

Twenty-ninth annual report of the directors of the Dundee Royal Asylum for Lunatics : submitted, in terms of their charter, to a general meeting of the directors, 18th June, 1849 with the report of the medical officers.

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TWENTY-NINTH
ANNUAL REPORT
OF THE
DIRECTORS
OF THE
DUNDEE ROYAL ASYLUM
FOR
LUNATICS;

SUBMITTED, IN TERMS OF THEIR CHARTER,

TO A

General Meeting of the Directors,

18TH JUNE 1849.

WITH THE

REPORT OF THE MEDICAL OFFICERS.

DUNDEE:
PRINTED BY M'COSH, PARK, & DEWARS.

1849.

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TWENTY-NINTH ANNUAL REPORT
OF
THE DIRECTORS
OF THE
DUNDEE ROYAL ASYLUM FOR LUNATICS,
FOR THE YEAR ENDING 18TH JUNE 1849.

IN accordance with their usual practice, the Directors of the DUNDEE ROYAL ASYLUM submit to their constituents and the public, an account of their proceedings for the bygone year. Without fear of being considered extravagant in their language, they would assert, that by the active and judicious management of their predecessors in office, and the continued fidelity of their office-bearers, this institution has, in comparatively a short time, acquired an honourable name among the first of the kind in Britain. They not only feel that this increases their own responsibility in the solemn trust committed to their charge, but are persuaded that to the maintenance of this high position, nothing more is needed than the continued and persevering application of those judicious principles which have hitherto regulated the establishment.

The labours of the Directors during the preceding year have been comparatively easy. They had, indeed, one painful duty to perform, a duty, however, rendered imperative by a becoming regard to the health and comfort of those already entrusted to their care, that of declining a number of applications for admission into the Asylum, in consequence of the want of adequate accommodation for their reception. To this precaution—of never overcrowding the establishment—they have no hesitation in attributing, under Providence, the immunity of the inmates from those epidemic scourges which have occasionally visited the town and its vicinity. While they would refer to the statistical tables in the

accompanying Medical Report for details, they would here merely express in general terms that the number of patients during the year were as follows :—

Remaining in Asylum 19th June 1848,	196
Admitted during the above period,	39
Re-admitted,	7
Total,	<u>242</u>

Dismissed Cured,	23
Do., Relieved,	6
Do., by desire,	4
Died,	12
Total,	<u>45</u>

Remaining 18th June 1849,	197
Total,	<u>242</u>

Daily average number of patients,	198
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In referring to the number of those who have happily been restored to their families in soundness of mind, or so improved as to be perfectly harmless, and capable of enjoying the company of their friends and acquaintances, as satisfactory proofs of the efficiency of the Institution, the Directors have no desire to conceal or disguise the fact, that there are necessarily in it,—as in every other of the kind,—many cases so confirmed in their nature, as to preclude any hope of a speedy recovery. But if they can indulge no other expectation in regard to this unfortunate class of patients, it is at least so far gratifying to know, that they are living in the enjoyment of every comfort to which their social position in life entitles them, and are under the watchful superintendence of those whose ability and experience eminently qualify them to mitigate the evils of their lot. The Directors, however, cannot

allude to those chronic cases, without adverting to one fact connected with them ; and it is one which they feel cannot be too strongly impressed on the public mind, viz., that in the great majority of instances the evil so much to be deplored resolves itself into one or other of the following causes.

First, That the friends or curators of the patient neglected to remove them in the earlier stages of the malady from all its exciting causes, and to place them at once under the most favourable circumstances for arresting its further development ; or

Secondly, That they injudiciously withdrew them from a curative course of treatment before sufficient evidence had been exhibited of even a probable recovery. In either case it is easy to see that the chances of recovery are, humanly speaking, seriously diminished. In the former case, the impediments in the way of restoration become too great for medical skill to contend against ; and, in the latter, there is a moral certainty that the patients shall return into the Asylum with less reasonable prospect of recovery than when they first entered within its walls. The Directors take leave to say, when these suggestions are more fully appreciated by the public, and acted on by the guardians of the insane, a very decided increase in the proportion both of speedy and permanent cures may be confidently anticipated.*

The Directors have much pleasure in referring to various improvements which have been carried into effect during the year, and which contribute greatly both to the welfare of the patients and prosperity of the institution. An agreement has been entered into with the Water Company for supplying the establishment

* An eminent writer on Insanity (Burrows) reports from his own experience a proportion of 91 per cent. of recoveries in recent cases. This is an unusually high rate, but the testimony of all authors on the subject goes to establish the fact, that the number of cures likely to be effected is nearly proportional to the duration of the malady prior to its treatment. It has been observed, that those who recover from insanity generally do so within the first twelvemonths, and in some Asylums (Bethlem and St Luke's) all patients who have suffered beyond this period are excluded as being utterly incurable. This is perhaps taking an extreme view of their case, but it obviously shows the fallacy of the prevalent opinion, "that there is no harm in keeping lunatics at home so long as they are not dangerous."

with this necessary domestic element, at the charge of £37, 10s. per annum. Besides the importance of this arrangement for domestic and sanitary purposes, it was calculated that the soft quality of the water would be the means of effecting some saving in the consumption of soap, but they understand that this is likely to be more successfully accomplished by the new mode of washing recently introduced by the Matron, Mrs Kilgour.

Another great improvement they would refer to is the thorough drainage of the premises. Bad and unsavoury smells were complained of in certain apartments, which led to a suspicion that some channel in the sewerage might be obstructed. A sketch of the course of the sewers was kindly furnished by the Chairman, and, that it might be retained in perpetuity, it was ordered by the Committee of Management to be lithographed. The architect was instructed to inspect the state of the drainage, and, if any cause of obstruction existed in its course, to remove the same. Those unwholesome odours may now be said to be nearly banished from the Asylum. This is a most gratifying fact, for experience has proved that, of all deleterious agents, few are more destructive, either to the physical or mental health, or to the comfort of those in a crowded establishment, than malarious effluvia arising from defective or badly constructed sewers.

In the construction of the Asylum, due regard had been paid to its proper ventilation, but, when the Institution was honoured by a visit from that excellent nobleman, Lord Ashley, his Lordship suggested that one or two of the wards might be improved in this respect by the introduction of the Arnot ventilator. When carried into effect, it did not fail to realize anticipated success, and the Directors feel that, to omit the present opportunity of thanking Dr Arnot, not only for this ingenious and beneficent discovery, but for the courtesy of his frank and interesting communications, would be injustice both to him and to science.

Several other improvements and alterations of a minor description,—but all of them conducive to the comfort of the inmates,—have likewise been introduced. In short, the Directors, in justice

to themselves, may be permitted to state, that they have endeavoured in every respect to uphold and increase the efficiency of the Institution so far as the resources at their command would allow.

The following Abstract of Accounts will show the state of the financial affairs of the establishment :—

INCOME.

Board from Patients,.....	£4660	1	9
Patients' Labour, Profit on Store and on Straw,.....	184	17	6
	£4844	19	3
Legacy,.....	100	0	0
	£4944	19	3

EXPENDITURE.

Salaries,.....	£ 454	7	0
Servants' Wages, Coal, Gas, Taxes, Interest, Advertising, Soap, Fire			
Insurance, Incidents, Feu-duty,.....	1641	16	1
Butcher Meat, Bread, Sugar, Tea, Groceries, Butter, Cheese, Meal, Barley			
and Pease, Potatoes, Beer, Fish, Eggs, Milk, Medicines, Water,	2127	5	6
Furniture, Mason, Plumber, Painter, Plaster, Slater, Smith, and Wright			
Work,.....	357	11	3
Excess of Receipts for the Year, including Legacy of £100,.....	363	19	5
	£4944	19	3

VIEW OF THE PROPERTY AND DEBT OF THE ASYLUM.

	<i>Dr.</i>	<i>Cr.</i>
Expenditure on Property and Furniture to 31st March		
1848,.....		£33,301 4 1
Debt at 31st March 1848,.....	£9124 12 0	
Deduct excess of Receipts this year,....	£263 19 5	
Deduct Legacy received,.....	100 0 0	363 19 5
Debt 31st March 1849,.....	£8760 12 7	
Stock, being Expenditure on Buildings under Deduction of Debt,.....	24,540 11 6	
	£33,301 4 1	£33,301 4 1

The excess of receipts, it will be seen from the above vidimus, is £363, 19s 5d. This includes a legacy—the only one which has been received during the year, but it is a liberal one—amounting to the sum of £100 sterling. It is owing to the liberality of the late Miss Soutar, and does honour to her memory. The Directors, while they gratefully record this handsome donation, would fondly indulge the hope that so praiseworthy an example will be frequently followed by others.

Since the Poor-law Bill came into operation in Scotland, it was expected that an increased number of pauper lunatics would be sent into the Asylum from the various parochial boards in the surrounding counties. This, to a certain extent, has occurred, but, by referring to previous reports, it will be seen that the number of rejected applications is not so great above that of former years as was anticipated. While the Directors are gratified to state that the patients in the higher ranks are as numerous as hitherto, they would attribute the increasing demands on the part of the middle and industrious classes to a twofold cause. 1st, The extensive reputation the institution has acquired; and, 2d, The low rate of board charged for such patients.

Looking to the number of applications which they were reluctantly obliged to decline, and the confidence which they have in the increasing prosperity of the Institution, the Directors would have had much pleasure in recommending to the consideration of their successors the propriety of extending the accommodation. Elevating the east wing, so as to render it conformable to the one on the opposite side, would not only give the building a finished and more elegant appearance, but, what is of more importance, afford accommodation to nearly sixty additional patients. This could be accomplished at the expense of a few thousand pounds. But a glance at the Debtor side of the Abstract will show, that such a proposition cannot well at present be entertained. The excess, however, of income over the expenditure is so far encouraging, and were it not for the heavy amount of debt which hangs over the Institution, the Directors would be enabled to extend the blessings

which it is so well fitted to confer, and to render it what they are desirous that it should be, comparatively speaking, a charitable one.

Moderate as are the rates of board,—compared at least with those of similar institutions,—they would earnestly desire to make a still farther reduction, in favour of a certain class of patients. They are fully sensible, that there are many persons just removed from pauperism by their industry, and whose income is contingent on their continued health and strength, who, rather than allow their relatives to associate with those on the lowest rate, either struggle to maintain them at home, or, by placing them on a higher one, materially abridge the comforts of the other members of their families. Would not a husband and parent in receipt of £60 or £80 a-year, striving to maintain a respectable position in society, feel degraded at the thought of his wife or child being the daily companion of paupers? And yet, in justice to the other members of his household, how can he help himself? The place of the natural guardian of his family may have to be supplied by a stranger, whose services he must pay, and who, besides, may be, in a great measure, regardless of that prudence and economy which are essential to the management of a household, supported by so limited an income. To meet cases of this painful nature, which are far from being few, the Directors would have been delighted to reduce the board to the lowest possible amount, but in the meantime they feel that this cannot with propriety be effected until the heavy amount of debt is lessened. They would, therefore, urge on those in opulent circumstances the strong claims which this Institution has on their charity. Sickness combined with poverty is a great evil, but insanity conjoined with it is still more dreadful. The pauper lunatic, if his condition was ever over-looked in Scotland, is now provided for by compulsory charity; but there is a nobler kind of charity, which spontaneously sympathizes with the moral heroism of the man who struggles hard by honest industry to keep himself and his dependents above the degradations of pau-

perism. It is on this ground that the Directors would appeal to public liberality, and it is one which embraces within the range of its benevolence not merely the victims of insanity themselves, but the physical comfort and mental satisfaction of their industrious relatives. They will rejoice to find, that this appeal to the sympathy of the wealthy, has not been ineffectual, and that it may place in the hands of their successors, the means of accomplishing an object of no small moment, both to many of the inmates and their natural guardians without the walls.

The Lord Advocate's Lunacy Bill, recently before Parliament, having been considered highly prejudicial to the interests of Asylums in Scotland, the Directors, in common with those of similar institutions, sent a deputation of their number to London to remonstrate against it. The deputation, consisting of William Thoms, Esq., one of the members of Committee of Management, and John Sturrock, jun., Esq., the Treasurer to the Asylum, accordingly went, and have reported as follows:—

“From the general opposition manifested throughout Scotland to the Lord Advocate's Lunacy Bill of last year, it was thought unlikely that he would introduce a similar measure this session. A bill, however, was brought forward by his Lordship resembling in many respects the measure of last year, but even more objectionable in some important features. On a careful consideration of this bill, it was the unanimous opinion of the Directors, that it became their duty to offer the most decided opposition to it. They considered, that no necessity had been shown for the introduction of such a measure. No Parliamentary enquiry had taken place, and it was not even alleged that abuses existed in the management of asylums in Scotland. The principle of the bill was also considered highly objectionable, in so far as it was calculated to supersede district and local management, and to centralise the control of asylums in an irresponsible Commissioner resident in Edinburgh. The effect of this would inevitably have been to destroy all local exertion. It proposed to vest in this Government Commissioner the power of deciding upon the amount of accommodation to be provided, and

the money to be raised in each district. No Government Commissioner could have the same interest in the good management of asylums as gentlemen residing in the district. Besides, the effect of such a measure would be to extinguish all motive for the foundation or endowment of Lunatic Asylums by benevolent individuals, and to throw upon the property of Scotland a large and unnecessary expense, both in the original erection and in the subsequent maintenance of the proposed asylums. Impressed with the force of these and other objections, the deputation, on their arrival in London, where they were joined by other deputations, gave the most decided opposition to the bill, and they had the gratification to find that the members of the House of Commons connected with Scotland, of all shades of political opinion, entered most readily into their views. The deputation were also favoured with interviews by some of the most influential of the English members, who seemed all to consider that, if passed at all, the measure would require to undergo very great modifications. The deputation left London under the impression that their opposition had been effectual, and that the Lord Advocate would be induced, by the universal opposition indicated to his bill in Scotland, to abandon it, if not entirely, at least for the present session; and they have now the pleasure to state that Lord John Russell has publicly announced the withdrawal of the bill for the present session."

The Directors have great pleasure in recording, as in previous years, the high sense entertained by them of the services rendered to the establishment by its office-bearers. They feel that they cannot express in too strong terms the sentiments of approbation with which they regard their exertions. To Dr Nimmo, therefore, their Consulting Physician, and to Mrs Kilgour, the Matron, they tender their thanks for the assiduity and kindness with which the duties of their respective offices have been performed; they present the same to Mr Sturrock for his attention to the trust consigned to him, to Rev. Mr Stirling for his fidelity as Chaplain, and to Mr Robertson for his conduct as Secretary.

The Directors regret to mention that the Institution is soon to be deprived of the invaluable services of Dr Mackintosh, whose name has been so long associated with it. They cannot condescend to use the language of adulation, but in justice to Dr Mackintosh, they feel themselves called on to state, that to his devotedness and exertions, the reputation of the Dundee Royal Asylum is in no small degree to be attributed. His valuable services have been no less useful in the treatment, and to the comfort of the inmates, than to the maintenance of that order and regularity which have at all times prevailed throughout the establishment, since his connection with it; and, while they express their unqualified approbation of his character, exemplary conduct, and ability, and their warmest wishes for his future success and welfare in life, they would congratulate the Directors of the Glasgow Royal Asylum on the fortunate choice they have made from amongst the candidates who aspired to the responsible trust of Superintendent Physician to that large establishment.

In supplying the vacancy created by Dr Mackintosh's resignation, the Directors felt that a very onerous and responsible duty was imposed on them. There can be no question that the character and efficiency of this—or any similar institution—depend very much on the proper management of its local head. The gentlemen who submitted testimonials for the office appeared to possess nearly equal claims for it. So nearly, indeed, were these balanced, that after an impartial investigation, it was difficult to decide between them. In fact, all of them appeared admirably qualified to discharge the duties of the situation, both with credit to the Institution and honour to themselves. While the Directors did not overlook professional merit, they at the same time could not forget, that there was another qualification needful on the part of the candidate, viz., his ability to govern and regulate the secular affairs of the establishment.

The successful candidate, Dr Wingett, besides his high professional attainments, has had much experience in the management of asylums. For the period of four years he was the resident

medical assistant to the Crichton Institution, Dumfries. He afterwards held the office of Assistant Physician to the Morningside Asylum for upwards of two years, during which he had the management, in the absence of the Visiting Physician, of all the pauper lunatics, and the principal control over the domestics of the establishment. The Directors confidently anticipate that they will have much reason to congratulate themselves on their selection.

The Committee appointed Drs Nimmo and Mackintosh to revise the rules applicable to the offices of Physician and Superintendent, with the view of bringing them more in conformity with the practice of the house; and to propose such alterations as they might deem necessary to accomplish this purpose. These gentlemen suggested various alterations, which will be duly considered by the Directors.

In conclusion, the Directors feel it incumbent on them to add, that a very great amount of gratitude is due to their respected Chairman, whose name is associated with the rise and subsequent progress of this Asylum, and who, by his judicious conduct in the capacity of its Chairman, has largely contributed not only to its efficiency, but to render the task of its direction comparatively easy. It is their earnest desire that he may be long spared to advance the welfare of an Institution which at its commencement he did so much to rear, and over which, from the time of its foundation until now, he has watched with a zeal as discreet in its exercise as beneficent in its tendency.

Among the benevolent individuals who took a laudable interest in the design of this Institution, few now survive to witness the deep importance their labours have become to the community in which they lived. It is within the memory of those who have not reached even to half the promised days of man, that the wretched lunatic was driven from society, and by common consent forced to become a "solitary wanderer on the world's highways." Living in a region created by his own morbid imagination, he became the object,—now of fear and hatred, now of mirth or

mockery,—according as the peculiarity of his delusion might be intruded on; when, in return, he became the ready and sometimes murderous avenger of the wanton insults heaped on him by those who perhaps might claim to themselves the possession of reason, but were, in reality, in a less enviable condition of mind than he. Among the few who are still privileged to behold their labours conferring blessings on the most helpless and friendless of their race, the Directors would not forget to make grateful mention of the name of the Rev. James Thomson, who aided in the formation of this Institution,—who has ever since been one of its devoted friends, and to whose feelings it must be a gratification to know that his well-timed exertions were instrumental in providing a comfortable retreat for those who had few to sympathise with them.

A B S T R A C T

OF THE AFFAIRS OF THE

DUNDEE ROYAL LUNATIC ASYLUM,

For the year ending 31st March 1849.

INCOME.

Boards from Patients,	..	..	..	£4660	1	9
Patients' Labour,	..	..	..	87	18	5
Profit on Store, ..	..	..	..	81	4	9
Profit on Straw, ..	..	..	..	15	14	4
				4844	19	3
Legacy from Miss Soutar,	..	..	..	190	0	0
				£4944	19	3

EXPENDITURE.

SALARIES—

Superintendent,	..	..	..	£200	0	0
Matron,	..	..	..	90	0	0
Physician, ..	..	..	..	100	0	0
Chaplain, ..	..	..	..	40	0	0
Secretary, ..	..	..	..	30	0	0
Treasurer, ..	..	..	..	50	0	0
				£510	0	0
Less Fees from Patients,	..	..	..	55	13	0
				£454	7	0
Interest, ..	..	..	..	£446	11	7
Servants' Wages, ..	..	..	..	503	10	0
Soap, ..	..	..	..	42	0	0
Carried forward,				£992	1	7
				454	7	0

	Brought forward,	£992	1	7	£454	7	0
Taxes,	..	32	18	6			
Advertising, Books, Printing, and Stationery,	..	55	9	5			
Coals and Firewood,	..	183	16	9			
Fire Insurance,	..	13	19	6			
Feu duty,	..	67	1	0			
Gas,	..	38	8	0			
Old Debts, written off as irrecoverable,	..	109	18	8			
Incidents,	..	127	16	0½			
Patients' Extras,	..	20	6	7½			
					1641	16	1
Butcher Meat,	..	£535	7	1			
Butter,	..	99	19	10			
Beer,	..	68	15	0			
Bread,	..	451	0	7			
Barley and Pease,	..	43	11	9			
Cheese,	..	15	18	10			
Eggs,	..	7	11	8			
Fish,	..	34	7	6			
Groceries,	..	37	13	3½			
Milk,	..	328	1	0			
Meal,	..	254	2	3			
Medicines,	..	33	17	6½			
Potatoes,	..	47	18	10			
Sugar,	..	65	17	6			
Tea,	..	68	8	6			
Water,	..	34	14	4			
					£2127	5	6
					4223	8	7
Furniture,	..	£118	16	4			
Grounds,	..	31	15	2			
Mason Work,	..	31	5	7			
Plumber do.	..	33	17	6			
Painter do.	..	41	7	2			
Plaster do.	..	2	9	2			
Slater do.	..	9	14	10			
Smith do.	..	48	1	8			
Wright do.	..	40	3	10			
					357	11	3
Excess of Income from Patients,	..	£263	19	5			
Legacy from Miss Soutar,	..	100	0	0			
					363	19	5
					£4944	19	3

VIEW OF THE PROPERTY.

Loans,	£9136 0 0
Legacies—Grieve and Riddoch,	841 19 3
	£9,977 19 3

DEDUCT—

Arrears of Boards and other Debts due to the Asylum, £949 14 2	
Provisions and Stores in the House, .. 267 12 6	
	1,217 6 8
Balance, being Debt due by the Institution at 31st March 1849,	£8,760 12 7

NOTE.—The Debt at 31st March 1848 was £9,124 12 0
 From which deduct excess of In-
 come this year, .. 363 19 5

Debt at 31st March 1849, as above, £8,760 1 2

Stock, being expenditure on the Buildings and Furniture, under de-
 duction of the Debt, at 31st March 1849, 24,540 11 6

Total amount expended on Buildings and Furniture at 31st March 1849, £33,301 4 1

AT THE
ANNUAL COURT OF DIRECTORS
OF THE
DUNDEE ROYAL LUNATIC ASYLUM,

Held in the Town Hall of Dundee, on Monday the 18th June 1849,

PATRICK SCOTT, ESQ., IN THE CHAIR,—

Dr MOON read the Annual Report of the Directors.

GEORGE THOMS, Esq., seconded by ALEXANDER BALFOUR, Esq., moved "That the Report be approved, and the thanks of the Directors given to Dr Moon for drawing it up;" which were delivered to him from the Chair accordingly.

The following parishes, having contributed twenty pounds or upwards to the funds of the Asylum, are entitled to have their pauper patients admitted into class first, and are charged the lowest rate of board ; but no other parish, since 1824, can claim this privilege. The parish of St Andrews was privileged, in 1837, to have one patient only in the Asylum at the lowest rate of board.

Airlie.	Kettins.
Alyth.	Liff and Benvie,
Arbroath.	Longforgan.
Auchterhouse.	Mains and Strathmartine.
Brechin.	Monifieth.
Dundee.	Monikie.
Dunnichen.	Murroes.
Forfar.	Newtyle.
Glammiss.	Rescobie.
Guthrie.	St Andrews, one patient only.
Inverarity.	Tannadice.
Kirriemuir.	Tealing.
Kinnettles.	

ABSTRACT

OF THE

REPORT OF THE MEDICAL OFFICERS.

AGREEABLY to use and wont, the Medical Officers of the DUNDEE ROYAL LUNATIC ASYLUM respectfully beg leave to present their Annual Report to the Directors, containing a general view of what has occurred under their superintendence during the year ; and they also add some Statistical Tables which have reference both to 1848 and 1849.

ADMISSIONS.—These will be found to be less numerous than last year, and to include several suicidal patients ; but we regret to say that many of the cases were of a very hopeless character before the patients were brought to the Asylum, and of course this circumstance left us little room to look forward to an ultimate cure of their malady. Some of them, too, when admitted, were covered with bruises, greatly exhausted, and almost dying. In fact, a few of them did not long survive. The account given in answer to our queries respecting the bodily health of these patients, just before admission, was, in general terms, that they were labouring under *no disease except insanity, and that nothing particular was wrong in their general health*, or something equally vague and equivocal, and this, too, although the

unfortunate being consigned to our charge was perhaps unable to walk, and had, in some instances, to be carried out of the carriage in which he was conveyed, only to die shortly within the walls of the Asylum.

DISMISSIONS AND CURES.—Under this head we have simply to state that the number for this year is about the usual average. But we think it right to record, that the ordinary effect of dismissions on other patients was very conspicuous. Lunatics who are impatient of confinement, or anxious about obtaining their liberty, become far more excited than usual when they find others discharged as cured or convalescent. Even the rumour of patients being about to leave the Asylum has a similar effect. This simple fact shows pretty clearly how pernicious the old system of rigid restraint must have been, and how little we need be surprised at its being now almost everywhere exploded.

DEATHS.—We have much pleasure in stating that the mortality this year has considerably diminished. Last year the deaths were nineteen. During the present year there have only been twelve. In that number is included the first patient ever admitted to the Asylum. He was far advanced in life, and expired after a short illness. The loss of this venerable inmate was very much regretted within the walls of the establishment, as he was an amiable old gentleman, and very generally beloved.

GENERAL TREATMENT.—Since personal mechanical restraint was given up in this Asylum, it has scarcely been necessary to refer to it in our Reports, except by way of compliment, and especially to the illustrious Pinel who so humanely and judiciously led the way to its almost total abandonment in Europe and America. Here for many years past its use has never once been thought of, nor is the want of it ever felt to be of the slightest inconvenience.

Blessed be the memory of that enlightened Frenchman who

thus banished from medical science its greatest reproach, and instead of chains, manacles, and stripes, gave to the unhappy maniac the most soothing indulgences and a comparative Elysium!

Although, in many cases, all hope of a final cure may be said to be vain, yet in such cases much may be done to ameliorate the condition and give temporary relief to the unfortunate patient. In this respect regular systematic treatment is of great use. For instance, to keep the patient quiet and uniformly engaged, in some cases to walk in the open air for several hours daily, and in almost all cases that they shall be so placed that no causes of irritation or excitement may act upon them.

We have said so much before in favour of employment that we need scarcely add anything about it here. It carries the mind, as it were, away from the contemplation of its own ills, and for a time, at least, secures that happy oblivion of self, which seems to be the highest enjoyment of the insane. In this Asylum the employment is generally adapted to the former habits of the patient. Among the male paupers there are many who ply their respective handicrafts almost as industriously as they were accustomed to do at home; while the females of the same class are not less industriously occupied in performing tasks fitted for their various conditions in life. Two of these patients, before being discharged this year, had been taught to weave in the establishment. They are now doing well, and earning a livelihood at weaving in the country. We may here observe that the bustle and business occasioned by our sort of manufacturing, seems to do some good to a few of the patients of a better rank in life.

Another method of soothing the more restless class is occasionally resorted to with satisfactory results; that is, by giving them small extra indulgences as a reward for good behaviour, or for extra work done, such as a little snuff, tobacco, tea, or confectionery. The effects thus produced are often surprising.

With regard to the indulgences allowed to our higher class patients, these are such as the patients' previous habits, fortune, and rank in society have commanded; and it must be obvious

that while such patients are here, it would be cruel to deny them any innocent or reasonable luxury which their means can afford. In that respect the first-class patients in this establishment have never had anything to complain of. They have always been paid the strictest attention to that was consistent with the sanitary rules which their medical treatment prescribed. They are allowed every delicacy of the season in regular succession as these appear in the market. And all the literary and political periodical publications are placed at their command the moment they reach the Asylum.

The female paupers find themselves exceedingly comfortable in the Asylum. It is a rule for which the Matron is held responsible, that this class of patients, as well as the others, shall all be decently clad. Accordingly, they are all made to wear either bonnets or caps. And in the summer as well as winter even the worst of them have stockings, with boots and shoes; and gloves, when the weather requires it, are always given to them.

Games of chance, short excursions to the country, and music, form other means of amusement. Little, in short, is wanting to make them feel their condition comfortable and happy, but that darling liberty, which some of them ever call for, and which, were it granted, would be in every instance their greatest misfortune.

As nothing ought ever to supersede vigilance in an establishment like ours, the airing courts, which are at once a source of health and recreation, are never left without attendants so long as the patients remain in them.

The religiously inclined portion of our inmates derive great pleasure from having their sentiments freely indulged in their day rooms. The attendants in the kindest manner read with them in the Scriptures, and accompany them in singing psalms and hymns—the usual morning and evening task in this way being always closed by the reading of a prayer by the attendant. The regular discharge of this duty seems to afford some of them infinite consolation.

GENERAL HEALTH OF THE PATIENTS.—With the exception of the paralytics and epileptics, whose cases are always bad as well as precarious, the patients have this year been tolerably well. In fact, both the Town and the Asylum were without almost any cause of complaint in sanitary matters, after the revival of trade in February last. Several cases of diarrhœa had occurred in September, but they were not alarming, and easily yielded to the ordinary remedies. Cholera, it is too true, has recently broken out in several quarters of the town, but fortunately it has not reached the Asylum. Upon the whole, it may be fairly stated, that the general health of the establishment during the year has been very good.

GENERAL CHARACTERISTICS.—Under this head we may notice a few cases and peculiarities.

Some of our patients labour constantly under the most extravagant delusions. They imagine that they hear voices abusing and threatening them; whereupon they immediately retaliate, by uttering still more violent abuse and threats, and then offer to fight with their imaginary assailants.

On the other hand, many patients are calm and placid in their general demeanour, and shew nothing but a kind and uniformly gentle disposition in every thing they say or do. This class are often very friendly and well-disposed towards their neighbours. One female, in particular, makes herself exceedingly useful in consequence of this disposition. She often acts as a sort of substitute for the housemaid to the Matron, and nothing affords her greater pleasure than to be so employed. Several well educated patients carry on a constant epistolary correspondence with their relatives at home and abroad. This is at once the means of occupation and amusement, and they take much pleasure in it. Nothing can exceed their delight, when they receive letters written in a kindly strain in return. The soft and soothing answer operates delightfully. In their case it seems to be always “*balm to the hurt mind.*” The intercourse, when thus gently and judiciously

conducted, generally contributes either to the relief of the patient's malady for a time, or to its ultimate cure. On the other hand, there are patients whom letter-writing would injure, and in their cases, we need scarce add, it is not allowed. Among the epistolary gentlemen, there is one who distinguished himself this year by drawing up the report of our last festal anniversary for the newspaper. We have still amongst us, too, the three gentlemen who were referred to in last year's report, as having contributed so much both to their own happiness and the amusement of the establishment, by their diverting and witty facetiæ. One other case may be noticed here. He was admitted about six years ago, in consequence of having nearly destroyed himself. He was a shoemaker by trade, and in every relation of life an exemplary and meritorious person. He recovered from his suicidal attack, but it was by very slow degrees, and for a long time he continued without confidence in himself. At length, about twelve months ago, a knife was put into his hands, and he was entreated to begin his old trade again. He consented, and the experiment answered our expectations. He got quite well, although he still complained that the idea of facing the world again gave him the greatest alarm. This feeling, however, also wore gradually away, and after a few months more had elapsed, he was fit to leave the Asylum with safety. He is now in the list of those who have been this year discharged as cured. We have the pleasure to add, that he continues well, and that his cure promises to be permanent.

The male patients of every class exhibit a trait in reference to Mrs Kilgour, the Matron, which is very honourable to that lady. As if by common consent, they make it matter of special request that she shall visit them almost daily, and nothing can equal their disappointment if she happens, accidentally or otherwise, to be prevented from overtaking that duty.

Among the patients of the year we have had, as usual, several volunteers from the ranks of our former inmates. They came entirely of their own accord, and, of course, were at once admitted.

Several females—new cases—have entreated to be admitted, and have actually presented themselves at the Asylum gate for that purpose, but the want of room prevented us from acceding to their request.

Among the anomalous symptoms which have occurred from year to year, there is one that we do not remember to have referred to before. It is that of more composure or less excitement on the periodical return of the Sabbath. On that day, in particular, the patients' disease may be said to be in general less violent or perplexing to us.

There is one patient to whom we may here allude. She was a mild monomaniac, and made herself generally useful. An eruption, however, appeared upon her skin; this was somehow repelled, and the consequence was an attack of violent mania. It has continued for a considerable time, and without abatement.

Another peculiar case occurred, in which the patient could not receive either of the physicians, nor suffer any male to see her for a long time, so sunk and prostrate were all her faculties. Never was there a more complete case of nerveless depression. We waved the point of admission with her till she became slightly better, and by that means only did we prevent the unfortunate patient from all mischief.

Another patient declined for a long time to take almost any food. In his case, also, we exercised the utmost forbearance. He could not be coerced to take it by any means. Rather suddenly his dream assumed a different phasis, and by slow degrees he came to take food again, and he now eats most irregularly, but as well as others.

RELIGIOUS SERVICE.—The ministrations of the Chaplain this year have been conducted in the usual prudent and exemplary manner, their effects on the patients being soothing and satisfactory.

We have one full service every Sunday, according to the forms of the Established Church. It is begun about eleven o'clock in

the forenoon, and generally lasts in the average an hour and a quarter. To lengthen it out so as to exceed that time would be apt to weary the patients, and perhaps unseemly provoke symptoms of impatience, and therefore the chance of its producing that effect is carefully avoided by the Chaplain.

We do not find that either the hour of assembling, or the time occupied in the service, interfere with the ordinary duties or Sabbath privileges of the servants. At least, we have never heard of any complaint on that head. Clergymen and ministers of every denomination are at all times freely admitted to the patients of their own persuasion, and the Rev. Mr Stirling waits upon patients, if specially requested to do so.

Some of the patients in a convalescent state have been occasionally allowed this year to attend their own church service in town, as well Roman Catholic as Protestant.

This custom we have never found attended with any bad effects, and it affords great satisfaction to the patients.

MEDICAL VISIT.—This regular and indispensable duty is daily discharged much more easily as well as more agreeably by the exercise of a little patient tact in getting the restless and unruly patients to keep quiet, and conduct themselves in an orderly manner while the visit lasts. Even with the worst and most clamorous of them, with a few exceptions, a small piece of bread or some confections succeeds most effectually. At an early hour in the morning, the day-rooms having been prepared as speedily as possible, the pauper patients and those of a class or two above them are found sitting on forms or chairs all ready. The male attendant of the Ward accompanies the Resident Physician, and answers the necessary questions, and they are then prescribed for. The patients who require a more minute examination are afterwards separately examined. The matron of course always accompanies him to the female patients, where the female attendants, like the males, are responsible for, and ready to report as to the state of their patients. The latter immediately after go to their work, or into the airing

courts, when they are again seen by Dr Mackintosh occasionally during the day.

The Matron then accompanies him to the males. But the former visit is the principal visit of the day, and is always looked to with much interest.

Dr Nimmo, in addition, most punctually visits three times a-week before eleven A.M. As it is of great importance that order and regularity should be paramount in a house of this kind, it is but just to add that in his case such could not be exceeded by any officer whatever.

DIRECTORS' VISITS.—Three Directors are appointed every year to visit the House. It is gratifying to be able to state that these gentlemen pay marked attention to their weekly duties, and often bring little presents to the patients, who eagerly look for them, as well to state all their complaints, as receive the tokens of kindness and regard. This Institution is also frequently visited by the other Directors, some of whom take a deep interest in its welfare, and know every patient or case individually. We need not add that this system of local and continuous visitation is of the greatest importance to the patients, and should never be superseded by any other.

AIRING COURTS.—The number of our Airing Courts, with the cheerful elevated mounds which they contain, are of great advantage to the Asylum as a means of recreation and cure for its patients. They enable us also more conveniently to make such a classification of the inmates, as more effectually preserves the power of exercising that constant and minute supervision which is so essential to the comfort as well as the safety of the lunatic. The fine view of the Tay, with its variegated banks, the shipping and ferry boats, all as seen from the mounds, are a source of never-failing pleasure to the patients; and this, when combined with other circumstances, not only contributes to preserve their

bodily health, but greatly promotes the cure of their malady within.

TABLES.—We add copy of our Daily Return, which we have had in use for some years. It answers well.

SUICIDE.—No case of suicide (or homicide) has occurred during the year, nor since 1829.

In conclusion, we would respectfully suggest to the Directors that an enlargement of the Asylum is now essential for the accommodation of a greater number of *female* patients.

The increase annually would have been much greater during the last few years, if there had been room to receive them. In fact such enlargement we think absolutely indispensable.

During last autumn, Dr Mackintosh again visited the Parisian Asylums, where he had the pleasure to observe the humane system of treatment in full operation, and a great improvement in this respect since he first visited France.

This being the last Report in which the present Superintendent can participate officially, a brief summary of the progress of the Institution since its commencement may not perhaps be thought inappropriate here.

About the beginning of the present century, the want of an Asylum for the insane was generally felt in this district of the country. Prompted by humanity, one or two public-spirited gentlemen undertook to pave the way for supplying this want by means of a general subscription. The authorities of Dundee took a decided lead in so praiseworthy a movement, and as money and humanity were the only means by which the desired object could be obtained, they availed themselves of the kind and liberal spirit

which has always distinguished their townsmen ; and in 1805 set on foot a subscription, to which the latter, with their accustomed good feeling and patriotism, largely contributed. Some delay necessarily occurred in the progress of the subscriptions, which was not completed for a considerable time, but when the subscription lists, which had been extensively circulated, were called in, a committee was formed for the purpose of carrying out the original design of the projectors. This Committee accordingly had the pleasure to find that such an amount had been subscribed as enabled them not only to begin the present buildings, but to look forward with confidence to their speedy completion. They then proceeded to make the necessary contracts, and the foundation stone was laid in 1812. Subsequently the Directors were advised not to open the Asylum till they knew the result of a measure then before the House of Commons, and the benevolent projectors were unable to open the Institution to the public till 1820. The buildings, as originally erected, being necessarily undertaken upon a prudent scale, were but of very limited dimensions, and as they were soon found to be inadequate to the demand caused by a rapidly increasing population, a considerable enlargement of them was begun in 1825. In the years 1830, 1837, and 1839, still farther additions were made to them, and thenceforward the Dundee Asylum, if not the best and largest, might fairly be numbered among the most commodious establishments in the kingdom.

It has hitherto answered the purpose of its original projectors, whose design probably never extended beyond the accommodation of a hundred patients. For many years, however, that number has been far short of the actual number accommodated, and as the demand for room increases annually, it must obviously become once more incumbent on the Directors to make another appeal to the generosity of a benevolent community, to enable them to enlarge and adequately complete the present establishment. A few thousand pounds so expended would do still greater honour to Dundee, and render the people of it as renowned for benevolence and humanity as they have always been for their industry,

their skill, and their enterprise in trade, commerce, and manufactures.

Like the plan pursued in rearing the Asylum itself, and bringing it to its present enlarged and excellent condition, the mode of treatment in reference to the unfortunate inmates confined in it has been prudently progressive. At first, the most prompt and vigorous system of restraint and coercion was practised in every instance, because that system was in universal use, and everywhere had the sanction of the faculty. No other mode of treatment had yet been heard or thought of, at least in this country; and, at that period, the superintendents of asylums, even although they had projected an opposite system, would scarcely have ventured to introduce it on their own responsibility. It was in France that a change was first projected and carried into effect to a certain extent; but even there, although an eminent and experienced physician was the author of the change, it met with considerable opposition. So slow is the progress of improvement in science, when opposed by long-rooted custom, prejudice, and error. In this Asylum, the new system as pursued by the French was begun to be carried into effect on the very day Dr Mackintosh came into office. The experiment was made gradually and with due caution, as every experiment ought where there is the slightest doubt of its utility. Happily the first results were answerable to the Superintendent's most sanguine aspirations for success, and, in a very short time, he had the happiness to find that so great was the efficacy of the new system, considered both medically and otherwise, that it seemed almost as much a blessing to himself as to his unfortunate patients. He still remembers with pleasure the gratifying effects which so remarkable a change of treatment produced in some of those who were then under his charge. Lunatics are rarely beyond the reach of kindness, and they often feel it very sensibly. During his first experiments he had proofs of this feeling most expressively demonstrated on the part of several patients. When the hapless beings found themselves no longer

under the fear of threats and coercion, but on the contrary set freely at large, and treated with indulgence and kindness, they were often unable to express their sense of so wonderful a change in words, but the uplifted eye and the pressed hand spoke eloquently as to the delight, astonishment, and gratitude which they felt within. The present age has been fruitful of discoveries in science and philosophy. In this respect the triumphs of medical science have been great, and perhaps the humane and non-restraint systems in the treatment of lunacy are the noblest of them all. Humanity almost every where hails them as such, and humanity is always in the right.

In tracing the progress of the Institution, it ought not to be forgotten how much of its past efficiency is to be ascribed to the tact, skill, good feeling, and excellent management of our much respected Matron, Mrs Kilgour. Ever since her appointment took place, the improvements in every thing connected with the female department have been regularly progressive. The duties of the Physician and Superintendent were thenceforward greatly lightened, as well as rendered agreeable in every respect, while the harmonious working of all departments necessarily contributed to increase the general cordiality and efficiency that have so long prevailed in the establishment. Perhaps it is the total absence of jealousy and distrust in the management of this Asylum—the united family—that constitutes one of its finest features; and, accordingly, we would respectfully impress upon the Directors how important it will be hereafter to foster and perpetuate a similar good understanding between the various officers, since it is in fact so essential to efficiency of management, both sanitary and otherwise, that no lunatic asylum can thrive without it, or become entitled to the confidence of the public.

Another consideration of primary importance is the choice of subordinate servants, because upon their judicious selection depend many comforts and advantages to the patients, as well as the general order, vigilance, and regularity that ought to prevail

in an asylum. At present, our set of servants is exceedingly good. The Superintendent and Matron alone engage and dismiss them, and they are always hired by the half-year. As the duties of subordinate servants with us are arduous and sometimes painful, we necessarily sympathise with them, and of course never refuse them any reasonable indulgence. Most of them are therefore allowed the whole of every second Sabbath to themselves, and one afternoon every week besides. The male portion of our present set being, with one exception, married, they are, on that account, allowed also two nights a-week to themselves in addition. No unmarried servant is ever permitted to remain without the walls of the Asylum after ten o'clock at night. It has rarely been found necessary to discharge a servant for misconduct; consequently several of those who are now in the establishment have been there for many years. This circumstance has been favourable for the Asylum, since nothing is more prejudicial to the patients than the frequent changing of their attendants. In the hiring of our servants, one thing in particular has always been attended to, as far as possible, and that is, their natural disposition. Whatever be their professions in point of religious principle, or the opinions they entertain on matters of lesser importance, it is indispensable that their natural disposition should be good, and their affections and propensities kindly. Servants in asylums should also be active, willing to do anything lawful that may be required of them, attentive and zealous in the discharge of their regular duty, and, above all, promptly as well as respectfully obedient. They have, no doubt, in most cases an exhausting and wearying-out task on hand, their vigilance being ceaseless, their minds always on the stretch to guard against accidents and mischief, while their tempers are, at the same time, often severely tried by the violence and wanton ill-usage which they sometimes receive from the patients under their charge. Hence, however, it is but reasonable that they should be amply remunerated, and, accordingly, the wages allowed here have

always been upon a pretty liberal scale. On festal occasions, some of our old servants resident elsewhere are generally invited to share in the festivities of the day. To them it is always a real holiday, and nothing can be more delightful than to see with what cordiality they greet one another on thus meeting again with old friends. It is like the affectionate re-unions which sometimes distinguish the happier class of families in private life.

The services of Dr Mackintosh as Superintendent being now about to terminate, in consequence of his appointment to the important situation of Chief Medical Superintendent in the Royal Glasgow Asylum, he feels bound, both from gratitude and affection, to express the strong sense he entertains of the merit of all and every one of the official persons with whom he has been connected in the general management of the establishment here. Without their zealous and friendly co-operation in every thing that came within the sphere of their respective duties, he is conscious that the performance of his own duties must have often come far short of what either the Directors or the public had a right to expect. But as to the Directors themselves, both of the past and present time, how can he adequately express the gratitude which he owes to them for the long and uninterrupted course of civilities that he has uniformly experienced at the hands of every one of them with whom he has come in contact? Or how can he do justice to their worth as public men, except by here stating his conviction that no class of gentlemen ever chosen to fulfil duties similar to theirs could possibly discharge such duties in a more faithful, judicious, and honourable manner? In thus estimating the value of their labours for the amelioration of suffering, he will not, he believes, be accused either of flattery or of undue partiality, since he does nothing more than echo the public voice which has always most willingly conceded an ample portion of the applause which is so justly due to their well-meant and laborious efforts, not only to promote the good of the Asylum, but also the general good of the community at large. His own feelings towards them

cannot be expressed in words. They have always had his highest respect and esteem, but they are now entitled to the strongest expression of his gratitude. He owes it to them both collectively and individually on many accounts, but chiefly on account of the long and unvarying confidence which they reposed in him. It was the highest compliment they could have paid to him as a public servant. Nothing ever occurred to shake or interrupt it. In every situation of life hereafter, this consideration must, to him at least, be either a consolation or a pleasure. Nay more, he feels that it may at all times be the subject of just and honourable pride.

In the immediate prospect of being permanently separated from his colleagues, it would be unseemly, as well as ungenerous, were he to omit expressing his esteem and regard for them individually. To the worthy Physician, his colleague and friend, his warmest thanks and best wishes are due for a most harmonious professional co-operation of fourteen years. Nothing has ever for a moment interrupted their mutual confidence, and he earnestly trusts that their mutual good-will shall only terminate with life.

To the excellent Matron of the establishment, Mrs Kilgour, still more is due than a mere expression of thanks. He owes her also a large debt of gratitude, not only for official co-operation and aid, but for her kind and generous anxiety for his welfare, displayed ever since her appointment in 1840, and in such a way as to lighten his professional labours and rid him of much anxiety about the state of the female patients. Of her merit as a public officer, therefore, he cannot speak too strongly. That merit has been often acknowledged in his annual reports, but on no occasion has more than simple justice been done to her worth. Her ceaseless activity, her judicious and most successful treatment of the patients, and the entire prudence of her general management, were all too conspicuous not to be valued and acknowledged; and hence every successive year saw them duly reported by the Medical Officers. Here the Superintendent but feebly expresses what

he thinks when he states his belief, that nowhere as the Matron of a Lunatic Asylum does her superior exist.

A warm expression of thanks is also due to the worthy Chaplain of the establishment, for the uniform prudence and discretion displayed by him in the discharge of his very delicate and important duties. At all times the exercise of his functions was distinguished by propriety, and did honour to his discrimination and judgment.

Thanks are also due to the Treasurer and Secretary of the Institution, for with them as with others, the Superintendent has always lived and consorted on the most harmonious and friendly terms. As gentlemen, worthy of his regard, he must ever remember them with respect and esteem.

From the subordinate servants, too, he cannot withhold an expression of his sincere and heartfelt regard. He has often reported their excellent general conduct; but thanks, as well as approbation, are more especially due to them for their humane and kindly treatment of the patients committed to their charge, their invariable respectful behaviour to their official superiors, and also their constant attention, as well as implicit obedience, to every order that emanated from himself.

One last duty incumbent on the Superintendent yet remains to be performed. It is that of bidding the Asylum, and all who are connected with it, an affectionate farewell. He has looked forward to this final parting with feelings which he cannot describe. It is often with reluctance that we bear even a short separation from a single old friend. His case in the present instance is just so much the more affecting, that he is about to be separated from many old and sincere friends, his dear patients included, and perhaps for ever. The only consolation he has is the certainty, that among those friends there are not a few who not only rejoice in the approaching separation, because it is in consequence of his advancement to a higher and more lucrative situation, but also

because some of them have generously been instrumental in promoting that advancement, and accordingly look upon it with justice, as equally fortunate for him and honourable to themselves. To such kind and disinterested friends what does he not owe for their exertions in his behalf! The remembrance of what they have done for him, and the gratitude with which it fills his heart, will only cease when he himself ceases to exist.

(Signed)

PATRICK NIMMO, M.D.

ALEXANDER MACKINTOSH, M.D.

ASYLUM, 18th June, 1849.

EXTRACT

FROM

MINUTES OF ANNUAL COURT.

“ Dr MACKINTOSH read his Medical Report for the year.

“ THOMAS ERSKINE, Esquire of Linlathen, seconded by WILLIAM THOMS, Esquire, moved that the thanks of the Meeting be given to the Medical Officers for their services, and to Dr Mackintosh for drawing up the Medical Report.

“ It was remitted to the Weekly Committee to get those portions of this document printed which should be communicated to the public.”

MEDICAL STATISTICAL TABLES,

FOR THE

YEAR ENDING 18TH JUNE 1849.

(The year ending on the third Monday of June, agreeably to Charter.)

TABLE I.

YEARLY RETURN OF LUNATICS IN THE DUNDEE ROYAL LUNATIC ASYLUM,

From 19th June 1848 to 18th June 1849.

	Males.	Females.	Total.
Remained 19th June 1848, . . .	101	95	196
Admitted during the above period, . . .	17	22	39
Ditto, re-admissions, . . .	5	2	7
Total, . . .	123	119	242
Discharged cured, . . .	11	14	25
Ditto, improved, . . .	2	4	6
Ditto, by desire, . . .	1	3	4
Died, . . .	7	5	12
Total, . . .	21	26	47
Remaining 18th June 1849, . . .	102	93	195
Total, . . .	123	119	242
Daily average number of patients in } the House, . . .	104	94	198

II.

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

PHYSICAL CAUSES.

	Males.	Females.	Total.
Hereditary,	6	2	8
Drunkenness,	4	2	6
Predisposition from previous attack,	0	1	1
Fever,	1	1	2
Childbirth,	0	1	1
Influenza,	1	0	1
Night-watching,	0	1	1
Total,	12	8	20

III.

MORAL CAUSES.

	Males.	Females.	Total.
Misfortunes,	1	0	1
Grief,	0	3	3
Fright,	0	1	1
Loss of property,	0	1	1
Want of employment,	1	0	1
Domestic trials,	0	1	1
	2	6	8
Unknown,	8	10	18
Total,	10	16	26

✓
IV.

TABLE OF ADMISSIONS RELATIVE TO AGES.

			Males.	Females.	Total.
From 15 to 20 years of age,	.	.	1	2	3
... 20 to 25 ...	.	.	3	3	6
... 25 to 30 ..	.	.	5	1	6
... 30 to 35 ...	.	.	1	3	4
.. 35 to 40 ...	.	.	0	6	6
... 40 to 45 ...	.	.	3	3	6
... 45 to 50 ...	.	.	3	2	5
... 50 to 55 ...	.	.	3	2	5
... 55 to 60 ...	.	.	3	1	4
... 60 to 65 ...	.	.	0	0	0
... 65 to 70 ...	.	.	0	0	0
... 70 to 75 ...	.	.	0	1	1
Total,			22	24	46

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

			Males.	
From 25 to 30 years of age,	.	.		5
... 20 to 25 ...	.	.		3
... 40 to 45 ...	.	.		3
... 45 to 50 ...	.	.		3
... 50 to 55 ...	.	.		3
.. 55 to 60 ...	.	.		3
... 15 to 20 ...	.	.		1
... 30 to 35 ...	.	.		1
Total,				22

VI.

Females.			
From 35 to 40 years of age,			6
... 20 to 25 ...			3
... 30 to 35 ...			3
... 40 to 45 ...			3
... 15 to 20 ...			2
... 45 to 50 ...			2
.. 50 to 55 ...			2
... 25 to 30 ...			1
... 55 to 60 ...			1
... 70 to 75 ...			1
Total,			24

VII.

TABLE OF ADMISSIONS RELATIVE TO THE VARIETIES OF INSANITY.

	Males.	Females.	Total.
Mania,	7	12	19
Monomania,	12	9	21
Dementia,	3	3	6
Idiocy,	0	0	0
Total,	22	24	46

VIII.

TABLE OF ADMISSIONS RELATIVE TO THE CIVIL CONDITION.

	Males.	Females.	Total.
Married,	12	10	22
Unmarried,	8	10	18
Carry forward,	20	20	40

	Males.	Females.	Total.
Brought forward, . . .	20	20	40
Widows, . . .	0	4	4
Widowers, . . .	1	0	1
Total, . . .	<u>21</u>	<u>24</u>	<u>45</u>
Unknown, . . .	1	0	1
Total, . . .	<u>22</u>	<u>24</u>	<u>46</u>

IX.

TABLE OF ADMISSIONS RELATIVE TO THE MONTHS OF THE YEAR.

	Males.	Females.	Total.
From June to July, . . .	0	3	3
... July to August, . . .	6	0	6
... August to September, . . .	2	3	5
... September to October, . . .	3	2	5
... October to November, . . .	2	1	3
... November to December, . . .	1	1	2
... December to January, 1849, . . .	2	1	3
... January to February, . . .	2	3	5
... February to March, . . .	2	3	4
... March to April, . . .	0	5	5
... April to May, . . .	1	3	4
... May to June 18th, . . .	1	0	1
Total, . . .	<u>22</u>	<u>24</u>	<u>46</u>

X.

TABLE OF ADMISSIONS RELATIVE TO FORM OF RELIGION.

	Males.	Females.	Total.
Protestants, . . .	20	24	44
Roman Catholics, . . .	2	0	2
Total, . . .	<u>22</u>	<u>24</u>	<u>46</u>

XI.

TABLE OF ADMISSIONS RELATIVE TO PLACE OF BIRTH.

	Males.	Females.	Total.
Born in Scotland, . . .	20	24	44
... England, . . .	1	0	1
... Ireland, . . .	1	0	1
Total, . . .	<u>22</u>	<u>24</u>	<u>46</u>

XII.

DURATION OF THE DISORDER IN THE 46 CASES ADMITTED DURING
THE YEAR ENDING 18th JUNE 1849.

Duration.	Males.	Females.	Total.
Not exceeding 1 month, . . .	6	5	11
... 3	2	3	5
... 6	1	2	3
... 9	1	1	2
... 1 year, . . .	0	1	1
... 2	6	4	10
.. 3	3	1	4
... 4	0	1	1
... 5	1	2	3
... 6	1	0	1
... 8	1	0	1
... 16	0	1	1
... 21	0	1	1
... 29	0	1	1
.. 52	0	1	1
Total, . . .	<u>22</u>	<u>24</u>	<u>46</u>

XIII.

TABLE OF ADMISSIONS RELATIVE TO SUICIDE ADMITTED DURING
EACH MONTH OF THE YEAR.

	Males.	Females.	Total.
From June to July,	0	0	0
... July to August,	3	0	3
... August to September,	1	2	3
... September to October,	2	1	3
... October to November,	0	0	0
... November to December,	1	0	1
... December to January 1849,	0	0	0
... January to February,	1	0	1
... February to March,	0	0	0
... March to April,	0	2	2
... April to May,	0	0	0
... May to June 18th,	0	0	0
Total,	8	5	13

XIV.

TABLE OF ADMISSIONS IN EACH MONTH OF THE YEAR ENDING 18TH
JUNE 1849, CLASSED ACCORDING TO FORM OF DISEASE.

FORM OF DISEASE.	From June 19. 1848.		July 1848.		Aug. 1848.		Sept. 1848.		Oct. 1848.		Nov. 1848.		Dec. 1848.		Jan. 1849.		Feb. 1849.		Mar. 1849.		April 1849.		May 1849.		June 1849.		TOTAL 1849.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Mania, ~~~~~	0	0	2	2	0	1	2	1	0	0	0	0	0	0	1	1	1	2	0	2	0	2	1	1	0	0	7	12
Monomania, ~~~~~	0	0	2	0	2	0	1	2	3	1	0	1	0	0	1	1	1	0	1	2	0	2	1	0	0	0	12	9
Dementia, ~~~~~	0	0	0	1	0	0	0	0	0	0	2	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	3	3
Idiocy, ~~~~~	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total, ~~~~~	0	0	4	3	2	1	3	3	3	1	2	2	0	0	2	2	3	3	1	4	0	4	2	1	0	0	22	24

XV., XVI., XVII., XVIII.

XV.

FORM OF THE DISEASE—DURATION OF THE DISEASE—AGE—AND LENGTH
OF TIME UNDER TREATMENT IN THE DUNDEE ASYLUM, IN THE CASES
OF 25 PATIENTS, DISCHARGED CURED, DURING THE YEAR ENDING 18TH
JUNE 1849.

	Males.	Females.	Total.
Mania,	5	7	12
Monomania,	6	6	12
Dementia,	0	1	1
	—	—	—
Total,	11	14	25

XVI.

DURATION OF DISEASE—

	Males.	Females.	Total.
Not exceeding 3 months,	1	0	1
... 6	3	2	5
... 9	0	1	1
... 1 year,	2	2	4
... 2	3	1	4
... 3	1	3	4
... 4	0	2	2
... 6	1	1	2
	—	—	—
Total,	11	14	25

XVII.

AGE—

			Males.	Females.	Total.
From 15 to 20 years of age,	.	.	0	1	1
... 20 to 25	...	.	1	1	2
... 25 to 30	...	.	2	2	4
... 30 to 35	...	.	0	2	2
... 35 to 40	...	.	1	1	2
... 40 to 45	...	.	2	1	3
... 45 to 50	...	.	2	2	4
... 50 to 55	...	.	2	3	5
... 55 to 60	...	.	1	0	1
... 70 to 75	...	.	0	1	1
Total,			11	14	25

XVIII.

TIME OF TREATMENT IN DUNDEE ASYLUM—

			Males.	Females.	Total.
Not exceeding 3 months,	.	.	6	6	12
... 6 ...	.	.	0	4	4
... 9 ...	.	.	2	2	4
... 1 year,	.	.	1	1	2
... 2 ...	.	.	1	1	2
... 5 ...	.	.	1	0	1
Total,			11	14	25

XIX., XX., XXI., XXII.

SIMILAR TABLES IN THE CASES OF THE TWELVE PATIENTS WHO HAVE
DIED IN THE YEAR ENDING 18th JUNE 1849.

XIX.

FORM OF DISEASE—

	Males.	Females.	Total.
Mania,	1	4	5
Monomania,	4	0	4
Dementia,	2	1	3
Total,	7	5	12

XX.

DURATION OF DISEASE—

	Males.	Females.	Total.
Not exceeding 1 year,	0	1	1
... 2	1	1	2
... 3	2	0	2
... 4	1	1	2
... 5	1	0	1
... 8	1	0	1
.. 17	0	1	1
... 38	1	0	1
Not ascertained,	0	1	1
Total,	7	5	12

XXI.

AGE —

			Males.	Females	Total.
From 20 to 25 years of age,	.	.	0	1	1
... 25 to 30	...	.	0	1	1
... 30 to 35	...	.	1	1	2
... 35 to 40	...	.	1	0	1
.. 45 to 50	...	.	2	0	2
.. 50 to 55	...	.	1	0	1
.. 65 to 70	...	.	0	1	1
... 70 to 75	...	.	1	1	2
... 75 to 80	...	.	1	0	1
Total,			7	5	12

XXII.

TIME OF TREATMENT IN DUNDEE ASYLUM—

				Males.	Females.	Total.
Not exceeding 1 month,	.	.	.	1	0	1
... 3	...	.	.	1	0	1
... 9	...	.	.	0	1	1
.. 1 year,	.	.	.	0	1	1
... 2	...	.	.	3	1	4
.. 6	...	.	.	1	0	1
... 7	...	.	.	0	1	1
... 10	...	.	.	0	1	1
.. 29	..	.	.	1	0	1
Total,				7	5	12

XXIII.

CAUSES OF THE TWELVE DEATHS IN THE YEAR ENDING 18TH
JUNE 1848.

	Males.	Females.	Total.
Scrofula,	0	1	1
Fever,	0	1	1
Paralysis,	1	0	1
Diarrhœa,	0	1	1
Disease of Stomach,	1	0	1
Disease within head,	3	1	4
Exhaustion,	2	1	3
Total,	7	5	12

XXIV.

CAUSE OF DEATHS.—B.

No.		From June 1848.	July 1848.	Aug. 1848.	Sept. 1848.	Oct. 1848.	Dec. 1848.	Jan. 1849.	Feb. 1849.	Mar. 1849.	April 1849.	May 1849.	June 18th 1849.	Total
		M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
1	Scrofula, ~~~~~~	0 1	0 1											0 1
2	Fever, ~~~~~~		0 1											0 1
3	Paralysis, ~~~~~~			1 0										1 0
4	Diarrhœa, ~~~~~~				0 1									0 1
5	Disease of Stomach, ~~~~~~					1 0								1 0
6	Disease within Head, ~~~~~~						1 0							1 0
7	Do. do. ~~~~~~						0 1							0 1
8	Do. do. ~~~~~~							1 0						1 0
9	Do. do. ~~~~~~								1 0					1 0
10	Exhaustion, ~~~~~~								1 0					1 0
11	Do. ~~~~~~									0 1 0 0				0 1
12	Do. ~~~~~~											1 0 0 0		1 0
Total, ~~~~~~		0 1	0 1	1 0	0 1	1 0	1 1	1 0	2 0	0 1	1 0	1 0	0 0	7 5

XXV.

TABLE OF CURES AT THE DUNDEE ASYLUM FROM 1820 TO 1849.

Admitted from 1st April 1820 to 18th June 1849.	Cured.	Per Cent.
Number of Lunatics, 1296,.....	584	45

XXVII.

THE TIMES OF THE PATIENTS' DEATHS AFTER THEIR ADMISSION INTO THE ASYLUM, FROM THE OPENING OF THE INSTITUTION TO THE 18TH JUNE 1849.

Times of Deaths.				Males.	Females.	Total.
Within 1 fortnight,	.	.	.	10	8	18
... 1 month,	.	.	.	7	2	9
... 3 ...	.	.	.	15	10	25
... 6 ...	.	.	.	10	4	14
... 9 ...	.	.	.	9	3	12
... 1 year,	.	.	.	6	2	8
... 2 ...	.	.	.	23	11	34
... 3 ...	.	.	.	9	3	12
... 4 ...	.	.	.	11	5	16
... 5 ...	.	.	.	4	1	5
... 6 ...	.	.	.	6	4	10
... 7 ...	.	.	.	6	3	9
... 8 ...	.	.	.	2	3	5
... 9 ...	.	.	.	3	3	6
... 10 ...	.	.	.	1	3	4
... 11 ..	.	.	.	1	1	2
... 12 ...	.	.	.	2	2	4
... 13 ...	.	.	.	0	1	1
... 14 ...	.	.	.	5	1	6
... 15 ...	.	.	.	2	0	2
... 16 ...	.	.	.	1	1	2
... 17 ...	.	.	.	0	2	2
... 18 ...	.	.	.	2	0	2
... 19 ...	.	.	.	1	1	2
... 20 ...	.	.	.	0	0	0
... 21 ...	.	.	.	0	1	1
... 22 ...	.	.	.	1	0	1
... 23 ...	.	.	.	0	1	1
... 24 ...	.	.	.	1	1	2
... 25 ...	.	.	.	0	0	0
Carry forward,				138	77	215

		Brought forward,		138	77	215
...	26	...	.	0	0	0
..	27	...	.	0	0	0
..	28	...	.	0	1	1
...	29	...	.	1	0	1
		Total,	.	139	78	217

XXVIII.

ANNUAL PER CENTAGE OF DEATHS

FROM 13TH JUNE 1830 TO 18TH JUNE 1849.

(The years ending on the third Monday of June, agreeably to Charter.)

Years ending 3d Monday of June.	Average number of Patients.			Number of Deaths.			Per centage of Deaths.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
1830	57	44	101	2	2	4	3.51	4.52	3.95
1831	55	48	103	2	1	3	3.63	2.08	2.91
1832	61	52	113	2	5	7	3.27	9.61	6.19
1833	65	59	124	7	3	10	10.76	5.08	8.06
1834	70	58	128	6	4	10	8.57	6.89	7.81
1835	68	58	126	4	4	8	5.88	6.89	6.34
1836	70	59	129	6	2	8	5.57	3.39	6.20
1837	74	61	135	5	5	10	6.75	8.19	7.48
1838	77	60	137	7	1	8	9.09	1.66	5.83
1839	84	66	150	6	5	11	7.19	7.57	7.33
1840	87	70	157	5	2	7	5.74	2.85	4.45
1841	89	75	164	5	3	8	5.61	3.99	4.87
1842	102	77	179	8	2	10	7.84	2.59	5.58
1843	96	84	180	5	4	9	5.20	4.80	5.00
1844	97	90	187	10	2	12	10.31	2.22	6.41
1845	100	90	190	8	6	14	8.00	6.66	7.37
1846	105	96	201	6	2	8	5.70	2.08	3.90
1847	105	95	200	5	2	7	4.70	2.01	3.05
1848	103	94	197	14	5	19	13.61	5.30	9.60
1849	104	94	198	7	5	12	6.70	5.30	6.00
	1669	1430	3099	120	65	185			

Average annual mortality from 1830 to 1849, inclusive :—

Males.	Females.	Total.
7.1.	4.5.	5.90.

NOTE.—No case of suicide or homicide occurred in the above years.

XXIX.

TABLE OF ESCAPES FROM 19TH JUNE 1848 TO 18TH JUNE 1849.

	Males.	Females.	Total.
1848 to 1849,	0	0	0

xxx.

DAILY RETURN FROM THE ATTENDANTS OF WARD OF THE STATE
 OF EACH PATIENT UNDER THEIR RESPECTIVE CHARGE, FROM 8 P.M.
 TO 8 P.M. 184

Number of Patients,

1. With confined bowels.
 2. With relaxed bowels.
 3. Uncleanly by day.
 4. Uncleanly by night.
 5. Wet by day.
 6. Wet by night.
 7. Slept on straw cases.
 8. Wore stockings in bed.
 9. Noisy in the day time.
 10. Noisy in the night time.
 11. Destroyed their clothing.
 12. Destroyed their bedding.
 13. Refused a part of their food.
 14. Refused all their food.
 15. Attempted suicide.
 16. Threatened suicide.
-
17. Under medicinal treatment.
 18. Under surgical treatment.
 19. Took wine medicinally.
 20. Took porter or beer medicinally.
 21. Allowed extra meat.
 22. Disallowed meat.
 23. Forcibly fed.
 24. Bathed in a warm bath.
 25. Had the shower bath.
 26. Washed in a warm bath.

27. Had the warm foot bath.
 28. Under hired nursing.
 29. Under night watching.
 30. Kept their beds by day.
 31. Violent in conduct by day.
 32. Violent in conduct by night.
 33. Orderly.
 34. Disorderly.
-

35. Had epileptic fits by day.
 36. Had epileptic fits by night.
 37. Met with accidents, &c.
-

38. Capable of occupation.
39. Incapable of occupation.
40. Provided with occupation.
41. Refused to work.
42. Had active employment.
43. Had sedentary employment in
44. Employed in the garden or grounds.
45. Employed cleaning rooms, &c.
46. Employed in the laundry or wash-house.
47. Employed in the kitchen.
48. Exercised in the galleries.
49. Exercised in the courts.
50. Exercised in the grounds.
51. Exercised beyond the walls.
52. Engaged in active sports.
53. Performing on piano.
54. Performing on violin.
55. Performing on flute or Jews' harp.
56. Playing at billiards.
57. Playing at cards.
58. Playing at ball or quoits.
59. Attending chapel.
60. Weaving.

61. Winding for weavers and spinning.
62. Knitting.
63. Needle-work.
64. Breaking metal.
65. Pumping water.
66. Mat-making.
67. Attending prayers.
68. Picking rope.
69. Secluded from to

(Signed)

Attendant Ward.

XXXI.

RETURN I. OF SOME OF THE WORK DONE ON MALE SIDE.

Bagging wove,	.	.	.	yards	11952
Sheeting	„	.	.	„	10557
Coats, canvas,	made,	.	.	No.	1
Mattresses, canvas,	„	.	.	„	3
Dresses, canvas and tick,	„	.	.	„	5
Boots and shoes,	„	.	.	pairs	19
Do.	„	mended,	.	„	530 $\frac{1}{2}$
Mats, door,	made,	.	.	No.	1
Hemp and Zealand ropes, teased,	.	.	.	cwt.	64 $\frac{3}{4}$
Metal for roads,	broken,	.	.	tons	many

N.B.—Gardening, &c., cannot be inserted here.

RETURN II. OF SOME OF THE WORK DONE BY FEMALE LUNATICS.

Gowns,	made,	.	.	No.	56
Petticoats,	„	.	.	„	45
Shifts,	„	.	.	„	90
Slips,	„	.	.	„	8
Bedgowns,	„	.	.	„	20

Stays,	„	.	.	.	.	.	pair	8
Aprons,	„	.	.	.	.	.	No.	60
Pockets,	„	.	.	.	.	.	„	18
Caps,	„	.	.	.	.	.	„	186
Habit-shirts,	„	.	.	.	.	.	„	10
Handkerchiefs, hemmed,		.	.	.	.	.	„	230
Shirts,	made,	.	.	.	.	.	„	79
Jackets, flannel,	„	.	.	.	.	.	„	91
Drawers plaiding	„	.	.	.	.	.	Pair,	85
Stockings knitted,		.	.	.	.	.	„	120
Socks	„	.	.	.	.	.	„	50
Bolster cases made,		.	.	.	.	.	„	22
Pillow	„	.	.	.	.	.	No.	18
Mattresses made,		.	.	.	.	.	No.	16
Sheets,	„	.	.	.	.	.	Pair,	28
Blankets hemmed,		.	.	.	.	.	„	30
Cloths per Table, do.,		.	.	.	.	.	No.	13
Rugs quilted,		.	.	.	.	.	„	10
Bed quilts,		.	.	.	.	.	„	8
Window Blinds made,		.	.	.	.	.	„	24
Towels hemmed,		.	.	.	.	.	„	180
Collars worked,		.	.	.	.	.	„	2
Sofa Cushions knitted,		.	.	.	.	.	„	2
Polkas,	„	.	.	.	.	.	„	2
Sleeves,	„	.	.	.	.	.	Pair,	4
Purses,	„	.	.	.	.	.	No.	5
Tedy's,	„	.	.	.	.	.	„	3
Slippers worked,		.	.	.	.	.	Pair,	4
Bags of various kinds made,		.	.	.	.	.	No.	24
Sheeting wove,		.	.	.	.	.	Yds.	11,100
Winding weft for sheeting cloth,		.	.	.	.	.	Spds.	1276
„ bagging	„	.	.	.	.	.	Yds.	11952

In addition to the mending of all the clothes, &c., and darning the stockings of all the inmates of the house.

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98	...	...
99	...	...
100	...	...

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QUANTITIES OF THE PRINCIPAL PROVISIONS, &c.,
PURCHASED FOR THE ASYLUM

IN THE YEARS 1847-48 AND 1849-50.

	1847-48.	1848-49	1849-50.
Soap,	4712 lbs.		
Coals,	237 tons.	215 tons.	
Butcher Meat,	20,826 lbs.	20,742 lbs.	
Bread,	17,152 loaves.	17,318 loaves.	
Sugar,	3304 lbs.	2800 lbs.	
Tea,	396 lbs.	351 lbs.	
Butter,	2289½ lbs.	2279½ lbs.	
Cheese,	641½ lbs.	741½ lbs.	
Meal,	224 bolls.	374 bolls.	
Barley,	55 cwt.	51 cwt.	
Split Pease,	8½ cwt.	7½ cwt.	
Potatoes,	31¼ bolls.	33 bolls.	
Beer,	1613½ doz.	1557½ doz.	
Milk,	8784 galls.	8760 galls.	

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.

DATE OF APPLICATION.

History.

QUERIES.	ANSWERS.
1. What is the name ? Place of birth and settlement ? Degree of education ? and Form of religion of the patient ?	
2. Is the patient tall and powerful ? And is there anything remarkable in the patient's usual appearance, as in height, gait, marks, or de- formity ? What is the temperament ?	
3. How long has the patient been in- sane ? and Did the disorder come on gradually or suddenly ?	
4. 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 dura- tion ?	
5. How long before lunacy were any such precursory symptoms ob- served as the following,—viz.: unusual depression or elevation of spirits, or any remarkable al- teration in the temper, disposi- tion, feelings, opinions, conduct, sleep, appetite, state of bowels, or health of the patient ?	
6. What have been, or are the promi- nent symptoms of the malady ? Is the patient restless, sleepless, wandering, violent, destructive, or noisy, by night or day ? Has the patient a desire to eat im- proper things ? Has any obvious change in its form occurred ? And does it appear to be increasing, declin- ing, or stationary ?	
7. Are there lucid intervals, or any great remissions or exacerba- tions ; and do such changes oc- cur at uncertain times, or at stated periods ?	

History.

QUERIES.	ANSWERS.
8. Does the patient rave indifferently on various subjects? or chiefly on one? and What is that subject? Mention particularly any permanent or remarkable hallucinations, illusions, or delusions?	
9. Has the patient ever threatened or attempted to commit any act of self-violence? and By what means?	
10. Does the patient manifest any disposition to injure other persons, and how? Or cherish any malicious design? Or is the morbid train of thought excited by any particular subject or event?	
11. Is the patient prone to tear clothes, or to break windows or furniture? Or to injure the person in any way?	
12. 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?	

Causes.

13. What is the age? And what was the profession or occupation of the patient?	
14. Is the patient married, or single, or widowed? How long since first married or becoming widowed?	
15. Does any constitutional or hereditary disposition exist in the family of the patient to nervous affections? And, was any relative of the patient ever insane?	
16. 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 natural disposition and general habits of living, predominant passions or prejudices, religious impressions, and any habitual vice or intemperance? Is the intellect good naturally?	

	QUERIES.	ANSWERS.
Causes.	17. 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; also the present state of bodily health, as to desire for food, functions of stomach, bowels, kidneys, respiration, pulse, and state of skin, &c.	
	18. Did the present fit of lunacy occur, or has any former fit occurred, during pregnancy; or appear to have been connected with the puerperal state or lactation? If a female, state whether she has born children, their number, and the period of the birth of the last?	
	19. Was the head of the patient ever severely injured?	
	20. What is supposed to have been the exciting cause of the malady? Is it a moral cause—such as misfortune, disappointment, fright, love, &c.? Or a physical cause—such as fever, the immoderate use of opium or other medicine, or any intoxicating agent, bodily injury, serious illness, or accident affecting the nervous system, &c.?	
Treatment.	21. What has been done for the recovery of the patient? And with what effect?	
	22. Has the patient ever been treated for lunacy in any public asylum or private retreat for the insane? 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?	
	23. What is the proposed rate of board?	

Signed,