

Statistical report of the cases of insanity treated in the public lunatic asylums of Scotland for the year 1845-46 / by Thomas Prichard.

Contributors

Prichard, Thomas.
Royal College of Physicians of Edinburgh

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STATISTICAL REPORT

OF THE

CASES OF INSANITY

TREATED IN THE

PUBLIC LUNATIC ASYLUMS OF SCOTLAND,

FOR THE YEAR 1845-46.

BY THOMAS PRICHARD, M. D.

Superintendent of the Glasgow Royal Asylum for Lunatics, &c.

(From the *Edin. Med. and Surg. Journal*, No. 171.)

THE annual report of an asylum, comprising as it usually does a statement of the year's proceedings, with an account of the cases treated, is doubtless interesting, not only to those immediately connected with the institution, but also to the medical profession. From the limited circulation of these documents, however, a very indistinct idea is entertained generally of what is actually done in these establishments for the alleviation or cure of insanity. For statistical purposes, but little use can be made of the report taken singly; the number of cases treated being so small as to entirely preclude any inference being drawn as to the prevalence, curability, or mortality of the disease.

In these circumstances, it has occurred to me that a brief abstract of the reports of the public lunatic asylums of Scotland for the past year, giving an account of the total number of patients admitted and dismissed, with their condition on admission and discharge, might be deemed not out of place in a Medical Journal, in which appear many memoirs on medical statistics. By this

arrangement we have at one view the results of treatment in the several asylums, and we can also ascertain without difficulty the condition as to sex, age, &c. in the great majority of those treated. Any comparison, however, of the merits of one institution with that of another, in so far as the success of treatment, the mortality, or otherwise, is concerned, cannot be justly made upon the results of the labours of one year. The varied nature of the cases, the difference in the averages in the same institution from year to year, with other modifying circumstances, sufficiently point out the necessity for caution in this respect. By combining, however, the results of the whole we have a considerable number of cases to investigate, and are thereby enabled to form our calculations upon a more extended foundation, and consequently with greater certainty.

There are seven public lunatic asylums in Scotland.* I have arranged them with reference to their magnitude, or rather according to the number of cases treated in each during the year. Glasgow having the largest proportion stands first on the list, then Edinburgh, and the others follow according to the same order. The tables have been constructed from those published in the last annual reports of the several institutions.

The following table exhibits the number of cases treated during the past year in each of the public asylums, the number dismissed, their state, and the average daily number resident:—

TABLE I.

Name of Asylum.	Cases treated.			Cases dismissed.			Patients remain. at end of year.	Average daily No.
	Remain. from last year.	Admitted since.	Total No. of cases.	Cured.	Uncured.	Dead.		
Glasgow	405	364	769	177	67	61	464	439
Edinburgh	303	253	556	81	32	38	405	393.5
Dundee	196	50	246	30	15	8	193	201
Aberdeen	190	93	283	41	21	13	208	200
Perth	150	35	185	15	9	10	151	...
Dumfries	121	52	173	22	6	12	133	...
Montrose	105	34	139	12	1	9	117	...
Totals,	1470	881	2351	378	151	151	1671	...

It appears that at the beginning of the year there were 1470 patients under treatment, being the residue of the previous year; that 881 were admitted during the course of the year, making in all 2351 cases treated. Of these 378 were dismissed cured, 151 uncured, and there were 151 deaths. The number of patients re-

* An asylum for the accommodation of patients from the northern counties of Scotland is about to be erected at Inverness. It is much required, the distance being so great from any of the present establishments.

maining at the end of the year was 1671, being an increase of 201 over the residue of the preceding year. The average daily number has not been returned in either the Perth, Dumfries, or Montrose reports.

The proportion of cures when compared with those cases dismissed uncured or dead is favourable; but to render this more apparent I subjoin the following tables.

TABLE II.

Name of Asylum.	Total No. of cases dismissed.	Per-centage of cures on dismissions.	Per-centage of deaths on dismissions.
Glasgow	305	58	20
Edinburgh	151	53·6	25·16
Dundee	53	56·6	15
Aberdeen	75	54·6	17·3
Perth	34	44·11	29·41
Dumfries	40	55	30
Montrose	22	54·5	40·9

Of the 680 cases dismissed, 378 were cured, being in the proportion of 55·5 per cent. on those dismissed, while the deaths, being 151, gives a per-centage of 22·2.

If we take those cases alone that were treated to a termination, viz. that of cure or death, we have 529 upon which to calculate; and the average of cures is then 71·45,—the deaths 28·54. In this way, time or the duration of treatment is not taken into account. The table merely indicates the exact proportion of cures and deaths per cent. in those cases which have undergone the full period of treatment. A calculation of this kind can be of little value, however, for comparison or otherwise, unless it be made upon a much larger number of cases than is afforded by the present tables.

The determining the averages of cure and death from the number of patients dismissed has been the practice adopted in the Glasgow reports for several years past. It has also been advocated in others. Considerable difference of opinion still exists among writers upon the statistics of insanity as to the most correct way of taking these averages. Some assert that the admissions should form the basis; others take the average population; while some have made their calculations upon the number of patients treated during the year. The plan of taking the ratio of cure upon the admissions and the mortality upon the average daily number resident has been recently advocated.

Dr Thurnham, in his work on the Statistics of Insanity, page 11, remarks, "In order to ascertain the *precise proportion* of recoveries under a given system of treatment, or in any particular asylum, the numbers "admitted" must be the same as those "discharged,"

when the treatment is completed. Such an observation, however, could only be afforded by an institution which, ceasing to receive any fresh patients, continued in operation until the recovery or removal by death or otherwise of its last inmate,—a method of observation which we need not waste time by further alluding to.”

The taking the average of cure upon the dismissions, or rather upon those cases treated to a termination by cure or by death, would obviate the difficulty alluded to in the above quotation. Cases remaining under treatment, and cases dismissed uncured, ought not properly to be included in the calculation, for the obvious reason, that the treatment in the former class has not been completed, and in the latter, the probability is, that many of those removed uncured might have become convalescent had they been allowed to remain in the asylum.

The three following tables indicate the ratio of cure and death per cent., calculated upon the admissions, the total number of cases treated, and the mean population or average daily number.

TABLE III.

Name of Asylum.	Cases admitted.	Per-centage of cures on admissions.	Per-centage of deaths on admissions.
Glasgow	364	40.3	16.7
Edinburgh	253	32	15
Dundee	50	60	16
Aberdeen	93	44	13.9
Perth	35	42.8	28.5
Dumfries	52	42.3	22
Montrose	34	35	26.4

TABLE IV.

Name of Asylum.	Total No. of cases treated.	Per-centage of cures.	Per-centage of deaths.
Glasgow	769	23	7.9
Edinburgh	556	14.5	6.8
Dundee	246	12	3
Aberdeen	283	14.4	4.5
Perth	185	8	5.4
Dumfries	173	12.7	6.9
Montrose	139	8.6	6.4

TABLE V.

Name of Asylum.	Average daily No. of cases.	Per-centage of cures.	Per-centage of deaths.
Glasgow	439	40·3	13·8
Edinburgh	393	20·6	9·6
Dundee	201	14·9	3·9
Aberdeen	200	20·5	6·5

Table III. gives the cures and deaths upon the numbers admitted. It is evident that a calculation upon such data is manifestly incorrect, if it is meant to indicate the results of one year. And even if it embraced a longer period, it would still be liable to objection.

In framing averages of cure, it is immaterial whether we take them upon the cases admitted or dismissed, provided we deduct those remaining under treatment. The latter class of cases clearly bears no relation to the result required; their treatment has yet to be completed; and they, therefore, should not be included. Their number should be carried over as a balance to assist in forming the data for the calculations of future years.

Table IV. indicates the number of cases treated during the year, with the relative proportions of cures and deaths.

It is more imperfect than the preceding table; and although it has been adopted in some instances, it cannot be depended upon as affording anything approaching to a true estimate.

Table V. In this table the results have been deduced from the average number resident during the year. It is recommended as being the only correct means of ascertaining the annual mortality of a lunatic population. It is well adapted for comparing the mortality of one institution with that of others. We must, however, recollect that in an asylum where the population is rapidly moving, the duration of residence is shorter, and the rate of mortality consequently likely to be higher, than in those institutions where the population is comparatively stationary. In the former case the average of cure should stand high, from the probability, that in a large number of the cases admitted, the disease would be of recent origin.

By a reference to the table this inference is corroborated. We find that at Glasgow, where the daily average number is 439, the admissions for the year were 364, and the rate of mortality is 13·8 per cent. Compare this with Dundee, where the average daily number is 201 and the admissions for the year only 50. The percentage of death in this case stands at 3·9. I am aware that this cause alone will not satisfactorily explain the great difference in the relative mortality of the two institutions. There are, doubtless, many other circumstances operating, which, if known, would

tend to elucidate the true reason. It appears by a reference to Table XX., that the mortality is very heavy during the early months of residence. In 120 cases terminating fatally no less than 43 occurred within 3 months after admission, forming the ratio of 35·8 per cent.

In calculating the curability and the mortality of the insane we have two points to ascertain. In the first, time does not enter into the calculation. For instance, we wish to find the probable number out of 100 attacked who will become sane, and the number who will die insane. This can only be deduced from cases which have undergone the full period of treatment; consequently, we can only arrive at the result by taking those cases dismissed, cured, and dead. In the second case, we wish to ascertain the annual mortality of a lunatic population. We take this upon the mean daily number treated in an asylum for one year. In this calculation we must take into account time. There is no other way by which we can, with anything approaching to accuracy, deduce the result.

In all reports the form of the disease, its duration, the period of treatment, with the age and sex of the patients dismissed, cured, or dead, should be distinctly noted.

Table VI.—This table gives us the age and sex of 812 patients admitted. No returns of these particulars have been made in either the Perth or Montrose reports.

Age.	Glasgow.			Edinburgh.			Dun-dee.			Aber-deen.			Perth.			Dum-fries.			Mon-trose.			Totals.		
	M.	F.	Tot.	M.	F.	Tot.	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M.	F.	Tot.
Under 20 yrs.	10	3	13	5	6	11	1	...	1	5	1	6	...	...	...	...	1	2	...	...	...	22	11	33
... 30 ...	61	44	105	33	31	64	8	5	13	8	14	22	...	...	...	...	7	6	13	...	...	117	100	217
... 40 ...	58	43	101	37	35	72	1	4	5	8	14	22	...	...	...	...	5	6	11	...	...	109	102	211
... 50 ...	40	44	84	22	33	55	7	8	15	9	16	25	...	...	...	...	8	6	14	...	...	86	107	193
... 60 ...	21	15	36	20	17	37	3	6	9	4	5	9	...	...	...	...	6	4	10	...	...	54	47	101
... 70 ...	9	11	20	4	6	10	3	3	6	2	5	7	...	...	...	...	1	1	2	...	...	19	26	45
... 80 ...	1	4	5	1	2	3	1	...	1	1	1	2	...	...	...	...	...	...	...	...	...	4	7	11
... 90 ...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Totals.	200	164	364	123	130	253	24	26	50	37	56	93	...	...	...	...	28	24	52	...	...	412	400	812

The proportion of the sexes attacked is very nearly equal on the gross numbers. In the Glasgow and Dumfries Asylums more males have been admitted during the year than females. In the other asylums the females preponderate. There is a slight error in the Dumfries return, there being one case too many in the male, and one too few in the column for females.

It appears that, of those attacked under 20 years of age, the males are as two to one of the females, being in the ratio of 66·6 per cent. males, and 33·3 females; that upwards of one-half of the cases in both sexes occurred between the ages of 20 and 40, the difference in the relative proportion of the sexes being, males 52·8 per cent., and females 47·1; and that from 40 years of age and upwards there were more females attacked than males, the males

being only 46·7 per cent., whilst the females were 53·2. The largest number of males became insane between the ages of 20 and 30, and the largest number of females between 40 and 50.

Table VII. exhibits the domestic or social condition of the 812 patients referred to in the preceding table.

Domestic State.	Glasgow.			Edinburgh.			Dun-dee.			Aber-deen.			Perth.			Dum-fries.			Mon-trose.			Total.		
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	Tot.
Single,	109	73	181	76	82	158	17	6	23	21	32	53	...	...	...	20	15	35	...	...	...	243	207	450
Married, ...	81	68	149	39	38	77	6	15	21	16	16	32	...	...	...	6	9	15	...	...	...	148	146	294
Widowed,...	10	24	34	8	10	18	1	5	6	...	8	8	...	...	...	1	1	2	...	...	...	20	48	68
Totals,	200	164	364	123	130	253	24	26	50	37	56	93	...	...	...	27	25	52	...	...	...	411	401	812

The number attacked of those who were unmarried is 450, being in the proportion of 55·41 per cent. to the gross number; the relative proportion in the single, as regards sex, is males 54 per cent., and females 46. Of those married the ratio as to sex is almost equal, while among the widowed the females more than double the number of the males. The greater frequency of insanity among the unmarried has been observed by many writers upon the subject, and the results exhibited in this table tend to show that such is the case.

Table VIII.—In this table we have the form of the disease as it appeared in 811 patients. There is an omission of one male in the Dumfries return. The cases are arranged as before, with separate columns for each sex.

Form of the Disease.	Glasgow.			Edinburgh.			Dun-dee.			Aber-deen.			Perth.			Dum-fries.			Mon-trose.			Totals.		
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	Tot.
Mania	98	87	185	44	57	101	11	7	18	15	...	44	...	...	...	17	26	...	...	...	18	189	374	
Melancholia, including Monomania	37	49	86	31	26	57	13	16	29	17	21	38	...	...	...	4	1	18	...	...	...	102	126	228
Dementia		61	26	87	43	42	85	...	3	3	4	3	7	5	2	7	113	76	189
Amentia	4	2	6	4	2	6	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	8	5	13
Moral Insanity	...	...	...	1	3	4	...	...	...	1	2	3	...	...	...	...	...	...	...	...	...	2	5	7
Totals		200	164	364	123	130	253	24	26	50	37	56	93	26	25	51	410	401	811

In no particular is there greater diversity of practice than in the methods of classifying the various forms of insanity. It must be admitted that there is considerable difficulty in many instances in deciding to what class certain cases should properly belong. The mental phenomena vary so frequently in the same individual, at one time assuming all the characteristics of mania, and then passing into melancholia, or the contrary, that it is often almost impossible to determine the actual form of the disease with certainty.

Again, the very terms employed are not thoroughly agreed upon. In the reports of some asylums the term monomania does not appear; in others melancholia is absent; while in several both are

inserted. For statistical purposes the classification should be as simple as possible to insure distinctness.

If we are too minute there will be a danger of error; if we are too general the difficulties are not diminished. In the table above given, I have arranged the cases as simply as I could; but it is decidedly imperfect. It will, however, serve the purpose required. The greater proportion of the curable cases are included under the heads of mania, melancholia and monomania. Many of these, of course, may not eventually become convalescent, but we may safely conclude, that nearly the whole of those under the head of Dementia are in a chronic or incurable state of insanity.

Table IX. exhibits the duration of the attack prior to admission in 719 cases. No return has been made from the Aberdeen, Perth, or Montrose asylums.

Duration of attack prior to admission.	Glasgow.			Edinburgh.			Dun-dee.			Aber-deen.			Perth.			Dum-fries.			Mon-trose.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year,	151	126	277	69	69	138	16	18	34	...	...	...	...	...	...	13	13	26	...	...	...	249	226	475
Above 1 year,	49	38	87	54	61	115	8	8	16	...	...	...	...	...	...	14	12	26	...	...	...	125	119	244
Totals, ...	200	164	364	123	130	253	24	26	50	...	...	...	...	...	...	27	25	52	...	...	...	374	345	719

The division of the cases into those in which the attack had been under one year's duration prior to admission into the asylum, and those in which the disease had existed for a longer period than one year, is not sufficiently minute. This arrangement was, however, rendered necessary, as the returns from some asylums were given in this form, and therefore, for the sake of uniformity, the more elaborate statements in the other reports have been reduced to this standard. The proportion of those cases in which the disease was of less duration than one year was 66 per cent., and of those where it had existed for upwards of a year, 33.9. In the Dumfries return, the proportion is equal. The probability of cure in the early stages of the attack is very great, and this fact deserves the attention of those who, from their position in society, have the power of placing the lunatic poor under curative treatment. Where the disease is allowed to proceed without the means for its arrest being employed, not only are the permanent interests of the individual sacrificed, but the community is burdened with the most unnecessary expense. Both economy and humanity, therefore, alike demand that this fact should not be overlooked. Since the new poor law act for Scotland has been introduced, a very decided course has been taken in this respect, much to the credit of those whose office it is to carry out its provisions; and the great difficulty now is to provide accommodation for the numerous cases requiring immediate treatment.

Table X.—This table furnishes us with the number of the attacks upon admission in 416 cases, being those treated in the Glasgow and Dumfries Asylums alone. No return of this circumstance has been made in either of the other reports.

No. of the attack.	Glasgow.			Edinburgh.			Dun-dee.			Aber-deen.			Perth.			Dum-fries.			Mon-trose.			Totals.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First,	118	97	215	...	...	...	...	...	...	...	...	...	...	...	...	16	20	36	...	...	...	134	117	251
Second,	39	33	72	...	...	...	...	...	...	...	...	...	...	...	...	5	4	9	...	...	...	44	37	81
Third,	12	5	17	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	14	5	19
Frequent, ...	31	29	60	...	...	...	...	...	...	...	...	...	...	...	...	4	1	5	...	...	...	35	30	65
Totals,	200	164	364	...	...	...	...	...	...	...	...	...	...	...	...	27	25	52	...	...	...	227	189	416

The number per cent. of those cases attacked for the first time is 60.3, and of those who have been more than once attacked, 39.6. The relative poportion, as regards sex, is, of first attack, males, 53.3; females, 46.6; of more than one attack, males, 56.36; females, 43.63. The disorder, when once it has appeared, is very liable to return, the most trivial cause in many cases being sufficient to induce a fresh attack. It has been stated that upwards of 50 per cent. of those attacked for the first time and afterwards cured, become again insane. Many convalescents remain perfectly sane so long as they continue in an asylum. No sooner, however, do they again venture into society but they become a prey to the disease. The excitement of the world, the turmoil of business, or the disagreements of relatives, prove too much for them.

Table XI. exhibits the cause of the disease in 812 cases, or rather in 702, as in 110 this has not been ascertained.

Causes of the disease.	Glasgow.			Edinburgh.			Dun-dee.			Aber-deen.			Perth.			Dum-fries.			Mon-trose.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	Tot.
Moral,	47	41	88	36	55	91	6	7	13	12	16	28	...	...	...	8	4	12	...	...	...	109	123	232
Physical, ...	131	107	238	62	52	114	16	18	34	22	33	55	...	...	...	13	16	29	...	...	...	244	226	470
Unknown, .	22	16	38	25	23	48	2	1	3	3	7	10	...	...	...	6	5	11	...	...	...	58	52	110
Totals,	200	164	364	123	130	253	24	26	50	37	56	93	...	...	...	27	25	52	...	...	...	411	401	812

In several of the reports the various causes have been very minutely given. For the sake of brevity, I have, as accurately as possible, resolved them into two divisions. In the above table, it appears that those termed physical are much more numerous than the moral. Hereditary predisposition, and a predisposition acquired as it were by the occurrence of previous attacks, is very general. It is difficult, however, in many instances, to ascertain the actual cause, and still more to assign it to either of the divisions adopted. Bodily disease is present in most recent

cases; but whether this is to be considered as the cause or the effect is in many cases doubtful. Dr Hutcheson, in the Glasgow report, states, "I have endeavoured, by every means in my power, to trace the real causes. The more minutely I have been able to carry on my investigations, the more numerous have been the cases traced to physical causes; and I doubt not, that, the more the subject is investigated, the more it will appear that, independent of injuries of the head, insanity is always to be immediately traced to bodily disease of some kind."

The preceding table concludes this division of the inquiry. The conditions which influence the results of treatment in the cases admitted have been passed in review. I had intended to have appended a table describing the profession or occupation of the patients; but as this would be of little practical value without data for comparison, I have consequently omitted it. In some of the returns, the degree of education, the religious denomination, temperament, and other particulars, have been given; but, as the cases referred to form but a small fraction of the gross number, I have not inserted them.

I now proceed to consider the circumstances of the cases dismissed. They are 680 in number. The inquiry will be conducted after the same order as that adopted in the admissions. Sex, age, duration of disease, &c. being exhibited, in so far as the returns will allow. The condition of those discharged uncured has been omitted.

Table XII. gives us the age and sex of 248 patients dismissed cured.

Age.	Glasgow.			Dundee.			Aberdeen.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 20 years,	4	2	6	1	...	1	2	...	2	7	2	9
... 30 ...	27	27	54	5	1	6	6	6	12	38	34	72
... 40 ...	23	29	52	1	3	4	2	7	9	26	39	65
... 50 ...	25	23	48	3	6	9	4	6	10	32	35	67
... 60 ...	6	6	12	3	3	6	...	3	3	9	12	21
... 70 ...	5	...	5	2	2	4	1	3	4	8	5	13
... 80 ...	...	...	...	...	...	...	...	1	1	...	1	1
Totals,	90	87	177	15	15	30	15	26	41	120	128	248

Upwards of one-half of the cases cured in both sexes were between the ages of 20 and 40, and more than one-fourth between 40 and 50. By a reference to Table VI., we perceive that the majority of those admitted were also at these ages.

Table XIII. exhibits the form of the disease as it appeared in 329 cases dismissed cured.

Form of disease.	Glasgow.			Edin- burgh.			Dun- dee.			Aber- deen.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Mania,.....	63	59	122	27	30	57	10	5	15	6	20	26	106	114	220
Melancholia and } Monomania, }	27	28	55	8	11	19	4	8	12	7	6	13	46	53	99
Dementia,.....	...	...	...	...	2	2	1	2	3	2	...	2	3	4	7
Moral insanity, ...	...	...	...	1	2	3	...	...	...	...	...	...	1	2	3
Totals,	90	87	177	36	45	81	15	15	30	15	26	41	156	173	329

The proportion of maniacs to melancholics is more than two to one. The cases of dementia cured are very few, as might be anticipated when we consider that this form of the disease is in general consequent upon repeated or long-continued attacks of mania or melancholia, and therefore usually incurable.

Table XIV. exhibits the duration of the disease in 248 cases dismissed cured from the Glasgow, Dundee, and Aberdeen Asylums.

Duration of disease.	Glasgow.			Dundee.			Aberdeen.			Totals.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 3 months,	26	22	48	...	...	...	8	22	30	34	44	78
... 6 ...	18	25	43	3	1	4	3	2	5	24	28	52
... 1 year, ...	26	24	50	7	8	15	1	...	1	34	32	66
... 2 ...	13	9	22	1	1	2	1	1	2	15	11	26
Above 2 years, } or unknown, }	7	7	14	4	5	9	2	1	3	13	13	26
Totals, ...	90	87	177	15	15	30	15	26	41	120	128	248

By this it appears, that in 78, or nearly one-third of the cases dismissed cured, the duration of the insanity was under three months. If we divide the number of those cured into three classes, according to the duration of the disease, we shall find that 52 per cent. recovered within six months from the commencement of the attack, 26.61 within twelve months, and 20.96 when the insanity was of older date. It is now well known, that the earlier a patient is placed under treatment the greater is the chance of cure. The average duration of residence, and the consequent expense for maintenance, &c., is also much diminished.

Table XV. exhibits the duration of residence or period of treatment in 329 cases dismissed cured.

Duration of residence.	Glasgow.			Edin- burgh.			Dundee.			Aber- deen.			Total.		
	M	F	Tot.	M	F	T.	M	F	T.	M	F	T	M.	F.	Tot.
Under 3 months, .	34	38	72	16	25	41	2	4	6	2	4	6	54	71	125
6 months, .	24	27	51	7	13	20	6	6	12	9	11	20	46	57	103
1 year, .	22	14	36	8	3	11	4	2	6	3	10	13	37	29	66
2 years, .	6	6	12	2	3	5	1	0	1	1	1	1	9	10	19
Above 2 years, .	4	2	6	3	1	4	2	3	5	1	...	1	10	6	16
Total, .	90	87	177	36	45	81	15	15	30	15	26	41	156	173	329

In upwards of two-thirds of the above cases the treatment was completed within six months of the admission, the proportion being 69·3 per cent. ; 20 per cent. required a year's treatment ; and 10·6 per cent. resided in the asylum for a longer period before the cure was accomplished.

No return, exhibiting the results of treatment in reference to the number of the attacks, has been made in any of the reports, with one exception, that of Glasgow.

The mortality in those cases treated for a first attack, as it appears in the succeeding table, is much greater than might have been expected. This, however, is explained in the quotation which follows.

Table XVI.

Number of attack.	Cured.			Dead.			Total.		
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
First, .	43	42	85	31	17	48	74	59	133
Second, .	18	24	42	3	2	5	21	26	47
Third, .	4	5	9	3	2	5	7	7	14
Frequent, .	25	16	41	2	1	3	27	17	44
To tals.,	90	87	177	39	22	61	129	109	238

Dr Hutcheson, in his observations upon the preceding table, states, that "from this it would appear that the first was not more curable than succeeding attacks of the disease. This, however, in reality is not the case, and the anomaly apparent in the table may be explained by the fact, that, of the patients treated for first attacks, those who had been so long neglected, that they were incurable when admitted, congenital idiots, and those who were suffering from injury of the head, epilepsy, paralysis, and extensive disease of the brain, amounted to fully 30 per cent. The same fact will account for the higher ratio of mortality."

Table XVII. exhibits the age and sex of 120 patients in whom the disease terminated fatally.

Age.	Glasgow.			Edinburgh.			Dundee.			Aberdeen.			Total.		
	M	F.	T.	M.	F.	Tot.	M	F.	T.	M.	F.	Tot.	M	F.	Tot.
Under 20 years,	1	1	2	...	...	...	...	...	...	1	...	1	2	1	3
30	7	2	9	2	1	3	...	...	...	...	...	...	9	3	12
40	14	5	19	6	3	9	2	1	3	...	1	1	22	10	32
50	4	5	9	6	5	11	2	...	2	1	3	4	13	13	26
60	5	4	9	5	6	11	1	1	2	2	2	4	13	13	26
70	8	4	12	1	2	3	1	...	1	...	1	1	10	7	17
80	...	1	1	...	1	1	...	...	...	1	1	2	1	3	4
Totals,	39	22	61	20	18	38	6	2	8	5	8	13	70	50	120

The proportion of deaths between the sexes according to the above table is, males 58·3, females 41·6 per cent. The greatest number of deaths among the males occurred between the ages of 30 and 40, while among the females they are more numerous under 50 and 60 years. Very few deaths occurred under 30 years of age.

Table XVIII. exhibits the form of the disease as it appeared in the 120 cases referred to in the preceding table.

Form of disease.	Glasgow.			Edinburgh.			Dundee.			Aberdeen.			Total.		
	M	F.	Total.	M	F.	Total.	M	F.	Total.	M	F.	Total.	M	F.	Total.
Mania,	5	4	9	5	10	15	3	2	5	2	2	4	15	18	33
Melancholia	3	...	3	6	3	9	1	...	1	2	2	4	12	5	17
Dementia,	31	18	49	9	5	14	2	...	2	1	4	5	43	27	70
Totals,	39	22	61	20	18	38	6	2	8	5	8	13	70	50	120

Of these 41·6 per cent. were maniacs, or melancholics, the greater proportion belonging to the former class; 58·3 per cent. were cases of dementia or fatuity. In the Glasgow Asylum the mortality has occurred principally in cases of dementia, in the other asylums in mania and melancholia.

Table XIX. exhibits the duration of the disease in 107 cases terminating fatally in the Glasgow, Edinburgh, and Dundee Asylums.

Duration of disease.	Glasgow.			Edinburgh.			Dundee.			Total.		
	M	F.	Total.	M	F.	Total.	M	F.	Total.	M.	F.	Total.
Under 3 months,	2	5	7	4	2	6	...	...	...	6	7	13
" 6 "	4	1	5	...	2	2	1	...	1	5	3	8
" 1 year,	9	3	12	2	...	2	...	...	...	11	3	14
" 2 "	7	2	9	4	1	5	...	...	...	11	3	14
Above 2 years,	17	11	28	10	13	23	5	2	7	32	26	58
Total,	39	22	61	20	18	38	6	2	8	65	42	107

In more than one-half of the above cases the disease had existed for upwards of two years previously to death taking place. Thirteen died within three months from the commencement of the attack, and only eight from three to six months.

In many of those above two years the disease had existed for a very long period.

Table XX. indicates the period of treatment or duration of residence in 120 cases terminating fatally.

Duration of residence.	Glasgow.			Edinburgh.			Dundee.			Aberdeen.			Total.		
	M	F.	Tot.	M	F.	Total.	M	F.	Tot.	M	F.	Total.	M	F.	Total.
Under 3 months	13	12	25	8	5	13	1	1	2	3	...	3	25	18	43
" 6 "	9	2	11	4	2	6	...	...	...	1	1	1	13	5	18
" 1 year,	6	4	10	4	2	6	...	1	1	...	1	1	10	8	18
" 2 "	8	2	10	1	5	6	2	...	2	...	1	1	11	8	19
Above 2 years,	3	2	5	3	4	7	3	...	3	2	5	7	11	11	22
Total,	39	22	61	20	18	38	6	2	8	5	8	13	70	50	120

The largest number in both sexes died within three months after admission, being at the ratio of 35·8 per cent. upon the whole number of deaths.

This is readily accounted for from the fact that the deaths among the acute cases will principally fall under this division, and also that many patients are kept out by their friends until, from their violence or their health failing, they are sent into an asylum as a last resource. The number of deaths in the other divisions of the table is pretty equal.

Table XXI. exhibits the cause of death in 132 cases, as returned in the reports from five asylums.

Cause of Death.	Glasgow.			Edinburgh.			Dundee.			Aberdeen.			Dumfries.			Totals.		
	M	F.	T.	M	F.	T.	M	F.	T.	M	F.	T.	M	F.	T.	M	F.	Tot.
Dis. of Brain & Mem- branes, General Pa- ralysis, &c., . . .	20	...	20	7	1	8	4	2	6	...	2	2	3	1	4	34	6	40
Do. Lungs, Pleuræ, &c.	6	3	9	8	6	14	1	...	1	1	2	3	4	2	6	20	13	33
Do. Heart, . . .	...	...	...	...	2	2	...	...	...	1	...	1	...	...	...	1	2	3
Do. Abdominal Organs	...	8	8	...	2	2	...	...	...	1	1	...	1	1	...	12	12	24
Exhaustion, . . .	6	5	11	4	5	9	...	...	...	2	1	3	1	...	1	13	11	24
Epilepsy—convulsions,	5	2	7	...	1	1	...	...	...	...	...	...	...	...	...	5	3	8
Erysipelas, . . .	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	1
Cancer, . . .	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1
Gradual Decay, . . .	2	4	6	...	...	...	1	...	1	...	1	1	...	...	...	3	5	8
Suicide, . . .	...	...	...	1	...	1	...	...	...	1	1	...	...	...	...	1	1	2
Total,	39	22	61	20	18	38	6	2	8	5	8	13	8	4	12	78	54	132

There are several points in this table deserving of notice.

1. The great proportion of deaths from diseases of the brain, &c. occurring among the males compared to the females. This is observed in all the asylums with the exception of the Aberdeen, where no males appear to have died from cerebral disease.

2. Disease of the lungs, pleura, &c. is the assigned cause of death in 33 cases, or in the ratio of 25 per cent.

3. Disease of the heart appears to have been the cause of death in only three instances.

4. Diseases of the abdominal organs proved fatal among the females alone. No exception to this occurs in any of the returns.

5. Exhaustion from maniacal excitement, &c. caused death in 24 cases, or in the ratio of rather more than 18 per cent.

The other causes, with the exception of epilepsy and gradual decay, are for the most part accidental.

Considerable difficulty has been experienced in constructing the preceding tables, from the great want of uniformity in the published returns. To this I have already adverted. It must be confessed that but a partial view of the results is exhibited not only from this cause, but also from the actual deficiency of statistical data in several of the reports.

I have endeavoured, however, to give as plain and connected a statement as possible, and I trust it may not be uninteresting to those who are engaged in similar inquiries. The great advancement made in the treatment of insanity and the improvements in the construction and management of the public asylums, are now too well known to require remark. Much, however, remains yet to be done. It is only necessary to peruse the reports for the past year to be convinced that the good work proceeds; that much anxiety and labour are undergone in carrying into effect the enlightened views, which are now admitted to be alone practicable and useful in the treatment of the lunatic; the substituting kindness and sympathy for harshness and restraint; and, although the lot of the insane may appear to many to be miserable and without hope, still it is not altogether unhappy. Seclusion from the world and from friends appears hard to be borne; yet even this ill can be lightened by the kindness and good offices of those whose duty it is to enforce the measure which after all secures to the patient a greater amount of happiness than he could otherwise enjoy.

