

Fifth annual report of the Inverness District Lunatic Asylum : May 1869.

Contributors

Inverness District Lunatic Asylum.
Coxe, James.
Aitken, Thomas.

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23-2021
F I F T H
A N N U A L R E P O R T
OF THE
I N V E R N E S S D I S T R I C T L U N A T I C
A S Y L U M .



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I N V E R N E S S :
P R I N T E D A T T H E C O U R I E R O F F I C E .

1869,

Inverness District Asylum, 1868-69.

I. For Inverness-shire and the Burgh of Inverness.

WILLIAM H. THOMSON, Esquire, Principal Sheriff-Substitute
of Inverness-shire, Chairman.

LORD LOVAT, Lord-Lieutenant of the County of Inverness.

Colonel FRASER-TYTTLER, Convener of said County.

ARTHUR FORBES, Esquire of Culloden.

Colonel HUGH INGLIS of Kingsmills.

HUGH DAVIDSON, Esquire of Cantray.

FOUNTAIN WALKER, Esquire of Foyers.

Captain JOHN FRASER of Balnain.

The Provost of Inverness.

The Senior Bailie of Inverness.

II. For Ross and Cromarty Shires and the Burghs therein

Sir KENNETH S. MACKENZIE of Gairloch, Bart.

R. B. Æ. MACLEOD, Esquire of Cadboll.

ALEXANDER MATHESON, Esquire of Ardross, M.P.

JAMES D. MACKENZIE, Esquire of Findon.

DUNCAN DAVIDSON, Esquire of Tulloch.

Colonel W. G. H. ROSS, of Cromarty.

The Provost of Dingwall.

The Provost of Tain.

III. For Sutherland and the Burgh of Dornoch.

GEORGE LOCH, Esquire of Embo, M.P.

WILLIAM SUTHERLAND FRASER, Esquire, Dornoch.

IV. For the County and Burgh of Nairn.

Sir JAMES ALEXANDER DUNBAR of Boath, Bart.

WILLIAM ALEXANDER STABLES, Esquire, Cawdor Castle.

Clerk and Treasurer.

ROBERT DAVIDSON, Bank Agent, Inverness.

Consulting Physicians.

J. J. ROSS, M.D., Inverness.

| **JOHN WILSON**, M.D., Inverness.

Asylum Staff.

Medical Superintendent	THOMAS AITKEN , M.D.
Medical Assistant	D. M. CASSIDY , M.D.
Chaplain	Rev. ALEX. MACGREGOR .
Clerk and Storekeeper	Mr D. MACPHERSON .
Matron	Miss BAYNE .
Head Attendant	Mr D. MACLENNAN .
Farm Steward and Gardener	Mr C. FINDLAY .

FIFTH ANNUAL REPORT
OF THE
INVERNESS DISTRICT BOARD
OF LUNACY.

REPORT OF VISITING COMMISSIONER.

INVERNESS DISTRICT ASYLUM, September 3, 1868.

THE changes among the patients, since the visit of 21st March, consist of 39 admissions, 18 discharges, and 7 deaths. These figures give an increase of 14 in the numbers, which are now 147 males and 128 females. Of the patients admitted, 22 were males and 17 females; of whom about one-half were affected with chronic forms of insanity, and presumably incurable. As regards their general physical condition it was reckoned good in 16 cases, fair in 16, bad in 3, and very bad in 4. Of those discharged, 12 were males and 6 females; of whom 10 had recovered, 4 were transferred to other Asylums, and 4 were taken home. Of those who died, two were males and five females. The causes of death were phthisis in two cases, and diarrhoea and exhaustion, chronic vomiting, maniacal exhaustion, gradual exhaustion, and apoplexy in one case each. The persistent excess of the female mortality since the opening of the Asylum is very remarkable, and to this cause must be ascribed, in great measure, if not exclusively, the predominance in the numbers of male patients. This predominance is at present 19; but of the 64 deaths which have occurred, 20 were of males and 44 of females, a difference which more than accounts for it. To what cause the higher female mortality is to be ascribed, it is difficult to determine. The general physical appearance of the males

is certainly more robust and healthy than that of the females, who have a more pallid aspect, and who are said, as a rule, to suffer from excessive menstruation; but there does not seem to be anything in the diet, or general treatment of the patients, to account for this; and it would be interesting to determine how far this state of matters is prevalent among the women of the district, and whether it has to do with the hardships to which they may have been exposed before admission. But in examining this question, it must also be borne in mind that the female mortality appears abnormally high because the male mortality is exceptionally low; and this fact may perhaps afford a key to the solution of the difficulty, by instituting an inquiry whether there are any points in which the treatment of the two sexes differs, in such a manner, or to such an extent, as would be like to influence their health. The practical result of the low male mortality is, that the male department of the Asylum is now required for the exclusive use of pauper patients; and the removal of the private cases has accordingly been ordered. But the room which is thus gained will, in all probability, soon cease to be sufficient for the wants of the district, unless it be found, on measuring the capacity of the day-rooms and dormitories, that more patients can be accommodated than are at present authorised. Of the present inmates, only 16 males and 19 females are deemed curable; and, accordingly, if additional accommodation is found to be necessary, it may well be considered whether this should not be sought either in establishing lunatic wards of poorhouses, or in removing some of the more harmless cases to private dwellings. But it should be thoroughly understood that the success of either of these alternatives will, in a great degree, depend on the liberality with which they are carried out. An average allowance of five shillings a-week, exclusive of clothing, for patients in private dwellings, is necessary to secure proper treatment; but to parochial boards this is considerably more advantageous than paying ten shillings a-week to the Asylum. The House was found in excellent order, but in several places the ventilation appeared imperfect. This was ascribed in great degree to the stillness of the day; but it would be a manifest improvement to increase the means of ventilation by making the lower sashes of the windows capable of being opened. The chapel still suffers from the evils formerly adverted to, but it is understood that steps are

about to be taken to improve its atmosphere, as well as that of the amusement hall, by a cross ventilation. In some degree, the pervading bareness of the day-rooms, dormitories, and corridors, has been relieved by the acquisition of a few simple ornaments, but in this respect a great deal remains to be done. The bedding was perfectly clean, and in good condition. Considering the class of patients, or indeed without any such consideration, the average number of wet beds is very low, seldom exceeding three on each side. This result has been achieved by careful training and the introduction of night attendance. It is recommended that drinking water should be within reach of all the patients in the dormitories during the night. Only one patient was found occupying a mattress on the floor. The day clothing of both sexes was in a satisfactory state, and the appliances for personal cleanliness are sufficient. There has, however, been great inconvenience experienced during the summer from want of water, which was insufficient not only to permit of the patients being regularly bathed, but even of the house being properly cleaned. Energetic steps are now, however, in progress, to remedy this evil, by an enlargement of the pond, which will allow of the storage of about six millions of gallons of water, which is calculated as equivalent to a year's supply. The purity of the water will likewise be ensured by filtration. A certain degree of excitement among the patients was produced by the inspection, but on the whole they were remarkably tranquil. No particular classification is adopted, so that no so-called refractory wards can be said to exist. No patient was in seclusion, and in the register only six entries occur of its use since last inspection, for periods varying from two to fourteen days, and for breaches of discipline or manifestations of violence and excitement. On the female side no special contrivances in dress or bedding are in use. On the male side there are one strong dress and three quilted bed coverings. Extended exercise beyond the airing courts, and frequently beyond the general grounds, is withheld from only about 6 females, who, either from eroticism or disorderly habits cannot be allowed this indulgence. The numbers industrially employed are registered at 75 males and 105 females. By the labour of the former considerable progress has been made in removing the banks of gravel which obstruct the view and ventilation of the lower storey of the male department; but nothing has yet been done to

put in order the terraces in front of the house. These terraces, nevertheless, are in common use by the more quiet patients. Formed walks within the grounds are still a desideratum. The female workroom is now found to answer well; the excitement has in great measure ceased, and the practical results are satisfactory. In addition to the forty patients who were employed in it, a considerable number were found engaged in sewing, knitting, &c., in the different day-rooms. The means of recreation are gradually being extended as the grounds are put in order; and there is the greater necessity to give consideration to this point, as the distance of the Asylum from Inverness renders it almost entirely dependent on its own resources. The collection of books might be advantageously increased, and one newspaper must be regarded as quite insufficient for the wants of the house, especially when it is considered that the news which it furnishes possess attractions to the patients which no other kind of literature furnishes.

Prayers are attended by about 112 men and 78 women.

The sanitary condition of the establishment has been very favourable during the summer; and notwithstanding the scarcity and bad quality of the water, there was very little bowel complaint. About 25 of the patients are, it is believed, affected with tubercles; but it is frequently difficult to determine whether the seeds of the malady were contracted before or after admission. Not unlikely the change from rudely-built houses, which freely admit the external air, to a well-finished building, which, especially during the night, is, comparatively speaking, imperfectly ventilated, may frequently be the cause of the malady. Five males and five females were found in bed; two of the former from consumption, the latter all from slight or temporary ailments. Dinner was served during the visit in a fairly creditable manner. It consisted of broth, bread, and meat, and the cooking was satisfactory. The hall was somewhat crowded, and it will probably be found necessary, should the patients continue to increase, to serve the food to the males and females at different times. The experiment is recommended of serving the principal meal in two distinct courses; that is, not to supply the meat until the broth has been removed. Only two attendants are on duty in the hall during dinner—the necessary assistance being given by patients. Although the dietary is in accordance with the tables sanctioned

by the Board of Lunacy, the supply of copious extras is found to be necessary. It is matter of regret that there is not pasturage sufficient to allow of cows being kept for the supply of milk to the House, as the result on the sanitary condition of the patients could scarcely fail to be favourable. The enamelled metal dishes which are in use for meals are becoming unseemly from the breakage of the enamel. As they are worn out they should be replaced by others of earthenware. The only structural alteration which is recommended is the lining of the entire walls of two single rooms on each side, for the reception of particularly destructive cases. Eleven accidents are recorded since last inspection, but only one of a grave character. Four male and three female attendants have left the service of the Institution since last inspection, in one instance voluntarily, in the others from unfitness for, or inattention to, duties. Notwithstanding the aged appearance of many of the patients, it was found that their average age is below 43 years. The average age of those who have died since last visit was about 46 years. As a rule, the Medical Superintendent visits the house and sees all the patients once, and frequently twice, a day. The general condition of the establishment is very creditable to him. The registers are carefully kept.

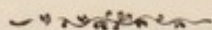
JAMES COXE, *Commissioner in Lunacy.*

A B S T R A C T

OF THE

PROCEEDINGS OF THE HOUSE AND
VISITING COMMITTEE,

For the Year 1868-69.



COMMITTEE FOR 1868-69.

Colonel FRASER-TYTLER of Aldourie.
WM. ALEX. STABLES, Cawdor Castle.
FOUNTAIN WALKER of Foyers.
Bailie DALLAS, afterwards Bailie SIMP-
SON, Inverness.

R. B. Æ. MACLEOD of Cadboll.
Captain J. D. MACKENZIE of Findon.
ARTHUR FORBES of Culloden, and
Provost J. MACKENZIE of Inverness.

The Chairman to attend Meeting *ex officio*.

Colonel FRASER-TYTLER, *Chairman of Committee.*



THE Committee met on the 24th September 1868, and minutely inspected the whole Asylum, with the laundry, out-houses, and grounds. They also examined the patients, servants, and officials, and were satisfied with the state of the House, and the general healthy condition of the inmates. On account of a recommendation from the Commissioners in Lunacy, the meeting authorised one single room in the male and one in the female end to be fully boarded up to the ceiling, to prevent the plaster being destroyed by excited patients.

Dr Aitken having reported that two new retorts were required for the gas-house, the Committee authorised him to procure them. The Committee also authorised the procuring of additional bedding, and also considered a tender from Mr Grant, postmaster, for supplying horses to work the farm in connection with the Asylum, and authorised horses to be hired, when required, on the terms therein mentioned.

In consequence of the dining-hall being overcrowded when all the patients took their meals together, the Committee recommended that the male and female patients should receive their food separately.

At a special meeting held on the 6th November, the Committee examined the samples of goods and provisions tendered upon contract for the year from 11th November, and, after a careful scrutiny, accepted the offers which, on account of the cheapness and quality of the goods, were most suitable.

On the 24th December 1868, the Committee met and considered reports with regard to proposed changes in the heating apparatus, and, being satisfied with their advisability, they instructed the Clerk to communicate with Mr Laurie on the subject. The Committee also considered the question of additional accommodation for the male patients, whose side of the Asylum is now full, and the Medical Superintendent, having explained how he proposed that increased accommodation should be obtained, was authorised to communicate with the Commissioners in Lunacy on the subject, and report to the next quarterly meeting of the Board. The Committee then heard Mr Paterson, C.E., on the subject of bringing water into the House from the well on the grounds by a separate pipe ; and Mr Paterson having given in an estimate, the meeting recommended that the work should be at once proceeded with, with the view of obviating the inconvenience suffered during the last summer from an inadequate supply of drinking water. The Committee afterwards inspected the House and the inmates, as done at other meetings, and were satisfied with the order and cleanliness which prevailed.

The Asylum and the inmates were again minutely inspected by the Committee on the 7th April, and the business books and registers were also examined, and found to be well and regularly kept. Dr Aitken reported that the walls of the entrance lobby and the corridors leading therefrom required to be whitewashed or tinted, and the Committee having inspected the same, recommended him to obtain estimates for the work, and also for papering the reception-room, and submit the same to next meeting of the District Board.

FIFTH ANNUAL REPORT

OF THE

MEDICAL SUPERINTENDENT.

DURING the year just terminated, 75 patients have been admitted, showing an increase of 8 admissions over the preceding twelve months. Of these, 46 were males, 29 females; 44 males and 23 females being admitted from parishes, 1 male and 4 females transferred from other Asylums, and 1 male and 2 females private patients. The greater number of males admitted has increased the disparity between the two sexes referred to in last report, and necessitated the application to the General Board of Lunacy to permit the reception of more than 150 males, for which the Asylum was originally intended. The permission has been granted, and the male department will now be so arranged as to contain 176 patients, and there is, no doubt, ample accommodation for this number.

Of the admissions, 19 males and 16 females are set down as curable, 27 males and 13 females as incurable. While, therefore, the incurable cases continue to predominate, in no former year have so many curable patients been submitted to treatment, and it is to be hoped that the chronic outlying cases in the district are now exhausted, and that the Asylum in future will become more and more an hospital for the treatment of mental disease in its more acute forms.

The physical condition of the patients on admission was as follows—16 males and 10 females were in good health, 10 males and 6 females in fair health, 4 males and 6 females in moderate health,

11 males and 4 females in poor health, 5 males and 3 females in bad health. Two of the males in the last class were in the extreme stage of exhaustion. One of them was moribund, and only lived for two days, his excitement terminating with his death, and though the other lived for three weeks, it was evident from the first that no effectual aid could be rendered him. Attention has already, in last report, been directed to the state of the clothing and personal cleanliness of patients sent to the Asylum, and a careful record of their state on admission has been kept during the year. From this it has been ascertained that in 28 the condition was satisfactory, in 32 it was fair, in 8, both clothing and person were in a state of unpardonable uncleanness, and in 7 they were scantily clothed, filthy in person, and infested. As it is firmly believed no fair excuse can be offered for the deplorable state of these unfortunate creatures, and in the hope that it may be the means of inducing greater care, a brief abstract is given of the condition of the seven unsatisfactory patients.

1. A female, clothing scanty and dirty. Person dirty and infested. Both legs and arms securely tied. She had travelled from the West Coast on some straw in an open dogcart, and was much chafed and bruised everywhere, especially in the face.
2. A male, extremely dirty and infested.
3. A male, very dirty. His hands were swollen, and he was bruised and chafed by ropes.
4. A female, body filthy, and her hair matted and caked with dirt.
5. A female, brought a long distance in a cart under the care of two men only. She was scantily clad, and abominably dirty and infested.
6. A female, in a filthy condition.
7. A man, very dirty, and infested.

It is almost needless to remark on such cases, but attention must again be directed to the absolute necessity of females constantly accompanying females, and there is less excuse for negligence on this point, as, so far as could be made out from the persons who came with two patients in which their presence was peremptorily called for, no difficulty would have occurred in obtaining temporary nurses to have done so.

The dismissals have amounted to 47, of which 15 males and 17 females were recovered, 8 males and 2 females transferred to other Asylums or their own homes, and 3 males and 2 females were improved. Of the 32 recoveries, 13 had been admitted during the fourth Asylum year; 4 during the second; 1 during the first; and 14 during the year just terminated, making 40 per cent. of recoveries upon the curable cases admitted, and 17 per cent. over the previous year, in which the number of successful cases only reached 24 per cent. The shortest period of residence in the Asylum was two months and five days, the longest four years and five months. The other restorations to health took place—1 after a residence of one year and two months, 2 after one year and six months, 2 after two years and four months, 1 after two years and six months, 1 after two years and one month, 1 after one year and one month. These statistics indicate very fairly how slow in many cases is the return to reason, and how beneficial and necessary prolonged treatment is; for it is more than probable, had these patients, now referred to, been left uncared for, they would have gone to swell the number of the chronic insane in the district. Previous to their seclusion, 3 of the individuals had been insane for three days, 4 for a week, 6 for two weeks, 1 for three weeks, 5 for a month, 1 for six weeks, 4 for two months, 2 for three months, 1 for ten months, 1 for one year, 1 for one and a-half years, 1 for two and a-half years, and in 2 the duration of the mental disease was unknown.

While speaking of the discharges, it may not be improper to notice a question often put to the reporter—What has the Asylum been able to effect?—and the experience of five years justifies an attempt to reply briefly to it. Since the opening of the Institution, 476 patients have been admitted, of whom the greater number had for longer or shorter periods been already confined in Asylums or kept in their own homes without treatment, so that of the whole number only 135 could be regarded as curable. Of these, 93 have been discharged recovered, a proportion which, upon the whole admissions, gives 33 per cent. of recoveries; but, when calculated upon the probably recoverable—the true way of estimating the capabilities of such an Institution as this—68 per cent. have been discharged restored to sanity. It is more than probable the per-centage would be markedly increased if cases were dealt with as promptly as they deserve to be; and in connection with

this, it seems also desirable to indicate another important fallacy abroad in reference to the treatment of insanity, namely, that for its control little can be effected by medicine. A recent inquiry, however, into this point has distinctly shown that this is an error which should at once be removed from the public mind, for in many instances it undoubtedly forms one of the principal elements of delay often taking place in the seclusion of patients. Thus, of those discharged, a more than usually careful examination has shown that 70 per cent. of the recoveries were directly due to the influence of medicine; and in addition to this, it has brought out the still more important fact that, on an average, the residence in the Asylum of those so recovered has been two months shorter than where such elements alone as hygiene, employment, or other equally valuable aids in treatment have led to a favourable termination of the case. It may also be pointed out, so that the value of this statement may be fully appreciated by those who take an interest in the question, that the permanent injury done to the mind, and the probability of the disease recurring, or passing into chronicity, does not so much bear a relation to the severity as the duration of the attack. It is, therefore, hoped that the success now shown to attend treatment will tend to allay the somewhat wide-spread, but erroneous, opinion, that insanity is extending, not only in proportion to the population, but for the want of power to control it. No such fear, it is believed, should be entertained, for a recent important investigation in England, and the statistics given by the Scottish Commissioners in Lunacy in their valuable reports, have shown this not to be the case, and that the proportion of the insane to the sane does not at the present moment vary from what it has hitherto done; and there are reasons for believing that the conclusion is as applicable to this as to the sister country. Much, however, rests with those who have the power of placing the insane under control, as to how far the accumulation of chronic cases shall take place in a district. To hesitate to place an individual under treatment, in whom marked symptoms of insanity have shown themselves, is a misplaced economy—unjust to the sufferer, unjust to the community; and it should be distinctly understood that the cases are exceptional which recover at home without systematic treatment, entirely impossible to be obtained by the class from which the inmates of District Asylums

are drawn. The statistics already given should also serve to remove delay in secluding the individual, and form reasons for the adoption of a contrary course. Indeed, if early treatment were the rule, Asylums would not be what, to a great extent, they unavoidably are, and what they ought not to be, places for the detention of the hopelessly insane, but would amply realise their original intention, by becoming hospitals for the cure and treatment of mental disease; while to them and what can be effected in them we must principally look for preventing the increase of the chronic insane.

Amongst the recoveries was one of the most distressing cases which have come under observation here. A female with a strong hereditary taint, and whose two sisters and a brother died of phthisis, was admitted in a profoundly depressed condition. Two days before she was brought to the Asylum, in a paroxysm of religious excitement, she had nearly forced out the right eyeball, and so injured the left, that it was found necessary entirely to remove the former and the greater part of the latter. It may also be stated, as a matter of professional interest, that notwithstanding the optic nerve of the most extensively injured eye must have snapped within the cranium, no constitutional disturbance took place. At this time the patient believed herself pursued by enemies, hopelessly forsaken by God, and saw nothing but the most fearful future before her. She disliked to speak, or even to be questioned, as to the rash act she had committed. "God knows," she said, "why I have been struck blind, leave me alone to pray"; and for weeks relapsed into silence, though she was observed from time to time muttering to herself. Gradually, however, she gained strength and improved mentally, and though occasional temporary relapses took place, she made a good recovery; and as the point is of some interest, it may be remarked that her blindness exercised no influence over her delusions. This case, though striking in itself, has been noticed here chiefly as an occasion of adverting to the very great frequency of the production of insanity from religious excitement in this district. During the first year after the opening of the Asylum, 12 cases out of 212 admissions were traced to this cause; in the second year, 8 of the 57 admissions; in the third year, 5 of the 64 admissions; in the fourth year, 11 of the 67 admissions; and in the fifth year, that

just terminated, no less than 20 of the 74 admissions. Taking the relative number of males and females who have been under treatment, the proportion in both sexes is the same—11 per cent. This statement, it must be admitted, is somewhat striking, but there appears to be no reason to doubt the correctness of the information given by the Inspectors of Poor contained in the official documents sent with the patients to the Asylum. Investigation into this point, whenever an opportunity has presented itself, has led to the belief that this cause should have acquired more prominence than it has hitherto done. The fact is also one which must be looked upon as one of the peculiar features of insanity, as it has come under observation here; for in Tuke and Bucknill's *Manual of Psychological Medicine*—one of the works containing the most authoritative information upon such points—religious excitement is set down as occupying only a seventh place in the order of exciting causes, and as forming only 3 per cent. of the admissions in a large number of English and American Asylums. In this district, up to the present time, it has proved the most prolific of all causes, and, as already stated, has furnished 11·8 per cent. of the cases. The reason of this it may be somewhat difficult to define, and the inquiry is too extensive to enter upon, as to how far national peculiarities, original education, and the moral surroundings of the individuals, determine the origin and nature of the disease. It is not, however, hard to understand how the impressive solemnity of the scenes amidst which the individuals have lived, acting upon minds naturally imaginative, and dealing with the most elevated and mysterious problems, should, according to the various mental constitutions, either give rise to that unbounded confidence observed in many cases of religious insanity, or to that hopeless despair which is still more common. An instance has already been given of melancholia from the cause now under consideration, followed by the most distressing results, and perhaps no better illustration could be given of the opposite condition, in which great exaltation of the religious feelings exist, than the following. It is, besides, interesting as possessing a feature common enough amongst the ecstasies of the middle ages, as showing how gradually delusions develop themselves, and how perfectly those suffering from this form of disease realise to their own minds their identification with the Divine nature.

A patient, four years ago, was admitted in the most abject and hopeless condition, weeping often, shrieking loudly, incessantly agitated, and shouting he was a lost soul. He spent his days in vain struggles to escape from those who endeavoured to protect him from himself. His nights were wretched and sleepless, and when visited he pointed to one of the corners of the room, in which there was represented to him, in fearful reality, all the circumstances of our Lord's sacrifice upon the Cross. For months he lived in this painful condition, and then passed into one in which, solitary and silent, he walked about the airing court, picking up the most minute objects, or stood by the fire leaning with his elbow upon the mantelpiece. Suddenly he broke through his reserve by putting the following question triumphantly to the officers—"Has not this house a middle and two ends, and how are the two ends to be joined?" He gesticulated at the same time violently, filliped at the noses of the persons he passed, laughed loudly and hysterically, and declaimed incoherently on religious matters. After a brief interval he again became silent, and on being asked why this was the case, he replied, that as Christ was tempted forty days in the wilderness, so it was ordained that he should declare himself for the same length of time. His interval of silence, however, appears only to have been the period of incubation of still further excitement and the formulation of what now appears to be a permanent delusion. Somewhat suddenly his dress assumed a regular form, his hair, hitherto dishevelled, and his beard and moustaches, were combed, so as to hang perfectly straight, small brass chains he had procured in some unaccountable manner were put on as bracelets, and in a shrill harsh ringing voice, he paced the corridor proclaiming, I am what I am; his existence from before the "beginning," and his expiatory sacrifice for the human family. It now appeared that he imitated, so far as the means within his reach permitted, the more conventional representations of our Lord, though, with the equivocation and sense of mystery so common in this class of the insane, he refused to so acknowledge himself. To doubt this, however, was sufficient to rouse the patient, and in evidence of the truth of his personality he showed the marks of the five holy wounds and of the crown of thorns, and he even stripped to exhibit the cicatrix of the wound received in his side from the spear of the Roman soldier. At present, he apparently represents Christ triumphant, and if

permitted, would wear a rude cap, fashioned into the form of a crown decorated with diamonds and crosses of glass, and richly braided with threads of worsted picked from his coverlet. No feature, however, is perhaps more striking than the double nature of the individuals now referred to, for whilst believing themselves to be embodiments of the Divine nature, they still maintain their true personality, and descend to the most menial acts. Thus, the man whose history has been so fully given, spends his mornings in assisting the attendants, and has been one of the principal means of adding those little ornaments to the establishment, which are rapidly giving it a more home-like aspect; and another man, who believes himself to be the Deity, and whose demeanour is distinguished by great dignity, and even superciliousness, acts, as he pleases to designate himself, as orderly to the medical officers, carrying for them the prescription book and surgical instruments in their medical visits. In addition to these, an equally interesting phase of this variety of insanity is that in which unbelief forms one of the most prominent symptoms, of which the following illustrations may be briefly given:—A man, whom phthisis lately carried off, during the last days of his residence here, earnestly but vainly struggled to realise that certain hope of a future and better life, but sank back helplessly into the arms of that hopeless scepticism which had overshadowed his life. A woman, since removed by her friends, and whose religious convictions had formerly been firmly fixed, spent a miserable existence from the delusion which had taken possession of her mind, that God had ceased to exist, that our life was “as the life of the brutes,” that after death came annihilation, and that if a future existed at all, it could only be one in which man was condemned to eternal punishment and misery. Such are but a few of the varieties which the religious element assumes amongst the insane, but it will serve to give some idea of how interesting and important this form of mental disease is, and how impressive it must be, dealing, as it does, with the highest hopes and loftiest aspirations of our race. There are no patients in whom so passionate an interest is felt, none who more demand sympathy, none whose delusions it is more difficult to combat, for often before their perverted and keen use of the inspired writings the most settled convictions and clearest minds hesitate.

The deaths during the year have been unusually numerous,

amounting to 27, or 13 males and 14 females, giving a per-centage of 9·8 upon the average number resident, or 8·4 per cent. for the males and 11·2 per cent. for the females. This large mortality is due, in two instances, to the exhausted state in which the patients were admitted, to the debility of old age, but chiefly to 11 patients, or 3 males and 8 females, having died of phthisis. The large proportion, however, of deaths from this cause must not be regarded as indicating its unusual prevalence here, for the mortality amongst the insane generally, from this disease, is estimated as ranging from 25 to 33 per cent.; but some consideration appears necessary as to its prevalence amongst the females. Thus, of the 85 deaths occurring during the last five years, 31 were males and 54 females, and of these 5 males and 17 females died of consumption, giving a per-centage of 16·6 for the males and 3·33 for the females. So far as the investigation has gone, no great hereditary predisposition to the disease has been traced, so that it is more probable it is due to general causes, to the habits of the women, and to the exhausting nature of the diseases peculiar to them, and extremely prevalent here, acting more powerfully upon them than the males. Before, however, considering very briefly these influences, it may be stated that the deposition of tubercle was masked in a great number of instances for a considerable period, and, when its presence was decidedly manifested, the malady was extremely rapid in its course. The disorganisation of the lung was also so perfect, as ascertained by post mortem examination, that in many cases scarcely a patch of healthy tissue could be discovered.

The stealthy and unforeseen manner in which tubercular deposit takes place in the lungs, and the apparently great increase of phthisis of late years in Asylums, makes the detection of this disease of vast importance. The recognition of its presence is also rendered still more difficult, from the fact that it occurs chiefly in melancholics, who, in their agitation or morbid suspicion, lose sight of their bodily in their mental sufferings, or it affects demented or imbeciles who are incapable of giving information regarding their bodily condition. It may even be present in individuals, and advance to its last stage, without any indication of its existence, and the body be well nourished, as happened in a striking instance, in which, from the robust appearance of a woman, phthisis was never suspected, and was only discovered after death. The effect

of depressing emotions, however, does not merely mask the presence of the disease, but exercises a powerful influence on its production; and it may be well to leave aside this and other causes, the influences of which are well known, to consider whether any elements exist in Asylums specially aiding in the development of phthisis. Perhaps one of the most important of these, in such a district as this, is the entire change in the mode of life of the patients. Generally, and this is even true of domestic servants, for though they are more than some others confined to the house, they spend much of their time in the open air, and engage in labour giving free exercise to all the organs of the body. In an Asylum, however, their habits become to a great extent sedentary, they are comparatively little out of doors, and there is a want of variety in their employments—a powerful element in mental and bodily health, and which must be looked upon as a substitute for the different intellectual stimuli enjoyed by those above them in education and social position. The consciousness of this great uniformity in their lives is perhaps made greater from the few changes possible in an Asylum dietary, necessitated by motives very properly regulating its construction. Nor is this variety of food at all so unimportant as may at first sight appear; for of all the organic sensations there is none, when not carried to repletion, that furnishes so “diffusive” a pleasure, mentally and physically, as the relish from a properly prepared meal. It possesses for a time the power of subduing irritations derived from whatever source, gives to the brain renewed power, which, acting upon the organs of digestion, aids their action, and gives that feeling of self-confidence and energy equally necessary for healthy mental action and bodily vigour. It is, therefore, more than probable that varied relishes, from their intellectual influence and power of turning the thoughts into new channels, with their capabilities of aiding nutrition, is specially wanted in those classes of the insane in which phthisis is most prevalent, and especially in that class in which a refusal of food is one of the commonest symptoms. It is almost equally certain that sameness in a dietary, the constant repetition of the same meal, will only increase the repugnance to food of those already disinclined to take it, and followed by those depressing feelings accompanying such sensations, would not only, if taken, prevent healthy nutrition, but add to that monotony the avoidance of

which is so necessary. But further, this monotony, and the tendencies of the lower forms of mental disease, lead to the adoption of habits extremely efficient in the production of tubercle in the lungs. Thus, of 22 deaths from pulmonary consumption, 10 of these were patients who either, whenever an opportunity offered, crouched in the most secluded corners of the wards, or if undisturbed, maintained the same constricted position for days—such positions, in fact, as gave no opportunity for a free play of the pulmonary organs, and from the head drooping upon the breast necessitated the inhalation of air vitiated by previous respiration. There can be no doubt, also, this tendency to assume such postures is increased by the discipline of Asylums, in which quietude is attained to some extent by accustoming patients who require attention, from various causes, to occupy the same seats, so that they may be constantly under observation. It may be, in some instances, that there is a voluntary assumption of certain postures in order to relieve that feeling of weariness and general malaise frequently preceding this disease, and that this is the only way the dement or melancholic instinctively manifests its premonitory symptoms. But whatever be the explanation, the association has been so frequently noticed as to attract attention, and it has been thought not improper to indicate it as one of the probable causes aiding powerfully in the development of phthisis in such institutions, or at least hastening its course. In addition to these influences now referred to, the artificial mode of heating Asylums, and the difficulty experienced in regulating the distribution of heat, increases the tendency to pulmonary disease during the winter, when the variations of temperature to which the patients are exposed are unavoidably great. The safety from fire, the increased vitalization induced in the degraded, the additional power of mentalization in those low in the intellectual scale, are the strong recommendations of heating apparatus. It appears, however, to be a question plainly open to discussion, whether, considering the original mode of life of the patients admitted into District Asylums, open fires, if properly attended, even in such situations as this, would not supply a sufficient amount of warmth; and from thus lessening to a great extent the variations of temperature, diminish the general tendency of the inmates to pulmonary affections? Whether the causes now spoken of are the principal means of inducing phthisis generally in Asylums,

these remarks do not pretend to determine; but, after much consideration, they appear to be amongst the most powerful influences at work amongst the population here, and have stimulated attempts to remedy the evils involved in them. Of the other deaths, in which post mortem examinations were obtained, a brief clinical resumé, with the principal pathological changes observed at the post mortem examinations, will be found briefly recorded in Appendix No. 1 of this Report. These, it may be added, have been drawn up by Dr Cassidy from the books of the Institution.

Considerably greater success has attended the endeavours to employ the inmates. The numbers engaged in field labour have markedly increased, and from the activity now manifesting itself in the workshops, it is hoped that the period is rapidly approaching when the whole of the clothing and shoes required will be made in the establishment. The efforts to obtain amusement for the patients have continued to be the same as those mentioned in former reports, viz.—Weekly balls, a singing class, readings, lectures, &c. Perhaps no more pleasing feature, however, has been obtained in this direction, than the further development of the social club, so called, begun in 1868. In this the intercourse is freer and more unrestrained than at the other entertainments—more in accordance with the social position of the inmates—and the animated groups scattered about the room gossiping, and engaged in different games, gives the meeting a pleasant variety, which must be beneficial. The cricket club has been re-opened with renewed vigour, and the first of a series of pic-nics, to be carried out during the summer, has been given.

The religious services continue to be conducted by the Rev. Mr Macgregor, whose kind and genial manner, and extensive acquaintance throughout the district, has attached the patients to him, so that his visit is quite looked upon as one of the events of the week. The numbers attending chapel on May 9th, the last Sunday of the Asylum year, were 112 males and 59 females.

Several additions have been made to the library, and for these I have been indebted to R. Carruthers, Esq. of Woodfield, and Mrs Davidson of Mayfield. A more extensive supply of books, however, is still a great desideratum, and donations are earnestly requested to supply a want keenly felt by the more intelligent patients. It has been possible during the year to make marked

progress in the ornamentation of the House. The greater number of the sitting-rooms have been papered ; pictures are thickly scattered over the walls, tablecloths clothe the tables, birds add to the cheerfulness of the corridors, vivariums have made their appearance, and vallances over the windows, with other additions in the dormitories, have taken away much of the monotony of the long stretch of blank walls, and is certainly exercising a most beneficial influence upon the patients.

In terminating this division of my Report, I beg to lay before the District Board of Lunacy the Report of the Visiting Commissioner ; and, in doing so, I have again to express my thanks for the consideration I have at all times met with, and to state that it has been to me the greatest support under continually growing responsibilities.

The different apparatus have so far continued to give satisfaction, with the exception of the kitchen boilers, no remedy having yet been discovered to prevent their filling the kitchen with steam. It is therefore under consideration whether some radical change should not be made in this department. It has also been determined, on account of the extremely high price of fuel, and the quantity required in the laundry and for the cooking and heating apparatus, to ascertain whether economisation cannot be effected in this direction. It is proposed, therefore, to do this by commencing with the cooking boiler, and by substituting another of better construction, enabling it not only to cook the food and supply hot water to the wards, as it now does, but, during the winter, to heat the water in the hot-water pipes warming the centre block of the building, for which at present a separate boiler is required. Should this change prove sufficient, the expenditure in fuel will be much diminished, as coke only can be used for the boiler connected with the heating apparatus.

The cost of gas, inclusive of interest upon the buildings and other expenses connected with this department, has been 6s. 11 $\frac{3}{4}$ d. per 1000 feet, a reduction upon any former year. The total quantity consumed was 869,781 cubic feet, and the daily consumption during the different months of the year has been as follows, the months being calculated from May 1868, and taken from the 15th of one month to the 15th of the one succeeding:—June, 599 cubic feet ; July, 545 cubic feet ; August, 805 cubic feet ; September,

880 cubic feet; October, 2123 cubic feet; November, 3085 cubic feet; December, 4396 cubic feet; January, 4612 cubic feet; February, 3695 cubic feet; March, 3811 cubic feet; April, 2660 cubic feet; May, 1329 cubic feet.

A large reservoir has now been formed at the top of the hill, by an embankment 180 yards in length, running from the eastern termination of the original embankment made five years since by the patients, until it meets the slope descending from the highest point within the grounds. The contents of this new embankment is 4465 cubic yards, the material for which was obtained within the basin of the pond. Its greatest height is 16 feet, its average height 11 feet, the breadth at the top is 6 feet, the slope on the water side being $2\frac{2}{3}$ to 1, and on the outside $1\frac{1}{3}$ to 1. The pond was also increased in size by excavations amounting to 4129 cubic yards at its north-west end; and, when full, it will contain five million gallons of water, and cover an extent of $2\frac{1}{2}$ acres. This work, it may be stated, was carried out under the direction of Mr W. Paterson, C.E. In addition to this improvement, others of great importance have been effected. Thus, the excavations behind the Asylum have been continued, and the larger portions of the banks of earth originally blocking up the main entrance to the House have been removed, and that portion opposite the eastern half of the House, has been levelled and sown with grass. The activity with which this work has been carried on will also serve to give a good idea of the amount of labour done by the patients; for during the year, working, when the weather permitted, on an average five hours per day, they have removed 6419 of Grant's Patent Portable Railway waggon loads, equal, according to a calculation kindly supplied me by Mr Paterson, C.E., to 5428 cubic yards. The laying out of the terrace in front of the Asylum has lately been commenced, and it is hoped this very important work, so much required for the amenity of the building and benefit of the community, will be finished within the next three months, and that by the termination of the next Asylum year the large excavations already referred to will be approaching completion. About one acre of waste land has been cleared and put under crop; 400 yards of land drains laid down; a branch road leading to the upper north field of the farm formed; a good deal of blasting has been done, and a large number of boulders, remains of old dykes, and

heaps of stones, taken away, so that the value of the land has been increased and its working rendered more convenient. In no past year have so many improvements been made, and now, since all the more easily reclaimed land has been put under cultivation, and the usual rotation of crops rendered possible, it will enable the land around the Asylum to be cleared, which will not only add much to its appearance, but it will be more accessible to the labourers, and when taken in be more economical in working.

In conclusion, I have to acknowledge the assistance rendered me on many occasions by Mr Davidson. To Dr Cassidy my thanks are also due for his assiduous attention to his duties and assistance in a more than usually arduous year. A new Matron and Clerk have been appointed, and though these changes have recently taken place, it is believed the staff has never been more efficient, and during no similar period in the history of the Institution has so much been accomplished for the comfort and happiness of its inmates.

THOS. AITKEN.

15th May 1869.

APPENDIX No. I.

PATHOLOGICAL RESUMÉ OF CASES IN WHICH POST MORTEM EXAMINATIONS WERE MADE DURING THE YEAR.

CASE I.—M. R., Female, ætat 39, Ch. Mania. May 9th, 1868.—Began to vomit every kind of food, with some epigastric pain: no organisms or fermentation in the rejected matters. Every remedy that could be suggested was tried to check the emesis, but without avail, and she died exhausted on May 19th. P.M.—The structures generally showed no alteration except pallor.

CASE II.—G. S., Female, ætat 66, "Folie circulaire."—Began to show phthisical symptoms in February 1868. Auscultation showed slight deposit at the apices. May 15th, there was gurgling and cavernous breathing, colliquative diarrhœa came on, and she died on May 23d. P.M.—Lungs: Several large cavities, and complete infiltration, with softening tubercle on both sides. Glands generally tuberculous. Gall bladder inflamed, and suppurating under the pressure of a large calculus which occupied its interior. Brain firm and healthy looking; two small fibroid tumours were found attached to the membranes—one in the falx cerebri, the other behind the posterior wall of the orbit. Each of these was as large as a marble, and indented the brain-substance.

CASE III.—D. G., Female, ætat 20, Dementia.—A case of rapid phthisis like the last, the only point of interest being the thermal changes. In the early stage the average morning temperature was 100° F., rising at mid-day to 101°, and in the evening a little higher. Towards midnight there was again an increase of about 1°, or very frequently a slight fall. From this time until morning there was decline, rapid and marked at first, afterwards becoming fluctuating. A diminution at mid-day was an exceptional occurrence. From

June 11th, when the general symptoms became exacerbated, the curves on the chart became more sudden, more marked, and more irregular. The rise, however, was invariably greatest at about 12 P.M., on two occasions to above 105° , and the decline towards morning equally regular to 100° generally, sometimes to 99° , or even 98° . The pulse chart shows curves bearing a general, though not constant, correspondence with the temperature. The rise was also at midnight to 130 or 140, and the fall in the morning to 100 or 110. Died, July 6th. P.M.—Lungs much congested, tuberculous infiltration, and numerous vomicae. Heart and great vessels filled with firm fibrinous deposit.

CASE IV.—H. M'K., Male, ætat 30, Dementia. August 21st.—Suffered from headache, sickness, and feverish symptoms in the morning. In the evening an attack of ingravescent apoplexy came on. He died at ten A.M., August 22d. Temp. 104° F., rising shortly before death to 107° . P.M.—Brain substance consistent. The whole surface of right hemisphere, the longitudinal fissure and the base covered with coagulum, walls of right lat. ventricle torn and disintegrated by the copious extravasation which had forced its way thither from the base of the brain, and was found extending through the "iter a tertio" into the 4th ventricle.

CASE V.—N. M'S., Male, ætat 22, Dementia.—In June, he had an attack of double pneumonia, and there was marked tenderness over the left lateral thoracic region. A few weeks later, large abscesses began to form over the ribs below the 7th, in back and front. These were opened, and the ribs found denuded and carious. The phthisical symptoms made rapid progress, and he died Sept. 10th. P.M.—Both lungs excavated with tubercle, the right partially hepatized, left firmly adherent to chest wall, and traversed by numerous bands of firm lymph. Heart: Pericardium firmly adherent throughout. The 7th, 8th, 9th, and 10th ribs extensively affected with caries, pus channelling in sinuses between the intercostal muscles, and forming a layer between the pleura and the ribs. At the post. inf. angle of the left parietal bone, externally a depression as large as a shilling, and internally a corresponding one, somewhat larger. The bony tissue very soft at this spot, and around it the inner table removed by disease. The edges of this irregular excavation elevated, and in hardness and smoothness resembling ivory. Horse shoe kidney. Brain healthy.

CASE VI.—W. F., Male, ætat 67, Mania.—Admitted in a state of great exhaustion, from which he partially recovered. He had daily convulsive attacks, ending in tonic spasm of the voluntary muscles; sometimes opisthotonos; respiration suspended, eyes upturned, and mouth widely opened. After a minute or a minute

and a-quarter he relaxed suddenly, with long gasping inspiration, or occasionally with a cry. On September 15th, erysipelas broke out on his leg, round an abrasion, but was checked. Sept. 19th, hemiplegia of left side. Temp. 102.5° F. in left axilla; 102° in right. Sept. 20th, coma increased; general paralysis of motion and sensation. Temperature of right axilla, 105.2° ; of the left, 101° . At eleven A.M. he died. P.M.—His head was scarred and uneven, and the left eye destroyed, his skull having been fractured many years before by the fall of a slate upon it from a height; scalp very dense, cutting like cartilage behind; skin of the cicatrices thin, and adherent to the frontal bone by strong fibrous tissue; no appearance of pericranium. The post-halves of both parietal bones very thin; the vertex almost transparent. Frontal bone also thinned, and open at a point between the eminences. Membranes much thickened and firmly adherent, forming a dense mass at the vertex. Under the pia mater, which was opaque, effusion of serum with blood on both sides, and a quantity of white flocculent particles. Brain substance softer than natural.

CASE VII.—A. M., Male, ætat, 60, Ch. Mania. — After a series of epileptic fits, became unconscious, and hemiplegic on his left side on Oct. 30th. Pulse slow and irregular; temperature, $102\frac{3}{5}^{\circ}$. Nov. 1st, coma increased; no reflex action; temperature, 104° . Died at three A.M. P.M.—Lungs: black, puckered, and with a rough granular feel; friable, and easily broken up under pressure. Bronchial glands enlarged and black also. Heart: dilated, without hypertrophy, and fatty. Kidneys, both small, and degenerated, with cysts and fibroid puckering. Brain: Considerable amount of serum under the meninges and in the ventricles.

CASE VIII.—A. F., Male, ætat 36, Dementia.—Wounded in the head in the Crimea, and has been subject to convulsive attacks since. No scar or mark of any wound. Oct. 28th, unconscious; paralysis of motion and complete anæsthesia on right side; left side, reflex power diminished; but when the sole is tickled there is spasmodic action of the orbicularis oris and zygomatici, and twitching of the temporalis and orbital muscles. From this date he led a vegetative life, passing his motions in bed, and swallowing automatically when fed. Died November 19th. P.M.—Skull: cap very thick, membranes firmly adherent to it, and thickened in the vicinity of the long. sinus by deposit of fibrine. The veins and sinuses replete with blood. Fibrinous clot in the lat. sinuses and circular Hierophylli. Choroid plexus much congested, and with numerous cysts. Abundant serum in the arachnoid and ventricles. Brain substance firm. Puncta vasculosa unusually abundant.

CASE IX.—J. C., Male, ætat 44, Mania.—Phthisical for three

months. In December had several attacks of diarrhœa, with refusal of food; died, 15th Dec. P.M.—Fluid in cavity of pleura, and oz. in pericardium. Lungs: Both congested at bases, miliar tubercle in upper lobes, cavity at left apex. Heart enlarged, right side filled with fibrinous clot, binding down the curtains of the valves. Brain, normal; left olfactory nerve atrophied, and looking like a slender white thread.

CASE X.—C. R., Female, ætat 59, Ch. Mania.—Phthisical for one year, the final breaking-up being very rapid. Died March 16th, 1869. P.M.—Lungs saturated with tubercle, and hollowed into numerous large cavities; both upper lobes reduced to mere thin-walled cysts containing pus.

CASE XI.—M. M'K., Female, ætat 63, Ch. Mania.—March 15—Appeared "stupid," and could not find her place at table; restless; got out of bed twice during the night and fell down bruising herself. March 16—Complains of headache and cramps; face drawn to right side; when standing or walking leans and turns to the left; tonic contraction of flexors of left arm, speech hesitating, expression vacant, sphincters relaxed, anæsthesia of left arm and leg. March 17—Pulse full, hard, and bounding, perspiring freely, only partially conscious, cannot swallow, loss of power in left side, right arm rigid. March 19—Right arm relaxed, and moved to the head occasionally; said "No" in answer to a question more sensibility in left side. March 20—Seems more roused and intelligent. March 22—Perfectly unconscious, and anæsthetic; pupils contracted. Died March 23d. P.M.—Brain: Veins and sinuses congested, considerable sub-arachnoidean fluid. In the right ant. lobe an abscess as large as a walnut, full of thick pus, the ventricle full of pus and serum, and a sinus led into another cavity in the post. lobe, which measured $2\frac{1}{2}$ inches long, by $1\frac{1}{4}$ in. deep and 1 in. broad. Around both, the brain substance was softened and sanguineous, without trace of membrane. In the left ant. lobe, an abscess as large as a small hen's egg, the ventricle filled with flaky serum. Two small fibroid tumours attached to fundus of uterus, and another small pediculated tumour of similar structure attached to the left ovary.

CASE XII.—J. M'K., Male, ætat 35, Mania.—In February began to suffer from diarrhœa and sickness, with some abdominal pain and tension. These symptoms increased; he emaciated to an extreme degree, his food passing through him undigested. Died April 16th. P.M.—Peritoneum and mesenteric glands everywhere tuberculous, and the whole abdominal contents glued into a mass. Mucous memb. of the bowels ulcerated.

CASE XIII.—E. M., Female, ætat 35, Ch. Mania.—Phthisical for six months; no special symptoms. Died April 20th, 1869. P.M.—Lungs: Left upper lobe completely gone, large cavity in lower. Right lung in a rather worse condition. Colon, congested deeply, and ulcerated in extensive patches.

CASE XIV.—A. M'K., Female, ætat 38, Melancholia.—A stout, ruddy complexioned woman, who had never been suspected of pulmonary or cardiac disease, ejected suddenly several pints of red blood, and died in a few minutes, on May 9th. P.M.—A considerable layer of fat under the skin and in mesentery; lungs congested with blood, miliary tubercle in abundance. In upper lobe of right lung, a cavity as large as a pigeon's egg filled with clot.

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APPENDIX No. II.

TABLE I.

GENERAL RESULTS OF YEAR ENDING 15TH MAY 1869.

	Males.	Females.	TOTAL.
Total number resident, 15th May 1869, including 3 patients absent on pro- bation	149	124	273
Admitted from Parishes	44	23	67
Transferred from other Asylums	1	4	5
Private Patients	1	2	3
	195	153	348
Discharged Recovered	M. 15	F. 17	T. 32
Transferred to Asylums	3	0	3
Died	13	14	27
Discharged Improved	2	1	3
„ Unimproved	9	1	10
Decrease in number	43	34	77
	152	119	271
Average number resident during the year			275

TABLE II.

AGES OF PATIENTS.

	Males.	Females.	TOTAL.
Between 15 and 20	1	3	4
„ 20 „ 30	11	7	18
„ 30 „ 40	15	5	20
„ 40 „ 50	13	11	24
„ 50 „ 60	3	3	6
„ 60 „ 70	2	0	2
„ 70 „ 80	1	0	1
Unknown	0	0	0
	46	29	75

TABLE III.
SEX OF PATIENTS.

	Admitted.	Recovered.	Removed.	Probation.	Died.
Males . .	46	15	14	1	13
Females . .	29	17	2	1	14

TABLE IV.
CONDITION OF PATIENTS.

	Males.	Females.	TOTAL.
Married	13	8	21
Unmarried	31	20	51
Widowed	2	1	3

TABLE V.
OCCUPATIONS OF THOSE ADMITTED.

	Males.	Females.	TOTAL.
Carter	1	0	1
Cattledealer	1	0	1
Clerk	1	0	1
Coachman	1	0	1
Crofter	1	0	1
Crofter's Wives	0	2	2
Domestic Servants	0	14	14
Dressmaker	0	1	1
Farmers	2	0	2
Fishermen	5	0	5
Gardeners	2	0	2
Labourers	15	0	15
Labourer's Wives	0	2	2
Merchants	2	0	2
Monthly Nurse	0	1	1
Out-door Workers	0	3	3
Physician	1	0	1
Ploughman	1	0	1
Post-office Clerk	1	0	1
Plumber's Wife	0	1	1
Shepherds	3	0	3

TABLE V.—*Continued.*

	Males.	Females.	TOTAL.
Ship Carpenter	1	0	1
Shoemakers	2	0	2
Shopkeeper	0	1	1
Soldier	1	0	1
Tailors	4	0	4
Valet	1	0	1
Watchmaker's Wife	0	1	1
Weaver	0	1	1
Of no occupation	0	2	2
	46	29	75

TABLE VI.
CAUSES OF DISEASE.

	Males.	Females.	TOTAL.
Blow on Head	2	0	2
Chorea	1	0	1
Disappointment in Business	1	0	1
Disappointment in Love	1	0	1
Family Distress	1	0	1
Fear	0	2	2
Fever	0	1	1
Fracture of Skull	1	0	1
Gunshot Wound of Head	1	0	1
Hereditary	2	3	5
Hypochondriasis	1	1	2
Intemperance	5	1	6
Loss of Watch	1	0	1
Organic Disease of the Brain	1	0	1
Pecuniary Distress	2	1	3
Puerperal	0	2	2
Religious Excitement	12	8	20
Syphilis	1	0	1
Unfaithfulness of Wife	1	0	1
Uterine Irritation	0	1	1
Unknown	12	9	21
	46	29	75

TABLE VII.
FORMS OF DISEASE OF PATIENTS.

	Males.	Females.	TOTAL.
Dementia	3	2	5
Mania	20	11	31
„ with Chorea	1	0	1
„ with Epilepsy	1	1	2
Melancholia	12	8	20
„ Suicidal	6	6	12
Monomania of Suspicion	2	0	2
General Paralysis	1	0	1
Moral Insanity	0	1	1
	46	29	75

TABLE VIII.
INFLUENCE OF HEREDITARY TENDENCY.

	Males.	Females.	TOTAL.
Hereditary tendency	13	5	18
No hereditary tendency	16	14	30
Unknown	17	10	27
	46	29	75

TABLE IX.
DURATION OF DISEASE.

	Males.	Females.	TOTAL.
Less than 1 Year	29	22	51
From 1 to 2 Years	7	1	8
„ 2 to 5 „	2	2	4
„ 5 to 10 „	4	2	6
Unknown	4	2	6
	46	29	75

TABLE X.
NUMBER OF ATTACKS.

	I.	II.	III.	IV.	V.	Un- known.
Males . . .	29	10	2	1	1	4
Females . . .	16	9	3	0	0	0

TABLE XI.
AMOUNT OF EDUCATION OF PATIENTS.

	Males.	Females.	TOTAL.
Well educated	9	0	9
Can read only	8	13	21
Can read and write	29	16	45
Cannot read or write	4	4	8
Unknown	1	2	3
	46	29	75

TABLE XII.
CAUSES OF DEATHS.

	Males.	Females.	TOTAL.
Apoplexy	3	0	3
Paralysis	2	0	2
Cerebral Abscesses	0	1	1
Epilepsy	1	0	1
Exhaustion	2	4	6
Phthisis	3	8	11
Tubercular Peritonitis	1	0	1
Enteric Fever	1	0	1
Chronic Vomiting	0	1	1
	13	14	27

TABLE XIII.

SHOWING EMPLOYMENT OF PATIENTS AND NUMBERS EMPLOYED,
MAY 15, 1869.

	Males.	Females.
Assisting attendants in house work . . .	15	25
Stokers	2	0
Storekeeper	1	0
Messenger	1	0
Tailors	7	0
Shoemakers	4	0
Carpenters	2	0
Plumber	1	0
Gardeners	6	0
Labourers	50	0
Employed in Kitchen	0	14
Laundresses	0	10
Sewing	0	30
Knitting	0	9
Out-door workers	0	7
Total	89	95

TABLE XIV.

STATEMENT OF WORK DONE BY PATIENTS DURING THE YEAR
ENDING 15TH MAY 1869.

MADE BY FEMALES.	REPAIRS—Continued.	Tailor's Work.																										
297 Shirts.	501 Sheets.	MADE.																										
485 Flannel Shirts.	1891 Stockings.	9 Trousers.																										
10 Pairs Drawers.	3578 Socks.	4 Coats.																										
525 Pairs Stockings.	143 Socks Footed.	29 Vests.																										
52 Pairs Socks.	64 Stockings do.	176 Pairs Drawers.																										
85 Gowns.	1041 Bolster Cases.	2 Jackets.																										
110 Petticoats.	285 Pillow Cases.																											
208 Chemises.	1458 Pairs Drawers.	REPAIRED.																										
87 Day-caps.	345 Day-caps.	1361 Trousers.																										
38 Night-caps.	56 Night-caps.	726 Vests.																										
85 Bed-gowns.	36 Blinds.	1015 Jackets.																										
139 Aprons.	92 Pairs Stays.	82 Covers.																										
42 Shirts of strong	336 Petticoats.	76 Blinds.																										
linen.	422 Bedgowns.	1 Carpet for office																										
39 Mattress Cases.	29 Mattresses.																											
11 Bolsters.	55 Blankets.	MADE & REPAIRED.																										
192 Bolster Cases.	139 Bed-covers.	62 Blinds.																										
116 Towels.	30 Beds.																											
366 Sheets.	30 Straw Beds.																											
22 Loose Beds.	61 Tablecloths.																											
10 Quilted Blan-	21 Shawls.																											
kets.	7 Bonnets.																											
24 Tablecloths.	34 Night-gowns.																											
44 Bed-covers.	164 Dresses.																											
135 Blankets.	13 Jackets.																											
79 Handkerchiefs.	3 White Shirts																											
10 Shrouds.	Breasted.																											
12 Pinafores.																												
2 Pillow Slips.																												
3 Dresses.																												
15 Stays.																												
	Shoemaker's Work.																											
	MADE.																											
	82 Prs. Carpt. Shoes																											
	11 Prs. Strong Boots																											
	20 Prs. Women's																											
	Boots & Slippers.																											
	REPAIRED.																											
	1284 Boots and Shoes																											
REPAIRED BY FEMALES																												
388 Aprons.																												
631 Gowns.																												
1253 Chemises.																												
2484 Shirts.																												
1526 Flannels.																												
		Out-Door Labour.																										
		<table><tr><td>Description</td><td>No. of Days</td></tr><tr><td>of Work.</td><td>of 10</td></tr><tr><td></td><td>hours each.</td></tr><tr><td></td><td>D. H.</td></tr><tr><td>Garden . . .</td><td>102 0</td></tr><tr><td>Farm . . .</td><td>97 8</td></tr><tr><td>Land improve-</td><td></td></tr><tr><td>ment . . .</td><td>8 3</td></tr><tr><td>Drainage . . .</td><td>12 3</td></tr><tr><td>Blasting . . .</td><td>13 2</td></tr><tr><td>Roads, &c. . .</td><td>16 2</td></tr><tr><td>Excavations .</td><td>154 0</td></tr><tr><td>Miscellaneous</td><td>147 0</td></tr></table>	Description	No. of Days	of Work.	of 10		hours each.		D. H.	Garden . . .	102 0	Farm . . .	97 8	Land improve-		ment . . .	8 3	Drainage . . .	12 3	Blasting . . .	13 2	Roads, &c. . .	16 2	Excavations .	154 0	Miscellaneous	147 0
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Miscellaneous	147 0																											

TABLE XV.

PROVISIONS CONSUMED DURING THE YEAR ENDING 15TH MAY 1869.

ARTICLES.	QUARTERS ENDING—				TOTAL.
	Aug. 15.	Nov. 15.	Feb. 15.	May 15.	
Apples and Nuts	...	98	...	...	98 lbs.
Arrowroot.	...	12	3	3	18 "
Barley	3575	3700	3678	2791	13,744 "
Bath Bricks	2	...	1	2	5 doz.
Beef.	14254	13449	12681	11689	52,073 lbs.
Beer (table)	4812	4762	4270	4349	18,193 pints.
„ (bitter)	218	312	219	263	1,012 bottles
Blacking	393	309	331	340	1,373 cakes.
Black Lead	407	313	263	197	1,180 "
Black Sugar	2	6	...	...	8 lbs.
Blue.	...	...	3	2	5 "
Biscuits	...	29	8	...	37 "
Brandy	9	8	3	5	25 bottles
Bread	24691	23082	16137	16848	80,758 lbs.
Buns	...	200	191	...	391 No.
Butter	1243	1271	1171	1100	4,785 lbs.
Candles	39	56	73	76	244 "
Cheese	895	787	824	923	3,426 lbs.
Coffee	17	30	11	22	81 "
Confections	4	8	2	2	16 "
Corn Flour	33	42	42	65	182 "
Currants	111	112	95	89	407 "
Currant Leaves.	...	...	170	...	170 "
Flour	878	890	717	895	3,380 "
Gin	...	...	...	1	1 bottle.
Ham	33	27	...	...	60 lbs.
Linseed Meal	42	28	28	14	112 "
Matches	400	410	387	391	1,588 boxes.
Meal.	8840	9219	9422	8812	36,293 lbs.
Milk.	18073	18114	17848	17024	71,859 pints.
Mixed Spice	$\frac{1}{2}$	1	1	...	2 $\frac{1}{2}$ lbs.
Mustard	17	11	15	7	50 "
Mutton	519	378	140	156	1,193 "
Pease	953	1013	835	759	3,560 "
Pease Flour	...	...	...	183	183 "
Split Pease	...	...	...	177	177 "
Pepper	9	12	12	13	46 "

TABLE XV.—*Continued.*

ARTICLES.	QUARTERS ENDING—				TOTAL.
	Aug. 15.	Nov. 15.	Feb. 15.	May 15.	
Pipeclay . . .	403	362	405	358	1,528 cakes.
Polishing Paste.	15	20	...	...	35 pots.
Porter . . .	242	94	36	36	408 bottles
Potatoes . . .	13276	15975	32341	30915	92,507 lbs.
Rice . . .	3	63	51	27	144 „
Sago . . .	...	...	3	9	12 „
Salt . . .	1584	1425	1602	1636	6,247 „
Shank . . .	368	217	9	3	597 „
Snuff . . .	16	17	10	14	57 „
Soap (hard) . .	1085	1213	1111	1053	4,461 „
„ (soft) . . .	723	713	631	625	2,692 „
Soda . . .	550	491	432	392	1,865 „
Starch . . .	39	48	39	39	165 „
Steak, Roast, and Rump . . .	981	1091	600	398	3,070 „
Suet . . .	447	446	366	442	1,702 „
Sugar . . .	1314	1337	1215	1209	5,074 „
Tea . . .	294	293	260	273	1,120 „
Tobacco . . .	108	110	101	89	408 „
Treacle . . .	42	...	42	32	116 „
Vegetables . .	2845	2957	2942	2526	11,270 „
Whisky . . .	97	46	41	65	249 bottles
Wine (Port) . .	97	37	49	52	235 „
„ (Sherry) . .	1	2	1	4	8 „

