

Report on the Royal Lunatic Asylum of Montrose for 1869 : instituted 1782.

Contributors

Royal Lunatic Asylum of Montrose.
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REPORT
ON THE
ROYAL LUNATIC ASYLUM
OF MONTROSE,
FOR
1869.

INSTITUTED 1782.

MONTROSE :
PRINTED AT THE *MONTROSE STANDARD* OFFICE.
1869.



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LIST OF DIRECTORS.

JUNE 1869.

- The PROVOST and ELDEST BAILIE of MONTROSE.
 The FIRST and SECOND MINISTERS of the Parish of Montrose.
- 5 W. MACDONALD MACDONALD, Esq. of Rossie.
 The Right Hon. the EARL of SOUTHESK.
 Sir JAMES CAMPBELL of Stracathro.
 ALEXANDER PORTEOUS, Esq. of Lauriston.
 THOMAS RENNY TAILYOUR, Esq. of Borrowfield.
- 10 JOHN DUNCAN, Esq. of Sunnyside and Parkhill.
 DAVID LYALL, Esq. of Gallery.
 THOMAS MACPHERSON GRANT, Esq. of Craigo.
 HERCULES SCOTT, Esq. of Brotherton.
 J. DUNCAN INVERARITY, Esq. of Rosemount.
- 15 The Rev. ROBERT MITCHELL, Minister, Craig.
 „ THOMAS MACINTOSH, do. St Cyrus.
 „ ALEXANDER FRIDGE, do. Lunan.
 „ ARCH. BUCHANAN, do. Logie-Pert,
 „ WILLIAM NIXON, do. Free St John's, Montrose.
- 20 „ PATRICK CUSHNIE, do. St Mary's Chapel, do.
 „ JOHN LISTER, do. Free St George's, do.
 „ WILLIAM J. STEVEN, do. Melville Church, do.
 „ JOHN WOODWARD, do. St Mary's Chapel, do.
 „ H. E. PRESTON, do. St Peter's, do.
- 25 „ JOHN STEVENSON, do. Dun.
 „ HENRY HYSLOP, do. Montrose.
- Messrs WILLIAM JAMESON, Montrose.
 „ DAVID WALKER, do.
 „ THOMAS BARCLAY, do.
- 30 „ ROBERT WALKER, do.
 „ JAMES M. PATON, do.
 „ FRANCIS B. PATON, do.
 „ THOMAS NAPIER, do.
 „ C. H. MILLAR, do.
- 35 „ DAVID MITCHELL, do.
 „ CHARLES BIRNIE, do.
 „ FRANCIS ABERDEIN, do.
 „ ROBERT COOKE, do.
 „ JOHN GUTHRIE, do.
- 40 „ JAMES SAVEGE, do.
 „ GEORGE C. MYERS, do.
 „ THOMAS B. PATON, do.
 „ ROBERT HECTOR, do.
 „ EDWARD MILLAR, do.
- 45 „ ROBERT BARCLAY, do.
 „ CHARLES BURNES, do.
 „ ALEXANDER MACKIE, do.
- 48 „ WILLIAM MITCHELL, do.

ANNUAL GENERAL MEETING,.....2nd TUESDAY OF JUNE.

MONTHLY MEETING,.....1st TUESDAY OF EACH MONTH.

AT TWELVE O'CLOCK NOON.

House Committee.

DAVID WALKER.
JOHN GUTHRIE.
FRANCIS B. PATON.
ROBERT HECTOR.
T. RENNY-TAILYOUR.

Mr WALKER, *Convener.*

List of Officers.

JAMES C. HOWDEN, M.D. *Medical Superintendent.*
WILLIAM G. BALFOUR, L.R.C.S.E. *Medical Assistant.*
DAVID JOHNSTON, M.D. *Consulting Physician.*
REV. WILLIAM MORTIMER, M.A. *Chaplain.*
JAMES NIDDRIE *Steward.*
MRS WRIGHT *Housekeeper.*
MISS BURNES *Head Female Attendant.*
DAVID PICKIEMAN, *Head Male Attendant.*
MISS BROWN *Lady Superintendent of Gayfield House.*

GEORGE C. CHALMERS, BANKER,

Treasurer.

ADAM BURNES, SOLICITOR,

Secretary.

BALANCE ACCOUNT
OF THE
MONTROSE ROYAL LUNATIC ASYLUM.

		Drs.		
1869.				
June 1.	To Seats in the Parish Church, ...	£29	10	0
	„ „ Outstanding Boards, ...	123	11	10
	„ „ The Old Asylum, ...	2390	15	7
	„ „ The New Asylum, Sunnyside, ...	28,356	11	5
	„ „ Do. Furniture Account, ...	2642	6	4
	„ „ Carriages and Horses, ...	80	0	0
	„ „ Superintendent's House, ...	1218	19	0
	„ „ The Brechin Gas Company, ...	160	0	0
	„ „ Household Expenses—Stock on hand, ...	383	13	10
	„ „ Clothing Account, do. ...	242	11	6
	„ „ Farm Account, do. ...	355	0	0
	„ „ Gayfield House Outlays, ...	27	13	10
	„ „ Balance of Cash, ...	10	15	1
		£36,021 8 5		

		Crs.		
1869.				
June 1.	By Sundry Heritable Bond Holders, ...	£13,500	0	0
	„ „ The National Bank of Scotland, ...	4317	0	0
	„ „ Patients' Work and Recreation Fund, ...	220	0	0
	„ „ Stock Account, ...	15,604	7	4
	„ „ Sinking Fund, ...	2380	1	1
		£36,021 8 5		

PROFIT AND LOSS ACCOUNT.

REVENUE, ...	£10,267 10 10
EXPENDITURE, ...	9194 11 2
	£1072 19 8

REPORT OF THE HOUSE COMMITTEE OF THE ASYLUM.

	Males.	Females.	Tl.
The number of patients at present in the Asylum is.....	169	217	386
The number last year was.....	175	196	371
Showing a decrease of.....	6	...	...
Do. an increase of.....	...	21	...

But for the transfer of 13 males and 5 females to newly-opened District Asylums, an increase on the year would have been shewn of 7 males and 26 females. By the measures carried out during the year the overcrowding on the female side of the house alluded to in last report has been removed, and room provided for the additional patients since admitted ; and there is at present no over-crowding, though the house may be considered nearly full. Should female patients, however, continue to increase in the ratio of last year, a want of room will very soon be felt ; and the new arrangements will not admit of so many *extra* patients being received, as has been possible hitherto.

The operations undertaken, and carried out during the year, have had for their chief object an increase of the female accommodation. They have consisted of the conversion of part of an outhouse into a dormitory, containing 20 beds ; the erection of a dwelling-house to accommodate the families of *two* servants of the Establishment, and 6 out-patients to be boarded with them ; and the acquisition of a lease of the house and grounds of Gayfield. The new dormitory has sole entry through a dwelling-house within the gates, occupied by the family of one of the attendants, and is unexceptionable. The dwelling-house had been long recommended by the Commissioners of Lunacy as being a necessary accessory to the establishment, both as regards the servants and their boarders ; and Gayfield House has completed the means of providing for all present patients, without overcrowding. The dormitory and dwelling-house were sanctioned by the Board on the joint recommendation of the House Committee and the special Committee appointed at last annual meeting to consult with them as to an enlargement of the female accommodation ; and Gayfield at an ordinary monthly meeting of the Board, on the recommendation of the House Committee alone, after due notice had been given of the proposal to be brought forward. Gayfield House will be solely occupied by the higher class of female patients ; but the apartments these have hitherto occupied in the Asylum provide room for a large number of pauper patients, and, besides, furnish an additional number of single rooms for the treatment of violent cases, which have in-

creased with the general increase of patients, and for whom additional room of this kind was urgently required. Gayfield will form a very eligible residence for its patients. It stands in its own grounds, 17 acres in extent; has a walled-in garden of half an acre, and extensive shaded walks round its grounds for general exercise; and it is in immediate proximity to the Superintendent's house. It will in every respect afford more fitting and desirable accommodation to its inmates than could be given them in the Asylum itself, with its now numerous body of pauper inmates.

The property continues to be kept up in good repair. It has been found necessary to renew the flooring of some of the public rooms and corridors on the male side of the house, from the original flooring having been entirely worn out; and that of other rooms will for the same cause have to be renewed in the course of next year. The new flooring is thicker and of a more durable description than that which it replaces. The farm and grounds are year by year improving under the labour of the patients, and the cows kept thereon have, as before, continued to supply the establishment with milk. The supply yielded by them has averaged 30 gallons daily throughout the year.

The Asylum has this year been inspected by only one of the Commissioners in Lunacy. His report as to its state and condition was, as before, extremely satisfactory. Your Committee have continued their weekly visits throughout the year; and they also have to report favourably of the Establishment, and their approval of all its arrangements. To the exertions of Dr Howden is due the high standing the Asylum has attained; but the Committee nevertheless do not overlook the valuable services and assistance given by his staff and officers generally.

The grateful thanks of the Board are due to the Rev. Alexander Gaul for a lecture given in the Asylum, and to the Caledonian Band, Mr James Law's Band, Montrose Minstrels, Old Church Choir, Montrose Saw Miller's Musical Union, Chapel Works' Glee Party, and Miss Baillie and Pupils for concerts severally given by them. Also to the Ladies who so liberally garnished the Christmas tree, and for other acts of kindness done by them and others.

DAVID WALKER, Convener.

REPORT BY SIR JAMES COXE, COMMISSIONER IN LUNACY.

Montrose Royal Asylum, 4th December, 1868.

The following are the changes among the Patients since the visit of 27th February :—

	Private.		Pauper.		Total.
	M.	F.	M.	F.	
Admissions	8	10	27	35	80
Discharges	5	9	23	26	63
Deaths	3	2	5	5	15

The admissions include one Voluntary Patient whose name is erroneously entered in the Register of Lunatics, and 10 Pauper Lunatics chargeable to the Parishes of Dundee and Liff and Benvie.

Of the Patients discharged, 26 had recovered; 23 were transferred to other Asylums and Lunatic Wards of Poorhouses; 1 escaped; and 13 were removed to their homes. Of these last, 8 were Private and 5 Pauper.

The cause of death in the fatal cases was generally organic disease of an incurable character. *Post mortem* examinations were made in 12 cases.

The numbers at present resident are 176 Males, 208 Females—numbers which, as observed in last Report, are, especially on the female side, considerably beyond those for which the House was originally constructed. Great exertions have, however, been made to supply supplementary accommodation, by converting the work-rooms in the basement into dormitories, and fitting up two lofts in the out-houses for a similar purpose. In this way, provision will be made for nearly forty patients; but great part of this accommodation is already occupied, and the whole of it may be regarded as necessary for the present inmates. But for the recent opening of the Lunatic Wards of the Kincardineshire Combination Poorhouse, and the transfer to it of about 20 Patients, it would have been impossible to meet the demands for admission without such a degree of overcrowding as would have proved highly detrimental to the discipline of the house, and probably injurious to its sanitary condition. It comes, therefore, to be a very serious question for consideration what should be the course of the direction with reference to further extension. The removal, which may shortly be expected, of the few Patients chargeable to the Ayr and Stirling Districts, will afford but momentary relief; and it is probable that nothing but full provision at Dundee for all the Pauper Lunatics of that town and neighbourhood will obviate the necessity for further building at Montrose. A conference of the Directors of the two

Asylums might prove useful in leading to some fixed line of procedure, by which, while the wants of the district were fully met, all unnecessary expenditure might be avoided. At the same time, experience shows that it is, in the present day, almost impossible to over-build for the accommodation of Pauper Lunatics. To what extent this is due to an accumulation of Patients from prolonged life through better treatment; to the now greater disposition on the part of the authorities to regard as disease what would formerly have been dealt with as vice or crime, and the consequent substitution of Asylums for Prisons; to the greater familiarity of the public with the treatment now pursued in Asylums, and their decreased aversion to such establishments; or, lastly, to an abuse of the facilities for the gratuitous disposal of Patients afforded by the Poor Law and Lunacy Law,—are points well worthy of consideration. Probably they are all more or less concerned in producing the result.

The House was found in excellent order, well ventilated, and comfortably heated. The Patients were well clothed, and clean in person and dress; and upper clothing is provided for out-door use by those of feeble habit. The bedding was sufficient and in good condition.

The sanitary state of the Patients has of late been remarkably good; the warm summer appearing to have been congenial to their weakened constitutions. At present, only five are registered as on the sick list. The food supplied is of excellent quality and abundant in quantity; and the manner of serving it very creditable, although still open to improvement. The conversion of the corridor of the basement into a general dining-hall is regarded as a successful experiment.

The absence of all noise or excitement was remarkable. No seclusion is ever used, even in cases of Epileptic excitement, and the result, as gathered both from observation and report, is exceedingly satisfactory. In all cases of impulsive violence trust is placed in the watchfulness of special attendants. Forty-nine males and sixty-two females are registered as under special Medical treatment for the mental affections. Experiments continue to be made with bromide of potassium in the treatment of epilepsy, but the observations that its use increases violence and irritability between the fits no longer holds good. No males, and very few females, physically able for extended exercise, are confined to the Airing Courts, and great and successful efforts are made to supply varied sources of occupation and amusement. In this respect the possession of a Farm and of extensive grounds is of inestimable value.

The recent acquisition of an Organ has given an impulse to the cultivation of Music, which has already produced surprising results, and which cannot fail to exercise a very beneficial influence on the whole community. There is no doubt that the general standard of civilisation, so to speak, has of late years risen considerably among the Patients. How far this may be due to the improved accommodation of the New Asylum, and the greater facilities afforded for occupation, extended exercise, and recreation, or how far to the Institution having

ceased to be the receptacle for a large proportion of the worst cases of Scotland, may be open to question ; but the result is evident, and cannot fail to be gratifying to the Medical Superintendent and Directors. Another very gratifying fact is the frequent expression of contentment made in answer to inquiries, and the unwillingness to exchange from the Asylum to the cottages of the out-door servants. At present four Patients are disposed of in this manner ; and further provision of this kind for four or six is making in a new Gate House for two families, at present in course of erection.

Night attendance continues to be carried out with satisfactory results—greater, however, on the female than on the male side ; the number of wet beds averaging two or three in the former department, and seven or eight in the latter.

Active industrial occupation is engaged in by 108 males and 125 females ; 112 males and 130 females share in amusements ; and 116 males and 130 females attend Chapel. Several Patients of both sexes attend Church in the neighbouring village.

Steady progress continues to be made in planting and decorating the Grounds, and in adding to their usefulness and amenity. The Live Stock comprises at present 15 cows and 43 pigs. The average quantity of milk supplied is about twenty-five gallons. The refuse of food from the Patients' table, with which the pigs are chiefly fed, is not excessive, but the broth, of which it mainly consists, might probably be reduced in quantity if this were considered an object.

Three accidents have occurred since last inspection, the most serious of which was self-inflicted injury to both eyes in an attempt to gouge them out.

The conduct of the attendants of both sexes has been very satisfactory.

The various registers are carefully kept, and altogether the state of the Establishment reflects very great credit on the management.

JAMES COXE, Commissioner in Lunacy.

MEDICAL SUPERINTENDENT'S REPORT

FOR THE YEAR 1868-69.

Table I.—Showing the Admissions, Re-admissions, Discharges, and Deaths during the year 1868-69.

				Males. 175	Females. 196	Total. 371
In Asylum on 31st May, 1868,						
	Males.	Females.	Total.			
Admitted for the first time during the year, ...	30	61	91			
Re-admitted during the year,	7	14	21			
	—	—	—	37	75	112
Total treated during the year,				212	271	483
Discharged and dead—						
	Males.	Females.	Total.			
Recovered, ...	9	24	33			
Relieved, ...	3	8	11			
Not Improved, ...	17	7	24			
Escaped ...	1	0	1			
Not Insane, ...	1	0	1			
Died, ...	12	15	27			
	—	—	—	43	54	97
Remaining in Asylum on 31st May, 1869, (inclusive of 1 female on trial),				169	217	386
Average Number during the year,				172·10	207·67	379·78

At the close of the last financial year there were 371 inmates; since then, 112 have been admitted, making the total number under treatment during the twelve months, 483. Of these, 33 were discharged recovered, 11 relieved, 24 as not improved; 1 was discharged as not insane, 1 escaped, and 27 died;—altogether 97 were removed from the register, so that the number resident on the 31st May was 386. The average number daily resident was 379.

The same extraordinary preponderance of females is found in the admissions of this as of former years; 75 women were admitted, and only 37 men.

Every effort has been made to adapt the Institution to the wants of the County, by providing additional accommodation for females; but it seems unfair that the burden of receiving the surplusage of pauper lunatics should fall entirely on the Montrose Asylum, while the Directors of the Dundee Asylum have the right of rejecting patients when they think fit.

The additions to this Institution, and the prospective opening of

more Lunatic Wards next year in connection with the Dundee Poor-house, will probably relieve the pressure for a short time ; but if new cases of insanity occur in the ratio of the last few years, there is little doubt that more accommodation of some kind will ere long be needed.

This continually increasing demand for Asylum accommodation throughout the country generally, has not unnaturally awakened in the public mind a fear that insanity is alarmingly on the increase. Ninety years ago, there was not a single Public Asylum in Scotland ; to-day, there are 17, containing nearly 4000 inmates, and receiving 1300 new cases yearly. Making allowance for a considerable increase in the population, we cannot shut our eyes to the fact that the number of persons known to be insane, and especially the number supported by public rates, is vastly greater than it was. But we must look a little deeper into the causes which have brought about this change, and when we have done so, I think the verdict as to the alleged increase of insanity will at least be "Not Proven." The increase of Prisons, Penitentiaries, and Reformatories cannot be taken as an indication of the increase of crime, but simply as an indication of a different mode of dealing with criminals. When housebreakers and sheep-stealers were hanged, when petty crimes were punished by the lash or the stocks, and even later, when transportation was customary, less prison accommodation would be needed than now ; but I am not aware that any one has ventured to say that there was less crime. Again, the increase of Poorhouses, or even the increase of paupers, does not necessarily prove an increase of poverty, but simply indicates a different mode of dealing with the poor. So with Hospitals for the treatment of bodily disorders. No one surely would think of alleging that, because these Institutions were more numerous and larger, we had proof that sickness was more general than it used to be.

Now, premising that, until the appointment of the present General Board of Lunacy in 1857, we had no possible means of ascertaining the number of insane persons in Scotland, it appears to me that insanity is in exactly the same position as crime, poverty, or bodily sickness ; whether for better or for worse, we deal with it differently from our forefathers ; but there is absolutely no evidence that there is any actual increase in the proportion of the insane to the sane population.

We are told that our more artificial mode of life, and the greater demand made on our intellectual energies, have increased insanity. I do not know exactly what the expressions "artificial mode of living," or "artificial state of society," mean ; but certainly it is not from the class where intellectual life is most active that the increase comes ; it is not the hard-working politicians and lawyers, the busy merchants and manufacturers, nor even the brain-working literary men, who crowd our Asylums. On the contrary, the mass of our patients come from the classes who work least with their brains, and whose mode of living may be artificial, but is certainly not luxurious.

In the good old times the Insane were certainly kept more at

home ; some were allowed to roam at large, the objects of private charity, serving at once to amuse and terrify the rising generation ; the more obstreperous were shut up in rooms or outhouses, and restrained by chains, straight-jackets, and other mechanical appliances ; others were kept in what were termed madhouses, while a large proportion of the more dangerous and poorer classes was lodged in the common gaol. To this latter practice, and to the circumstance that the gaol was in the middle of the High Street, where the ears of the townspeople were harassed by the screams of the unhappy prisoners, may be ascribed the erection of the first Public Asylum in Scotland—viz., that of Montrose.

As more enlightened views of the nature and treatment of the Insane prevailed, Dundee, Aberdeen, Perth, Edinburgh, Glasgow, and Dumfries followed the example of Montrose, and erected Asylums for their Insane ; and then, as now, no sooner were the new Institutions opened than they were occupied, then overcrowded, and I believe I do not exaggerate in stating that previous to the erection of the new District Asylums many hundreds of applicants for admission were annually refused by the Scotch Royal Asylums. The unsatisfactory state of the laws regarding Lunacy, and the great need felt for some national provision for the Insane poor, led to the Royal Commission of 1856 and to the Lunacy Act of 1857 ; and under its operation Scotland has been provided with District Asylums, which, as regards structure, general arrangements, and humane treatment of the inmates, will stand a favourable comparison with any similar institutions in the world. That these Asylums are already almost full only shows how much they were needed ; and, judging from the number of suicides and insane acts constantly reported in the public newspapers, it seems very doubtful if the supply of accommodation for the treatment of the Insane is yet equal to the demand. The greater facilities afforded by the operation of the Poor and Lunacy Laws for the care and treatment of the Insane poor have no doubt greatly augmented the numbers seeking and obtaining relief, while the more favourable hygienic conditions of the modern institutions, by prolonging the lives of the chronic Insane, increases the proportion alive at any given time. There are, however, other causes in operation tending to increase the numbers in establishments. One of these is the more humane modes of treatment. When chains, straight-jackets, solitary confinement in cells, the whip, the douche, and other weapons of terror, were the order of the day, the relatives of the Insane must have sent them to the Asylum as the very last resource ; and the sufferer himself, if he had sense enough to judge of his situation, would probably have preferred death. Now, however, the poor know that their Insane relatives will be better fed, better clothed, better housed, better cared for, than they would be at home—that they will be kindly treated—that their chances of restoration to sanity will be greatly increased—that all risk of accidents and responsibility will be removed, and that, in the event of the patient not recovering, he will

enjoy the amenities of life in the Asylum in a way which he could never hope to do at home. Under these altered circumstances need we wonder then that the working man seeks relief for the treatment of his Insane relative with less compunction—or, indeed, that it is now a very common desire on the part of the Insane themselves to be sent to the Asylum, and not an uncommon one with those in it to prefer Asylum life to liberty and poverty. Again, the modern system of labour gives the working man a stronger claim on society for aid in supporting his insane relatives. When a man is engaged all day in a large powerloom mill, or on a large farm, he cannot take charge of a helpless member of his family without giving up work—not so when he found his work in his own house. Society, as a whole, may have gained by the extinction of the spinning wheel, the handloom, and small crofts; but it has suffered in so far that it has rendered the labourer much more dependent on his neighbours for help in the time of sickness.

A question of still greater practical importance is, how to deal with this burden of lunacy which presses so heavily on society. To go back to the old system, even if it were right, would now be impossible, unless, at the same time, we could revive other extinct social conditions. Of the remedies proposed, one is, the separation of the chronic and harmless, from the acute and dangerous forms of insanity, in establishments; in other words, to have one Asylum for the acute, and another for the chronic. Nothing, of course, can be more certain than that the latter class can be kept at a much less cost than the former; but, if we consider the question from a national, instead of from a parochial point of view, it is difficult to understand wherein the saving is to be, by keeping them in smaller numbers in separate establishments, seeing that the Asylum rate must inevitably fluctuate with the proportion of the expensive to the inexpensive class of its inmates. The General Board of Lunacy have given much encouragement to the plan of boarding the harmless insane with cottagers; and the system, within certain limits, seems to answer well; but the class who can be so provided for is very limited, and but little relief to the ratepayer can be looked for from this source.

Instead of trying how cheaply the chronic insane can be kept on charity, it seems to me that it would be a wiser policy to try to make them self-supporting, or at least to utilize their labour to the fullest extent compatible with health. The labour of the insane is generally not taken much account of, except as a means of treatment; but it undoubtedly is, and ought to be, an important element in the economic working of an Asylum. The Asylum of Clermont, in France, affords good evidence of what may be effected in this way. This Asylum contains 1400 patients, of whom 1100 are paupers paid for by the departments. The pauper patients are employed on two farms, at Fitz James and Villiers, of 500 acres each, and receive a small remuneration for their work. The establishment of Fitz James is a large farm, in a high state of cultivation, with all the accessories of stables, and barns for cattle and sheep; steam flour mills and thresh-

ing-machines; 30 working bullocks, and 20 horses are kept; 500 sheep are fed; and there are 30 cows, a large piggery, fowls, rabbits, pigeons, &c. The patients are employed from morning to night in every part of the farm and buildings; there are no walls or security differing from common dwellings; and the colony is as little like an ordinary Asylum as possible. The Institution is a private speculation, conducted by three brothers. It is said to be extremely remunerative, and yet the rate charged for the pauper is only a franc a day, or 5s 10d a week. Dr F. Norton Manning, in his report on Lunatic Asylums, prepared for the Government of New South Wales, says (p. 18):—
 “There is a gradually growing belief in the wisdom of employing the insane in out-door, and especially in agricultural avocations; and the Department of the Seine, lately engaged in remodelling its institutions for the insane, has endeavoured to adopt, to some extent, the principle of the Farm Asylum at the beautiful New Asylums of Ville Evrard and Vaucluse, both situated beyond the suburbs of Paris. Each of these Asylums, intended for the more quiet class of the insane, and for such as are likely to be benefited by agricultural labour, has attached to it 700 acres of land. Excellent farm buildings have been erected; and it is intended to practise agriculture on a large scale, with all the accessories of good implements and machinery, by means of the inmates.”

In this direction then, I think, we may hopefully look for some relief from the heavy burden of lunacy, a burden which, though recent legislation has brought more prominently into view, existed none the less before, and will exist, despite of Acts of Parliament, which can really only remove it from one set of shoulders to put it on another.

In a considerable proportion of the poorer patients admitted last year, mental derangement has been caused by destitution consequent on the depression of the linen trade. The commercial activity in the manufacturing towns of Forfarshire during the American war, attracted workers from all quarters, especially from Ireland, many of them poor, ill-nourished, and improvident. A year or two of high wages, good living, and often of intemperance, would rather predispose these persons to break down more readily in the hard times, when the mills are on short time, and husbands desert their wives, leaving them to starve or take refuge in the Poorhouse. Parishes will for years to come have to pay, in the item of pauper lunacy at least, for the manufacturing prosperity of former years.

REMOVALS.

The removals during the year were 70 in number, 33 of these were discharged recovered, 11 relieved, 24 not improved, 1 escaped, and 1 was not insane. The recoveries bear a proportion of 29.4 per cent. to the admissions, the recovered and the relieved together of 39 per cent. The tendency to relapse is shown by the fact that of those admitted, 21 were re-admissions, and that of those who were discharged

to all appearance perfectly well, 4 returned within the year. Of those removed not recovered, 24 were pauper patients transferred to other Asylums. This source of relief to our numbers is now nearly at an end, the opening of the Ayr District Asylum will allow of the transfer of 12 Ayr patients, the last of the paupers unconnected with our own districts. Some instances have occurred of injudicious removals by friends. One poor woman was taken out by her sister, contrary to my advice and very much against her own inclination; when they got the length of the Railway Station, the patient positively refused to go farther, and said if she were taken home, she would commit suicide on the very first opportunity, and her sister wisely returned with her at once. A clergyman labouring under most extravagant and dangerous delusions, was not only removed contrary to my protest, but was actually allowed to resume his pulpit duties, where he conducted himself in a manner scandalous to the sacred office. A man labouring under suicidal melancholia, was removed unimproved by his wife. After being out two days, he eluded the vigilance of his friends, and threw himself from a bridge crossing the railway. He sustained a fracture of the thigh, and narrowly escaped being run over by the train.

DEATHS.

Twenty-seven patients have died during the year, and the rate of mortality is 6·9 per cent. of the men and 7·2 per cent. of the women, resident. Deaths resulted from affections of the nervous centres in 10 cases; from diseases of the lungs and heart in 6; from diseases of the abdominal viscera in 5; and from senile decay, cancer, and anæmia in 6. A large proportion of those who died were in advanced life—thus, 6 were between 60 and 70, 4 between 70 and 80, and 3 between 80 and 90. It is too frequently the case that persons are sent into the Asylum merely to be nursed on their death bed. Thus, a woman was brought from Arbroath in the last stage of paralysis; she seemed on admission to be moribund, but lingered on for a week supported by stimulants and beef-tea.

HEALTH.

The record of sickness and deaths confirms former experience by shewing that the health of the inmates rises and falls with the thermometer, perhaps in a more marked degree than that of the general community. That affections of the respiratory organs should prevail in cold weather is in accordance with common experience; but that boils, carbuncles, erysipelas, diarrhœa, dysentery, are more common among the insane in cold than in hot weather is a fact which I do not think has attracted sufficient attention. My observations now extend over a period of five or six years, and have been made with an amount of care which precludes, so far as I can see, any source of fallacy.

An analysis of table 13 gives the following results for last

year :—*June*—a fine month ; mean temperature, 55 deg. ; wind, north or east on 4 days only. Healthy, one slight case of diarrhœa, one death from chronic disease. *July*—a fine month ; mean temperature, 59 deg. ; N, NE, and E winds on 7 days. Healthy, one boil. *August*—fine month ; mean temperature, 2 deg. lower than July ; N, NE, and E winds on 7 days. Healthy, one case of rheumatism, 2 of diarrhœa. *September*—mean temperature, 5 deg. below August ; N, NE, and E winds on 18 days. Seven cases of diarrhœa. *October*—mean temperature, 44 deg. ; N NE winds on 4 days, NW on 13. 3 cases of bronchitis, boils or carbuncles, 2, diarrhœa, 3. *November*—mean temperature, 40 deg. ; N and NE winds on 12 days. 1 boil and 3 diarrhœa. *December*—a mild month for the season ; mean temperature 44 deg. ; N, NE, and E winds on 4 days. Healthy, 1 boil. *January*—a fine month ; mean temperature, 39 deg. ; N, NE, and E winds on 4 days. 1 rheumatism, 1 erysipelas, 1 erythema. *February*—a fine month ; mean temperature, 41 deg. ; N and E winds on 2 days. 1 boil, 1 influenza. *March*—cold month ; mean temperature, 37 deg. ; N, NE, and E winds on 15 days, NW on 9. 2 carbuncles, 1 erysipelas, 9 diarrhœa, several of the latter severe, one fatal. *April*—a fine month ; mean temperature, 45 deg. ; N, NE, and E winds. 1 cynanche, 2 rheumatism, 5 diarrhœa (epidemic of previous month continued.) *May*—cold month ; mean temperature, 44 deg. ; N, NE, and E winds on 19 days. 1 bronchitis, 1 influenza, 1 rheumatism, 1 erythema, 2 diarrhœa (severe cases).

The Registrar-General's reports show that, in the community at large, deaths from bowel complaints are most numerous in warm weather ; and these diseases are commonly associated with hot summers and autumns. The question has not yet sufficiently attracted the attention of Asylum Superintendents to enable us to say whether in all Asylums diarrhœa is most prevalent in cold weather. In the last Report of the Surrey County Asylum, Dr Brushfield says :—“ The general health of the inmates has been tolerably good throughout the year, excepting during the early cold weather, when diarrhœa prevailed in several of the wards. Dr Brushfield attributes the epidemic to the coldness of the wards, and says :—“ This is fully borne out by the fact that in the case of those wards and passages well warmed by open fires, scarcely an instance of this disorder happened, and after the cessation of the severe weather, no farther case occurred.”

In the report of the Westmoreland and Cumberland County Asylum, Dr Clouston mentions that, “ suddenly in the end of March, six patients were attacked with dysentery and diarrhœa.” Dr Clouston attributes this and former outbreaks to sewage exhalations. Sewage irrigation has not, however, been found in other Asylums or in general communities to produce a like result ; and whether it does so or not in the case of the Carlisle Asylum, it appears to be a fact that these outbreaks generally took place during north and north-west winds, and that the part of the house most exposed to the wind suffered most. In our case the female side of the house always

suffers more than the male during NE and E winds, probably because it is most exposed to them.

Assuming that the Insane in Asylums suffer more from diarrhoea in cold than in hot weather, we have to seek an explanation to a fact so contrary to the experience of the general practitioner. There are two particulars in which the insane community differs from the sane. 1st, It consists entirely of adults; and 2d, a larger proportion of its members are in feeble health, and are predisposed to, if not actually labouring under, tubercular disease. A large proportion of the deaths from bowel complaints in hot weather occur in children—thus Dr Angus Macmillan, in an able report on the health and meteorology of Hull, mentions the extraordinary fact that 90 per cent. of the deaths from these affections during the hot weather took place in children under twelve months old. The feeble and the tubercular patients are always those who suffer most from diarrhoea in cold weather, while, on the other hand, they are protected from many of the causes of diarrhoea to which the general community is exposed in hot weather. Cold, especially the cold of dry north and east winds, is well known to be especially obnoxious to persons suffering from tubercular disease, and though the diarrhoea may spread to healthier patients, it is in that class that it generally breaks out and proves most fatal.

INCREASE OF ESTABLISHMENT.

At last Annual Meeting it was reported that the Institution was suffering from over-crowding in the Female Department. This condition has been relieved by various devices, which will ultimately add to the general efficiency of the Establishment. A new Dormitory in connection with the Head Male Attendant's House has been opened, capable of containing twenty beds for women; two additional Cottages have been erected on the Farm, each having accommodation for four or five patients; and, lastly, the House and Lands of Gayfield have been obtained on lease. The acquisition of Gayfield House will enable us to appropriate the department in the main building, occupied by the Ladies, to the use of patients at pauper or intermediate rates of board; while it furnishes—what has been long felt to be a desideratum—viz., a separate establishment for Ladies paying the higher rates. The whole Institution now consists of—1st, The Main Building, accommodating 370 patients; 2d, Ward attached to Head Attendant's House, 20 patients; 3d, Seven Cottages on Farm, with accommodation for about 16 patients; 4th, Gayfield House, say 12 ladies. The numbers in Gayfield will of course vary with the rates of board and wants of the inmates; ~~but~~ the whole Institution can now accommodate about 420. B

Besides the extensive internal changes which have been effected by our own artizans, the labour of the inmates has been effectively exerted in improving the Pleasure Grounds and the Farm. The extent of Land now in possessson is 100 acres; and though, for some

time, trenching, road-making, and other improvements may utilize the labour of the inmates, I do not consider that it will be ultimately sufficient to afford remunerative work for so large an Establishment.

CONCLUSION.

I have nothing new to detail in regard to treatment, General or Medical. The same principles pursued in former years have continued to give the same favourable results—the restoration to health of a certain proportion of the apparently curable, and the promotion of the happiness and usefulness of those who may prove chronic and incurable. I have to acknowledge the kindness of those who have contributed additions to the library, and other means of instructing and amusing the inmates. To the Misses Carnegie, I have been, as in many former years, placed under deep obligations for liberal contributions, for materials for a Christmas tree, for donations of books, and for many other acts of kindness to the inmates.

In carrying out the treatment of the patients, I have been most efficiently aided by Mr Balfour, the Assistant Medical Officer, whose devotion, energy, and kindness, in the performance of his duties, have been most praiseworthy.

I have again to thank the House Committee for their generous support, and the staff of officers, attendants, and servants for their valued assistance in promoting the objects of the institution. Another year closes unmarred by any accident; and, though it has not been free from its cares and anxieties, these have been more than compensated for, by the satisfaction of knowing that much human suffering has been relieved, and that a certain amount of comfort and happiness has been enjoyed by an unfortunate class of our fellow men.

JAMES C. HOWDEN.

DONATIONS TO THE LIBRARY.—The following Donations to the Library have been received during the year:—

From Miss CARNEGIE, Laverock Bank House, Trinity:—Hoffmeister's Travels; The Owlet of Owelstorn Edge; Walter E. Cotton's Complete Angler; The Horse (Library of Useful Knowledge); The Convict Ship, by C. Browning; The Working Man's Way in the World; Guide to Dunkeld; Burns' Poetical Works and Letters, (Illustrated); Waverley Novels, 43 vols.; Life of Sir Walter Raleigh; Uncle Tom's Cabin; Lives of George and Robert Stevenson; Lankester's Lectures on Food; Cruise in the Baltic with the Rob Roy Canoe; The North-West Passage by Land; A Shakespere Handbook; Art Journal, 12 Numbers.

From Mrs LINDSAY CARNEGIE of Kinblethmont. Numbers of the following Magazines:—Cornhill Magazine, Good Words, Chambers' Journal, Fortnightly Review, Macmillan's Magazine, Once-a-Week, The Mirror.

TABLES.

Table II.—Showing Admissions, Re-admissions, Discharges, and Deaths, from 31st May, 1857, to 1st June, 1869.

		Males.	Females.	Total.
Persons Resident on 31st May, 1857	...	107	144	251
Persons since admitted for the first time	...	654	854	1508
Persons since re-admitted	...	73	114	187
<hr/>				
Total cases treated during the 12 years	...	834	1112	1946
Discharged or Removed—				
		Males.	Females.	Total.
Recovered	...	233	343	576
Relieved	...	66	95	161
Not improved	...	154	195	349
Escaped	...	1	0	1
Not insane	...	1	0	1
Died	...	210	262	472
<hr/>				
		665	895	1560

Table III.—Showing the Condition as to Marriage of those Admitted.

		Males.	Females.	Total.
I. Single	...	19	42	61
II. Married	...	16	27	43
III. Widowed	...	2	6	8
<hr/>				
		37	75	112

Table IV.—Showing the Ages of those Admitted and Dead.

	ADMITTED.			DIED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 20 years	3	2	5	0	0	0
From 20 to 30 years	4	20	24	0	0	0
" 30 to 40 "	10	17	27	2	2	4
" 40 to 50 "	9	10	19	3	1	4
" 50 to 60 "	4	16	20	0	6	6
" 60 to 70 "	6	6	12	3	3	6
" 70 to 80 "	1	1	2	3	1	4
" 80 to 90 "	0	3	3	1	2	3
<hr/>						
	37	75	112	12	15	27

Table V.—Showing the Admissions and Deaths for each Month and for the Year.

	ADMITTED			DEAD.		
	Males.	Females.	Total.	Males.	Females.	Total.
June	2	6	8	1	0	1
July	4	5	9	1	1	2
August	3	4	7	0	1	1
September	4	8	12	0	1	1
October	1	6	7	1	1	2
November	4	2	6	1	1	2
December	1	7	8	2	0	2
January	5	5	10	3	0	3
February	1	7	8	0	3	3
March	4	10	14	0	2	2
April	4	10	14	1	2	3
May	4	5	9	2	3	5
<hr/>						
	37	75	112	12	15	27

Table VIII.—Showing the Counties whence Patients have come.

	Males.	Females.	Total.
Caithness	3	5	8
Edinburgh	2	0	2
Forfar	23	54	77
Haddington	1	0	1
Kincardine	5	13	18
Orkney and Shetland	2	1	3
Perth	1	1	2
Renfrew	0	1	1
	37	75	112

Table IX.—Showing the Bodily Condition on Admission of those who died from 1st June, 1868, to 31st May, 1869, inclusive.

	Males.	Females.	Total
Good	7	3	10
Indifferent	2	4	6
Bad	0	3	3
Phthysical...	1	1	2
Paralytic	0	2	2
Epileptic	0	2	2
Unknown	2	0	2
	12	15	27

Table X.—Showing the Period of Residence of those Recovered and Dead.

	RECOVERED.			DEAD.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 2 weeks	0	0	0	0	1	1
„ 2 months	0	3	3	0	1	1
„ 3 „	0	1	1	0	0	0
„ 4 „	3	4	7	1	0	1
„ 5 „	0	3	3	0	0	0
„ 6 „	2	4	6	2	0	2
„ 7 „	0	1	1	0	1	1
„ 8 „	2	2	4	0	1	1
„ 9 „	0	0	0	1	0	1
„ 10 „	0	1	1	0	0	0
„ 1 year	0	1	1	1	1	2
„ 2 „	2	3	5	0	4	4
„ 3 „	0	0	0	3	1	4
„ 4 „	0	1	1	0	1	1
„ 5 „	0	0	0	1	1	2
„ 7 „	0	0	0	0	2	2
„ 10 „	0	0	0	2	0	2
„ 11 „	0	0	0	0	1	1
„ 20 „	0	0	0	1	0	1
	9	24	33	12	15	27

Table XI.—Showing the Bodily Condition and Diseases of those Admitted.

	Males.	Females.	Total.
Good	22	36	58
Indifferent	7	25	32
Bad	8	14	22
	—	—	—
	37	75	112
DISEASES.			
Paralysis	4	0	4
Paralysis and Phthisis (moribund)	0	1	1
Epilepsy	4	1	5
Epilepsy and Paralysis	0	1	1
Phthisis	1	2	3
Asthma	0	1	1
Cardiac Disease	0	2	2
Albuminuria	0	4	4
Delirium Tremens	1	1	2
Struma	0	2	2
Necrosis of Tibia	1	0	1
	—	—	—
	11	15	26

Table XII.—Showing the Causes of Death during the Year.

	Males.	Females.	Total.
Cerebral and Spinal Diseases—			
Apoplexy	2	0	2
Paralysis	2	2	4
General Paralysis,	1	0	1
Brain Disease	1	2	3
Thoracic Diseases—			
Phthisis Pulmonalis	1	2	3
Heart Disease	2	0	2
Pericarditis	0	1	1
Abdominal Diseases—			
Tubercular Peritonitis	2	0	2
Bright's Disease	0	1	1
Diarrhoea	0	2	2
Other Diseases—			
Anæmia	0	1	1
Senile Decay	1	3	4
Carcinoma	0	1	1
	—	—	—
	12	15	27

Post-mortem examinations were made in 22 instances.

Table XIII.—*Shewing Weight on Admission and on Discharge, or on 31st May, 1869.*

MALES.								
	Form of Insanity.	Age.	Physical Disease on Admission.	Weight in lbs. on Admission.	Weight on discharge or on 31st May.	Period of Residence in Asylum.	Gain in Weight.	Loss in Weight.
1	Acute Mania	16	None	113	131	5 mo.	18 lbs.	...
2	Monomania of Pride	67	Do.	114	143	11 "	29 "	...
3	Acute Mania	49	Do.	132	115	11 "	...	17lb
4	Mania (epileptic)	43	Epilepsy	124	128	3 "	4 "	...
5	Monomania of Suspicion	46	None	140	153	10½ "	13 "	...
6	Mania	54	Do.	148	132	9 "	...	16 "
7	Acute Mania	37	Scabies	112	88	8½ "	...	24 "
8	Idiotcy	25	None	118	123	8½ "	5 "	...
9	Monomania of Suspicion	29	Do.	129	141	3 "	12 "	...
10	Imbecile	18	Do.	124	141	7½ "	17 "	...
11	Acute Mania	65	Do.	125	118	1 "	...	7 "
12	Monomania of Suspicion	30	Do.	127	141	7 "	14 "	...
13	Imbecile	40 to 50	Deaf Mute	144	137	6 "	...	7 "
14	Dementia	60	None	181	159	6 "	...	22 "
15	Monomania of Fear	27	Do.	151	164	6 "	13 "	...
16	Dementia	37	Epilepsy	113	125	5 "	12 "	...
17	Do.	36	None	131	121	5 "	...	10 "
18	Monomania of Suspicion	35	Do.	109	111	4½ "	2 "	...
19	Melancholia	36	Ulcer of Leg	121	122	1½ "	1 "	...
20	Dementia	66	Epilepsy	167	181	4 "	14 "	...
21	Acute Mania	30	None	130	134	4 "	4 "	...
22	Monomania of Suspicion	46	Do.	135	143	4 "	8 "	...
23	Dementia	42	Paralysis	160	180	3 "	20 "	...
24	Melancholia (suicidal)	61	Paralysis and Bronchitis	151	152	3 "	1 "	...
25	Imbecile	52	None.	129	132	2 "	3 "	...
26	Monomania of Fear	39	Do.	158	153	1½ "	...	5 "
27	Monomania of Suspicion	45	Do.	173	174	1 "	1 "	...
28	Monomania of Pride	21	Do.	142	150	1 "	8 "	...
29	Dementia	30	Epilepsy	118	120	1 "	2 "	...
30	Paralysis	44	Paralysis	176	176	...	...	...

FEMALES.

	Form of Insanity.	Age.	Physical Disease on Admission	Weight in lbs. on Admission.	Weight on Discharge or 31st May.	Period of Residence.	Gain in Weight.	Loss in Weight.
1	Acute Mania . . .	26	None	117	117	2 $\frac{1}{2}$ mo.	...	...
2	Do.	23	Do.	111	133	3 $\frac{3}{4}$ "	22 lbs.	...
3	Do.	36	Do.	133	139	11 "	6 "	...
4	Melancholia . . .	36	Do.	102	108	11 "	6 "	...
5	Mon. of Suspicion .	53	Phthisis	82	95	10 $\frac{1}{2}$ "	13 "	...
6	Melancholia . . .	62	None	92	106	2 "	14 "	...
7	Cong. Imbecile . .	30	Epilepsy	112	117	10 "	5 "	...
8	Acute Mania . . .	50	None	84	108	6 $\frac{1}{2}$ "	24 "	...
9	Cong. Imbecile . .	56	Paralysis	95	101	10 "	6 "	...
10	Melancholia . . .	68	None	100	109	9 "	7 $\frac{1}{2}$ "	...
11	Mon. of Suspicion .	23	Do.	102	113	10 "	11 "	...
12	Acute Mania . . .	68	Blind	104	106	9 $\frac{1}{2}$ "	2 "	...
13	Mania	39	None	114	104	9 $\frac{1}{2}$ "	...	10lb
14	Mon. of Suspicion .	45	Do.	117	128	8 $\frac{1}{2}$ "	11 "	...
15	Acute Mania . . .	24	Do.	78	111	4 $\frac{1}{2}$ "	13 "	...
16	Do.	30	Do.	94	121	7 $\frac{1}{2}$ "	17 "	...
17	Dementia	38	Do.	109	117	8 "	8 "	...
18	Acute Mania . . .	44	Do.	97	108	4 "	11 "	...
19	Delirium Tremens .	50	Do.	171	166	8 "	...	5 "
20	Climateric Mania .	52	Do.	115	111	7 $\frac{1}{2}$ "	...	6 "
21	Acute Dementia . .	34	Do.	99	107	7 $\frac{1}{2}$ "	8 "	...
22	Dementia	45	Do.	135	135	2 $\frac{1}{4}$ "	...	...
23	Climateric Mania .	53	Do.	123	135	7 "	12 "	...
24	Acute Mania . . .	18	Do.	116	120	5 "	4 "	...
25	Melancholia . . .	28	Struma.	92	93	7 "	1 "	...
26	Erotomania	22	None	142	120	6 $\frac{1}{2}$ "	14 "	...
27	Melancholia . . .	29	Do.	117	106	6 "	...	11 "
28	Mon. of Suspicion .	31	Struma.	115	117	5 $\frac{3}{4}$ "	2 "	...
29	Do.	42	None	117	113	5 $\frac{3}{4}$ "	...	4 "
30	Acute Mania . . .	50	Do.	100	116	5 $\frac{3}{4}$ "	16 "	...
31	Mon. of Suspicion .	51	Do.	107	99	5 "	...	8 "
32	Do.	21	Do.	106	101	5 "	...	5 "
33	Melancholia . . .	30	Do.	111	127	4 $\frac{1}{2}$ "	16 "	...
34	Mon. of Suspicion .	42	Do.	111	113	4 $\frac{1}{2}$ "	2 "	...
35	Acute Mania . . .	20	Do.	128	124	4 $\frac{1}{2}$ "	...	4 "
36	Do.	39	Do.	124	127	4 $\frac{1}{2}$ "	3 "	...
37	Do.	22	Amenorrhoe	120	122	4 "	2 "	...
38	Hysterical Mania .	25	None	99	114	3 "	15 "	...
39	Melancholia . . .	58	Do.	94	107	3 $\frac{1}{2}$ "	13 "	...
40	Acute Dementia . .	19	Do.	136	142	3 $\frac{1}{2}$ "	6 "	...
41	Melancholia . . .	64	Chr. Bronchitis . .	111	104	3 "	...	7 "
42	Mon. of Suspicion .	20	None	134	126	3 "	...	8 "
43	Mon. of Fear	63	Do.	94	87	3 "	...	7 "
44	Melancholia . . .	57	Asthma	96	99	2 $\frac{1}{2}$ "	3 "	...
45	Acute Mania . . .	27	None	103	115	2 $\frac{1}{2}$ "	12 "	...
46	Melancholia . . .	54	Do.	102	114	2 $\frac{1}{2}$ "	12 "	...
47	Mon. of Suspicion .	25	Phthisis	81	85	2 $\frac{1}{4}$ "	4 "	...
48	Dementia	71	Heart Disease . . .	101	99	2 $\frac{1}{4}$ "	...	2 "
49	Acute Mania . . .	22	None	99	113	2 "	14 "	...
50	Mon. of Suspicion .	47	Do.	104	112	2 "	8 "	...
51	Melancholia . . .	50	Do.	113	121	1 $\frac{3}{4}$ "	8 "	...
52	Do.	24	Epilepsy	129	149	1 $\frac{1}{2}$ "	20 "	...
53	Mania	26	Anæmia	109	104	1 $\frac{1}{2}$ "	...	4 "
54	Mon. of Fear	36	None	100	100	...	...	...
55	Acute Mania . . .	36	Do.	116	129	1 $\frac{1}{4}$ "	13 "	...
56	Do.	36	Do.	121	126	1 $\frac{1}{4}$ "	5 "	...
57	Acute Mania . . .	29	Do.	102	107	1 $\frac{1}{4}$ "	5 "	...
58	Hysterical Mania .	46	Do.	127	121	1 $\frac{1}{4}$ "	...	6 "
59	Acute Mania . . .	38	Struma.	92	93	1 $\frac{1}{4}$ "	1 "	...
60	Do.	35	None	114	108	1 "	...	6 "
61	Acute Mania . . .	47	Do.	95	94	1 "	...	1 "
62	Mon. of Fear	21	Do.	112	111	1 "	...	1 "

Table XIII.—Showing the Seizures of Illness from 1st June, 1868, to 31st May, 1869, with the Meteorological Observations.

Diseases.	June.	July.	August.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March.	April.	May.	TOTAL.
Apoplexy ...	...	...	...	...	...	...	1	1	...	...	...	...	2
Congestive attacks in G. P. } ...	...	...	1	...	1	2	...	...	...	...	...	2	6
Paralysis ...	...	1	...	...	...	...	1	...	...	1	1	...	4
Heart Disease... }	...	...	...	...	1	...	1	...	...	...	...	...	2
Phthisis ...	...	...	...	...	...	1	...	1	1	...	...	...	4
Haemoptysis ...	...	...	...	1	1	...	...	1	...	...	...	...	3
Bronchitis ...	...	...	...	...	3	...	...	1	...	...	...	1	5
Cynanché Tonsillar. } ...	...	...	...	...	...	...	...	...	...	...	1	...	1
Catarrh ...	...	...	...	...	...	...	1	...	...	...	...	...	1
Influenza ...	...	...	...	...	...	...	...	...	1	...	...	1	2
Rheumatism ...	...	...	1	...	...	...	...	1	...	...	1	1	4
Lumbago ...	...	...	...	...	...	...	...	...	...	...	1	...	1
Boils & Carbuncles	...	1	...	...	2	1	1	...	1	2	...	...	8
Erysipelas ...	...	...	...	...	...	...	...	1	...	1	...	...	2
Erythema ...	...	...	...	...	...	...	...	1	...	...	...	1	2
Tuber. Peritonitis	...	...	...	...	...	...	...	...	...	...	...	1	1
Enteritis ...	...	...	...	...	...	...	...	...	...	1	...	...	1
Obstinate Constipation } ...	...	...	...	...	...	...	...	...	...	...	1	...	1
Diarrhoea ...	1	...	2	7	3	3	...	...	...	9	5	2	32
Pyemia ...	...	...	...	...	...	...	...	...	...	...	1	...	1
Total cases of illness }	1	2	4	8	11	7	5	7	3	14	11	10	83
Deaths ...	1	2	1	1	2	2	2	3	3	2	3	5	27
Meteorological Observations.													
Barometer Mean reduced to 32 deg. and sea level ...	30.026	30.065	29.811	29.83	29.782	29.979	29.333	29.808	29.674	29.908	29.946	29.941	
Monthly Range ...	.798	1.	1.05	1.45	.9	1.70	1.35	1.60	1.5	1.5	1.55	1.	
Self Registering Thermometer in Shade—													
Mean ...	54.74	58.84	57.465	52.735	44.345	39.765	44.27	39.48	41.2	37.	45.45	43.7	
Highest ...	68.	80.	78.	74.	58.	60.	52.	49.	56.	49.	68.5	58.	
Lowest ...	41.	42.	42.	39.	29.	29.	28.	22.	30.5	25.	25.5	29.5	
DIRECTION OF WIND													
N. ...	2	1	2	2	1	9	1	2	2	7	2	3	34
N.E. ...	1	2	1	13	3	3	2	2	...	8	3	11	49
E. ...	1	4	4	3	...	...	1	...	...	...	1	5	19
S.E. ...	4	6	4	2	...	3	1	1	...	2	1	7	31
S. ...	2	3	2	...	...	1	5	2	...	2	1	...	18
S.W. ...	7	11	9	3	9	3	12	19	13	1	13	4	104
W. ...	11	2	5	3	5	5	2	2	8	2	5	1	51
N.W. ...	2	2	4	4	13	6	7	3	5	9	4	0	59
Rainfall in inches	.58	.21	5.89	6.5	3.35	.22	7.85	7.15	1.31	.83	2.30	1.67	365 37.86