

Twenty-fifth 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, 16th June, 1845.

Contributors

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TWENTY-FIFTH

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,

16th June, 1845.

Dundee :

PRINTED BY D. HILL, AT THE COURIER OFFICE.

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TWENTY-FIFTH ANNUAL REPORT

OF

THE DIRECTORS

OF THE

DUNDEE ROYAL ASYLUM FOR LUNATICS,

For the Year ending 16th June 1845.

THE Directors, in this their Twenty-fifth Annual Report, proceed to lay before their constituents and successors in office a short summary of their transactions for the past year.

In reference to the Report of last year, it is with no small regret that the Directors recall to mind the fact of there being then outstanding upwards of £874 for the boarding of patients. A great part of this sum was owing by the Parish of Dundee, and some other Parishes in which the administrators of the Poor's Funds had been recently changed, and where their successors were not immediately in a condition to liquidate obligations of this serious description. In no case was the accuracy of the sums due attempted to be disputed; and, to satisfy themselves, the Parish Committee of Dundee visited their patients, and examined the papers upon which they were confined. Still payment was delayed; and, at one time, the amount outstanding on account of pauper patients was nearly £1700. After much forbearance, the Directors were reluctantly compelled to cause a circular to be addressed to the parties in arrear, threatening legal proceedings. This painful course had fortunately some effect; but they are sorry to state that a large sum still remains to be liquidated, although wholly due at the beginning of last quarter.

In these circumstances, the Directors felt it to be a paramount duty to prevent, if possible, the farther accumulation of outstanding sums on account of pauper patients ; they accordingly resolved that the rule, applicable to all patients, which requires payment to be made in advance, immediately on admission, and thereafter quarterly in advance, shall be rigidly adhered to in future ; in pursuance of which rule, they have also specially instructed Dr Mackintosh to demand pre-payment at the time of admission, or to insist for exhibition of the Treasurer's receipt for the amount.

At last Annual Court an order was made to prepare an additional bond for £2000, in favour of the Dundee Banking Company. This document has been duly executed, and is now in possession of the legal adviser of the Bank.

The patients in the Asylum at last Annual Court were :—

	Males.	Females.	Total.
	95	88	183
There have been admitted since,	34	26	60
<hr/>			
Total,	129	114	243
There have been removed since,	24	23	47
<hr/>			
And at present there remain,	105	91	196

The Directors beg leave to call particular attention to the fact that, in consequence of the want of additional accommodation, they have been compelled during last year to deny admission to thirty-one patients. In an Establishment like this, where the chief objects are at once the relief of suffering and the triumph of humanity, they think they are fully warranted in recommending the earliest possible increase of accommodation, so as to meet any demand that may be made for admission by the neighbouring Parishes. With that view, it has occurred to them that if the east wing of the Asylum were completed, not only would room be found for many more patients, but the paupers who are now lodged there, and elsewhere in the Establishment, would be made much more comfortable than they are at present.

Some of the numerous applications for admission during the

last year were on behalf of what is called Prisons' Board Lunatics, and such as were confined by the Sheriff under the Act 4 and 5 V. R., many of them of a very dangerous character. Of course, in the crowded state of our Establishment, with so few single bedrooms for paupers, and these not at all adapted for such patients, it was necessarily found impossible to receive all the patients that were thus offered.

At present, there are twenty-five of this particular class of patients in the Establishment. Four of them were originally confined in consequence of having committed homicide.

In the course of the year a considerable degree of trouble was experienced by the non-fulfilment of their obligations on the part of two of the provision-contractors. This matter was adjusted, however, after some delay, and without much injury to the Institution.

Among the improvements carried into effect during the year, it is with pleasure that the Directors have to mention that gas light has been introduced generally into the House, and as far as they consider it prudent to carry it. Pipes to convey water through the airing courts, as suggested in last Report, page 5, is an improvement which has not been overtaken this last year; but the Directors hope that their successors in office will find it convenient to carry so laudable an object into effect as speedily as possible, because, in the event of any extra supply of water being required, it is clear that by that means a plentiful supply might be promptly and easily obtained.

Several minor alterations and improvements have also been effected during the year, though not of sufficient importance to be particularized in an Annual Report. The Directors, however, think it right to mention that various important measures have been necessarily delayed in consequence of the state of the funds. The paving of the back court and other additions were under consideration, and would have been executed but for the limited nature of their means. This consideration is, in fact, at present the great bar to farther improvement, and until this be surmounted it will be impossible to overtake any of the important objects

which have been long in contemplation of the Directors. Among these they beg leave to particularize the following, as very essential, in their estimation, both to the immediate well-being of the patients, and the future prosperity of the Establishment. An hospital for the sick, more especially in cases of epidemic. A proper chapel, so as to accommodate healthily the increasing number of patients. Several rooms to be rendered stronger than they now are. Three mounds to be raised in the airing courts, for the purpose of affording to the patients still more extensive views of the river Tay and surrounding country. Dressing rooms to be added to the Bath rooms. Sheds for carriages. Drains to be made in the garden. Corridors in some of the airing courts. The south gate to be placed farther north to prevent exposure. And last, though not least in point of importance, the carrying into effect a proper system of heating and ventilating.

In August last, the Directors, at the request of Mrs Kilgour, the Matron of the Establishment, granted her a short leave of absence to visit various Asylums, for the purpose of making herself still more conversant with the moral and physical treatment of the insane, and with the methods pursued in the most celebrated institutions for the cure of lunacy. Her projected tour embraced England and France, and she accordingly visited some of the first public and private Asylums in both countries. The result of her inquiries was beneficial in various respects, and the Directors had no reason to regret having conceded to her the leave of absence required.

Among other things worthy of particular notice, Mrs Kilgour reports that on visiting some Establishments to which she was introduced by the courtesy of the eminent physicians MM. Falret and Voisin, who are celebrated for their skill and success in the treatment of lunacy and idiocy; and also through the politeness of MM. Fortin and Masson, distinguished publishers in Paris, she saw instances of the successful tuition of patients who were apparently in a state of absolute idiocy. There was one school in particular of this description at the Bicetre in Paris, where the teaching of idiots as well as patients under mental

derangement was in full and successful operation. From what she observed in this school under M. Voisin, the originator of it, she came away with all her previous convictions on the subject completely confirmed, that what she herself had introduced into the Dundee Asylum in 1842,—(See 22d Report, page 29)—and continues to this day successfully to perform, was perfectly practicable by means of zeal and industry in any institution whatever of a similar kind. The Directors cordially agree with Mrs Kilgour upon this point, and they earnestly hope that their successors may very soon find themselves in a position to carry out her views by establishing schools upon the principle so effectively adopted in France.

In the course of the year the Sheriff of the county made his accustomed visits to the Establishment, examining the patients, and comparing the warrants with the registers. His Lordship having found these correct, he recorded his remarks on the state of the Establishment in the Visitors' Book.

In reference to the general business of the Establishment, the Directors have only farther to report, that the late Treasurer Mr Forgan, who was elected in 1840, ceased to hold that office on the 2d of June; and as they had employed Mr Myles, at a special general meeting, to examine and balance the Books, and audit the accounts for the past year, they also appointed that gentleman to act as Treasurer *ad interim*, until the meeting of the Annual Court should be held. The Directors had previously endeavoured to obtain an abstract of the expenditure for the past year, but they regret to state that in this they were unsuccessful. The late Treasurer's books, it would appear, had not been brought up, and Mr Myles had not had sufficient time given him to examine them so thoroughly as to be able to produce a correct balance sheet for publication.

In consequence of the increase of patients in the Establishment and some other circumstances, the Directors, at the suggestion of the Medical Superintendent, authorized him to engage a clinical assistant, to act under his sole directions and control, but without expense to the Establishment.

While thus briefly detailing the transactions of the year, the Directors feel themselves called upon to express their deep regret at the loss which the Institution has sustained by the death of John Alison, Esq. of Wellbank. This much respected gentleman was one of its oldest and most beneficent patrons, and they would but ill discharge their duty if they omitted on this occasion to express their sense of his zealous services to the Institution.

Sir John Ogilvie, Baronet, was unanimously elected a member of the Weekly Committee, in room of Mr Alison.

The Directors will now proceed to discharge the pleasing duty of recording their gratitude for benefits recently received by the Institution.

John Stirling, Esq. of Gray Bank, presented a small donation in aid of the funds, for which the Directors returned their thanks.

Miss Margaret Simpson bequeathed a legacy of Five pounds sterling, which was paid before confirmation, by her brother James Simpson, Esq., Town Clerk of Pittenweem. The Directors presented their best thanks to Mr Simpson, for the prompt and very handsome manner in which this legacy was discharged.

To Lord Douglas the Directors also owe thanks, and they here beg leave to convey them to his Lordship, for permitting a supply of shingle to be brought from his beach near Broughty Ferry; and to express their sense of the uniform kindness and courtesy which they have experienced on this, as well as on other occasions, from John Smith, Esq., his Lordship's Factor.

The thanks of the Directors are also especially due to Provost Brown, G. H. Newall, Esq., the Messrs Mills, and Mr John Ewan, for furnishing employment to the pauper lunatics.

Likewise to the Trustees on the estate of Craigie, through Christopher Kerr, Esq., Town Clerk, for a supply of gravel.

In conclusion the Directors tender their best thanks to the Committee, the House Visitors, the Physician, the Medical Superintendent, Matron, Secretary, and Chaplain, for the punctual discharge of their respective duties, as well as for the zeal they have uniformly displayed on various occasions in promoting the prosperity of the Institution.

AT THE
ANNUAL COURT OF DIRECTORS

OF THE
DUNDEE ROYAL LUNATIC ASYLUM,

Held in the Town Hall of Dundee, on Monday the 16th June 1845,

PATRICK SCOTT, Esq., in the chair,—

The thanks of the Annual Court were voted to Dr Mackintosh, for drawing up the Report of the Directors for the past year, and delivered by the Chairman 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.

Airly.	Kettens.
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.	

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OF THE

MEDICAL OFFICERS' REPORT.

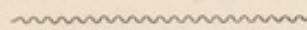


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ABSTRACT
 OF THE
MEDICAL REPORT READ TO THE DIRECTORS,
 AT
THEIR ANNUAL COURT,

Held in the Town Hall, on Monday the 16th June 1845,
(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 17th June 1844 to 16th June 1845.

	Males.	Females.	Total.
Remained 17th June 1844,	95	88	183
Admitted during the above period,	27	21	48
Ditto, re-admissions,	7	5	12
Total,	129	114	243
Discharged cured,	9	9	18
Ditto improved,	3	6	9
Ditto by desire,	4	2	6
Died,	8	6	14
Total,	24	23	47
Remaining 16th June 1845,	105	91	196
Total,	129	114	243
Daily average number of patients in } the House,	100	90	190
Highest number in the Asylum at } any one time,	108	92	200

II.

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

PHYSICAL CAUSES.

	Males.	Females.	Total.
Hereditary tendency,	6	7	13
Drunkenness,	6	0	6
Ditto, with hereditary predisposition,	1	0	1
Critical period,	0	1	1
Predisposition from previous attack, .	3	1	4
Bodily disease with hered. predisposition,	0	1	1
After fever,	2	1	3
Childbirth,	0	1	1
Apoplexy,	2	0	2
Epilepsy,	1	1	2
Suppression of an habitual evacuation,	0	2	2
	<hr/>	<hr/>	<hr/>
Total,	21	15	36

III.

MORAL CAUSES.

	Males.	Females.	Total.
Misfortunes,	2	0	2
Grief,	0	4	4
Disappointed love,	0	2	2
Fright,	1	1	2
Wounded self-love,	1	0	1
Disagreements and disputes,	1	0	1
Unhappy marriage,	0	1	1
	<hr/>	<hr/>	<hr/>
	5	8	13
Unknown,	8	3	11
	<hr/>	<hr/>	<hr/>
Total,	13	11	24

IV.

TABLES OF ADMISSIONS RELATIVE TO AGES.

	Males.	Females.	Total.
From 15 to 20 years of age,	1	0	1
.. 20 to 25	6	5	11
.. 25 to 30	4	3	7
.. 30 to 35	5	2	7
.. 35 to 40	2	4	6
.. 40 to 45	3	1	4
.. 45 to 50	4	4	8
.. 50 to 55	2	0	2
.. 55 to 60	2	2	4
.. 60 to 65	3	3	6
.. 65 to 70	1	2	3
.. 70 to 75	1	0	1
Total,	<u>34</u>	<u>26</u>	<u>60</u>

V.

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

Males.		
From 20 to 25 years of age,		6
.. 30 to 35		5
.. 25 to 30		4
.. 45 to 50		4
.. 40 to 45		3
.. 60 to 65		3
.. 35 to 40		2
.. 50 to 55		2
.. 55 to 60		2
.. 15 to 20		1
.. 65 to 70		1
.. 70 to 75		1
Total,		<u>34</u>

VI.

Females.		
From 20 to 25 years of age,		5
.. 35 to 40 ..		4
.. 45 to 50 ..		4
.. 25 to 30 ..		3
.. 60 to 65 ..		3
.. 30 to 35 ..		2
.. 55 to 60 ..		2
.. 65 to 70 ..		2
.. 40 to 45 ..		1
		—
Total,		26

VII.

TABLE OF ADMISSIONS RELATIVELY TO THE VARIETIES
OF INSANITY.

	Males.	Females.	Total.
Mania,	17	10	27
Monomania,	10	12	22
Dementia,	7	3	10
Idiocy,	0	1	1
	—	—	—
Total,	34	26	60

VIII.

TABLE OF ADMISSIONS RELATIVELY TO THE CIVIL
CONDITION.

	Males.	Females.	Total.
Married,	16	7	23
Unmarried,	17	15	32
Widowers,	1	0	1
Widows,	0	4	4
	—	—	—
Total,	34	26	60

IX.

TABLE OF ADMISSIONS RELATIVELY TO THE MONTHS
OF THE YEAR.

	Males.	Females.	Total.
From June to July,	0	0	0
.. July to August,	2	2	4
.. August to September,	5	2	7
.. September to October,	1	3	4
.. October to November,	2	3	5
.. November to December,	5	3	8
.. December to January 1845,	5	3	8
.. January to February,	2	3	5
.. February to March,	6	1	7
.. March to April,	0	1	1
.. April to May,	4	3	7
.. May to June 16th,	2	2	4
	—	—	—
Total,	34	26	60

X.

TABLE OF ADMISSIONS RELATIVE TO FORM OF RELIGION.

	Males.	Females.	Total.
Church of Scotland,	26	21	47
„ England,	1	0	1
Secession Church,	5	2	7
Relief ditto,	1	1	2
Baptist ditto,	0	1	1
Glassite ditto,	1	0	1
Wesleyan Methodist ditto,	0	1	1
	—	—	—
Total,	34	26	60

XI.

TABLE OF ADMISSIONS RELATIVE TO PLACE OF BIRTH.

	Males.	Females.	Total.
Born in Scotland,	33	26	59
India,	1	0	1
	—	—	—
Total,	34	26	60

XII.

TABLE OF ADMISSIONS RELATIVE TO EDUCATION.

	Males.	Females.	Total.
Cannot read,	1	1	2
Can read,	2	1	3
„ „ and write,	27	24	51
Highly educated,	4	0	4
	—	—	—
Total,	34	26	60

XIII.

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

Males.	No.	Females.	No.
Lawyers,	1	Wives of Pianoforte-makers,	1
Clerks,	3	Schoolmasters,	1
Managers of Companies,	1	Quarrymen,	1
Tacksmen of Collieries,	1	Fleshers,	1
Farmers,	2	Sailors,	1
Gardeners,	1	Merchants,	1
Grocers,	1	Widows of Innkeepers,	1
Pensioners,	1	Weavers,	4
Shipwrights or Carpenters,	2	Housekeepers,	7
Housewrights or ditto,	1	Seamstresses,	3
Millwrights or ditto,	1	Dressmakers,	1
Coopers,	1	Servants,	3
Plashmillers,	1	Of no occupation,	1
Fishermen,	2		—
Sailors,	1	Total,	26
Fleshers,	1		
Shoemakers,	1		
Weavers,	7		
Labourers,	4		
Of no occupation,	1		
	—		
Total,	34		

XIV.

DURATION OF THE DISORDER IN THE 60 CASES ADMITTED
DURING THE YEAR ENDING 16TH JUNE 1845.

Duration.	Males.	Females.	Total.
Not exceeding 1 month,	5	1	6
„ 3 „	7	5	12
„ 6 „	2	3	5
„ 9 „	1	1	2
„ 1 year,	1	2	3
„ 2 „	6	5	11
„ 3 „	6	1	7
„ 4 „	1	1	2
„ 5 „	0	2	2
„ 6 „	1	2	3
„ 8 „	1	0	1
„ 13 „	0	1	1
„ 15 „	1	0	1
„ 22 „	1	0	1
„ 25 „	0	1	1
„ 40 „	1	0	1
„ 50 „	0	1	1
Total,	34	26	60

XV.

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

	Males.	Females.	Total.
From July to August,	0	1	1
.. August to September,	1	0	1
.. September to October,	0	1	1
.. November to December,	1	0	1
.. December to January 1845,	1	1	2
.. January to February,	1	0	1
.. February to March,	2	1	3
.. May to June 16th;	0	1	1
Total,	6	5	11

XVI.

TABLE OF ADMISSIONS IN EACH MONTH OF THE YEAR, ENDING 16TH
JUNE 1845, CLASSED ACCORDING TO FORM OF DISEASE.

Form of Disease.	From June 17 1844.		July 1844.		Augt. 1844.		Sept. 1844.		Oct. 1844.		Nov. 1844.		Dec. 1844.		Jan. 1844.		Feb. 1845.		Mar. 1845.		April 1845.		May 1845.		June 16 1845.		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.		
Mania,	0	0	0	1	2	1	2	1	2	0	1	2	2	1	1	2	2	0	2	0	1	1	0	1	2	0	0	17
Monomania,	0	0	0	0	0	2	0	0	1	2	1	2	0	0	2	2	2	1	2	1	1	0	1	2	0	0	10	
Dementia,...	0	0	0	0	3	0	0	1	0	0	1	1	1	0	1	0	0	0	0	0	1	0	0	1	0	0	7	
Idiocy,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
Total,.....	0	0	0	1	5	3	2	2	3	2	3	5	3	1	4	5	4	1	4	1	3	1	1	4	2	0	34	

XVII.

COMBINATION OF DISEASE IN 5 EPILEPTIC CASES ADMITTED
DURING THE YEAR ENDING 16TH JUNE 1845.

	Males.	Females.	Total.
With Mania,	1	2	3
„ Monomania,	1	0	1
„ Dementia,	1	0	1
Total,	3	2	5

XVIII., XIX., XX., XXI.

FORM OF THE DISEASE—DURATION OF THE DISEASE—AGE—
AND LENGTH OF TIME UNDER TREATMENT IN THE DUN-
DEE ASYLUM, IN THE CASES OF THE 18 PATIENTS DIS-
CHARGED CURED DURING THE YEAR ENDING 16TH JUNE
1845.

XVIII.

FORM OF DISEASE—

	Males.	Females.	Total.
Mania,	8	6	14
Monomania,	1	3	4
Total,	9	9	18

XIX.

DURATION OF DISEASE—

	Males.	Females.	Total.
Not exceeding 3 months,	2	2	4
„ 6 „	1	2	3
„ 9 „	1	1	2
„ 1 year,	1	0	1
„ 2 „	1	1	2
„ 3 „	1	0	1
„ 4 „	2	1	3
„ 14 „	0	1	1
„ 17 „	0	1	1
Total,	9	9	18

XX.

AGE—

	Males.	Females.	Total.
From 15 to 20 years of age,	1	0	1
.. 20 to 25 „	1	0	1
.. 25 to 30 „	0	1	1
.. 30 to 35 „	1	0	1
.. 35 to 40 „	0	3	3
.. 40 to 45 „	3	2	5
.. 45 to 50 „	2	1	3
.. 50 to 55 „	0	1	1
.. 55 to 60 „	0	1	1
.. 70 to 75 „	1	0	1
Total,	9	9	18

XXI.

TIME OF TREATMENT IN DUNDEE ASYLUM—

	Males.	Females	Total.
Not exceeding 3 months,	3	4	7
" 6 " 	3	0	3
" 9 " 	2	3	5
Not exceeding 1 year,	1	0	1
" 4 " 	0	1	1
" 9 " 	0	1	1
	9	9	18
Total,			

XXII., XXIII., XXIV., XXV.

SIMILAR TABLES IN THE CASES OF THE 14 PATIENTS WHO
HAVE DIED IN THE YEAR ENDING 16TH JUNE 1845.

XXII.

FORM OF DISEASE—

	Males.	Females.	Total.
Mania,	4	1	5
Monomania,	1	2	3
Dementia,	3	3	6
	8	6	14
Total,			

XXIII.

DURATION OF DISEASE—

	Males.	Females.	Total.
Not exceeding 3 months,	1	0	1
" 1 year,	1	0	1
" 3 " 	3	2	5
" 7 " 	1	0	1
	6	2	3
Carry forward,			

		Males.	Females.	Total.
Brought forward,		6	2	8
„	8	1	0	1
„	12	0	1	1
„	16	1	0	1
„	17	0	1	1
„	22	0	1	1
„	24	0	1	1
	Total,	8	6	14

XXIV.

AGE—

		Males.	Females.	Total.
From 25 to 30 years of age,		1	0	1
..	30 to 35	1	0	1
..	40 to 45	2	1	3
..	45 to 50	1	1	2
..	55 to 60	0	1	1
..	60 to 65	3	2	5
..	70 to 75	0	1	1
	Total,	8	6	14

XXV.

TIME OF TREATMENT IN DUNDEE ASYLUM—

		Males.	Females.	Total.
Not exceeding 1 month,		1	0	1
„	3	1	0	1
„	6	1	1	2
„	9	1	0	1
„	2 years,	3	1	4
„	5	0	1	1
„	7	1	0	1
„	12	0	1	1
„	17	0	1	1
„	24	0	1	1
	Total,	8	6	14

XXVI.

CAUSES OF THE 14 DEATHS IN THE YEAR ENDING
16TH JUNE 1845.—A.

	Males.	Females.	Total.
Diseases within Head,	6	2	8
Asthma,	0	1	1
Pulmonary Consumption,	2	0	2
Disease of Heart,	0	1	1
„ of Stomach and Bowels,	0	2	2
Total,	8	6	14

XXVII.

CAUSES OF DEATHS.—B.

	July 1844.		Nov. 1844.		Dec. 1844.		Feb. 1845.		March 1845.		April 1845.		May 1845.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1 Disease within Head,	1	0													1	0
2 Ditto ditto,			1	0											1	0
3 Ditto ditto,					0	1									0	1
4 Ditto ditto,							1	0							1	0
5 Ditto ditto,									1	0					1	0
6 Ditto ditto,									1	0					1	0
7 Ditto of Heart,									0	1					0	1
8 Asthma,									0	1					0	1
9 Disease within Head,									1	0					1	0
10 Pul. Consumption, ...											1	0			1	0
11 Disease of Stomach } and Bowels,											0	1			0	1
12 Ditto ditto,											0	1			0	1
13 Pul. Consumption, ...													1	0	1	0
14 Disease within Head,													0	1	0	1
Total,	1	0	1	0	0	1	1	0	3	2	1	2	1	1	8	6

XXVIII.

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

	Males.	Females.	Total.
Remained 17th June 1844,	91	83	174
	Males.	Females.	Total.
Received from Table of			
Recent Cases,	4	3	7
Admitted since,	18	14	32
	—	—	—
Total,	113	100	213

	Males.	Females.	Total.
Discharged cured,	4	4	8
„ improved,	3	2	5
„ by desire,	3	2	5
Died,	7	6	13
	<hr/>	<hr/>	<hr/>
Total,	17	14	31
Remaining 16th June 1845,	96	86	182
	<hr/>	<hr/>	<hr/>
Total,	113	100	213

XXIX.

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

	Males.	Females.	Total.
Remained 17th June 1844,	4	5	9
Transferred to preceding Table,	4	3	7
	<hr/>	<hr/>	<hr/>
Total,	0	2	2
Admitted since,	16	12	28
	<hr/>	<hr/>	<hr/>
Total,	16	14	30
Discharged cured,	5	5	10
„ improved,	0	4	4
„ by desire,	1	0	1
Died,	1	0	1
	<hr/>	<hr/>	<hr/>
Total,	7	9	16
Remaining 16th June 1845,	9	5	14
	<hr/>	<hr/>	<hr/>
Total,	16	14	30

XXX.

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

In Asylum— 196 Lunatics.	Mania.		Monomania.		Dementia.		Idiocy.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Epileptic, . .	6	4	0	2	1	2	1	0	8	8

XXXI.

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

In Asylum— 196 Lunatics.	Mania.		Monomania.		Dementia.		Idiocy.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Paralytic,	8	7	4	0	1	1	0	0	13	8

XXXII.

TABLE OF CURES AT THE DUNDEE ASYLUM,
FROM 1820 TO 1845.

Admitted from 1st April 1820 to 16th June 1845.	Cured.	Per Cent.
Number of Lunatics, 1091,	477	43.72

XXXIV.

THE TIMES OF THE PATIENTS' DEATHS AFTER THEIR
ADMISSION INTO THE ASYLUM,*From the opening of the Institution to the 16th June 1845.*

TIMES OF DEATHS.		Males.	Females.	Total.
Within 1 fortnight,	.	8	7	15
„ 1 month,	.	6	2	8
„ 3 „	.	13	7	20
„ 6 „	.	9	3	12
„ 9 „	.	6	2	8
„ 1 year,	.	6	1	7
„ 2 „	.	15	9	24
„ 3 „	.	6	3	9
„ 4 „	.	8	4	12
„ 5 „	.	2	1	3
„ 6 „	.	3	3	6
„ 7 „	.	5	2	7
„ 8 „	.	2	3	5
„ 9 „	.	2	3	5
„ 10 „	.	1	2	3
„ 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	1	1
„ 18 „	.	2	0	2
„ 19 „	.	1	1	2
„ 20 „	.	0	0	0
„ 21 „	.	0	1	1
„ 22 „	.	0	0	0
„ 23 „	.	0	1	1
„ 24 „	.	1	0	1
Total,		107	64	171

XXXV.

ANNUAL PERCENTAGE OF DEATHS,

FROM 13TH JUNE 1830 TO 16TH JUNE 1845.

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

Years ending third Monday of June.	Average Number of Patients.			Number of Deaths.			Percentage 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
	1252	1051	2303	88	51	139			

Average Annual Mortality, from 1830 to 1845 inclusive.

Males.	Females.	Total.
7.00	4.80	6.1

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

XXXVI.

TABLE OF ESCAPES FROM 1ST JANUARY 1840 TO 16TH JUNE 1845.

(The Years ending on the third Monday of June.)

	Males.	Females.	Total.
1840-41—18 months,	0	0	0
1841-42—12 „	1	0	1
1842-43—.. „	0	0	0
1843-44—.. „	1	0	1
1844-45—.. „	1	0	1
Total,	3	0	3*

* N.B.—These patients were all safely and speedily returned to the Asylum, without having injured themselves or others.

XXXVII.

NUMBER GENERALLY EMPLOYED, 1844-45.

	Males.	Females.	Total.
Weaving linen for sheeting, cotton, } bagging, &c., }	8	5	13
Picking Manilla and Hemp Rope, } Mat-making, }			
Pumping water for the use of the } Establishment, }	39	0	39
Gardening,* trenching, and laying out } ground, &c., or breaking metal, }	0	*6	6
Domestic and other purposes, }			
Clerks,	1	0	1
Dressmaking,	0	2	2
Winding for weavers,	0	8	8
Knitting,	0	9	9
Shirt-making,	0	4	4
Netting,	0	1	1
Upholsterers' Work,	0	2	2
Stay-making,	0	1	1
Repairing bedding and clothes,	0	2	2
Worsted works,	0	3	3
Assisting in laundry and wash-house,	0	16	16
„ in scullery,	0	1	1
„ in bed-rooms and wards,	0	8	8
Marking clothes,	0	2	2
Total,	48	70	118

XXXVIII.

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

53 Webs of sheeting wove.

31 Pair trousers made, in addition to many mended.

19 Waistcoats „ „

25 Coats and jackets made, in addition to many mended.

1 Pair drawers	”	”
1 Tick dress	”	”
2 Pairs shoes	”	”
11 Door mats	”	”

Many yards (cubic) metal broke.

N.B.—Gardening and carpenters' jobbing, &c., cannot be inserted here.

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

45 Gowns made.	
66 Petticoats made.	
72 Aprons	”
120 Caps	”
84 Shifts	”
20 Bed-gowns	”
6 Pair stays	”
12 Pockets	”
215 Handkerchiefs hemmed.	
58 Men's shirts made.	
62 Flannel waistcoats made.	
69 Pair plaiding drawers	”
10 Pinafores	”
127 Pair stockings knitted.	
50 „ socks	”
54 Bolsters and cases made.	
14 Pillow cases	”
36 Mattresses	”
30 Pair sheets	”
12 Table cloths	”
80 Towels	”
18 Window blinds	”

- 8 Patchwork bed quilts made.
 18 Yards fringe knitted.
 11 Purses netted.
 3 Pairs worsted shoes made.
 19 Bags of various kinds „
 7 Flower mats „
 6 Pair shoes bound
 53 Webs sheeting wove,
 And winding pirns for 106 webs ; and mending all the cloth-
 ing and bedding, &c.
-

The Medical Officers of the Dundee Royal Lunatic Asylum, in presenting their Annual Report, have again to congratulate the Directors on the usefulness of the Institution, and the continued success of the treatment adopted within its walls. This treatment in its general features is neither original nor peculiar ; but simply in accordance with those sound principles which first suggested to the mind of the enlightened Pinel, that constant kindness and humanity to the insane would afford by far the fairest chance of effecting their cure, while such a method, whether successful or not, could not fail to yield in its practical application the purest pleasure to all who take an interest in the welfare and happiness of their species.

Among society in general, and those persons in particular who have not had opportunities of visiting a modern Asylum for the insane, some very erroneous notions are still entertained. Many imagine that the inmates are continually in a state of listless, moping melancholy ; and, when visited, that they are only to be looked upon as objects of hopeless commiseration. On the other hand, there are some who too often picture to themselves the unfortunate patient as always in a state of blind and reckless fury ; an object of permanent dread or apprehension, and only fit to be approached when chained and guarded like a wild ungovernable animal. The ancient mode of treating lunatics, both in this and other countries, probably gave rise to notions of this kind, and,

perhaps, it is only the want of opportunity for investigation that partially perpetuates them. A stranger, who for the first time visits an Asylum conducted on the modern principles, is often struck with astonishment to find everything that he sees altogether at variance with most of his pre-conceived notions, both with respect to insanity itself, and the mode of treating the insane. He is still more astonished when he approaches the lunatics and enters into conversation with them; and it often happens that he finds himself constrained to ask in reference to some of them—“Why are such sensible persons in confinement?” In this case, as in that of his first entrance, his error is the natural consequence either of misconception, or want of previous investigation. When he finds the lunatic conversing rationally, he jumps at once to the conclusion that there is nothing wrong with him; never considering that lunacy exhibits itself in a thousand forms, and forgetting that the persons he was conversing with were not at the moment under the influence of their paroxysm, or that he himself had not awakened their delusions merely because he was ignorant of the particular key-note, by touching which those delusions could be brought into play. Perhaps, too, as frequently happens, the patient might not be then in the particular humour to exhibit those indications which generally prevent any misconception: But, what is far more probable, the mistake of the visiter, in such a case, would be owing to either his own want of discrimination, or his ignorance of the multiform characteristics of lunacy. This species of ignorance, it must be confessed, is fast disappearing in this country, yet much of it still remains. Those who have the guardianship of the insane, can alone appreciate its extent.

We shall now proceed to notice, as briefly as possible, some of the circumstances connected with the departments committed to our charge, and which more particularly belong to the year just expired.

The total number of patients admitted during the past year is sixty, which is only a single case short of the greatest number ever admitted in any one year since the opening of the Asylum. Of this number about three-fifths were old cases, of whose recovery at the date of admission there did not appear to be much if any ground for hope. Two of them were father and son; another son

was already in the Asylum at the time of their entry. Some of these patients when admitted were filthy in the extreme, and the stomach and bowels of each were greatly disordered. Their condition, however, was speedily ameliorated by a prompt application of the usual means. The hot bath, with soap and the flesh brush, change of raiment, medicine, and the ordinary house treatment, produced in a very short time such a change in the physical condition of each and all of them, that they could scarcely be recognised as the same persons. One of the patients, labouring under delusion, and greatly attenuated in body, possesses a fine voice and sings with much taste. The moment he was admitted into the presence of the other patients, he said he would sing them a song, and immediately warbled forth some fine verses to a beautiful air, which so enraptured his hearers that many of them joined him in the chorus. There were several patients admitted who, of their own accord, had insisted that they should be brought to the Asylum for cure. One of these recovered and was discharged, and another of them is now in a fair way of recovery and expected to be discharged very soon. There were also several severe cases of melancholia accompanied with a strong suicidal tendency. A patient of this class, before being admitted, had been found in a wood partially suspended to a branch of a tree. It was reported that he had been hours in this position, and that he was saved as if by a miracle. A few of these melancholics have improved. One has recovered and is about to be discharged. Two of them were moral lunatics. Seven were old cases, and all males confined under the Act 4 and 5 V.R. Fifteen were complicated with palsy and epilepsy. One was nearly in the last stage of phthisis ; and another was, at the time of admission, almost completely worn out by various diseases. According to the statistics of the Asylum, the greatest number of patients admitted in any one week of this year is five. And the greatest number confined at any one time is two hundred.

GENERAL HEALTH OF THE PATIENTS.—Their health upon the whole is good, but a few of the paralytics are in a very precarious state, and cannot survive long. Several of them, also, from the peculiar nature of their disorder, as well as those who are deficient in

physical power, require a great deal of attention. During last spring we had seventeen males and nine females who were more or less paralytic. We had also ten males and eight females who were subject to attacks of epilepsy. The epileptics were most numerous in the month of February. Two of the male and four of the female epileptics were likewise paralytic. There were at the same period seven males and nine females in whom the malady had a suicidal tendency.

We think it not out of place here to detail a few facts that have been characteristic of various cases during the year. Some of the female patients who labour under delusion, have often shown the most remarkable timidity, more particularly during the night, and sometimes insisting on having another female to sleep with them, and every keyhole, vent, chink, and cranny near them closed up. They imagined that they overheard whisperings or other noises, or parties threatening to destroy them, and it was only when they were near to another person that they seemed to feel assured of safety. With several patients it required a good deal of stratagem to be used before getting them to begin to wear new clothes. Others could not be touched or spoken to at certain times, or at all. Some walk very hesitatingly; and a few, while they are walking, always insist upon having the wall. One man often walks backwards, another whirls himself round in a small circle, while a third is delighted by running round a large circle. Some of them again, have a peculiar mode of twitching their extremities and grimacing, and of stretching themselves before they sit down. The latter throw their arms up, join their hands together, shake themselves, then gradually sit down. One man, an excellent physiognomist, who is subject to fits of extreme elevation and depression of spirits, says that he feels his brain rattling and crackling like the noise of thorns burning under a pot; another was most perseveringly cunning, and endeavoured to conceal every thing he could get hold of, in order that he might break out with it during the night. Some patients, in relation to their food and extras, have exhibited the most kind, touching, and endearing traits of character; in fact, just like children. It is not uncommon to see one patient insisting and begging for a part of his neighbour's good things, and the latter to please the former,

with the utmost good will, parting with perhaps the half or more of his own allowance. One lunatic wants his liberty in order that he may be enabled to visit all the Asylums in Britain, with his musical instrument in his hand. We may here remark, that we have received visits from persons who have been discharged from other Asylums, who seem to have had the same desire. Many declare that they are the happiest persons in the world, and they really seem to feel so ; on the other hand, there are a few, but a few only, who are or seem to be the most miserable. Several complain that their heads are light or empty, and they accordingly tumble upon their heads ; and two of this class have often vainly attempted to fly. One female has the singular delusion, amongst others, of supposing that she can catch the Moon and hold it in her lap ; and one of the male patients supposes that he can leap up to the Sun, light his cigar at that luminary, and pluck stars down at his pleasure. There are some who are distinguished by remarkable force of character, whose first symptom of excitement, before an approaching paroxysm, is their sense of taste and smell, or their salivary glands, especially the former, becoming affected. They will then desist from eating, and say, "I have got deleterious drugs or poison in my food, why do you put this in, or why do you not prevent it ?" A few do not masticate but "bolt" their food, and, therefore, constantly require to be fed. Many of the patients are so utterly bereft of reason as to be unable to attend to their natural wants, but we are glad to be able to say that very seldom does any accident of the kind we allude to occur during the day. In several cases the external ear has been inflamed, thickened, and enlarged, but apparently without giving much pain or uneasiness ; and at present there is a man labouring under mania, and a woman in a state of dementia, who have been affected with this complaint.

CAUSES.—We beg to refer to the Table for these. It will be seen that hereditary disposition is stated to be one of the most frequent ; but as it is often very difficult for us to get at such facts as can alone enable us to ascertain causes with perfect accuracy, this statement, as well as what is stated opposite to the others, must be regarded as a mere approximation to truth.

It frequently happens that the insanity of females is, in some

shape or other, connected with the uterine system, and accordingly many of our patients are affected with complaints of the uterus.

Our limits, and other circumstances, prevent us from going more minutely into this subject, as well as some of the most particular consequences of insanity.

CURES.—One of the cures was that of a woman who had been exceedingly ill at the commencement of the attack, and whose malady was caused by lactation. Another was the case of a sailor boy, whose disorder was caused by fright during a storm at sea.

DIETARY.—Since last Report, in consequence of high recommendation, the patients have been indulged more frequently than before with pease soup at dinner. They are very fond of this article of food, and it appears to agree remarkably well with them.

It remains only to make a few observations regarding the treatment of the patients. In the cases already referred to, where the patients believe that they have got some poisonous substance introduced into their stomach, a little medicine, if they can be persuaded by soothing and gentle means to take it, helps to bring them round to a less morbid and easier state of feeling; but we have found that the symptoms, thus exhibited in the external senses and morbid apprehension of the patient, do not always depend upon the state of the stomach and bowels. In lunacy it often happens that the patients are suffering, or, at least, appear to be suffering great distress, and yet are unable to tell whether or where they are pained. We had a patient, however, who could have told, but obstinately withheld all information on the subject. Cases of this description are very perplexing, because we are almost left in the dark with regard to the plan of treatment that ought to be pursued. Some of the general paralytics, also, who for the most part are very voracious, present very puzzling cases; for, although the utmost attention is paid to the state of their skin and bowels, and the nature of their regimen, &c., they groan or scream a great deal, and yet are quite unable to tell what is the matter with them. In such cases, we have frequently found that small and repeated cuppings on the occiput and the nape of the neck, where the patient could bear this loss, were attended with good effects. Rubbing the head or spine with croton oil and cantharides liniment, or tartar emetic ointment,

has also proved to be beneficial in many cases. Several patients labouring under suicidal mania have been much benefited by small and oft-repeated doses of the acetate of morphia. Some, when they need medicine, will take nothing but castor oil poured into a little of the tincture of rhubarb or senna. Others will not take medicine at all until they go to the surgery in order that they themselves may see it mixed. There is only one patient (a female) who has a passion for physic; she is always asking for it. And one patient who has frequently a craving desire for food, attended with much internal pain, is almost at once relieved by getting a supply of nutriment on the recurrence of the morbid feeling.

For many years past one of our rules has been that the patients' nails shall be cut once a week, their hair cut once a month, and their bodies thoroughly washed in the warm bath every seventh day; accordingly the general practice has been in compliance with this rule. Baths, hot and cold, are in great requisition when not contra-indicated; sometimes, however, we find that they disagree with the patients, or that the latter are averse to them, and then they are, of course, discontinued. A third cold water pipe has this year been placed in another of the female airing courts. The patients are regularly trained to resort to these pipes, which operate like a shower bath in cooling their heads.

As remarks generally applicable to the patients, it may be mentioned that the pulse is quicker than natural, even when they have been without exercise or anything else likely to increase the circulation except the state of their nervous system, and the morbid working of their own minds. Their tongues, although moist, are covered with a whitish mucus, pasty, or loaded with a brownish fur, notwithstanding the use of medicine, baths, and other correctives.

Paralytics often have cold extremities, and necessarily require to be kept very warm and comfortable. Others of the patients are also very sensitive under cold, and hence we are obliged to have fires in the day rooms almost all the year round.

The following particulars are given as illustrative of the general routine of the Establishment. In the month of May one of the patients, accompanied by suitable attendants, went in a carriage

to Dunkeld and spent the day there. A similar excursion had been taken with advantage on a former occasion : the railway to Arbroath, and occasional exercise on horseback, have also been in requisition. And sometimes, when it could be done with perfect safety, patients have been permitted to go into the town and country to dine or take tea with their relatives ; to go into the fields in the neighbouring parishes to botanise ; and also to visit public exhibitions. When the shingle or gravel was brought up from Broughty Ferry, some of the patients went all the way down to the beach at low water mark, to assist in taking it out of the sea to be carted to the Asylum. One of the male paupers has taught another, who is a little deficient mentally, both to read and write ; and in the Matron's most orderly school several of the female paupers may be daily seen learning to read, write, cast accounts, sew, mark, &c. The well educated patients have also every opportunity of gratifying either their taste or their curiosity by means of the Press. Newspapers, English and Scotch, various periodicals, journals, tracts, and books, both from public and private libraries, are constantly supplied, and they are generally well read. One of the gentlemen had some property left him, and a copy of the will was sent for his perusal. He read it before all the other gentlemen to their great delight ; then another and another gentleman read it aloud till all understood it : Perhaps there never was a more unanimously happy scene at the reading of a will. One of the patients occasionally reads sermons aloud for the gratification of the other patients ; and he performs this task with much propriety. Almost every means are supplied that can afford either amusement or occupation : Pianofortes, violins, flutes ; and large, common, and small lead quoits for pitching ; bowls, and even Jews' harps, are in constant demand ; and all of these have a tendency either to charm the fiend of melancholy that preys upon their minds, or to modify the morbid workings of their more mitigable physical ailments. A constant source of pleasure to many of them is to be found in the delightful prospect of the Tay, as it is seen from the windows of the Asylum, and from the elevated mounds of the airing grounds and garden. In this way, also, the patients obtain an accurate knowledge of the division of time during the day, by observing the ferry steam-boat which sails to

and returns from Newport in Fifeshire every half-hour. Another source of amusement can now be obtained by means of a billiard table; and, also, from part of one of the airing-court walls, which has been prepared for the purpose of enabling the patients who are fond of such exercise, to play at hand-ball. They are allowed to keep various animals which they make pets of, and hence rabbits and peacocks are to be seen in the airing courts, and birds, &c., in the rooms, which are fed and taken care of solely by the patients themselves. Many of our patients having been long addicted to the use of tobacco, snuff, confectionery, and other luxuries before admission, cannot well do without them after they come here, and, therefore, if not contra-indicated, they are indulged with some of them in moderation. These articles, in fact, are in our hands just part of the general plan of treatment, and many a time we have found them to be of essential service not only to the patients themselves, but also to the House. We may add, as it is of the last importance to keep up a system of order and regularity, that our principal visits are made punctually at certain hours, and that all the general business of the House relative to the patients' food, &c., continue to be regulated by the sound of a bell. It only remains to state that family-worship continues to be performed in each of the day rooms every morning and evening as formerly, and with the best effects. Nothing can be more gratifying than to hear the voice of praise on these occasions as well as in our chapel, and to observe the orderly and decorous conduct of the patients. At the administration of last sacrament, a patient was received as a communicant in one of the Town's Churches.

The general mode of treatment, it will thus be seen, is in accordance with the newest and most effective practice in cases of lunacy. As one of the results of this treatment, it is very satisfactory to observe that our patients are never under any fear or apprehension of consequences when making complaints. This absence of dread is strikingly manifested when visitors enter the rooms, workshops, airing courts, or gardens; for in all these places they invariably hear the thoughts of the patients just as they occur at the moment, and often in the most unmeasured tone and language. The uniform cry of the latter is always of *liberty*—“I am sound in mind, who dare say I was ever otherwise? I

demand to get out of this *instanter*, to enable me to raise an action at law against all concerned in my illegal detention ; I expect tremendous damages, and if I do not get a large amount, and ample justice, I shall revenge myself ; I have over and over again addressed letters for redress to the first people of the land, and given them to visiters to forward ; but somehow I never get any answer ; will you post a few letters for me ?” These, or similar expressions, are almost constantly used by various patients when visiters are introduced.

DEATHS.—We have had fourteen deaths this year, out of a grand total of 243 patients, or a daily average of 190. This exceeds by two only the highest gross number of deaths ever recorded in this Asylum. It will be observed that the excess is in the number of females, as the males are two less than they were last year. The causes of this excess are obviously to be found in the extraordinary severity of the weather last spring, the manner of death, and the number of patients who were admitted, almost, as it were, just to die. The deaths, however, did not come up to the proportion exhibited by the statistics of mortality in other parts of the kingdom, where the severity of the weather appears to have produced similarly fatal effects. According to the tables published by the Registrar-General, at London, the number of deaths in the metropolis, registered in the thirteen weeks, ended the 29th March, 1845, amounted to 14,528, which was 1,928 above the average of the five winter quarters from 1839 to 1843. This excess of mortality is distinctly ascribed, in the Registrar-General’s report, to the unusual severity of the weather, during the spring months. It states that the temperature was lower in these months than had ever before been observed and recorded in the vicinity of London ; and that, in consequence, the deaths during the first quarter of the present year were 49,874, or 4,390 above the average of the March quarter of the previous five years. In the same public document we find the statistics of the weather, which leave no room for doubt as to the principal cause of the extra mortality of the year. From the close of January to the end of March, the mean temperature was 8° below the average of the same period during the previous twenty-five years ; and in one week (*March 9th to 15th*)

it was 29° $1'$ or 13° below the average. In various other districts it was also ascertained that the mortality was above the average of the five preceding March quarters. These facts are more satisfactory than any reasons merely hypothetical, that might be stated in reference to the unusual number of deaths which have occurred in the Establishment during the year.

Among the more peculiar instances of death, there was one poor man who had been subject for many years to severe fits of epilepsy. In one of these, sometime previous to his admission into the Asylum as a patient, he had lost an eye. His cure was hopeless from the first; and he died suddenly from apoplexy, which is a frequent cause of death in epileptic patients. Another striking case was that of a female patient who had been nearly two years in the Establishment. This woman, like several other patients, had often tried to commit suicide; and she endeavoured to accomplish her purpose by every expedient she could suppose to be in her power; sometimes by means of her handkerchief, and other articles of clothing; also by stuffing her sheets into her mouth; and not only by fire, but by water. The vigilance of the nurses, however, and the uncommon care which they took of her, one of them for sometime sleeping with her, happily rendered all her efforts abortive. She at length died a natural death, although never once mechanically restrained from the first day of her entry to the last. Another female patient, aged, and of a peculiar temper, to whom we were all much attached, and who had been for years confined to bed, also dropped off during the severe weather of March. Altogether, there were five victims during the same month. Four of those who died laboured under "paralysie generale,"* and three of the others were more or less affected with paralysis for sometime before death. One man, who was evidently in a very bad state when he was brought in, died on the second day after admission. According to our rule this man was inadmissible, and should not have been received. In most of the cases of death, the patients were very uncleanly in their habits, both by night and by day; and it required the utmost care and attention, medically and otherwise, as well as considerable expense, to preserve their existence so long.

* M. Calmiel.

As already remarked, many of the patients have perseveringly attempted to commit self-destruction, but, fortunately, no case of actual suicide has occurred in this Asylum since the year 1829. We may add, also, as a subject of sincere self-congratulation, that no accident or escape has yet happened from the disuse of mechanical restraint.

In former reports we have repeatedly tried to impress upon the public the necessity of early confining the insane. This is obviously a paramount duty, whether enjoined with a view to safety, economy, or humanity. In the twenty-first report, page 23, we "expressed our regret that, in many parts of the country, numbers of these unfortunate beings are allowed to wander about, subject often to the most unfeeling jests, and the most brutal usage, and almost entirely dependent on casual charity for a most miserable existence." We are happy to see, however, from the speech of a philanthropic nobleman in Parliament, that a new and better order of things is about to be established all over the United Kingdom, as the Legislature have at length resolved to provide an adequate remedy, by following up the views of Lord Ashley, whose labours on behalf of the insane merit the highest praise.

Among the characteristics of lunacy, one of the most striking is the two extremes which it presents of great mental excitement at one time, and complete mental prostration at another; each of these changes occurring, too, in the same individuals without any apparent external cause. We may here observe what is well known, that damp and gloomy weather is apt to increase depression of spirits, and that clear and dry weather has a contrary effect; but these changes are generally evanescent, and by no means such as we now refer to. While under the influence of the alternate fits already mentioned, the lunatic is either supremely happy or wretchedly miserable. It is obvious, therefore, that it would be of the last importance to humanity, as well as to medical science, if the cause of such changes could be traced. All attempts to account for them have hitherto been fruitless; but, when we look to what has been effected within our own day in almost every department of science, we may surely be permitted to hope that ere long this too shall be ranked among the discoveries of philosophy. Were the genius of Liebig, for instance,

applied to such an inquiry, who, we might ask, would venture to impugn or limit the investigation? Who could doubt the success of one who penetrates nature in her very inmost recesses, and always with the most useful and beautiful results? And what a glorious prospect does even the possible consummation of this discovery hold out to the friends of humanity? Worthy would it be of Liebig, and of the age which he adorns and benefits! Posterity would not only admire but bless the man who had enabled them through all future time to minister successfully to the mind diseased, and thus restore to the most unfortunate of all sufferers the healthful possession of those high mental attributes which constitute man, in the language of a great poet, "the beauty of the world, the paragon of animals!"

Before closing our Report, we beg leave to call the attention of the Directors to the published Report of the Metropolitan Commissioners on Lunacy; likewise to an admirable letter of Dr Conolly, the eminent Physician to the Hanwell Asylum, on the treatment of lunatics, published in the two last numbers of the British and Foreign Medical Review. We also take the liberty to suggest, in the event of any farther change taking place in the inspection of Asylums in this country, that the labours of the English Commissioners, or other gentlemen equally well qualified, should be extended to Scotland; because we think that the visitation of persons possessing so much knowledge and experience regarding the treatment of the insane, must necessarily be attended with various advantages. The visitations of the Commissioners are understood to have been productive of salutary effects in England.

Among the various courtesies shown to us in the course of the year on account of the Institution, the polite attention of George Duncan, Esquire, M.P., deserves our particular thanks, and it will doubtless receive the warm approbation of his constituents. He has uniformly transmitted to us copies of the Bills brought into the House of Commons respecting lunatics, together with other documents ordered to be printed by that honourable House.

We shall now conclude with expressing our grateful acknowledgments to the Directors, for their courteous and valuable co-operation in promoting the prosperity, as well as the general usefulness

of the Institution. And to the Matron, Mrs Kilgour, whose excellent management requires no eulogy, we will not be thought to pay an overstrained compliment in stating, that we could not wish for a more able, conscientious, and prudent coadjutor in the discharge of a public duty. We would also thank the attendants, whose duties are often very trying, disagreeable, and arduous. It is but justice to them to say, that, in obeying orders, they acted in a proper, respectful, and becoming manner.

(Signed) PATRICK NIMMO, M.D.

„ ALEXANDER MACKINTOSH, M.D.

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. What is the name ? Place of birth and settlement ? Degree of education ? and Religion of the patient ?	
2. Is the patient tall and powerful ? and Is there any thing remarkable in the patient's usual appearance ?	
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 duration ?	
5. How long before lunacy were any such precursory symptoms observed as the following,—viz. unusual de- pression or elevation of spirits, or any remarkable alteration in the temper, disposition, feelings, opi- nions, conduct, sleep, appetite, state of bowels, or health of the patient ?	
6. What have been, or are the promi- nent symptoms of the malady ? Has any obvious change in its form occurred ? And does it appear to be increasing, declining, or stationary ?	
7. Are there lucid intervals, or any great remissions, or exacerbations ; and do such changes occur at uncertain times, or at stated periods ?	
8. Does the patient rave indifferently on various subjects ? or chiefly on one ? and What is that subject ? Mention particularly any permanent or remarkable illusions, hallucina- tions, or delusions ?	

History.

QUERIES.	ANSWERS.
<p>9. Has the patient ever threatened or attempted to commit any act of self-violence? and By what means?</p>	
<p>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?</p>	
<p>11. Is the patient prone to tear clothes, or to break windows or furniture?</p>	
<p>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?</p>	

Causes.

<p>13. What is the age? And what was the profession or occupation of the patient?</p>	
<p>14. Is the patient married, or single, or widowed? How long since first married or becoming widowed?</p>	
<p>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?</p>	
<p>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.</p>	
<p>17. Is the patient subject to periodical attacks of any other malady; to any unusual discharge, or to suppression or obstruction of any customary discharge; to sores, eruptions, rupture, epilepsy, or palsy? Specify any bodily infirmity or disease of the patient.</p>	

	QUERIES.	ANSWERS.
Causes.	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,

EXTRACT

From Act of Parliament 55 Geo. III., cap. 69, anent Mad Houses 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.