

Report on the Royal Lunatic Asylum of Montrose for 1870 : instituted 1782.

Contributors

Royal Lunatic Asylum of Montrose.
Walker, David.
Howden, James C.
Coxe, James.

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REPORT

ON THE

ROYAL LUNATIC ASYLUM

OF MONTROSE,

FOR

1870.



INSTITUTED 1782.

MONTROSE:
PRINTED BY GEORGE WALKER, HIGH STREET.

1870.

REPORT

1870

ROYAL LUNATIC ASYLUM



OF MONTROSE

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INSTITUTED 1782

PRINTED BY GEORGE WALKER, HIGH STREET,
MONTROSE.

1870

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LIST OF DIRECTORS.

JUNE, 1870.

- ~~~~~
- The PROVOST and ELDEST BAILIE of MONTROSE.
 The FIRST and SECOND MINISTERS of the Parish of Montrose. } *ex officis.*
- 5 The Right Hon. the Earl of DALHOUSIE, K.T., G.C.B.
 The Right Hon. the Earl of SOUTHESK, K.T.
 W. MACDONALD MACDONALD, Esq. of Rossie.
 Sir JAMES CAMPBELL of Stracathro.
 ALEXANDER PORTEOUS, Esq. of Lauriston.
- 10 THOMAS RENNY TAILYOUR, Esq. of Borrowfield.
 JOHN DUNCAN, Esq. of Sunnyside and Parkhill.
 DAVID LYALL, Esq. of Gallery.
 THOMAS MACPHERSON GRANT, Esq. of Craigo.
 HERCULES SCOTT, Esq. of Brotherton.
- 15 J. DUNCAN INVERARITY, Esq. of Rosemount.
 The Rev. ROBERT MITCHELL, Minister, Craig.
 „ THOMAS MACKINTOSH, do., St. Cyrus.
 „ ALEXANDER FRIDGE, do., Lunan.
 „ ARCH. BUCHANAN, do., Logie-Pert.
- 20 „ WILLIAM NIXON, do., Free St. John's, Montrose.
 „ 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.
 C. H. MILLAR, do.
 DAVID MITCHELL, do.
- 35 CHARLES BIRNIE, do.
 FRANCIS ABERDEIN, do.
 ROBERT COOKE, do.
 JOHN GUTHRIE, do.
 JAMES SAVEGE, do.
- 40 GEORGE C. MYERS, do.
 THOMAS B. PATON, do.
 ROBERT HECTOR, do.
 EDWARD MILLAR, do.
 ROBERT BARCLAY, do.
- 45 CHARLES BURNES, do.
 ALEXANDER MACKIE, do.
 WILLIAM MITCHELL, do.
 JAMES MUDIE, do.
- 49 DAVID SMITH, 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 PICKEMAN*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.				
1870.						
June 1.	To Seats in the Parish Church, ...	£29	10	0		
„	„ Outstanding Boards, ...	144	7	3		
„	„ Old Asylum, ...	2,390	15	7		
„	„ New Asylum, Sunnyside, ...	28,538	10	1		
„	„ Do. Furniture Account, ...	2,684	14	8		
„	„ Superintendent's House, ...	1,218	19	0		
„	„ Carriages and Horses, ...	72	0	0		
„	„ Brechin Gas Company, ...	160	0	0		
„	„ Gayfield House Outlay, ...	60	0	0		
„	„ Household Expenses—Stock on hand, ...	376	18	6		
„	„ Clothing—Stock on hand, ...	234	2	0		
„	„ Farm Stock, ...	391	16	3		
„	„ Balance of Cash, ...	10	12	10		
				£36,312	6	2

		Crs.				
1870.						
June 1.	By the Royal Infirmary, Montrose, ...	£4,000	0	0		
„	„ The Scottish Provincial Institution, ...	10,000	0	0		
„	„ The National Bank of Scotland, ...	2,637	0	0		
„	„ Patients' Work and Recreation Fund, ...	220	0	0		
„	„ Stock, ...	15,604	7	4		
„	„ Sinking Fund, ...	3,746	18	10		
„	„ Sundry Creditors or unpaid Accounts, ...	104	0	0		
				£36,312	6	2

PROFIT AND LOSS ACCOUNT.

REVENUE, ...	£11,004	10	10
EXPENDITURE, ...	9,637	13	1
<hr style="width: 20%; margin-left: auto; margin-right: 0;"/>			
SURPLUS CARRIED TO SINKING FUND, ...	£1,366	17	9

STATE OF NEW YORK
 DEPARTMENT OF THE BORER COMMITTEE
 BALANCE ACCOUNT

OF THE

MONTROSE ROYAL LUTHERAN ASSOCIATION

DATE	DESCRIPTION	AMOUNT
1911	Balance forward	100.00
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MONTROSE ROYAL LUTHERAN ASSOCIATION

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MONTROSE ROYAL LUTHERAN ASSOCIATION

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REPORT OF THE HOUSE COMMITTEE OF THE ASYLUM.

	Males.	Females.	Total.
The number of patients now in the Asylum is,	174	220	394
The number shown last year was.....	169	217	386
Showing an increase of.....	5	3	8
If to this increase be added the transfers made during the year to the new Ayrshire District Asylum.....	5	2	7
The increase on the districts with which Montrose is more immediately connected is shown to have been	10	5	15

There are now no more transfers to New Asylums to be made; but there may be others to new or enlarged Lunacy Wards in Poors' Houses. There is a marked abatement this year in the increase of female patients in the Asylum. The house is not at present over-crowded; but it may be considered full, or nearly so.

No operations of any importance were undertaken last year, and none are at present contemplated. Gayfield House has been found a valuable acquisition to the Institution, not only for its having afforded necessary additional accommodation, but also from its having enabled the Superintendent to receive female patients of a high class at corresponding high rates of board and at great pecuniary advantage to the Institution, and of such patients there are now several under treatment.

The Asylum has been kept up and in repair, and at present it only requires the ordinary and periodical outlay on painting and papering to be in the best condition. The flooring, which in some parts is a good deal worn, will be renewed as it becomes necessary. The farm and grounds continue to afford sufficient outdoor employment for the patients, and there is great improvement shown on both. The supply of milk has, as in former years, been entirely derived from the cows kept on the farm.

The bonded debt of the Institution was, by a resolution of the Board, transferred at Martinmas last from individual bondholders to the Scottish Providential Insurance Company, thereby placing it on a more permanent basis, less liable to disturbance. The terms of the arrangement are that the debt shall carry interest at one-half per cent. above the current rate paid on the best landed security; but that it shall in no case rise above 5 per cent., nor fall below 4 per cent.; and provision is made for paying off the debt as may be convenient for the Board, by instalments of not less than £1000 on six months' notice.

The Asylum has only once this year been inspected by a Medical Member of the General Lunacy Board, and his report, which was of the usual satisfactory character, was engrossed in the Minutes of your Board, and will form a part of the printed Annual Report of the Institution.

The House Committee have throughout the year continued their weekly visits to Sunnyside; and they have pleasure in bearing testimony to the ability displayed by Dr Howden in all the internal arrangements of the Asylum, and to the assiduity of his subordinate officers in carefully performing their several duties.

The grateful acknowledgements of the Board are due to the Misses Carnegie for their great kindness in having again garnished the patients' Christmas Tree with an abundance of useful articles highly prized by them; and also for Concerts by the Old Church Choir, the Montrose Saw Miller's Musical Association, and Messrs Addison and Boyek with a party of their friends; for lectures by the Rev. Archibald Buchanan, and the Rev. James M'Lure. The Committee have also to record their thanks to Mr C. H. Millar, Mr A. Morison of Largham, and Dr Howden, for having presented to the Asylum, a number of interesting volumes conform to list produced.

DAVID WALKER, Convener.

REPORT BY SIR JAMES COXE, COMMISSIONER IN LUNACY.

Royal Asylum, Montrose, November 17, 1869.

The following are the changes among the patients since the visit of 5th May :—

	Private.		Pauper.		Total.
	M.	F.	M.	F.	
Admission	6	3	21	37	67
Discharges	2	8	10	20	40
Deaths	3	2	7	9	21

These figures shew an increase of 6 in the numbers resident, notwithstanding the withdrawal of the patients chargeable to the Ayr District. This result shews little prospect of any diminution in the pressure for accommodation unless through the extension of the Asylum of Dundee. Of the 58 parochial patients admitted, 9 were chargeable to Dundee, 6 to Liff and Benvie, and no less than 11 to Montrose. Of those remaining, 9 came from Caithness, 3 from Shetland, and 20 from the landward parishes of Forfar and Kincardine.

The influence of proximity is seen in the large number sent in by the parish of Montrose, from a population of about 15,000; and when it is borne in mind that this contingent is furnished by the pauper population alone, the seriousness of the question will become apparent whether it is merely by the constant extension of Asylums that the increase of the pauper lunacy should be met; or whether we should not endeavour, by the better education of the people, and by more attention to physical exercise and sports, to check the evil at its roots. Even when admitted, a very large proportion of the patients are already incurable; nothing can be done for them beyond keeping them clean and relieving their physical wants.

Of the patients discharged, 25 had recovered, 9 were transferred to other establishments, 4 were removed by minute of parochial boards, and 2 were taken home.

Of the patients who died, 5 were admitted in 1869, 5 in 1868, 2 in each of the years 1867, '66, and '65, and 5 in earlier years. The cause of death was tubercular disease in 7 cases; brain disease in 3, pulmonary disease in 3, and affections of varying character in 5. The average age at death was 50 years.

Since last visit, the accommodation has been extended by the opening of Gayfield House. It is at present occupied by six ladies, but it is capable of receiving a few more; and it is in contemplation to convert one of the

offices into a small dormitory for three male patients and an attendant, who would be principally employed in tending the grounds. It is also in contemplation to convert a further portion of the Asylum offices into accommodation for patients; and when this has been done, the possibility of further extension without building will be exhausted. The uncertainty as to the proceedings of the Directors of the Dundee Asylum necessarily impedes the action of the Montrose Directors; but should an imperative necessity arise for building, it would be well to consider whether room should not in the first instance be provided by building a detached chapel and amusement room, and converting the hall which at present serves for this twofold purpose, and which has become too small for the wants of the Institution, into a dormitory.

The house was, as usual, in excellent order; but there was an appearance of crowding in several of the dormitories; and with the view of showing at once the amount of cubic space allowed to each patient, it would be well to affix the measurements of each room on the door, or in some conspicuous place. In several parts, painting, varnishing, or papering is becoming necessary. Several of the floors have recently been re-laid in an improved manner, and some modifications have been made in the accommodation by sub-dividing the corridors above the sick-rooms, and enlarging the day-rooms in connection with them. The domestic servants now occupy the rooms formerly used as workshops in the basement; and consequent on this change, it was found desirable to erect coal sheds in the central courts, as the coal dust from the former cellars found its way along the basement corridor. Heating and ventilation are adequately attended to. Modifications calculated to improve the lavatory and bathing accommodation are being undertaken as occasion offers; and there is everywhere displayed a watchful consideration of the comforts of the patients. Several of the females who objected to bathing in the general bath-room are permitted to use the baths in the galleries, and arrangements are being made to secure more privacy in the general bath-rooms by screens or curtains.

In both departments, there was an absence of all noise or excitement. Both sexes were comfortably clothed, and were clean in person and dress. The bedding was sufficient and in good order. Twenty-five males and 26 females are raised by the night attendants, and the number of wet beds average about 7 for the former and 4 for the latter.

Considering the large proportion of patients whose physical constitution is utterly broken down, that 19 males and 12 females are Epileptic, and that 15 males and 6 females are Paralytic, this result cannot be regarded but as satisfactory. All the patients who are physically able, take exercise beyond the airing courts, with the exception of 5 females. One male and 7 females wear locked boots, and 7 males and 2 females use quilted blankets. Since last inspection, the straight waistcoat was used in the case of a female on four successive days, for surgical reasons. There has been no recourse to seclusion, the solitary case entered in the register under this head referring to the experimental use of chloroform

for half an hour in epileptic excitement, and not to seclusion in the usual sense of the term. The numbers industrially employed are 103 males and 135 females. Of the former, 78 are occupied in the work of the farm ; but there is still room for extension in the employment of both sexes on the land, and no opportunity should be lost in adding to it.

Judiciously managed, an extensive farm should prove at the same time a benefit to the patients and an advantage to the Institution.

Of the females, 67 are engaged in sewing, knitting, and darning ; 12 in mattress making ; and 56 in the work of the laundry, kitchen, and house.

If the way could be seen to allow the patients some pecuniary consideration for their labour, not necessarily for mere personal expenditure, but to defray the cost of excursions, entertainments, articles of ornamental furniture, &c., the result, judging from the success of similar experiments elsewhere, would be to excite to greater industry and to infuse a spirit of emulation in the decoration and neatness of the different galleries.

Great and persistent attention is given to amusement and recreation ; and every evening in the week has its allotted entertainment. Divine service is attended by about 120 males and 110 females.

During the summer, considerable inconvenience was experienced from scarcity of water, arising not from any deficiency in the supply, but from some defect in the pipes. This has now been remedied.

The food served during the visit was of excellent quality, in good season, and well cooked. The dishes are all of earthenware.

Four accidents of a more or less serious character have occurred since last visit, but none involving blame to the staff or loss of life to the patients.

The Registers are carefully kept.

JAMES COXE, Commissioner in Lunacy.

MEDICAL SUPERINTENDENT'S REPORT

FOR THE YEAR 1869-70.

Table I.—Shewing the Admissions, Re-admissions, Discharges, and Deaths, during the Year 1869-70.

	Males.	Females.	Total.
In Asylum on 31st May, 1869,	169	217	386
Admitted for the first time during the year, ...	41	61	102
Re-admitted during the year,	9	9	18
Total treated during the year, Discharged and dead—	219	287	506
Recovered, ...	17	35	52
Relieved, ...	2	4	6
Not Improved, ...	10	6	16
Dead, ...	16	22	38
	45	67	112
Remaining in Asylum on 31st May, 1870,	174	220	394
Average number resident during the year,	172·76	217·56	

The number of patients treated in the Asylum during the past year was 506, of whom 219 were men and 287 women. One hundred and twelve were removed from the Register, 52 being recovered, 6 relieved, 16 not improved, and 38 dead. The daily average numbers resident were 173 men and 217 women; and there remained on 31st May 174 men and 220 women, shewing an increase of 5 men and 3 women since the corresponding date in 1869.

ADMISSIONS.

As in former years, the number of women admitted from Forfarshire greatly exceeded the men, there being 52 of the former and only 26 of the latter. The number of male admissions from other districts, however, exceeded the females; and a large proportion of women have recovered or died, so that the relative number of each sex remains much as it was at the end of the preceding year. Sixty-three of those admitted were considered to be curable, and 57 incurable. Forty-one were found to labour under bodily disease on admission. Of these, 10 had Paralysis, 12 Epilepsy, 6 Consumption, 5 Heart Disease, and one Syphilis. The proportion of young patients admitted was large, 8 being under 20 years.

A boy of 14 presented very singular delusions for one so young. He maintained that he was Adam, born again into the world. He said that after having been so long dead, he could not be expected to recall the particulars of his previous existence; but he admitted that it was quite true that he had eat the forbidden fruit, adding quaintly that it was very easy for people to blame him for eating the apples, but that anybody would have done the same thing who had had the chance. The lad is an epileptic; and his case illustrates a curious fact in connection with this disease, viz., that it is very frequently accompanied by an exaltation of the religious sentiment, or by the presence of religious delusions.

The number of patients brought to the Asylum, apparently for the sole object of being nursed on their death-bed, was very large. Indeed, it is becoming a practice daily more common to place in the Asylum persons who, from bodily disease or old age, have become imbecile and who really require nothing but nursing during the short remnant of their lives. The fact that these cases are almost invariably brought from localities within a short distance of the Asylum, indicates the probability that they are sent there merely to rid their relatives or guardians of the trouble of attending to them at home. Seven patients of this class, who were admitted during the year, have already died, and others remain who must inevitably add to the mortality of the ensuing one.

RECOVERIES.

The proportion of recoveries to the total number of admissions during the year was 43·3 per cent., or 34 per cent. of the men and 50 per cent. of the women. Deducting, however, the 57 patients who were registered as incurable on admission, the ratio of recoveries on the curable cases is as high as 77 per cent. of the men and 85 per cent. of the women.

The mode of calculating the recoveries on the total number of admissions into an Asylum gives very little idea as to the curability of recent insanity, or as to the efficiency or inefficiency of treatment. It is notorious that a large proportion of persons placed in Asylums are sent there, not for the purpose of cure, but for safe keeping. Epileptics, Paralytics, Idiots, Dements, and Chronic Monomaniacs, in whom there is not the remotest chance of recovery, bulk largely in the annual admissions, and their proportion to the curable cases, of course, affects the ratio of recoveries. To obtain statistics of any value on this point, every patient should be registered on admission as curable or incurable by the medical officer. Of course his prognosis will not be invariably correct; but if the benefit of a doubt be given to the curable column, the truth will be arrived at pretty closely as to incurability. During the past twelve years, I have thus registered the condition of the patients, and I find the result as follow:—360 men and 572 women were considered curable on admission; while 401 men and 432 women were incurable. During the same period, there have been discharged recovered, 337 men and 357 women. It thus appears

that of the curable cases, 93·6 of every 100 men recovered, and 62·4 of every 100 women, the average of both sexes being 74·4. Several important conclusions may be drawn from these figures. In the first place, it will be seen that a larger proportion of men than women (10 per cent.) have been placed in the Asylum labouring under incurable forms of disease. This is probably to be explained by the greater frequency of epilepsy, paralysis, and organic disease of the brain in the male sex. Again, it will be seen that 31 per cent. more men than women recovered of the curable cases, or in other words, that 6·4 of every 100 men remains to be accounted for as dead, remaining, or removed uncured, while no fewer than 37·6 of every 100 women admitted must have passed into either of these categories. Why this difference in the proportion of recoveries between the sexes should exist, I confess I am quite unable to explain. While it is evident that insanity is, in its early or acute stage, a very curable disease, it must also be apparent from these statistics that the rapid accumulation of chronic cases in Asylums arises from the large proportion of them annually admitted, and not from the retention of patients at first curable, but whose disease has become chronic. Thus, during twelve years, of 932 curable cases admitted, only 238 were discharged relieved, not improved, died, or are still resident; while the 832 incurable cases admitted must all be accounted for in one of these ways.

Persons labouring under chronic or incurable insanity are sent to Asylums because they are dangerous, or in some way inconvenient to society; and unless some marked change takes place in their habits and propensities, a great responsibility rests with the Medical Superintendent in again setting them at liberty. This may explain why the Commissioners in Lunacy find that the annual certificate required by the last Lunacy Amendment Act has failed in stemming the accumulation of chronic cases in Asylums. So long as Asylums are used for the reception of chronic cases, so long must this tendency to accumulate go on, and the evil, if evil it be, is caused by those who send them.

Of the 16 patients removed uncured during the past year, 8 were transferred to other Asylums, 5 to the Lunatic Wards of a Poorhouse, and 6 to the care of their relatives. One of the latter had been an inmate of the Asylum for no less than 40 years.

The few remaining Ayr patients removed were the last of the Paupers who were chargeable to Districts having no contract with the Asylum.

DEATHS.

Thirty-eight persons died during the year; and the death rate on the daily average of residents was 9 per cent. among the men and 10 per cent. among the women.

This is a higher mortality than we have had for three years previously, and is due, I believe, mainly to the more severe winter. It will be seen from Table XIII. that the causes of death were, Diseases of the Nervous System in 14 instances, Diseases of the Heart and Lungs in 7, Diseases of the Intestines in 6, and other causes in 6. Table IX. shows the state

of the bodily health at the time of admission of those who died during the year. Nine had been in apparent good health, 5 in indifferent, and 23 in bad while the state of one was unknown.

Of those who were in bad health on admission, 6 had Paralysis, 5 had Epilepsy, 5 Consumption, 2 Heart Disease, 1 Cancer of the Brain, and 4 Anæmia. One of the women who died had been an inmate of the Asylum for 34 years.

As in former years, it has been found that the most severe and fatal cases of Diarrhœa and Dysentery have occurred in winter and during cold weather. The first case appeared in September in a patient labouring under Tuberculosis, and the last death from this cause took place on the 1st February. It has been frequently observed that these outbreaks of bowel-complaint are confined to one ward or one division of the house. This year, all the patients were females, and resided either in the sick ward or in another ward where feeble patients of wet habits reside. So constant has this been the case, that I have been led to suspect that the noxious effluvia from the sick may spread the disease to those hitherto unaffected. On looking back into the circumstances of the last epidemic, something like this has been noticed. A patient in the advanced stage of Phthisis is seized with severe bowel-complaint when the cold weather sets in, she is placed in a bed-room by herself, continues severely ill for a week or a fortnight, when she dies; the room is carefully cleaned and fumigated, but within one or two days, some aged or feeble patient is put to sleep in the same room, and in a few days is likewise seized and dies, and perhaps a third has the same fate. Since this probable explanation occurred to me, I have made it a rule that no patient shall be placed in a room where another has died within eight days of the death. Since this rule has been acted on, no more severe cases of bowel-complaint have occurred; this may of course be a mere coincidence, and it will require longer experience to test the value of the precaution. If it is the case that emanations from the lungs, the skin, or the defections of Phthisical or other unhealthy patients be the means of communicating disease, it may help to explain an observation of the Commissioners in Lunacy, that in Asylums where a large proportion of the patients sleep in associated dormitories, the mortality is high; but the very use of single rooms may also be the means of spreading sickness. All the patients who suffered severely from Diarrhœa last year slept habitually in single rooms with three exceptions.

WEIGHT OF PATIENTS.

Table XIV. shows the form of insanity, age, state of physical health, and weight on admission of such patients as could be weighed, and also the weight on discharge of such as had left, and on 31st May, of those who remained, with the length of residence and mental condition at the second weighing.

By reference to the columns shewing the difference in weight, it will be observed that 71 had gained in weight, 20 had lost, while one had

remained stationary. Of the patients who had recovered, 18 had gained in weight, on an average, 16 lbs., one had lost 1 lb., and one 3 lbs. Of those who had improved, 25 had gained an average of 11 lbs. and 5 had lost. Of the latter, four had just recovered attacks of mania, during which, as I shewed in a former report, the patient rapidly loses weight; the fifth, though mentally improved, had fallen into Phthisis. Of the 20 patients who had lost in weight, 13 were either stationary or had deteriorated mentally, and had lost, on an average, 13 lbs. These results confirm previous observations, that restoration to sanity, or more partial mental improvement, is almost invariably accompanied by an increased weight of the body (see Table XV.); and that when an insane patient is found to be losing weight, there is also mental deterioration, except when the cause of the loss is the existence of manical excitement or of some bodily disease.

ACCOMMODATION.

No patient has been refused admission during the year from our own districts; and as according to present arrangements there are vacant beds, I hope that no additional accommodation will be required during the ensuing year. One of the new cottages on the farm has been occupied by nine female patients under charge of an attendant with very satisfactory results. The patients evidently enjoy the quiet and liberty of their new residence, and do not experience that feeling of dependence which has often been noticed in those boarded with cottagers, and which has caused many to prefer returning to the wards of the Asylum, to living in family with strangers. We have now two houses of this description—Gayfield for the use of ladies, and the cottage on the farm for the poorer patients; and if at any future time additional accommodation was needed, I would suggest that some of the associated dormitories in the Asylum might be divided into single bed-rooms, and small separate houses erected for the quieter patients, especially for such as are out-door workers. These houses might be built at a cost of £15, or at most, £20 per patient, and one attendant might take charge of 15 or 20 patients.

CONCLUSION.

The condition of the Asylum is, on the whole, satisfactory. The buildings have been kept in good condition; a more sufficient supply of water has been obtained; the steam and hot water apparatus have been put into thorough repair; and the farm, garden, and grounds are rapidly increasing in productiveness and beauty.

I have much pleasure in acknowledging the valuable services of the various officers who have, without exception, performed their duties to my satisfaction; and have to thank the House Committee for their continued kindness and support in the superintendence of the establishment.

JAMES C. HOWDEN.

TABLES.

Table II.—Showing Admissions, Re-admissions, Discharges, and Deaths from 31st May, 1857, to 1st June, 1870.

		Males.	Females.	Total.
Persons Resident on 31st May, 1857	...	107	144	251
Persons since admitted for the first time	...	695	915	1610
Persons since re-admitted	82	123	205
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Total cases treated during the 13 years	...	884	1182	2066
Discharged or removed—				
		Males.	Females.	Total.
Recovered	...	250	378	628
Relieved	68	99	167
Not improved	...	164	201	365
Escaped	1	0	1
Not insane	1	0	1
Died	226	284	510
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		710	962	1672

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

	ADMITTED.				DEAD.		
	Males.	Females.	Total.		Males.	Females.	Total.
Under 20 years	7	1	8	...	0	0	0
From 20 to 30 years	9	18	27	...	2	3	5
„ 30 to 40 „	11	15	26	...	4	6	10
„ 40 to 50 „	4	14	18	...	0	1	1
„ 50 to 60 „	12	12	24	...	5	5	10
„ 60 to 70 „	5	7	12	...	4	2	6
„ 70 to 80 „	2	3	5	...	1	4	5
„ 80 to 90 „	0	0	0	...	0	1	1
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	50	70	120		16	22	38

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

	ADMITTED.				DEAD.		
	Males.	Females.	Total.		Males.	Females.	Total.
June	6	2	8	...	2	2	4
July	5	5	10	...	3	2	5
August	2	7	9	...	1	1	2
September	4	9	13	...	0	0	0
October	5	7	12	...	1	3	4
November	3	6	9	...	1	0	1
December	4	5	9	...	0	2	2
January	6	4	10	...	3	3	6
February	2	2	4	...	1	2	3
March	5	10	15	...	1	3	4
April	5	7	12	...	2	1	3
May	3	6	9	...	1	3	4
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	50	70	120		16	22	38

Table VI.—Showing the History of the Annual Admissions since 1st June, 1857, with the Discharges and Deaths, and the number of each year remaining on 31st May, 1870.

Year.	Admitted.		Relapsed Cases.		Total.	Recovered.			Relieved.			Not Improved.			Died.			Total Discharged and Died of each year's Admissions.			Remaining of each Year's Admissions.											
	M.	F.	M.	F.		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.									
Previous to May 31, 1857.																																
1857-58	32	50	3	3	88				1	1																						
1858-59	36	43	7	12	98				10	17																						
1859-60	105	118	2	1	226				14	22																						
1860-61	81	121	4	13	219				43	46																						
1861-62	90	154	11	11	266				23	49																						
1862-63	70	73	7	6	156				35	56																						
1863-64	56	78	11	12	157				16	25																						
1864-65	33	41	3	13	90				19	26																						
1865-66	38	30	3	11	82				13	18																						
1866-67	41	32	5	11	89				13	18																						
1867-68	42	53	10	7	112				21	11																						
1868-69	30	61	7	14	112				7	17																						
1869-70	41	61	9	9	120				9	16																						
TOTAL	695	915	82	123	1815	17	35	52	2	4	6	10	6	16	16	22	38	236	353	589	70	90	160	144	177	321	179	247	426	157	180	337

Table VII.—Showing the Curable and Incurable admitted during the Year.

	Males.	Females.	Total.
Curable	22	41	63
Incurable	28	29	57
	—	—	—
	50	70	120

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

	Males.	Females.	Total.
Aberdeen	2	1	3
Caithness	8	2	10
Edinburgh	2	3	5
Forfar	26	52	78
Fife	1	1	2
Haddington	2	0	2
Kincardine	2	9	11
Lanark	3	0	3
Shetland	2	2	4
Perth	1	0	1
York	1	0	1
	—	—	—
	50	70	120

Table IX.—Showing the Bodily Condition on Admission of those who Died from 1st June, 1869, to 31st May, 1870, inclusive.

	Males.	Females.	Total.
Good	5	4	9
Indifferent	0	5	5
Bad	11	12	23
Unknown	0	1	1
DISEASES.			
Phthisis	5	4	5
Paralysis	5	1	6
Epilepsy	3	2	5
Cardiac Disease	0	2	2
Cancer of Brain	1	0	1
Anæmia	1	3	4
	—	—	—
Total	10	19	22

Table X.—Showing the Bodily Condition and Diseases of those admitted.

	Males.	Females.	Total.
Good	25	25	50
Indifferent	13	30	43
Bad	12	15	27
	—50	—70	—120
DISEASES.			
Paralysis	8	2	10
Epilepsy	8	4	12
Phthisis Pulmonalis	2	4	6
Cardiac Disease	3	2	5
Delirium Tremens	2	0	2
Ulcers of Leg	1	0	1
Anæmia	0	1	1
Typhoid Fever	0	1	1
Bedsore	2	0	2
Syphilis	0	1	1
	—	—	—
	26	15	41

Table XI.—Showing Condition as to Marriage of those admitted.

	Males.	Females.	Total.
Single	26	43	69
Married	19	19	38
Widowed	5	8	13
	50	70	120

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

	RECOVERED.			DEAD.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 2 weeks	1	0	1	2	0	2
" 3 "	0	0	0	0	1	1
" 1 month	0	1	1	0	0	0
" 2 "	3	2	5	0	0	0
" 3 "	1	3	4	1	3	4
" 4 "	1	2	3	2	3	5
" 5 "	1	2	3	1	0	1
" 6 "	2	4	6	0	0	0
" 7 "	0	5	5	0	2	2
" 8 "	0	4	4	0	1	1
" 9 "	1	3	4	0	0	0
" 10 "	1	0	1	0	0	0
" 11 "	1	2	3	1	0	1
" 1 year	0	3	3	1	0	1
" 2 "	2	4	6	5	4	9
" 3 "	1	0	1	1	1	2
" 4 "	1	0	1	1	2	3
" 5 "	0	0	0	0	0	0
" 6 "	0	0	0	0	1	1
" 7 "	1	0	1	1	0	1
" 8 "	0	0	0	0	3	3
" 9 "	0	0	0	0	0	0
" 10 "	0	0	0	0	0	0
" 34 "	0	0	0	0	1	1
Total	17	35	52	16	22	38

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

	Males.	Females.	Total.
Cerebral and Spinal Diseases—			
Paralysis	3	0	3
Cancer of Brain	1	0	1
Organic Disease of the Brain	2	2	4
Epilepsy	2	1	3
Maniacal Exhaustion	2	1	3
Thoracic Diseases—			
Phthisis Pulmonalis	1	1	2
Gangrene of Lungs	1	0	1
Pulmonary Abscess	1	0	1
" Apoplexy	1	0	1
Heart Disease	0	2	2
Abdominal Diseases—			
Diarrhœa	0	5	5
Obstruction of the Bowels	0	1	1
Other Causes—			
Tuberculosis	1	1	2
Caries of Cervical Vertebra	0	1	1
Erysipelas	1	0	1
Senile Decay	1	1	2
	16	17	33

Post-mortem examinations were made in 31 instances.

Table XIV.—Showing Weight on Admission and on Discharge or on 31st May.

MALES.									
No. in Register.	Form of Insanity.	Age.	Physical Disease on Admission.	Weight in lbs. on Admission.	Weight in lbs. on Discharge or on 31st May.	Months Resident	Gain in lbs. wt.	Loss in lbs wt.	Mental state on Discharge or on 31st May
1632	Mania.	23	None.	126	138	11 $\frac{3}{4}$	12	...	Improved
1633	Mania.	53	Do.	173	131	11 $\frac{1}{4}$	...	42	Not impd.
1637	Imbecility.	18	Do.	114	118	11 $\frac{1}{4}$	4	...	Do. do.
1638	Imbecility.	16	Do.	121	125	7 $\frac{3}{4}$	4	...	Do. do.
1642	Mona. of Suspicion.	35	Do.	197	112	10 $\frac{1}{2}$	5	...	Do. do.
1644	Del. Tremens.	35	Del. Tremens.	131	132	1 $\frac{1}{4}$	1	...	Recovered
1647	Mania.	22	Ulcer of Leg.	116	145	5 $\frac{3}{4}$	29	...	Recovered
1648	Epil. Mania.	32	Epilepsy.	160	145	10	...	15	Not impd.
1649	Mona. of Suspicion.	38	Heart Disease.	121	143	10	22	...	Improved
1653	Melancholia.	56	None.	148	158	9 $\frac{1}{4}$	10	...	Do. do.
1654	Mona. of Suspicion.	55	Do.	116	130	9	14	...	Not impd.
1659	Melancholia.	17	Do.	136	135	7 $\frac{1}{4}$	...	1	Recovered
1667	Gen. Paresis.	53	Gen. Paresis.	176	175	8	...	1	Not impd.
1668	Melancholia.	25	Albuminuria.	131	171	3 $\frac{1}{4}$	40	...	Recovered
1675	Orgc. Dementia.	56	Bed Sores.	117	119	7 $\frac{1}{4}$	2	...	Improved
1676	Epil. Mania.	22	Epilepsy.	162	187	4 $\frac{3}{4}$	25	...	Recovered
1677	Mona. of Suspicion.	43	None.	159	166	7	7	...	Improved
1680	Epil. Mania.	30	Epilepsy.	153	113	7	...	40	Not impd.
1681	Melancholia.	63	None.	133	141	2 $\frac{1}{4}$	8	...	Recovered
1688	Orgc. Dementia.	51	Cereb. softening.	130	160	6	30	...	Not impd.
1692	Epil. Mania.	34	Epilepsy.	114	118	6	4	...	Do. do.
1693	Mona. of Suspicion.	29	None.	122	124	5 $\frac{1}{2}$	2	...	Do. do.
1694	Imbecility.	44	Do.	125	122	5 $\frac{1}{2}$	...	3	Do. do.
1696	Melancholia.	50	Do.	118	114	5	...	4	Do. do.
1699	Orgc. Dementia.	65	Gen. Paresis.	157	153	5	...	4	Improved
1702	Epil. Mania.	22	Epilepsy.	178	194	4 $\frac{3}{4}$	16	...	Not impd.
1705	Mania.	63	None.	151	146	3 $\frac{3}{4}$	...	5	Improved
1710	Acute Mania.	17	Do.	142	157	4	15	...	Do. do.
1711	Melancholia.	18	Do.	135	136	4	1	...	Do. do.
1713	Gen. Paresis.	30	Gen. Paresis.	148	152	3 $\frac{1}{4}$	4	...	Not impd.
1715	Gen. Paresis.	50	Gen. Paresis.	118	134	3	16	...	Do. do.
1719	Mona. of Suspicion.	21	Phthisical.	100	85	2 $\frac{1}{2}$	...	15	Do. do.
1723	Del. Tremens.	35	Del. Tremens.	166	168	2	2	...	Recovered
1725	Acute Mania.	22	None.	112	104	2	...	8	Improved
1727	Epil. Insanity.	77	Epilepsy.	127	137	2	10	...	Improved
1729	Orgc. Dementia.	35	None.	115	117	1 $\frac{3}{4}$	2	...	Not impd.
1731	Mania.	46	Do.	140	137	1 $\frac{1}{2}$	...	3	Recovered
1733	Melancholia.	57	Do.	142	146	1 $\frac{1}{4}$	4	...	Improved
1737	Melancholia.	54	Do.	163	159	1 $\frac{1}{4}$	...	4	Not impd.
1738	Imbecility.	39	Do.	104	109	1 $\frac{1}{4}$	5	...	Do. do.
1740	Mona. of Suspicion.	24	Do.	118	123	1	5	...	Improved
1743	Dementia.	67	Bed Sores.	116	116	$\frac{3}{4}$	...	...	Not impd.

FEMALES.

No. in Register.	Form of Insanity.	Age	Physical Disease on Admission.	Weight in lbs. on Admission.	Weight in lbs. on Discharge or on 31st May.	Months Resident	Gain in lbs. wt.	Loss in lbs. wt.	Mental state on Discharge or on 31st May.
1640	Mania.	21	None.	127	132	10	5	..	Not impd.
1650	Acute Mania	55	Do.	87	106	9	19	...	Do. do.
1651	Acute Mania	64	Do.	94	82	9	...	12	Do. do.
1652	Melancholia	47	Do.	117	123	3	6	...	Improved
1655	Imbecility.	50	Do.	106	140	9	34	...	Do. do.
1656	Mona. of Suspicion.	22	Do.	80	96	8	16	...	Do. do.
1657	Mona. of Suspicion.	35	Do.	113	122	3	9	...	Improved
1658	Mona. of Suspicion.	45	Do.	80	92	7	12	...	Recovered
1661	Orgc. Dementia.	41		94	105	8	11	...	Not impd.
1663	Melancholia.	36	Do.	83	99	8	16	...	Do. do.
1664	Mona. of Suspicion.	35	Do.	83	91	8	8	...	Do. do.
1665	Acute Mania.	20	Do.	117	104	8	...	13	Improved
1666	Mona. of Suspicion.	60	Do.	136	141	3	5	...	Recovered
1669	Acute Mania.	24	Do.	123	155	7	32	...	Recovered
1670	Melancholia.	40	Do.	104	124	5 ³ / ₄	20	...	Do. do.
1672	Melancholia.	31	Do.	118	124	8	6	...	Not impd.
1673	Acute Mania.	23	Do.	122	142	7	20	...	Improved
1674	Acute Mania.	43	Typhoid Fever.	119	137	5	18	...	Recovered
1678	Melancholia.	32	None.	97	100	6	3	...	Do. do.
1679	Acute Mania.	28	Do.	112	131	5	19	...	Do. do.
1682	Acute Mania.	24	Do.	128	136	5 ³ / ₄	8	...	Do. do.
1683	Melancholia.	39	Do.	86	90	7	4	...	Not impd.
1685	Acute Mania.	21	Do.	74	105	1	31	...	Recovered
1686	Melancholia.	33	Do.	102	118	3 ³ / ₄	16	...	Do. do.
1690	Mona. of Pride.	23	Do.	118	125	6	7	...	Not impd.
1691	Mona. of Suspicion.	26	Do.	118	100	6	...	18	Do. do.
1695	Orgc. Dementia.	55	Do.	175	181	5 ³ / ₄	6	...	Improved
1697	Mania.	21	Do.	116	120	5	4	...	Do. do.
1698	Mona. of Suspicion.	61	Do.	93	109	5	16	...	Not impd.
1700	Acute Mania.	23	Syphilis.	91	115	5	24	...	Improved
1701	Mona. of Suspicion.	42	None.	119	128	5	9	...	Do. do.
1703	Acute Mania.	47	Do.	99	108	4 ³ / ₄	9	...	Not impd.
1704	Acute Mania.	69	Do.	130	126	4 ³ / ₄	...	4	Improved
1707	Acute Mania.	20	Do.	128	120	4	...	8	Not impd.
1712	Acute Mania.	50	Do.	117	132	1 ¹ / ₂	15	...	Recovered
1714	Dementia.	37	Do.	100	116	3 ¹ / ₄	16	...	Not impd.
1716	Mona. of Suspicion.	60	Do.	134	155	2 ³ / ₄	21	...	Improved
1718	Melancholia.	25	Do.	87	94	2 ¹ / ₂	7	...	Do. do.
1720	Melancholia.	68	Do.	181	190	2 ¹ / ₄	9	...	Recovered
1721	Epil. Mania.	27	Epilepsy.	103	114	2 ¹ / ₄	11	...	Not impd.
1722	Melancholia.	50	None.	105	108	2 ¹ / ₄	3	...	Improved
1726	Melancholia.	27	Do.	101	111	2	10	...	Not impd.
1728	Mona. of Suspicion.	32	Do.	117	140	2	20	...	Do. do.
1730	Mona. of Suspicion.	49	Do.	96	91	2	...	5	Do. do.
1734	Chronic Mania.	44	Do.	94	103	1 ¹ / ₂	9	...	Do. do.
1735	Mona. of Suspicion.	40	Do.	108	110	1 ¹ / ₂	2	...	Improved
1736	Melancholia.	70	Do.	100	106	1 ¹ / ₄	6	...	Do. do.
1739	Acute Mania.	36	Do.	101	100	1	...	1	Not impd.
1741	?	23	Do.	99	109	1	10	...	Improved
1742	Acute Mania.	27	Do.	103	114	1	11	...	Do. do.

Table XV.—Weight on Admission and on Discharge of those Recovered.

M A L E S.							
No. in Register.	Form of Insanity.	Age.	Weight in lbs. on Admission	Weight in lbs. on Discharge.	Months Resid'nt	Gain in lbs. wt.	Loss in lbs. wt.
1636	Acute Mania.	64	132	*	5	...	...
1494	Do.	30	119	132	21	13	...
1621	Do.	21	142	186	11	44	...
1533	Do.	46	140	142	22	2	...
1731	Do.	46	140	137	1 $\frac{3}{4}$	...	3
1681	Melancholia.	63	133	141	2 $\frac{1}{4}$	8	...
1668	Do.	25	131	171	3 $\frac{1}{4}$	40	...
1647	Do.	22	116	145	5 $\frac{3}{4}$	29	...
1659	Do.	17	136	135	7 $\frac{1}{4}$	...	1
1118	Do.	*	*	*	62	...	...
1619	Mona. of Suspicion.	45	173	171	2	...	2
1568	Do.	27	151	163	9	12	...
1275	Do.	*	*	*	44	...	...
1421	Do.	52	140	152	30	12	...
1644	Del. Tremens.	35	131	132	$\frac{1}{2}$	1	...
1723	Do.	35	166	168	2	2	...
1676	Epil. Mania.	22	162	187	4 $\frac{3}{4}$	25	...
F E M A L E S.							
1570	Acute Mania.	42	117	114	7	...	3
1547	Do.	30	94	121	10	27	...
1580	Do.	20	128	129	7	1	...
1537	Do.	68	114	112	13	...	2
1645	Do.	38	98	*	2	...	...
1582	Do.	39	124	126	9	2	...
1588	Do.	22	120	136	8	16	...
1598	Do.	27	103	125	7	22	...
1682	Do.	24	128	136	$\frac{3}{4}$	8	...
1631	Do.	28	100	112	6	12	...
1685	Do.	21	74	105	1	31	...
1625	Do.	36	119	128	7	9	...
1611	Do.	36	100	126	8	26	...
1538	Do.	39	114	145	17	31	...
1605	Do.	26	109	*	10	...	...
1679	Do.	28	112	131	5	19	...
1674	Do.	43	119	137	5	18	...
1617	Do.	38	92	112	11	20	...
1712	Do.	50	117	132	1 $\frac{1}{2}$	15	...
1613	Do.	36	121	137	12	16	...
1669	Do.	24	123	155	7	32	...
1628	Melancholia.	48	122	126	2 $\frac{1}{4}$	4	...
1486	Do.	50	128	124	20	...	4
1592	Do.	19	136	127	7	...	9
1634	Do.	28	*	*	6	...	...
1566	Do.	29	117	149	14	32	...
1670	Do.	40	104	124	5 $\frac{3}{4}$	20	...
1686	Do.	33	102	116	3 $\frac{3}{4}$	16	...
1678	Do.	32	97	100	6	3	...
1720	Do.	68	181	190	2 $\frac{1}{4}$	9	...
1630	Mona. of Suspicion.	51	90	100	2 $\frac{1}{2}$	10	...
1666	Do.	60	136	141	3	5	...
1594	Do.	20	134	*	12	...	...
1658	Do.	45	80	92	7	12	...
1641	Puerp. Mania.	19	*	*	6	...	...

* These patients were not weighed.

Table XVI.—Showing the Seizures of Illness from 1st June, 1869, to 31st May, 1870, with the Meteorological Observations.

Diseases.	June	July.	August.	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	March.	April.	May.	Total.
Apoplexy ...	1	...	...	...	...	...	...	...	...	...	...	...	1
Congestive at- tacks in Brain } Disease ... }	...	1	1	2	...	3	...	1	1	...	2	...	10
Paralysis ...	...	1	...	1	...	...	...	...	...	...	...	...	2
Heart Disease ...	...	1	...	...	...	...	...	...	...	1	...	...	2
Pneumonia ...	...	...	...	...	...	...	...	1	...	...	...	...	1
Phthisis ...	...	...	...	1	...	...	...	...	...	3	...	1	5
Pulmonary Absc. Do. Apoplexy ...	1	...	...	...	...	...	...	...	...	...	...	...	1
Pleurisy ...	...	...	...	...	1	...	...	...	...	...	...	...	1
CynancheTonsi- laris ... }	1	...	...	...	...	...	1	...	...	...	...	...	2
Coryza ...	...	...	...	...	...	...	4	...	...	...	...	...	4
Influenza ...	...	...	...	...	...	...	...	...	...	...	...	...	0
Rheumatism ...	...	...	...	...	...	...	...	...	1	...	...	...	1
Lumbago ...	...	...	...	...	...	...	...	1	...	...	...	...	1
Bolls& Carbuncles	5	1	...	...	...	...	...	2	2	...	...	...	10
Erysipelas ...	1	...	1	1	...	...	2	1	...	1	...	1	8
Erythema ...	...	...	1	...	...	...	...	...	...	...	...	...	1
Diarrhoea ...	5	2	...	3	1	4	7	5	...	...	...	...	27
Impaction of Gall Stones ...	...	...	...	...	...	...	...	...	...	...	1	...	1
Contd. Fever ...	...	...	1	...	...	...	...	...	...	...	...	...	1
Epistaxis ...	...	...	...	...	...	...	...	...	...	...	1	...	1
Total cases of } illness ... }	14	6	5	8	2	7	14	11	3	5	3	2	80
Deaths ...	4	5	2	0	4	1	2	6	3	4	3	4	38
Meteorological Observations.													
Barometer Mean reduced to 32 deg. and sea level ...	30·048	29·994	30·104	29·578	29·943	29·675	29·706	29·84	29·893	30·055	29·564	29·94	
Monthly Range	7·	7·	9·	1·5	1·25	2·05	1·55	2·45	1·422	14	1·15	1·17	
Self Registering Thermometer in Shade—													
Mean ...	51·7	58·2	54·7	52·925	46·15	39·	34·65	35·27	34·65	38·65	45·7	49·13	
Highest ...	67·5	77·5	79·	68·	65·	58·	49·	44·	46·	54·	65·	66·	
Lowest ...	40·	44·	35·	37·	27·5	21·	19·	25·5	23·5	26·	31·5	34·	
DIRECTION OF WIND													
N. ...	5	15	35	15	5	45	45	2	45	75	3	6	485
N.E. ...	25	1	5	3	25	0	85	1	85	65	25	15	38
E. ...	25	5	0	0	15	0	0	1	2	15	15	3	135
S.E. ...	4	5	65	3	0	0	2	5	2	15	2	3	295
S. ...	5	1	5	1	1	0	2	15	3	1	5	15	135
S.W. ...	75	12	8	95	95	6	75	75	45	75	9	125	101
W. ...	35	45	6	55	25	5	25	45	0	2	55	2	435
N.W. ...	45	55	6	65	9	14·5	4	13	35	35	6	15	775
Rainfall in inches	2·28	1·56	2·58	5·52	5·07	2·11	2·49	1·5	2·4	4·7	·65	1·47	28·1

Showing the General Illustration of the 1880, to
the May, 1870, with the Meteorological Observations.

Year	Month	Day	Temperature	Humidity	Wind	Clouds	Barometer	Other
1870	May	1	...	...	...	...	...	...
1870	May	2	...	...	...	...	...	...
1870	May	3	...	...	...	...	...	...
1870	May	4	...	...	...	...	...	...
1870	May	5	...	...	...	...	...	...
1870	May	6	...	...	...	...	...	...
1870	May	7	...	...	...	...	...	...
1870	May	8	...	...	...	...	...	...
1870	May	9	...	...	...	...	...	...
1870	May	10	...	...	...	...	...	...
1870	May	11	...	...	...	...	...	...
1870	May	12	...	...	...	...	...	...
1870	May	13	...	...	...	...	...	...
1870	May	14	...	...	...	...	...	...
1870	May	15	...	...	...	...	...	...
1870	May	16	...	...	...	...	...	...
1870	May	17	...	...	...	...	...	...
1870	May	18	...	...	...	...	...	...
1870	May	19	...	...	...	...	...	...
1870	May	20	...	...	...	...	...	...
1870	May	21	...	...	...	...	...	...
1870	May	22	...	...	...	...	...	...
1870	May	23	...	...	...	...	...	...
1870	May	24	...	...	...	...	...	...
1870	May	25	...	...	...	...	...	...
1870	May	26	...	...	...	...	...	...
1870	May	27	...	...	...	...	...	...
1870	May	28	...	...	...	...	...	...
1870	May	29	...	...	...	...	...	...
1870	May	30	...	...	...	...	...	...
1870	May	31	...	...	...	...	...	...