Medical report to the managers of the Lunatic Asylum of Aberdeen, for the year ending 30th April, 1851 : read at the general meeting held at the asylum, 10th July, 1851.

#### Contributors

Lunatic Asylum of Aberdeen (Aberdeen, Scotland) Walker, William. MacRobin, John.

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# MEDICAL REPORT

TO THE

# MANAGERS

OF THE

# LUNATIC ASYLUM

## OF ABERDEEN,

FOR THE YEAR ENDING 30TH APRIL, 1851.

Read at the General Meeting held at the Asylum, 10TH JULY, 1851.

A B E R D E E N : PRINTED BY D. CHALMERS & COMPANY, Adelphi court, union street.

M DCCCLI.

# MEDICAL REPORT

MANGERS

# LUNATICASYLUM

OF ABBRDEEN,

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ABERDEEN: PRINTED BY D. CHALMERS & COMPANY, ADELEN COLRT, UNION STREET.

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## LIST

OF THE OF THE

#### MANAGERS EX-OFFICIIS, AND MANAGERS FOR LIFE.

#### PROVOST GEORGE HENRY, President.

#### Baillie JAMES SIM.

- 22 HENRY ADAMSON.
- GEORGE WATSON. 2.2
- A. HENDERSON. 22

D. of Guild GEO. B. BOTHWELL. Treasurer ALEX. WEBSTER, Jun. Ex-Provost GEO. THOMPSON, Jun. Town-Clerk JOHN ANGUS. Convener of Trades HUGH SUTHERLAND Professor of Medicine, Marischal College, JOHN MACROBIN.

Modr. of Synod Rev. WM. Ross, Kintore. All for the time being.

Alexander Webster.... 1810 Henry Lumsden..... 1813 Sir Alex. Bannerman.. ,, Dr. Wm. Henderson .. 1816 P. Farquharson ...... " Thomas Burnett..... 1821 Alexander M'Kenzie... 1823 Colonel Henderson.... 1824 Alexander Cadenhead., 1825 John Raeburn ....... Alexander Simpson ... 1826 James Reid ..... 1831 Clements Lumsden .... ,, Robert Brown ..... 1832 John Cadenhead..... 1833 Alexander Calder ..... ,, Major Hogarth ...... " William Hogarth ..... ,, Alexander Gibbon .... 1834 William Davidson .... , Alexander Ogston ..... " William Simpson ..... ,, Dr. Galen ...... ,, George Thomson ..... 1837

Alexander Johnston .. 1838 Dr. Keith ..... " William Irvine..... Rev. J. Stewart. ..... " John Webster ..... " Alexander Thomson .. ,, Dr. Harvey ..... " Robert Smith ..... ... Robert Low ..... " Robert Shand ...... " James Nicol..... 1839 Rt. Rev. Bishop Skinner ..... ,, Jas. Forbes, Argyllshire " Charles Winchester .... " James Brebner..... 1840 John Blaikie..... 1841 Sir Michael Bruce, William Innes..... 1841 Charles Downie ..... 1842 Alex. Innes of Cowie. . 1843

Thomas Sangster 1843	
Henry Paterson 1845	
Rev. Robert Forbes "	
D. R. Morice ,,	
Francis Edmond "	
Basil Fisher ,,	
William Fisher ,,	
Alexander Jopp "	
Wm. Annand, London. "	
Alex. Robertson, Bal-	
gownie "	
Dr. Robert Daun 1847	
Rev. W. R. Pirie, D.D. 1848	
William Yeats 1849	
Arthur Thomson ,,	
Dr. Arthur Anderson ,,	
Rev. Principal Dewar., 1850	
Dr. Cruickshank "	
Patrick Davidson ,,	
Alex. Webster, Jun ,,	
David M'Donald "	
John Smith	
William Skinner 1851	

#### MANAGERS ELECTED DECEMBER, 3, 1850.

Rev. Dr. Forsyth.	
James Wyllie.	
Dr. Joseph Williamson.	*
Dr. Laing.	*
Deacon John Fraser.	-

Capt. Geo. Leslie, President	William Pa
of Shipmaster Society.	Rev. John
William Catto.	John Whyt
John Leslie,	Sheriff Wat
William Littlejohn.	P. Williams

Murray. tson son.

terson.

#### OFFICERS OF THE ESTABLISHMENT.

PHYSICIAN,JOHN	MACROBIN, M.D.
RESIDENT MEDICAL OFFICER AND SUPERINTENDENT, D. C.	CAMPBELL, M.D.
MATRON,MISS	
CHAPLAIN,	ARCHD. STORIE.
TREASURER AND CLERK,	W. WALKER.
House Steward,	LESLIE.

The	following	LE	GACY	and	DON	ATION	S ha	ve been	received	for
	behoof of	the	LUNAT	ic A	SYLUM,	betwixt	28th	Februar	ry, 1850,	and
	1st March	1, 18	351 :							

#### LEGACY.

Interest of G. Gavin's Mortification of £100, from Kirk Session of Peterculter, for 1850, £2 2 ... ... D'ONATIONS.

Alexander and John Webster, Executors of the late Miss Mary Mitchell, Aberdeen, paid by them from the residue of her Executry, ... £25 0 0 From a Friend, in aid of the poorest Pauper

Lunatics, and half to the forth ...

\_\_\_\_\_£30 0 0

5 0 0

3

## ABSTRACT

#### OF THE DESCRIPTION OF THE

## INCOME AND EXPENDITURE OF THE LUNATIC ASYLUM,

For the Year ending 30th April, 1851.

Chomas Borneth 1821 Alexander Thomson Badh Flainer
INCOME.
Legacies, $\dots$
Donations,
Bedlam Fund, 30 0 0
Legacy by Dr. Dun, (Income from it), 57 16 9 Ground under Crop, 198 9 6
Interest of Money, $\dots$ $\dots$ $\dots$ $\dots$ $171$ 3 6 Board for Patients during the year, $\dots$ $\dots$ $4,242$ 11 4
Board for Patients during the year, 4,242 11 4
£4,768 1 3
EXPENDITURE.
Provisions, £1,783 19 8
Fire and Light, 211 4 1
Washing, 56 7 0
Medicines, 28 17 10
Wine, Spirits, and Porter, 29 10 0
Repairs      205     6     7       Furniture and Bedding,       191     14     11
balaries to r invisician and Resident Medical Officer. 220 0 0
Salary to Chaplain, 40 0 0
,, to Matron, 70 0 0
,, to House bleward,
Servants' Wages, 374 4 0
Incidents, Insurance, Printing, Stationery, and Annuities, 243 1 0
Clothing for Pauper Lunatics, 154 0 0
£3,775 15 1
Income above Expenditure, 992 6 2
£4,768 1 3
WM. WALKER, Treasurer.

makes, probably because the married state leads to more regular babits and fixed views in life a and presents less temptation to vice and discipation of every kind, which operate so powerfully as causes

# MEDICAL REPORT,

For the Year ending 30th April, 1851.

THE Medical Report which follows embraces the period from the 1st May, 1850, to 30th April, 1851, and is framed on a similar plan to those of former years. The Statistical Tables come first under review, then the general progress and working of the Institution.

Table I. shows the general results. The number of patients that remained in the Asylum at the date of last report was 230. The number of cases admitted during the year has been 68, being 13 less than in the former year. The highest total number of patients resident during the year has been 234, and the mean number 230. Of the 68 admissions, 42 were females, and 26 males. The number dismissed, recovered, is 32—viz., 11 males and 21 females. The number of females admitted, as well as discharged, has thus been about double that of the males. The proportion of recoveries is nearly the same as last year, namely, 45 per cent. of the number admitted, and 13 per cent. of the mean number resident. The number remaining in the House at the date of this report is 228.

Table II. points out the localities from which the patients admitted came. From this table it will be seen that by far the greater number of those admitted have come from Aberdeen and the County—6 only having been received from more distant parts of the country.

Table III. gives the ages of those admitted. From this, and from the tables of former years, it will be observed that before the age of 20, insanity rarely appears, and when it does, that it generally assumes the character of Dementia, congenital or acquired; and that it is most common in the middle periods of life, when the mind is most active, the passions most turbulent, and the anxieties and duties of life most pressing and multifarious.

Table IV. shows the social condition of the patients admitted. In most asylums the unmarried constitute the majority of the inmates, probably because the married state leads to more regular habits and fixed views in life; and presents less temptation to vice and dissipation of every kind, which operate so powerfully as causes of insanity.

Table V. shows the occupations or civil condition of those admitted. The greatest number of our patients has been derived from the class of artizans and shopkeepers, and next to that from farm-servants and labourers.

Table VI. exhibits the form of the disease in the cases admitted. The cases of Mania form by far the largest proportion in the list. In all of them there were exhibited the same turbulent, delirious mental excitement—with noisy vociferation and gesticulation, and other violent and often destructive muscular efforts, so characteristic of this form of mental derangement. Three of them had fallen into a state of great exhaustion, bordering on the Typhoid condition before admission; but, by watchful and careful treatment, they recovered. The proportion of Melancholic cases has also been large this year, and in several of them the suicidal propensity was strongly developed. In one of the cases (a male) it was accompanied with a constant dread of death; but such inconsistency is not unfrequently observed in these cases.

Table VII. points out the duration of the malady previous to admission.

Table VIII. embraces the causes which induced the disease in those admitted during the year. It is more difficult to determine the causes of Insanity in any given instance than those of any other disease. Moral and physical causes generally conspire together to its production, and the exciting and predisposing are not easily separated from each other; while there is also a difficulty in obtaining a full and correct history of each case from the relatives. In those predisposed, from hereditary or constitutional taint, comparatively slight exciting causes may suffice for the production of the malady. All, therefore, that can be done in drawing up such a table is to select, from several concurring causes, the one that seems to have exerted the greatest influence on the patient. It will be seen that no less than 15 of the cases arose from intemperance in spirituous liquors. Three 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, indeed, only one of the symptoms of some organic lesion of the brain, leading ultimately to general palsy and complete fatuity. In 41 of the cases-that is, considerably more than one-half of the whole-the insanity was connected with a constitutional predisposition, hereditary, or acquired from

previous attacks. The marked hereditary character of the malady is thus clearly demonstrated. Indeed, it is not too much to affirm, that out of the whole catalogue of diseases, it is that which is most certainly associated with some constitutional peculiarity, transmitted from parent to child. This statement is made, not for the purpose of creating alarm or distress in any, but to show the importance of adopting measures to counteract its influence, which may be done to a great extent by a carefully-conducted moral and physical education of the children of a family where predisposition is known to exist.

Table IX. exhibits the causes of death, with the post mortem appearances. The deaths amount to 18—making a mortality of 7 per cent. to the total number resident. 12 of the deaths occurred amongst the old and confirmed cases, and the remainder amongst those admitted during the year. Examinations, post mortem, were made in as many of the fatal cases as possible, and the appearances carefully noted. These are given in an abridged form in the above-mentioned Table.

Table X. shows the numbers discharged of those admitted, each year, from 1831 to 1851 inclusive. From this it will be seen that the number admitted in the later years of the Institution, as compared with the earlier, has been nearly double, while the removals bear a like proportion, with the exception of the mortality, which has been considerably less.

Table XI. shows the number admitted to the Institution since its opening in 1800, and the number removed, in consequence of recovery, alleviation of symptoms, or death, during the like period of half a century.

The general health of the patients during the bygone year has been pretty good. The treatment, as respects their mental condition, has been conducted on the principles now so fully recognized—of combining a system of moral and intellectual discipline with the more strictly medical and regimenal treatment. It is unnecessary to detail the various agents which it has been judged proper to employ in the several cases. It may be sufficient to mention that each patient, on admission, has been carefully examined, and the history of the case inquired into, and a plan of treatment then determined on ; while attention has been paid to every change in the symptoms, and such medical means employed as the exigencies of the case demanded. Baths, cold and hot, have frequently been had recourse to ; the latter to soothe those who are restless, agitated, and depressed with a feeble and languid circulation ; and the former to restore tone to the system, more particularly during the period of convalescence.

It is quite necessary that those having the direction of the treatment should make themselves intimately acquainted with each case. Such a knowledge not only gives a decided advantage in detecting the first symptoms of diseased action, but, by degrees, leads them to a knowledge of all the peculiarities of a patient's state of mind and feeling, and enables them to exercise a *moral* influence over him, so as often, by a single kind and judicious word, to allay a burst of angry passion and violent invective, which no other means could effect; and on other occasions so to change the current of thought as to dissipate, at least for the time, the patient's foolish or unhappy hallucinations.

Since the last annual meeting, the East Wing for the Female Paupers, capable of containing about 60, has been begun, and is already far advanced towards completion. All the arrangements in this portion of the building are such as to combine economy in the management, with every means of comfort, and facility for the proper classification and treatment of its future inmates. As a well-constructed asylum is of itself one of the most efficient instruments in the hands of the Physician for the cure of Insanity, and as the Aberdeen Asylum has been constructed on the most approved principles, it is to be hoped that it will become, under the blessing of God, year after year, a powerful means of restoring to friends, and to society at large, many individuals who might otherwise continue to be the victims of one of the most distressing diseases to which humanity is subject, and a burden to themselves and others, often throughout a long existence.

The services in the Chapel on the Lord's-day continue to be relished by the patients. From 150 to 160 attend, besides the domestic servants and other officials; and many of them also join in an evening devotional exercise in their different halls throughout the week. Religious exercises, moral discipline and instruction, with useful employments of various kinds, and harmless cheerful amusements, produce a most beneficial and soothing effect on the patients; and the number capable of being thus advantageously influenced is much greater than might be expected by those unacquainted with the habits of the insane, extending even to some of the most degraded intellects, as, with few exceptions, all who have in early life imbibed religious principles retain them, to some extent, throughout their disorder, and rarely have them wholly obliterated.

The new system of clothing Paupers, introduced by the Committee since last report, has been found to conduce greatly to their comfort and well-being; besides saving much time and trouble to the officers of the Institution in correspondence with the different parishes, and lessening, very considerably, to the latter, the cost of maintenance.

The Christmas festivities were held as usual. Nothing could

be more gratifying to those connected with the Institution, as Managers or Office-bearers, than the witnessing of so much evident delight as the occasion afforded to the inmates. A stranger to such scenes could not fail to be surprised at the good order, kind feeling, and harmless cheerful enjoyment, with which so many persons, the subjects of different degrees and forms of mental disorder, can assemble and mix freely together.

The different employments, as set forth in former reports, have been actively carried out during the past year. On the wellknown principle that every faculty is improved by exercise, every encouragement is given, and inducement held out, to the patients, more particularly the curable and convalescent, to engage in useful labours, which are productive in them, moreover, of a gradually increasing amount of self-control. As many as from 30 to 40 male patients have been regularly employed in gardening and other out-door work (which is our favourite occupation), whenever the weather was at all favourable; and a still greater number of females in various domestic occupations, such as sewing, knitting, laundry, kitchen, and scullery work. The alacrity and cheerfulness with which all their employments are engaged in is a very interesting feature; and it may be observed that several of the best workers are amongst the most insane of our inmates.

In conclusion, it may be observed that two of the patients discharged have received assistance from the fund kindly set apart by the Managers last year, for the purpose of aiding the poorer and more deserving patients in establishing themselves in society.

#### J. MACROBIN, M.D.

#### Lunatic Asplum,

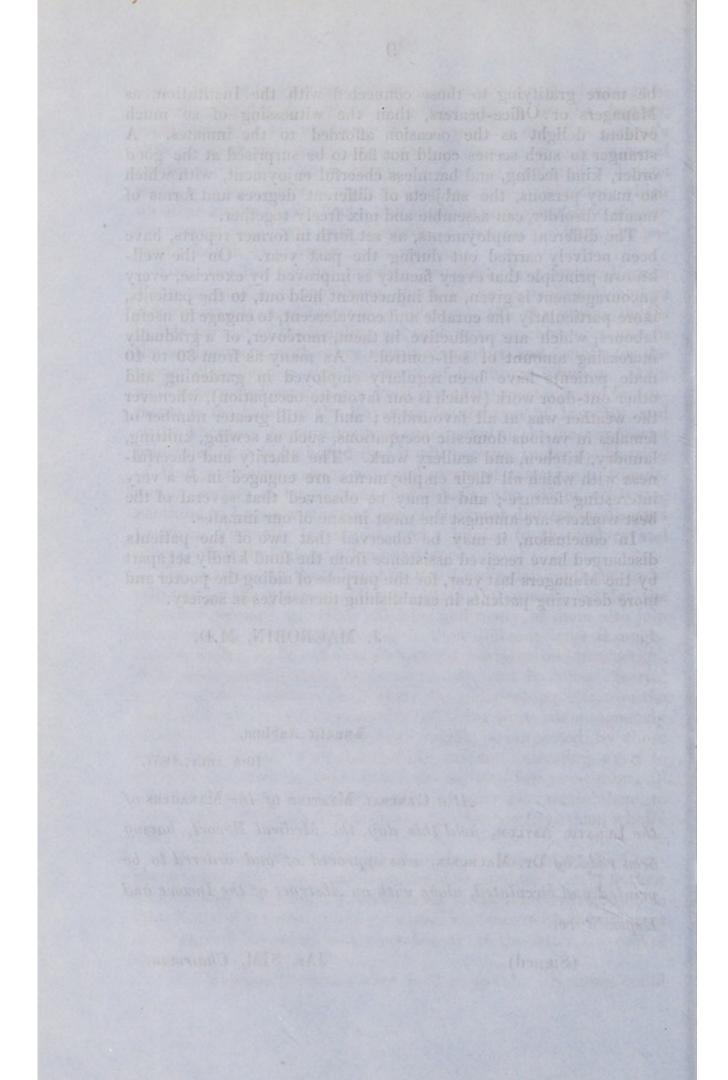
10th JULY, 1851.

At a GENERAL MEETING of the MANAGERS of

the LUNATIC ASYLUM, held this day, the Medical Report, having been read by Dr. MACROBIN, was approved of and ordered to be printed and circulated, along with an Abstract of the Income and Expenditure.

JAs. SIM, Chairman.

(Signed)



# TABLES.

# TABLE I.

-

#### GENERAL RESULTS OF THE YEAR.

Patients in the Asylum, 1st May, 1850, . Admitted during the year,	Males. 120 . 26 .	Females. . 110 . . 42 .	Total. . 230 . 68
Under treatment during the year, Removed during the year,		. 152 .	. 298
viz.: Males. Females. Recovered, 11 21	Total. 32		
Improved,     .     7     .     6     .     2     .       Unimproved,     .     .     6     .     2     .       Dead,     .     .     10     .     7     .	13 8 17 - 34	and senon-y	70
	112	·116	228
Remaining in the Asylum, 1st May, 1851,	112	116	228

#### TABLE II.

Of no particular occupation, .

.

CLASSIFICATION OF ADMISSIONS IN REFERENCE TO PLACES OF RESIDENCE.

and the start and the starting of the				Males.	F	Females.			Total.	
From Aberdeen and suburbs, .		1.00		12		23			35	
From other parts of Aberdeenshire	, .	dit.inty	08. 30	14		13			27	
From more distant localities, .			1.0.00	2		4			6	
				28		40			68	

### TABLE III.

AGES OF PATIENTS ADMITTED.

From	10		00				-0	Males.	F	emale	s.	Т	otal
From								2		4			6
,,			30,					6	-	6	910	8.1	12
"	30							6		10		90	16
,,			50,			•		3		3	1.		6
,,			60,					7		7			14
			70,		-			3		9			12
"	70	27	80,					1		1			2
								-					
								28		40			68

#### TABLE IV.

#### SOCIAL CONDITION OF PATIENTS ADMITTED.

					Л	Iales.	F	emale	s.	Т	otal.	
Single,		-D. G				14		17			31	
Married,		10. LL	14	12	1	11		8			19	
Widowed,						3		15	•		18	
						-					-	
						28		40			68	

#### TABLE V. LANSEN

#### OCCUPATION OR STATION IN LIFE OF PATIENTS ADMITTED.

					Males.	I	emales.	1	l'otal.
Shopkeepers, Artizan	is, and V	Wives	of do.,	1 .	11	a Bu	7 0	1111	18
Soldiers, Seamen, an	d Wives	s of de	D.,		1		3		4
Workers in Manufac				y-work	er, Sala	19-2521	5 .	101	6
Farmers, and Wives					ano peak	230	2 00	CZ G CC	3
Farm Servants, Labo		nd W	ives of d	lo.,	4		7	12 2	11
Domestic Servants,			•		0		3		3
Lodging-house Keep	er,				0		1		- 1
Stabler, .				·	1		0 .		1
Female Teachers, W	ife of Sc	hooln	naster,		0		3 .	in.	3
Porter, .					1		0.		1
Hawkers, .	•				2		0.		2
Gamekeeper, .					1		0.		1
Needlewoman,			1081.88	ulf. Jak	0	100	In Lun.	(ING	1
Fisherwoman,					0		1.		1
Of no particular occu	pation,				3		9.		12
					-		-		-
					26		42		68

#### TABLE VI.

	F	ORMS	OF DI	SE	ASE	IN	CAS						
			Males.		Fer	males		1	'otal.				
Mania													
acute,		36	8			13			21				
chronic,			7			11		•	18				
epileptic,			0			1			1				
hysterical,			0			2			2				
a potu,			1			1			2				
			-						-	.16		28 .	. 44
Monomania-													
religious,			0			1			1				
of ambition,			1			0			1				
of pride,			0			1			1				
of suspicion,			2			0			2				
of unseen age			1			0			1				
			-						-	4	200	2 .	. 6
Melancholia,										3		9 .	. 12
Dementia,										5		1.	. 6
										28		40	

#### TABLE VII.

#### DURATION OF THE MALADY IN THE CASES ADMITTED.

	Males	1	F	emale	s.	Т	otal.
I Cases of the first attack, of not more than three	e						
months' duration,	7			11			18
II Cases of the first attack, of more than three bu							
of not more than twelve months' duration, .	5			8			13
III Cases not of the first attack, and of not mon							
than twelve months' duration,	8			13			21
IV Cases whether of the first attack or not,	of						
more than 12 months' duration,	8			. 8			16
	E S						-
	28			40			68

### TABLE VIII.

				11	Male	s.	Fem.		Tota			
Hereditary predisposition,				5	7		12		19			
Previous attacks,			18	10	8	•	14		22			
Original Imbecility, .			8.		2		1		3			
Old Age,		. 0	÷ .	2	0		1		1			
Intemperance,					10	•	5		15			
Poverty and Destitution,			Ξ.		1		2		3			
Bodily injuries,			Ξ.		1		0		1			
Fever,	3.1	.8.			1		1		2			
Ague,		100	2		1		0		1			h
Scrofula,					1		0		1			
Mercurial Salivation, .					1		0		1			
Child-birth,					0		1		1			
Nursing,					0		2	:	2			
Irregularity of Catamenia					0		2		2			
					-		-		-	33	. 41	. 74
(Religious anxiety, .					1		2		3			
Disappointments, .			13		0		3		3			
Death of relatives,		112			1		0		1			
Domestic Unhappiness,		E.			0		1		i			
A Fright,	8	2	1		1		0		1			
		9.01	88				_			3	6	C
										5		
										36	47	83
										00	-	

13

TABLE IX. CAUSES OF DEATH, WITH THE MORBID APPEARANCES MET WITH ON DISSECTION.

MOUBID APPEARANCES.	Slight adhesion of dura mater to calvarium. Cerebral veins much congested. Serous effusion into ventricles and sub-arachnoid cellular fissue.	No examination	No examination.	Unequal thickness of the skull-cap, and slight adhesion of dura mater. A few crude tubercles in apex of each lung —right lung covered with old adhesions—left emphyse- matous, especially in the inferior lobe. Heart hypertro- phied. Venæ cavæ Pulmonary arteries and right chambers of heart distended with venous blood. Serous effusion into left pleura, and also into the peritoneum.	No examination.	No examination.	No examination.	No examination.	Skull-cap thick and adherent. Milky opacity of arachnoid, and slight sub-arachnoid effusion. Softening of cere- bellum. Crude tubercles in apices of both lungs. Nu- merous strong adhesions over right lung, and upper lobe of left partially hepatized. Liver very much congested.	Skull-cap slightly adherent to dura mater. About 6 ounces of sub-arachnoid effusion. Milky opacity of arachnoid on upper surface of hemispheres. Anterior lobes of cerebrum somewhat softened. Four ounces of effused serum in the ventricles. A few tubercles in upper lobes of both lungs. Section of liver presented somewhat of nutmeg appearance.	Lungs strongly adherent, (especially the right), and slightly emphysematus. Effusion to a large extent on left side of chest. Heart enlarged, and firmly adhering to peri- cardium, with evident traces on its surface of recent in- flammation. Right cavities and great veins gorged with blood. Mitral valve much thickened, and incapable of closing the auriculo-ventricular orifice. Liver much congested, and a considerable serous effusion into the peritoneum. Cranium not opened; but, from its external appearance, the brain must have been deficient in the anterior hemispheres.
Cause of Death.	Maniacal Exhaustion.	Phthisis.	Decay of nature.	Disease of Heart.	Exhaustn. & phthisis.	Phthisis.	Inflam. of Perineum.	Phthisis.	General Paralysis.	General Paralysis.	Heart Disease.
Length of Residence.	12 months.	3 <sup>1</sup> / <sub>2</sub> years.	7 years.	10 years.	If years.	4 <sup>1</sup> / <sub>8</sub> years.	24 days.	2 ye. 10 m.	44 months.	2 years.	14 ýears.
Age.	8	23	44-	8	-16	47	35	31	8	Salivation &	Mercuny
Form of Insanity.	Acute Mania.	Monomania.	Monomania.	Dementia.	Mania.	Acute Mania.	Chronic Mania.	Melancholia.	Acute Mania.	anziety; manues, ju	Demetric Disappoint (A Trigger of A Trigger
Sex.	Fem.	Male.	Fem.	Fem.	Fem.	Fem.	Male.	Male.	Male.	Male.	Male.
No.	1	2	3 1	+	5	-	1 2	-	сı	10	E

14

		7 -						
D.	MORBID APPEARANCES.	Strong adhesion of dura mater. Well marked opacity of arachnoid throughout, but chiefly on superior surface of hemispheres. Considerable scrous effusion in ventricles, and sub-arachnoid spaces. Congestion of cerebral veins. Grey matter in some places much softened. Crude tubercles in apex of each lung. Old adhesions in both pleure. Sigmoid flexure of colon unusually large.	No examination.	No examination.	No examination.	Skull-cap adherent to dura mater, and unequal in thickness. Serous effusion beneath arachnoid, and in ventricles. A slight degree of capillary congestion on surface of hemispheres. Softening of left lobe of cerebellum. Left pleura distended with several pints of a bloody serum. Lung on same side closely pressed against vertebral column, and carnified. Right lung filled with crude tubercles, and presenting, here and there, also melanotic spots and patches of emphysema. Right bronchial glands enlarged and infiltrated, with tubercle. Pericar- dium closely adherent to heart. Commencing ossifica- tion in aortic valves.	Lungs very emphysematous. Heart small, pale, and flabby, and loaded with a gelatinous looking fat. Walls of right auricle and ventricle almost entirely converted into a fatty substance. Cavities of head and abdomen not examined.	Much venous congestion of hemispheres. Several spiculæ of bone in dura mater. A large purulent collection below deep muscles of neck, on left side, and extending partly across right side also. Lungs partially emphyse- matous. Slight adhesions of right pleura. Heart some- what hypertrophied. Displacement downwards of trans- verse arch of colon.
TABLE IXCONTINUED.	Cause of Death.	General Paralysis.	Phthisis.	Diarrhœa.	Suicide by hanging.	Phthisis and Chronic Pleuritis.	Exhaustion.	Deep Abscess of Neck.
TAB	Length of Residence.	4 <sup>1</sup> / <sub>2</sub> months.	5 years.	14 years.	8 months.	4g years.	2 ye. 1 mo.	2 mo. 3 wks.
	Age.	56	28	63	61	8	43	55
		nteriox, ler	B	C1	100	er ao ostragao ser a	onia "ip	ADMISSIOES
88 29 28	Form of Insanity.	Dementia.	Monomania.	Manja.	Melanchofia.	Melancholia.	Monomania.	Melancholia.
	Sex.	Male.	Fem.	Fem.	Male.	Male.	Male.	Male.
			13	-	15		12	12

# TABLE X.

#### NUMBERS OF PATIENTS DISCHARGED, &C., OF THOSE ADMITTED DURING

Year ending 1st May.	Admitted	Recover-	Relieved, &c.	Dead.	Remain.
1831	35	18	6	8	3
1832	32	13	5	11	3
1833	35	15	8	11	1
1834	-41	19	13	9	0
1835	49	19 -	21	4	5
1836	37	19	6	9	3
1837	43	17	14	4	. 8
1838	43	17	10	12	4
1839	53	23	10	15	5
1840	73	31	16	16	10
1841	48	25	9	7	7
1842	56	21	15	13	7
1843	51	19	13	7	12
1844	71	34	14	9	14
1845	74	31	19	11	13
1846	93	47	20	14	12
1847	67	28	18	7	14
1848	93	43	17	8	25
1849	82	40	18	9	15
1850	81	20	6	4	51
1851	68	27	5	- 5	37

#### EACH OF THE LAST 21 YEARS.

#### TABLE XL

ADMISSIONS, &C., SINCE THE OPENING OF THE INSTITUTION, 1ST NOVEMBER,

#### 1800.

Total number of Patients admitt Removed, Recovered,									795	Ting	1958
" Relieved, &c., Dead,				Hit.						E.	1729
Remaining under treatment,			Meld	Meld.	Mant.	ino la				A	228
									alla:	123	-
									The second		
D. CHALMERS AND	сом	PANY	(, P)	in	T	ERS.	ABEI	RDE	EN.		