

Medical report to the managers of the Lunatic Asylum of Aberdeen for the year ending 30th April, 1846 : read at the general meeting held in the asylum, 30th June, 1846.

Contributors

Lunatic Asylum of Aberdeen (Aberdeen, Scotland)
MacRobin, John.
Ogilvie, J. F.

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MEDICAL REPORT

TO THE

MANAGERS

OF THE

LUNATIC ASYLUM

OF ABERDEEN.

FOR THE YEAR ENDING 30TH APRIL, 1846.

READ AT THE

General Meeting held in the Asylum,

30TH JUNE, 1846.

ABERDEEN:

PRINTED BY D. CHALMERS AND COMPANY,

ADELPHI COURT, UNION STREET.

1846.

MEDICAL REPORT

TO THE

MANAGERS

OF THE

LUNATIC ASYLUM

OF ABERDEEN.

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READ AT THE

General Meeting held in the Assembly

Room, 18th Dec. 1870.

ABERDEEN:

PRINTED BY D. CHAMBERS AND COMPANY,

ADAMSON COURT, UNION STREET.

1870.

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LIST

OF THE

MANAGERS EX-OFFICIIS, AND MANAGERS FOR LIFE.

The FOUR BAILLIES.	The TOWN-CLERK.	The MODERATOR of
„ DEAN OF GUILD.	„ CONVENER of the	the SYNOD of
„ TREASURER.	TRADES.	ABERDEEN.
„ PROVOST who immediately preceded the present Provost.	„ PROFESSOR of MEDICINE in Marischal College.	<i>All for the time being.</i>

HENRY LUMSDEN. ALEX. WEBSTER. AL. BANNERMAN. SIR CHAS. FORBES. DR. W. HENDERSON. ALEX. ANNAND. HENRY D. FORBES. P. FARQUHARSON. SIR C. BANNERMAN. ALEX. SMITH. THOMAS BURNETT. ALEX. M'KENZIE. DUN. DAVIDSON. ALEXANDER GRAY. COL. HENDERSON. DR. WILLIAMSON. AL. CADENHEAD. JOHN RAEBURN. THOMAS SPARK. ALEX. SIMPSON. JAMES REID. CLEMENTS LUMSDEN. GAVIN HADDEN. JAMES KILGOUR. ROBERT BROWN. JOHN CADENHEAD. ALEX. CALDER.	GEO. HOGARTH, Jun. MAJOR HOGARTH. WM. HOGARTH. JAMES ALLAN. ALEX. GIBBON. PATRICK PIRIE, Jun. WM. DAVIDSON. ROBERT DYCE. WM. ALLARDYCE. WILLIAM ALLEN. THOS. BLAIKIE. AL. OGSTON. WM. SIMPSON. DR. GALEN. GEO. THOMSON. ROBERT CATTO. GEORGE YEATS. JAMES YOUNG. ALEX. JOHNSTON. DR. KEITH. WM. IRVINE. REV. J. STEWART. JOHN WEBSTER. ALEX. THOMSON. DR. HARVEY. ROBERT SMITH. HENRY SHANK. AND W. ROBERTSON.	ROBERT LOW. ROBERT SHAND. JAMES NICOL. RIGHT REV. BISHOP SKINNER. J. FORBES, Argyllshire. CHAS. WINCHESTER. JAMES BREBNER. SIR MICHAEL BRUCE, BART. JOHN BLAIKIE. FRED. HOLLAND. WM. ELMSLIE. HENRY L. HOLLAND. WM. INNES. NEWELL BURNETT. CHARLES DOWNIE. ALEX. INNES of Cowie. THOMAS SANGSTER. ALEX. PIRIE, Jun. DR. EDWARD SMITH. HENRY PATERSON. REV. ROBT. FORBES. D. R. MORICE. THOS. HOGARTH. ALEX. FORBES, Blackford. FRANCIS EDMOND.
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MANAGERS ELECTED DECEMBER 1, 1845.

REV. JOHN WILSON. DR. OGSTON. DR. NICOL. PATK. SIMPSON. REV. JAMES FOOTE.	D. CHALMERS. PRESIDENT of the SHIP-MASTER SOCIETY. ROBERT CATTO, Junior. ALEX. HADDEN.	JOHN MAITLAND. THOS. BEST. JOHN DUNCAN. LESLIE CLARK. DEACON EDDIE.
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OFFICERS OF THE ESTABLISHMENT.

JOHN MACROBIN, M.D., *Physician.*
 J. F. OGILVIE, M.D., *Resident Medical Officer & Superintendent.*
 REV. ARCHD. STORIE, *Chaplain.*
 THO. SPARK, and } *Treasurers and Clerks.*
 W. WALKER, }
 WM. LESLIE, *House Steward.*
 MISS ELRICK, *Matron.*

The following LEGACIES and DONATION have been received, for behoof of the LUNATIC ASYLUM, betwixt 28th February, 1845, and 1st March, 1846 :—

LEGACIES.

William Annand, Esq., of Belmont, £50, less duty, £5,.....	£45	0	0
Dr. Alex. Crombie, late of Phesdo,	10	0	0
	<hr/> £55 0 0		

DONATION.

Trustees of the late Arthur Anderson, Esq. of Charlton,.....	£50	0	0
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A B S T R A C T

OF THE

INCOME AND EXPENDITURE OF THE LUNATIC ASYLUM,

FOR THE YEAR ENDING 30TH APRIL, 1846.

Income.

Legacies,	£10	0	0
Bedlam Fund,	30	0	0
Legacy from Dr. Dun, (income from it,).....	37	18	4
Ground under Crop,	162	12	11
Houses and Ground, Barkmill, Rental,	64	4	0
Interest of Money,	143	12	0
Board for Patients during the year,	3,759	9	3
	<hr/> £4,207 16 6		

Expenditure.

Provisions,	£1,716	16	4
Fire and Light,	192	3	9
Washing,	37	12	2
Medicines,	14	15	3
Wine, Spirits, and Porter,	25	3	9
Repairs,	139	9	5
Furniture and Bedding,	170	17	1
Salaries to Physician and Resident Medical Officer,	163	13	0
Salaries to Chaplain and Treasurer,	150	0	0
Salaries to Superintendent and Matron,	100	0	0
Servants' Wages,	290	3	0
Incidents, Insurance, Printing, Stationery, and Annuity,	215	2	5½
	<hr/> £3,215 16 5½		

Income above Expenditure,

£3,215 16 5½

MEDICAL REPORT, &c.

At the close of another year, we feel much satisfaction in submitting to your inspection the usual Report, as presenting a satisfactory view of the continued prosperity of the Institution during that period, and of its gradually extending sphere of usefulness.

The statistics of the year have been exhibited, as usual, in a series of Tables, which are annexed, and in drawing up which the same plan has been adopted as in last year's Report, with a few slight modifications, one or two additional particulars having also been noted.

The Admissions, as will be seen on reference to *Table I.*, have amounted to 93, which, added to 190, the number of patients remaining in the House at the date of last Report, gives a total of 283 who have been subjected during the year, or some portion of it, to medical treatment; of whom 41 have been dismissed recovered, 14 more or less improved, and 7 not improved; while 13 have died. There remained, consequently, at the end of the year, 208.

The average number of patients in the House has been 200, which exceeds the average of last year by 17.

The smallest number, 190, occurred in the beginning of May, 1845, and the largest, 212, in the first week of April last; the population of the House having continued pretty steadily on the increase during the year.

The Admissions have exceeded those of last year by 19, including Re-admissions. The interval between the discharge and the

second admission has varied from a few days (in one case, where the removal was effected contrary to medical advice,) to upwards of 20 years, according to the condition of the patient as to convalescence or otherwise on removal, and to the degree of exposure to causes calculated to bring about a relapse, which are almost inevitably encountered beyond the walls of an Asylum.

It is, indeed, matter of much regret to us, that such premature removals should have taken place, in more than one instance during the year, from a desire, natural enough it is true, on the part of the relatives, but not on that account the less injurious in its consequences, to have the patient treated at home, under their own observation and controul. We should wish that it were more generally borne in mind, that if there be any one element in the treatment of insanity more important than another, it is seclusion, and the absence of all associations connected with home, and that there are no means more calculated to retard or prevent recovery than a too hasty restoration of the patient to his family and friends.

In *Table II.* the patients admitted are distributed into three classes :—those from the Town of Aberdeen or its immediate vicinity ; those from the country districts of Aberdeenshire ; and those from more distant parts of the country ; which are in the proportion of 46, 31, and 23 per cent. respectively to the whole number of admissions. The last of these classes, however, is smaller than it would otherwise have been, had it not been found necessary, in consequence of the crowded state of the House, to decline several applications for the admission of paupers from parishes situated without the bounds of the County.

Table III. illustrates the ages of those admitted, and offers results in every respect similar to those of previous years.

In *Table IV.* are pointed out the various occupations followed by the patients admitted, or the station in life to which they belong. Such of the females, as have not themselves pursued any ostensible calling, are classed under that of the husband or nearest male relative.

The largest numbers are included under the heads of Tradesmen, Agriculturists, and Domestic Servants,—classes from which the majority of the inmates have all along been derived, and

forming probably the most numerous section of the population in this part of the country.

Table V., in which the admissions are classified according to the social condition of the patients, confirms the experience of former years as to the great preponderance of the unmarried over the married and widowed.

The object of the next Table (*Table VI.*) is to refer each case to the particular form of insanity to which it belongs, 45 per cent. are referable to the different subdivisions of Mania, 22 per cent. to Monomania of various types, 19 per cent. to Melancholia, and 8 per cent. to Dementia.

Table VII. has been drawn up on the same plan as the corresponding table in last year's Report, the most powerful cause being selected, where several were known to exist, and precedence being given in all cases to those of a more obviously exciting nature, over others, such as hereditary predisposition or previous attack, whose agency in producing the disease is not so direct or apparent. A larger number falls under the head of Intemperance than under any other one of the causes enumerated.

In many, indeed in most of these cases, it is certain that a variety of circumstances have concurred to bring on the attack. For example—a young man, 22 years of age, was admitted, in whom hereditary predisposition evidently existed, from the fact of a sister and a maternal aunt having been insane, and who had sustained, when a boy, an injury of the head, though without any bad consequences appearing at the time, in addition to which he suffered much in his general health from typhus fever and pleurisy, and had sustained some weeks before admission a disappointment in love. While still agitated in mind from the last-named cause, he was seized with an epileptic fit, followed by maniacal excitement, and came of his own accord to be treated in the Asylum, from which he was discharged at the end of three months, the fits continuing to recur, but unaccompanied by excitement. In this case the hereditary tendency has been stated as the *predisposing* cause, and the disappointment in love as the *exciting* cause, but the injury of the head and the impaired bodily health must have contributed much towards bringing on the attack. In another instance, to the two predisposing causes of

hereditary tendency and previous attack, there were added those of the excessive use of tea, and great mental anxiety, resulting from the misconduct of her husband, while the more immediate exciting cause was a dispute with a neighbour about money matters.

In others of the cases enumerated in this Table, Dissipation, Domestic Unhappiness, Anxiety, or Angry Feelings, have been present, but were regarded as causes of secondary importance.

In the succeeding Table (*Table VIII.*) are enumerated all those cases in which, on careful inquiry, hereditary predisposition could be ascertained to exist, amounting, as will be seen, to somewhat more than one-half of the entire number of admissions; but as, in several instances, the information obtained from relatives, or those under whose charge the patients were temporarily placed, was far from being full or satisfactory, there is every reason to believe that this proportion, large as it is, falls short of the truth. Inquiries have also been made with the view of ascertaining, when practicable, through which of the parents such predisposition had been conveyed, and the result gives almost an equal number for each.

It may be well to mention, that where several members of the same family have been insane, hereditary predisposition has been assumed to exist, even though not distinctly recognized on the side of either parent. 35 out of the number admitted have suffered from one or more previous attacks of the malady, 6 were subject to epilepsy, and 2 to palsy, the latter assuming, in one case, the form of the *Paralysie generale* of the French writers, and in the other that of paralysis of one arm. 11 cases were complicated with hysteria, and 1 with chorea. Illusions of the senses were distinctly made out in 20 cases, and various insane impulses, among which the suicidal predominated, in 17. In one instance, a highly scrophulous diathesis evidently acted as a powerful predisposing cause.

By the term *Insane impulses*, now a well recognized one among medical writers, we mean to designate those reckless and irrational propensities, resembling rather the instincts of the inferior animals, than the dictates of a reasoning mind, which are not unfrequently met with in Insanity, and which have now come to be commonly regarded as one of its symptoms. Few cases could

have better illustrated our meaning than that of one of the patients admitted, whose constant habit it was to lay hold on and secrete every article of a portable nature that lay within his reach ; and so irrespective was this secretive impulse of any desire to make use of the objects so appropriated, that stones, grass, or other rubbish, were as eagerly treasured up and concealed about the clothes as others of any intrinsic value.*

The general character of the cases admitted during the past year, as regards their prospect of recovery, has been, on the whole, rather more favourable than during that which immediately preceded it, which we are inclined to attribute, in part at least, to the fact of their having been sent to the Asylum at an earlier stage of the malady, and to their having been subjected, in fewer instances, to a previous course of debilitating treatment ; and though juster views in regard to the diet and medical treatment of the insane are now entertained by the profession and the public generally, we have not unfrequently occasion to lament that these views are far from being so generally acted on as they ought to be. It is to be hoped that the increasing share of public notice which has of late been attracted to this subject by the Medical and other periodicals, will secure for it a degree of attention commensurate with its importance, and that the erroneous ideas regarding the internal economy of Asylums, still so current among the lower orders, will gradually disappear, and with them the reluctance they naturally feel to place their relatives in confinement, on the first appearance of the malady. One cause which has already gone far towards extinguishing this unfortunate prejudice, is the report carried by the recovered patients to their friends and neighbours on their return home.

The previous duration of the malady in the various cases, so far as could be ascertained, may be stated as follows :—In 10 cases it was of less than a week's duration, including 3, in which only a few hours were suffered to elapse before the patient was brought for treatment ; in 20 it had existed for a period varying from a week to a month ; in 19, from one to three months ; and in 14, from three months to a year ; while 18 were confirmed

* The same case is referred to in *Table X.*, No. 7.

cases of more than a year's standing. In the remaining 12 cases, this particular in the history of the patient was not ascertained with accuracy.

The object of the next Table (*Table IX.*) is to exhibit the more important facts relative to the cases that have been discharged recovered. They amount in all to 41, viz., 15 Males, and 26 Females, and are in the proportion of 44 per cent. to the Admissions, and of 20.5 per cent. to the mean number resident.

It will be observed, on viewing this Table in connection with that shewing the numbers of males and females respectively admitted, that the latter predominate in both instances very considerably over the former, the mean number of females resident throughout the year having, however, been lower by 14 than that of the males. In so far as the results of any one year can be legitimately used as grounds for arriving at a general conclusion, we should be disposed to regard this fact as indicating in the female sex a greater *liability* to insanity on the one hand, and on the other, the greater *curability* of the disease when established. A reference to *Table XII.* will shew the experience of this Institution as bearing on that point during the last 7 years.

It is gratifying to be able to state, that the recoveries include one or two cases which wore, on admission, a most unpromising aspect.

In *Table X.* are enumerated the causes of death in the case of each of the patients that have died during the year, along with the form of mental disorder, and the morbid appearances discoverable on dissection. It is to be regretted, however, that in three cases no *post mortem* examination could be obtained. The number of deaths has been 13 in all, being 6.5 per cent. of the mean number resident, and 14 per cent. of the number admitted.

With a view of illustrating the influence of season on the origin and progress of the malady, a Table (*Table XI.*) is appended, which shews, in parallel columns, the numbers admitted, recovered, and dead, during each month of the year, though it must be confessed that no great dependence can be placed on any conclusions deduced from it; for, while a period of variable and frequently uncertain length has intervened between the first appearance of the attack and the date of admission, so also has the discharge been made to follow the recovery, at an interval varying

according to the peculiar circumstances of each case, a certain probationary period being deemed necessary in all. The third column is the only one to which these remarks do not apply, and accordingly we find, from the relative frequency of deaths during the Winter months, what a direct influence climate and temperature have had on the mortality of the Institution.

This subject, which forms an interesting branch of medical statistics, would require, for its elucidation, that a retrospective Table, similar in plan to the one in question, should be framed, by selecting those cases only in which the duration of the malady is accurately known, and that it should be made to extend over a considerable number of years.

The next Table (*Table XII.*) exhibits the comparative results of the last seven years, and is intended to be supplementary to a similar Table, published in the Report for the year 1840-41, which extends over a period of eleven years immediately preceding. On comparing the two, it will be seen that the numbers treated in the Institution have been greatly on the increase during the period included in them.

It has been already observed, that hereditary predisposition existed in fully one-half of the cases admitted, and it is interesting, in connection with this fact, to find that in no fewer than six instances, near relatives have been at the same time inmates of the Asylum, in the course of the past year, the nature of the relationship in each case forming the subject of *Table XIII.* No more striking proof could be adduced of the strong tendency of this class of maladies to run in families, and of the consequent importance, in those unfortunate cases where hereditary taint is suspected, of avoiding every thing that may act as an exciting cause in bringing on the attack. This end can be effectually attained only by a carefully directed education, and by securing the mind, from infancy, by strict habits of self-controul, against the disturbing influence of the passions, no less than by guarding against more obvious and direct causes, such as irregularities in living, and over-exertion of the mind in study.

In alluding to *Table XIV.*, which is an enumeration of the Newspapers and Literary Periodicals that have been taken in during the year, and which have been the source of much rational

amusement throughout the House, we cannot refrain from expressing our regret that the columns of the former should be occasionally disfigured with records of accidents and offences so unsuitable for the perusal of the patients, as to leave us only the alternative of either mutilating or altogether suppressing the numbers in which they occur. It has been our object, in selecting both Periodicals and Publications of more permanent interest, to supply those who are fond of reading with matter of an interesting, and, at the same time, of an unexciting nature.

The concluding Table (*Table XV.*) contains a statement of several of the more important particulars relative to the condition of the patients remaining in the House, on the 30th of April of the present year.

A somewhat discouraging circumstance connected with this summary, though one by no means peculiar to this Institution, is the large number referrible to the all but incurable form of Dementia—a number which receives a yearly accession from those cases which have resisted all curative measures, and thus lapsed, one by one, into this form of insanity, or which have been originally admitted in that condition.

This gradual accumulation of chronic cases, along with a very considerable annual increase in the numbers admitted since the last extension of the buildings, have again rendered the accommodation too limited for the comfort and proper classification of the present inmates, and has led to the unpleasant necessity of refusing several applications for the admission of patients from a distance. Many of these cases, no doubt, were of an incurable nature, but others, we have reason to believe, were recent, and likely to have derived benefit from seclusion and treatment.

We have also had occasion lately to refuse admission to a patient belonging to the class designated, by a legal fiction, *criminal lunatics*, and this not only from the want of space just alluded to, but also because we are decidedly opposed to the principle of receiving such persons as inmates of an Asylum destined for the treatment of ordinary cases, who could not, without an act of manifest injustice, be compelled to associate with persons of the reckless and immoral character which too frequently attaches to the former. Such a course, indeed, besides lowering the character of the In-

stitution, would prove still farther injurious, by rendering necessary a system of close confinement and prison discipline, altogether inconsistent with the ordinary arrangements of an Asylum, and we may add, with a reasonable prospect of success in the treatment pursued. The only unobjectionable mode, it appears to us, of disposing of such patients, is to consign them to an establishment constructed for the express purpose; and we are happy to find, that a movement has lately been originated by the office-bearers of the Edinburgh Asylum, towards memorializing Government on a subject so nearly affecting the interests of all the existing Scotch Asylums.

Under these circumstances, we have watched with great interest the progress of the new wing, now fast approaching towards completion, as affording a means of greatly extending the resources of the Institution, by placing at our disposal a suite of apartments admirably adapted, by their general plan and internal arrangements, to answer the ends designed. The day-rooms, three in number, which, like all the others throughout the House, are on the ground floor, are large and cheerful, and open directly into spacious airing grounds; in addition to which there is a small apartment, with airing ground attached, for the occasional seclusion of the more noisy or mischievous patients. Also on the ground floor is a double row of sleeping apartments, which will be appropriated to the use of those paralytic and infirm patients, who are unable to mount a stair, with the addition, if necessary, of the two existing ranges, which connect the North and Back Halls respectively with the new wing.

The upper story consists of a second double range of bedrooms, with a dormitory at each end, adapted for the more intelligent class of inmates. There will be accommodation for about 60 patients in all, of whom 32 will be transferred from the old House, which will thereafter be devoted entirely to the females, until the erection of a similar wing on that side of the House, thus enabling us altogether to dispense with the range of antiquated cells immediately adjoining it, and leaving room for the admission of additional patients on both sides of the House.

In connection with this subject we would again direct your attention to the expediency of providing workshops for such of the

patients as work at various trades, and who at present (there being no place set apart for the purpose,) are obliged to pursue their labours in various parts of the House ill adapted for the purpose, and where they necessarily interfere with the comfort of others.

By a plan recently suggested by the Architect for this purpose, the required accommodation might be obtained at a moderate expense, and we should not then be under the necessity of converting into workshops any of the present day-rooms or dormitories, as otherwise we may have occasion to do. It will at once become apparent, how imprudent it would be thus to limit our accommodation, when it is considered that the increased confidence now felt in public Asylums, and the provisions of the New Poor Law Act for Scotland, must conjointly have the effect of considerably increasing the number of admissions, as compared with those of the last few years, so that the necessity for a still farther extension of the building must be regarded as not far distant.

The proposal which has already come under your notice for erecting a detached Chapel in some part of the grounds, would also contribute in some degree towards the same end, by rendering the hall in which the inmates at present assemble for Divine Service, available either for a dormitory or a day-room, as circumstances might require.

This apartment, which is now too small for the numbers to be accommodated, is in many respects unsuitable for the purpose; and is, besides, open to the very obvious objection of being the only one in which a meeting can be held during the week, for the purposes of dancing or other recreation,—an incongruity readily perceived by the patients, and more calculated probably to produce an injurious effect on their minds than on those of a community of sane persons. On the other hand, the impression produced by *going out* to a detached place of worship could not fail of being soothing and beneficial, as wearing none of the appearance of a place of confinement—an advantage of no trifling moment in a retreat for the insane, whose minds, like those of children, are much under the influence of such associations of ideas.

The good bodily health enjoyed by the household generally

throughout the year is matter of thankfulness, considering how many aged and otherwise infirm persons it now contains, whose constitutions have been broken down by the effects of previous disease.

Notwithstanding the prevalence at one time of fever and small-pox in the town, no disorder of a contagious or epidemic nature has visited the Asylum, with the exception perhaps of three consecutive cases of Erysipelas, one of which was of a grave character, and terminated fatally.

We have continued, as hitherto, to direct much of our attention to the various means of occupying and amusing the patients; the more so, that there exists a necessity for varying these from time to time, in order to keep up an interest in them. This, however, is not the case with regard to agricultural labour, and the various trades which have been previously followed by many of the patients, and we accordingly find that these branches of industry are pursued at all times with zeal and alacrity. In addition to these, the manufacture of mattresses, herring nets, and matting for covering the floors of the sleeping apartments, and also of door-mats, have fully answered our expectations, by affording a light and agreeable employment in bad weather. In a higher sphere, music, reading, and composition, have been sources of amusement, both instructive and pleasing, to which we may add the study, in one or two instances, of the French and German languages, and the revival of classical studies long laid on the shelf.

Literary productions also, of no mean pretensions, which have emanated from the Institution, have found a place in the columns of the "New Moon," and "Morningside Mirror," literary periodicals conducted by the inmates of the Dumfries and Edinburgh Asylums respectively. A turn for drawing, which has lately manifested itself in quarters where its existence had not been suspected, has been encouraged, not only as affording much gratification in the exercise, but also as supplying the means of ornamenting the apartments with sketches of pleasing appearance, and of some little artistic merit. This, we may observe in passing, is one of those apparently unimportant particulars which it is well always to keep in view, as contributing to impart to the

House an air of neatness and comfort, and thus to assimilate it as nearly as may be in appearance to a private dwelling. In carrying out these views, we are materially aided by the plan on which both the main building and the several additions successively made to it have been constructed, which is such as to present to the observer, internally at least, if not also externally, as little of the aspect of a public institution as is compatible with its size, and less, probably, than do the majority of Lunatic Asylums.

An occupation of very general interest among the patients has been the formation, from time to time, of casts in stucco, taken from the heads of some one of their own number, and of which a small but well executed collection has already been formed.

An occasional meeting for dancing is much relished by all, and the weekly practising of music, aided and improved as it has recently been by the addition of a violoncello, continues to keep up its attractions.

In conclusion, we trust it will not be thought out of place to acknowledge here the efficient services of the Attendants, on whose vigilance and kindness of disposition so much of the moral treatment depends, as being at once the companions, the friends, and the guardians of the patients, and whose duties, at all times responsible and fraught with anxiety, are not unfrequently also irksome and fatiguing in the highest degree.

J. MACROBIN, M.D.

J. F. OGILVIE, M.D.

LUNATIC ASYLUM, 30th June, 1846.

At a GENERAL MEETING of the MANAGERS of the LUNATIC ASYLUM, held this day, the aforesaid 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.

(Signed) THO. BLAIKIE, PROVOST, P.

TABLES.

TABLE I.

GENERAL RESULTS OF THE YEAR.

	Males.	Females.	Total.
Patients in the Asylum, 1st May, 1845,	101	89	190
Admitted between 1st May, 1845, and 1st May, 1846,	37	56	93
	<hr/> 138	<hr/> 145	<hr/> 283

REMOVED DURING THE YEAR.

	Males.	Females.	Total.
Recovered,	15	26	41
Improved,	6	8	14
Unimproved,	2	5	7
Dead,	5	8	13
	<hr/> 28	<hr/> 47	<hr/> 75
Remaining in the Asylum, 1st May, 1846,	110	98	208

TABLE II.

CLASSIFICATION OF ADMISSIONS IN REFERENCE TO PARISHES.

	Males.	Females.	Total.
From the Town of Aberdeen, and the Parish of Old Machar,	14	29	43
From other Parishes within the County,	13	16	29
From Parishes beyond the County,	10	11	21
	<hr/> 37	<hr/> 56	<hr/> 93

TABLE III.

AGES OF PATIENTS ADMITTED.

	Males.	Females.	Total.
From 10 to 20,	5	1	6
„ 20 .. 30,	8	14	22
„ 30 .. 40,	8	14	22
„ 40 .. 50,	9	16	25
„ 50 .. 60,	4	5	9
„ 60 .. 70,	2	5	7
„ 70 .. 80,	1	1	2
	<hr/> 37	<hr/> 56	<hr/> 93

TABLE IV.

OCCUPATION OR STATION IN LIFE OF THOSE ADMITTED.

	Males.	Females.	Total.
1. Clergymen,	2 ..	0 ..	2
2. Lawyer,	1 ..	0 ..	1
3. Schoolmaster, Widow of,	0 ..	1 ..	1
4. Student,	1 ..	0 ..	1
5. Merchant,	1 ..	0 ..	1
6. Manufacturer, Daughter of,	0 ..	1 ..	1
7. Matron of an Hospital,	0 ..	1 ..	1
8. Shopkeepers,	1 ..	3 ..	4
9. Tradesmen and Artizans,	11 ..	10 ..	21
10. Farmers, Farm-Servants,	8 ..	12 ..	20
11. Labourers, Gardener,	3 ..	3 ..	6
12. Domestic Servants,	1 ..	10 ..	11
13. Workers in Manufactories,	1 ..	5 ..	6
14. Dressmakers,	0 ..	4 ..	4
15. Soldiers,	2 ..	0 ..	2
16. Fishermen, Fisherwoman,	2 ..	1 ..	3
17. Shipmaster,	1 ..	0 ..	1
18. Porter,	1 ..	0 ..	1
19. Hawker,	0 ..	1 ..	1
20. Distiller,	1 ..	0 ..	1
Uncertain, or of no occupation,	0 ..	4 ..	4
	37	56	93

TABLE V.

SOCIAL CONDITION OF PATIENTS ADMITTED.

	Males.	Females.	Total.
Single,	21 ..	32 ..	53
Married,	16 ..	16 ..	32
Widowed,	0 ..	8 ..	8
	37	56	93

TABLE VI.

FORMS OF THE DISEASE IN THE CASES ADMITTED.

	Males.	Fem.	Total.
Mania—			
Acute,	6 ..	9 ..	15
Chronic,	1 ..	7 ..	8
Recurrent,	3 ..	3 ..	6
Epileptic,	4 ..	0 ..	4
Hysterical,	0 ..	8 ..	8
Puerperal,	0 ..	1 ..	1—14 .. 28 .. 42
Monomania—			
Religious,	1 ..	2 ..	3
Of Pride or Vanity,	3 ..	2 ..	5
Of Suspicion or Jealousy,	3 ..	4 ..	7
Of fancied possessions,	1 ..	1 ..	2
With various delusions,	2 ..	2 ..	4—10 .. 11 .. 21
Melancholia, .. .. .	..	..	7 .. 10 .. 17
Dementia—			
Imbecility,	3 ..	2 ..	5
Fatuity,	1 ..	1 ..	2— 4 .. 3 .. 7
Amentia, .. .. .	..	..	0 .. 1 .. 1
Moral Insanity, .. .. .	..	..	1 .. 2 .. 3
Delirium Tremens, .. .. .	..	..	1 .. 1 .. 2
			<hr/>
			37 56 93

TABLE VII.

SUPPOSED CAUSES OF THE DISEASE IN THE CASES ADMITTED.

	Males.	Fem.	Total.
Physical Causes.	1. Hereditary predisposition,	3 ..	6 .. 9
	2. Predisposition from previous attack,	4 ..	9 .. 13
	3. Natural Imbecility,	0 ..	1 .. 1
	4. Old Age,	0 ..	1 .. 1
	5. Intemperance and Vice,	11 ..	5 .. 16
	6. Poverty and destitution,	0 ..	4 .. 4
	7. Fatigue and excitement,	1 ..	1 .. 2
	8. Bodily injuries,	1 ..	0 .. 1
	9. Disease of Liver,	1 ..	1 .. 2
	10. Fever,	1 ..	0 .. 1
	11. Critical Age,	0 ..	2 .. 2
	12. Amenorrhœa,	0 ..	1 .. 1
	13. Pregnancy,	0 ..	1 .. 1
	14. Parturition,	0 ..	1 .. 1
	<i>Carried forward,</i>	<hr/> 22	<hr/> 34 56

(Table VII. continued.)

		Males.	Fem.	Total.
Moral Causes.	<i>Brought forward,</i>	22	34	56
	15. Religious excitement,	1	1	2
	16. Excitement from other causes,	3	0	3
	17. Domestic unhappiness,	0	3	3
	18. Death of friends,	0	4	4
	19. Disappointment in business,	1	0	1
	20. Disappointment in love,	2	4	6
	21. Hard study,	2	0	2
	22. Anxiety or remorse,	2	1	3
	23. Anger, jealousy,	0	2	2
	24. Fright,	1	1	2
	Unknown,	3	7	10
		39	61	100

TABLE VIII.

PREDISPOSING CAUSES AND COMPLICATIONS IN THE CASES ADMITTED.

		Males.	Fem.	Total.
1.	Hereditary Predisposition—			
	On Father's side,	7	6	13
	On Mother's side,	2	10	12
	On both sides,	2	0	2
	Uncertain on which,	5	15	20—16
			31	47
2.	Previous attack.			
	One previous attack,	7	12	19
	More than one,	6	10	16—13
			22	35
3.	Paralysis.			
	General Paralysis,	1	0	1
	Paralysis of Arm,	1	0	1—2
			0	2
4.	Epilepsy,			5
			1	6
5.	Hysteria,			1
			10	11
6.	Chorea,			0
			1	1
7.	Illusions of the Senses.			
	Of Sight,	3	8	11
	Of Hearing,	1	7	8
	Of Smell,	0	1	1—4
			16	20
8.	Impulses of the Will.			
	Suicidal,	2	7	9
	Homicidal,	1	1	2
	Incendiary,	1	1	2
	Impulse to drink,	1	2	3
	Impulse to steal,	1	0	1—6
			11	17
9.	Scrofula,			1
			0	1

NATURE AND CAUSES OF THE DISEASE IN THE CASES DISCHARGED RECOVERED.

No.	Form of Insanity.	Sex.	Age.	Length of Residence.	Previous duration of Disease.	Moral Cause.	Physical Cause.
1	Acute Mania.	Female.	22	7½ months.	A few weeks.	Disappointment in love.	Hereditary predisposition.
2	Monomania.	Male.	38	4 months.	2 weeks.	.. ..	Bodily injuries?
3	Religious Monomania.	Female.	36	5 months.	4 months.	Domestic unhappiness.	Hyper-lactation.
4	Recurrent Mania.	Female.	56	15 months.	3 weeks.	.. ..	Hereditary predisposition.
5	Acute Mania.	Male.	28	9 months.	A year.	.. ..	Dissipation, injury of head.
6	Monomania of Suspicion.	Male.	29	6 months.	5 months.	.. ..
7	Acute Mania.	Female.	24	3 months.	2 months.	.. ..	Pleuritis.
8	Acute Mania.	Female.	27	2 months.	1 day.	Religious excitement.	Hereditary predisposition, previous attack.
9	Recurrent Mania.	Female.	62	8 months.	14 days.	.. ..	Previous attack.
10	Recurrent Mania.	Female.	47	3 months.	5 days.	.. ..	Hereditary predisposition, previous attack.
11	Mania é Potu.	Female.	32	3 months.	1 day.	.. ..	Hereditary predisposition, intemperance.
12	Acute Mania.	Female.	33	3 months.	5 weeks.	.. ..	Acute Rheumatism.
13	Monomania of Vanity.	Male.	48	4 months.	3 months.	.. ..	Previous attacks.
14	Hysterical Mania.	Female.	32	3 months.	2 weeks.	Disappointment in love.	Previous attack.
15	Recurrent Mania.	Male.	60	3 months.	2 months.	.. ..	Previous attacks.
16	Acute Mania.	Male.	41	2 months.	10 days.	Excit. in business, domestic unhappiness.	Hereditary predisposition.
17	Acute Mania.	Male.	19	4 months.	2 months.	Close study. [happiness.	Previous attacks, intemperance.
18	Monomania of Suspicion.	Male.	45	5 months.	3 weeks.	.. ..	Hereditary predisposition, bodily injury.
19	Acute Dementia.	Female.	59	7 months.	3 months.	.. ..	Hereditary predisposition, previous attack.
20	Chronic Mania.	Female.	35	3 months.	A few days.	.. ..	Over-exertion in business.
21	Melancholia.	Female.	70	4 months.	3 months.	Anxiety.	Previous attacks.
22	Recurrent Mania.	Female.	46	3 months.	2 weeks.	.. ..	Hereditary predisposition.
23	Melancholia.	Female.	40	3 months.	A year.	Anxiety in business	
24	Monomania of Suspicion.	Male.	34	2 months.	10 days.	.. ..	Dissipation, Amenorrhœa.
25	Mania é Potu.	Female.	57	6 months.	A few days.	.. ..	Hereditary predisposition & previous attack.
26	Recurrent Mania.	Female.	22	4 months.	3 weeks.	Disappointment in love.	Hereditary predisposition, injury of head.
27	Acute Mania.	Male.	41	7 months.	10 days.	A quarrel, domestic unhappiness	Hereditary predisposition, excess in use of tea.
28	Hysterical Mania.	Female.	61	3 months.	5 weeks.	.. ..	Hereditary predisposition, poverty.
29	Acute Mania.	Male.	23	9 months.	8 months.	Religious excitement.	Hereditary predisposition.
30	Acute Dementia.	Female.	20	8 months.	2 weeks.	Remorse.	Previous attack.
31	Acute Mania.	Male.	24	3½ months.	Uncertain.	.. ..	Scrofula, hereditary predisposition, previous attack.
32	Melancholia.	Male.	38	2½ years.	Uncertain.	.. ..	Dissipation.
33	Recurrent Mania.	Female.	32	6 months.	A few days.	.. ..	Hereditary predisposition, previous attack, dissipation.
34	Mania é Potu.	Female.	28	6 months.	1 month.	.. ..	Amenorrhœa.
35	Melancholia.	Female.	42	2 months.	10 days.	Anxiety in business.	Hereditary predisposition, previous attacks.
36	Acute Mania.	Male.	28	4 weeks.	6 weeks.	.. ..	Hereditary predisposition, excess use of tobacco.
37	Monomania of Suspicion.	Female.	48	2 months.	A few days.	Jealousy.	Hereditary predisposition, previous attacks.
38	Melancholia.	Female.	25	6 months.	8 weeks.	Death of relatives.	Hereditary predisposition.
39	Hysterical Mania.	Female.	45	6 months.	14 days.	.. ..	Hereditary predisposition, dissipation.
40	Acute Mania.	Female.	60	4 months.	8 years.	.. ..
41	Monomania.	Female.					

TABLE X.

CAUSES OF DEATH, AND POST-MORTEM APPEARANCES.

No.	Form of Insanity.	Sex.	Age.	Length of Residence.	Cause of Death.	MORBID APPEARANCES	
						In the Head.	In other parts of the body.
1	Dementia.	Fem.	57	14 years.	Bronchitis.	Several oz. of serum effused between the layers of the arachnoid.—Substance of brain unusually vascular.	Numerous small cavities and masses of advanced tubercle in both lungs. Extensive adhesions of right lung. Slight adhesions of pericardium. Scrofulous degeneration of left kidney.
2	Melancholia.	Fem.	44	11 months.	Suicide.	Scalp gorged with blood. Dura mater vascular, and strongly adherent to the skull-cap. Parts of brain around the lateral ventricles softened. Puncta sanguinea numerous. Nearly 5 oz. of bloody serum in spinal canal, and between the layers of the arachnoid.	Lungs both tuberculated and slightly adherent at the apex. Heart small, with several superficial light-coloured spots. Colon abnormally long and tortuous, and tied down by adhesions to the peritoneum and neighbouring viscera.
3	Mania.	Fem.	47	A year.	Maniacal exhaustion.	No morbid appearances.	Left lung adherent in its upper lobe.—Colon tortuous.
4	Dementia.	Fem.	42	2 years.	General Paralysis.	Effusion of serum under the arachnoid, and in the ventricles.	Fracture of the neck of the right femur united by ligament.
5	Dementia.	Fem.	65	15½ years.	Old age and exhaustion.	Dura mater strongly adherent. Effusion of serum into subarachnoid spaces and ventricles.	Both lungs were slightly adherent, and contained some small masses of crude tubercle. Small calcareous concretions in the liver. Both kidneys lobulated.
6	Dementia with Epilepsy.	Male.	56	18½ years.	General Dropsy.	Dura mater adherent.—Much serum in ventricles and subarachnoid spaces.	The pericardium was adherent to the surrounding parts, and its cavity entirely obliterated. Very great hypertrophy of the heart, especially of the left ventricle. Aortic valves ossified. Extensive adhesions of both lungs, and general cellular tissue infiltrated with serum.
7	Mania with Epilepsy, and impulse to steal.	Male.	57	27 days.	Erysipelas.	Dura mater adherent. Diffused opacity of arachnoid. Effusion of serum in ventricles.	No morbid appearances.
8	Melancholia.	Male.	19	21 days.	Exhaustion.	Softening of cineritious substance of brain.	Colon elongated. Great general emaciation.
9	Dementia.	Fem.	38	8 years.	Phthisis pulmon.	No morbid appearances.	Cavities in both lungs, and extensive adhesions.
10	Mania.	Male.	76	5 years.	Bronchitis.	Dura mater adherent. Effusion of serum in subarachnoid spaces.	Costal cartilages ossified. Left lung gorged with blood, and adherent in several places.
11	Mania.	Fem.	55	7 years.	Tumour at the base.		

TABLE XI.

NUMBER OF ADMISSIONS, RECOVERIES, AND DEATHS, DURING EACH MONTH OF THE YEAR.

Months.	Admissions.			Recoveries.			Deaths.		
	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.
May,	3	3	6	1	2	3	0	1	1
June, . . .	6	5	11	1	1	2	0	0	0
July, . . .	2	4	6	1	3	4	0	1	1
Aug.	2	3	5	0	1	1	0	1	1
Sept.	1	4	5	2	3	5	0	0	0
October, . .	2	8	10	2	0	2	0	2	2
Nov.	3	3	6	2	4	6	0	2	2
Dec.	8	5	13	1	0	1	2	0	2
January, . .	0	4	4	0	2	2	1	1	2
February, .	0	7	7	1	0	1	0	0	0
March, . . .	5	4	9	1	3	4	1	0	1
April, . . .	5	6	11	3	7	10	1	0	1
	37	56	93	15	26	41	5	8	13

TABLE XII.

COMPARATIVE RESULTS OF THE LAST 7 YEARS.

Year.	Admitted.			Recovered.			Died.			Mean No. Resident.
	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	
1839-40. . .	38	35	73	13	13	26	6	4	10	140
1840-41. . .	22	26	48	9	16	25	10	9	19	144
1841-42. . .	26	30	56	13	9	22	5	5	10	150
1842-43. . .	26	25	51	13	13	26	6	5	11	152
1843-44. . .	35	36	71	12	16	28	8	4	12	167
1844-45. . .	31	43	74	15	15	30	4	3	7	183
1845-46. . .	37	56	93	15	26	41	5	8	13	200

TABLE XIII.

INSTANCES OF NEAR RELATIVES IN THE ASYLUM AT THE SAME TIME.

1. Two Sisters - - - in 3 instances.
2. Cousins-German, - in 1 instance.
3. Aunt and Niece, - - in 1 ..
4. Father and Son, - - in 1 ..

TABLE XIV.

LIST OF PERIODICALS FOR GENERAL READING, CIRCULATED AMONG THE PATIENTS.

1. Athenæum.
2. Penny Magazine.
3. Saturday Magazine.
4. Chambers's Journal.
5. Miscellany.
6. Illustrated London News.
7. Punch.
8. Times.
9. Aberdeen Journal.
10. Magazin Pittoresque.
11. New Moon.
12. Morningside Mirror.

TABLE XV.

CONDITION OF PATIENTS REMAINING IN THE ASYLUM.

			Males.	Fem.	Total.
Social Condition.					
Married,	..	..	20	21	41
Single,	..	..	86	66	152
Widowed,	..	..	4	11	15
Form of Insanity.					
Mania,	..	..	11	15	26
Monomania,	..	..	27	20	47
Melancholia,	..	..	3	5	8
Dementia,	..	..	65	56	121
Amentia,	..	..	1	1	2
Moral Insanity,	..	..	3	1	4
Complications.					
Epilepsy,	..	..	10	7	17
Paralysis,	..	..	4	1	5
Hysteria,	..	..	0	8	8
Chorea,	..	..	0	1	1
Occupation.					
Employed,	..	..	56	47	103
Unemployed,	..	..	54	51	105
Attend Chapel,	..	..	70	67	137
Total number in the Asylum, 1st May, 1846,					
			110	98	208