207	157	154	151	159	132	148	157	173	189	277	216	188	143
Applied, ...	Admitted, ...	111	100	88	107	99	88	115	105	124	118	21	139	115	103
Under Treatment,	Discharged,	432	428	423	442	443	436	459	483	513	536	456	557	565	549
Recovered,	Relieved,	74	75	54	79	65	64	66	76	68	66	3	69	107	77
Not Improved,	Incurable,	—	18	24	19	17	32	40	46	46	50	2	52	56	40
Died, ...	Left, ...	29	35	6	9	4	5	8	8	19	1	1	1	3	4
Applied, ...	Admitted, ...	29	19	25	18	14	25	19	14	17	9	3	38	30	19
Under Treatment,	Discharged,	328	334	335	344	348	344	378	389	418	435	450	450	446	453
Recovered,	Relieved,	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Not Improved,	Incurable,	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Died, ...	Left, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Applied, ...	Admitted, ...	85	76	70	68	80	60	68	82	73	69	8	77	79	70
Under Treatment,	Discharged,	33	25	17	27	36	26	40	38	34	30	5	35	28	36
Recovered,	Relieved,	154	144	135	137	145	142	155	162	159	164	132	169	159	152
Not Improved,	Incurable,	23	13	15	23	24	10	29	34	18	27	1	28	31	21
Died, ...	Left, ...	—	12	11	8	7	9	6	13	6	8	1	18	19	10
Applied, ...	Admitted, ...	—	1	1	2	2	3	4	3	—	1	1	1	1	2
Under Treatment,	Discharged,	—	10	10	8	8	9	6	9	7	5	—	5	5	5
Recovered,	Relieved,	—	10	10	5	5	5	2	3	7	10	—	10	12	—
Not Improved,	Incurable,	—	8	10	5	5	5	2	3	7	10	—	10	12	—
Died, ...	Left, ...	11	10	10	8	8	9	6	9	7	5	—	5	5	5
Applied, ...	Admitted, ...	119	118	110	109	116	115	124	125	134	127	131	131	116	126
Under Treatment,	Discharged,	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Recovered,	Relieved,	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Not Improved,	Incurable,	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Died, ...	Left, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Applied, ...	Admitted, ...	122	81	84	83	79	72	80	75	100	120	139	109	73	73
Under Treatment,	Discharged,	78	75	71	80	63	62	75	67	90	88	16	104	87	67
Recovered,	Relieved,	278	284	288	305	298	294	304	321	354	372	324	388	406	397
Not Improved,	Incurable,	51	57	39	56	41	42	37	42	50	39	2	41	76	56
Died, ...	Left, ...	—	24	21	38	29	22	21	28	34	32	2	34	37	30
Applied, ...	Admitted, ...	—	16	13	11	10	2	12	9	13	7	—	7	19	24
Under Treatment,	Discharged,	—	17	5	7	2	2	4	5	3	4	—	4	2	2
Recovered,	Relieved,	—	25	15	10	6	16	13	5	10	—	—	—	—	—
Not Improved,	Incurable,	—	25	15	10	6	16	13	5	10	—	—	—	—	—
Died, ...	Left, ...	18	11	24	14	25	23	13	15	20	25	3	28	18	14
Applied, ...	Admitted, ...	209	216	225	235	232	229	254	264	284	308	319	319	330	327

* The first column 1867 gives the statistics of the year from November 11th, 1866, to November 11th, 1867. The second gives the statistics from November 11th, 1867, to December 31st, 1867. The third column gives both combined, that is, from November 11th, 1866, to 31st December, 1867.



