

Thirty-eighth annual report by the directors of James Murray's Royal Asylum for Lunatics, near Perth. June, 1865.

Contributors

James Murray's Royal Asylum for Lunatics.
Peddie, William.
Lindsay, W. Lauder.
Knowles, William D.

Publication/Creation

Perth : Printed by order of the directors by John Bayne, 1865.

Persistent URL

<https://wellcomecollection.org/works/zjwm7xzf>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

THIRTY-EIGHTH
ANNUAL REPORT

BY

THE DIRECTORS

OF

JAMES MURRAY'S ROYAL ASYLUM

FOR LUNATICS,

NEAR PERTH.

~~~~~  
JUNE, 1865.  
~~~~~

PERTH :

PRINTED BY ORDER OF THE DIRECTORS, BY JOHN BAYNE.

MDCCCLXV.



THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

List of Office-Bearers, 1865 - 6.

FRASER THOMSON, Esq., M.D., Perth, *Chairman*.

DIRECTORS.

I.—EX-OFFICIO.

The Right Hon. the EARL OF KINNOULL, Lord-Lieutenant of the County of Perth.
EDWARD STRATHEARN GORDON, Esq., Sheriff of the County of Perth.
HUGH BARCLAY, Esq., LL.D., Sheriff-Substitute of the County of Perth.
JOHN KEMP, Esq., Lord Provost of the City of Perth.
JOHN DEWAR, Esq., Dean of Guild of said City.
ARCH. M'DONALD, Esq., First Bailie of said City.
JAMES CAIRNCROSS, Esq., Convener of the Trades of Perth.
JOHN M'LEAN, Esq., President of the Society of Solicitors, Perth.
The Rev. JOHN MURDOCH, Minister of the Middle Church, Perth.

II.—LIFE DIRECTORS.

WILLIAM PEDDIE, Esq. of Blackruthven.
ARCHIBALD TURNBULL, Esq. of Bellwood.
JOHN BEATSON BELL, Esq. of Glenfarg.
WILLIAM SMYTHE, Esq. of Methven.

III.—ANNUAL DIRECTORS.

Colonel DRUMMOND HAY, of Seggieden.
FRASER THOMSON, Esq., M.D., Perth.
GEORGE CONDIE, Esq., Solicitor, Perth.
THOMAS GREIG, Esq. of Glencarse.
WM. MACDONALD MACDONALD, Esq. of St. Martins.
DAVID CRAIGIE, Esq., Banker, Perth.
Major W. D. MERCER, of Newton and Huntingtower.
WILLIAM MARSHALL, Esq. of Luncarty.
JOHN MURRAY GRAHAM, Esq. of Murrayshall.
Sir DAVID ROSS, Perth.
WILLIAM BLAIR, Esq., Manufacturer, Perth.
DAVID WEDDERSPOON, Esq., Solicitor, Perth.

COMMITTEES.


I.—WEEKLY COMMITTEE.

FRASER THOMSON, Esq.	J. MURRAY GRAHAM, Esq.
ARCHIBALD TURNBULL, Esq.	Sir DAVID ROSS.
DAVID CRAIGIE, Esq.	WM. BLAIR, Esq.
WILLIAM MARSHALL, Esq.	DAVID WEDDERSPOON, Esq.

II.—HOUSE VISITING COMMITTEE.

FRASER THOMSON, Esq.	ARCH. TURNBULL, Esq.	DAVID CRAIGIE, Esq.
----------------------	----------------------	---------------------

W. LAUDER LINDSAY, Esq., M.D., F.R.S. Edinr., *Physician*.
J. R. M'LINTOCK, Esq., C.M. and M.B. Aberdeen, *Assistant-Physician*.
Messrs MACKENZIE & DICKSON, Solicitors, Perth, *Joint Secretaries & Treasurers*.
Rev. W. D. KNOWLES, B.A., Perth, *Chaplain*.
Messrs J. & R. MORISON, Accountants, Perth, *Auditors*.
Miss MATILDA GIDDINGS, *Matron*.
Mrs M'DOUGALL, *Assistant-Matron*.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30302274>

ANNUAL REPORT
BY THE DIRECTORS OF
JAMES MURRAY'S ROYAL ASYLUM
FOR LUNATICS.

~~~~~  
12th JUNE, 1865.  
~~~~~

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

At the date of the last Annual Report, there were in the House 73 Patients—35 males and 38 females. Since then 24 Patients have been admitted—14 males and 10 females. The total number of Patients under treatment during the year was 97—49 males and 48 females. Of these, 8 recovered—3 males and 5 females ; 3 females were removed improved ; 2 females were removed unimproved ; and 3 persons died—2 males and 1 female. There now remain in the Asylum 81 patients—44 males and 37 females.

In adverting to the small number of Patients in the Asylum as compared with former years, it will be remembered that this has been occasioned by the removal of the whole Pauper Patients to the District Asylum at Murthly. This has led to important changes in the character of the Institution, which now affords a quiet and delightful retreat for Patients of the middle and upper classes.

The Directors have been desirous of doing every thing in their power to adapt the Institution to its altered circumstances.

During the past year extensive alterations have been effected in the internal economy of the House. Among these may be mentioned, the removal of the dark Staircase, situated opposite the front entrance, and the substitution of a Cupola in the Roof, which throws a flood of light throughout a great part of the House. The Kitchen and Laundry have been entirely remodelled, and other improvements have been carried out. In addition to these, a handsome House has been erected for the Physician, adjacent to the Institution, and commanding a delightful view of the Tay, and the mountain scenery towards the North.

This Asylum, occupying as it does a situation unsurpassed, if not unequalled, for beauty and healthiness, by any in the Kingdom, will, it is expected, continue to attract the notice of the friends of those, who stand in need of the benefits of such a home.

For further particulars in regard to the History of the Institution during the past year, reference is made to the Report by Dr. Lindsay, the Physician.

The Directors tender their thanks to Dr. Lindsay, and the other Officers of the Institution, for their valuable and efficient services during the past year ; and they earnestly trust that, as heretofore, the Institution may, through the Divine blessing, long continue to confer important blessings on the community.

REPORT OF PHYSICIAN

FOR THE YEAR 1864-5.

GENERAL RESULTS OF YEAR.

	M.	F.	T.
Number of Patients resident on 13th June, 1864,...	35	38	73
„ „ admitted during the year 1864-5.	14	10	24
Total number under treatment during the year.	49	48	97
Discharges during the year—			
<i>a.</i> Recovered	Males. 3	Females. 5	Total. 8
<i>b.</i> Improved	0	3	3
<i>c.</i> Unimproved	0	2	2
Total	3	10	13
Deaths during the year. ...	2	1	3
	5	11	16
Remaining on 12th June, 1865.	44	37	81
Mean daily number of Patients under treatment during the year, 749-11.			

The principal movements in our Population during the byegone year may be concisely thus stated: 24 Patients have been admitted: 97 have been under treatment: 8 have been discharged recovered, and 5 not recovered: 3 have died: and 81 continue resident at the present date.

The following Table shows the relation of our present Population to the number of our Non-Pauper Residents during the last 8 years:—an accurate separate Record of Private or Non-Pauper Patients having been commenced only in 1857:—

General
Results of
Year.

Fluctua-
tions in
Popula-
tion.

							Number of Private Patients
On 31st December, 1857	...	...	...	...	...	...	78
" " — 8	...	...	...	...	...	...	90
" " — 9	...	...	...	...	...	...	81
" " — 60	...	...	...	...	...	...	81
" " — 1	...	...	...	...	...	...	75
" " — 2	...	...	...	...	...	...	71
" " — 3	...	...	...	...	...	...	71
" " — 4	...	...	...	...	...	...	71
Average of 8 years	...	...	...	...	...	...	77.25

It will be observed that our present residents (81) are in excess of the numbers on 13th June and 31st December last. They are also above the average of the last 4 years : though very slightly below the average of the preceding, or first, 4. It is necessary to explain, however, on the one hand, that the numbers resident between 1857 and 1860—and especially in 1858—were *above the average*—the excess being undoubtedly due to the pressure produced by the operation of the Lunacy Act of 1857 : and on the other, that we have every reason to believe, in several instances, applicants were deterred from sending their relatives or wards to this Institution during the past year in consequence of its transition state with all its disadvantages.

The next Table exhibits the Per Centage of Admissions, in relation to the Total Number of Patients under treatment during the year, since our official connection with the Institution.

Admis-
sions.

							Per Cent.
Year ending June, 1855	...	...	...	...	...	...	17.39
" " — 6	...	...	...	...	...	...	22.67
" " — 7	...	...	...	...	...	...	24.35
" " — 8	...	...	...	...	...	...	*30.80
" " — 9	...	...	...	...	...	...	*31.10
" " — 60	...	...	...	...	...	...	22.09
" " — 1	...	...	...	...	...	...	23.25
" " — 2	...	...	...	...	...	...	15.12
" " — 3	...	...	...	...	...	...	20.88
" " — 4	...	...	...	...	...	...	21.39
Average of 10 years,	...	...	...	...	...	...	22.90
Year ending June, 1865	...	...	...	...	...	...	24.74

This year's proportion is thus somewhat above the average of the preceding 10 years, and considerably so above that of individual years, such as 1862 and 1855. But, for the purposes of comparison, it is only fair to eliminate the years 1858-9, the excess of which was attributable to the immediate operation of the Lunacy Act already quoted. If we do this, the average of 8 years between 1855 and 1864,—*excluding* 1858-9, is 20·89, which is considerably under this year's proportion. This and other Tables show, however, that the fluctuations in the number of *Paupers* are both greater than, and of a different character from, those of *Private Patients*. In the former class is undoubtedly included the greatest number of acute and curable cases : hence *the Admissions, Discharges, and Recoveries are all greater among Paupers than Private Patients*. Quite recently 2 chronic and incurable cases were transferred hither from the Dundee Royal Asylum, in consequence, it was stated, of our Rates of Board being lower than those at Dundee. One of these Patients was a man in a condition of senile Paralysis, 77 years of age, whose death subsequently swells our Mortality List for the year. The truth is, we have every prospect of annually receiving a proportionally greater number of chronic and incurable cases : the inevitable result of which will be that the Institution must become more and more an *Asylum*—a Home for the care of the aged, helpless and hopeless,—less and less an *Hospital* for the cure and restoration to society of the young and the hopeful. In proportion as our space becomes occupied by chronic and incurable, to the exclusion gradually of acute and curable, cases, the fluctuations in our Population will necessarily become fewer. The occupation of available accommodation will limit Admissions : and the character of the cases resident will not admit of many Recoveries.

Stated in another form, nearly $\frac{1}{4}$ of the whole Number of Patients resident in any given year has hitherto consisted, and still consists, of Admissions during that year.

The following Table shows the Per Centage of Recoveries in relation to the Admissions of the past year, and preceding 10 years :—

Recoveries.						Per Centage.
Year ending June, 1855	...	...	...	...	...	47.20
" " — 6	...	...	...	...	...	41.02
" " — 7	...	...	...	...	...	46.80
" " — 8	...	...	...	...	...	31.88
" " — 9	...	...	...	...	...	43.03
" " — 60	...	...	...	...	...	38.59
" " — 1	...	...	...	...	...	46.77
" " — 2	...	...	...	...	...	50.00
" " — 3	...	...	...	...	...	31.91
" " — 4	...	...	...	...	...	59.10
Average of 10 years	...	...	...	...	...	43.63
Year ending June, 1865	...	...	...	...	...	33.33

It thus appears that the proportion of Recoveries for the bygone year is considerably below the average of the preceding 10 years,—though above that of certain individual years (1863 and 1858). But it must be borne in mind that our proportion of Incurables now varies from 90 to 95 per cent. : and that the number of curable cases among *Private* Patients is much less than among *Paupers*. Hence, for the future, we have to look for a smaller proportion of Recoveries to our Population than during the past.

Pauperisa-
tion of
Patients.

Of the cases removed "Not Recovered" one was transferred to the Pauper Asylum at Murthly in consequence of the inability of her relatives longer to maintain her : and another,—also for pecuniary reasons,—to a Private Asylum at Musselburgh. The Pauperisation of the lower classes of our residents and their consequent transfer to the County or Pauper Asylum are likely to be of ordinary or annual occurrence : and it admits of no doubt that, in many cases at least, such a step will be a benefit equally to Patients, relatives, and this Institution. Patients are sent here frequently at rates of Board, which, though comparatively extremely low and certainly not in themselves remunerative to us, are a ruinous drain on the finances of poor families,—especially when it is the working head of the house, who is the subject of Insanity. If the case becomes at all chronic, or residence is prolonged,—sometimes even beyond a single quarter,—the family finances at once fail and Pauperisation becomes necessary. But there is an intense feeling of repugnance towards such a step among many members or

families of a class little removed from the grade of Paupers : and it is only adopted when every other resource fails. There are on the other hand, unfortunately, cases where persons quite able pecuniarily, are not willing to support Insane relatives as befits their former position in life or their requirements : but prefer consigning them entirely to the charge of Parochial Authorities, and Institutions supported by County or Public Rates.

The next Table exhibits the Per Centage of Deaths, in relation Mortality. to the Total Number of Residents, from 1855 to the present date :—

						Per Cent.
Year ending June, 1855	...	...	...	...	...	7.24
" " — 6	...	...	...	...	...	4.07
" " — 7	...	...	...	...	...	3.62
" " — 8	...	...	...	...	...	6.42
" " — 9	...	...	...	...	...	4.33
" " — 60	...	...	...	...	...	3.87
" " — 1	...	...	...	...	...	3.74
" " — 2	...	...	...	...	...	1.68
" " — 3	...	...	...	...	...	6.66
" " — 4	...	...	...	...	...	5.24
Average of 10 years	...	...	...	...	...	4.68
Year ending June, 1865	...	...	...	...	...	3.09

The Mortality during the byegone year is therefore below the average of the preceding 10 years, though it exceeds that of 1862. Its unusual lowness might be accounted for by the probability that prior to admission *Private* Patients are taken better care of than *Paupers*, and that they are not so likely to be consigned to our charge in the same frequently hopeless condition of physical and general health. Of the three deaths of this year, however,—one, a lady, aged 51—died of congestive apoplexy, after a 2-months' residence : if she was not moribund on admission, she was in a condition of almost helpless and hopeless general debility and emaciation. The second, a gentleman aged 43, died of the sequelæ or concomitants of General Paresis, after an 8-months' residence. Such had been his condition of debility shortly before admission that his death was looked for : and, though he rallied wonderfully with us, it was only for the time. The third was the aged Patient alluded to on Page 9,

the subject of Chronic Mania, who succumbed to congestive apoplexy after a residence of about 6 weeks. This year's Mortality must be considered, *quoad* its lowness, as accidental and not a fair average. So considerable is our proportion of aged and invalid Patients—some of them Paralytics—others bedridden,—varying from 20 to 25 per cent.,—that our Mortality in future is more likely to be represented by an average of 5 per cent. per annum.

Illustrations of Rare Surgical Operations.

Amputation of both Fore-arms.

Acupressure.

Very seldom does it fall to us to have to record Surgical operations in the Institution. This year, however, there was a peculiar and exceptional case, possessing some novelty and interest. On a previous occasion, about 18 months ago, the Patient's life was not only in all probability preserved, but his general health was subsequently greatly improved, by an Amputation of the Forearm for extensive disorganisation of the Wrist Joint and disease of the surrounding bones. Recently it became necessary, on account of a similar state of disorganisation and disease in the opposite Wrist, to amputate the other forearm also : the operator in both cases being the Surgeon selected for the purpose by the Patient's relatives. Notwithstanding the most unfavourable conditions, recovery has been both rapid and complete. The wound has been subjected to an amount and kind of friction, irritation and disturbance, and the Patient has exhibited a degree of restlessness, which it has been found impossible to prevent or remedy, and which are utterly unknown in ordinary practice : nevertheless the stump has healed most satisfactorily. The new method of Acupressure, lately advocated by Professor Simpson, was employed : and, so far as we are aware, the present is the first successful Amputation case in which this procedure has been adopted in Perth. On this occasion, also, there is every reason to believe the Patient's life was saved by the operation, while his general health has been greatly improved. Prior to the operation there was a marked tendency to cerebral congestion and apoplexy : and he had indeed latterly had several slight paralytic seizures. Strong derivants were necessary : but the drain of the hæmorrhage from the wound acted much more powerfully and beneficially, and has removed, for the time at least, all danger from such sources.

Small-Pox.

Three isolated cases of Small-Pox occurred—1 last summer, and the other 2 last spring,—all in-attendants, 2 of them males,—

who had contracted the disease in town,—in one instance from his children. In both men the disease was severe and confluent : and in one it unfortunately proved fatal on the third day from his taking to bed. The first Patient attacked could not be isolated till the nature of the disease had become apparent : but then one of the new outhouses was fitted up as, and formed, an excellent temporary Infirmary. From this he was removed to the City Infirmary, and thence home. Convalescence and recovery occupied a period of two months :—during which it became necessary to procure the services of a substitute attendant. In the other case removal was effected before the disease was fully developed,—on the first day of the Patient's finding himself unable for work. Unfortunately he resolved on going to his own house, where his two children were recovering from the same disease : from this he was, it appears, subsequently transferred to the City Infirmary,—in which he died. The dormitory he occupied here was thoroughly purified : and his bedding partly destroyed. The third was a very mild case of "modified Small-Pox," occurring in one of the Laundrymaids, who was removed to the country and made a slow but satisfactory recovery. Fortunately in no case did the disease communicate itself to the Patients.

On several occasions the Institution has been visited by an intractable scabioid form of Eczema, which had all the appearance of an epidemic and contagious disease. It was confined to females—generally of debilitated constitution : and to one gallery—the Malcom gallery—on the basement storey of the House. Generally not more than six women were attacked simultaneously or successively. Colds, and their sequelæ Bronchitis, have also been rife in the lower galleries, and especially on the female side, during the winter. In previous Reports we have shown that, *in these lower galleries, ailments of all kinds are three times as prevalent as in the higher departments of the Institution :* and it is difficult to resist the conclusion that such facts indicate an insalubrity, which is connected with defective architectural and sanitary arrangements.

During the past winter, however, the sanitary condition of these galleries has been—perhaps unavoidably—exceptionally worse than usual, in consequence of the extensive alterations still in progress in connection with the Kitchen and central

Eczema &
Bronchitis.

Sanitary
condition
of
Basement
Storey.

Staircase. More particularly the cold and damp have been excessive and unprecedented, during what, moreover, has been a long and severe winter. This has arisen, on the one hand, from the opening up of many parts of the Basement Storey to the external air, and the consequent free admission thereof: and, on the other, to the temporary destruction of the hot air flues, and the impossibility, in consequence thereof, of heating or drying the main Building. During cold and damp weather fires were kept constantly burning wherever fire-places existed, but unfortunately there are none in the ordinary Bed-rooms or Galleries. These results of the changes now in progress: as well as the presence of large bodies of tradesmen, their tools, noises, and rubbish-heaps:—the temporary occlusion of certain rooms, galleries and courts—and occupation of certain others,—have necessarily given rise to great inconvenience and discomfort equally among Officials and Patients. The exercises and amusements of the latter have been greatly restricted: and they passed the winter in an atmosphere of noise and dust little conducive to mental tranquillity. The Kitchen and Laundry operations have been greatly hampered by the necessity for temporarily occupying very unsuitable positions in portions of the dark and narrow Peddie and Winslow Galleries. Fortunately no accident,—notwithstanding the very abundant facilities therefor,—has occurred to the Patients: and none of any consequence to the tradesmen.

Results of
Alterations.

The alterations above referred to, and more particularly described in our last Annual Report, cannot be said yet to be more than half executed; nor do we expect them to be thoroughly finished during the present year.

Statistical
Tables:
their Falla-
cies and
Inutility.

Our Population is now so small and its fluctuations so limited as to render it unnecessary and undesirable to cumber our space and our finances with the publication of the Statistical or other Tables, which are usually to be found appended to Asylum Reports, and which sometimes constitute the greater portion of their bulk and expense. If such Tables are hereafter considered at all indispensable or desirable, it will probably suffice for all useful purposes to give a Statistical Review of the changes in our Population at wide and stated intervals only—e.g. once every 10 or 20 years.

There are, however, other and perhaps equally strong reasons

for discontinuing the Tables in question. Statisticians have shown that, *for all practical purposes, such Tables are virtually valueless.* Contained in and inseparable from them are fallacies so numerous and of such a character as to destroy or neutralize all their utility as bases for general deductions or laws.

Further, Insanity, as contrasted with Sanity, is distinguished by negative rather than positive characters. All our experience goes to prove that there is—for instance—no special Pathology of Insanity. We have never seen any Pathological condition in the Insane, which we have not seen or heard of equally among the Sane. The Pathological Records of Lunatic Asylums do not differ in any essential respects from those of City or County Infirmaries ; while the latter generally possess this great superiority, that they are infinitely more full and accurate. Special facilities are in these Institutions given for Pathological, Chemical, and Microscopical investigations, by the provision of special Post Mortem Houses and Pathological Laboratories : while the officers in charge of such Laboratories are specially trained to the appreciation of the phenomena, which fall under their notice. In such an Institution as ours now is the Deaths are extremely few : only in a minority of cases is permission given for Post Mortem examinations : while the special facilities for such examinations, and even for the proper care of the dead, do not exist. Hence it seems no longer necessary to devote space in our Reports to Pathological details, which are not characteristic of Insanity, and which are likely to be much more correctly and fully given in the Records of our Public Hospitals,—especially those of London.

It were also sheer reiteration, tiresome and useless, to recapitulate from year to year the details of medical and moral treatment : of our industrial, recreational, and educational machinery or appliances. To such subjects it may, however, be desirable to revert at intervals in order to indicate progress, or wherein we are adding to, or varying, the appliances hitherto or currently in use.

A class of Patients now seeks admission to the benefits of the Institution,—apparently in the spirit of Sect. VI. of the Lunacy (Scotland) Act of 1862, (25 and 26 Vict. cap. 54), whose position legally and medically is extremely anomalous. These are voluntary and non-certificated Patients, usually belonging to the

Pathology
of
Insanity :
its nega-
tive char-
acter.

Details of
Treatment

Voluntary
non-certifi-
cated
Patients.

Moral In-
sanity.

higher ranks of society. They are generally desirable cases for admission in a financial, but in no other, point of view : and they can find a ready access to Asylums of a suitable class without the formalities of the Act above recited,—though with the sanction of the Board of Lunacy. Many of them are the subjects of that protean, inveterate, and most troublesome form of Insanity—generally known as “Moral Insanity.” This wide and heterogeneous category includes persons—of both sexes—of ungovernable tempers—unbridled passions—unprincipled morals:—intemperates—debauchees—spendthrifts—of every kind and grade. They have generally been the “*Bêtes noires*” of their own families or circles of acquaintance : and they almost invariably become quite as much the pests of Hospitals for the Insane. The disturbances created by their tempers and habits generally lead to their extradition, and to their transfer from Asylum to Asylum in the vain hopes of amelioration.

Proper dis-
posal of
Voluntary
Patients.

All the applicants we have seen of this class might, and should, have been certificated in the ordinary way : all were undoubtedly Insane in a medical point of view,—so far as regards at least the will—the passions—the moral nature. But the different views taken of what constitutes Insanity and justifies certification and compulsory deprivation of liberty—by Lawyers and Physicians : the anomalous and unjust position in which the latter are frequently placed in relation to the Law and the Public : and the present absurd popular prejudices regarding the “liberty of the subject”—a liberty which leads to the annual loss of dozens of lives by suicide or homicide—prevent Physicians from granting certificates of Insanity, where it is not very apparent and provable to an “intelligent jury.” None of these voluntary Patients have we ever found fit subjects for residence in an Hospital for the Insane : where, notwithstanding their non-certification and their presumed Sanity, they constitute by far the most troublesome of all the Patients. If such cases are to be housed at all in connection with Lunatic Asylums, they can only be appropriately accommodated in succursal and separate establishments of the cottage or villa class—according to their means. In any case they ought to be certificated—so as to be made subject to all the customary and salutary regulations of an Hospital for the treatment of mental aberration. At present the residence among persons avowedly *Insane* of a person

presumably *Sane*,—who cannot be certified *Insane*,—but whose voluntary retreat to such an Institution of itself sufficiently indicates the Patient's strong feeling or opinion on the subject of his own mental condition,—is a glaring absurdity and anomaly.

Holding such opinions, we have declined all applications on behalf of Patients of this class, save in one case, where the circumstances were exceptional, and it was deemed proper to grant admission as a tentative or experimental measure. The Patient has now been resident about a year. This amount of experience has sufficed to prove the correctness or validity of the grounds on which voluntary, non-certificated Patients are as a rule excluded. We have certainly not been encouraged by the present instance to repeat the experiment.

CHAPLAIN'S REPORT.

IN respectfully laying before the Directors his Report for the past year, the Chaplain, while having little new or striking to record, is happy to be able to announce, that the state and progress of matters in his department continue to be, on the whole, of a satisfactory character. Throughout the year, the usual services have been conducted with strict regularity, viz., Morning Prayer twice in the week, and Worship according to the ordinary mode on Sundays. At these services the attendance has, with occasional fluctuations, been good, averaging on week-days from 25 to 30, and on Sundays from 35 to 40, or about a third, and a half, respectively, of the inmates of the Institution. The attendance, it will be understood, is voluntary, no compulsion being in any case employed, though a wise discrimination is, of course, required in deciding as to what cases may be permitted to attend, with reasonable hope of benefit to themselves, and without undue risk of disturbance to others. Here, as elsewhere, it is found that, where the habit of attendance has been formed, it is usually maintained, while a disposition to indolence or negligence is not easily by any persuasion overcome. On the whole, however, it may be said, that the number of those who, while permitted and encouraged to attend, do not avail themselves of the privilege, is comparatively small. With respect to their deportment in Chapel, this has, as usual, been, with very rare exceptions, most pleasing and exemplary, and remarkable cases exist of the most perfect quietude and decorum while in Chapel, as contrasted with a wholly different demeanour out of it,—a gratifying proof that, even in what might seem unlikely cases, the solemn character of the place and exercise is understood and felt, and exerts a subduing and salutary influence. It is believed, not without grounds, that these services are generally appreciated, and attended with benefit.

The personal visitation of the House has been likewise kept up with regularity and diligence. Here, besides specially attending to the sick and bedrid—who, happily, owing to the admirable health of the Institution, have been remarkably few—the Chaplain comes into frequent and familiar communication with a large proportion of the Patients, and endeavours, with all the wisdom and tact he is possessed of, to adapt his conversation to their very varying states of mind and peculiarities of temper. It may be observed that, since the Institution was placed on its present improved footing, the average amount of intelligence is greater, and a proportionably larger number conversible. It would not be easy, and scarcely desirable, to enter into detail in this department. The Chaplain will only record his general but decided conviction, that these visitations have not been without efficacy in imparting light and consolation to darkened and troubled minds, nor is he aware of any case in which injury has been done by the incautious introduction of religious topics. Effectually to teach lessons of trust, patience and hopefulness, in such circumstances, is indeed a task of no small difficulty, especially where the intellectual grasp is feeble, or morbid tendencies deeply seated, and the impressions of one hour are so liable to be forgotten or effaced the next ; but not the less resolutely is every likely effort made to soothe irritation, to dispel delusion, to guide to the true sources of comfort and resignation, and maintain a spirit of cheerful faith ; and if all such efforts frequently fail, there are seldom wanting cases to encourage perseverance and hope.

With regard to matters of a less directly religious order, the Chaplain may state, that the Winter Course of Lectures in the City Hall has usually been attended by a select band of the inmates, and occasional Readings have also been given in the House, in which he has had the pleasure of taking part. He also mingles not unfrequently in the out-door amusements, and rejoices to bear testimony to the remarkably good conduct of the Patients on all such occasions. He continues to receive every attention and assistance from the officials and attendants in the discharge of his duties.

The Chaplain would again tender his best thanks to the Directors for their continued kindness and confidence. Where so much is done, and with such excellent efficiency, to promote the physical comfort and restore the mental health of the afflicted,

he feels that all the aid that can be rendered to the main purposes of the Institution, as well as to the best interests of its inmates, by the ministrations of religion, is on every ground most justly due. It is in this spirit that he has endeavoured to fulfil the claims of his office, and, while he cannot persuade himself that nothing has been wanting on his part, he trusts that, by the Divine blessing, his labours have not been altogether unsuccessful.

WM. D. KNOWLES,

Chaplain.