

Nineteenth annual report of the directors of the Dundee Royal Asylum for Lunatics : submitted in terms of their charter to a general meeting of directors, 17th June 1839.

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NINETEENTH
ANNUAL REPORT
OF
THE DIRECTORS
OF THE
Dundee Royal Asylum
FOR LUNATICS;

SUBMITTED, IN TERMS OF THEIR CHARTER,

TO

A GENERAL MEETING OF DIRECTORS,

17TH JUNE 1839.

DUNDÉE:

PRINTED AT THE ADVERTISER OFFICE.

1839.

THE DIRECTORS
ANNUAL REPORT

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NINETEENTH REPORT

OF THE

DIRECTORS

OF THE

DUNDEE LUNATIC ASYLUM,

For the Year ending 31st May 1839.

IN soliciting the notice of the Public to their Nineteenth Annual Report, the Directors have a deep feeling of responsibility arising from the nature of the charge with which they are intrusted. The large and increasing number of patients in the House—the necessity of extending the buildings for their accommodation, notwithstanding the heavy debt that already presses on the Institution—the awful character of insanity itself, causing deep thought and solemn reflection—its mysterious origin—its varied symptoms and calamitous effects—the natural anxiety of friends for the welfare of those they have committed to the care of others—the disappointment necessarily flowing from too sanguine hopes—invest the duties of the Directors with an interest and importance which excite much attention, solicitude, and care. As the experience of the Director increases, he feels the weight of the obligation heavier, his attention more engaged, and his time more devoted to the affairs of this interesting and rising Institution. As insanity implies the derangement of the highest faculties and noblest powers of man—as it directly affects his happiness and touches his dearest interests—it must ever be a most important subject of

human investigation; and, as our knowledge of it is still very limited and imperfect, no means ought to be left unemployed in acquiring more extended and satisfactory information. What is insanity? The most distinguished writers give different answers to this question. No definition which has yet been given has been universally adopted.* An eminent writer conceives that any attempt to give a precise definition of the term would be vain and fruitless.† On trials in cases of lunacy, the most celebrated practitioners give contradictory evidence, and experience proves that it is not easy to state the precise difference between a sound and an unsound mind. The line of distinction between strong passion, or irritable temper, and derangement of intellect, is not easily drawn, and some writers maintain that a person may be insane and yet in the perfect exercise of his mental faculties, the derangement consisting in the affections or passions being without due guidance and control.‡

The human constitution is certainly a very nice and complex system. In its sound state there is a happy unison between perception, moral feeling, and physical organization, constituting an active, intelligent, social, religious, and accountable being. That all the parts of such a complicated machine should not always act in perfect harmony, cannot be a matter of surprise; but, how the intellect and moral principles are affected by any defect or change in the corporeal organization, is a problem which is beyond the power of man to solve; and on this, as on many other subjects, we must rest satisfied with facts ascertained by the sure test of experience. The obscurity and uncertainty that rest upon this sub-

* La folie, l'alienation mentale, est une affection cerebrale, ordinairement chronique, sans fièvre, caractérisée par desordre de la sensibilité, de l'intelligence, de la volonté.—*Esquirol*.

Dr Mayo declines giving a definition of insanity, but says that it is "a morbid state, to which those persons are subject in whom the power of volition is feeble, when they are placed under the influence of certain mental and physical causes."

† "An infallible definition of madness I believe will be impossible, as it is an attempt to comprise, in a few words, the wide range and mutable character of this proteus disorder."

"As the practitioner's own mind must be the criterion by which he infers the insanity of any person, and when we consider the various and frequently opposite opinions of these intellectual arbitrators, the reader will be aware that I have not abstained from giving a definition of madness without some reason."—*Dr Haslam*.

‡ Dr Prichard's division of insanity is into moral and intellectual insanity: He holds, with Pinel, that it consists in certain cases of a morbid perversion of the affections and moral feelings, without any sensible lesion of the intellectual faculties.

ject have given rise, as might have been expected, to diversity of opinion; for, if the origin and nature of insanity be in a great measure unknown, a wide field is open for theory, and the treatment of the insane will consequently vary according to the views and opinions of every practitioner.

The patients in this, as in similar Institutions, are admitted on medical certificates, and have generally been subject to medical treatment before their admission into the House; and, as the disease has thus often reached its confirmed and settled form, the Office-Bearers of the Asylum have no opportunity of checking its progress in its first stages. The treatment of the patients will consequently be much more varied than it would have been if they had been in the House during the whole course of the disease, and the responsibility of the medical gentlemen connected with the Asylum is thus shared with many others of different degrees of knowledge and experience: And, though it would be presumption to say, in the present imperfect state of our knowledge of insanity, that every patient in the House has obtained the best possible treatment suited to his case, the Directors can promise, not only in regard to themselves, but with confidence on the part of the Office-Bearers of the Establishment, that every case will meet with the utmost attention—that all that is known through the experience of others—that every improvement in science, and every invention in art, will, as far as is practicable, be made available for the benefit of the unhappy persons committed to their care. Insanity is then a subject of deep interest, affecting the condition and happiness of many of our race: It is a field that has not yet been fully explored, in which many new facts may be discovered by observation and experience; and, as recent discoveries have effected a wonderful change in the treatment and condition of the patients, never, in any former period of the history of our race, has the subject assumed such a high claim to public attention. As this benevolent Institution is rising into importance, as many have within its walls relatives, and friends, and neighbours, in whose welfare they feel the most lively interest, the present state of the Institution and its progressive advancement will be watched with much anxiety and care. The Reports of the preceding years having been widely circulated

and favourably noticed in several respectable publications, the Directors feel encouraged to enter somewhat into the detail of their proceedings in the present Report.

I. THE STATE OF THE BUILDINGS.

Since the proposal was made, about thirty years ago, of erecting an Asylum in the vicinity of Dundee, and the original plan was furnished by Mr Stark, the population of the town and neighbourhood has nearly tripled. In a very short time after the House was opened, in 1820, it was found to be totally inadequate to supply accommodation to such a numerous and so rapidly-increasing a population, and a plan, upon a much more extensive scale, was furnished by Mr Burn. Much less expense would no doubt have been incurred, and much trouble would have been spared, if the extended plan had been adopted from the commencement of the work. As this, however, was an occurrence that could not be prevented without a knowledge of events that could not be foreseen or anticipated, and as many other Asylums have been struggling with the same evil, the minds of the Directors have not been discouraged, and they have been employed from time to time in remodelling and enlarging the buildings as the demand for the admission of patients and the limited amount of funds under their control allowed. In the Report of last year it was stated that contracts had been entered into with tradesmen for erecting the whole of the buildings on the west side, and thus completing the accommodation, according to Mr Burn's plan, for male patients. These apartments have been finished some time ago, furnished, and patients admitted into them—the whole rooms and galleries have been lately painted—and, whether we consider their extent, elegance, the means they afford for classifying the patients, the spacious airing grounds and numerous baths attached to them, there seems to be but little that can be farther provided for the health, comfort, and accommodation of the unfortunate persons by whom they are occupied. When the female patients are removed from the west side of the centre building, of which they have temporary occupation, the number of males that can be accommodated in the apartments appropriated to them will be about one hundred; and beyond this limit the Directors have at present no views of extending this division of the Establishment.

As there has been for some time past in the House a greater number of males than of females, and as it was desirable that the inconvenience of enlarging and altering the buildings, conveying the materials for this purpose, and admitting workmen within the premises, might be removed as speedily as possible, the Directors resolved to proceed with the buildings on the male side to their completion, admitting for a while a number of the female patients into the apartments of the males in the centre building, but at the same time effecting a complete separation between the two classes. During the present year they have contracted with tradesmen for the erection of the south wing on the female side, and have thus been making, during three successive years, extensive and important additions to the buildings. The mason work in this new wing is well advanced, and it is expected to be ready for the reception of patients towards the end of the year. It is precisely similar to the corresponding part on the west side: The apartments in it will be large and elegant; the view from them rich, varied, and extensive; and the additional accommodation thus afforded to patients paying the highest rate of board will, it is to be hoped, fulfil the wishes of every applicant. In some instances ladies have not found admission, on account of the limited dimensions of the buildings appropriated to their use; those paying the higher rates of board can now have access to apartments where they will enjoy the conveniences, comforts, and retirement of private life. The north wing of the female side was erected in 1825; and, as the intermediate space between the north and south wings is occupied by buildings after Mr Stark's plan; when these are elevated an additional story, and widened four and a half feet, the whole of Mr Burn's extended plan will be completed. The completion of the whole plan, now so nearly reached, will depend on the pleasure of future Quarterly Courts, and the Directors will no doubt be guided by the views they entertain of the demand for the admission of patients and the amount of funds placed under their control. The steady and progressive increase of patients, and consequently of income, during nineteen years, points out an early period for the completion of the work, and experience has removed some doubts which were at one time prudently and cautiously entertained.

II. THE STATE OF THE FUNDS.

From what has been mentioned concerning the buildings, their extent, and the progressive manner in which they have been brought so near their completion, it is obvious that a large expenditure has been unavoidable. The whole sum expended on this Asylum, including furniture, and the tear and wear of it, until this date, is about 28,000*l.*; which is in the proportion of 175*l.* to each patient. The Hanwell Asylum was erected by the County of Middlesex at an expense of 160,000*l.*, which is in the proportion of 266*l.* to each of the six hundred patients it contains. The sum expended on this Asylum has arisen partly from subscriptions and legacies—partly from surplus income, including of late years patients' labour—and partly from sums borrowed, as the circumstances of the Institution required.

The whole amount of contributions until the present date is 11,784*l.* 8*s.* 8½*d.*; of surplus income, 8220*l.* 8*s.* 6½*d.*; and of debt about 8000*l.*

The amount of subscriptions received and lodged in the Bank in 1812, before the buildings were commenced, was 1184*l.* 17*s.*; in 1820 it was 7474*l.* 16*s.* 3*d.*; and in 1830 it was 10,971*l.* 3*s.* 4½*d.* During the last nine years this source has been much diminished; the public mind being probably impressed with the idea, that the funds of the Asylum, being prosperous, do not require the aid of charitable contributions.

The amount received for patients' board in 1821 was 528*l.* 10*s.* 3*d.*; in 1830 it was 2453*l.* 17*s.* 5*d.*; in 1838, including the produce of patients' labour, it was 3489*l.* 15*s.* 5*d.*; and the larger amount received this year, as appears by the Treasurer's subjoined Account, shows the progressive nature of this Institution.

At the close of the first year after the House was opened, the debt amounted to 2000*l.*, and was in proportion to the amount of patients' board as 4 is to 1; in 1830 the debt was 5000*l.*, and was in proportion to the board of patients as 2 is to 1; in 1838 the debt was 7474*l.* 16*s.* 3*d.*, and was in proportion to patients' board as 2 is to 1. The Treasurer's statement for the present year shows that this proportion is not materially changed; so that, notwithstanding the heavy expenses lately incurred by the extension of

the buildings, the proportion of debt to income is not more unfavourable than it has been at any former period, while the patients have much superior accommodation, while means are provided for receiving an additional number, while the value of the property is greatly increased, affording ample security to the creditor and a fair prospect for the liquidation of the debt at no distant period. The amount of the existing contracts for the erection of the south-east wing, including airing-ground walls, and baths, is about 2200*l.*, exclusive of furniture.

But, though there is little doubt that the funds of the Institution would flourish at the present rates of board, it is a most desirable object that these rates were considerably reduced. In the case of pauper patients, the burden falls heavy on parishes that are already assessed, and it totally deranges the concerns of those parishes that have hitherto escaped that evil. There is a class of patients immediately above the condition of paupers whose feelings will not allow them to claim parochial relief, and who prefer submitting to many inconveniences and privations rather than relinquish their independence; and it would be wise and humane to cherish rather than check a spirit which in the present state of society is so apt to languish and die. It is true that there are persons in affluent circumstances affected with this malady, some of whom have been admitted into this Asylum, and it is quite right that they give a liberal remuneration for the services and accommodation they obtain; but, that they should be exorbitantly taxed for the support of the poor—that the burden imposed on them by the wisdom of Providence should be made heavier by the hand of man—is a measure opposed to every principle of justice and every sound view of Christian charity. While a reduction of the rates of board would diffuse comfort more widely throughout all classes, this happy effect cannot be obtained without a previous liquidation of the debt, which has hitherto hung as a heavy incumbrance around this Institution, circumscribing its usefulness and impeding its advancement at every stage of its progress. It is earnestly to be hoped that the same spirit of benevolence which watched over this Asylum in its infant state, cherished and strengthened it when struggling with many difficulties, will not withhold that benign influence which will soon enable the Institu-

tion to reach its full vigour and power of usefulness; and it is not easy to suppose that legacies and donations can be directed in a more beneficial channel than in furnishing the best means for effecting the cure, sweetening the cup, and lightening the burden of the most hapless of our race.

III. THE CONDITION OF THE PATIENTS.

The Directors are fully aware of the delicacy of this subject—of the privacy that belongs to the nature of their Establishment; and, though sensible that silence and reserve often engender suspicion and distrust, yet, whatever impatience and curiosity may be working in the breast of the nearest relative or friend, there can be no reference to individual cases in a public Report. It may be generally said, however, that every patient in the House receives the treatment of a sane person, and is placed as nearly as is possible in the same circumstances as to dress, food, habits, and pursuits, as in the period of his mental health and vigour. It may also be remarked that all the measures prescribed in regard to him are of a remedial nature—not intended for the advantage of others, but for the benefit of the patient himself—for promoting his welfare and effecting his cure. Kind and gentle treatment, soothing conversation, and consolatory counsel, inspiring confidence and friendship—the exercise of his mental, moral, and physical powers, contributing to health of body and tranquillity of mind, with the smallest restraint that is compatible with his own safety and the welfare of others—are measures not only recommended, but studiously practised towards every inmate of the Institution. Since the present Superintendent and Matron undertook the management of the Asylum, it has been much distinguished for the variety and extent of the exercises in which the patients have been engaged; and the happy effects of labour on the health and welfare of the patients are now so well known and acknowledged, that many inquiries have been made, and many visits have been paid, by professional and scientific men, to learn the means by which so satisfactory a result had been obtained. The debt was no doubt considerably increased by the erection of workshops and in providing manufacturing utensils; but there is a fair prospect that this debt will be ultimately liquidated and the pecuniary interests of the Asylum promoted by the industry of its inmates. The following

Table will give a distinct view of the condition of the patients in regard to their ordinary occupations.

NUMBER GENERALLY EMPLOYED, 1838-39.

	Males.	Females.	Total.
Weaving linen for sheeting, cotton bagging, &c.,	13	6	19
Picking oakum,	11	0	11
Tailoring and mat-making,	2	0	2
Cutting firewood,	1	0	1
Mangling clothes,	1	0	1
Pumping water for the use of the Establish- ment,	3	0	3
Breaking metal for the turnpike road, and gardening, trenching, and laying out ground,	21	0	21
Domestic purposes,	1	0	1
Shoemaking and mending,	2	0	2
Clerks,	1	0	1
Dressmaking,	0	2	2
Shoe-binding,	0	1	1
Spinning,	0	11	11
Winding for weavers,	0	6	6
Knitting,	0	2	2
Shirt-making,	0	2	2
Quilt-making,	0	1	1
Upholsterers' work,	0	2	2
Stay-making,	0	1	1
Flowering Muslins,	0	1	1
Fringe-making,	0	1	1
Repairing bedding and clothes,	0	3	3
Worsted works,	0	1	1
Assisting in laundry,	0	1	1
" in scullery,	0	1	1
" in kitchen,	0	1	1
" in bed-rooms and wards,	0	4	4
Marking clothes,	0	1	1
Total,	56	48	104

Ladies and Gentlemen not included in the above.

Work done by male lunatics.

- 542 Webs of bagging wove.
- 23 " of sheeting, &c.
- 934 Cwt. oakum picked.
- 22 Pairs trousers made, in addition to many mended.
- 13 Waistcoats ditto.
- 2 Flannel jackets ditto.
- 14 Coats and jackets ditto.
- 2 Pairs drawers ditto.
- 56 Cubic yards metal broke.
- 55 Pairs leather shoes and boots made, in addition to many mended.
- N. B. Garden works cannot be included here, nor cleaning of wards.

Work done by female lunatics.

- 27 Short gowns made.
- 32 Long ditto ditto.
- 60 Aprons ditto.
- 206 Caps ditto.
- 50 Petticoats ditto.
- 55 Shifts ditto.
- 36 Mattresses ditto.
- 28 Bolster cases ditto.
- 52 Pillow ditto ditto.
- 34 Pairs sheets ditto.
- 18 Ditto stays ditto.
- 42 Flannel waistcoats ditto.
- 38 Pairs flannel drawers ditto.
- 48 Ditto stockings knitted ditto.
- 81 Men's shirts ditto.
- 100 Webs sheeting wove.
- 400 Spindles hemp spun.
- 260 Handkerchiefs hemmed.
- 55 Pairs shoes bound.
- And winding pirns for 665 webs.
- The elegant and other articles prepared by the ladies cannot be inserted here.

During the erection of the buildings, the patients are busily employed in throwing the foundations, making drains, and in removing earth and rubbish. By their labour several mounds have been erected within the airing grounds, paved on the top, which command a view of the surrounding country, and dispel the monotony and tediousness of a life much secluded from the world.

The occupations of the higher classes are more varied, and their tastes are gratified in every reasonable wish and healthful exercise. Their amusements and recreations have been particularly specified in former Reports: It may be proper, however, now to add, that, for some time, they have been indulged with more frequent excursions into the country; and, for this purpose, open and close carriages are provided for them twice a week. There is one fact that cannot be passed over in silence, as it has excited feelings of surprise in the breasts of those who have most experience in the treatment of the insane: A lady of the highest class some time ago expressed a desire that some children were put under her care,—her wish was gratified. A few children from the neighbourhood attend her daily, and she superintends their education, not only with maternal tenderness but with prudence, temper, and judgment; and, amid the many privations to which she is subject, she is conscious that she is not living in vain, but is employing the means within her power of conferring some benefit on our race.

The Directors have now full experience of the beneficial results that have flowed from the introduction of labour into the Asylum, and they have the satisfaction to know that the practice adopted here is closely followed in a number of similar Institutions. There is no doubt that these exercises have increased the number of cures, ameliorated the condition of the patient, and shortened the period of the residence in the House; for there are not a few who are now restored to the peaceful bosom of their own families, happy in the consciousness of conferring benefits on others, who without these means would have been still lingering in the airing grounds, sinking under the heavy burden of imaginary evil, or the pitiable victims of illusory hopes. Labour, exercise, and social intercourse, preserve the bodily health of the patients, prevent the mind from brooding over its own disease, and are a most useful associate to the other remedial measures that are usually adopted.

Man is endowed with social affections, and solitude is not his proper element,—all his mental and physical powers are strengthened and improved by exercise, and point out to him a life of activity ; he is consequently placed in an unhappy and unnatural state when no scope is given to the different faculties with which he is endowed. Snatch a man away from his connexions in life—from those pursuits which had interested his social and moral feelings—place him in a cell—bind him with chains—treat him with coldness and reserve, though not with cruelty ; and will he not feel that you have inflicted on him the severest injury—will not his spirit sink under the weight of disappointment ? and, if the light of reason be not totally extinguished, there is a misery that flows from distracted feeling from which it would be happy for him to be relieved even by the illusions of insanity itself. If these be the unhappy consequences of harsh treatment on a person of sound intellect, its effects would be still more fatal and appalling on one who had not access to the same source of comfort and resignation. These views, suggested by what we know of the present constitution of man, are abundantly confirmed by experience, and especially by the experience of the Directors of this Institution ; for certainly the introduction of useful, agreeable, and healthful exercise, has given life to this Asylum, breathed into it a new spirit, and converted the prison into an arena of varied and active pursuits.

Aware that some distinguished writers still entertain doubts of the propriety of introducing public worship into an Asylum, and recommend great caution and prudence in respect to a subject so sacred and exciting as religion, the Directors are quite ready to admit that, in regard to a number of the patients, their joining in social religious exercises would be quite discordant to the state of their own minds, and no small disturbance to the pious feelings of others ; and though in a few cases it may be difficult to decide as to the propriety of this step, yet the experience of nine years in this Asylum sufficiently proves that, in regard to patients in general, these doubts are imaginary and groundless ; and it is believed that, as far as the experiment has been judiciously tried, the same testimony has been uniformly given by the Directors of similar Institutions. Is it proper that man be treated as an intelligent being and endowed with social affections ? and with what propriety can it be said that he ought

to be restrained in the exercise of his moral feelings? If his religious principles cannot and ought not to be eradicated by the power of man, is it not proper that they be duly cherished and directed in the channel of reason and truth? Has any man had the benefit of a religious education—been trained up to religious exercises from his childhood—and shall we be justified in the mad and cruel attempt of denuding him of the peace, and joy, and hope of a Christian? Besides, the Directors feel persuaded that the obligation will be generally acknowledged, of all classes in the House meeting together to express their dependence on the supreme Ruler, to supplicate his blessing on themselves and their Institution; and, while these exercises have been found useful to the patients, they impart their influence to the minds of the servants and keepers; and it is thus that angry passions are calmed, that irritable feelings are soothed, that the thoughtless are reminded of the presence and inspection of the invisible Witness and Judge, and peace and contentment are diffused throughout all the members of the Establishment. The average number who have attended the services of the Chaplain during the year is one hundred and twenty-five, while a number attend different churches in Dundee for reasons that would be tedious to enumerate.

In the recent publication of Mr Hill of the Lincoln Asylum, he asserts, “that, in a properly-constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious in all cases of lunacy whatever.” It is believed that, if this point were to be settled by practical men, Mr Hill would be left in a very small minority. But, even allowing the practicability of the measure, whether it be humane and desirable, is a question that appears to be very problematical. If the mind of a patient can be subdued by the power of intimidation, so as to paralyze his efforts in the hour of maniacal paroxysms, would his condition be more happy, or his welfare more promoted, by being under the influence of terror? Is it better to enslave the mind than enchain the body? May there not be greater benevolence and sympathy in subjecting the members of the body to salutary restraint than in the exercise of a moral discipline which will ever appear to human feeling burdensome and oppressive? Instances are not unfrequent of patients, when warned by symptoms of approaching paroxysms, requesting to be placed under tempo-

rary restraint ; and, when the hour of illusion has passed away, are happy in the reflection that they have been without the power of committing an act which reason and conscience condemn.

With the exception of instances of very violent excitement, where there is strong apprehension of danger to the patient himself, or to others, there has been no restraint ever imposed on the inmates of this House ; and, while all necessary precautions are used for the safety of the individual, all compulsory measures are carefully and anxiously avoided. It sometimes happens that all the patients of every class and in every stage of the disease are free from every kind of restraint whatever ; but, as some restraint might occasionally be found necessary among the same number of persons of sound mind, placed in similar circumstances, it is not thought proper that in an establishment of lunatics the life of an individual be placed in jeopardy, or the general comfort of the inmates be disturbed, in support of a theory which seems to aim at ideal perfection rather than to promote practical utility. At the present moment there are only three males and two females subjected to temporary restraint ; some of them have no consciousness that they are suffering any evil ; and in every society it is unavoidable that a person who disturbs the peace of others suffer for the sake of the public weal.

The number of deaths this year has been eleven, while eight only died last year. The number of patients this year exceeded that of last year by sixteen. The season has been upon the whole particularly healthy—most of the deaths took place in May, during the prevalence of influenza. In some of the cases the health of the patients was in a very precarious state before their admission ; in others they had been long in the House, and sank under the infirmities of age. The rate of mortality has been nearly 7 per cent., which is comparatively low, considering that there is no restriction on the admission of patients ; the rate at Glasgow, Lincoln, and the West Riding of York, being 10 per cent., and in others much higher. At Blooming Dale, New York, in 1836, it was 9 per cent., in 1837 10, and in 1838 15.

The number at present in the House is eighty-six males and seventy-four females. If a few females had not been refused admission some years ago, from want of room, the number of males and females might have been now nearly equal. The proportion of males

to females is at present as 7 is to 6 ; in 1821 it was as 2 is to 3 ; in 1822 the number of each class admitted was precisely equal. The number of patients in the House in 1821 was thirty-six ; in 1825 it was eighty-two ; in 1830 it was one hundred and one ; in 1835 it was one hundred and fourteen ; in 1839 it is one hundred and sixty. The average increase is about seven yearly ; an increase of sixteen this year shows that the Institution is at present making greater progress than at any former period, while a large extension of the buildings may accelerate that progress for some time to come. The Directors do not wish to step out of their department in referring more particularly to the condition of the patients ; accurate and useful, and they hope satisfactory information, will be found in the Medical Report.

IV. THE GENERAL MANAGEMENT OF THE ESTABLISHMENT.

It would be disingenuous in the Directors not to acknowledge frankly that they have a favourable opinion of the management of the Institution ; and, though some degree of partiality may be associated with their testimony, yet they are disposed to make this avowal with the less hesitation, as they have no secular interest whatever in the success of the Institution : Being elected annually to their offices, they refer not so much to themselves as to their predecessors ; they make no claim for themselves, but willingly assign whatever meed of praise is due, to the Office-Bearers who are not Directors, and especially to those whose residence is within the walls of the Establishment. The patients are continually under their eye ; the servants must necessarily be under their control ; and the whole internal order of the Establishment must be administered by their authority and direction. The Directors have implicit confidence in the long experience and high professional talents of the Physician ; they know that the best modes of treatment hitherto discovered will be adopted in his practice ; and his success in promoting both the comfort and the cure of the patients has fully proved that this confidence has not been misplaced. The Superintendent, since his appointment, has been unwearied in his exertions in ameliorating the condition of the patients, in diversifying their pursuits, and in employing the most judicious measures for extending the usefulness of the Institution. The high

character, distinguished accomplishments, and important services of the Matron, are duly prized by the Directors and fully acknowledged by the Public. The heads of the Establishment are always found in their proper station, actively employed in their work of superintendence, and their minds fixed on objects of benevolence and utility.

In regard to themselves, the Directors beg distinctly to state, that, in procuring provisions for the House, their fixed rule is to purchase articles of the best quality; and know from experience, that they thus consult the best interests of the Institution, pursue the wisest economy, promote the real comfort and welfare of the patients, and in a great measure avoid the risk of supplying the House with adulterated goods: The friends and relatives of patients may therefore confidently rely that the first object of every person connected with the Institution is to promote the welfare of the unhappy persons under their charge—that there is no Office-Bearer that would not at once relinquish his office rather than a single patient should suffer from privation or neglect.

Is the welfare of the patient consulted in respect to his food, he is equally well provided in regard to his clothing. His dress is no doubt plain and simple as his circumstances may require, but it is always clean and in the best repair. It may bear symptoms of scanty means, but it has no appearance of carelessness or neglect. As the patient generally assumes greater fullness in his person and greater neatness in his dress, his aspect shows the amelioration that takes place in his condition by his admission into the House.

The same qualities belong to the furniture,—it is never splendid, but always suitable and substantial; its most essential property is durability. One of the most striking features that attracts every eye is the extreme neatness and cleanliness which prevail throughout all the departments of the Establishment. While the Directors point out this fact as a proof of the care and attention of the Office-Bearers—as an object that cannot fail to be admired by every one—they likewise refer to it as one of the means by which the health of the patients has been preserved, in fully as sound and vigorous a state as in any other similar Institution. In regard to the Keepers, a number of them have long occupied their present stations—have acquired much expertness in the discharge

of their respective duties—are interested in the prosperity of the Institution, and are sober and steady in their general deportment. Order and subordination are preserved without interruption; the Directors are troubled with no disputes to settle or law-suits to defend; the administration is conducted not only with judgment, but also with discretion, for the Agents coöperate with perfect harmony and good-will.

That this is not a fanciful picture drawn by minds unduly biassed, the Directors beg to refer to testimony that cannot be suspected of flowing from any feeling of partiality, and of much higher authority than their own. Mr Tuke, the celebrated philanthropist, when he was last summer visiting the different Asylums of the kingdom, with the view of introducing some farther improvements regarding the employment of the patients into the Retreat at York, inspected this Establishment, and wrote in the visitors' book—"I have come here to learn and to admire." (Signed) "SAM^L. TUKE." The non-resident surgeon who accompanied him, wrote—"I concur." (Signed) "CALEB WILLIAMS." It may be remarked, that one of the original regulations of this Asylum was, that the management of the Retreat should be assumed as the model by which this Institution was to be formed, that the publication of Mr Tuke was to be continually on the table for the guidance of the Directors. It appears, however, that this period of non-age and scholarship is now elapsed, and that the Dundee Asylum has reached the first rank, and bears a high name among benevolent Institutions. A writer in the *British and Foreign Medical Review* of January last, having quoted a passage from our Eighteenth Report with approbation, along with other remarks, observes, "upon the whole, we have been extremely interested with the reports of this admirably-conducted Asylum, for such we cannot doubt its being, from the very nature of the Reports, in which, without ostentation, or any apparently interested or business motive, the gentle, considerate, and scientific character of the management is very conspicuous." In the *Medico-Chirurgical Review* of April, the editor gives nearly the whole substance of our Medical Report for the information of his readers. The Sheriff of the county also, when inspecting the Asylum, in compliance with an Act of Parliament, has uniformly expressed his satisfaction in terms of unqualified praise. The

Directors, in bringing forward these flattering testimonies, must guard against the imputation of vanity; and they feel justified in referring to them solely with the view of promoting the interests of the Institution.

A Lunatic Asylum, when judiciously conducted, must ever be an interesting spectacle, and will be viewed in a favourable light by every well-constituted mind. The spirit of humanity is cheered and gratified by every attempt that promises to advance the welfare of the most hapless of our race; and, when the attempt is made on a large scale, in proportion as the sum of human misery is lessened and the weight of suffering alleviated, will it interest public feeling and claim general approbation. When we see a group of one hundred and sixty human beings, who, like ourselves, have passed through the happy period of childhood, felt the buoyancy of youth, and cherished the hopes of prosperity and success—checked in their career—their brightest prospects blasted—and their purest comforts embittered—is there any object that can more fully attract our sympathy and condolence? There is every probability that this Institution will advance to a much higher state of prosperity and usefulness—and who does not feel the thought awakening in him feelings of secret joy? What lips do not express a silent prayer that the same Providence who watched over this Asylum at its origin, interested in its welfare so much benevolent feeling, procured for it such a share of public approbation, may continue to give wider and wider extension to its sphere of usefulness? and, as the dews of Heaven refresh the barren wild, and the overflowing river fertilizes and enriches the surrounding plains, the benefits of this Institution may flow in a purer and more copious stream to refresh and comfort the hearts of the most disconsolate of our race throughout all generations.

The Directors express their thanks to the Members of the Weekly Committee and House Visitors, for their gratuitous services; also to the Physician, Superintendent, Matron, Chaplain, Treasurer, and Secretary, for their fidelity and attention in the discharge of their respective duties.

ABSTRACT
 OF THE
MEDICAL REPORT READ TO THE DIRECTORS,
 AT THEIR
ANNUAL COURT

Held in the Town Hall on Monday the 17th June 1839.

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**YEARLY RETURN OF LUNATICS IN THE DUNDEE  
 ROYAL LUNATIC ASYLUM.**

|                                                               | Males. | Females. | Total. |
|---------------------------------------------------------------|--------|----------|--------|
| Remained 18th June 1838, . . . . .                            | 80     | 64       | 144    |
| Admitted during the above period, . . . . .                   | 26     | 27       | 53     |
| <b>Total, . . . . .</b>                                       | 106    | 91       | 197    |
| <br>                                                          |        |          |        |
| Discharged cured, . . . . .                                   | 14     | 9        | 23     |
| Ditto improved, . . . . .                                     | 2      | 5        | 7      |
| Ditto as unfit, . . . . .                                     | 0      | 1        | 1      |
| Ditto by desire, . . . . .                                    | 2      | 1        | 3      |
| Died, . . . . .                                               | 6      | 5        | 11     |
| <b>Total, . . . . .</b>                                       | 24     | 21       | 45     |
| <br>                                                          |        |          |        |
| Remaining 17th June 1839, . . . . .                           | 82     | 70       | 152    |
| <b>Total, . . . . .</b>                                       | 106    | 91       | 197    |
| <br>                                                          |        |          |        |
| Daily average number of patients in<br>the House, } . . . . . | 84     | 66       | 150    |

TABLE OF ADMISSIONS ACCORDING TO THE CAUSES OF  
INSANITY, SO FAR AS CAN BE ASCERTAINED.

PHYSICAL CAUSES.

|                                                           | Males. | Females. | Total. |
|-----------------------------------------------------------|--------|----------|--------|
| Hereditary tendency, . . . . .                            | 3      | 2        | 5      |
| Coup de Soleil, with hereditary predisposition, . . . . . | 1      | 0        | 1      |
| Loss of Blood, with ditto, . . . . .                      | 1      | 0        | 1      |
| Intemperance, with ditto, . . . . .                       | 3      | 2        | 5      |
| Critical period, with ditto, . . . . .                    | 0      | 1        | 1      |
| Catching cold, with ditto, . . . . .                      | 0      | 1        | 1      |
| Suckling, with ditto, . . . . .                           | 0      | 1        | 1      |
| Childbirth, with ditto, . . . . .                         | 0      | 2        | 2      |
| Ditto, . . . . .                                          | 0      | 1        | 1      |
| Apoplexy, . . . . .                                       | 1      | 1        | 2      |
| Debauchery, . . . . .                                     | 3      | 0        | 3      |
| External injuries from wounds, . . . . .                  | 1      | 0        | 1      |
| After influenza, . . . . .                                | 1      | 0        | 1      |
| Weakness of nerves, . . . . .                             | 1      | 1        | 2      |
| Old age, . . . . .                                        | 1      | 0        | 1      |
|                                                           | —      | —        | —      |
| Total, . . . . .                                          | 16     | 12       | 28     |

MORAL CAUSES.

|                                                  | Males. | Females. | Total. |
|--------------------------------------------------|--------|----------|--------|
| Fright, . . . . .                                | 0      | 1        | 1      |
| Fanaticism, . . . . .                            | 0      | 1        | 1      |
| Domestic afflictions, . . . . .                  | 0      | 2        | 2      |
| Disagreements, . . . . .                         | 1      | 0        | 1      |
| Ditto, with hereditary predisposition, . . . . . | 3      | 0        | 3      |
| Domestic trials, . . . . .                       | 0      | 3        | 3      |
| Ditto with hereditary predisposition, . . . . .  | 1      | 2        | 3      |
| Disappointments, . . . . .                       | 0      | 1        | 1      |
| Ditto with hereditary predisposition, . . . . .  | 3      | 1        | 4      |
| Defective education, with ditto, . . . . .       | 0      | 1        | 1      |
| Disappointed love, with ditto, . . . . .         | 1      | 0        | 1      |
| Unknown, . . . . .                               | 1      | 3        | 4      |
|                                                  | —      | —        | —      |
| Total, . . . . .                                 | 10     | 15       | 25     |

TABLE OF ADMISSIONS RELATIVE TO AGES.

|                                       | Males. | Females. | Total. |
|---------------------------------------|--------|----------|--------|
| From 15 to 20 years of age, . . . . . | 3      | 3        | 6      |
| ... 20 to 25 ... . . . .              | 6      | 2        | 8      |
| ... 25 to 30 ... . . . .              | 2      | 1        | 3      |
| ... 30 to 35 ... . . . .              | 2      | 5        | 7      |
| ... 35 to 40 ... . . . .              | 3      | 2        | 5      |
| ... 40 to 45 ... . . . .              | 2      | 2        | 4      |
| ... 45 to 50 ... . . . .              | 3      | 5        | 8      |
| ... 50 to 55 ... . . . .              | 1      | 2        | 3      |
| ... 55 to 60 ... . . . .              | 2      | 3        | 5      |
| ... 60 to 65 ... . . . .              | 0      | 2        | 2      |
| ... 65 to 70 ... . . . .              | 1      | 0        | 1      |
| ... 70 to 75 ... . . . .              | 1      | 0        | 1      |
|                                       | —      | —        | —      |
| Total, . . . . .                      | 26     | 27       | 53     |

TABLE OF ADMISSIONS RELATIVE TO AGES AND SEXES,  
CLASSED ACCORDING TO THEIR FREQUENCY.

Males.

|                                       |    |
|---------------------------------------|----|
| From 20 to 25 years of age, . . . . . | 6  |
| ... 15 to 20 ... . . . .              | 3  |
| ... 35 to 40 ... . . . .              | 3  |
| ... 45 to 50 ... . . . .              | 3  |
| ... 25 to 30 ... . . . .              | 2  |
| ... 30 to 35 ... . . . .              | 2  |
| ... 40 to 45 ... . . . .              | 2  |
| ... 55 to 60 ... . . . .              | 2  |
| ... 50 to 55 ... . . . .              | 1  |
| ... 65 to 70 ... . . . .              | 1  |
| ... 70 to 75 ... . . . .              | 1  |
|                                       | —  |
| Total, . . . . .                      | 26 |

Females.

|                                       |    |
|---------------------------------------|----|
| From 30 to 35 years of age, . . . . . | 5  |
| ... 45 to 50 ... . . . .              | 5  |
| ... 15 to 20 ... . . . .              | 3  |
| ... 55 to 60 ... . . . .              | 3  |
| ... 20 to 25 ... . . . .              | 2  |
| ... 35 to 40 ... . . . .              | 2  |
| ... 40 to 45 ... . . . .              | 2  |
| ... 50 to 55 ... . . . .              | 2  |
| ... 60 to 65 ... . . . .              | 2  |
| ... 25 to 30 ... . . . .              | 1  |
|                                       | —  |
| Total, . . . . .                      | 27 |

TABLE OF ADMISSIONS RELATIVELY TO THE VARIETIES OF  
INSANITY.

|                      | Males. | Females. | Total. |
|----------------------|--------|----------|--------|
| Monomania, . . . . . | 10     | 10       | 20     |
| Mania, . . . . .     | 11     | 13       | 24     |
| Dementia, . . . . .  | 4      | 4        | 8      |
| Idiotism, . . . . .  | 1      | 0        | 1      |
|                      | —      | —        | —      |
| Total, . . . . .     | 26     | 27       | 53     |

TABLE OF ADMISSIONS RELATIVELY TO THE CIVIL CONDITION.

|                      | Males. | Females. | Total. |
|----------------------|--------|----------|--------|
| Unmarried, . . . . . | 15     | 13       | 28     |
| Married, . . . . .   | 10     | 11       | 21     |
| Widowers, . . . . .  | 1      | 0        | 1      |
| Widows, . . . . .    | 0      | 3        | 3      |
|                      | —      | —        | —      |
| Total, . . . . .     | 26     | 27       | 53     |

TABLE OF ADMISSIONS RELATIVE TO THE MONTHS OF THE  
YEAR.

|                                       | Males. | Females. | Total. |
|---------------------------------------|--------|----------|--------|
| From June to July, . . . . .          | 3      | 1        | 4      |
| „ July to August, . . . . .           | 1      | 3        | 4      |
| „ August to September, . . . . .      | 3      | 2        | 5      |
| „ September to October, . . . . .     | 3      | 1        | 4      |
| „ October to November, . . . . .      | 0      | 2        | 2      |
| „ November to December, . . . . .     | 3      | 2        | 5      |
| „ December to January 1839, . . . . . | 1      | 1        | 2      |
| „ January to February, . . . . .      | 3      | 3        | 6      |
| „ February to March, . . . . .        | 2      | 2        | 4      |
| „ March to April, . . . . .           | 3      | 3        | 6      |
| „ April to May, . . . . .             | 2      | 3        | 5      |
| „ May to June 17th, . . . . .         | 2      | 4        | 6      |
|                                       | —      | —        | —      |
| Total, . . . . .                      | 26     | 27       | 53     |



TABLE OF OLD CASES—VIZ. OF MORE THAN TWELVE MONTHS' DURATION.

|                           |              | Males. | Females. | Total. |
|---------------------------|--------------|--------|----------|--------|
| Remained 18th June 1838,  |              | 73     | 53       | 126    |
| Received from Table       | } M. F. TOT. |        |          |        |
| of Recent Cases,          |              | 1      | 5        | 6      |
| Admitted since,           |              | 8      | 8        | 16     |
|                           | — — —        | 9      | 13       | 22     |
|                           |              | —      | —        | —      |
| Total,                    |              | 82     | 66       | 148    |
| Discharged cured,         |              | 1      | 2        | 3      |
| Ditto improved,           |              | 1      | 2        | 3      |
| Ditto by desire,          |              | 2      | 1        | 3      |
| Died,                     |              | 6      | 3        | 9      |
|                           |              | —      | —        | —      |
| Total,                    |              | 10     | 8        | 18     |
| Remaining 17th June 1839, |              | 72     | 58       | 130    |
|                           |              | —      | —        | —      |
| Total,                    |              | 82     | 66       | 148    |

TABLE OF RECENT CASES—VIZ. OF THOSE UNDER TWELVE MONTHS' DURATION.

|                                 |  | Males. | Females. | Total. |
|---------------------------------|--|--------|----------|--------|
| Remained 18th June 1838,        |  | 7      | 11       | 18     |
| Transferred to preceding Table, |  | 1      | 5        | 6      |
|                                 |  | —      | —        | —      |
| Total,                          |  | 6      | 6        | 12     |
| Admitted since,                 |  | 18     | 19       | 37     |
|                                 |  | —      | —        | —      |
| Total,                          |  | 24     | 25       | 49     |
| Discharged cured,               |  | 13     | 7        | 20     |
| Ditto improved,                 |  | 1      | 3        | 4      |
| Ditto as unfit,                 |  | 0      | 1        | 1      |
| Died,                           |  | 0      | 2        | 2      |
|                                 |  | —      | —        | —      |
| Total,                          |  | 14     | 13       | 27     |
| Remaining 17th June 1839,       |  | 10     | 12       | 22     |
|                                 |  | —      | —        | —      |
| Total,                          |  | 24     | 25       | 49     |

## TABLE OF THE DEATHS FOR THE PAST YEAR.

|                                                | Males. | Females. | Total. |
|------------------------------------------------|--------|----------|--------|
| Of Apoplexy, or of its consequences, . . . . . | 1      | 2        | 3      |
| „ Consumption, . . . . .                       | 1      | 0        | 1      |
| „ Water in the Chest, . . . . .                | 1      | 0        | 1      |
| „ Wasting, . . . . .                           | 0      | 1        | 1      |
| „ General Dropsy, . . . . .                    | 0      | 1        | 1      |
| „ Influenza, . . . . .                         | 0      | 1        | 1      |
| „ Exhaustion, . . . . .                        | 2      | 0        | 2      |
| „ Abscess, . . . . .                           | 1      | 0        | 1      |
| Total, . . . . .                               | 6      | 5        | 11     |

## AGES OF THE DECEASED.

|                                       | Males. | Females. | Total. |
|---------------------------------------|--------|----------|--------|
| From 20 to 30 years of age, . . . . . | 1      | 0        | 1      |
| „ 30 to 40 „ . . . . .                | 1      | 1        | 2      |
| „ 40 to 50 „ . . . . .                | 2      | 3        | 5      |
| „ 50 to 60 „ . . . . .                | 2      | 1        | 3      |
| Total, . . . . .                      | 6      | 5        | 11     |

NUMBER OF EPILEPTICS AMONG THE LUNATICS AT PRESENT  
IN THE ASYLUM.

| In Asylum<br>152 Lunatics. | Mania. |    | Monomania. |    | Dementia. |    | Idiotism. |    | Total. |    |
|----------------------------|--------|----|------------|----|-----------|----|-----------|----|--------|----|
|                            | M.     | F. | M.         | F. | M.        | F. | M.        | F. | M.     | F. |
| Epileptic.                 | 2      | 0  | 0          | 1  | 2         | 1  | 1         | 0  | 5      | 2  |

TABLE OF ADMISSIONS RELATIVE TO PROFESSION,  
OCCUPATION, OR CONDITION.

| Males.                       | No. | Females.                      | No. |
|------------------------------|-----|-------------------------------|-----|
| Clergymen, . . . . .         | 1   | Shopkeepers or small Traders, | 1   |
| Physicians, . . . . .        | 2   | Wives or Daughters of School- |     |
| Schoolmasters, . . . . .     | 1   | masters, . . . . .            | 1   |
| Merchants, . . . . .         | 1   | Ditto Ditto of Merchants,     |     |
| Mercantile Clerks, . . . . . | 1   | Shopkeepers, and Ship-        |     |
| Shopkeepers and Traders,     | 2   | masters, . . . . .            | 7   |
| Farmers, . . . . .           | 1   | Ditto Ditto of Farmers,       | 1   |
| Artisans and Tradesmen,      | 12  | Ditto Ditto of Artisans,      | 10  |
| Sailors, . . . . .           | 1   | Ditto Ditto of Labourers,     | 1   |
| Labourers, . . . . .         | 3   | Ditto Ditto of Pensioners,    | 1   |
| None, . . . . .              | 1   | Servants, . . . . .           | 5   |
|                              | —   |                               | —   |
| Total, . . . . .             | 26  | Total, . . . . .              | 27  |

N.B.—With the exception of two belonging to Ireland, all were natives of Scotland.

READMISSIONS.

Of the 755 patients admitted since the opening of the Asylum in 1820,  
have been readmitted

|              |               |           |
|--------------|---------------|-----------|
| 74 Patients. | 1 Time each.  | 74 Cases. |
| 17 Ditto.    | 2 Times each. | 34 Ditto. |
| 4 Ditto.     | 3 Ditto.      | 12 Ditto. |
| 1 Ditto.     | 4 Ditto.      | 4 Ditto.  |
| 2 Ditto.     | 6 Ditto.      | 12 Ditto. |
| 1 Ditto.     | 7 Ditto.      | 7 Ditto.  |
| —            | —             | —         |
| 99           |               | 143       |

Of whom 20 males and 21 females remain in the House—  
17th June 1839.

During the year ending June 1838, we admitted only forty-two patients; but last year we admitted fifty-three. Comparing the admissions last year with those of the previous one, it will be seen that last year the number of males admitted was five less; the number being in 1837-8 thirty, and in 1838-9 only twenty-five; but that the number of females was fourteen more, or more than double the number during the previous year,—the number being in 1837-8 only twelve, and in 1838-9 twenty-six. This great increase of females is accounted for by the fact that, during 1837-8, we were obliged, from want of accommodation, to refuse admission to many female patients; but last year new buildings having been erected, we were enabled to admit all that applied.

A great number of the cases which we every year admit are, from the effects of lingering but now unfounded prejudices against Asylums, of so long standing, that often the disease has become so rooted in the constitution, that, when at last seclusion is resorted to, there is little or no hope of a permanent cure being effected. Till juster views of the necessity of early treatment are disseminated among the population, our Tables must still continue to show a great proportion of incurable cases.

Among the admissions there was, as usual, a number of suicidal patients; and the same thing has been observed here as in other Institutions, that the majority of these cases occur among the females. In some of them, previous to admission, the attempts at self-destruction had nearly been successful; and in too many the attempt seems to have been the first circumstance to awaken the minds of the relatives to the necessity of placing the sufferers under proper restraint. One of them has already been confined no less than six times during the course of the last eighteen years. Like many other patients, with this propensity, when the disease is just commencing, she feels an almost uncontrollable impulse to commit self-destruction, with an almost equal dread of it. For a short period at the beginning of the disease, she is able to withstand the impulse, and her great desire is then to be sent to the Asylum as a place of refuge, where she is certain of being restrained from committing an act so fearful. More than once, however, not having been sent soon enough, the impulse overpowered her, and her attempts were nearly successful. In the majority of these cases we have ascertained that there was a hereditary tendency to insanity.

There is another class of patients who are occasionally suicidal, and who are generally the most difficult patients to manage,—we allude to such as seem from their birth to have a deficiency of moral feeling, with a headlong propensity to various descriptions of vice, frequently combined with a dullness of intellect, which may be termed partial idiocy. Sometimes also there are instances of the same propensity to immorality among those who are well educated and whose intellectual faculties had formerly been perfectly unclouded, but the natural consequence of indulgence in habits of immorality is to reduce them also after a time to a state of partial, sometimes of total idiocy. Our experience tells us that patients of this class are seldom to be depended upon: They seem to have some obliquity which does not permit them to distinguish between right and wrong, and either lack memory or are incapable of performing their promises, by being as it were impelled to commit acts of folly and intemperance. We are persuaded that this variety of insanity is often called into action by want of proper education and proper training in early youth, and that, in many cases, by judicious conduct and salutary discipline, derangement might have been prevented. It would have been well for many such patients that, instead of having a competency, they had been obliged to earn a livelihood by the sweat of their brow.

The delusions of the patients may be slightly noticed. Some fancy they are great people—others the reverse: The former that they are the Deity, emperors, kings, &c.; the latter that they are the most unworthy of wretches, and should not be permitted to live. One garrulous old man has three progressive stages of advancement in his elevation, and, when he thinks he can no higher go, he cries, “Now I have got above Gideon—I am truly happy!”

It is difficult to say whether the taciturnity frequently observed in insane patients arises from some delusion, such as that they are unable to speak, or that it would in their case be dangerous to them; or from obstinacy, or from physical impossibility. The following case may perhaps

“Help to thicken other proofs

That do demonstrate thinly”

that sometimes it is dependent on physical disease.

The patient is a man of high moral character. Before he was sent here he had an attack of general mania, succeeded by weakness, torpidity, and taciturnity. In the latter state we admitted him in the autumn of 1837. For several months afterwards, on being repeatedly urged, he would say, "Yes, or no," but without a proper knowledge of his reply; but for a long time past we could not get even a monosyllable from him. His appetite fell off for some time; he became weak and emaciated, and would take scarcely any nourishment, but a little wine and beef-tea daily. At last he was obliged to keep his bed; and, to rouse him, we tried a blister on the nape of the neck. The day following its application, he looked more lively, and attempted to speak to his attendant: His wife was immediately sent for; and, when she came, the spell that bound his tongue entirely gave way, and he talked as collectedly and sanely as ever he did in his life. On being asked why he had not spoken for such a length of time, he replied that he had not had the power to do so, for that something always prevented him, and that it was the blister that restored him to speech and consciousness. He has been discharged well.

The general health of the patients has, during last year, been on the whole very good. There was a number affected with the influenza, about the end of October, but none of the cases were serious. We have had no cases of dysentery,—a disease which, in some other Institutions, prevails often to an alarming extent. Bad ventilation, imperfect drainage, a low situation, and overcrowded wards, are the principal causes of this disease, happily from all of which we are exempt.

In the beginning of October, the thermometer being upwards of 50 in the shade, there were fifteen patients in a high state of excitement, being the greatest number at any period during the year.

CAUSES.—Amongst the causes of insanity, hereditary predisposition continues to be one of the chief. We have at present in the Asylum, a mother, a daughter, and an aunt of one family; and of another we have a mother and a daughter. In one of the new cases the disease has been ascribed to suckling—being the first instance of the kind that has come under our observation. In this case, however, there was an undoubted hereditary tendency to insanity.

The pulmonary and cutaneous exhalations of the lunatics generally have been very offensive; and this foetor, so common to the insane, was more particularly observable when they were in the highest state of excitement.

TREATMENT—MEDICAL AND MORAL.—It is a mistake to suppose that lunatics indiscriminately require larger doses of medicine than others. There are patients here who would be materially injured by more than a tea-spoonful of castor oil or Gregory's powder, and powerful men whose stomachs cannot bear antimony even in the smallest dose. One patient experienced fits, by night as well as by day, of distressing and loud eructation, which was speedily relieved by gentle medicine and the shower-bath, and then an effectual cure rapidly followed. For certain patients in some Asylums we see a bath made use of called the "Bath of Surprise." It is unknown here, but from its description we think it a very questionable remedy. Local blood-letting in small quantities, repeated according to circumstances, dry cupping, and in one case the application of a seton to the nape of the neck, have been of the most essential service. One gentleman whose malady was caused by debauchery, and who is subject to violent paroxysms, and takes every opportunity to attempt to commit a *private vice*, has been much benefited by having his occiput regularly shaved and frequently sponged with cold water. Firmness is equally required with kindness and candour; and indeed, without the former, no good whatever could be done in an Institution of this kind. Riding about the country by the higher classes in open carriages, and always with a healthy object in view, such as visiting some of the noblemen's seats and grounds in the vicinity, and taking drawings, collecting plants in the fields and shells at the shore, has also been very advantageous: And it is well worthy remark, that these excursions are not forgotten: On the contrary, accounts of them are committed to paper, and the plants, &c., carefully preserved and referred to again and again with the most perfect satisfaction. Newspapers, under restrictions, magazines and books, are allowed the patients, who highly appreciate and welcome their arrival into the house. Instead of doing evil, they do a vast deal of good, and enable hours to be spent in pleasure which might otherwise be spent in sorrow or ennui. Some of their compositions have been very good: One of the male patients

who was a tolerably good musician, performed on the violin during the winter evenings, and the patients danced to its sound; the ladies enjoyed their piano; draughts, chess, cards, and bowls, &c., are used as before. But we have materially added to our moral treatment,—our talented Matron introduced two children into the House, that a learned lady patient might be benefited by teaching them. The best effects have been the consequence. We believe this is quite original; but we should be glad to know whether such a measure has been tried in any similar Institution. However paradoxical it may appear, we say that edge-tools may be employed in Asylums with safety and utility, provided due precautionary measures be taken to prevent accidents from occurring. Asylums without employment are nothing but prisons. We speak from experience. Employment assists to cure, to comfort, and to restrain lunatics. We could state many cases to prove this were it necessary. In winter, how is it possible to get a sufficient quantity of air and exercise for many of the patients without work?—we mean particularly those patients who have been bred to manual labour. We find that shoemakers, weavers, and others, who, from the nature of their trades, have been accustomed to work within doors, are averse to out-door labour, and *vice versa*. The principle that we have laid down and acted upon is this: After a lunatic has undergone a course of proper medical treatment, should he have required it, he is allowed and encouraged to resume as quickly as possible his former occupation. What he has been accustomed to perform before, he will readily perform now; and, if his case is a recent one, he will soon work himself well. He may probably require medical treatment at the same time, but the great remedial agent at this stage is the work itself. It is with deep gratitude we have to repeat, year after year, since 1830, the period when this system was introduced, that no accident whatever has occurred in this Institution.

**RESTRAINT.**—As this is ably alluded to in the Directors' Report, and as our limits prevent us from going at length into the subject, we will merely glance at it. A furious maniac must be restrained, so must some destructive and some suicidal lunatics. The restraint is applied because it is absolutely necessary for the safety of the patient, as well as those near him. Words have no effect upon the unfortunate person, and he must be prevented.



from doing injury to himself or others, by being placed—humanely placed—under temporary restraint. Out of the number confined here, averaging daily one hundred and fifty, we have not more than four or five under any kind of confinement, while, before the introduction of labour, the proportion generally was about 25 per cent.

There were several patients prematurely removed who were rapidly progressing towards recovery. We could not pronounce them well at the period of discharge, although they became well a few weeks afterwards. We mention this merely to explain why our number of cures is not greater than it is.

**DEATHS.**—We do not discharge dying patients. If we had refused to receive those who were likely to expire, and who did die shortly after admission, our number, low as it is, would have been materially diminished; but this we cannot do, and the consequence is, that the number of deaths is eleven this year, or about 6 per cent. (our total treated being one hundred and ninety-seven), while the number last year was only eight, or about 5 per cent. Nine of the casualties were old cases, some of very long standing. One of them refused all food, and was kept alive for six weeks by wine and beef-tea, &c., being forced down his throat. Here, as in many other cases, the stomach-pump was wholly inadmissible. Another was a poor creature, who, like many of the insane, was very scrofulous. By being well supported under the great discharges of matter from his abscesses, he lived for a considerable time. A third had been addicted to the greatest debauchery: He was idiotic for many months before dissolution, exhibiting nothing but the propensity to destroy with his teeth or extremities everything near him; and disgustingly filthy. One of the females was in a dying state when she was received, and died four days after admission.

PAT. NIMMO, M.D., Physician to the Asylum.

A. MACKINTOSH, Surgeon,—Superintendent.

## QUERIES.

RELATIVES OR GUARDIANS, with the assistance of the Medical Attendant, are requested to annex, according to the best of their knowledge, precise Answers to the following Queries, or to as many of them as may be applicable to the case of the patient.

| QUERIES.                                                                                                                                                                                                                                                                                   | ANSWERS. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. How long has the patient been insane ?                                                                                                                                                                                                                                                  |          |
| 2. If the patient has been oftener than once insane, when did the malady first occur ; how often did it occur before this last attack ; in what forms, and of what duration ?                                                                                                              |          |
| 3. How long before lunacy were any such precursory symptoms observed as the following,—viz. unusual depression or elevation of spirits, or any remarkable alteration in the temper, disposition, feelings, opinions, conduct, sleep, appetite, state of bowels, or health of the patient ? |          |
| 4. What have been the prominent symptoms of the malady ? has any obvious change in its form occurred ; and does it appear to be increasing, declining, or stationary ?                                                                                                                     |          |
| 5. Are there lucid intervals, or any great remissions, or exacerbations ; and do such changes occur at uncertain times, or at stated periods ?                                                                                                                                             |          |
| 6. Does the patient rave indifferently on various subjects, or chiefly on one ; and what is that subject ? Mention particularly any permanent or remarkable illusions.                                                                                                                     |          |
| 7. Has the patient ever threatened or attempted to commit any act of self-violence ; and by what means ?                                                                                                                                                                                   |          |
| 8. Has the patient ever made any premeditated or dangerous attempt to injure any other person ? and how ?                                                                                                                                                                                  |          |
| 9. Is the patient prone to tear clothes, or to break windows or furniture ?                                                                                                                                                                                                                |          |

History.

Causes.

| QUERIES.                                                                                                                                                                                                                                                                                       | ANSWERS. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 10. Since the commencement of the malady, what have been the patient's habits? State particularly whether the patient is attentive to the calls of nature.                                                                                                                                     |          |
| 11. What is the age, and what was the profession or occupation of the patient?                                                                                                                                                                                                                 |          |
| 12. Is the patient married or single, and was any relative of the patient ever insane?                                                                                                                                                                                                         |          |
| 13. Before the commencement, either of the malady or of any of its precursory symptoms, had the patient been remarkable for any degree of oddity, eccentricity, or mental infirmity? Mention predominant passions or prejudices, religious impressions, and any habitual vice or intemperance. |          |
| 14. Is the patient subject to periodical attacks of any other malady; to any unusual discharge, or to suppression or obstruction of any <i>customary</i> discharge; to sores, eruptions, rupture, epilepsy, or palsy? Specify any bodily infirmity or disease of the patient.                  |          |
| 15. Did the present fit of lunacy occur, or has any former fit occurred, during pregnancy or in childbed?                                                                                                                                                                                      |          |
| 16. Was the head of the patient ever severely injured?                                                                                                                                                                                                                                         |          |
| 17. What is supposed to have been the exciting cause of the malady?                                                                                                                                                                                                                            |          |

Treatment.

|                                                                                                                                                                                                                                                                                 |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 18. What has been done for the recovery of the patient? and with what effect?                                                                                                                                                                                                   |          |
| 19. Has the patient ever been treated for lunacy in any public asylum or private mad-house? If so, how often, and how long on each occasion, has the patient been in any such establishment? When, in what state, and, if not cured, for what reason was the patient dismissed? | (Signed) |

EXTRACT

From Act of Parliament 55 Geo. III, cap. 69, anent Madhouses in Scotland.

And, if any medical person shall sign or give any such certificate or report, without having carefully visited and examined the person to whom it relates, and without having endeavoured to ascertain, in a proper manner, by such examination, and otherwise, that such person is a furious or fatuous person or lunatic, and proper to be confined in a house for the reception of such persons, every such medical person shall forfeit and pay for such offence or neglect, the sum of Fifty Pounds, and the expenses of recovering the same.

# ABSTRACT

OF THE

## DUNDEE LUNATIC ASYLUM ACCOUNTS,

*For the year ending 31st March 1839.*

| Expenditure.                          | Income.                             |
|---------------------------------------|-------------------------------------|
| To Salaries, .. .. . L.680 3 2        | By Boards, .. .. . L.3689 18 8      |
| „ Interest, .. .. . 349 4 7           | „ Donations, .. .. . 244 1 0        |
| „ Butcher Meat, .. .. . 314 3 1       | „ Patients' Labour, .. .. . 205 7 0 |
| „ Incidents, .. .. . 422 13 8         |                                     |
| „ Bread, .. .. . 196 3 7              |                                     |
| „ Milk, .. .. . 198 0 6               |                                     |
| „ Sugar, Tea, and Groceries, 176 11 9 |                                     |
| „ Coals, .. .. . 137 16 1             |                                     |
| „ Potatoes, .. .. . 69 10 9           |                                     |
| „ Meal and Barley, .. .. . 197 15 3   |                                     |
| „ Beer, .. .. . 76 15 0               |                                     |
| „ Soap, .. .. . 67 4 1                |                                     |
| „ Medicines, .. .. . 13 16 0          |                                     |
| „ Fish, .. .. . 19 13 4               |                                     |
| „ Straw, .. .. . 43 12 0              |                                     |
| „ Butter, Cheese, and Oil, .. 89 7 9  |                                     |
| „ Rental, .. .. . L.87 14 7           |                                     |
| „ Less Rents received, 30 4 7         |                                     |
|                                       |                                     |
| 57 10 0                               |                                     |
|                                       |                                     |
| L.3110 0 7                            |                                     |
| Excess of Income, .. .. . 1029 6 1    |                                     |
|                                       |                                     |
| L.4139 6 8                            | L.4139 6 8                          |

### State of the Debt.

|                                         |                                    |
|-----------------------------------------|------------------------------------|
| To Outstanding Boards, .. L.585 3 10    | Dundee Banking Company, per        |
| „ Provisions in the House, .. L.139 0 0 | Bond, .. .. . L.5000 0 0           |
| „ .. .. . L.139 0 0                     | Kirk Session, .. .. . 841 19 3     |
| „ Store Account, 38 2 11                | Mrs Nimmo and Family, .. 1650 0 0  |
|                                         | Isobel Crichton, .. .. . 231 0 0   |
| 177 2 11                                | Dundee Banking Company, on         |
| „ Alexander Mackintosh for House Ex-    | Current Account, .. 83 6 6         |
| penses, .. .. . 9 11 4                  | Cash due the Treasurer, .. 470 0 5 |
| „ Mrs Hunter, Ditto, 4 16 2             | Advanced Boards, .. .. . 14 4 8    |
|                                         |                                    |
| 14 7 6                                  |                                    |
| „ Debt, .. .. . 7513 16 7               |                                    |
|                                         |                                    |
| L.8290 10 10                            | L.8290 10 10                       |

### Expended on the Buildings.

|                                 |            |
|---------------------------------|------------|
| Mason Work, .. .. .             | L.655 7 9  |
| Wright Ditto, .. .. .           | 565 0 0    |
| Plumber Ditto, .. .. .          | 198 7 9    |
| Smith Ditto, .. .. .            | 75 3 5     |
| Slater Ditto, .. .. .           | 50 0 0     |
| Plaster Ditto, .. .. .          | 30 4 10    |
| Painter Ditto, .. .. .          | 24 10 5    |
| Furniture, .. .. .              | L.110 13 9 |
| Manufacturing Utensils, .. .. . | 2 17 2     |
|                                 | 113 10 11  |
|                                 | L.1712 5 1 |