

**Thirty-second 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, 21st June, 1852 with the report of the medical officers.**

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THIRTY-SECOND  
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, 21<sup>ST</sup> JUNE 1852.

WITH THE  
REPORT OF THE MEDICAL OFFICERS.

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DUNDEE:  
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1852.



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REPORT BY THE DIRECTORS  
OF THE  
DUNDEE ROYAL LUNATIC ASYLUM,  
TO THE  
ANNUAL GENERAL COURT,  
21st JUNE 1852.

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IN submitting their thirty-second Annual Report, it gives the Directors of the Asylum much pleasure to be able to inform their constituents and the public that the affairs of the Institution continue prosperous. A large number of those unhappy persons whom the Almighty, in his wisdom, has seen meet to deprive of the use of reason, continue to receive the benefits of medical skill and kind treatment. At the date of the last Report there were 202 patients in the Asylum. Since then, there have been admitted 40; there have been discharged 33, and 10 have been removed by death, thus leaving 199 at present under care. Of the 33 patients discharged, there were 24 cured, 5 were improved, and 4 were withdrawn without any material change having been effected. It will be seen from this statement not only that the average number of inmates has been fully maintained, but also that a very satisfactory propor-

tion of them have been restored, either wholly or in part, to the possession of those faculties, the loss of which is the heaviest calamity man can suffer in this world. And, while the proportion of cures may be accepted as indicating the excellence of those remedial measures that are employed, it must be borne in mind, that the full amount of good accomplished cannot be made apparent in this statistical way, inasmuch as one of the most valuable of the purposes which this and similar institutions are designed to serve, and a purpose which, the Directors are confident in saying, the Dundee Asylum serves eminently, is to afford to the hopelessly insane the advantage of a comfortable home, and of those varied means and appliances by which the benevolent science of modern times is able to mitigate the affliction it cannot wholly remove. Not to allude here to matters more properly belonging to the Medical Report, and of which a physician alone can be a competent judge, the Directors feel convinced that every visitor to the Asylum must observe with pleasure the excellent order and perfect cleanliness prevailing in all its departments, the great attention that is paid to the physical as well as mental well-being of the patients, and, not least, the evident proof that the methods adopted are successful, as this may be seen in the contented and cheerful appearance of the bulk of the patients themselves.

The relative numbers of pauper patients, and of patients of the higher class, remain nearly as in former years, about two-thirds of the whole inmates of the House being supported by the parochial boards, principally of the 25 privileged parishes.

It affords the Directors much satisfaction to have it in their power to accommodate so many of the more needy sufferers, whose case they feel calls with especial loudness for sympathy and aid. The Directors believe that, generally speaking, it is better that Lunatics of any rank should be sent to an asylum, than that they should be kept in their own homes, with whatever plenty of the comforts or even of the luxuries of life those

homes may be supplied. There is obviously the best prospect of a cure, or at least an alleviation, of their malady, in a place where everything is arranged with an express view to the treatment of a disorder demanding such nice attention, and delicate management, and various care as are required in cases of insanity. While they are of opinion, however, that asylum-treatment is desirable in almost every instance, they cannot but feel that it is a peculiar boon to the poorer orders. Rendered incompetent to earn their own bread, and destitute, as their friends and relatives are, of the means of procuring for them that nourishing diet, and comfortable lodging, and medical skill, which are indispensably necessary for their restoration to health, they have a clear and strong claim on the charity of their more fortunate fellow-creatures.

It is a source of gratification to perceive that the prejudice against asylums, which continued to linger among the lower orders of society, after it had been expelled in great measure from the minds of those who had better opportunities of information, is now dying out even among them, and that they are now becoming not only willing, but anxiously desirous, to obtain the benefits of these institutions for their insane relatives. It is likewise pleasing to observe that parochial boards seem fully alive to the duty they owe to the lunatic paupers they have in charge.

The Directors have no wish to exalt the Institution under their care by depreciating any other means that may be employed for similar purposes, but the principle of the division of labour, so well understood in modern times, seems clearly to shew that such an Institution, devoted expressly and exclusively to the treatment of the Insane, must, if managed with even the most ordinary amount of skill, deal with the class of disorders to which it is appropriated in a more successful manner than it would be possible to deal with them in the ward of a poor-house, however well conducted. The Directors, therefore,

hope that the benefits of this Asylum will long continue to be enjoyed by the poor of the surrounding district.

Allusion has been made in former reports to the fact that the cures of insanity are inversely proportionate to the duration of the disease, and the Directors have pointed out the obvious wisdom of submitting the patient to remedial treatment at the very earliest opportunity. This is worthy of the particular attention of parochial boards; for, by acting with promptitude and liberality, they may often save themselves from being permanently burdened with the maintenance of insane paupers, who might have been restored to health, but whose disorder has been rendered, by delay, either hopeless, or at least highly difficult of cure. In all cases a speedy use of the proper means is recommended by every consideration both of benevolence and of economy.

The state of the Finances will be best understood by referring to the Abstract of the Treasurer's Accounts appended to this Report. It will be observed that there has been this year a very considerable surplus revenue. This may be ascribed, partly to the management under which the funds are placed, and partly to the cheapness of provisions, which, while the dietary of the house has not in any way been curtailed, operates, of course, to diminish the expenditure. The rates of board charged for the different classes of patients remain as heretofore. In former reports the Directors have fully explained their reasons for judging it inexpedient to comply with a request made to them by the Parish of Dundee for a reduction of the charge for pauper lunatics. They think that these reasons must be satisfactory to the public. They have no selfish object in view. It is impossible they can have any. It is their single desire to promote, at once the interests of the public and those of the Institution entrusted to their care,—interests which, they humbly conceive, are not opposing, but quite harmonious. They fully acknowledge their obligation to provide for pauper

lunatics at the cheapest rate in their power ; but, when they remember that the rates actually charged will bear a favourable comparison with those charged by any other similar institution in the country ; when they consider that a good and nourishing diet is placed by all competent authorities among the things most essential towards the successful treatment of the insane ; and when they bear in mind, not only that the Asylum is still in debt to a large amount, but also that the buildings remain in an incomplete condition, they feel that it would be unwise at present to make any reduction of their charges ; and they rejoice to have realized, both this year and for some years past, such a moderate surplus as gives them the prospect that, within a reasonable time, the Asylum will be relieved from its burdens, and completed in all its parts, by which means a saving will be effected of the interest at present payable ; a greater number of patients will be accommodated without requiring many additional attendants, and thus a still more economical management will be rendered possible ; and, as a last result, a much larger reduction of rates than any parties could at present contemplate, will be brought about without danger to the Institution. The Directors, therefore, are persuaded that they are consulting the true interests of all concerned by maintaining the rates of board without change in the meantime.

The Directors mentioned in their last Report that their Committee were engaged in correspondence with the executors of the late Mr Monypenny of Pitmilly, with respect to a legacy of £120 bequeathed to the Asylum by that gentleman. The conditions of the bequest were such as to raise some doubt whether or not the Asylum would become bound by accepting it to provide for the support of one pauper lunatic from the parish of Kingsbarns. At the date of the last Report this doubt remained unsolved. The Directors, however, resolved to lay the case before the then Solicitor-General, Mr Deas. From him they received an opinion, “that acceptance of the



legacy would not imply any obligation on their part to receive alimnt and provide for a pauper from the parish of Kingsbarns without payment;" and "that, according to the sound construction of the clause in Mr Monypenny's settlement, their obligation would be at all times to make room for, and receive when required, whether this would have been convenient and advantageous for them or not, a pauper patient from the parish of Kingsbarns, at the rate of board applicable to an individual belonging to the class of pauper patients." Being thus advised, the Directors felt at liberty to accept of the bequest, under the conditions of the will, and accordingly they have now to acknowledge receipt from Mr Monypenny's executors of £111, 15s 10d, being the balance of £120, after deducting legacy-duty.

A legacy of £300 has been intimated by the executors of the late Lord Panmure, whose munificent liberality to the various charities of the county in general, and of the town of Dundee in particular, will long be remembered with gratitude. This legacy has not as yet been paid.

The following legacies have been received :—from Mrs Morrison of Naughton £184, 10s; from Miss Janet Maxwell £45, 7s 10d; from Miss Liliias Maxwell £45; from Mrs Helen Maxwell or Blair £19, 19s; from Mrs Catherine Macdonald, Dundee, £19, 19s, and a small donation of 10s 4d.

Ever since the foundation of this Asylum it has been the constant effort of those entrusted with the management of its affairs, to introduce with promptitude, and carry out with liberality, all the successive improvements that have been made in the treatment of the insane. It will not be expected, therefore, that the Directors should have now to announce any remarkable alteration in the systems pursued. They cannot say anything better than that the methods have been persevered in which have in former years secured for this Asylum so large a share of public confidence, and so pleasing an amount of

success in the carrying out of those benevolent purposes for which it was established. It was suggested, in the course of the year, by the Chairman, Mr Scott, whose services to the Institution have been ever most valuable, that, when the afternoons were fine, the patients of both sexes might be assembled on the grounds of the Asylum for the purpose of promenading, dancing, and hearing music. This suggestion has been acted upon with the best results. The music is performed by patients, and all parties derive much enjoyment from the healthful recreation afforded them.\* Dr Wingett and Mrs Kilgour are always present on these occasions. Provision of many other kinds, for the amusement of the patients, continues to be made as formerly. Those whose previous habits or position in society render it suitable for them are employed in different branches of industry ; and it is still found that employment is a valuable means of preventing the mind from brooding over its own sorrows, and for restoring it to a tone of healthy activity. Newspapers and periodicals, as well as other books, continue to be provided for such of the patients of the better class as are capable of obtaining instruction and enjoyment from them. Nor are the consolations of religion forgotten—those consolations which, the experience of all ages has testified, form a precious balsam for the wounded spirit.

Nothing can be more praiseworthy than the care, the kindness, and the attention bestowed upon the patients by the Medical Superintendent. Dr Wingett brings to the discharge of his duties not only high professional skill as a physician, but, what is even more valuable, and what pecuniary remuneration could not procure, a fine tact to penetrate, and humour for the purpose of correcting, the peculiar aberrations of each individual lunatic, a kindly warmth of heart, and that benevolent disposi-

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\* One of the patients has constructed a drum out of an old flour cask and a calf's skin, and this he beats as a part of the concert.

tion which sees its best reward in the welfare of the unfortunate and the miserable.

The thanks of the Directors are also due to the Matron, Mrs Kilgour, for the most matronly attention she bestows on the comfort of every inmate of the House. Her services cannot be too highly appreciated.

To Dr Nimmo, the Consulting Physician, the Directors feel much indebted for the valuable aid he has given during this as during former years.

The Rev. Thomas Stirling continues to officiate as Chaplain with exemplary diligence and prudence. Mr Sturrock and Mr Robertson also continue to discharge their duties as Treasurer and Secretary in a way that merits cordial approbation.

The Weekly Committee and the House Visitors have served the Institution this year with the same disinterested zeal which distinguished their predecessors.

Nor would the Directors forget to testify their cordial appreciation of the services of the numerous attendants and inferior officials. It is to the prudence and steadiness of these persons, and to the kind interest they also take in the welfare of the patients, that the success of the Asylum ought, in no small measure, to be ascribed.

In conclusion, the Directors have reason to be thankful to Almighty God for the general prosperity of the Asylum during the past year. They feel that the relief of the sufferers they have in charge is a common good to humanity. When they consider, not only the number of patients immediately under their care, but the number of the friends and relatives of patients, who receive the consolation of knowing that the unfortunate objects of their solicitude are comfortably kept and have everything done for them which science or benevolence can suggest, they see reason to believe that the benefit which such institutions render to society is indeed immense. It is the hope of the

Directors that the Asylum will long continue to receive the countenance, not only of beneficent men, but of the Divine Favourer of all true hearted-striving for the good of the species ; and this last hope rises to a confident belief, when they consider that nothing can be more according to the mind of the Divine Being, than that we on earth should do what is in our power to alleviate the mental distresses of our brethren, even as He, in Heaven, has contrived and done so much to lighten the mental burdens under which we all labour.

The Directors believe that Institutions for the treatment of the insane are as certainly Christian as they are philanthropic ; and they confidently trust that the efforts made in this way will obtain the blessing of Him who, in his own lifetime here below, delighted to see the furious and the possessed sitting at His feet, "clothed, and in their right mind."

ABSTRACT OF THE AFFAIRS  
OF THE  
DUNDEE LUNATIC ASYLUM.

*For the Year ending 31st March, 1852.*

INCOME.

Boards from Patients, . . . . .	£4589	11	6	
Patients' Labour, . . . . .	144	10	7	
Profit on Store, . . . . .	77	2	2	
Profit on Straw, . . . . .	16	14	9	
				£4827 19 0

EXPENDITURE.

SALARIES—

Superintendent, . . . . .	£200	0	0	
Matron, . . . . .	100	0	0	
Physician, . . . . .	100	0	0	
Chaplain, . . . . .	40	0	0	
Secretary, . . . . .	30	0	0	
Treasurer, . . . . .	50	0	0	
				£520 0 0
Less Fees from Patients, . . . . .	47	5	0	
				£472 15 0
Interest, . . . . .	£354	10	10	
Servants' Wages, . . . . .	512	9	0	
Soap, . . . . .	35	0	0	
Taxes, . . . . .	3	19	8	
Advertising, Books, Printing, and Stationery, . . . . .	34	15	9	
Coals and Firewood, . . . . .	168	4	9	
Fire Insurance, . . . . .	13	19	6	
Feu-duty, . . . . .	50	19	4	
Gas, . . . . .	28	12	6	
				£1202 11 4
Carry forward, . . . . .	£1202	11	4	£472 15 0

Brought forward, . . . . .	£1202 11 4	£472 15 0
Incidents, . . . . .	68 7 0	
Patients' Extras, . . . . .	17 6 0	
	<hr/>	1288 4 4
Butcher Meat, . . . . .	£416 5 8	
Butter, . . . . .	76 17 3	
Beer, . . . . .	75 17 8	
Bread, . . . . .	312 9 11	
Barley and Pease, . . . . .	33 5 0	
Cheese, . . . . .	12 3 9	
Eggs, . . . . .	4 17 0	
Fish, . . . . .	27 16 6	
Groceries, . . . . .	30 17 4	
Milk, . . . . .	283 15 0	
Meal, . . . . .	204 2 6	
Medicines, . . . . .	29 18 2	
Potatoes, . . . . .	57 12 0	
Sugar, . . . . .	68 5 0	
Tea, . . . . .	69 8 9	
Water, . . . . .	40 13 0	
	<hr/>	1744 4 6
Furniture, . . . . .	£45 2 3	
Grounds, . . . . .	20 10 8	
Mason Work, . . . . .	20 16 10	
Plumber do., . . . . .	10 17 5	
Plaster do. . . . .	0 11 11	
Painter do., . . . . .	24 18 6	
Slater do., . . . . .	8 6 10	
Smith do., . . . . .	25 14 3	
Wright do., . . . . .	36 6 0	
	<hr/>	193 4 8
		<hr/>
		£3698 8 6
Excess of Income from Patients, . . . . .		1129 10 6
		<hr/>
		<u>£4827 19 0</u>

## ABSTRACT VIEW OF THE AFFAIRS OF THE ASYLUM

*From 1820 to 1852.*

Amount of Income from 1821 to 1852, . . . . .		£103,506	4	3
Amount of Expenditure from 1820 to 1852, . . . . .		88,305	13	5½
		<hr/>		
Excess of Income, . . . . .		£15,200	10	9½
Add Donations and Legacies from 1820 to 1851, . . . . .				
1851, . . . . .	£12,588	10	3½	
Do. from 1851 to 1852, . . . . .	427	2	0	
	<hr/>			
		13,015	12	3½
		<hr/>		
		£28,216	3	1
Amount of Debt at 31st March 1851, . . . . .	£7097	11	6	
Deduct Excess of Income from the Patients for the year ending 31st March 1852, £1129 10 6				
Amount of Donations during the year, 427 2 0				
	<hr/>			
		1556	12	6
Amount of Debt due by Asylum March 31. 1852, <hr/>		5540	19	0
		<hr/>		
Total Expenditure on Buildings and Furniture, . . . . .		£33,757	2	1
Deduct sum written off for Depreciation, . . . . .		455	18	0
		<hr/>		
Amount of Expenditure in General Balance Sheet, . . . . .		£33,301	4	1
		<hr/> <hr/>		

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

*Held in the Town Hall of Dundee, on Monday the 21st June 1852,*

PATRICK SCOTT, Esq., in the Chair,—

The Rev. Mr ROBERTSON, Mains, read the Annual Report of the Directors.

Mr JOHN M'KAY moved that the Report be approved of and printed, as the Thirty-second Annual Report of the Directors, and that the thanks of the Meeting be tendered to Mr Robertson for drawing it up, which was agreed to.

Dr WINGETT read the Medical Report ; the thanks of the Meeting were voted to the Doctor for drawing it up.



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, and the parish of Kingsbarns in 1852, to have each one patient only in the Asylum at the lowest rate of board.

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

## MEDICAL REPORT TO THE DIRECTORS,

21<sup>ST</sup> JUNE 1852.

THE principal results of the year are comprised in the following summary :—

The number discharged recovered has been 60 per cent. of the cases admitted.

The number of deaths has been 4.85 per cent. of the daily average number of patients resident.

No serious accident has occurred. And it is worthy of mention, as an indication either of carefulness on the one hand, or of composure upon the other, that no one has passed beyond the grounds of the Asylum without permission for so doing.

The above ratios entitle the past year to be congratulated as one of prosperity. A retrospective glance at the records of the Institution justifies this. The total number discharged cured during the whole career of the Asylum, is 45.39 per cent. of the total admissions. The obituary for the last twenty-two years shows an annual mortality of 5.93 per cent. of the daily average number resident.

These figures amply testify that the system of treatment pursued has been blessed with good results ; and encourage perseverance in the course hitherto pursued. The remedial measures have been carried out with careful regard to a judicious regimen in the matters referring to proper alternation of exercise and rest, regulated diet, good ventilation and cleanliness. Each individual has been entrusted with the highest degree of liberty compatible with that supervision which the treatment of insanity demands. The healthy tastes and capabilities, and harmless foibles of all; have been consulted in supplying the daily demand for rational enjoyment, occupation, and amusement,

which are as necessary for soothing and diverting the perturbed mind, as they are for giving ordinary comfort to the ordinary phase of mind. At the same time the utmost gentleness and vigilance have been scrupulously exacted from all engaged in the service of the Institution. To attain these ends all available efforts have been directed; and it has been most gratifying to calculate how much discontent and irritability have been thereby averted; how much positive enjoyment imparted; and how many causes of bodily disease avoided.

The moral or administrative aspect of an Asylum is that feature in its character which chiefly determines its reputation. If carefully cultivated and watched, an Asylum assumes one of the most interesting objects for our regard; while, on the other hand, the want of a just appreciation of its power and influence, either for good or ill, induces inevitable deformity and disappointment. Herein consists the main difference between the past and mistaken, and the present and enlightened methods, which has converted an Asylum from a scene in which a cursory visit revealed nothing save what was extreme and extraordinary in calamity, to a scene in which nothing extraordinary is visible; and which has accordingly made a well-regulated Asylum cease to be an object of interest for idle curiosity. Upon passing through the wards of the most excitable patients, the disappearance of all means of mechanical restraint suggests to the inexperienced the question—"Are these really the most dangerous class of lunatics?" Happily, in proportion as external and avoidable irritations have ceased to be added to those existing within the patient, the humiliating aspects of the disease have diminished; comfort and composure have been augmented; and, as an obvious consequence, the malady rendered more amenable to medical treatment.

So great and gratifying is the change, that it is now well understood, that an efficient Asylum affords more facilities for treatment than the patients' homes; that it prevents more agents from acting beneficially upon the malady; and that, consequently, the chances of restoration to health are multiplied by residence there. The mere fact of removal from the places, circumstances, and persons associated with the origin of the disease, has alone a highly beneficial influence, and increases

the potency of other remedies, which, without this auxiliary, would be powerless. The change of habits consequent upon change of residence; the multiplicity of healthy influences educed with the intention of diverting the course of thought; at the same time the construction of every portion of the building, and its whole interior organization, are minutely and ingeniously adapted to make comfort compatible with efficient treatment, afford a series of great and peculiar advantages. In short, it may be said that a well-ordered Asylum is to abnormal intellect what spectacles are to abnormal vision. It affords a medium through which many of the world's aspects and amenities may be again enjoyed. This is often acknowledged by patients themselves; and afford an explanation of the reluctance which is sometimes manifested upon leaving our community after recovery.

It is not, however, in the moral and domestic management of the malady only that we congratulate ourselves upon the revolution which has been effected. Equally important advances have been made in the pathology of the disease, and towards the attainment of sound principles upon which to base its medical management. While the individuals affected were looked upon with mysterious awe, and the malady and witchcraft received a common interpretation, it was impossible that any good results could be achieved. It was natural, and perhaps rational, that the only treatment should consist in the ordeal of exorcism; and we are perhaps enabled to refer to these errors as affording a charitable explanation of the appalling neglect in which the sufferers were allowed to linger. The history of insanity affords the best possible illustration of the progress and fall of superstition, and at the same time one of the brightest pictures of the blessings which have followed in the wake of advancing science. Natural philosophy has annihilated the world of imagination and wonder, incorporated with the properties of matter; and medicine has practised the same clarifying process upon mental phenomena. The amulet has lost its virtue, and the mind its demons. Insanity can no longer be regarded as a specific affection, originating in something superadded to an individual's constitution. It has been amply shown that the brain is the organ of our intellectual and emotive constitution; that

in this life nervous matter and mind are indissolubly united, and mutually dependent; that injury or disease of the former entails impairment or perversion upon the latter; that the brain with its dependencies combines all the organs of the body together into one great and grand system; and that, in keeping up an all-pervading sympathy, it is liable to suffer derangement in its mental manifestations, by disease reflected upon it from any distant organ. Thus, the demon of other days is discovered to be either an inflammation or irritation of the brain itself, or an attack of dyspepsia, or a suppressed discharge, or an excessive discharge, or a liver complaint, or a rheumatic attack, or a diseased heart, or even an abscess occurring anywhere. In fact, the malady may be the result of a great variety of bodily conditions requiring an appeal to, and an application of, the established principles of medicine.

The phenomena of mental disease and mental health are now reduced to one and the same field of view and scientific order. Both series alike are found to be governed by the laws impressed upon the nervous system; and the only mysteries that may be said to persist, are the metaphysical ones relative to the essential nature of mind and matter, and the mode of their union. But the practical basis of our treatment is not affected by these questions. The speculative difficulties forcing themselves upon the attention, during the treatment of mental disease, are certainly of deep interest, but precisely the same questions are suggested by ordinary mental phenomena. For instance, if called upon to treat one who has sunk into fatuity, forgetful of everything, indifferent to everything, and helpless as an infant, we are naturally carried away by the questions—Where, now, is the mind? How explain this enigma of a seeming living separation between mind and matter? What is the essential nature of that change, which has almost blotted out the consciousness of both the inner and outer worlds? Nevertheless, if we turn to the profound slumber of healthy and vigorous youth, and apply the same interrogatories, the mystery is not less impenetrable. The all-important practical fact, however, still stands out in relief, that we have well ascertained to what changes in the brain and its circulation these phenomena are to be referred. There is the same clearness regarding

the indications for treatment in disease of intellect as in disease of vision ; and we can afford relief to both cases, although we know not the mode in which the mind is dependent upon the cerebral hemispheres for purposes of thought, nor upon the retina for purposes of vision. Progress in psychological medicine, at the same time that it has purified the regime of Asylums and dissipated the dogmas of superstition, has tended constantly to show that the various forms of mental disease are merely modified or exaggerated conditions of healthy mental forms. Thus, a monomaniac may fancy himself to be a king or an Adonis. It is not, however, uncommon to find individuals in all sincerity exaggerating or caricaturing their own powers and parts. Another monomaniac may imagine that he is the object of hatred and cruel persecution of his former friends ; but we are familiarized with groundless suspicions and unaccountable prejudices occurring in society. Again, one end of the scale of melancholia may be found within an Asylum ; the other end is, most assuredly, in the world outside. Failure in the attempt to keep sound and unsound mind clearly separate by definition gave rise to the idea, that there was no such thing upon earth as sound mind. It is obvious, however, that it would have been equally logical to have affirmed the Utopian converse, that that there was no such condition as unsound mind. Because there are some points of resemblance between all the varied actions of the heart, it does not follow that there is no healthy pulse nor any such disease as palpitation.

Not only do the healthy and diseased states of intellect present points of resemblance. It is a matter of deep interest to observe that a given impression may either increase the moral harmony, or it may derange the whole mental constitution. The same cause may induce the manifestation of either high virtue or mental disease. Adversity, for instance, acting upon two individuals, may lead in the one case to the display of every feature that is glorious and amiable in humanity ; while, in the other, the intellect may be prostrated. Not unfrequently we see the one condition following the other in the same individual. In these instances in which the display of scrupulous rectitude, affectionate devotion, and high piety, are followed by mental affliction, we usually perceive that the bodily frame first breaks down

under the pressure of the accumulated weight of want of rest, food, and other necessaries, and that the mind subsequently falls by sympathy. An illustration of this may be found in the history of a patient admitted during the year. She is now twenty-three years of age; of an active temperament; and rather delicate bodily frame. She is a foundling; and was abandoned by her parents in early infancy. The family in whose house she was left were weavers; and, although very poor, they adopted the child, and reared her with as much tenderness and care as if she had been their own. The benefactors were persons of high morality. The protegee early manifested an amiable and teachable disposition; had no suspicion that she was a foundling; and they all became united by the affections common to an ordinary family circle. When the child had reached her twelfth year, her protectors considered it to be their duty to tell her the sad story of her birth, and the relation in which she stood to them. The revelation was made. The shock to the poor girl's feelings was powerful; but it was accompanied by the generous assurance on the part of her protectors, that, although the announcement might possibly change the feelings with which she had hitherto regarded them, their own affection for her would remain unchanged. The immediate effect was to stimulate the girl to display her gratitude towards her benefactors by devoting her whole attention and energies to their service and happiness. As time advanced she also became a weaver, and toiled hard, but it was all for the one object. Almost her only waking relaxation was occupied in religious exercises, to which she gave much attention. Her conduct became the admiration of all who knew her history. She persevered in her severe and exhausting regimen for some years. Her health and strength now began to fail. Her stomach became deranged. She suffered from palpitation; noises in the ears; looked pale and dejected; and her former hopefulness, contentment, and peace of mind, seemed to be passing away. She now fancied that her discomfort was the result of a sinful, proud, and rebellious spirit; and with a view of exorcising it, she resorted to a variety of penitential measures, such as fasting, and prolonging her religious studies, which, in her already overworked state, had the effect of aggravating her sufferings. Despair now seized upon her.

She thought her soul was doomed to perdition. She was constantly in a state of alarm ; and imagined that she was about to suffer a violent death. She meditated suicide by drowning ; but, happily, at this point in her sad career, her friends placed her under our care. Treatment has been successful. Her bodily ailments were removed by appropriate remedies ; an invigorating regimen enjoined ; her spirits appealed to by music, dancing, and cheerful conversation ; and every available means used to interrupt her former cogitations. She is again cheerful and active ; enjoys much of her former peace of mind ; is beginning to put on the fresh aspect of health ; and, what is of infinite importance, her highly conscientious mind has apparently lost none of its former strength.

This historiette is, perhaps, of more value in conveying an idea of the labours devolving upon the Institution, than any statement of principles, however much they may be stripped of technicality. It illustrates one of the modes in which events succeed each other in what is popularly called "religious melancholy." Moral causes of insanity may act in two ways, either directly upon the brain, or indirectly, by first deranging some distant organ or organs. But the evil consequences are not peculiar to over-exertion in the study of religious truth. Any study or idea, whether religious, philosophical, or political, or any powerful emotion, absorbing the whole attention, and hurrying the individual enthusiastically along, careless of bodily comfort and health, will have a similar tendency. Again, this form of mental disease may have a strictly physical cause, without any previous mental exertion of any kind. In another female admitted during the year, whose malady bore all the features of religious melancholy, the most characteristic being despair of the salvation of her soul, accompanied by suicidal intentions, her affliction could be traced to uterine disease. This individual's mind had not been occupied with questions of religious doctrine previously ; she had been busily occupied with her duties as a laundress. In a sailor also, admitted during the year, having the same conviction of eternal perdition, and having suicidal intentions, a chronic affection of the liver was the apparent cause. Other analogous cases have been admitted. Delusions of a religious character are not always associated



with feelings of gloom and despair. Both the delusions and accompanying emotions are often of the happiest nature. This latter condition constitutes the extreme of fanaticism. Happily, medicine frequently succeeds in relieving both the one and the other condition.

Intense religious study is sometimes said to be the cause of insanity when it is really one of its consequences merely. The explanation is, that an unusually close study of the Scriptures is the first change of habit fixing the attention of relatives. Upon more minute inquiry, however, it may perhaps be ascertained that a previous malaise or depression of spirits existed, which actually led the individual to the study of the Scriptures in search of a remedy. This is obviously an important source of error in statistical inquiries relative to this question.

Forty patients have been admitted during the year. Admission has been refused to fourteen, in consequence of want of room to accommodate them. The duration of the disease previously to admission varied, in those admitted, from one week to twenty years.

Twenty-four individuals have recovered, and left the Institution during the year. The duration of their residence ranged from three months to twenty-seven years. The patient who passed so many as twenty-seven years as a resident here, had been a coach-driver by occupation, and was affected with intermittent mania. It may seem strange to one unacquainted with the social characteristics of the Institution, to know that this man took his departure with much reluctance. He said—"I have, however, one consolation, if I grow ill again they will send me back to you." He was sixty-eight years of age when he left the Asylum. Recovery, after so many years of mental affliction, is not of frequent occurrence. It is, however, most cheering to know that it may and does occur, and that the term incurable as applied to insanity, must be received *cum grano salis*.

Ten patients have died during the year, viz., five males and five females. Among the causes of death no acute inflammatory disease has occurred. Of the five male patients who have died, one was in so deplorable a state of exhaustion from inanition, maniacal excitement, and wounds produced by the measures resorted to by his friends for confining him to his bed, that his life was despaired of at the time of

admission, and he died one month afterwards, aged 40. The second, aged 72, died of apoplexy, after having resided thirty years in the Asylum. He had passed those years in a state of fatuity, little conscious of passing events, and subject to occasional paroxysms of excitement. The third, aged 37, died of heart disease, after fifteen years' residence. The fourth, aged 25, during a fit of epilepsy; and the fifth, aged 46, of general paralysis. Of the five females who have died, the first, aged 59, was from exhaustion, following protracted excitement, her constitution having been previously much debilitated by purpura and inanition. The duration of her residence was four months. The second, aged 55, of marasmus, following severe chorea, after five years' residence. The third, aged 77, of heart disease, after fifteen years' residence. The fourth, aged 30, during a fit of epilepsy, after seven years' residence; and the fifth, aged 58, of exhaustion, induced by intense suffering from melancholia of two years' duration.

In watching the progress and results of treatment in this Institution, there is one circumstance which, although apparently of insignificant importance, has really a great deal of influence in augmenting the general prosperity. This arises out of the fact that many classes of patients are here organized into one community; that although the distinctions of rank are preserved, separation as regards residence effected, and the privileges, enjoyments, and pursuits of all have their appropriate limits assigned to them, there is, nevertheless, a certain amount of voluntary communication among the different grades highly conducive to the health and happiness of all. For instance, in our little community there is a great deal of patronage exercised by the rich to the advantage of the poor. Rank and fortune have their proteges; and at the same time that the poor are benefitted and encouraged by these kindnesses, the donors find both occupation and gratification in the act. Many of the poorer classes of patients are capable of becoming very amiable and amusing companions, and regard an invitation to the parlour of a superior in rank as a flattering compliment, and such visits generally end in the gift of some article of wearing apparel, or some confectionery, or other luxury, or the loan of books and periodicals, but always in a reciprocity of benefits by the exercise of courtesy upon the one hand, and gratitude and respect upon the other.

Another advantage resulting from this incorporation of classes consists in the opportunities which are thus afforded to the upper classes of co-operating with, or learning from, the humbler residents any manual occupation to which their own inclination leads them, or which may be prescribed to them as a remedial measure. These mutual benefits flow naturally from the constitution of the Asylum, and afford so many auxiliaries for promoting harmony and happiness.

PATRICK NIMMO, M.D.

T. T. WINGETT, M.D.

# STATISTICAL TABLES

FOR THE

YEAR ENDING JUNE 21ST 1852.

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

TABLE I.

YEARLY STATEMENT.

*From June 16th 1851, to June 21st 1852.*

	Males.	Females.	Total.
Remained 16th June 1851,	106	96	202
Admissions during the above period,	15	18	33
Do. re-admissions,	4	3	7
Total,	125	117	242
<i>Discharges and Deaths—</i>			
Discharged cured,	16	8	24
Do. improved,	3	2	5
Do. by desire,	0	4	4
Died,	5	5	10
Total,	24	19	43
Remaining June 21st, 1852,	101	98	199
Total,	125	117	242
Daily average number of patients in the house,	107	99	206

II.—TABLE OF CAUSES OF DISEASE OF PATIENTS ADMITTED DURING  
THE YEAR.

	Males.	Females.	Total.
Disappointment, ~ ~ ~ ~ ~	1	0	1
Grief, ~ ~ ~ ~ ~	0	1	1
Jealousy, ~ ~ ~ ~ ~	0	1	1
Fright, ~ ~ ~ ~ ~	0	2	2
Intense mental exertion, ~ ~ ~ ~ ~	1	0	1
Drunkenness, ~ ~ ~ ~ ~	7	3	10
General debility, ~ ~ ~ ~ ~	0	2	2
Encephalitis, ~ ~ ~ ~ ~	2	0	2
Injury of Head, ~ ~ ~ ~ ~	2	0	2
Dyspepsia, ~ ~ ~ ~ ~	1	1	2
Uterine disease, ~ ~ ~ ~ ~	0	2	2
Puerperal state, ~ ~ ~ ~ ~	0	2	2
Critical period, ~ ~ ~ ~ ~	0	1	1
Fever, ~ ~ ~ ~ ~	1	0	1
Liver complaint, ~ ~ ~ ~ ~	1	0	1
Unknown, ~ ~ ~ ~ ~	3	6	9
Hereditary predisposition was ascertained in ~ ~ ~ ~ ~	1	6	7

III.—ADMISSIONS RELATIVE TO AGES.

	Males.	Females.	Total.
From 15 to 20 years, ~ ~ ~ ~ ~	1	0	1
... 20 to 25 ... ~ ~ ~ ~ ~	6	2	8
... 25 to 30 ... ~ ~ ~ ~ ~	1	5	6
... 30 to 35 ... ~ ~ ~ ~ ~	3	0	3
... 35 to 40 .. ~ ~ ~ ~ ~	0	3	3
... 40 to 45 ... ~ ~ ~ ~ ~	3	3	6
.. 45 to 50 ... ~ ~ ~ ~ ~	2	4	6
... 50 to 55 ... ~ ~ ~ ~ ~	1	1	2
... 55 to 60 ... ~ ~ ~ ~ ~	1	3	4
... 60 to 65 ... ~ ~ ~ ~ ~	1	0	1
	19	21	40

## IV.—FORMS OF DISEASE OF PATIENTS ADMITTED DURING THE YEAR.

	Males.	Females.	Total.
Mania, ~ ~ ~ ~ ~	5	5	10
Dementia, ~ ~ ~ ~ ~	8	6	14
Monomania, ~ ~ ~ ~ ~	3	1	4
Melancholia, ~ ~ ~ ~ ~	1	8	9
Moral insanity, ~ ~ ~ ~ ~	1	1	2
Idiocy, ~ ~ ~ ~ ~	1	0	1
	19	21	40

## V.—ADMISSIONS RELATIVE TO CIVIL CONDITION.

	Males.	Females.	Total.
Married, ~ ~ ~ ~ ~	9	9	18
Unmarried, ~ ~ ~ ~ ~	10	10	20
Widowers, ~ ~ ~ ~ ~	0	0	0
Widows, ~ ~ ~ ~ ~	0	2	2
	19	21	40

## VI.—DURATION OF DISEASE PREVIOUSLY TO ADMISSION.

	Males.	Females.	Total.
Not exceeding 1 month, ~ ~ ~ ~ ~	6	6	12
... 3 ... ~ ~ ~ ~ ~	1	7	8
... 6 ... ~ ~ ~ ~ ~	3	2	5
... 9 ... ~ ~ ~ ~ ~	1	0	1
... 1 year, ~ ~ ~ ~ ~	0	0	0
... 2 ... ~ ~ ~ ~ ~	2	1	3
... 3 ... ~ ~ ~ ~ ~	2	1	3
... 4 ... ~ ~ ~ ~ ~	0	1	1
... 6 ... ~ ~ ~ ~ ~	0	1	1
... 7 ... ~ ~ ~ ~ ~	0	1	1
... 8 ... ~ ~ ~ ~ ~	1	0	1
... 10 ... ~ ~ ~ ~ ~	1	1	2
... 20 ... ~ ~ ~ ~ ~	2	0	2
	19	21	40

## VII.—TIME OF TREATMENT OF THE 24 PATIENTS DISCHARGED CURED.

							Males.	Females.	Total.
Not exceeding 1 month,	---	---	---	---	---	---	0	0	0
... 3 ...	---	---	---	---	---	---	1	3	4
... 6 ...	---	---	---	---	---	---	6	1	7
... 9 ...	---	---	---	---	---	---	5	1	6
... 1 year,	---	---	---	---	---	---	0	2	2
... 2 ...	---	---	---	---	---	---	2	1	3
... 3 ...	---	---	---	---	---	---	1	0	1
... 27 ...	---	---	---	---	---	---	1	0	1
							16	8	24

## VIII.—CAUSES OF DEATH.

							Males.	Females.	Total.
Apoplexy,	---	---	---	---	---	---	1	0	1
Disease of Heart,	---	---	---	---	---	---	1	1	2
Epilepsy,	---	---	---	---	---	---	1	1	2
Exhaustion,	---	---	---	---	---	---	1	3	4
General Paralysis,	---	---	---	---	---	---	1	0	1
							5	5	10

## IX.—TABLE OF CURES AT DUNDEE ASYLUM FROM 1820 TO 1852.

Admissions from April 1st 1820, to 21st June 1852.							Cured.	Per Cent.
Number of Admissions, 1455,							660	45.39

X.—RETURN OF PATIENTS ADMITTED ANNUALLY INTO THE DUNDEE LUNATIC ASYLUM,

From its opening upon the 1st April 1820, to the 21st June 1852, including re-admissions, together with the Cures, Discharges, and Deaths.

No.	Years.	Remained.			Admitted.			Total.			Discharged.						Died.			Remaining June 21st 1852.						
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
1	1820	..	..	..	22	28	50	22	28	50	3	5	8	1	4	5	2	2	4	1	1	2	2	1	1	2
2	1821	16	21	37	12	12	24	28	33	61	5	8	13	4	4	8	1	4	5	4	8	1	0	1	1	2
3	1822	19	19	38	19	13	32	38	32	70	4	4	8	2	1	3	1	4	5	7	11	0	0	0	1	2
4	1823	32	22	54	17	20	37	49	42	91	8	5	13	1	1	2	1	4	5	1	3	0	0	0	1	2
5	1824	40	34	74	28	24	52	68	58	126	14	15	29	8	8	16	1	8	16	4	10	4	4	4	1	4
6	1825	43	38	81	28	29	57	71	67	138	15	13	28	3	3	6	2	3	6	1	10	2	2	2	2	3
7	1826	51	47	98	24	10	34	75	57	132	10	11	21	4	6	10	3	6	9	2	15	2	2	5	3	4
8	1827	59	37	96	20	15	35	79	52	131	8	3	11	9	6	15	2	9	15	2	8	2	2	2	2	4
9	1828	60	43	103	17	14	31	77	57	134	10	9	19	5	3	8	6	5	8	4	10	6	4	1	1	1
10	1829	56	41	97	15	18	33	71	59	130	8	7	15	6	4	10	2	6	10	2	8	2	2	4	0	0
11	1830	55	46	101	15	18	33	70	64	134	8	8	16	5	5	10	4	6	10	2	8	2	2	4	1	0
12	1831	55	52	107	21	16	37	76	68	144	2	4	6	5	5	10	3	5	10	2	8	2	2	7	1	2
13	1832	67	54	121	23	24	47	90	78	168	11	13	24	7	4	11	2	7	11	8	11	7	3	10	2	5
14	1833	65	58	123	22	13	40	87	76	163	9	8	17	2	6	9	6	5	9	4	10	4	4	8	3	3
15	1834	70	58	128	19	21	40	89	79	168	9	13	22	2	6	9	6	5	9	4	10	4	4	8	3	3
16	1835	70	59	129	20	18	38	90	77	167	7	4	11	7	7	14	4	6	9	4	10	6	4	8	1	1
17	1836	70	64	134	24	16	40	94	80	174	8	8	16	9	8	17	7	5	14	6	10	6	5	10	2	5
18	1837	72	59	131	30	12	42	102	71	173	13	3	16	2	3	17	9	8	14	6	10	6	5	10	2	5
19	1838	80	64	144	26	27	53	106	91	197	14	9	23	4	7	11	2	4	14	6	10	6	5	10	2	5
20	1839	82	70	152	29	28	57	111	98	209	23	6	31	3	3	11	9	8	14	6	10	6	5	10	2	5
21	1840	80	71	151	33	25	58	113	96	209	6	16	22	4	5	8	9	8	14	6	10	6	5	10	2	5
22	1841	98	74	172	34	19	53	132	93	225	16	11	27	8	3	7	8	7	14	6	10	6	5	10	2	5
23	1842	100	78	178	29	32	61	129	110	239	16	11	27	8	3	7	8	7	14	6	10	6	5	10	2	5
24	1843	94	89	183	25	22	47	119	111	230	6	14	20	9	7	10	9	8	14	6	10	6	5	10	2	5
25	1844	95	88	183	34	26	60	129	114	243	9	9	18	8	7	15	8	7	14	6	10	6	5	10	2	5
26	1845	105	91	196	24	26	50	129	117	246	15	15	30	7	8	15	8	7	14	6	10	6	5	10	2	5
27	1846	100	93	193	28	29	57	128	122	250	7	19	26	10	11	21	10	8	15	6	10	6	5	10	2	5
28	1847	106	90	196	23	29	52	129	119	248	13	13	26	1	6	7	7	8	14	6	10	6	5	10	2	5
29	1848	101	95	196	22	24	46	123	119	242	11	14	25	3	7	10	7	8	14	6	10	6	5	10	2	5
30	1849	102	93	195	30	32	62	132	125	257	13	15	28	4	10	14	8	7	14	6	10	6	5	10	2	5
31	1850	107	97	204	32	25	57	139	122	261	11	13	24	10	11	21	8	7	14	6	10	6	5	10	2	5
32	1851	106	95	202	19	21	40	125	116	241	16	8	24	3	6	9	3	6	14	6	10	6	5	10	2	5
					764	691	1455				333	327	660	168	176	344	164	88	252	101	98	199				



XI.—THE TIMES OF THE PATIENTS' DEATH AFTER THEIR ADMISSION  
 INTO THE ASYLUM, FROM THE OPENING OF THE INSTITUTION  
 TO 21ST JUNE 1852.

Times of Death.							Males.	Females.	Total.
Within 1 fortnight,							10	8	18
.. 1 month,							8	2	10
.. 3 ..							19	10	29
.. 6 ..							11	5	16
.. 9 ..							10	4	14
.. 1 year,							7	2	9
.. 2 ..							26	12	38
.. 3 ..							12	3	15
.. 4 ..							14	5	19
.. 5 ..							4	3	7
.. 6 ..							7	4	11
.. 7 ..							6	3	9
.. 8 ..							2	5	7
.. 9 ..							3	3	6
.. 10 ..							1	3	4
.. 11 ..							1	2	3
.. 12 ..							2	2	4
.. 13 ..							1	1	2
.. 14 ..							6	1	7
.. 15 ..							3	0	3
.. 16 ..							1	1	2
.. 17 ..							0	3	3
.. 18 ..							2	0	2
.. 19 ..							2	1	3
.. 20 ..							0	0	0
.. 21 ..							0	1	1
.. 22 ..							1	0	1
.. 23 ..							0	2	2
.. 24 ..							1	1	2
.. 25 ..							0	0	0
.. 26 ..							1	0	1
.. 27 ..							0	0	0
.. 28 ..							0	1	1
.. 29 ..							1	0	1
.. 30 ..							2	0	2
.. 31 ..							0	0	0
.. 32 ..							0	0	0
							164	88	252

## XII.—ANNUAL PERCENTAGE OF DEATHS.

*From 16th June 1851 to 21st June 1852.*

Years.	Average number of Patients.			Number of Deaths.			Percentage of Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
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	5.53
1839	84	66	150	6	5	11	7.19	7.57	7.83
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
1850	107	93	200	8	3	11	7.47	3.02	5.05
1851	108	96	204	12	2	14	11.00	2.00	6.85
1852	107	99	206	5	5	10	4.67	5.00	4.85
	1991	1718	3709	145	75	220			

Average annual mortality from 1830 to 1852, inclusive:—

Males.

7.2

Females.

4.3

Total.

5.93

