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by A.R. Urquhart.**

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# NOTE ON SANATORIA FOR INSANE PATIENTS, JAMES MURRAY ROYAL ASYLUM, PERTH.

BY  
A. R. URQUHART, M.D., F.R.C.P.E.

*Reprinted from "ARCHIVES OF THE ROENTGEN RAY  
AND ALLIED PHENOMENA," April, 1905.*

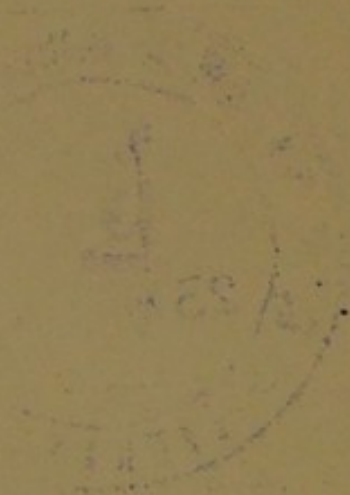


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## NOTE ON SANATORIA FOR INSANE PATIENTS, JAMES MURRAY ROYAL ASYLUM, PERTH.

THE question of tuberculosis in asylums has demanded, and has received, much attention of late years. The great difficulty of diagnosing certain cases of phthisis in the early stage is increased in asylum practice by the mental complications. It has been painfully evident also that patients received free from tubercular infection have developed phthisis during their residence in asylums.

A case illustrative of the first difficulty may be briefly stated: A physician holding an appointment in a hospital for consumption in London was admitted to Murray's Asylum in May, 1898. His family history was quite free from tuberculosis, but he had worked hard in London, and for long hours in the hospital. There was no evidence whatever of phthisis on his admission, and during his residence in one of our succursal houses he lived quite apart from any taint of tubercular infection. In March, 1902, he developed a cough, which was accompanied by expectoration containing tubercle bacilli. His disease then ran a very rapid course, and he died on April 8. After his death a medical friend informed me



that during his residence in London it was evident to him that this patient was at least suspicious of his own condition, because he had been taking a course of creosote. I therefore concluded that the phthisis had become quiescent before his admission, and on its recurrence in his enfeebled physical state it ran a very rapid course.

With regard to the second difficulty, during the seventeen years between 1880 and 1897 there were only ten cases of phthisis under treatment in Murray's Asylum, all of which, excepting one, were diagnosed on admission. During these years the cubic space per patient was more than ample. On April 15, 1897, however, a very bad case of phthisis was admitted from another asylum. This patient was very dirty in his habits, and it was practically impossible to induce him to adopt the sanitary precautions which are now held necessary. Thereafter six male patients developed phthisis, and it was therefore deemed essential that we should add to the institution special sanatoria for the treatment of phthisical patients. The results have been most satisfactory. It is well known that the combination of phthisis and insanity has been generally regarded as particularly fatal, and, indeed, the term "phthisical insanity" has been used as expressive of a definite series of cases. Under open-air treatment, however, the results have been encouraging, as will be shown by a brief recital of the following cases :

No. 18. Admitted September 24, 1886. Male, suffering from dementia and incipient phthisis. Phthisis



diagnosed September 12, 1901. Apparently recovered, and in excellent physical condition of late years.

No. 19. Admitted September 19, 1900. Male, suffering from melancholia. Phthisis diagnosed on admission. Recovered physically and mentally February 18, 1901. Has managed his own business since, and reports himself in excellent bodily health.

No. 20. Admitted September 19, 1899. Male, idiot. Phthisis diagnosed January 20, 1901. Apparently recovered, and in good health since.

No. 25. Admitted February 9, 1902, suffering from melancholia. Phthisis diagnosed March 19, 1903. Discharged recovered July 2, 1903. Reports himself as quite well and strong, and has been in business since.

No. 27. Admitted July 10, 1902, suffering from dementia. Phthisis diagnosed on admission. Apparently recovered physically, and in excellent bodily condition.

No. 29. Admitted April 1, 1903, suffering from melancholia. Phthisis diagnosed on admission. Direct infection from his brother, who was treated to recovery at Nordrach-on-Dee. Discharged recovered mentally and physically on June 13, 1903. Is reported as well and strong, in business in South Africa.

No. 31. Admitted February 7, 1903, from another asylum, suffering from melancholia. Phthisis diagnosed in April, 1904. He has been resident in a new villa quite apart from possible infection. At this date he has apparently perfectly recovered physically.



The fatal cases treated in the sanatoria were :

No. 26. Admitted August 19, 1898. Female, suffering from melancholia. Phthisis diagnosed September 1, 1902; died May 17, 1903.

No. 28. Admitted November 5, 1895. Male, idiot. Never brought into contact with other phthisical cases. On admission he was suffering from a severe gunshot wound on the lower jaw, and phthisis was frequently suspected, but no bacilli found until May 8, 1903. He died on April 22, 1904.

No. 32. Admitted January 31, 1895. Phthisis diagnosed May 18, 1904; died May 29, 1904. This case is of definite interest, as illustrative of the extreme difficulty of diagnosing phthisis in certain insane patients. She was entirely silent, obstinate, resistive, and not only unable to communicate her sensations, but continually objecting to examination, and rendering any fine diagnosis quite impossible. There was some œdema of the feet, and it was noticed that she was falling off in flesh, but at the age of sixty that did not appear to be important. The first symptom of serious mischief was on May 18, when her pulse was found to be 120, her respiration 30, her temperature 103°. She persistently suppressed any cough, but with difficulty a little sputum was obtained, and tubercle bacilli found. Post-mortem there was deposit in both lungs, and a cavity in the left apex.

During the last twenty-five years there have been 32 cases of phthisis under treatment in Murray's Asylum—14 died, 12 were treated to physical recovery, 2 im-



proved in bodily condition; 8 were treated to mental recovery, and 1 improved. Of those still remaining, 5 have been treated to physical recovery, or at least the phthisis is quiescent, and 1 remains under treatment—an old case of fibroid phthisis of many years' duration.

It has been proposed to diagnose phthisis by Tuberculin in asylum practice, but I have not considered it warrantable to adopt the wholesale use of that method. On investigation of the incidence of phthisis in Murray's Asylum between 1827 and 1864, when the institution was densely overcrowded during a considerable period of that time, 13 per cent. of all the deaths were returned as due to that disease. Putting aside the number assigned to senile exhaustion, phthisis headed the list. The total number of deaths during the last twenty-five years is 214—14 being due to phthisis, equal to about 6·5 per cent. I attribute this remarkable difference to the improvement in sanitary conditions generally, and that result is definitely in accordance with the general experience of the country. I am hopeful that the results of treatment in the new sanatoria will be still more satisfactory; at least, my recent experience points in this direction.



