

## **Report on the Royal Lunatic Asylum of Montrose for 1871 : instituted 1782.**

### **Contributors**

Royal Lunatic Asylum of Montrose.  
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REPORT

ON THE

ROYAL LUNATIC ASYLUM

OF MONTROSE,

FOR

1871.

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INSTITUTED 1782.


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MONTROSE:

PRINTED BY WILLIAM RODGERS, HIGH STREET.

1871.





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### ERRATA.

Page 3, line 3, for *officis* read *officiis*

Page 7, line 14, for maintenance of the Property in good condition, and repairs, *read* Maintenance of the Property, in good condition and repair.

Page 9, line 37, for of the 98 men patients, *read* of the 98 new patients.

Page 13, line 18, for voilent *read* violent.





# LIST OF DIRECTORS.

JUNE 1871.

- 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,  
 25 " JOHN STEVENSON, do., Dun.  
 " HENRY HYSLOP, do., Montrose.
- Messrs DAVID WALKER, Montrose.
- THOMAS BARCLAY, do.  
 ROBERT WALKER, do.
- 30 JAMES M. PATON, do.  
 FRANCIS B. PATON, do.  
 C. H. MILLAR, do.  
 DAVID MITCHELL, do.  
 CHARLES BIRNIE, do.
- 35 FRANCIS ABERDEIN, do.  
 ROBERT COOKE, do.  
 JOHN GUTHRIE, do.  
 JAMES SAVEGE, do.  
 GEORGE C. MYERS, do.
- 40 THOMAS B. PATON, do.  
 ROBERT HECTOR, do.  
 EDWARD MILLAR, do.  
 ROBERT BARCLAY, do.  
 CHARLES BURNES, do.
- 45 ALEXANDER MACKIE, do.  
 WILLIAM MITCHELL, do.  
 JAMES MUDIE, do.  
 DAVID SMITH, do.
- 49 HENRY HOLLAND, 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.

Dr.			Cr.	
1871. June 1.	To Seats in Parish Church	£29 10 0	By the Royal Infirmary	£4400 0 0
"	" Old Asylum	2390 15 7	" The Scottish Provident Institution	10,000 0 0
"	" New Asylum	24,665 12 3	" The National Bank of Scotland	775 0 0
"	" Furniture	2223 10 8	" The Patients' Work and Recreation Fund	220 0 0
"	" Superintendent's House	1006 2 0	" Sundry Creditors or Unpaid Accounts	12 11 4
"	" Carriages and Horses	72 0 0	" Stock	16,282 4 2
"	" Brechin Gas Light Company	160 0 0		
"	" Gayfield House Outlay	60 0 0		
"	" Household Expenses—Stock on hand	761 7 2		
"	" Clothing,	237 19 6		
"	" Boards	69 14 0		
"	" Balance of Cash	13 4 4		
		<u>£31,689 15 6</u>		<u>£31,689 15 6</u>

Dr.			Cr.	
1871. June 1.	To Donation to the Infirmary	£150 0 0	By Balance at Credit of Household Expenses	£2253 6 10
"	" Deterioration Allowances on New Asylum, Superintendent's House, and Furniture Accounts	800 0 0		
"	" Interest	625 10 0		
"	" Balance carried to Stock	677 16 10		
		<u>£2253 6 10</u>		<u>£2253 6 10</u>

**PROFIT AND LOSS ACCOUNT.**

Dr.			Cr.	
1871. June 1.	To Donation to the Infirmary	£150 0 0	By Balance at Credit of Household Expenses	£2253 6 10
"	" Deterioration Allowances on New Asylum, Superintendent's House, and Furniture Accounts	800 0 0		
"	" Interest	625 10 0		
"	" Balance carried to Stock	677 16 10		
		<u>£2253 6 10</u>		<u>£2253 6 10</u>





# REPORT OF THE HOUSE COMMITTEE OF THE ASYLUM.

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The number of Patients at present in the Asylum is 392, of whom 174 are Males, and 218 Females, being a decrease as compared with the previous year of 2 Females, while the number of Males remain the same. In the course of the year, however, from an extension of the Lunatic Wards in the Dundee Poor's-House, 11 Female Patients have been transferred from Sunnyside, so that the decrease on the year is due to an exceptional cause.

There has been no addition made to the Asylum during the year, nor has any operation of any importance been undertaken. Gayfield House continues to be found a most convenient and valuable adjunct to the Asylum.

Maintenance of the Property in good condition, and repairs ~~have~~ *have* been carefully attended to, and the state of the whole continues satisfactory. The Farm and Grounds have, as in former years, afforded sufficient out-door employment for the Patients, and the cows kept, have also continued to supply the Establishment with milk.

The Asylum has been twice inspected this year, by Medical Members of the General Lunacy Board; and their reports, which were of a favourable character, have been engrossed in the Minutes of your Board, and will form part of the annual printed Report of the Institution.

The House Committee have continued their weekly visits to Sunnyside, and they have pleasure in recording their satisfaction with the state of the House and all its arrangements. Dr Howden continues to merit the approbation of the Board, and his subordinate officers have carefully performed their several duties.

The Committee gratefully acknowledge the kindness of the Misses Carnegie, in having again most liberally garnished the Patients Christmas Tree; and they are indebted to Miss Jamieson for a donation of Books; and to Dr Watson for Cricket Gloves. Also to Mr Boyek and party, Mr Ross and party, the Thistle Lodge of Odd-Fellows, a party of Ladies and Gentlemen from Montrose, and Mr Ballantyne and party, for Concerts; and to the Rev. Mr Stevenson of Dun, the Rev. Mr M'Clure of Marykirk, and Dr Simpson of Marykirk, for Lectures. Thanks are also due to the Rev. W. E. B. Gunn of Montrose, the Rev. James M'Clure of Marykirk, Rev. Alex. Milne of Hillside, and the Rev. Thos. Mitchell, for conducting Divine Service during the indisposition of the Chaplain.

DAVID WALKER, Convener.



# MEDICAL SUPERINTENDENT'S REPORT

FOR THE YEAR 1870-71.

TABLE I.—Showing the Admissions, Re-admissions, Discharges, and Deaths, during the year 1870-71.

In Asylum on 31st May, 1870,			Males.	Females.	Total.
			174	220	394
Admitted for the first time	Males.	Females.	Total.		
during the year, ...	33	50	83		
Re-admitted during the year,	8	7	15		
	—	—	—		
			41	57	98
Total treated during the year,	...		215	277	492
Discharged and dead—					
	Males.	Females.	Total.		
Recovered, ...	17	24	41		
Relieved, ...	6	7	13		
Not Improved, ...	4	15	19		
Dead, ...	14	13	27		
	—	—	—		
			41	59	100
Remaining in Asylum on 31st May, 1871, ...			174	218	392
Average Number resident during the year, ...			175.5	217.53	

During the year which has just closed, 492 patients were under treatment in the Asylum ; and of these 41 have been discharged recovered ; 13 relieved ; 19 not improved ; while 27 died. The total number resident on the 31st May was consequently 392. The number of men is exactly the same as it was at the corresponding date last year, that of the women 2 less. The average numbers daily resident during the year were 175.5 men, and 217.53 women.

## ADMISSIONS.

The admissions have been fewer than in any year since 1866-67, owing, no doubt, chiefly to the increased accommodation provided for Pauper Lunatics in connection with the Dundee Poorhouse. No Pauper-Patient has been received from Dundee since September.

On referring to Table IV. it will be seen that the admissions were most numerous in the months of June, July, February, and March, and least numerous in September, November, December, January, and April.



Taking the statistics over four years, that is from the 31st May 1867, I find that the greatest number of admissions (88) in any two consecutive months took place in June and July, and the smallest number in any two (57), in November and December. This corresponds with the observations of various writers on insanity, from Esquirol downwards, which show that more persons become insane, or at least that more insane persons are sent to Asylums in the summer than in the winter months. Another fact indicating that in summer the nervous system is more liable to disturbance than in winter, is a greater frequency of suicide at that period. It is now known that deaths from suicide are more common in June and July, than in the much abused month of November.

If it is true that more persons become insane in summer than in winter, we are naturally led to surmise that the cause of this, in our climate at least, is the high temperature.

On the other hand, in countries where the annual mean temperature is higher than in ours, insanity is less prevalent; indeed, it appears that in Europe, insanity increases as we travel northward. It is, however, not difficult to reconcile these facts, for we can understand that in a climate like the south of France, Spain, or Italy, heat should not have such a disturbing effect on the system as in Norway or Sweden, where a short hot summer alternates with the extreme cold of winter.

Seven of those admitted were under 20 years of age, and twelve between 60 and 80. While the greatest number in any decade was between 30 and 40.

The proportion of patients received from the various counties from which we receive patients, has been very much the same as in former years; and, judging from the past ten years, we may expect, when no disturbing element—such as the opening of Lunatic Wards in connection with Poor-Houses, occurs—admissions annually in about the following ratio, viz.: Forfarshire, 75; Kincardine, 13; Caithness, 10; and Shetland, 4.

The excess of females over males from Forfarshire is not so great this year as formerly, there being 28 men and 37 women; this is obviously explained by the small number of Dundee admissions, which consisted chiefly of females. Of the 98 ~~new~~ patients, 38 are reported to have been in good physical health on admission, 38 to be in feeble or indifferent health, and 22 to be in bad health. *new*

It may be taken as a rule, liable to very few exceptions, that in acute or recent insanity the physical health is below par. In many cases the mental derangement evidently depends on the existence of some actual bodily disease, as Consumption, Paralysis, or Epilepsy; but in nearly all, a condition exists which, if it cannot be defined as actual disease, cannot on the other hand be called health. Perhaps nothing can establish this truth more clearly than a comparison of the weight of the patients on admission, with their weight after a short residence in the Asylum. Thus, of 82 patients admitted last year who were weighed on admission and on discharge, or on



31st May, it was found that only 17 had lost weight, 2 had remained stationary, while 63 had gained in weight. It will be observed also, by a reference to Table XIV., that twelve of the 17 who had lost weight were recent admissions, still labouring under acute symptoms, and as pointed out on a previous occasion,\* up to a certain age in the progress of acute mania, there was a steady loss of weight, the increase being contemporaneous with convalescence.

## RECOVERIES.

The ratio of recoveries to the admissions in the year is 41.84.

I have again to repeat that the mode of calculating the recoveries from the total admissions, gives but little idea of the curability of insanity as a recent disease. You may as well expect to bring a dead man to life, as to restore intellectual vigour to the shrunken brain of one who has passed years in advanced dementia, or to make a born idiot a wise man. Yet the Demented, the Idiotic, the Epileptic, and Paralytic are all received into our Asylums, and are included in the number of those from whom our recoveries are calculated. A fair illustration of this source of fallacy may be observed in the admissions of 1869-70, and those of 1870-71. Thus, last year out of 120 admitted, 57, or nearly a half, were of the incurable class; while this year, of 98 admitted, only 29, or little more than a fourth, were incurable; it is quite evident, therefore, that a much higher percentage of recoveries may be expected from the admissions of this than of those of the previous year, though the means used for their restoration are exactly the same. Calculating the number recovered on the number of curable cases admitted this year, the ratio is 68 per cent. of men, and 54 per cent. of women. This is, I think, considerably under what the rate will be when spread over a series of years, and is low because of the relative small number of curable cases admitted last year.

I should wish here to make a statement as to the statistics of the curable patients referred to in last report. I then stated† that I was unable to explain why, during the previous two years, a much smaller percentage of curable women than men had recovered; but I had overlooked the circumstance that a large number of women, and very few men had been transferred from Montrose to the New District Asylums of Inverness, Perth, Fife, Stirling, and Ayr, where many of them have, no doubt, since recovered.

While, on the one hand, it is sad to think that there are so many persons insane requiring to be placed annually in Lunatic Asylums for whom there is no hope of recovery, it must be gratifying to know that of every hundred persons who are attacked with insanity, seventy, or even more, are restored to sanity when placed under circumstances favourable for recovery. I am putting forward no claim for the efficiency of medical treatment, or even for the necessity of

\* Annual Report, 1867-69.

† p. 14.



Asylum treatment in recent cases of insanity; it is quite possible that these may recover in as large a proportion when treated at their own homes—we have no means of knowing—but we do know approximately what the rate of recoveries is in those who are sent to Asylums, and our knowledge justifies us in stating that recent insanity, when uncomplicated by organic change in the brain, is a disease in which the probability of recovery is great, and the risk of death or chronicity comparatively small.

It is scarcely necessary to say that the longer insanity, or any other diseased condition having a tendency to become chronic, continues, the hopes of ultimate recovery diminish. Tables IV. and XII. do not shew the actual duration of the disease, but they give the length of time the recovered patients have resided in the Asylum, and shew that 21, or nearly a third of the curable admitted, were admitted in 1870-71, 16 more in 1869-70, while only 4 more had resided for a long period. Table XV. illustrates further as to the improvement in bodily condition in persons on recovery from insanity. 13 of the men who were discharged recovered had been weighed on admission and on leaving. They had all gained, one to the extent of 36 lbs. in seven months, and on the whole 13, the average increase of weight was 14 lbs. 6 oz. Again, 21 women were weighed on admission and recovery, they had all gained but one—a case of hysterical mania, who was in a very plethoric condition when admitted; 1 had gained 31 lbs. in two months; and the 20 had, on an average, gained 15 lbs. 11 oz. during their residence.

#### PATIENTS REMOVED UNRECOVERED.

Of the unrecovered patients discharged last year, 13 were relieved and 19 unimproved. Of the relieved, 7 were sent home or to reside in private dwellings; 3 were transferred to other Asylums, and 3 went to the Lunatic Wards of the Dundee and Liff and Benvie Poor-Houses. Of those unimproved, 4 were taken to private dwellings, 11 to other Asylums, and 4 to the Lunatic Wards. In all of unrecovered patients, 11 were taken to private dwellings, 14 to other Asylums, and 7 to Poor-Houses.

#### DEATHS.

The death rate for the past year has been low. Calculated on the average number daily resident, the deaths are in the proportion of 7.96 to every 100 men, and 5.95 to every 100 women. On the total number treated throughout the year, the rate is 6.5 per cent. of the men, and 4.6 per cent. of the women.

From Table XIII. it will be seen that of the 27 deaths, 14 resulted from diseases of the nervous system, 9 from thoracic diseases, 2 from diarrhoea, 1 from tuberculosis, and 1 from senile decay. 18 of those who died laboured under physical diseases when they were admitted, 2 had general paresis, 8 paralysis, 5 epilepsy, 1 phthisis, 1 Bright's disease, and 1 hernia.



Though the 18 patients did not all die of the diseases from which they suffered on admission, it is evident that the death rate of an Asylum must be regulated to a great extent by the state of health of those admitted.

The Medico-Meteorological observations are summarized in Table XVI. It will be observed that there was a slight epidemic of diarrhoea in August and September. This same epidemic prevailed in the general community, and, as usual on such occasions, the warm weather got the blame of it, though, as a matter of fact, the very hot weather was past, and the autumnal temperature had set in ere the disease became common. In the Asylum there were but 3 cases in July, when the mean temperature was 57.8, and the maximum 75.5. In August, the mean temperature was 2 degrees below July, the maximum  $4\frac{1}{2}$  lower, and 7 cases occurred; while in September, when the mean temperature was 5 degrees below July, and the maximum 11 degrees lower, there were 18 cases.

Being desirous of ascertaining how far the general community was affected by the same causes as the inmates of the Asylum, I requested one of the principal druggists in Montrose to look over his books for three months, and to give me some information as to the quantity of diarrhoea medicine he had sold in each month. His reply, dated 29th September, 1870, is as follows:—

“In reply to yours of yesterday, there has been considerable difference in the quantity of astringent medicine used during the last three months.

“Infantile Diarrhoea was very prevalent during July, but very few adults were affected in that month.

“Diarrhoea has been most prevalent amongst adults in August, and more so in the last two weeks; the first and last weeks of September have been the worst of that month. There was very little of it in the third week; but in the last week there was nearly as much of it as in the last week of the previous month.”

Now, on referring to the Meteorological Record, I find that on the 16th of August, about the time when the demand for astringents for adults increased, the minimum temperature fell 6 degrees in 24 hours, and the temperature continued during the last half of the month to be much lower than during the first half. In September, again, the temperature was uniformly lower, but there is nothing in its thermometry to explain why the third week should be more exempt than the first and last.

The sale of astringent drugs is, I think, a better test of the prevalence of diarrhoea than any evidence that could be obtained from medical practitioners whose attention had not been specially directed to the subject, because, in the majority of slight cases, drugs may have been used without medical advice. It will be observed that infantile diarrhoea was very prevalent in July, though the sale of medicines for adults was small. This fact supports the explanation which I suggested in the report for 1869, of the discrepancy between the proportion of *deaths* in the general community from Diarrhoea in hot weather, and the number of *cases* occurring in the *adult population* of an Asylum. I then pointed out that, in the case of Hull, it had



been ascertained, that of the deaths from diarrhœa in hot weather, no less than 90 per cent. took place in children under 12 months old. If anything like the same ratio holds good in the general community, it is evident that the mere number of *deaths* reported, irrespective of age, can give no idea of the prevalence of this disease in adults at a given period; and it seems probable, though as yet we do not know the proximate causes, that diarrhœa prevails in children who are being suckled, under atmospheric conditions different to those which favour its production in the adult population.

The sanitary condition of the establishment during the year has been satisfactory, and the deaths have, as a rule, resulted from diseases over which hygiene or medicine had little or no control.

## TREATMENT.

In acute and curable forms of insanity, more dependence has been placed in treatment directed to the improvement of the general health of the patient, than on neurotics.

There are few diseases in which the Physician is more tempted to treat symptoms than insanity. The violent conduct, the incessant restlessness, the sleeplessness of the maniac are so easily overcome by narcotics that it is hard to believe we are not doing good by administering them; but it should be borne in mind that while we can produce sleep, or rather a species of profound intoxication, by the administration of semipoisonous doses of opium, Indian hemp, or chloral, we are doing nothing to remove the cause of the sleeplessness which is in as active operation when the effect of the drug has passed off as when it was before.

Though we are not at present in a position to define the exact pathology of insanity, few now dispute that it consists in some abnormal condition of the brain, often dependant on disease or disturbed function in some other part of the body. Our attention therefore must be chiefly directed to the restoration of the physical sanity of the patient, and when that object has been accomplished, we may reasonably expect *mens sana in corpore sano*.

On the same grounds, the treatment—if such it can be called—of insanity by the use of mechanical restraint or seclusion in dark rooms is, I think, unsound. I quite admit that both modes of repression may sometimes be expedient or even necessary for the safety of the patient or those around him, but that they can promote the cure of the disease is, I think, more than doubtful.

The recreations of the inmates during idle hours have as formerly received due attention, and the following summary will give an idea of how ennui is kept at bay by the more intelligent members of our community.

IN ASYLUM.				Classes for Reading, Writing and			
Lectures, ...	...	...	...	5	Arithmetic, ...	...	52
Concerts, ...	...	...	...	9	Do. for Music, ...	...	93
Dramatic Entertainments,	...	...	...	4	Do. „ Dancing,	...	10





# T A B L E S .

TABLE II.—Showing the Admissions, Re-admissions, Discharges, and Deaths, from 1st June, 1857, to 31st May, 1871, inclusive.

		Males.	Females.	Total.
Persons Resident on 1st June, 1857	...	107	144	251
Persons since admitted for the first time	...	728	965	1693
Persons since re-admitted	... ..	90	130	220
Total cases treated during the 14 years	...	925	1239	2164
Discharged or Removed—				
	Males.	Females.	Total.	
Recovered	267	402	669	
Relieved...	74	106	180	
Not improved	168	216	384	
Escaped ...	1	0	1	
Not insane	1	0	1	
Died	240	297	537	
	—	—	—	
		751	1021	1772
Remain	...	174	218	392

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

		ADMITTED.				DIED.		
		Males.	Females.	Total.		Males.	Females.	Total.
Under 20 years	...	6	1	7	...	0	0	0
From 20 to 30 years	...	8	14	22	...	0	2	2
„ 30 to 40 „	...	12	13	25	...	2	1	3
„ 40 to 50 „	...	3	13	16	...	3	1	4
„ 50 to 60 „	...	5	11	16	...	2	6	8
„ 60 to 70 „	...	5	4	9	...	3	2	5
„ 70 to 80 „	...	2	1	3	...	3	1	4
„ 80 to 90 „	...	0	0	0	...	1	0	1
		—	—	—		—	—	—
		41	57	98		14	13	27

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

		ADMITTED.				DEAD.		
		Males.	Females.	Total.		Males.	Females.	Total.
June	...	5	5	10	...	2	2	4
July	...	4	11	15	...	1	2	3
August	...	2	6	8	...	2	1	3
September	...	3	3	6	...	1	3	4
October	...	4	4	8	...	1	2	3
November	...	2	5	7	...	0	1	1
December	...	1	3	4	...	2	0	2
January	...	2	4	6	...	1	2	3
February	...	8	2	10	...	0	0	0
March	...	3	7	10	...	1	0	1
April	...	2	3	5	...	2	0	2
May	...	5	4	9	...	1	0	1
		—	—	—		—	—	—
		41	57	98		14	13	27



TABLE V:—Showing Admissions, Discharges and Deaths, with the mean Annual Mortality and proportion of Recoveries per cent. of the Admissions, for each year since the opening of the Asylum:

Year.	DISCHARGED.						Died.			Remaining.			Average Number Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Aver. Number Resident.								
	Recovered.			Relieved.			Notimproved			Died.			Remaining.			Average Number Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Aver. Number Resident.					
	M.		TL.	M.		TL.	M.		TL.	M.		TL.	M.		TL.	M.		TL.	M.		TL.	M.		TL.	M.		TL.
	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.
1781 to 1857	(a)		1636	(a)		647	(b)		(b)	(a)		206	(a)		(a)	467						(c)		(c)		(c)	
1857-58	35	53	88	13	30	43	(b)		(b)	12	16	28	17	13	30	100	137	237	199	238	371	566	489	171	81	121	
1858-59	43	55	98	11	18	29	3	4	7	1	8	9	9	13	22	120	151	271	108	252	279	327	306	83	91	86	
1859-60	107	119	226	39	35	74	2	2	4	6	4	10	14	21	35	167	206	373	146	330	365	294	327	95	114	106	
1860-61	85	134	219	31	39	70	11	1	12	10	3	13	21	32	53	179	255	434	181	233	364	298	324	116	134	128	
1861-62	101	165	266	23	52	75	8	12	20	4	5	9	32	36	68	211	315	526	199	302	277	315	282	161	119	135	
1862-63	77	79	156	21	35	56	9	17	26	8	11	19	24	31	55	225	297	522	216	313	272	443	358	111	99	104	
1863-64	67	90	157	18	35	53	9	12	21	34	30	64	22	28	50	207	282	489	230	302	268	388	338	93	93	94	
1864-65	36	54	90	17	26	43	6	13	19	21	41	62	19	17	36	180	241	421	191	266	500	463	477	99	64	79	
1865-66	41	41	82	16	15	31	1	6	7	8	23	36	12	25	37	187	209	396	179	217	300	366	380	67	115	93	
1866-67	46	43	89	22	16	38	10	5	15	20	21	41	14	18	32	168	192	360	174	185	478	292	426	67	97	88	
1867-68	52	60	112	13	18	31	4	4	8	13	21	34	14	13	27	175	196	371	172	198	250	300	270	68	65	72	
1868-69	37	75	112	9	24	33	3	8	11	19	7	26	12	15	27	169	217	386	172	207	243	320	294	69	72	71	
1869-70	50	70	120	17	35	52	2	4	6	10	6	16	16	22	38	174	220	394	172	217	340	500	433	92	100	99	
1870-71	41	57	98	17	24	41	6	7	13	4	15	19	14	13	27	174	218	392	175	217	414	4210	4178	796	595	695	
TOTAL	818	1095	3549	267	402	1316	74	95	169	170	216	592	240	297	1004												

(a) Sexes not distinguished during the first 76 years.

(b) Previous to 1860-61, those discharged Relieved are included with the Not Improved, being registered as Uncured.

(c) Average number Resident not ascertained previous to 1857-58.



TABLE VI.—Shewing 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, 1871.

Year.	Admitted.				Of each year's Admissions, Discharged, and Died in 1870-71.										Total Discharged and Died of each year's Admissions.												Remaining of each year's Admissions.		
	New Cases.		Relapsed Cases.		Total	Recovered.		Relieved.		Not Improved.		Died.		Total	Recovered.		Relieved.		Not Improved.		Died.		Total	M.		Total	M.	F.	TL.
	M.	F.	M.	F.		M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.
Previous to May 31, 1857																													
1857-58	32	50	3	3	88					1	1	1		1	10	17	27	6	5	11	6	3	9	2	5	7	16	39	55
1858-59	36	43	7	12	98										14	22	36	4	3	7	2	7	9	10	21	31	3	7	10
1859-60	105	118	2	1	226							1			43	46	89	12	12	24	17	21	38	23	32	55	12	8	20
1860-61	81	121	4	13	219										23	49	72	10	10	20	20	32	52	25	37	62	7	6	13
1861-62	90	154	11	11	266					1	1	1			35	56	91	6	21	27	18	43	61	26	40	66	16	5	21
1862-63	70	73	7	6	156										16	25	41	13	13	26	17	14	31	21	17	38	10	10	20
1863-64	56	78	11	12	157	1		1				1			20	26	46	8	8	16	20	23	43	17	21	38	2	12	14
1864-65	33	41	3	13	90										13	18	31	2	3	5	9	14	23	8	12	20	4	7	11
1865-66	38	30	3	11	82										13	19	32	5	3	8	9	6	15	5	7	12	9	6	15
1866-67	41	32	5	11	89	1		1							13	11	33	1	4	5	6	3	9	6	10	16	11	15	26
1867-68	42	53	10	7	112										22	17	30	3	5	8	12	11	23	7	7	14	18	20	38
1868-69	30	61	7	14	112										7	33	40	2	4	6	2	5	7	12	16	28	15	22	37
1869-70	41	61	9	9	120	3									12	29	41	3	3	6	3	5	8	10	12	22	22	21	43
1870-71	33	50	8	7	98	12									9		21	1		4	1	2	3	4	3	7	23	40	63
TOTAL	728	965	90	130	1913	17	24	41	6	7	13	4	15	19	253	377	630	76	97	173	148	192	340	193	260	453	174	218	392



TABLE VII.—Showing the Curable and Incurable Admitted during the Year.

					Males.		Females.		Total.
Curable	...	...	...	...	25	...	44	...	69
Incurable	...	...	...	...	16	...	13	...	29
					<u>41</u>		<u>57</u>		<u>98</u>

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

					Males.		Females.		Total.
Aberdeen	...	...	...	...	0	...	2	...	2
Caithness	...	...	...	...	6	...	4	...	10
Edinburgh	...	...	...	...	1	...	1	...	2
Forfar	...	...	...	...	28	...	37	...	65
Fife	...	...	...	...	0	...	1	...	1
Kincardine	...	...	...	...	5	...	8	...	13
Perth	...	...	...	...	1	...	2	...	3
Shetland	...	...	...	...	0	...	2	...	2
					<u>41</u>		<u>57</u>		<u>98</u>

TABLE IX.—Showing the Bodily Condition on Admission of those who died from 1st June, 1870, to 31st May, 1871, inclusive.

					Males.		Females.		Total.
Good	...	...	...	...	6	...	4	...	10
Indifferent	...	...	...	...	1	...	3	...	4
Bad	...	...	...	...	7	...	6	...	13
					<u>14</u>		<u>13</u>		<u>27</u>
DISEASES.					<u>—</u>		<u>—</u>		<u>—</u>
General Paralysis	...	...	...	...	2	...	0	...	2
Paralysis	...	...	...	...	3	...	5	...	8
Epilepsy	...	...	...	...	4	...	1	...	5
Phthisis	...	...	...	...	0	...	1	...	1
Cardiac Disease	...	...	...	...	1	...	0	...	1
Albuminuria	...	...	...	...	1	...	0	...	1
Hernia and Bed Sores	...	...	...	...	1	...	0	...	1
					<u>12</u>		<u>7</u>		<u>19</u>

TABLE X.—Showing the Bodily Condition and Diseases of those Admitted.

Bodily Condition.					Males.	Females.	Total.
Good	...	...	...	...	15	23	38
Indifferent	...	...	...	...	15	23	38
Bad	...	...	...	...	11	11	22
					41	57	98
DISEASES.							
Paralysis	...	...	...	...	1	2	3
General Paralysis	...	...	...	...	2	0	2
Epilepsy	...	...	...	...	2	1	3
Do. & Phthisis	...	...	...	...	0	1	1
Phthisis Pulmonalis	...	...	...	...	2	1	3
Hæmoptysis	...	...	...	...	1	0	1
Emphysema	...	...	...	...	0	1	1
Cardiac Disease	...	...	...	...	1	2	3
Æmia	...	...	...	...	1	0	1
Albuminuria	...	...	...	...	2	0	2
Menorrhagia	...	...	...	...	0	2	2
Whitlow	...	...	...	...	0	1	1
Scabies	...	...	...	...	1	0	1
					13	11	24

TABLE XI.—Showing the Condition as to Marriage of those Admitted.

					Males.	Females.	Total.
I.	Single	...	...	...	23	27	50
II.	Married	...	...	...	14	23	37
III.	Widowed	...	...	...	4	7	11
					41	57	98

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

				RECOVERED.			DEAD.		
				Males.	Females.	Total.	Males.	Females.	Total.
Under 1 week	...	...	...	0	0	0	0	1	1
" 2 months	...	...	...	4	3	7	1	2	3
" 3 "	...	...	...	2	3	5	0	3	3
" 4 "	...	...	...	3	1	4	1	0	1
" 5 "	...	...	...	3	1	4	0	0	0
" 6 "	...	...	...	0	5	5	0	0	0
" 7 "	...	...	...	1	0	1	0	0	0
" 8 "	...	...	...	1	3	4	1	0	1
" 9 "	...	...	...	0	2	2	0	0	0
" 10 "	...	...	...	0	0	0	2	0	2
" 11 "	...	...	...	0	1	1	3	0	3
" 1 year	...	...	...	1	1	2	0	1	1
" 2 "	...	...	...	0	3	3	4	2	6
" 3 "	...	...	...	0	0	0	0	1	1
" 4 "	...	...	...	0	0	0	0	1	1
" 5 "	...	...	...	1	1	2	0	0	0
" 7 "	...	...	...	1	0	1	0	1	1
" 10 "	...	...	...	0	0	0	0	1	1
" 12 "	...	...	...	0	0	0	1	0	1
" 20 "	...	...	...	0	0	0	1	0	1
				17	24	41	14	13	27



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

Cerebral and Spinal Diseases,—		Males.	Females.	Total.
General Paralysis, .....	1	...	1	2
Paralysis, .....	1	...	3	4
Organic Disease of the Brain, .....	1	...	1	2
Atrophy of Brain, .....	1	...	0	1
Apoplexy, .....	0	...	2	2
Epilepsy, .....	2	...	0	2
Maniacal Exhaustion, .....	1	...	0	1
Thoracic Diseases,—				
Phthisis Pulmonalis, .....	1	...	5	6
Pleurisy and Pneumonia, .....	1	...	0	1
Gangrene of Lungs, .....	1	...	0	1
Heart Disease, .....	1	...	0	1
Abdominal Diseases,—				
Diarrhoea, .....	1	...	0	1
„ (of Phthisis), .....	1	...	0	1
Other Causes,—				
Tuberculosis, .....	0	...	1	1
Senile decay, .....	1	...	0	1
	14		13	27

*Post mortem* examinations were made in 24 instances.

TABLE XIV:—Showing Weight on Admission and on Discharge, or on 31st May, 1871, of those admitted during the year.

MALES.									
No. in Register.	Form of Insanity.	Age.	Physical Disease on Admission.	Weight in lbs. on Admission.	Weight on Discharge or on 31st May.	Months Resident.	Gain in lbs. Weight.	Loss in lbs. Weight.	Mental State on Discharge or on 31st May.
1753	Acute Mania .	17½	None .	119	132	4½	13	...	Recovered
1755	Do. .	21	Do. .	143	144	5	1	...	Do.
1756	Monomania of Pride	47	Do. .	142	141	11½	...	1	Not improved
1758	Acute Mania .	31	Do. .	132	139	2¾	7	...	Improved
1761	General Paralysis	31	Gen. Paralysis	118	164	11	46	...	Not improved
1763	Melancholia .	63	None .	129	143	3	14	...	Recovered
1770	Imbecile .	17	Do. .	125	133	8¼	8	...	Not improved
1778	Acute Mania .	15	Do. .	108	128	2¾	20	...	Recovered
1784	Do. .	23	Scabies .	115	130	7	15	...	Do.
1786	Hypochondriasis	26	None .	128	137	9	9	...	Not improved
1787	Monomania of Pride	39	Heart Disease	114	108	8¼	...	6	Do.
1793	Imbecile .	24	None .	125	130	8	5	...	Do.
1794	Mon. of Suspicion	32	Do. .	143	165	8	22	...	Do.
1795	Imbecile .	15	Do. .	76	92	8	16	...	Do.
1797	Mon. of Suspicion	52	Do. .	123	123	7½	...	...	Do.
1799	Mania .	18	Do. .	133	145	7	12	...	Improved
1803	Acute Mania .	18	Do. .	130	148	6½	18	...	Not improved
1806	Monomania of Suspicion .	35	Do. .	130	104	6	...	26	Do.
1810	Melancholia .	52	Do. .	137	160	3¼	23	...	Recovered
1814	Acute Mania .	39	Do. .	147	159	1½	12	...	Do.
1817	Dementia .	49	Do. .	128	137	3¾	11	...	Not improved
1818	Monomania of Suspicion .	20	Hæmoptysis	148	165	3½	17	...	Recovered
1819	Melancholia .	38	None .	118	129	1¾	11	...	Do.
1820	Acute Mania .	25	Do. .	135	144	1¾	9	...	Do.
1822	Melancholia .	47	Do. .	117	133	3¼	13	...	Improved
1823	Imbecile .	33	Do. .	119	127	3¼	8	...	Not improved
1825	Mania .	50	Do. .	135	128	3	7	...	Do.
1829	Melancholia .	50	Do. .	158	161	2½	3	...	Do.
1834	Acute Mania .	38	Do. .	144	154	2½	10	...	Recovered
1837	Do. .	37	Do. .	157	168	1½	11	...	Not improved
1838	Epileptic Insanity	26	Epilepsy	144	157	1	13	...	Do.
1842	Senile Mania .	65	None .	146	141	3 wks.	...	5	Do.
1843	Senile Melancholia	69	Do. .	113	123	3 "	10	...	Improved
1845	Acute Mania .	51	Do. .	98	106	3 "	8	...	Do.



**FEMALES.**

No. in Register.	Form of Insanity.	Age.	Physical Disease on Admission.	Weight in lbs. on Admission.	Weight on Discharge or on 31st May.	Months Resident.	Gain in lbs. Weight.	Loss in lbs. Weight.	Mental State on Discharge or on 31st May, 1871.
1752	Puerperal Insanity	24		119	131	2	12	...	Recovered
1754	Epileptic Mania.	68	Epilepsy	72	109		37	...	Not improved
1759	Melancholia	51	None	106	106	11	...	...	Not improved
1762	Do.	41	Do.	94	110	9½	16	...	Recovered
1764	Senile Dementia.	73	Do.	104	110	6	6	...	Not improved
1766	Melancholia	51	Do.	108	110	10½	2	...	Do.
1767	Do.	62	Do.	83	104	10½	21	...	Do.
1768	Mon. of Suspicion	28	Do.	104	112	10½	8	...	Do.
1769	Melancholia	39	Do.	101	118	5	7	...	Improved
1771	Acute Mania	42	Do.	119	131	10½	12	...	Not improved
1774	Do.	35	Do.	94	111	5	17	...	Recovered
1775	Moral Insanity	40	Do.	135	108	10	...	27	Not improved
1776	Acute Mania	42	Do.	108	139	2	31	...	Recovered
1777	Do.	60	Do.	79	96	1	17	...	Do.
1779	Do.	34	Do.	142	161	9½	19	...	Improved
1780	Mon. of Suspicion	39	Do.	99	115	9½	16	...	Not improved
1782	Melancholia	33	Do.	127	113	9½	...	14	Do.
1783	Gen. Paralysis	42	Paralysis	109	119	3	10	...	Relieved
1785	Mon. of Suspicion	55	None	113	123	2½	10	...	Recovered
1789	Acute Mania	38	Do.	144	143	8	...	1	Not improved
1790	Do.	27	Do.	120	111	8	...	9	Do.
1791	Do.	42	Do.	97	103	8	6	...	Do.
1792	Melancholia	40	Do.	102	103	8	1	...	Improved
1796	Do.	28	Do.	155	192	7½	37	...	Not improved
1798	Puerperal Mania	30	Do.	123	133	2	10	...	Recovered
1800	Mon. of Suspicion	23	Do.	103	107	5	4	...	Do.
1801	Epileptic Mania.	33	Epilepsy	103	126	3½	13	...	Relieved
1804	Mon. of Suspicion	57	None	103	108	1	5	...	Not improved
1805	Melancholia	44	Do.	106	126	3	10	...	Recovered
1807	Do.	27	Do.	140	142	5½	2	...	Not improved
1808	Do.	33	Do.	100	115	5½	15	...	Improved
1809	Mania	50	Do.	92	94	5¼	2	...	Not improved
1811	Acute Mania	43	Do.	124	115	4¾	...	9	Do.
1812	Epileptic Mania.	21	Epilepsy	106	128	4¾	22	...	Do.
1813	Puerperal Mania	35	None	116	114	4¼	...	2	Do.
1815	Mon. of Suspicion	45	Do.	149	157	4	8	...	Do.
1816	Imbecile	22	Do.	96	94	4	...	2	Do.
1821	Melancholia	49	Do.	136	130	3¼	...	6	Do.
1826	Do.	23	Do.	121	117	3	...	4	Improved
1827	Dementia	40	Do.	108	112	2¾	4	...	Not improved
1828	Mon. of Suspicion	54	Do.	155	152	2¾	...	3	Do.
1830	Imbecile	29	Do.	107	106	2½	...	1	Do.
1832	Mania	50	Brain Disease	115	134	2¼	19	...	Do.
1833	Melancholia	52	Whitlow	107	102	2¼	...	5	Do.
1835	Mania	50	None	145	148	2	3	...	Improved
1836	Acute Mania	28	Do.	130	150	2	20	...	Not improved
1839	Melancholia	30	Do.	125	124	1	...	1	Do.
1840	Epileptic Mania.	54	Epilepsy	96	107	1	11	...	Do.
1841	Dementia	25	Menorrhagia	104	100	3 wks.	...	4	Do.
1844	Melancholia	25	None	109	113	3 "	4	...	Do.
1846	Do.	16	Do.	122	123	2 "	1	...	Do.
1847	Acute Mania	36	Do.	92	90	1½ "	...	2	Do.



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

MALES.							
No in Register.	Form of Insanity.	Age.	Weight in lbs. on Admission.	Weight in lbs. on Discharge.	Months Resident.	Gain in lbs. Weight.	Loss in lbs. Weight.
1753	Acute Mania. .	17½	119	132	4½	13	
1755	Do. . .	21	143	144	5	1	
1778	Do. . .	15	108	128	2¾	20	
1784	Do. . .	23	115	130	7	15	
1814	Do. . .	39	147	159	1½	12	
1820	Do. . .	25	135	144	1¾	9	
1834	Do. . .	38	144	154	2½	10	
1749	Do. . .	19	109	145	7	36	
1763	Melancholia . .	63	129	143	3	14	
1810	Do. . .	52	137	160	3¼	23	
1819	Do. . .	38	118	129	1¾	11	
1733	Hypochondriasis.	55	142	148	4¼	6	
1818	Mona. of Suspicion	20	148	165	3½	17	

Average Period resident, 3 months 3 weeks.

Average gain in weight 14 lbs. 6 oz.

FEMALES.							
1690	Acute Mania .	23	118	124	10¼	6	
1700	Do. . .	28	91	114	5¼	23	
1774	Do. . .	35	94	111	5	17	
1776	Do. . .	42	108	139	2	31	
1777	Do. . .	60	79	96	1	17	
1741	Mania . .	24	99	117	2¾	18	
1728	Do. . .	32	117	146	8¼	29	
1615	Intermittent Mania	46	127	148	15	21	
1752	Puerperal Mania	24	119	131	2	12	
1798	Do. . .	30	123	133	2	10	
1656	Melancholia .	22	80	97	11¾	17	
1718	Do. . .	25	87	99	14½	12	
1750	Do. . .	35	91	120	5¾	29	
1762	Do. . .	41	94	110	9½	16	
1805	Do. . .	44	106	126	3	10	
1697	Do. . .	21	116	112	8		
1701	Mona. of Suspicion	42	119	127	7½	8	
1735	Do. . .	40	108	115	8½	7	
1785	Do. . .	55	113	123	2½	10	
1800	Do. . .	23	103	107	5¼	4	
1664	Do. . .	35	83	90	18	7	
1757	Do. . .	48		120	3		

Average Period resident, 7 months.

Average gain in weight 15 lbs. 11 oz.



TABLE XVI.—Showing the Seizures of Illness from 1st June, 1870, to 31st May, 1871, 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 Brain } Disease	..	..	1	..	1	..	..	..	..	1	..	..	3
Paralysis ..	..	..	..	1	..	..	..	..	..	..	..	..	1
Epilepsy ..	..	..	..	..	2	4	..	..	2	..	..	..	8
Empyema ..	..	..	1	..	..	..	..	..	..	..	..	..	1
Phthisis ..	2	..	..	..	..	..	..	..	..	..	..	..	2
Mania of do. ..	..	..	..	..	..	..	..	..	1	..	..	..	1
Pleurisy and } Pneumonia	..	..	..	..	..	..	..	..	..	..	..	1	1
Gangrene of Lung	..	..	..	..	..	..	..	..	..	1	..	..	1
Heart Disease	..	..	..	..	..	..	1	..	..	..	..	..	1
Erysipelas ..	..	..	..	..	..	1	..	1	1	..	..	..	3
Influenza ..	..	..	..	..	..	..	..	1	..	..	..	..	1
Diarrhoea ..	3	3	7	18	2	..	..	..	..	..	..	..	33
Maniacal Ex- } haustion	..	..	..	..	..	..	..	1	..	..	..	..	1
Purpura and } Diarrhoea	..	..	..	..	..	..	..	..	..	..	..	1	1
Total cases of } illness	6	3	9	19	5	6	1	3	4	2	0	2	60
Deaths ..	4	3	3	4	3	1	2	3	0	1	2	1	27
<b>Meteorological Observations.</b>													
Barometer Mean reduced to 32 deg. and sea level ..	30.047	29.951	30.016	30.013	29.616	29.695	29.949	29.73	29.837	29.898	29.804	30.082	
Monthly Range ..	1.2	.8	.8	1.25	2.1	1.612	2.45	1.85	1.073	1.4	1.05	1.15	
Self Registering Thermometer in Shade—													
Mean ..	54.2	57.8	55.78	52.775	45.65	39.15	34.3	33.29	40.34	42.4	40.2	48.	
Highest ..	77.	75.5	71.	64.5	58.	55.	47.	43.	54.5	66.	60.5	68.	
Lowest ..	41.	42.	43.	37.	32.	28.5	14.	22.	29.	24.	23.5	31.	
<i>Direction of Wind</i>													
N. ..	1	2	7.5	1.	2.5	7.	9.	6.	2.5	4.	2.5	6.	
N.E. ..	2	4.5	3.5	1.5	5.5	.5	4.5	0.	1.	1.	5.	3.5	
E. ..	4.5	2.5	7.5	3.	.5	0	0.	.5	0.	0.	5.	1.	
S.E. ..	3.5	4.	2.	.5	0.	0	5.	2.5	5.5	3.5	8.5	5.5	
S. ..	0	0.	.5	0.	1.5	1.	.5	2.	1.	.5	.5	.5	
S.W. ..	4.	7.5	3.	9.	5.	5.5	2.	8.	5.	12.5	3.5	6.5	
W. ..	3.	4.5	1.5	9.	4.	2.5	2.	3.	6.5	4.	.5	1.5	
N.W. ..	1.2	4.5	5.5	4.	12.	13.5	8.	9.	6.5	5.5	3.5	6.5	
Rainfall in inches	2.98	4.34	.72	2.54	4.92	3.28	5.74	1.	4.35	.56	5.11	2.12	



# REPORT BY SIR JAMES COXE, COMMISSIONER IN LUNACY.

Royal Asylum, Montrose, October 26, 1870.

Since the visit of 25th June, 39 Patients have been admitted, 20 have been discharged, and 14 have died. These results give an increase of 5 in the numbers resident, which at this date are 178 males, and 222 females.

Of the Patients admitted, 11 were Private, and 28 Parochial ; and of the latter, 14 were chargeable to Country Parishes of Forfarshire and Kincardineshire, 8 to Dundee, 5 to Caithness, and 1 to Shetland.

Of those discharged, 14 had recovered, 3 were transferred to other Asylums, and 3 were taken home.

Of the deaths, 6 were due to Phthisis ; 7 to Paralysis, Brain Disease, and epilepsy ; and 1 to Diarrhœa.

The House—although not crowded to such an extent as to prove prejudicial to health—must be regarded as fully occupied. All available means for meeting the demand for the admission of Parochial Patients are now exhausted, except through the removal of private cases. In the uncertain position which the Asylum holds towards the District, recourse to this step might have a very injurious effect on the financial interests of the Institution, especially in the event of the erection of a new Asylum at Dundee ; and this possibility must also render the further extension of the Montrose Asylum a matter of considerable risk.

The fitting remedy for this unsatisfactory condition of affairs appears to be to allot fixed portions of the District to each of the Asylums, so as to fix their duties and responsibilities.

The House was clean, well ventilated, sufficiently heated, and generally in excellent order. Its general aspect is being materially improved by decorative painting and colouring ; and it is intended gradually to increase the number of objects of interest and ornament in the Wards, and to supply additional articles of furniture. This is an intention which should be persistently carried out, as it has been satisfactorily shown that the mental condition of the inmates of Asylums is most beneficially modified by the improvements of their surroundings. The contrast between English and Scotch Asylums, in the general aspect of the Wards and in the tranquility of the Patients, is generally very much in favour of the former ; and there is much reason to think that this result is due to the persistent efforts which have been made in England to surround the Patients with civilizing influences, which in Scotland are generally regarded as uncalled for and out of place for the inmates of District Asylums. There is now no doubt,



however, that the previous habits of many of the Patients in Scotch Asylums render them more intractable than those of the same class in English Establishments.

The condition of the Patients, as regards clothing, bedding, and personal cleanliness, was satisfactory. The food served during the visit was abundant and of excellent quality ; but the manner of its preparation might be more varied, without any increase of cost.

Great attention continues to be given to industrial occupation, to exercise in the country, and to recreation. Very few Patients are restricted to the Airing Courts, and a considerable number enjoy full freedom on parole.

The Establishment continues to be managed without recourse to seclusion, and with the same satisfactory results. At present, 65 Males and 99 Females are under special treatment for their mental maladies, and due attention is given to the exhibition of medicines. As a rule, however, reliance is placed chiefly on the improved position which the Patients enjoy as regards food, clothing, accommodation, bedding, and cleanliness. Many are received in a very deteriorated physical condition, and rapidly gain weight under their improved circumstances. A considerable amount of the mortality must be ascribed to the state in which the Patients are on admission ; and it is worthy of notice that those who have been received from the ordinary Wards of Poor-Houses, frequently present the symptoms of an insufficient dietary.

The various "annexes" of the Asylum, namely, Gayfield House, and the Gate and other Cottages, were in a most satisfactory condition. They accommodate between thirty and forty Patients in a home-like and comfortable manner.

Only one accident is recorded since last inspection. It was of a serious character, involving fracture of the ribs ; but after a very careful investigation, both by the Superintendent and the Procurator-Fiscal, to whom, on the advice of the Board, it was reported, no certainty could be acquired as to the manner in which it happened.

JAMES COXE, Commissioner in Lunacy.



## REPORT BY DR MITCHELL, COMMISSIONER IN LUNACY.

Royal Asylum, Montrose, 30th and 31st March, 1871.

There are 393 Patients at present in the Asylum. These consist of 179 Males and 214 Females. Since the last visit, 38 Patients have been admitted, 41 have been discharged, and 8 died.

The admissions are made up of 7 Private and 31 Pauper Patients. None of the Paupers are chargeable to the Parishes of Dundee, or Liff and Benvie. Eight of the Patients admitted were below the age of 25, 17 below the age of 35, 21 below the age of 40, and 24 below the age of 45—so that the majority were in the prime of life ; but, notwithstanding this, many of the Patients admitted appear to have been in a feeble and broken down state of health. In 26 of the 38 cases, the disease is stated to have been of less than a year's, and in some of less than a month's duration ; but it is certain that this would convey an erroneous impression. For instance, a Patient labouring under mania, associated with epilepsy, may have been only five days ill in so far as regards the particular attack which led to removal to the Asylum, but the real duration of the insanity may have been one of many years. In other cases again, the information supplied to the Superintendent makes the commencement of the illness coincide with the commencement of pauperism. In fact, a large number of the Patients admitted, bring with them a very imperfect and often incorrect history of their illness.

Of the 41 Patients discharged, 18 were cured, and 16 were transferred to the Asylum or to the Poorhouses at Dundee.

The 8 deaths were caused by Phthisis, Heart Disease, Gangrene of the Lungs, Apoplexy, Disease of the Brain with Paralysis, Senile Decay, and Maniacal Exhaustion. A *post mortem* examination was made in every case, and the cause of death is given with as much precision as possible. The Patient who died of Gangrene of the Lungs was only about a month in the Institution, and was recognised to be in a very feeble condition when admitted. No death occurred between the 12th of January and the 28th of March.

Much attention continues to be paid to the amusement and occupation of the Patients. 28 Patients are on parole within or beyond the Grounds of the Asylum, and the peculiar tastes and habits of not a few are judiciously considered and gratified. 97 men, and 120 women are said to be industriously employed. It is believed that the result would be beneficial if the industrious could be made to feel that they were in some way directly rewarded. Exercise in the General Grounds or beyond them is taken by nearly all the Patients.



The use of seclusion or any form of restraint in the treatment or management of the Patients, continues to be found unnecessary ; indeed, the Institution may be said to be almost wholly unprovided with the means of restraint.

Considerable changes have taken place in the direction of decorating the Wards, and the result, so far as it goes, is very satisfactory ; but much remains to be done, and it is hoped that the efforts to give all the day-rooms and dormitories a clothed, cheerful, and home-like aspect, will be persistently continued.

All parts of the house were clean, well ventilated, and in excellent order. One hundred and twenty-seven males, and one hundred and eighteen females dined together during the visit, and partook, with relish and in perfect tranquility, of an excellent dinner.

The impression conveyed by the inspection of the separate establishment at Gayfield was, as usual, in every respect satisfactory and pleasing.

It is thought that it would be an advantage to this Institution, if a fixed portion of the District were allotted to it, as was recommended in last report, and the matter is again brought under the notice of the Directors.

One accident is recorded since last visit. Ten attendants have left during the same period, and one has died. Nine left for no fault, and one because she was thought to be pregnant. These changes are numerous, though only one of them appears to have resulted from misconduct.

The cubic space of each apartment has been calculated, and recorded above the door.

The impression produced by the inspection was very favourable.

ARTHUR MITCHELL, Commissioner in Lunacy.

P.S.—The following extract, from the amusement book of the Asylum, shows the weekly amusements :—

Monday—Weekly Ball.

Tuesday—Lecture in Montrose.

Wednesday—Concert and Ball.

Thursday—Evening Class.

Friday—Lecture in Asylum.

Saturday—Singing Class and Diorama.

Concerts and Lectures are varied by Theatricals and Costume Balls.

A. M.