

Annual report by the managers for the year 1840.

Contributors

Royal Edinburgh Lunatic Asylum.

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EDINBURGH, Royal Edinburgh 8244
Hospital for Mental and Nervous Dis

ANNUAL REPORT

21456/p

BY

THE MANAGERS

OF THE

ROYAL

EDINBURGH LUNATIC ASYLUM,

FOR THE YEAR 1840.

EDINBURGH:

PRINTED BY ANDREW SHORTREDE.

1841.

ROYAL EDINBURGH LUNATIC ASYLUM.

82443

PATRON.

THE QUEEN.

OFFICE-BEARERS FOR 1841.

GOVERNOR.

THE DUKE OF BUCCLEUCH & QUEENSBERRY.

DEPUTY GOVERNORS.

SIR WILLIAM RAE, Bart.
SIR GEORGE CLERK, Bart.
SIR HENRY JARDINE, Kt.

SIR JOHN S. FORBES, Bart.
SIR JAMES SPITTAL, Kt.

EXTRAORDINARY MANAGERS.

Lord Provost of the City of Edinburgh.
Lord President of the Court of Session.
Lord Justice-Clerk of the Ct. of Justiciary.
Lord Advocate of Scotland.
Solicitor-General of Scotland.
Dean of the Faculty of Advocates.
Deputy Keeper of Her Majesty's Signet.
Members of Parliament for the City.
Member of Parliament for the County.

Sheriff of the County of Edinburgh.
Principal of the University of Edinburgh.
President of Royal College of Physicians.
President of Royal College of Surgeons.
Senior Minister of Edinburgh.
Master of the Merchant Company.
Preses of the Society of Solicitors.
Dean of Guild of the City.
Deacon Convener of the Trades.

ORDINARY MANAGERS.

The Lord Provost, (*ex-off.*)
Adam Anderson, Esq.
John Anderson, Esq.
Gilbert L. Finlay, Esq.
Dr Thomas Shortt.
Rev. Dr Brunton.

George Forbes, Esq.
James Mackenzie, Esq.
Alexander Douglas, Esq.
John Bowie, Esq.
John Robertson, Esq.
Dr G. A. Borthwick.

MEDICAL BOARD.

President of Royal College of Physicians.
President of Royal College of Surgeons.
Dr Joshua H. Davidson.

Dr Andrew Combe.
John M'Farlan, Esq.

Dr T. Spens & Dr A. Gillespie, *Consulting Physicians.*

Dr William M'Kinnon, *Resident Physician and Superintendent.*

Miss Macdougall, *Matron.* — Rev. Lachlan Maclean, *Chaplain.*

Mr W. Scott, W.S. *Treasurer.* — Mr H. M. Inglis, W.S. *Secretary.*

The Royal Bank, *Bankers.*

[*Since this Report was drawn up, the Managers have received the gratifying intelligence, that THE QUEEN has graciously consented to become PATRON of the Institution ; and has signified her pleasure, that it shall in future be called the ROYAL EDINBURGH LUNATIC ASYLUM,—which title is accordingly now assumed. Her Majesty, and His Royal Highness Prince Albert, have also been pleased to contribute most liberally towards defraying the expense of the new building for Pauper Lunatics.*]

R E P O R T

BY THE

MANAGERS of the ROYAL EDINBURGH LUNATIC
ASYLUM for the Year 1840, presented to the ANNUAL
GENERAL MEETING, held on 25th January, 1841.

THE Ordinary Managers, in presenting their Report for the year 1840, find themselves situated as it were between two eras in the history of this Institution — since during that time they may be said to have closed one period of its career, and entered upon another. With regard to the past, they shall only observe, that it has ever been their anxious desire to promote the welfare of the unfortunate beings intrusted to their charge ; and if the amount of good derived from the Establishment has fallen short of public expectation, they can at least take credit for having acted throughout with disinterested zeal, and for having steadily kept in view its ultimate extension to the poorer classes,—although some may perhaps think, that a bolder policy would have led sooner to this result. But however that may be, the hesitation to advance is now at an end, and the Managers are enabled to look forward with cheering anticipations to a period of still greater exertion, and more extended usefulness. At the beginning of the

year, they commenced a new organization of the whole Establishment, by appointing a resident physician, in place of the *non-medical* superintendent, — still however retaining the former medical gentlemen as consulting physicians and general inspectors — an arrangement which has been productive of the best effects, besides conducing to economy in this branch of the expenditure. The resident physician, Dr M'Kinnon, has already introduced many practical improvements of great interest and importance, and has in this, as well as in every other respect, most fully justified their choice. With the new matron, Miss Macdougall, who was appointed at the same time, the Managers have also to express their entire satisfaction.

In consequence of the changes alluded to, a complete inspection of the Establishment became desirable; and besides necessary repairs, many improvements which were suggested, both internally and externally, for adding to its comfort, have been carried into effect. On these, and numerous furnishings, also deemed requisite, (including a library for the patients,) a considerable sum has been expended, but the Managers conceived that they were bound to regard the state of the *old* Establishment, and place it on a proper footing, as an indispensable preliminary to any other undertaking.

They will now advert to the New Establishment for pauper lunatics, which has been commenced under such favourable auspices. It would be superfluous here to detail the various steps by which this important work has reached its present stage, or the successive alterations whereby its plan has attained so much simplicity of arrangement. Suffice it to say, that the whole matter was most anxiously considered, and every inquiry made which appeared likely to facilitate the object in view. Estimates having been taken from a select body of tradesmen, the lowest were of course accepted, and are considered to be extremely moderate, — while a visit to the new building, even in its present state, may serve to shew how efficiently the work is being performed. The total expense of this wing, with its detached building for noisy patients, &c. will not probably be under L.21,000, including furniture; and though the Managers commenced the undertaking with only L.12,000, they entertain sanguine hopes of soon obtaining a great part, if not the whole, of the deficient sum. The late public meeting doubtless effected much good in rousing

the country to a due sense of its wants, in respect to accommodation for lunatics of the poorer class ; and it cannot be that apathy will return, while the Managers are using every effort (at considerable pecuniary risk to themselves) to supply these in a manner becoming the capital of Scotland, and the improved condition of society. Already, about L.4000 have been subscribed, although as yet the donations have been mostly spontaneous ; and besides what may still be received from individual benevolence, there can be no doubt that many parishes, and other collective bodies, will come forward with contributions. This it is clearly their interest to do, for to such bodies the principle adopted of conferring a right to present one patient in respect of each L.10 contributed, is especially valuable, inasmuch as it forms a guarantee, that however long the patient may continue insane, they will only have to provide the mere annual cost of maintenance. No doubt, the patient may speedily recover, when, of course, the advantage from that contribution would cease ; but this they cannot safely reckon upon, nor is the amount required by any means an equivalent for even the *average* chance of recovery.

With regard to the present Institution at Morningside, the Managers would refer to the annexed Report of their resident medical officer, for full information respecting the inmates, and the results of last year's experience among them. Many of the details and observations contained in it will be found interesting, as well as useful ; and when the Establishment, which may be considered at present in a state of *transition*, shall have been brought into a more complete form, a series of reports, executed on the same plan, must become of great importance in leading to a correct view of the nature and treatment of mental disease.

The pecuniary affairs of the Institution are necessarily at present in a fluctuating and uncertain state, but the following abstract will serve to shew generally both the nature and extent of those operations in which the Managers have been engaged during the past year. For some time to come, the outlays must doubtless exceed the income ; but, as already stated, the Managers confidently trust, that the efforts they are making to provide suitable accommodation and means of cure for the most helpless class of their fellow-creatures, will be fully appreciated, and draw forth a corresponding exercise of public liberality.

ABSTRACT of TREASURER'S ACCOUNT for the Year 1840.

I. AS REGARDS OLD ESTABLISHMENT.

1. ORDINARY INCOME.

Amount of board for patients,	L.1868	5	7
Dividends on Bank Stock,	356	13	4
	<u>L.2224</u>	<u>18</u>	<u>11</u>

2. ORDINARY EXPENDITURE.

(1.) Disbursements for Establishment, viz. —

Provisions, coals, &c.	L.1020	3	7½
General furnishings to house,	85	18	1
Servants' wages,	197	9	6
Repairs, &c.	66	6	0
Taxes and assessments,	17	12	6½
Insurance against fire,	7	0	0
Printing,	5	0	0
Miscellaneous payments and expenses,	11	19	1
	<u>L.1411</u>	<u>8</u>	<u>10</u>

(2.) Salaries and allowances, viz. —

Superintendent, L.135	0	0	
Matron,	50	0	0
	<u>L.185</u>	<u>0</u>	<u>0</u>
Chaplain,	L.30	0	0
Precentor,	4	0	0
	<u>34</u>	<u>0</u>	<u>0</u>
Physicians, &c.	113	7	0
Secretary,	26	5	0
Treasurer,	42	0	0
	<u>400</u>	<u>12</u>	<u>0</u>
		<u>1812</u>	<u>0</u>
			<u>10</u>
Surplus income,		L.412	18 1

3. EXTRAORDINARY PAYMENTS VIZ. —

Repairs and improvements on buildings,	L.255	8	9
Various furnishings (including a library),	117	3	0½
Retired allowance to Mr Hughes,	60	0	0
Voted to late Superintendent and Matron, <i>in full</i> ,	85	0	0
Do. to the Physicians, &c. on change in the medical arrangements,	42	0	0
Do. to Mr Airth, surgeon on do.	10	10	0
Expense of advertising,	8	5	4
Do. of printing new regulations, schedules, &c.	20	0	0
Treasurer's account relative to do. &c. L.35,			
restricted to,	L.21	0	0
Postages, incidents, &c.	3	10	0
	<u>24</u>	<u>10</u>	<u>0</u>
		<u>612</u>	<u>7</u>
			<u>1½</u>
Actual surplus expenditure on the year,		L.199	9 0½

II. AS REGARDS NEW ESTABLISHMENT.

1. INCOME AND RECEIPTS.

One year's rent of new grounds for crop 1839,	L.236	9	6
Amount of subscriptions paid at 31st December, L.	859	8	0
And interest received thereon,	3	15	10
	<u>863</u>	3	10
	L.1099	13	4

2. EXPENDITURE AND PAYMENTS.

One year's feu-duty to Watson's Hospital,	L.396	0	0
Paid stipend for do. crop 1839,	4	2	0
	<u>L.400</u>	2	0
Paid instalments for New Buildings, viz. —			
Mr Dobie for excavations,	L.100	0	0
Mr Lind, mason,	4000	0	0
Mr Hutchison, wright,	2000	0	0
Mr Ritchie, ironfounder,	798	0	0
Architect and clerk of works,	247	5	0
Surveyor and measurer,	71	6	0
Lithographing, advertising, &c.	21	19	0
	<u>7238</u>	10	0
Interest on Bank account and account current,	46	15	0 $\frac{1}{2}$
	<u>7685</u>	7	0 $\frac{1}{2}$
	L.6585	13	8 $\frac{1}{2}$

III. STATE OF FUNDS AT 31st DECEMBER, 1840.

Bank of England Stock, (cost)	L.5000	0	0
Royal Bank do. (do.)	5080	0	0
Arrears of Board,	16	18	9 $\frac{1}{2}$
	<u>L.10,096</u>	18	9 $\frac{1}{2}$
Deduct balance due to Royal Bank,	L.4057	13	4
Do. to Treasurer,	L.1029	17	9
Less due on house-book,	9	11	1 $\frac{1}{2}$
	<u>1020</u>	6	7 $\frac{1}{2}$
	<u>5077</u>	19	11 $\frac{1}{2}$
Balance of funds at 31st December,	L.5018	18	10
Deduct expected loss on realizing Bank Stocks, say,	618	18	10
	<u>L.4400</u>	0	0
Add subscriptions obtained to 23d January,	L.4000	0	0
Deducting those before credited as paid,	860	0	0
	<u>3140</u>	0	0
Available Funds, as at 31st December, 1840,	L.7540	0	0

MEDICAL REPORT

For the year ending 31st December, 1840.

READ AT THE GENERAL MEETING.

In entering, for the first time, on the Medical Report of this Asylum, I would remark, that from the present limited extent of the Institution, few *data* can be offered on which to found any general views regarding the nature or treatment of insanity. I prefer, however, exhibiting the returns of the year, such as they are, in a statistical form, that they may be afterwards readily available, along with those of the extended establishment, towards the illustration of the disease.

At the close of 1839, the number of inmates was	39
viz.	21 males
	18 females
At the close of 1840, the number was	39
viz.	19 males
	20 females
During the year 1840, there were admitted in all	12
viz.	4 males
	8 females
And there were discharged	6
Of whom were cured	3
Improved,	3
And there died	6

Of the inmates remaining in the institution at the close of 1839, one only had laboured under the disease for a less period than two years. Of those admitted during 1840, there were only four in whom the duration of the malady was less than twelve months. As three of the recent cases have been already cured, and the others appear to be advancing to recovery, it will be seen how satisfactory the treatment of insanity is in its early stages. Indeed, it seems now fully established, that few diseases, involving important organs, are more curable than this at its first appearance; but, on the other hand, none so incurable where it has existed long.

The number of deaths was increased by the admission of two patients in a dying condition — one a male, labouring under dementia, with general paralysis — the other a female, in a state of great exhaustion with hemiplegia.

Age at which the disease appeared.

The following table exhibits the age at which insanity appeared in the cases admitted.

	Male.	Female.	Total.
From 10 to 19,	0	1	1
20 to 29,	1	2	3
30 to 39,	2	0	2
40 to 49,	0	3	3
50 to 59,	1	1	2
60 to 69,	0	1	1

These results, as far as they go, are analogous to those of larger institutions. Before the age of 20, insanity rarely appears, but becomes more common in the two or three subsequent decades, when the exciting causes of the disease—moral and physical—are in most powerful operation in society.

Form assumed by the disease.

The *form* assumed by the disease, in the cases admitted, I have also exhibited in a tabular form.

	Male.	Female.	Total.
Monomania, with depression, - - -	1	3	4
Monomania, with excitement, - - -	1	1	2
Moral insanity, - - - - -	0	1	1
Dementia, with paralytic symptoms, - - -	1	1	2
Senile dementia, - - - - -	0	1	1
Fatuity, - - - - -	1	1	2
			12

The proportion of melancholic cases was unusually great. In all of them there were exhibited the same gloomy forebodings in regard to a future state, and the same wish to terminate their miserable existence by suicide. In one of the cases, a female, the suicidal propensity was accompanied by a constant fear and dread that her life was to be taken by others; but such inconsistency is no unfrequent feature in mental disease. In the table a case of moral insanity is included. A more marked example of derangement of the moral feelings, unaccompanied by delusions, or any affection of the intellect, could scarcely be presented. Without entering into the history of this case, I think it important to direct attention to the fact that such cases occur from time to time.

Causes of the disease.

The causes, as far as they were ascertained in the cases admitted, are exhibited below.

	Male.	Female.	Total.
Intemperance in the use of spirituous liquors, -	2	1	3
Overstrained and perverted devotion, - - -	0	2	2
Disappointed affections, with hereditary predisposition, 0	2	2	
Her. predisposition, without any apparent exciting cause, 0	1	1	1
Domestic disquietude, - - - - -	1	1	2
Spinal disease, - - - - -	1	0	1
Unknown, - - - - -	0	1	1
			12

Two of the cases, in which the disease was attributed to intemperance, were those in which paralytic symptoms were also present. The mental derangement, in such cases, is often but one symptom of chronic inflammation of the membranes of the brain, which, with the effusion of serum attendant on it, gives rise to paralysis. Hereditary predisposition was clearly ascertained to exist in three of the cases, and in one of them in particular, was present in extraordinary intensity. The law of hereditary descent is not peculiar to insanity, but as the consequences which follow from its operation are more to be dreaded in this disease than in others, every opportunity should be seized of directing attention to a fact so important to be known for the welfare of society.

Morbid appearances.

In five cases a *post mortem* examination was made, of which the annexed table exhibits the results.

No.	Sex.	Ago.	Duration of Insanity.	Form of Insanity.	Cause of Death.	Morbid appearances within the Head.	Morbid appearances in other parts of the Body.	Remarks.
1	M.	31	2½ years.	At first mania, —latterly dementia, with paralysis.	General paralysis.	General opacity of the arachnoid membrane, with copious effusion of turbid serum into the subarachnoid cellular tissue, giving a white and gelatinous appearance to the surface of the brain when exposed. Lateral ventricles distended with serum.	Concentric hypertrophy of the left ventricle of the heart.	This case presented an example of that "general paralysis" which is so common on a termination of insanity, especially among patients of the male sex. Diseased heart has been frequently remarked as a complication of insanity.
2	F.	75	40 years.	At first, periodical mania —latterly, fatuity.	Gradual decay.	Slight general opacity of the arachnoid, with a moderate effusion of serum into the subarachnoid tissue, and into the ventricles. Decided atrophy of the anterior convolutions of the cerebrum.	Tubercular deposits in both lungs, and small vomicae near the roots of each.	In this case the intellectual faculties had been in abeyance for many years, and life reduced to a vegetative existence. The complication here is also common.
3	M.	46	12 years.	Periodical mania.	Abscess in pons, causing infiltration of blood and urine into the cellular tissue of the part, and consequent gangrene.	Slight general opacity of the arachnoid, but no abnormal quantity of serum. <i>Velum interpositum</i> , opaque, and ligamentous in texture. Deposit of a cheesy consistence in each choroid plexus.	Hydatids in both kidneys, the calyces of which were filled with semi-purulent secretion. Abscess and gangrene of the perineum.	The local disorder proved the more speedily fatal in this case, that the patient's strength had been reduced by frequent returns of violent maniacal excitement.
4	M.	35	2½ years.	Dementia, with general paralysis.	General paralysis.	A white and gelatinous appearance of the brain when exposed, produced (as in No. 1) by opacity of the arachnoid and effusion of turbid serum into the subarachnoid cellular tissue.	None.	The progress of this case was very similar to that of No. 1.
5	F.	70	30 years.	Monomania of pride at first, latterly dementia.	Convulsions attendant on impacted biliary calculus.	Great congestion generally within the head, —the sinuses of the dura mater and veins of the pia mater being tinged with blood, and numerous bloody points displayed in sections of the brain.	Immense deposit of adipose tissue in all parts of the body; heart in particular, loaded with fat. Gall bladder distended with biliary calculi, and a calculus of extraordinary size impacted at the junction of the biliary duct with the <i>ductus communis choledochus</i> .	Perhaps the abnormal state of the biliary organs had preceded and caused insanity in this case. At least periodical biliary attacks took place during the state of mental derangement. The coincidence of numerous and large biliary calculi, with an unusual deposit of fat in other parts of the body, is here exemplified.

In all of the cases there were very marked morbid appearances within the head. The most general lesion was opacity of the arachnoid, and effusion of serum into the subarachnoid cellular tissue, indicating the existence during life of subacute inflammatory action in the membranes or cortical substance of the brain. It is not, however, to be inferred from cases like the above, in which the disease had lasted for a considerable time, or was complicated with paralysis, that, in every case and stage of insanity, inflammatory action of any kind exists. On the contrary, we know that in the early stages of the disease, an examination after death may reveal none of the known products of inflammation; that the most violent mania may arise from causes, such as hemorrhage, which can scarcely be conceived to give rise to inflammation; and that, in all stages and forms of the disease, depleting measures, especially general bleeding, must be used with a degree of caution quite inconsistent with the view that insanity is essentially an inflammatory disease of the brain. But such cases are satisfactory in shewing that the disease is apt in time to pass into or become connected with inflammatory action; and that such disorganization of the brain is a result which puts at defiance any remedies for its removal.

OCCUPATION, &c. OF THE INMATES.

Among the first subjects which engaged my attention was the occupation of the inmates. I had been led by former experience to attach considerable importance to this branch of the treatment of insanity, and I was anxious to have it more generally introduced among the inmates of this Asylum. I allude particularly to the male inmates, for it is at no time difficult to engage female patients in employments of various kinds. The chief occupation which offered itself was Gardening — perhaps that to which the idea of degradation will be least attached in the minds of those who have not before been accustomed to manual labour. In a short space of time, many of the inmates were induced to exchange a listless and inactive mode of life for one of greater freedom and variety. They became interested in improvements in the grounds, in effecting which they themselves had a share. The mischievous obtained scope for his restless activity, and the desponding found objects calculated to divert the current of his thoughts. A decided improvement in mental condition and habits was the result in some, and in all the ruddy countenance and easy step told at least of improved bodily health. The nature of the occupation was, as far as possible, adapted to each case: No task was imposed on the weak, and the excitable constitution of all duly considered.

For those inmates whose attention could not be engaged in serious occupations, and for all, in the interval of their other engagements, amusements were to be provided. Several new games have been, accordingly, introduced and entered into with spirit, those having been selected which are attended at the same time with bodily exertion.

In a Library which has been formed, a large proportion of the inmates of both sexes have found much innocent recreation. The number of newspapers and works of periodical literature, possessing as these do even more than the charm of novelty in an Asylum, has been also increased with the best effect.

I need only allude to Music, so long held in reputation for its power to soothe the disordered mind, to state that additional means for its enjoyment have been afforded.

In excursions into the country, I have found a ready means of combining exercise and amusement for many of the inmates. An Asylum ought not to be a prison, and we contribute to divest it of such a character, by allowing its inmates frequently to see the face of nature beyond its walls. There is little risk of the liberty granted in this manner being abused, for the sense of honour

can be appealed to, and offers one of the best guarantees of conduct among the insane, as in society at large.

The salutary influence of religion, especially of the Sunday services, on the inmates of the Institution, has been already brought before the notice of the public by the Chaplain. It needs no additional testimony at the present day to confirm the value of the boon conferred on the insane, when Sunday was made to assume a hallowed character within the precincts of an Asylum.

Restraint.

With new arrangements, and increased means of occupation and amusement, I have been enabled to dispense with restraint in all the cases in which it was in use when I entered on my duties. Six patients, formerly under it, have remained free and unconfined in their movements since that time; nor have I ever had cause to regret the liberty given them.

I do not presume to express a confident opinion on the great question which is at present being agitated on the subject of Restraint in cases of insanity. I think, however, that great praise is due to those who have advocated non-restraint. Since they have directed attention fully to this subject, it has been found, more frequently than formerly, that temporary seclusion in one case, appropriate medical treatment in another, increased vigilance on the part of attendants in a third, will render it unnecessary to have recourse to what may justly be called an opprobrium of the treatment of lunacy, and of the medical art. But the advocates of non-restraint have not always duly considered, whether, in abolishing one form of restraint, they may not have substituted another. To employ, in cases of furious mania, the mere physical strength of numerous attendants, is not to dispense with restraint, but to apply it in an objectionable form. A little observation will satisfy any one, that of all causes of excitement to the maniac, the mere presence of numerous persons is the most powerful in rousing him to violence. His disordered imagination then leads him to fancy that he is about to be attacked, and that he must defend himself from threatened violence. But quiet and seclusion; exercise or occupation by himself; moral influence, if it can be brought to bear upon him; and such medical treatment as his state may require; will generally, if not always, suffice of themselves to calm the violence of the patient.

There can be no doubt that restraint has been often had recourse to where it was unnecessary, and still more frequently continued after the demand for it has ceased to exist. This indiscriminate use of restraint has not been dictated by any cruel feeling towards the patient, but by an ill-grounded fear of the consequences which might follow from an opposite course of treatment. A patient who has been once violent or committed an outrage, is apt to be ever afterwards regarded with suspicion and distrust by those who do not examine closely his state of mind at the time, or think of the motives which may have led to the former violence. The use of restraint, in these cases, will not go unchallenged now from week to week and year to year.

I think it may safely be affirmed, that there is now universally a strong desire to dispense with restraint as much as possible. But the construction of the Asylum, will render it more easy to effect this object, in one case than in another. For suicidal and some other cases, the advantage of doing away with restraint and adding to the number of the attendants, will be manifested in the increased opportunities afforded for carrying the proper curative measures into effect. In ordinary cases of mania, restraint, with proper arrangements, is unnecessary; but where violent excitement is attended with weak bodily health, and it is of consequence to husband the patient's strength, it is extremely doubtful whether mechanical restraint is not to be preferred to restraint of any other kind. In all cases, the legitimate object to be kept in view is such an improvement of the mental condition of the patient as shall render it unnecessary to have recourse to restraint, or any of its substitutes.

Extended establishment.

Before concluding, I may be allowed to add a few observations on the provisions which the extended establishment will soon offer for the cure and care of the insane. I do not mean to describe the accommodation, but to explain how it will become available for the treatment of the inmates.

The classification of the inmates will be secured, as far as rank is concerned, by the higher class of patients occupying the present buildings, while accommodation is provided for the poorer class in the buildings now in course of erection. The repairs which the former have lately undergone, and the improvements effected in their lighting, heating, and ventilation, will adapt them for the purpose contemplated, till the wing for the higher class in the new Institution shall have been built. Thus neither in the airing yards nor grounds, will inmates of the higher class mingle with those of the lower. The former will not be under the same roof with the latter — their separation will be complete.

As regards the not less important classification demanded by the various forms assumed by the disease in different cases, besides the capabilities of the present building, an important feature will be presented by the new. In addition to the several day-rooms and galleries, a separate building will be provided for those patients who are noisy, or whose habits otherwise would interfere with the comfort of the other patients. By this arrangement, the quiet and tranquil will not be disturbed by the ravings of the noisy inmates, the convalescent will run no risk of relapse from the presence of the excited maniac, cheerfulness will prevail where disagreeable sights and frightful sounds are almost unknown, and the fear of separation from the more rational portion of the community will act as a moral restraint on the conduct of all.

For the occupation of the inmates, not only will the present gardens and grounds be made available, but a farm of fifty acres will afford the more ample provisions required by the increased number of patients.

The habits of those who in former life had been accustomed to sedentary or indoor occupation, will also be consulted. In the numerous workrooms which form part of the plan, the carpenter, the shoemaker, and the weaver will have opportunities of following their several trades. Half the gloom attached to an Asylum will be dispelled by the busy scenes thus presented on every side, and those inmates who happily shall be restored to society, will carry with them habits of industry acquired or strengthened by the moral discipline to which they have been subjected.

But there will always be weak and listless patients unable or averse to engage in any serious occupation. For such, and for all at times, amusements must be provided, and besides the opportunities afforded by the old and new buildings in their galleries, and a bowling-green now in preparation, for the prosecution of games, the latter will afford, in the covered walks communicating with every gallery, an opportunity for the inmates enjoying air, exercise, and a cheerful prospect in all states of the weather. This advantage will be appreciated by those, of whom there are always some in every Asylum, to whom walking is the chief business of their lives.

An admirable feature in the new buildings is the system of wards or large dormitories which they present. It is now well established, that the inmates of an Asylum are generally more tranquil during the night, when sleeping in wards along with one or more attendants, than when left to themselves in single rooms. It is when consigned to solitary cells, and in darkness, that the insane become most a prey to gloomy delusions, and that they form schemes which have for their object the injury of themselves or others.

As of itself a well constructed Asylum is one of the most powerful instruments of cure in the hands of the physician, it is to be hoped that the extended Institution, constructed on the latest and most approved principles, will be the means of recovering and restoring to society, many persons suffering under the

most dreadful disease to which humanity is subject. But in connection with this well grounded anticipation of the future usefulness of the Institution, the important fact must be again urged on the attention of the public, that it is only in the early stages of insanity that success can be hoped for from the best arranged Asylum — the best conducted treatment. The superstitious prejudices which surrounded insanity have been removed, but prejudices as hurtful to the insane and to society in general, linger in the public mind. An Asylum is still but too frequently regarded with terror, and as a last resource after other measures have failed. The consequence is, that very recent cases are rare in such institutions, and that it almost never falls to those in charge of them to begin the treatment. This ought not to be.

W. M'KINNON, M.D.

ROYAL EDINBURGH LUNATIC ASYLUM.

THE Managers of this Institution, in circulating their Report for the year 1840, beg leave earnestly to impress on all who have not hitherto contributed towards the new building for Pauper Lunatics, that it is of the greatest importance they should now come forward with their aid to this extensive undertaking. The Managers are very desirous to complete at once and immediately the whole department intended for Pauper Lunatics; and although their recent appeal to the public has been most successful, a large sum is still wanted for defraying the expense of erecting the other necessary buildings connected with that department.

For the convenience of those who have not put down their names at any of the places advertised, a subscription-book will be sent round, or they will be otherwise waited upon, in a few days, when it is hoped all will contribute liberally in aid of this, perhaps the most necessary of all public charities. The call now made on their benevolence is not to recur annually, or even at distant intervals, but will cease whenever the Managers have obtained a sufficient fund for enabling them to complete the pauper establishment.

PROCEEDINGS AT ANNUAL MEETING
OF THE
ROYAL EDINBURGH LUNATIC ASYLUM.

The Annual General Meeting of the Royal Edinburgh Lunatic Asylum was held on Monday last, in the Royal Exchange Coffeehouse—Mr Sheriff SPEIRS in the chair.

The TREASURER read an Abstract of the Accounts of the Institution, from which it appeared that the receipts of the Old Asylum for the past year were £2224; the ordinary expenditure, £1812; extraordinary, £612; being a deficiency on the whole of £199. It farther appeared that above £15,000 had been expended or incurred in contracts for the New Asylum up to the present time; also that subscriptions to the amount of £4000 had been received, and that £5000 more would still be required.

Mr JAMES GREIG wished the Managers to explain a matter which had caused some misapprehension. They had advertised that every donation of £10 would secure the right of presenting a lunatic at the lowest rate of board. He did not mean to say that, by a careful reading of the advertisement, any one was likely to be misled; but, unquestionably, some had understood it to mean that the donation of £10 would secure a perpetual right of presenting an inmate. In the congregation with which he was connected, for instance, the charity had been pleaded for from the pulpit, on the ground that by giving £40 the congregation would have the perpetual right of presenting four patients; but that subscription, he was sure, would not have been diminished even had they known that there was to be no direct advantage from it. He thought the Managers should give an authoritative explanation of this matter, that there might be no farther mistake.

Dr HUIE said, the Managers were much obliged to Mr Greig for his observations. The intention of the Managers undoubtedly was, that the right of every donor of £10 should, on presenting one patient, be exhausted, and that he should not be entitled to present a second time. Indeed, had the Managers proposed more than this, they would obviously be playing a losing game. He might however state that the question was now under their consideration at what rate congregations and other public bodies should be allowed to acquire a perpetual right of presentation;* and further, that they were anxious, so soon as any debt contracted for the new buildings should be cleared off, to admit *all* patients at £15, or even less, if practicable; and this he thought would be more generally acceptable than the continuance of a privilege to any individual parties.

Mr NAIRNE of Claremont said he had from the first been struck with the boldness and generosity, and, at the same time, with the practical wisdom of the Managers, in making the offer they had done. It was impossible to suppose that they would have been justified in going further; and he hoped that Mr Greig would be satisfied with the answer of the Managers. For himself, he could say that he was in one way or another connected with four or five parishes in Fife; and that he had strongly recommended to them all to subscribe from ten to fifty guineas each, certainly conceiving that they would obtain a *quid pro quo* by presentations. But for that belief, it was impossible that sessions and heritors could be justified in subscribing to the Asylum. He concluded by moving that the report read be approved of; and that the thanks of the meeting be voted to the Managers and Office-Bearers for their exertions to provide suitable accommodation for the Poor Lunatics.

* NOTE.—At a Meeting held on 28th instant, the following Resolution was come to respecting this matter:—

“The Managers having taken into consideration the subject of granting a perpetual right of sending patients to the New Asylum, at the lowest rate of board,—and understanding that an arrangement on this footing might probably be effected with various public bodies,—were of opinion that, to encourage the raising of sufficient funds for completing *at once* the whole Pauper Department, every facility (consistent with safety to the Institution,) should be afforded for the attainment of such an object: it was therefore resolved that rights of this nature, to an extent not exceeding 100 in all, might be conferred on the following terms, viz.,—at the rate of £40 for each right of presenting patients from within the Parliamentary bounds of Edinburgh and Leith, and at the rate of £50 for each right of presenting patients from any other quarter. This distinction the Managers deem proper, in consequence of certain donations made to the old Institution from Edinburgh and Leith, for which no special advantage has hitherto been given: but they conceive that the benefit to be conferred, even at the higher rate, will be obvious, when it is considered that a permanent right in the New Buildings may be thereby acquired for a sum scarcely proportional to *half* the cost of their erection,—the other half being contributed by the Managers themselves out of funds derived from the present Establishment.”

Mr MACKENZIE rose to corroborate the statements of Dr Huie. As soon as the debt on the New Institution was extinguished, the Managers proposed to admit all pauper patients at the lowest remunerating rates; and he trusted that this would take place before the congregation alluded to had exhausted their four presentations. He might also mention that, in justice to the contributors generally, it was resolved that if at any time there should be more applications than the Institution could accommodate, those recommended by subscribers should have the preference.

Mr GREG said, his object in making his observations was, that the matter might be put on a clear footing, so as no misunderstanding should occur afterwards, and that personally he was quite satisfied with the explanations given. The Institution itself, and the objects aimed at by the Managers, were of such a nature, that no man, with his heart in its right place, would give a sixpence the less though he were to get no return whatever—(Applause.)

Mr JOHN ROBERTSON, in Seconding the Motion of Mr Nairne, said, that the new building was fast advancing towards completion,—it was ready to be roofed in, and but for the late severe weather, that would have been done. When completed, according to the design of Mr Burn, it would be one of the first, if not the very first Institution of the kind in Europe, and every way worthy of the Metropolis of Scotland; and he felt that the public were exceedingly indebted to the Managers for the great zeal they had shown in carrying forward their important design. After describing, at some length, the comforts which the New Institution would possess, and also the great improvements which had been introduced into the present Asylum, he concluded by seconding the motion, which was unanimously agreed to.

A report on the medical and moral treatment of the insane now in the Asylum was then read by Dr M'Kinnon, the Resident Physician at the Establishment.

Dr HUIE expressed his cordial approbation of this modest and exceedingly interesting report. His acquaintance with Dr M'Kinnon had been short, but he had seen much to admire in his character. There was a circumstance, which, as it was not mentioned in the report, he begged now to state. In a late conversation with Dr M'Kinnon, that gentleman expressed a wish that it could be made convenient for the chaplain to visit the patients more frequently, and maintain family worship, which he thought would tend to tranquilize the patients, and keep up, through the week, the salutary impression made by the Sunday services. He (Dr H.) knowing the religious character of Dr M'Kinnon, immediately turned round to him and said—Could you not do it yourself?—it would form a new and valuable bond of affection between you and the patients. He was happy to add that Dr M'Kinnon had since acted upon his advice, so that family worship now took place every night in the Asylum by the physician of the establishment, and with the best effects—(Applause.) He begged also to make a few remarks on two or three points of the report. In the first place, with regard to the number of deaths that had occurred: people were often sent to the Institution, after other remedies, even other asylums, had been tried in vain; and some were labouring under the second or third attack. Now, such old or renewed attacks were usually accompanied with organic changes of the brain, which sooner or later must prove fatal. He might also remark, that two of the six patients whose deaths were recorded had been sent to the Institution in a *moribund* state, and other two exceeded seventy years of age. Another point to which he would advert was the employment of the inmates. It had been a matter of great difficulty at first to devise active employment for male patients in the higher classes; but Dr M'Kinnon had happily fallen upon the plan of setting them to gardening, which they had taken up with alacrity. With regard to the question of restraint, Dr M'Kinnon had expressed himself in the report guardedly and properly. It was not to be expected that restraint could be entirely done away with; and he thought that too much might be attempted in this way; for there must ever be a wholesome feeling on the minds of patients, that if they misconducted themselves they would be subjected to restraint,—which, however, might be applied in many ways besides that of personal coercion. If they could be employed, amused, and, above all, taught to look up to those who had the charge of them, with respect, the necessity for any stringent measure would be obviated.

The Medical Report was then warmly approved of; and, after some conversation between the Chairman, Lord Murray, and others, as to whether the whole details should be made public, it was resolved that it should be printed entire, and circulated along with that of the Managers.

Mr John Bowie, W.S., and Mr John Robertson, Prince's Street, were then elected Ordinary Managers, in room of Mr George Ross, advocate, and Dr MacLagan, who go out by rotation, in terms of the late resolution of the Managers to that effect. Dr Combe was also transferred from the Ordinary Management to the Medical Board, and Dr Borthwick from the Medical Board to the Ordinary Management, in Dr Combe's place.

Mr GREG moved a vote of thanks to the Chairman, after which the Meeting separated.

Edinburgh, 29th January 1841.

