

Report of the directors of the Montrose Royal Lunatic Asylum, infirmary and dispensary for the year ending 1st June, 1855.

Contributors

Royal Lunatic Asylum, Infirmary, and Dispensary of Montrose.
Hill, David.
Gilchrist, James, 1970-
Johnston, David.
Mackie, D.
Millar, Robert, 1911-
Montrose Royal Infirmary and Dispensary.

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REPORT

OF

THE DIRECTORS

OF THE

MONTROSE

ROYAL LUNATIC ASYLUM,

INFIRMARY AND DISPENSARY,

FOR THE YEAR ENDING 1ST JUNE, 1855.


INSTITUTED 1782.

MONTROSE:

PRINTED BY ALEXANDER RODGERS,

62 HIGH STREET.

MDCCLV.



REPORT
THE DISCOVERY
ROYAL SOCIETY
FOR THE YEAR ENDING IN JUNE 1882
MONTROSE
PRINTED BY ALAN WOODS
45, BLOOMSBURY STREET

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LIST OF DIRECTORS OF THE ROYAL LUNATIC ASYLUM, &c.

JUNE, 1855.

- The PROVOST and ELDEST BAILIE of MONTROSE.
 The FIRST and SECOND MINISTER of the Parish of Montrose.
- 5 PATRICK ARKLEY, Esq. of Dunninald.
 DAVID SCOTT, Esq. of Brotherton.
 THOMAS CARNEGIE, Esq. of Craigo.
 W. MACDONALD MACDONALD, Esq. of Rossie.
 Sir JAMES CARNEGIE of Southesk, Baronet.
- 10 WILLIAM FORSYTH GRANT, Esq. of Ecclesgreig.
 Sir JAMES CAMPBELL of Stricathro.
 ALEXANDER PORTEOUS, Esq. of Lauriston.
 THOMAS RENNY TAILYOUR, Esq. of Newmanswalls.
 JOHN DUNCAN, Esq. of Sunnyside and Parkhill.
- 15 DAVID LYALL, Esq. of Gallery.
 The Rev. JOHN EADIE, Minister of Dun.
- 20 THOMAS HILL, do. Logie Pert.
 ROBERT MITCHELL, do. Craig.
 THOMAS MACINTOSH, do. St. Cyrus.
 JAMES HAY, do. Lunan.
 WILLIAM NIXON, do. St. John's, Montrose.
 PATRICK CUSHNIE, do. Scots Episcopal Church, do.
 THOMAS C. SOUTHEY, do. St. Mary's Episcopal Chapel, do.
 WILLIAM MACDERMOTT, do. St. Peter's Episcopal Chapel, do.
- 25 Messrs. JOHN ABERDEIN, Montrose.
 WILLIAM JAMESON, do.
 ROBERT MILLAR, do.
 ARCHIBALD FOOTE, do.
 DAVID BIRNIE, do.
- 30 Captain ARCH. MACNIELL, do.
 Messrs. ROBERT TRAIL, do.
 GEORGE SMART, do.
 ROBERT BURNES, do.
 DAVID MACKIE, do.
- 35 ALEXANDER COWIE, do.
 DAVID WALKER, do.
 THOMAS BARCLAY, do.
 ROBERT WALKER, do.
 JAMES SMITH, R.N. do.
- 40 JAMES M. PATON, do.
 FRANCIS B. PATON, do.
 JAMES GORDON, do.
 ROBERT COWIE, do.
 ROBERT SMART, do.
- 45 THOMAS NAPIER, do.
 JOHN BOYD, do.
 JAMES BIRNIE, do.
 C. H. MILLAR, do.
 WILLIAM BEATTIE, do.
- 50 JOHN GORDON, do.
 DAVID HILL, & GEORGE C. CHALMERS, Bankers, Joint-Treasurers.
 JAMES GILCHRIST, M.D., Medical Superintendent.
 JAMES NIDDRIE, Master.
 Mrs. WRIGHT, Matron.

*Annual General Meeting 2d Tuesday of June; Monthly Meeting 1st Tuesday
 of each Month, at 12 o'clock noon.*

ADAM BURNES, *Secretary.*

House Committee of Asylum.

PROVOST MACKIE.

MESSRS ALEXANDER COWIE.

JAMES GORDON.

ROBERT SMART.

WILLIAM BEATTIE.

Provost MACKIE, *Convener.*

Infirmary Committee.

MESSRS ROBERT MILLAR.

ALEXANDER COWIE.

ROBERT TRAIL.

JOHN GORDON.

REV. WILLIAM MACDERMOTT.

Mr. MILLAR, *Convener.*

LUNATIC ASYLUM.

Abstract of Treasurer's Accounts for the Year ending 1st June 1855.

<i>Charge.</i>		<i>Discharge.</i>	
Interest Received	...	Paid for Furniture and Repairs	...
Labour by Inmates, deducting Gratuities	...	Deterioration, Feu Duty, Taxes, and Incidents	...
Lunatic Boarders, received	...	Land Rents	...
	£200 13 7	Salaries and Servants' Wages	...
	53 2 0	House Expenses for Provisions, &c.	...
	4365 0 0	Subscription in aid of Infirmary	...
		Patients' Clothing on hand, not yet required	...
		Profit for bygone year	...
	<u>£4618 15 7</u>		<u>£579 11 0</u>
			450 10 0
			23 9 2
			654 18 6
			2671 8 6
			150 0 0
			56 9 8
			32 8 9
			<u>£4618 15 7</u>

Montrose, 1st June 1855.

(Errors Excepted.)

DAVID HILL, *Treasurer.*

INFIRMARY.

Abstract of the Treasurer's Accounts for the Year ending 1st June 1855.

<i>Charge.</i>		<i>Discharge.</i>	
Interest Received	...	Paid for Furniture and Repairs	...
Annual Donations	...	Deterioration, Feu Duty, Taxes, and Incidents	...
Sum voted from funds of Lunatic Asylum	...	Salaries and Servants' Wages	...
	£84 0 1	House Expenses	...
	286 18 0		...
	150 0 0		...
	<u>436 18 0</u>		...
Board of Patients	...		...
Loss for bygone year	...		...
	24 8 2		...
	271 11 10		...
	<u>£816 18 1</u>		<u>£40 1 10</u>
			135 10 5
			125 2 0
			516 3 10
			<u>£816 18 1</u>

Montrose, 1st June 1855.

(Errors Excepted.)

DAVID HILL, *Treasurer.*

ROYAL LUNATIC ASYLUM, MONTROSE.

MEDICAL SUPERINTENDENT'S REPORT,

For the Year ending 1st June 1855.

TABLE SHEWING THE GENERAL RESULTS OF THE YEAR.

	Ad- mitd.		Cured		Im- provd		Unim- provd		Dead.		Under Treatment.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total
1854.													
May 31											93	110	203
June 30..	4	2		3	1					1	96	108	204
July 31	3	2	1	2					1		97	108	205
August 31.....	2	2	5	3	2	1	1		1	1	90	105	195
September 30	5	5	2	5		2	1		1		91	103	194
October 31									1	1	90	102	192
November 30	5	6			1		2	2	1		92	105	197
December 31	4	3	3	1			1		2	2	90	105	195
1855.													
January 31	4	4			1					1	94	107	201
February 28	2	2		1				1	1		95	107	202
March 31	2	9	2	1					1	2	94	113	207
April 30	3	10	4	3	1				1		93	118	211
May 31	5	7	1		1				2	1	94	124	218
	39 52		18 19		4 6		5 3		11 10		94 124		
Total,	91		37		10		8		21		218		

THE most prominent feature in the table which records the general results of the year, is the unusual number of admissions 91, an excess of 32 over those of last year, indicating an increase of 50 per cent. At the commencement of the year, the house contained 203 patients, and was then more than full. From this may be inferred how much the difficulties and labours connected with the management of the Institution have been increased, from the influx of so large a number of patients; while no additional provision was made for their reception, until within the last few weeks. A large proportion of the admissions were

females—52 females to 39 males—which, if possible, increased the difficulties, by concentrating them upon one side of the house. By the temporary occupation of private rooms—the removal of servants from parts of the house occupied by patients, and other partial arrangements of a similar nature, all demands were complied with, till cholera made its appearance in the month of August, when, notwithstanding the relief obtained by the temporary occupation of the new dwelling-house, and the discharge of an unusual number of patients, the house had to be declared shut for a time. After cholera disappeared, the demand, especially for females, became more urgent than ever; and, in a short time, it was found impossible for the house to afford the accommodation required. In these circumstances, it was suggested that the new dwelling-house might be temporarily fitted up for the higher class females, thus affording increased accommodation for paupers. As a considerable period of time was spent in the settlement of this question—the demand still continuing—it was found necessary to declare the house shut, for the second time. At last the suggestion was adopted, to the great relief of the old house. By this arrangement, sleeping accommodation has been secured for sixteen additional female patients, raising the numbers that can be accommodated, on the female side, from 105 to 121. Taking the accommodation for males at 100, the house will henceforth be able to receive and treat 221 patients, of which there are now 218 in it. Though only a few weeks have elapsed since this arrangement was completed, there are already admitted 124 females, three beyond the accommodation at disposal. Further, by the new house arrangements, there have been secured—what is of no less importance than sleeping room—two large day rooms, one on each side of the house, without which indeed, the additional sleeping room, by still farther crowding the already over-crowded day rooms, would have proved an evil rather than a good.

Attention was directed, in last report, as it is in almost every such document, to the sad results arising from the detention of patients at their own houses. It was stated more particularly that patients from the more distant counties, including the northern and western Highlands, would afford marked evidence of this, from the admitted fact, that intelligence is lower, and prejudice stronger in these, than more inland districts—a position which was easily substantiated, by an analysis of the cases. It should have been stated that there is no provision made for them in the north, and that consequently the patients have to be transmitted long dis-

tances, and at great expense, either to individuals or parochial boards, in order to obtain appropriate treatment. With this barrier of triple brass ignorance, prejudice, and interest in the way, other results could not be expected. In glancing over such cases, it is found that the answers given to the inquiry, "How long has the patient been insane?" are almost invariably expressed, not in weeks or months, but in years. In scarcely a single case does it seem that the motive for removing the patient to an Asylum, was the wish to obtain appropriate treatment. The only two motives which seem to actuate relatives in taking such a step, are dread of serious injury or death to the patient, or to those around him. Owing to the fullness of a neighbouring establishment, a larger proportion of these patients than usual have been received, which will to that extent affect our curative and mortality tables.

It is scarcely necessary to observe that these observations are applicable to all other districts, though in a minor degree. A few of this year's admissions give evidence, though dubious, that the conviction of the necessity of early treatment, is getting hold of the public mind. It is a plant of slow growth.

DEATHS — It has just been stated that the admissions this year have exceeded those of last, by 50 per cent. It is equally remarkable, and far more gratifying, to be able to state that the deaths of this year have diminished by 50 per cent, as calculated on the admissions, there being 21 deaths to 91 admissions this, compared with 22 to 59 last year. This is the more singular, in a year, during which a very severe attack of cholera visited the town; of which visitation the house partook largely, if not in severity, at least in extent (as the report in another place will show), 73 cases of "vomiting and purging" having occurred during the existence of the epidemic. An epidemic of erysipelas also occurred about the beginning of February, which however was threatened rather than inflicted. Five cases occurred in four weeks, of which one died. The new house served us on this occasion, as during cholera. As soon as a number of the patients had been despatched thither to lessen overcrowding, and those attacked with the disease carefully isolated, the epidemic disappeared. To these might be added, with some propriety, an epidemic of apoplexy, which has recently made its appearance, four cases having occurred in five weeks; or, excluding the fourth on the ground of its complications, certainly three well-marked cases of the disease. The three cases are all females in advanced life,

their insanity being of long standing. Of the three, two died in a few days—the third has nearly reached her former condition, which is that of chronic mania, with periodical excitement.

Of the 21 deaths which have occurred during the year, two have resulted from apoplexy as already stated (both females), four from general paralysis (all males), two from maniacal exhaustion (a male and a female), four from epileptic exhaustion (two males and two females), three from chronic bronchitis (one male and two females), three males, respectively of consumption, diarrhœa, and diabetes, and three females, respectively of broncho-pneumonia, heart disease, and fatal syncope.

Of the whole, ten are females and eleven males. Six were under treatment less than one year; the remainder, for periods varying between one and 31. Four were above 30 years of age, the extremes being 35 and 81. Of the six under treatment less than one year, one died of diabetes insipidus after four weeks' residence, two of maniacal exhaustion, after one and two weeks' residence, one of syncope, after a week, and the remaining two of general paralysis, after two months' and six months' residence, to which add two other cases of the same disease, after longer periods of residence, making eight in all. Again add four others not included, at the ages respectively of 72, 74, 80, and 81, and thus of 21 deaths, we have twelve due to the circumstance of their not being brought under treatment in proper time—to the hopeless nature of the disease, or to the decay of nature, leaving only nine hopeful cases; and it is well to note that, of these nine, no less than four died of epileptic exhaustion, a disease more prolonged, but scarcely less fatal than general paralysis itself. These four cases were respectively 13 years, 7 years, three years, and one year in the house.

Last year we had to deplore the loss of six patients in the month of January, this we lost only one. The largest mortality in any month has been four, viz., the month of December. In March and May there were three each; in August and October, two each; in the remaining seven, one each.

Of those deceased, four were cases of chronic mania, four of epileptic mania, four of general paralysis, two of monomania, two of melancholia, two of dementia, one of acute mania, and one of senile insanity—one of the melancholics was suicidal.

DISCHARGES.—The discharges this year, exclusive of deaths, are 55; last year they were 35. Making allowance for the difference in the number of admissions for the two years, the

discharges this year are somewhat in excess of those of last. This excess is nearly counterbalanced, by the few who were sent away during cholera, on other grounds than those of convalescence, and whom we would not have conceived ourselves justified in discharging under less urgent circumstances. It is but fair to notice that, by far the larger proportion of the patients admitted, have been received during the latter half of the year, three-fourths of them during the last seven months; and the greater number of them being still under treatment, they cannot of course appear in the discharge-list of this year—a circumstance which will render the real numbers under-represented to that extent. Nor, under this head, is the statement made regarding the number and condition of patients from the north to be forgotten.

Of the whole 55, there were cured 37, of whom 17 were resident more than a year, and 20 less than that period, as follows:—One was under treatment 15 years, one 7, one 5, four 3, four 2, and six 1 year. Of those under a year, two were resident 9 months, two 8, two 7, four 6, two 5, two 4, three 3, and three 2; 18 of them were males, and 19 females. Eleven were cases of acute mania, eleven of melancholia, six of chronic mania, five of dipsomania, three of monomania, one of epileptic mania, and one of senile insanity. Four were suicidal—all melancholics. The five dipsomaniacs are so called because, in each, drinking seemed to be both the predisposing and exciting cause, and in all, the appetite had become more or less uncontrollable. The case of senile insanity has been so distinguished because it bore all the characters of that form of the disease. The patient was admitted at 70 years of age, and, after three years' treatment, left the house quite well. He remained so till death, several months after. The case of epileptic insanity exhibited the usual characteristics of that disease. The patient had already been two years in the house, and the fits had become diminished in intensity previous to his coming under a course of valerianate of zinc. During this treatment, they gradually disappeared, after which, at irregular intervals of two to five weeks, the patient was subject to transient attacks, indicated by slight headaches, uneasy feelings about the stomach, arterial congestion of the head and face, accelerated pulse, foul tongue, &c., and generally accompanied by some degree of mental excitement. These were treated with mercurial alteratives and saline purgatives. They also gradually disappeared, and the patient was discharged, after three years' residence, quite well.

Of the remaining 18 discharges, 10 were improved, and eight unimproved. Of the 10 improved, four were males and six females. Four were removed by friends previous to the completion of cure, of whom two were convalescent, two not so. Of the remaining six, one was removed on trial, and five during the urgency of cholera. Of these five, one has since returned to the house, a second to another asylum, the other three remaining as they were, one at home, the other two in the poors' house.

Of the eight unimproved patients, five are males, and three are females. Five were removed to other asylums, and three by their friends, against advice—one to die, the other two to return to the house, the one in three weeks, the other in nine. The former of the two remained under treatment, after his return, three months; and was discharged cured mentally, though labouring under severe bodily disease.

RESIDENTS.—Of the 218 patients resident, 6 have been respectively 38, 36, 34, 32, 31, and 27 years in the house—three 25 years, one 21, four 20, two 19, three 18, four 17, two 16, one 14, three 13, two 12, one 11, eight 10, six 9, seven 8, five 7, seven 6, fifteen 5, sixteen 4, twenty-two 3, twenty-two 2, twelve 1, and sixty-six less than 1.

Their ages are—4 above 70, viz.:—79, 75, 74, and 72; 21 above 60, 28 above 50, 46 above 40, 50 above 30, 35 above 20, and 7 above 10, viz.:—2 at 19, 3 at 18, 1 at 17, and 1 at 16. Twenty-seven are unknown.

Twenty-seven have had more than one attack, viz.:—21 two, 4 three, and 2 four. This statement is confessedly imperfect, the fact not having been elicited in many cases. The numbers having had more than one attack, are unquestionably much higher.

The forms of disease are—chronic mania 79, acute mania 12, epileptic mania 13, monomania 15, puerperal mania 2, dipsomania 1, nymphomania 1, melancholia 12, imbecility 63, congenital imbecility 7, dementia 10, idiotcy 2 both epileptic, senile insanity 1.

RESTRAINT.—Though still believing that restraint is occasionally, not only necessary, but proper, we have not been called upon to apply it, in any instance, during the year, although the reception of 91 new cases may be supposed to have afforded fair opportunities for such application, had it been deemed necessary. Only one case has presented any difficulty—the case of a self-mutilator—a young female, labouring under chronic

mania, resulting from intense hereditary predisposition. In three or four places, on the hands and arms, she had made large and even dangerous wounds, tearing out the soft parts, with all the ferocity of a tiger. The determination had existed for some days, and, as may be supposed, the strictest watching was useless. I had already made up my mind to the necessity of its application, but, while meditating on the best form, I was gratified by the diminution, ultimately by the entire cessation, of the morbid propensity.

Several cases, as formerly, have been brought to the house, under restraint, all of which have had their liberty granted at once, without difficulty or danger. One of them, a married female, deserves notice. A strong piece of wood was inserted bit-wise between the teeth, and firmly secured by a strong cord tied behind the neck. The reason assigned was that the patient had severely bitten her tongue. The instrument of torture was at once removed, with great relief to the sufferer. On its removal, both angles of the mouth were ascertained to be in a state of ulceration, from the pressure of the wood, and the tongue presented a fetid and sloughing mass to the depth of an inch. The patient was in so anaemic and exhausted a condition, as to render recovery almost hopeless. She has, however, done well. She still labours under a certain degree of mental depression, and some impediment of speech, from the loss of so large a portion of the "unruly member." It is sadly interesting to note that each of these patients has a brother in the house.

Some time ago, we were called upon to give our advice in a private case, as to the propriety of removal to the Asylum. It was a case of puerperal mania of some weeks standing, and getting worse. We found the patient in bed, in a small ill-ventilated room, with a male relation forcibly restraining the hands and person, even while the patient was in a state of quietude. We had no hesitation in at once advising the removal of the patient to the Asylum. The advice was not acted upon till after the lapse of several weeks. The patient has slowly but gradually improved, her recovery being undoubtedly retarded by her long detention at home; in circumstances so adverse to any treatment, medical or moral.

We have noticed these cases—and they could be multiplied to any extent—because they indicate important principles of treatment, which are only too little known, and too tardily acted upon.

1st—They prove that patients are still detained at home

greatly beyond the period, at which propriety would dictate their removal

2*d*, That this detention, in addition to retarding the recovery of the patient, often adds serious evils and complications. While a patient is thus detained, a period arrives at which restraint becomes necessary—restraint which, in the circumstances, is not likely to be judiciously applied—either as to its quantity or quality. In recent cases, as these are, there is generally sufficient reason left to understand the degrading character of such appliances, but not enough to comprehend the motives or necessity for their use: thus resistance is provoked to the utmost possible degree, placing the patient in the worst possible condition—a condition, to avoid evil, requiring the most delicate and careful treatment, at the same time, placed in circumstances in which the treatment must be precisely the reverse, hence such accidents as we have alluded to in the case of the poor woman who lost her tongue. Had such a patient been timeously placed under proper treatment, it is scarcely possible for such an accident to have occurred—indeed, the condition rendering it possible could not likely have existed.

3*d*, In these circumstances, it is vain to expect anything from medical treatment, even the most judicious. In the last case noted, the medical treatment seemed as suitable as could well be devised, but of what avail could it be, in circumstances where there were agencies at work, not only sufficient to counteract any good which might thus have been effected, but to inflict upon the patient positive injuries.

4*th*, In these disasters, which are not uncommon, there is something like evidence which tells against the vaunted propriety of vital restraint. We cannot hesitate to believe that a patient, with any consciousness at all, of the nature of such an appliance, would much less readily submit to it, in the shape of a living agent, than as a lifeless machine, and suffer less accordingly. We are ready to grant, however, that such evils, especially in private families, may in a great measure be ascribed rather to the mode of its application, than to the nature of the instrument, or character of the agent. Still, even with this admission, our firm belief is that, where restraint becomes necessary, mechanical is in most cases, if not in all, preferable to muscular, as both more easy of application, and less injurious to the patient.

CHAPEL.—The services of the Rev. Mr. Smith (our recently

appointed chaplain) have given entire satisfaction. His simplicity and earnestness are sufficient to command attention, without the risk of undue excitement. He has shown great readiness in adopting suggested modifications in the mode of worship, which, it was supposed, would be beneficial to the patients, and equal facility in adapting himself to the effected changes. Brevity, variety, and simplicity, were the objects aimed at in these modifications. Their accomplishment has been secured, and undoubtedly with the expected benefit. Apart from the calming and consoling influence of these sacred services upon the audience in general, there are many indications to prove that his ministrations are specially appreciated by, and beneficial to, many individual patients.

Recently, a large addition has been made to the numbers attending chapel. Many of these are patients who had been deemed unfit to engage in such duties. To say that it has been attended with success, is only to express what will already have been anticipated, by all acquainted with the nature of insanity. This of itself proves, were such proof needed, that, however much latterly moral treatment has been improved and extended, it is as yet far from being complete. Indeed, it may be said to be unlimited, so far as the patients are concerned. A larger number of heads, hearts, and hands, suitable for the performance of the work, require to be employed, in order to secure its adequate extension and successful application.

A considerable portion of our community, male and female, pauper and private, still attend the churches in town.

OCCUPATION.—The following indicate pretty accurately the numbers employed during the year, in various occupations. There have been employed of males, as tailors two, as joiners two or three, as shoemakers one or two, as net-makers four to six, as gardeners six to eight, as field labourers ten to fifteen, as oakum-pickers fifteen to twenty, as occupied in the galleries laundry, at the pump, pig feeding, &c., five to ten—in all fifty to sixty employed, exclusive of the higher class private patients, to thirty or forty unemployed. The greater number of the pauper patients, especially from the immediate neighbourhood, are mill-workers, which diminishes the proportion of those trained in handicrafts, and renders them less ready to engage in such occupations. Our out-door labourers are still fewer than could be wished, but the smallness of the garden, and the distance and exposure of the fields, render it almost impossible to employ

more. Though the number employed have been increased during the year, there is still some unused material, which we hope soon to see occupied, equally to the benefit of the patient and house. The principal difficulty is the want of means and materials, suited to the capacities and conditions of the patient.

Of females, twenty to thirty are engaged in sewing, five to ten in knitting, and about twenty in the galleries, kitchen, and laundry,—that is, about fifty in a hundred. Attempts at increasing the workers, on the female side, have hitherto not been so successful as on the male. An arrangement, however, has just been completed, by the removal of the higher class females to the new building, which provides us with a work-room; and, as an additional qualified attendant has been engaged to superintend it, one of whose special duties will be to induce and encourage the patients to engage in such occupations, we hope for better things.

WORK DONE.—On the male side of the house, there have been made, during the year, salmon nets of hemp, 32; of cotton, 33; herring nets of hemp, 3; shoes and slippers made, 9 pairs; repaired, 11; boots, 8; shoes closed, 16 pairs; oakum picked, 11 cwt; jackets made, 5; waistcoats made, 4. In addition to these, since the introduction of the new clothing arrangement, four months ago, there have been made 51 jackets, 40 vests, 94 pairs of trowsers, 23 pairs of drawers.

Mended during the same period, 48 jackets, 30 vests, 114 pairs of trowsers, 92 pairs of drawers, 10 coats, and several other smaller articles.

No record of work has been kept on the female side until lately, so that only a specimen can be given of what is being done. During the last four months, 49 dresses, 109 aprons, 72 petticoats, 77 shifts, 122 shirts, and 53 flannel shifts have been made. 47 pairs of stockings, and 17 pairs of socks have been knitted, besides a great variety of repairs. As accurate records are now being kept of work done on both sides of the house, a perfect tabular account of it may be presented in next report.

AMUSEMENTS AND INSTRUCTION.—Amusements are still liberally supplied. Lectures, concerts, and other sources of amusement and instruction in town are visited, whenever an opportunity occurs, and to which convalescent paupers, as well as private patients, have access. Lecturers, Vocalists, Bands, &c., are likewise secured, as frequently as possible, for our own

special use. From these two sources, we have been able to secure, on an average, nearly one meeting per week. Besides, we have our own independent sources of supply, especially dancing and music. Our weekly dance is still a centre of attraction, and perhaps not the less so that it is less frequently visited, from its having to be spread over a larger surface, in consequence of an increased number of patients. Our music class also weekly has had some difficulties to contend with, a few of which it has not yet overcome, still, in its behalf, we hope against hope.

Amusements, originating in the house itself, and thereby implying positive interest and active co-operation on the part of the patients, are a most important item of moral treatment, and we regret exceedingly to be unable to give a better account of them; but unassisted, and ever-increasing labours, have rendered it impossible to devote the necessary time and attention to this department of the work. The paucity and inexperience of attendants have added much to the difficulty. Some of these difficulties have already been removed; we hope the others will soon follow, so as to enable us to give a more satisfactory report of this part of our labours.

Skittles, quoiting, drilling, bowling, and other out-door amusements, have been arranged for the summer.

Owing to the lateness of the season, our pic-nics have scarcely commenced yet. Last year, they extended over the entire summer and autumn, occurring once a week. In this way, the private patients had frequent opportunities, according to rank and condition, of visiting the principal scenes of interest in the neighbourhood—interesting from their natural beauty or historic relations. 40 to 50 of the paupers (some of them more than once) enjoyed a similar treat, representing all who could properly appreciate or benefit by the privilege. Happily, no accident, or even difficulty, occurred. The house is under a debt of gratitude to those gentlemen who opened their private grounds for us so readily and kindly.

LIBRARY.—A liberal supply of newspapers and serials are furnished to satisfy the reading appetite. These are varied from time to time. The Times, Caledonian Mercury, Spectator, Standard, and Review, Chambers' Journal, London Journal, Family Herald, Leisure Hour, Hogg's Instructor, Christian Treasury, Illustrated News, and Punch, stand on the list at present. A portion of the more fastidious of our reading com-

munity are supplied from the public library in town. Our own library also continues to furnish its quota of amusement and instruction. From the recent increase of patients, it is no longer adequate to its original object, and we hope ere long means will be used to replenish and extend it. A few months ago, a donation of 16 volumes was received for it from a lady who was formerly a patient in another institution, and who, in reference to the books, says—"They are from one who knows well from experience how great a boon it is to have the companionship of books when sick and weary at heart, and shut out from the privileges of society." We have to acknowledge also with thanks, several packets of recent newspapers from other friends.

IMPROVEMENTS.—In recording, in last years' report, a few minor improvements which had been effected, it is stated—"Nevertheless, we look upon them only as pledges of better things to come. Suggested improvements of much greater importance are now under consideration, and will no doubt, in due time, be completed." We acknowledge, without regret however, that these pledges have not been redeemed to the extent anticipated. It was deemed unreasonable to do more than was absolutely necessary for the immediate health and comfort of the patients, so long as the suggestions for a new asylum were still pending. Improvements, so considered, however, have been accomplished. On the female side of the house, a large room has been divided into two, to each of which has been added a small gallery for exercise, and the temporary seclusion of irritable patients, the two rooms being occupied by those of the worst class. More recently, a large room has been appropriated to the female paupers, previously occupied by the ladies, now removed to the new dwelling-house. This is intended to be used as a work-room, and will greatly relieve the overcrowded day-rooms. Similar changes and additions have been made on the male side to the extent of two rooms, one for the paupers, and one for the private patients. The result of the whole is an addition of four rooms to nine, in all thirteen, which has enabled us greatly to improve the classification, and considerably to diminish overcrowding in the day-rooms.

During the last seventeen months, while the patients have increased from 200 to 220, the attendants have been increased from seven to sixteen. Two of these, however, only now enter upon their duties, one to take charge of the female work-room, the other of the second class male private patients. Exclusive of the private patients, with their attendants, this arrangement

gives about fifteen patients to each attendant, which is about the usual average for paupers. It has to be stated, however, that from the imperfect structural arrangements of an old building, and the absence of all mechanical appliances to lighten labour, these attendants do not, and cannot, perform the same duties as are performed by attendants, in an institution where such defects do not exist. To the same causes also are to be attributed the much larger proportion of house-servants required, than would otherwise be necessary.

The House Committee has recently sanctioned the principle of the sliding scale, in the payment of attendant's wages. This, by rewarding merit and prolonged service, and, in some measure, identifying the interests of the attendants with those of the house, will ultimately raise up a superior class, which will be an inestimable benefit to the institution.

CLOTHING.—A very important improvement has been effected in the arrangement made for the house to supply bedding and clothing for the pauper patients. Its efficiency has been somewhat impaired, by the saving clause, rendering its adoption optional on the part of the parochial boards, as, apart from the patients altogether, it entails upon the house additional labour and expense, as everything tending to diminish simplicity and uniformity in the arrangements of a large institution must necessarily do.

Another serious defect still exists in the clothing department—that rule which requires that private patients supply their own bedding. This, especially to patients from a distance, or who are only for a short time in the house, is an unnecessary annoyance and expense, the house being able to furnish it at a much cheaper rate; and, by selecting its own materials, provide what is more suitable for the condition and comfort of the patient.

From the complex and varied sources whence supplies of clothing had previously been obtained, and from the abrupt way in which the principle had been introduced—no time being allowed for preparatory arrangements—its application became a matter of serious practical difficulty, which, but for the prompt and summary way of meeting it suggested, and at once adopted by the House Committee, had been insurmountable, without considerable injustice to parochial boards, whose claims had to be adjusted. A more important result than even that was obtained by the special mode of supply alluded to. It enabled the house to obtain an adequate supply of peculiar materials, fabrics, utensils, and appliances, now considered essential to the satisfac-

tory treatment of insanity, but which cannot be obtained from ordinary sources, or selected by unqualified persons.

CHOLERA.—On reaching home, after rustivating for a few days, we were met by the disagreeable intelligence that cholera had broken out in the town. This excited considerable apprehension, especially as we knew the house to be much overcrowded. Two preliminaries suggested themselves and were immediately acted upon—first, to diminish the numbers as much as possible—second, to adopt prophylactic measures as speedily as possible. The accomplishment of the former object was rendered somewhat easy, by the nearly finished state of the new dwelling-house, which was taken possession of, as a temporary residence; and happily, by the presence, in the house, of an unusually large number of patients convalescent, or nearly so. To the new house were sent eighteen patients, including the first-class ladies. During the months of August and September, which embraced the worst period of the epidemic, the discharges were eleven in excess of the admissions, which, added to the numbers sent to the new building, relieved us of twenty-nine patients. This enabled us to set apart a large dormitory at the top of the house, which is well aired and lighted, for a sick-room, also a smaller one for a convalescent room, besides greatly diminishing the numbers, both in the day-rooms and night-rooms.

The prophylactic measures were of the usual character. The mouths of open drains were trapped—surface drains or exposed gutters were covered in or removed. Suspicious corners were whitewashed—the entire house was overhauled, and everything approaching the character of refuse removed from drawers, presses, and closets. Cleanliness, especially as to water-closets, and the rooms of dirty patients, was enforced with more than usual rigour. A more perfect system of ventilation was adopted and persisted in, during the night as well as during the day. Heat was distributed with more care and liberality, both in day-rooms and night-rooms, and especially with reference to those patients who were liable to suffer from languid circulation and cold extremities. Water was supplied and used in greater than usual profusion, especially in water-closets and bath-rooms. The diet was greatly improved—the patients had animal food daily—beef, mutton, broth, being substituted for pork, fish, pease-soup, &c. Constant exercise and frequent exposure to the open air, under careful regulations, were insisted on.

Thus prepared the enemy found us, when fresh tactics had to be adopted.

On the slightest indication of derangement in the stomach or bowels, the patient was removed to the sick room, where he was treated, so long as ill. He was then placed for a few days in the convalescent room, whence he was ultimately removed to his original position in the house, being supplied with an entire change of bed and body clothing. The rooms from which sick patients had been removed were, before re-occupation, carefully ventilated, and fumigated with Burnet's solution, chloride of lime, &c. The bed-rooms and dormitories of dirty patients were subjected to the same process every day—water closets more frequently, and other rooms occasionally. Dirty linen depots were established outside the house, to which all such articles were immediately carried on their removal from the patients. Thence they were taken, at stated periods, to a separate department in the laundry, where they underwent the usual cleansing process, apart from the others. On the same principle, all evacuations were instantly removed from the sick-rooms or others. Such as were ordered for inspection were placed in the respective water-closets, the utensils being supplied with closely fitting lids. The strictest orders were given that all cases, indicating the slightest amount of illness, should be instantly reported by night or day; and it was laid down as one of the essentials of treatment, that all complaints, so reported, should at once be visited. In addition to the usual means of surveillance during the night, every patient in the house was visited between midnight and morning and reported—visited and prescribed for if necessary.

As to treatment we have little to say. No special plan was followed either generally, or with reference to individuals. The present condition and past history of the patient were taken as the guides, in each case. In all cases, especially the milder, regulation of the diet and supply of external heat were much depended upon. The more strictly medical treatment was very various, and depended on the stage or form of the disease. In most cases of vomiting, sinapisms over the stomach, were found useful. In a large proportion of cases even where purging existed, the milder aperients, combined or not with opiates, were given with good effect, a result easily anticipated considering the large extent to which inactivity of the bowels prevails among the insane. In only one case were leeches used. This was a case which rapidly assumed a dysenteric form, in a young previously healthy and well conditioned female. In only one case also was the castor oil treatment adopted. The patient was one of the male attendants, a healthy young man. He had been complaining a little during the day, but had not been off work. Between

nine and ten in the evening, he was suddenly struck down, as if by lightning. He was visited about ten minutes after the attack, and found stretched on the floor having all the appearance of one who had recently suffered sudden and fatal injury, in a vital organ. There was general and violent nervous tremor. The eyes were shut. There was constant moaning. The surface was cool. The lower extremities cold. The pulse was small, slow, and suppressed. Spasms, though not violent, were present both in the trunk and extremities. He was immediately put to bed, and external heat supplied. On learning that there had been no evacuations either from the stomach or bowels, an ounce of castor oil was prescribed, to be followed by half-an-ounce every half hour, till the bowels were moved. This was accomplished, an hour or two after midnight, to the manifest advantage of the patient. It was continued at longer intervals till morning, and then discontinued—the patient continuing slowly to improve. About mid-day he became worse again. As the bowels had not acted for some hours, the castor oil was repeated, as before, with the same advantageous results; after which the patient gradually recovered, and was at work again in a few days, having received no other treatment. We have been minute in the description of this case, believing as we do that the treatment, if not the best, was, at least, as well suited to it as any other. It was not employed exclusively in any other case, simply because no other seemed to present the same conditions and symptoms.

The following extracts, from the monthly report for September, will indicate the nature and extent of the disease.

“During this month and a portion of last there have been under treatment, in all, 73 cases of vomiting and purging, one or both, with or without other symptoms, that is about 35 per cent, or one in every three patients in the house. The greater number of the cases have been those of simple diarrhoea—a considerable proportion of choleraic diarrhoea—a few of them cholera, with spasms, &c. A small proportion of the cases passed into dysentery; but none of them reached well marked collapse.”

“On Tuesday the 12th of September, we were called upon to visit seven cases in succession, during eighteen hours. During that week, there were under treatment, at the same time, in the female sick-room, 11 patients, 3 servants, and 2 attendants—that is 16 persons on the female side of the house alone.”

This immense proportion of cases is certainly not more singular than their successful termination.” “This (the circumstance of their being only one death during the month), considering the amount of sickness in the house, is sufficiently remarkable.

The deaths of the corresponding month, for the past three years, have been respectively four, one, and three, shewing that this month our mortality is below the average of that period; and the same is true of it as compared with the whole year, the average mortality for each month being nearly two. Besides, it is questionable whether this death is attributable to the present epidemic. The deceased was an old man of 81, almost bed-ridden for six months. Although diarrhoea was the cause of death, it was precisely the termination to be expected in such a case."

More careful calculation shews that there were, in 200 patients, 73 attacks; in 25 domestics, 13—numbers equivalent to 37 per cent in the former, and 50 in the latter, in all 86 cases—that is, 38 per cent for the whole house. It appears also that in the seven weeks during which the epidemic lasted, there was only the one death: according to the average mortality of the house, there ought to have been three.

It is well known that ordinary diseases undergo considerable modification in the case of the insane, owing to the mental condition of the patient. To this general law, cholera is no exception, as has been minutely and satisfactorily shewn by an eminent psychologist of a neighbouring establishment. It is not my wish, however, to point out these modifications, but to call attention to one of the marked features of the disease as it occurred, not among the patients merely, but generally, namely—the great prostration and general debility which accompanied it. This was more or less obvious in all the cases, while, in many, it was the most prominent symptom; and, what is especially worthy of note is, that it seemed to bear no relation either to the previous condition of the patient, or to the prominence of other symptoms. Indeed, some of the most marked cases, whether as regards its duration or severity, occurred amongst the domestics who were previously healthy, and whose cases were in other respects remarkably mild.

We would now call your attention to some considerations which are deemed important, as indicating the sanitary conditions of the house, in relation to cholera.

Subtracting from the entire number of cases 4 which occurred among the higher class patients, it leaves 69, of which 46 occurred in patients occupying the basement story; and only 23, exactly one-half, in patients occupying the story above. Keeping in view that the patients occupying the upper and lower wards are, though varying from time to time, as nearly as may be equal, the important question occurs, whence this great disproportion

in the upper and lower stories? No doubt the ready answer will be—to the fact that below are to be found the worst cases of disease, and where consequently are the patients least capable of resisting the attacks of epidemics such as cholera. To this answer we demur, for several reasons. Though it be granted that the worst cases occur below, a moments consideration will shew that they are not in the proportion of two to one, as the attacks were. In the upper wards there are many patients, such as imbeciles, suffering from disease of the same form and in the same stage, as patients in the lower; there being superadded to the latter, some additional symptoms which, in accordance with the rules of classification, determine their position, and which may be, but often are not, characteristic of diminished vitality, and consequently lessened resistability, but the reverse. Again, in the wards below, are all the recent and acute cases which are believed to have great resisting power to all epidemics, an opinion which seems well founded, especially as regards acute mania. In short, the fallacy of the argument and the imperfection of the answer, are due to confounding two things which are by no means synonymous, forms of disease and diminution of vitality. The question again recurs, to what is this disproportion due? We have no hesitation in answering that it is due in a far greater proportion to the sanitary condition of the patients, than to the nature, form, or stage of the disease under which they respectively labour.

It will be readily admitted that, in all asylums, the basement stories are less perfect in their sanitary conditions than the upper, partly from their position and structure, more especially from the class of patients who inhabit them. When it is remembered that Montrose Asylum is the oldest in Scotland, and that the original cells (built in 1781) are still occupied by the patients, it will readily be granted, without farther proof, that the house is in a less satisfactory condition than most other establishments, as to these cells at least. Here, as everywhere, a number of patients have acquired dirty habits, due not to the disease under which they labour, but to neglect in its earlier stages, in most cases before they have been placed under appropriate treatment. Truth compels us to state that the proportion of such cases is much greater here than usual. This is due to several causes, some of which are happily now removed, but others of them are irremovable, depending partly on the imperfect structure of an old house, and partly on the very partial supply, in some cases entire absence, of the means necessary to the improvement, removal, or prevention of such habits.

In these two considerations then, imperfect structure, necessitating deficient sanitary conditions—defective arrangements, inducing unhealthy habits, we have at least presumptive proof that the liability to or exemption from attacks of cholera depended more upon the sanitary than the diseased condition of the patients. There is not wanting, we think, sufficient evidence to convert this presumptive proof into positive demonstration.

1st—There was the large proportion of attacks (as already observed two to one) occurring in the lower galleries.

2d—The greater proportion of severe cases occurred there.

3d—In the basement story was also noted the greater number of relapses or renewed attacks.

4th—Of twenty higher class patients, only four complained at all. Of the four, two had no treatment, except regulation of the diet for a day or two. Of the remaining two, one had two slight attacks, for which she was under treatment two or three days each time. The fourth only was protracted and severe, having assumed a dysenteric type; yet these presented all the varieties of disease exhibited by the paupers, the special point of difference being their more perfect sanitary condition.

5th—Should doubt still remain, it will be at once dispelled by a consideration of the case of the attendants. Of five female attendants in the house (one being in the country with a lady patient), three occupied the upper galleries, and two the lower. Of the former, the one who accompanied the patients to the new dwelling-house, never complained at all. One was ill only for a night, and never under treatment. The third was scarcely ever well, but she had entered service just at the outbreak of the epidemic, and was found suffering from chronic disease, to which, rather than to it, her illness was due. Of the two occupying the lower galleries, one was in a state of low health during the whole period, and was several times off work and under treatment. The other was a case of considerable severity, marked by great prostration, and a tedious and imperfect recovery.

Of seven male attendants, five occupied upper galleries, and two lower. Of the five, the two who attended the out-door workers in the field and garden, never complained at all. Two in the house complained slightly, but were never off work. One only was laid up, but even of this case it has to be stated that it was rather a bilious attack to which the patient was subject. The two below were, as on the female side, both ill. One, a well-marked and severe case, already alluded to as treated by castor oil. The other was in an imperfect state of health during the whole period—several times under treatment—and, on one oc-

casions, had a severe attack of dysentery. The liabilities of the attendants occupying the lower galleries is thus as well marked as that of the patients, and cannot, as in the case of the latter, be attributed to their morbid condition, or in short, to anything apparently at least, but to the unhealthy influences which were concentrated around them. The cases of the other domestics, though less obviously, go to prove the same thing; and there are many other minor confirmatory evidences which however cannot be detailed in a general report.

Since writing the above, our attention has been directed to the report of cholera as it appeared in the house in 1849. A short extract from this report will prove that our predecessor laboured under the same conviction then as we do now. He says—"It is deserving of notice, that the malady was almost entirely confined to the female side of the house, only two of the attendants, and one of the male patients, employed in and about the house, having been affected with bowel complaints—the male patients being otherwise entirely exempt. A circumstance so extraordinary, coupled with the fact that three of the fatal cases (out of six) had occurred amongst patients of dirty habits, who slept in adjoining cells on the ground floor, led to the inference that some extremely local cause must be in operation. The whole of the patients were in consequence removed, and the range of cells thoroughly cleaned and white-washed, and the floors painted; the windows in each were also made much larger, so as to afford better ventilation. Soon after these alterations had been effected, the characteristic symptoms of the disease became modified, no fresh case of a malignant type occurring, and, in a short time, the disease altogether disappeared; but whether this was rather to be attributed to the seasonable change in the weather or not, is more than is in my power to determine."

The large number of attacks, 73 in 200 patients, and 13 in 25 domestics, in all 86 cases, equivalent to considerably more than one-third of the patients, and one-half of the domestics, with the no less extraordinary results—only one death occurring in seven weeks, the average number for that period, from ordinary causes, being about three, and even that death doubtfully due to the epidemic, are a sufficient justification of the care taken in recording these observations. We could have wished to be more minute, not so much for the satisfaction of others, as for the guidance of ourselves in future attacks, but the severe and trying duties imposed upon us, at that anxious period, rendered it impossible to keep a more minute record.

We are not presumptuous enough to suppose that these results were wholly or even chiefly due, if due at all, to the perfection of the prophylactic measures adopted, or the care bestowed in their management, far less to any peculiarity of treatment. Our principal object has been to give a simple and truthful account of the results of the epidemic in the establishment; believing, as we do, that such records, faithfully given, will ultimately throw light on a disease so obscure and so fatal; and about the nature and treatment of which, opinions are still so much divided.

From the introduction of many new attendants, imperfectly acquainted with their duties—from the large accession of new patients, and frequent changes of internal arrangement, imposing new duties upon the old, our onward progress has not been so smooth as could have been wished; and would have been still less so, but for the uniform kindness and activity of Mrs. Wright and Mr. Niddrie, who have ever exerted themselves to render the path less rugged.

The most satisfactory proofs of the increasing zeal and activity of the House Committee will be found in the report. To myself personally their kindness and sympathy has been unceasing.

JAMES GILCHRIST.

Report of the House Committee.

DURING last year your Committee have continued their usual Weekly Visits to the Asylum, and have invariably found everything conducted in the most satisfactory manner.

Since last Annual Report, the House intended for the Medical Superintendent has been completed, but has been recently occupied by the lady boarders, under an arrangement sanctioned by the Directors, and assented to by Dr. Gilchrist. Your Committee have thus been enabled to afford accommodation for fifteen additional pauper lunatics in the Asylum.

The available accommodation for pauper patients is now

all but exhausted; notwithstanding, a regular increasing demand for admission continues; and it remains for the Directors to consider what course is to be followed under the circumstances.

Dr. Gilchrist, the Medical Superintendent, has continued, during the year, to discharge his very onerous and important duties, to the satisfaction of the Committee; and Mrs. Wright, the Matron, and Mr. Niddrie, the principal attendant, merit their continued approbation.

D. MACKIE,

Chairman of the House Committee.

Montrose, 12th June, 1855.

Report of the Royal Infirmary and Dispensary,

For the Year ending 31st May, 1855.

WITH the exception of the year which terminated on the 31st May 1848, the number of patients who have received the benefits of the Infirmary during the last twelve months exceeds that during any similar period since the opening of the institution. This large increase has been mainly owing to the prevalence, throughout the winter and spring, of fever and small-pox—of which diseases, including four cases of scarlatina, there have been 184 cases admitted into the Hospital since November last. The outbreak of fever took place almost immediately after the cessation of cholera, and it is deserving of consideration how far a continuation of the active sanitary measures which were put in force throughout the town during the prevalence of the former of these epidemics would have repressed the development, or at least greatly diminished the extent and duration, of the latter. The affirmative of this question is rendered probable from the fact that both diseases, as well as small-pox, have been chiefly prevalent amongst that class of society marked by intemperance, destitution, and neglect of cleanliness; although a large proportion of the fever cases have been of an aggravated type, it is satisfactory to report that the ratio of mortality falls below that of the last similar epidemic which occurred during 1852-53. Then the deaths from fever were as 1 to 5.5, or fully

18 per cent. ; during the recent epidemic they have been 1 to 8.8, or not much exceeding 11 per cent. Of 56 cases of small-pox, there have been 8 deaths, or 1 to 7. It deserves to be mentioned, that in all the fatal cases of this disease, it was found that vaccination had never been performed.

Another circumstance worthy of notice, is the fact of several individuals having been under treatment for fever and small-pox successively—in some cases, after being sent home, cured of fever, returning in a short time labouring under small-pox, and in others after recovery from small-pox, re-admitted fever patients. Being necessitated to place fever and small-pox patients in the same ward, there is reason to believe that the contagion of the one disease had been caught during convalescence from the other.

Before noticing one or two of the most important cases in the surgical department of the establishment, it ought to be mentioned that nearly every one of the officials have unfortunately been the subject of fever—Dr. Lawrence, Mrs. Napier (the matron), the principal fever-nurse, and her two assistants, as well as the cook, have all been affected by the epidemic—everyone severely, some of them dangerously. Deducting the cases of fever and small-pox, there have been 282 patients admitted into the Infirmary during the year, being a majority of 40 over the preceding similar period. The various diseases under which they laboured are stated numerically in Table II.

Among the cases of injury admitted into the house, were two from railway accidents, of great severity, and which unfortunately had a fatal termination. In the first of these cases, amputation of both limbs below the knee was required ; in the second, amputation of one limb in the same situation. Lock-jaw occurred in each case about ten days after, and proved the cause of death.

The number of patients treated at the Dispensary and their own houses during the year has been 1406, being at an average of fully 117 per month. This year, as formerly, the services of Dr. Lawrence have been most assiduous and efficient, and, as stated before, in their discharge, he unfortunately contracted a tedious and dangerous attack of typhus, by which he was confined nearly two months.

DAVID JOHNSTON, M.D.

TABLE I.

SHOWING THE GENERAL RESULTS OF THE YEAR.

			M.	F.	Total
June 1st, 1854—	Remained in House	...	10	5	15
	Admitted during year	...	237	229	466
			247	234	481
Discharged	Cured	...	M. 194	F. 183	Total. 377
"	Improved	...	11	7	18
"	Incurable	...	4	2	6
"	Unfit	...	0	1	1
"	Died	...	22	17	39
			231	210	441
June 1st, 1855—	Remained	...	16	24	40

TABLE II.

CLASSIFICATION OF DISEASES UNDER WHICH THE PATIENTS LABOURED
WHEN ADMITTED INTO THE INFIRMARY.

			M.	F.	Total.
Fever	...	...	41	83	124
Scarlatina	...	...	0	4	4
Small Pox	...	...	27	29	56
Measles	...	...	0	2	2
Fractures	...	...	10	1	11
Drowning	...	...	0	1	1
Burns	...	...	4	3	7
Wounds and Injuries	...	...	20	8	28
Tumors and Malignant Sores	...	...	12	2	14
Ulcers and Abscesses	...	...	22	25	47
Club Foot	...	...	2	1	3
Dropsies	...	...	3	0	3
Rheumatism	...	...	12	7	19
Diseases of Lungs and Air Passages (including Phthisis)	...	...	23	17	40
" of Heart and Blood-vessels	...	...	5	2	7
" of Brain and Nervous System	...	...	7	3	10
" of Urinary Organs	...	...	5	0	5
" of Digestive Organs	...	...	18	11	29
" of Uterus	...	...	0	8	8
" of Bones and Joints	...	...	13	10	23
" of Skin	...	...	11	6	17
" of Eye	...	...	6	6	12
Delirium Tremens	...	...	2	0	2
Veneral Diseases	...	...	3	5	8
Drunkennes	...	...	1	0	1
Total			247	234	481

TABLE III.

OPERATIONS PERFORMED DURING THE YEAR.

			M.	F.	Total.
Ligature of Femoral Artery	...	...	1	0	1
Hydrocele	...	..	1	0	1
Amputation of both Legs	...	...	1	0	1
" of Leg	...	...	1	0	1
" of Thigh	...	...	2	0	2
" of Arm	...	...	1	0	1
" of Great Toe	...	...	1	1	2
Operation for Club-Foot	...	...	2	1	3
Removal and Restoration of Lip	...	...	1	0	1
" of Tumors	...	...	0	3	3
Excision of Elbow-joint	...	...	1	8	1
			12	5	17

TABLE IV.

CAUSE OF DEATH IN THIRTY-NINE FATAL CASES.

				M.	F.	Total.
Fever	...	...	...	5	9	14
Small Pox	...	...	...	4	4	8
Bronchitis	...	...	...	1	1	2
Phthisis	...	...	...	1	2	3
Hypertrophy of Heart	...	...	...	1	0	1
Pneumonia	...	...	...	1	0	1
Disease of Valves of Heart	...	...	...	1	0	1
" of Elbow-joint	...	...	...	1	0	1
" of Knee-joint	...	...	...	1	0	1
" of Hip-joint	...	...	...	1	0	1
Delirium Tremens and Fever	...	...	...	1	0	1
Scarlatina	...	...	...	0	1	1
Carbuncle	...	...	...	1	0	1
Perforation of Bowels	...	...	...	1	0	1
Tetanus (lock-jaw)	...	...	...	2	0	2
Total	...	...	...	22	17	39

TABLE V.

REPORT OF PATIENTS TREATED AT DISPENSARY AND THEIR OWN HOUSES
DURING 1854-55.

1854—June	...	..	...	...	...	...	187
July	...	...	..	...	...	...	131
August	...	...	...	...	...	...	115
September	...	...	...	...	...	...	117
October	...	...	...	...	...	...	83
November	...	...	...	...	...	...	85
December	...	...	...	...	...	...	86
1855—January	..	...	...	...	...	...	91
February	...	...	...	...	...	...	109
March	...	...	...	...	...	...	134
April	...	...	...	...	...	...	143
May	...	...	...	...	...	...	125
			Total	...	...	...	1406

Report of the Infirmary Committee.

12th June, 1855.

THE Committee have to report that the number of patients received into the Infirmary this year greatly exceeds the number admitted last year.

This has been caused by the unusual prevalence of disease in the town and neighbourhood, and the expenses of the House have consequently been very considerably augmented, having exceeded the income by £271 11s. 10d. stg., and as the advantages of this Institution are so well known, and appreciated, the Committee feel convinced, that the subscriptions for next year will be increased to meet this large deficiency.

The Committee have much pleasure in expressing their entire satisfaction with the skill and attention of Dr. Johnston, to the patients under his charge. Mrs. Napier and the other servants of the Institution, also merit their full approbation.

The sum of £150 was voted from the General Fund, at the last Annual Meeting of the Asylum, in addition to which there has been received from—

Churches and Parochial Boards,	...	£85	17	7
Private Individuals,	... ..	153	18	6
Banks and Millowners,	... ..	43	6	0
Police Fines,	... ..	6	15	11
		<hr/>		
		£286	18	0

The Committee have continued in their Superintendence of the Infirmary, the usual weekly visits to the House.

ROB. MILLAR,

Chairman of the Infirmary Committee.

Montrose, 12th June, 1855.

Donations to the Montrose Infirmary,

For the Year ending 1st June, 1855.

Public Bodies, Banks, and Millowners.

Mr. Brownlee, Superintendent of Police—Moiety of Fines	£1	5	0
Do. do. do.	0	12	6
Do. do. do.	0	12	6
The Western Bank of Scotland	3	3	0
The National Bank of Scotland	3	3	0
Messrs. John and George Paton, Montrose	5	5	0
Messrs. Aberdein, Gordon, & Co., do.	5	5	0
Mr. Brownlee, Superintendent of Police—Moiety of Fines	1	5	0
The Bank of Scotland	3	3	0
Messrs. Richards & Co., Montrose	5	5	0
James Gordon, Esq., Montrose	3	3	0
The British Linen Co.	3	3	0
Mr. Brownlee, Superintendent of Police—Moiety of a Fine	1	5	0
The Managers of Lunatic Asylum	150	0	0
The Shipmasters of Montrose and their Friends ...	£11	16	0
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	£198	6	0

Parishes, Congregations, and Parochial Boards.

The Kirk Session of Montrose—a Collection in Parish Church	£16	3	0
The Rev. Mr. Mitchell, Craig—Contribution from Established Church there	3	3	0
The Free Church, Craig—a Collection in that Church	3	10	0
The Parish of Aberlemno—a Contribution	2	5	1
The Kirk Session of Marykirk—a Collection in Parish Church	4	17	0
The Parochial Board, Marykirk	3	0	0
The Kirk Session of Dun—a Collection in that Parish	8	12	9
The Parochial Board of Logie Pert	4	0	0
The Parish of Arbutnott	3	0	0
The Parish of Lethnott	2	7	6
The Free Church of Benholm—a Collection	3	0	0
The Parochial Board of Laurencekirk	4	0	0
The Parish of Kinnell—a Collection (including £1 6s. 3d. from the Workers at Hattonmill Spinning Mill	3	10	9
The Kirk Session of Established Church, Craig	3	10	0
The Parish of Garvock—a Collection	2	5	6
A Gift from St. Cyrus	20	0	0
The Parochial Board of Montrose	15	0	0
The Parochial Board of Fettercairn	3	0	0
The Parish of Benholm—a Collection	2	13	0
	£102	17	7

Individuals.

Mr. John Nicol, Bridge-end, Montrose	£1	1	0
Alexander Cowie, Esq., do.	1	1	0
Sir John Stuart Forbes of Fettercairn, Bart.	1	0	0
Lady Harriet Stuart Forbes, Fettercairn	1	0	0
Mrs. Duncan, Senr., of Parkhill	2	0	0
The Right Hon. Lord J. F. Gordon Hallyburton, and Lady Augusta Gordon Hallyburton, Dun House	2	2	0
George Neill, Esq., Borrowfield	1	1	0
Mr. John Sorrell, Montrose, for damages recovered from a Servant for breach of engagement (deducting expenses)	1	15	11
Robert Cowie, Esq., Montrose	1	1	0
Sir Thomas Gladstone of Fasque, Bart.	5	0	0
George Cooper Myers, Esq., Town Clerk, Montrose	2	2	0
Mrs. and Miss Myers, Roseville	1	1	0
Alexander Lindsay, Esq., Banker, Montrose	1	1	0
Robert Walker, Esq., do. do.	1	1	0
Assistant-Surgeon David Ogilvie Hoile, M.D., 1st bat. 60th Rifles, Punjab, India	0	10	6
George Keith, Esq. of Usan	3	3	0
A Friend, per Alexander Cowie, Esq., Montrose	2	0	0
Mr. John Nicoll, Bridge-end, do.	1	1	0
John Aberdein, Esq., do.	1	1	0
Archibald Foote, Esq., do.	1	1	0
Francis Aberdein, Esq., do.	0	10	6
	£31	13	11
Carry forward	£301	3	7

	Brought Forward	...	£31	13	11	£301	3	7
John Gordon, Esq.,	Montrose	...	0	10	6			
Alexander Valentine, Esq.,	do.	...	1	1	0			
Robert Trail, Esq.,	do.	..	1	1	0			
A Lady, per Robert Trail, Esq.,	do.	...	1	1	0			
Mrs. Arkley, Inchbrayock	...	...	1	1	0			
Miss Arkley,	do.	...	1	1	0			
John Boyd, Esq., Banker,	Montrose	...	1	1	0			
Robert Cook, Esq., Corn Merchant,	do.	...	1	1	0			
Thomas Carnegie, Esq. of Craigo	...	...	5	0	0			
A. L. per Mr. Cruikshank, Star Hotel	...	...	1	0	0			
Mr. Robert Dickson, the son of a late Patient	...	...	1	0	0			
Miss Renny, Montrose	...	...	1	0	0			
Mrs. Thomas Whyte, Montrose	...	...	1	1	0			
James Smith, Esq., R.N. do.	...	...	1	1	0			
William Jameson, Esq., do.	...	...	1	1	0			
David Walker, Esq., do.	...	...	1	1	0			
George Smart, Esq. of Cairnbank	...	...	1	1	0			
Mrs. William Gordon, Montrose	...	..	1	1	0			
David Mitchell, Esq., Contractor,	Montrose	...	2	2	0			
James Beattie, Esq., Banker,	Montrose	...	1	1	0			
Messrs. James and David Birnie, Ship-builders,	do.	...	2	2	0			
Misses S. and Mary Carnegie, Montrose	..	...	2	0	0			
A Lady, per the Rev. Dr. Paterson, do.	...	...	1	0	0			
James Henderson, Esq., Montrose	...	...	1	1	0			
David Smith, Esq., do.	...	...	1	1	0			
A Gentleman from the country	...	...	1	0	0			
Miss Paton, High Street, Montrose	...	...	1	1	0			
Robert Smart, Esq. of Cononsyth	...	...	1	1	0			
Mrs. George Paton, Montrose	...	...	1	1	0			
A Lady, per John Beattie, Esq., do.	...	...	1	1	0			
Sir James Duke, Bart. of London	...	...	2	2	0			
"W.D."	...	...	0	5	0			
The Rev. Robert Smith, Montrose	...	...	1	1	0			
Baron Grahame, Esq. of Morphie	...	...	2	2	0			
Miss Lyell of Gardyne, Montrose	...	...	1	0	0			
Robert Millar, Esq., do.	...	...	1	1	0			
Christian H. Millar, Esq., do.	...	..	1	1	0			
Edward Millar, Esq., do.	...	...	1	1	0			
William Millar, Esq., London	...	...	1	1	0			
Mr. W. S. Whimster, Montrose	...	...	1	0	0			
Mr. Thomas Moore, West Quay, Montrose	..	...	0	10	0			
A Friend, Bridge Street, Montrose	...	...	1	1	0			
Thomas Renny Tailyour, Esq. of Borrowfield	...	...	5	0	0			
Robert H. Arkley, Esq. of Duninald	...	...	1	0	0			
Mr. Joseph Johnston, Fish Curer, Montrose	...	...	1	0	0			
William Forsyth Grant, Esq. of Ecclesgreig	...	...	10	0	0			
Misses Walker, Montrose	1	1	0			
Adam Norrie, Esq., New York	20	0	0			
Miss Shand, Montrose	15	0	0			
			<hr/>			£135	14	5
			<hr/>			£436	18	0
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(E.E.)

DAVID HILL, Treasurer.