

Annual report of the Royal Edinburgh Asylum for the insane : For the year ending 31st December 1871.

Contributors

Royal Edinburgh Asylum.
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ANNUAL REPORT
OF THE
ROYAL EDINBURGH ASYLUM
FOR
THE INSANE.



FOR THE YEAR ENDING 31ST DECEMBER 1871.

EDINBURGH:
PRINTED AT THE ROYAL ASYLUM PRESS.
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ROYAL EDINBURGH ASYLUM.

Patroness—The Queen.

OFFICE-BEARERS FOR 1872.

GOVERNOR—

THE DUKE OF BUCCLEUCH AND QUEENSBERRY.

DEPUTY-GOVERNORS.

The EARL OF STAIR.
CHAS. COWAN, Esq.

DUNCAN M'LAREN, Esq., M.P.
E. S. GORDON, Esq., Q.C.

EXTRAORDINARY MANAGERS.

Lord Provost of the City of Edinburgh.	Sheriff of the County of Edinburgh.
Lord President of the Court of Session.	Principal of the University of Edinburgh.
Lord Justice-Clerk of the Court of Justiciary.	President of the Royal College of Physicians.
Lord Advocate of Scotland.	President of the Royal College of Surgeons.
Solicitor-General of Scotland.	Senior Minister of Edinburgh.
Dean of the Faculty of Advocates.	Master of the Merchant Company.
Deputy-Keeper of Her Majesty's Signet.	Preses of the Society of Solicitors.
Members of Parliament for the City.	Dean of Guild of the City.
Member of Parliament for the County.	Deacon Convener of the Trades.

ORDINARY MANAGERS.

The Lord Provost (*ex-off.*)
Thomas Swanston, Esq.
Alexander Auchie, Esq.
David Curror, Esq.
Robert Omond, Esq., M.D.
James Lewis, Esq.
William Skinner, Esq.
David Dickson, Esq.

Robert Lee, Esq., Advocate.
James Wilson, Esq.
D. J. Brakenridge, Esq., M.D.
James Blackadder, Esq.
Alex. Brown, Esq.
George A. M'Laren, Esq.
John Parker, Esq.

MEDICAL BOARD.

President of the Royal College of Physicians—President of the
Royal College of Surgeons—Professor MacLagan—
Professor Sir Robert Christison, Bart.—Dr Alexander Wood.

DR SKAE, *Resident Physician.*

DR WRIGHT, DR HAIGH, and DR SHEAF, *Medical Assistants.*

The Rev. A. B. M'Culloch, *Chaplain.*

Mr Andrew Leslie, *House Superintendent.*

David Scott Moncrieff, W.S., *Clerk and Treasurer.*

ROYAL EDINBURGH ASYLUM

REPORT OF THE

COMMISSIONERS FOR 1873

GOVERNMENT

THE DEER OF HUGHES AND GUNTER

PRINTED BY

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The Printer, 10, N. B. Street, Edinburgh.

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Introduction of the Act of 1853, which provided for the establishment of the Asylum for the insane, and the appointment of the Commissioners for the management of the same. The Act of 1853, which provided for the establishment of the Asylum for the insane, and the appointment of the Commissioners for the management of the same. The Act of 1853, which provided for the establishment of the Asylum for the insane, and the appointment of the Commissioners for the management of the same.

GENERAL STATEMENT

The total number of patients admitted during the year 1873 was 1,234. The total number of patients discharged during the year 1873 was 1,156. The total number of patients who died during the year 1873 was 123. The total number of patients who were transferred to other asylums during the year 1873 was 45.

FINANCIAL STATEMENT

The total amount received during the year 1873 was £10,000. The total amount expended during the year 1873 was £9,500. The balance carried forward to the year 1874 was £500.

The Commissioners have the honor to acknowledge the assistance rendered by the various departments of the Government, and the public, in the management of the Asylum during the year 1873.

REPORT
 BY
THE ORDINARY MANAGERS
 OF THE
ROYAL EDINBURGH ASYLUM FOR THE INSANE.

*Presented to the Annual General Meeting of the Corporation,
 held on Monday, 26th February 1872.*

During the past year the average daily number of Patients under treatment in the Asylum amounted to 734, of whom 66 were accommodated in the East House, and 668 in the West. Contrasted with the preceding year, the above numbers exhibit a decrease of 3 Patients in the East House, and an increase of 21 in the West House, giving a result of 18 additional Patients in both houses.

The accounts of the Treasurer's intromissions with the funds of the Corporation are herewith submitted. From these it appears that the Ordinary Income during the past year amounted to£26,090 10 5
 The Ordinary Expenditure (including instalment towards Sinking Fund) to..... 25,711 16 8
 And the Surplus Revenue to £378 13 9

During the previous year the surplus amounted to £1831 1s. 10d., so that the profits of the institution have considerably declined during the year that is past. While regretting that the accounts for the year should not exhibit a more favourable result,

the Managers are glad to be able to report that the falling off is not owing to any diminution in the sums received for the board of Patients, but is wholly to be attributed to the advance in the cost of maintenance. During the year 1871 the boards received for Patients amounted to £23,468 19s. 3d. against £22,806 14s. 3d. received in the year 1870, shewing an advance of £662 5s., while the cost of provisions, owing to the rise in prices, advanced £785, and the cost of bedding and clothing nearly £600, chiefly owing to many of the Pauper Patients, on the recommendation of the Commissioners in Lunacy, being furnished with hair mattresses, and with clothing of a better description than formerly. Farther, a new pair of work horses had to be purchased at a cost of £113, and there has been a considerable rise in the price of coal.

In the circumstances above set forth, the Managers cannot recommend that any change be made in the present rates of board charged for the Patients.

The amount of debt due by the Corporation at 31st December 1871 was £19,916 16s. 2d., being an advance of £668 19s. over the amount at the close of the preceding year. Upon turning, however, to the Treasurer's accounts, it will be observed that £2421 13s. 6d. has been expended on new buildings, forming a charge wholly against capital. That the debt has not been correspondingly increased is due to the surplus revenue above stated, and to the circumstance of there being a large balance of over payments at the credit of the Sinking Fund account, which rendered it unnecessary last year to apply the full statutory instalment towards the payment of the Parliamentary Debt.

The Statutory Debt has been reduced during the past year by the sum of £100 paid to account of one of the Bonds. The total amount of the said debt is now £16,963 9s., and the payments made to account through the operation of the Sinking Fund since the debt was constituted have been upwards of £1000 in excess of the requirements of the Statute.

The Managers have now the pleasure of reporting that the additional wing to the west of the East House, referred to in their last year's Report, has been finished, and is occupied by the class of Patients for whom it was designed. The various apartments

are handsomely furnished, and give the greatest satisfaction to the inmates.

Owing to a new Gardener having been engaged, who required a house for his family, and the lodge at the east gate being damp and inconvenient as a residence, the Managers considered it their duty to take estimates for a new and more commodious cottage close to the old one. At the same time they took estimates for a new stable and cart-shed close to the piggery, the present stable, which is near the East House, being in disagreeable proximity to the apartments occupied by the better class of Patients, and being also most inconveniently situated for working the grounds. The contract price of these works, taken together, amounted to £800, and both the cottage and the stable are now completed and occupied. This heavy outlay, added to the balance of the cost of the additions to the East House, and the painting and papering of the additions to the West House, will account for the extraordinary expenditure being so large.

The expense of furnishing the new apartments of the East House, which is considerable, will appear in the account for the current year. The Managers, acting on the suggestion of the Commissioners in Lunacy, have also in view making extensive changes in the structural arrangements of the West House, so as to render the corridors less gloomy and prison-like. It is therefore probable that the extraordinary expenditure will be considerable for some time to come.

On the night of the 17th day of November last a fire broke out in the north-east corner of the square of offices at the back of the West House, the consequences of which would have been very disastrous had not the conflagration, soon after it was observed, been extinguished by the prompt application of the fire-hose purchased by the Managers a few years ago. The building was insured; and the Managers have pleasure in recording their sense of the liberality of the North British and Mercantile and Scottish Union Insurance Companies in settling the claim of damages.

In the early part of the year just closed, in consequence of the indisposition of Dr Skae, who has so long acted as the invaluable Physician-Superintendent of the Asylum, the Managers granted

him leave of absence for three months. He returned to his duties greatly benefited in health, and during his absence the Managers were fortunate in securing the services of Dr Oswald, a medical gentleman of high standing in the Madras Army, to supply his place.

In reference to the additions to the East House above referred to, the internal management of the Asylum, and the condition of its numerous inmates, the Managers beg leave to make the following quotations from the Report of Sir James Coxe, Commissioner in Lunacy, on the occasion of his last statutory inspection of the Asylum, made on 30th November last:—"In the East House the drawing-room, dining-room, and new bed-rooms are ready for occupation, and present a very cheerful and comfortable appearance. The furniture and fittings are of the best description, and the general aspect of the accommodation is that of a well-appointed private house." * * * Again: "Every part of the establishment was found in excellent order. The bedding was clean, and in good condition; and the Patients of both sexes were clean in person, and, as a rule, tidy in dress. In the clothing of the men a great improvement is being effected by the substitution of tweed of an excellent description for the blue cloth hitherto used, and by the conversion of the short jacket into a coat of reasonable length; the immediate cost of the change will probably be neutralised by the longer last of the garment.

"Great tranquillity prevailed in both houses. In the female separate buildings of the West House one or two of the inmates became vociferous during, and apparently in consequence of, the visit; but the diminution of excitement in this part of the establishment was very marked, and, on enquiry, it was stated to be habitual. This change may be ascribed partly to the improved nature of the accommodation of these wards, partly to the increased amount of extended exercise now taken by the Patients, and partly to the facilities now enjoyed of isolating cases of excitement by the increase in the number of single rooms. In the male separate building there was likewise an absence of excitement; but the aspect of the accommodation and of the Patients in this part of the establishment is, notwithstanding some im-

provement, still rough and unsatisfactory. Better internal surroundings, and greater facilities for exercise, would, it is believed, tend greatly to effect a beneficial change in this department."

During the last session of Parliament the Government introduced into and carried through the House of Commons a bill to amend the law relating to criminal and dangerous Lunatics, one of the provisions being, that the Managers of Public Asylums might be required to provide for the reception of insane prisoners if they had sufficient accommodation at their disposal. Thinking that the interests of the Asylum might be injuriously affected by such a provision, the Managers of the Edinburgh Asylum, in conjunction with the persons at the head of most of the Public Asylums in Scotland, opposed the bill in the House of Lords, and succeeded in securing that the compulsory clauses which it contained should be confined to Asylums supported by assessment.

The Reports of the Resident Physician and of the Charity Committee are herewith submitted.

(Signed) CHARLES COWAN.

REPORT
 OF THE
CHARITY COMMITTEE OF MANAGERS
 FOR THE YEAR ENDING 31ST DECEMBER 1871.

The Account of the Treasurer's Intrmissions with the Charity Fund during the past year is herewith submitted, shewing an Income ofL.467 10 11
 And an Expenditure of..... 248 1 0
L.219 9 11

Whereof the sum received in Legacies and Donations amounts to.....L.137 0 0
 And the Surplus Revenue,..... 82 9 11
219 9 11

The amount of the Fund at 30th December last was L.8913 19s. 6d., being an increase of the above sum of L.219 9s. 11d. over the amount at 31st December 1870.

The total number of Patients who have derived benefit from the Fund during the year was 21, the average number on the roll each quarter being 20, and the average allowance to each Patient L.11 16s. 2d.

Amongst the Legacies bequeathed to the Institution, the Committee have particularly to refer to the sum of L.100 left by Miss Ann Stirling Dundas for the exclusive benefit of the Pauper inmates. Upon the recommendation of the Physician-Superintendent, the Committee resolved to spend the money in providing carpeting, curtains, and similar luxuries for such of the Paupers as are capable of enjoying them.

(Signed) CHARLES COWAN.

ABSTRACT

OF THE

TREASURER'S ACCOUNTS

FOR THE YEAR 1871.

CHARGE.

I. Balance of last Account closed 31st December 1870,		L.2,715 11 10
II. Arrears of Board given up in last Account,	L.170 11 8	
Less amount which the Treasurer was authorised to write off as irrecoverable,	74 11 7	
		96 0 1
III. Patients' Boards per Board Books—		
For Quarter ending 31st March 1871,	<i>Males.</i>	<i>Females.</i>
Do. Do. 30th June 1871,	L.2,917 17 4	L.2,866 17 3
Do. Do. 30th September 1871,	2,947 15 8	2,915 0 7
Do. Do. 31st December 1871,	3,026 18 0	2,929 4 5
	L.11,834 10 2	L.11,604 5 0
		11,834 10 2
		L.23,438 15 2
<i>Add</i> —May 11, 1871, Received from City Parish amount recovered by them from other Parishes liable for a higher rate of Board,	L.30 14 6	
Received from St Cuthberts' Parish, do. do.,	10 10 4	
	41 4 10	
<i>Deduct</i> —Repaid for Patients last year,	11 0 9	
		30 4 1
		23,468 19 3
IV. Accounts due by Patients for clothes and extraordinary furnishings of various kinds, supplied through the House Superintendent and Matrons, at the expense of the institution, and charged against the recipients—		
For Quarter ending 31st March 1871,	<i>Males.</i>	<i>Females.</i>
Do. Do. 30th June 1871,	L.307 11 11	L.293 16 2
Do. Do. 30th Sept. 1871,	262 14 10	191 14 9
Do. Do. 31st Dec. 1871,	289 4 7	253 3 10
	L.1,166 16 5	L.994 18 7
		1,166 16 5
		2,161 15 0
V. Price of Crop, Pigs, Bones, and Sundries disposed of—		
1. Price received for Pigs sold,	L.246 13 2	
Less paid for Pigs bought,	1 10 0	
	L.245 3 2	
2. Price received for Wheat and Barley,	105 7 6	
3. Ditto Bones and Rags,	44 8 3	
4. Ditto Horses sold,	25 1 0	
5. Ditto Sundries,	39 16 3	
		459 16 2
Carry forward,		L.28,902 2 4

	Brought forward,	L.28,902 2 4
VI. Sums Insured over building destroyed by fire on 18th November 1871—		
1871.		
Dec. 1, Received from Scottish Union Insurance Co.,	L.69 10 0	
„ 5, Received from North British and Mercantile Insurance Company,	69 10 0	
„ 30, Received from do. <i>ex gratia</i> allowance in respect of Gardeners' implements, &c. destroyed by said fire,	25 0 0	
Received from Scottish Union Insurance Co., do.,	25 0 0	
	<hr/>	189 0 0
Amount of Charge,		<hr/> <hr/> L.29,091 2 4

DISCHARGE.	East House.			West House.			TOTAL.		
	L.	s.	d.	L.	s.	d.	L.	s.	d.
I. Expense of Provisions,	2,296	17	1	8,230	10	10½	10,527	7	11½
II. Do. Clothing, Bedding, Napery, &c.	122	8	6	2,091	11	9	2,214	0	3
III. Do. Fuel,	126	14	3	632	19	9	759	14	0
IV. Do. Lighting,	89	15	0	267	14	9	357	9	9
V. Do. Water and Washing Materials,	68	18	11	360	19	4	429	18	3
VI. Do. Medical and Surgical Expenses,	23	4	8	69	13	0	92	17	8
VII. Do. Books, Stationery, and Amusements,	49	7	11	148	3	9	197	11	8
VIII. Do. Tobacco, Snuff, &c.	16	2	10	191	16	0	207	18	10
IX. Do. Sundry Furnishings and Repairs,	472	2	2	981	19	4½	1,454	1	6½
X. Do. Garden and Grounds,	...	...	...	353	19	6½	353	19	6½
XI. Public and Parochial Burdens,	37	16	1	113	8	4	151	4	5
XII. Interest on Loans paid,	...	...	...	870	15	4	870	15	4
XIII. Fen-dues and Stipend,	...	...	...	399	12	8	399	12	8
XIV. Insurance Premiums,	5	19	2	17	17	7	23	16	9
XV. Salaries and Wages,	1,269	3	9	3,327	15	11½	4,596	19	8½
XVI. Miscellaneous Payments,	61	10	11	184	12	11	246	3	10
XVII. Accounts paid on behalf of Patients, and charged against them,	1,677	7	2½	...	...	...	1,677	7	2½
Amount of Ordinary Disbursements,	6,317	8	5½	18,243	10	11	24,560	19	4½
XVIII. Extraordinary Expenditure, being advances to Contractors for new buildings, &c.	...	...	...	...	...	...	2,421	13	6
XIX. Statutory Debt paid off,	...	...	...	...	...	...	100	0	0
XX. Arrears of Boards and Extras outstanding at 31st December 1871,	...	...	...	...	...	...	61	16	8
Balance of this Account at ditto,	...	...	...	...	...	...	1,946	12	9½
							<hr/> <hr/> L.29,091 2 4		

ABSTRACT OF INCOME AND EXPENDITURE FOR THE YEAR ENDING 31st DECEMBER 1871.

INCOME—	
I. Boards,	L.23,468 19 3
II. Extra Accounts due by Patients,	2,161 15 0
III. Produce and Sundries sold,	459 16 2
	<hr/>
Carry forward,	L.26,090 10 5

	Brought forward,	L.26,090 10 5
EXPENDITURE—		
I. Amount of Ordinary Disbursements, as stated in Discharge of preceding Account,	L.24,560 19 4	
Deduct Interest on Debt,	870 15 4	
	<u>L.23,690 4 0</u>	
II. Instalment to Sinking Fund,	1,810 0 0	
III. Interest on Debt not secured in terms of Statute, and not payable out of Sinking Fund,	211 12 8	
	<u>25,711 16 8</u>	
Surplus Ordinary Income,		<u><u>L.378 13 9</u></u>

ABSTRACT OF INCOME AND EXPENDITURE

OF THE EAST AND WEST HOUSES RESPECTIVELY.

I. EAST HOUSE.

INCOME—		
I. Boards,		L.5,830 3 9
II. Extra Accounts,		2,161 15 0
		<u>L.7,991 18 9</u>
EXPENDITURE—		
Amount thereof chargeable against East House, as stated in Discharge,	L.6,317 8 5	
Add value of Vegetables, &c. furnished from Garden,	228 4 9	
Do. value of Work performed by Mechanics assisted by Patients, including material supplied,	178 19 9	
	<u>L.6,724 12 11</u>	
Surplus Income of East House,		<u>L.1,267 5 10</u>

II. WEST HOUSE.

INCOME—		
I. Boards,	L.17,638 15 6	
II. Produce sold,	459 16 2	
III. Vegetables supplied to East House,	228 4 9	
IV. Work performed at East House, including material used,	178 19 9	
	<u>L.18,505 16 2</u>	
EXPENDITURE—		
I. Amount thereof chargeable against West House, as stated in Discharge,	L.18,243 10 11	
Deduct Interest of Debt,	870 15 4	
	<u>L.17,372 15 7</u>	
II. Instalment to Sinking Fund,	1,810 0 0	
III. Interest of Unsecured Debt,	211 12 8	
	<u>19,394 8 3</u>	
Balance against West House,		<u>888 12 1</u>
Total Surplus, as before,		<u><u>L.378 13 9</u></u>

TABULAR VIEW of the Cost per head per annum of the undernoted items allocated upon Patients, of whom 66 represents the Daily Average of the East House, and 668 the Daily Average of the West House.

	East House.	West House.
I. Provisions (including share of Attendants' provisions),	L.34 16 0	L.12 6 5
II. Clothing, Bedding, Napery, &c.,	1 17 1	3 2 7
III. Fuel,	1 18 4	0 18 11
IV. Lighting,	1 7 2	0 8 1
V. Water and Washing materials,	1 0 10	0 10 11
VI. Medicines and Surgical apparatus,	0 7 0	0 2 1
VII. Books, Stationery, &c.,	0 14 11	0 4 5
VIII. Tobacco, Snuff, &c.,	0 4 10	0 5 8
IX. Furnishings and Repairs,	7 3 0	1 9 4
X. Garden and Grounds, . . . . .	... ..	0 10 7
XI. Public Burdens and Stipend,	0 11 0	0 3 4
XII. Insurance,	0 1 9	0 0 6
XIII. Salaries and Wages,	19 4 7	4 19 7
XIV. Estimated value of Fruit and Vegetables and Labour supplied by West to East House,	6 1 10	... ..
XV. Miscellaneous Payments,	0 18 11	0 5 6
		<hr style="width: 100%; border: 0.5px solid black;"/>
		L.25 7 11
Deduct value of Produce sold, and Supplies furnished to East House (L.867 0s. 8d.), . . . . .	... ..	1 5 11
Total Cost of Maintenance of each Patient during the year, exclusive of House Rent, Interest of Debt, Feu- duty, and instalment to Sinking Fund,	<hr style="width: 100%; border: 0.5px solid black;"/> L.76 7 3	<hr style="width: 100%; border: 0.5px solid black;"/> L.24 2 0

NOTE.—The Patients in the East House, in addition to the above items, pay for their own Clothes, Stimulants, Tobacco, and extraordinary furnishings of all kinds, as stated in Branch XVII. of Discharge.

ABSTRACT
 OF THE
TREASURER'S INTROMISSIONS,
 WITH THE
FUNDS OF THE CHARITY COMMITTEE
 FOR THE YEAR 1871.

CHARGE.

I. Balance of last Account—		
Dec. 31, 1870, Balance in Treasurer's hands at this date,	£344	9 7
II. Interests received—		
1. On Bonds by Royal Edinburgh Asylum for L.3300, L.2400, and L.1000.		
May 15, 1871, Half-year's Interest at 4 per cent., less		
49s. 7d. tax,	£131	10 5
Nov. 11, 1871, Do. do. less 67s. tax,	130	13 0
		£262 3 5
2. On Loans to the Royal Edinburgh Asylum of L.150, L.1000, and L.500.		
May 15, 1871, Half-year's Interest at 4 per cent., less 12s. 2d. tax,	£32	7 10
Nov. 11, 1871, Do., less 16s 6d. tax,	32	3 6
		64 11 4
Add Progressive Interest on this Account, per State,	3	16 2
		330 10 11
III. Donation—		
March 17, 1871, Received from the Earl of Stair donation for 1871,		2 0 0
IV. Legacies received—		
Jan. 17, 1871, Received from the Executors of Mrs E. Scott or Duncan amount of legacy bequeathed by her to the Asylum, less L.5 of legacy duty,	£45	0 0
Nov. 13, 1871, Received from the Executors of the late Miss Ann Stirling Dundas amount of legacy bequeathed by her to the Asylum, less L.10 of legacy duty,	90	0 0
		135 0 0
Amount of the Charge,	£812	0 6

DISCHARGE.

I. Sums paid to Royal Edinburgh Asylum on account of Boards, &c.—
1871.

Jan. 11, Paid Quarter's Boards to 31st March, per list,	.	£58	7	6
April 13, Do. do. 30th June, do.	.	62	12	6
July 11, Do. do. 30th Sept., do.	.	62	12	6
Oct. 12, Do. do. 31st Dec., do.	.	62	12	6
„ 23, Paid extra account for Mr G. C. Ritchie,	.	1	16	0
		<hr/>		
		£248	1	0

II. Balance in Treasurer's hands—

Dec. 31, 1871, Balance at this date,	.	.	.	.	563	19	6
Amount of Discharge equal to Charge,	.	.	.	.	£812	0	6

STATE OF FUNDS AT 31ST DECEMBER 1871.

1. Amount held in Loan by Managers of Asylum,	.	.	£8350	0	0
2. Balance in Treasurer's hands, per above Account,	.	.	563	19	6
			<hr/>		
			£8913	19	6

PHYSICIAN'S ANNUAL REPORT

FOR THE YEAR 1871.

PHYSICIAN'S ANNUAL REPORT

FOR THE YEAR 1871.

I have the honour to submit to you my Report of the past year. The following Table exhibits the general results regarding the admission, removal, recovery, and death of Patients:—

TABLE I.—*General Results of the Year.*

	Males.	Females.	TOTAL.
Number of inmates at the close of 1870,	354	366	720
Absent on Probation,	2	1	3
Admitted during the year 1871, . . .	356	367	723
124	145	269	
Total number under treatment, . .	480	512	992
Discharged, M. 75 F. 91 = 166.			
Of whom were Recovered, M. 37 F. 43 = 80			
... .. Relieved, 13 14 = 27			
... .. not Improved, 25 34 = 59			
Absent on Probation at 31st } 3 5 = 8			
December 1871, }			
Deaths, 37 39 = 76			
	115	135	250
Total number at the close of 1871, .	365	377	742
Average number daily resident during the } Males. Females. Total.			
year 1871, } 360 ²⁵⁶ / ₃₆₅ 373 ¹⁶³ / ₃₆₅ 734 ⁵⁴ / ₃₆₅			
Do. Do. 1870, } 346 ¹⁶ / ₃₆₅ 370 ¹⁰ / ₃₆₅ 716 ²⁶ / ₃₆₅			
Increase in 1871 of average number daily } 14 ²⁴⁰ / ₃₆₅ 3 ¹⁵³ / ₃₆₅ 18 ²⁸ / ₃₆₅			
resident, }			

The number of Patients in the Asylum at the close of 1870 was 720, exclusive of three absent on probation.

Two hundred and sixty-nine Patients were admitted during the

year 1871. The removals during the same period were 166, and of these 80 were recovered, giving a per centage of 29·8 on the admissions, a small number as compared with the usual results of treatment in this Asylum. This finds an ample explanation in the fact, that in 1870, when the per centage of recoveries was 44·5 on the admissions, the per centage of incurable Patients was fairly estimated at 40·3, but for this year the per centage of incurables is found to reach the considerably larger number of 58·7 on the admissions.

The number of Patients admitted into this Asylum since it was opened now amounts to 7965, of whom 3058 have been discharged recovered, being in the ratio of 38·39 to the admissions, or 42·33 per cent., if those remaining under treatment are deducted.

The number of inmates at the end of 1871 was 742, being 22 in excess of the number (720) resident at the end of the preceding year.

It must be a matter of congratulation to you, as Managers of the Asylum, as it is to myself as Medical Superintendent, that notwithstanding the prevalence in Edinburgh for months past of small-pox in the epidemic form, and other diseases of an epidemic type, the health of our special community has not suffered in any special or material degree. Our perfect immunity from small-pox hitherto is no doubt attributable to the means at once adopted of vaccinating all the inmates of the establishment, patients, officers, and attendants. It is true that our death-rate of the past year is a high one, but this is owing almost without exception to the effect of the trying season on constitutions debilitated by long continued illness or advanced age.

The additions to the East House accommodation, which were in progress at the time of my last Report, are now completed. Such improvements, by adding to the amenities of the house, by promoting a home feeling, and facilitating those mental diversions which are so very desirable in an institution of this kind, are important aids to recovery from many forms of insanity, and besides promote the happiness of the many for whom hopes of recovery cannot be entertained.

Nor in the West House have social improvements of a similar kind been neglected on a scale proportionate to the department

for which they were intended. The addition of a sitting-room for lady Patients of the private class, and the improvement of the entrance hall and corridor adjoining, are considered by me as well deserving to be reckoned in a recapitulation of social advances during the past year. An addition has also been made to the superior class accommodation on the male side of the West House: this consists in throwing the corridor adjacent into the Fourth Gallery, and furnishing it comfortably, which affords the inmates of that department more ample scope for exercise in wet and wintry weather.

Table II. shows the period of residence and condition of patients discharged.

TABLE II.—*Period of Residence of those Relieved, Not Improved, or Recovered, at their Removal.*

PERIOD OF RESIDENCE.	RELIEVED.			NOT IMPROVED.			RECOVERED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 4 days. . .	0	0	0	0	4	4	1	0	1
„ 1 week. . .	0	0	0	2	1	3	1	0	1
„ 1 month. . .	0	0	0	2	0	2	3	4	7
„ 6 weeks. . .	0	0	0	0	0	0	3	0	3
„ 2 months. . .	0	2	2	2	2	4	2	6	8
„ 3 „ . . .	3	0	3	0	2	2	5	7	12
„ 4 „ . . .	4	4	8	2	2	4	5	2	7
„ 5 „ . . .	0	2	2	1	1	2	2	3	5
„ 6 „ . . .	0	1	1	1	1	2	2	3	5
„ 7 „ . . .	0	0	0	0	1	1	1	4	5
„ 8 „ . . .	1	2	3	1	0	1	0	2	2
„ 9 „ . . .	1	0	1	1	1	2	0	1	1
„ 10 „ . . .	1	1	2	0	1	1	2	2	4
„ 11 „ . . .	1	0	1	2	0	2	0	2	2
„ 12 „ . . .	0	0	0	0	1	1	3	0	3
„ 13 „ . . .	1	1	2	1	2	3	0	0	0
„ 18 „ . . .	1	0	1	0	1	1	0	1	1
„ 2 years. . .	0	1	1	0	3	3	1	3	4
„ 3 „ . . .	0	0	0	0	1	1	2	2	4
„ 4 „ . . .	0	0	0	3	1	4	3	1	4
„ 5 „ . . .	0	0	0	3	5	8	1	0	1
„ 6 „ . . .	0	0	0	1	0	1	0	0	0
„ 10 „ . . .	0	0	0	1	1	2	0	0	0
„ 17 „ . . .	0	0	0	1	0	1	0	0	0
„ 19 „ . . .	0	0	0	1	1	2	0	0	0
„ 21 „ . . .	0	0	0	0	1	1	0	0	0
„ 26 „ . . .	0	0	0	0	1	1	0	0	0
Total. . .	13	14	27	25	34	59	37	43	80

Of the 80 recoveries which took place during 1871, 63 were of Patients resident for less than a year; while of the remaining 17, 12 recoveries took place after a residence of from two to four years. In the past year two instances have occurred where Patients, after prolonged residence in the Asylum, have been discharged recovered, and engaged as servants of the Asylum. The periods of residence of these persons were respectively about four and three years. During the latter part of this time they were noted as willing, active, and efficient helps to the attendants of the departments to which they belonged. These persons were "recovered" before being engaged as servants; that is, they displayed no symptoms of mental disorder. But there is another class among the inmates of every large Asylum, who, although very markedly insane, are yet perfectly able, while under the sane control of others, to do good and useful work. For example, a female Patient admitted eight months ago in a state of great mental excitement, and who laboured under delusions as to the operations of unseen agencies upon her, is now quiet in her demeanour, and active and zealous in the housemaid's work entrusted to her. In her case, however, as in many others, the insane ideas are as fixed as ever; and if she were set at liberty, I have no doubt general mental perturbation would again be quickly caused by the irritation to which she would unavoidably be exposed in the daily intercourse of domestic life.

I cannot refrain, while speaking of the judicious management and employment of the insane, *i. e.* those whose nervous organism is in a diseased condition, from adverting very briefly to the state of Dipsomaniacs, and the difficulty at present in the way of placing such insane persons under the control that their own well-being and the public weal, as represented by the happiness at least of those connected with them, demands.

In my Report of last year I distinguished between *bona fide* suicides and interested pretenders. I would now strongly urge the equally clear and certain diagnosis which exists between the Dipsomaniac and the self-indulgent drunkard. In the former case, as in that of the true suicide, a disease of the nervous system is present, often hereditary, and displaying itself in periodic fits of disorder: these paroxysms are preceded by general pertur-

bation of the system. The Patient is sleepless, is ill at ease; he has a perspiring skin, a quick soft pulse, and experiences a feeling of nervous prostration so great, that he is driven to the use of stimulants for relief from his suffering. In the intervals such a man very frequently abhors the very sight and smell of strong drink: he is, while his disorder is in abeyance, amiable, and exemplary in the discharge of his duties, and is frequently possessed of mental endowments of a high order. How different is the condition of the sot, who drinks for the sake of drinking, and the pleasure he derives from the gratification of his appetite! The habitual drunkard is never exemplary in the discharge of his obligations: he does not drink in insane paroxysms, followed by bitter repentance, but quietly makes up his mind that drunkenness is happiness, and indulges his vice for the pleasure he experiences in doing so. A subject of so vast importance can, of course, only be referred to here; and I would merely remark, in conclusion, that when treated on the "let alone" system, cases of Dipsomania invariably grow worse: the constitutional force becomes impaired, and, as the bodily health gives way, the mental powers deteriorate. On the contrary, when the Dipsomaniacal Patient is subjected to restraint and proper care, he in many instances entirely recovers from his disease, and is enabled again to take his place in the commonwealth; or, if such a favourable result be not attained, he still, under judicious control, might turn his abilities to good account, and be saved from that utter abasement, both of body and mind, into which, if left to himself, he will inevitably fall, not only wasting his own life, but destroying the happiness of his family, and too often reducing them and himself to a state of destitution.

Table III. shows the ages of those admitted, discharged recovered, and dead.

Again, as in the Reports of former years, it is noticeable that the largest number of recoveries is made by persons between twenty-five and forty, the age at which the bodily powers are in fullest vigour.

TABLE III.—Ages of those Admitted, Discharged, and Dead.

AGE.	ADMITTED.			DISCHARGED RE- COVERED.			DEAD.		
	Males.	Females.	TOTAL.	Males.	Females.	TOTAL.	Males.	Females.	TOTAL.
From 10 to 20, .	15	5	20	1	4	5	1	0	1
„ 20 „ 30, .	21	28	49	5	9	14	1	1	2
„ 30 „ 40, .	36	46	82	9	13	22	11	4	15
„ 40 „ 50, .	19	27	46	12	9	21	11	11	22
„ 50 „ 60, .	14	16	30	7	6	13	3	7	10
„ 60 „ 70, .	11	13	24	2	1	3	10	6	16
„ 70 „ 80, .	1	7	8	0	0	0	0	10	10
„ 80 „ 90, .	0	1	1	0	0	0	0	0	0
Unascertained, .	7	2	9	1	1	2	0	0	0
Total, . .	124	145	269	37	43	80	37	39	76

I would take the opportunity in this Report of dwelling shortly on what appears to me a looseness in the existing arrangement by which Pauper Patients may be removed from Asylum care. At present it is generally understood that Inspectors of Poor have the power of removing those Patients who are placed in an Asylum at their instance; and that such power rests alone with them, the Lunacy Board, and the Medical Superintendent of the Asylum in which the Patient is placed. But virtually the power rests with the relatives of those Patients; and considering the class to which many of those Patients and their relatives belong, it is, I think, unadvisable that such authority should rest in the hands of persons who, neither from education nor experience, are at all fit to judge on such a point.

In 29 and 30 Vict., cap. 51, sect. xi., it is enacted, “It shall be lawful for any Parochial Board, by a minute at a duly constituted meeting, to remove from the Poor’s Roll any Pauper Lunatic in any Asylum or House for whose maintenance it is responsible, and to intrust the disposal of such Lunatic to any party who shall undertake to provide, in a manner satisfactory to the Parochial Board, for his care and treatment; and on the demand of such party, and the production and delivery of a copy of such minute,

certified to be a true copy by the Chairman for the time of such Parochial Board, the Superintendent of such Asylum or House shall permit the removal of such Lunatic: Provided always, that in every case in which such Superintendent is of opinion that such removal will be injurious to such Lunatic, or a risk to the public, it shall be lawful for such Superintendent to detain such Lunatic for a period not exceeding fourteen days from the production of such certified copy of such minute, and to report the case to the Board, and on the report of such Superintendent, or on any grounds which the Board may deem satisfactory, it shall be lawful for the Board to authorise the continued detention of such Lunatic in the Asylum or House, and the Parochial Board shall continue to be responsible to the Asylum or House for his maintenance."

It may be said that the act in two clauses provides against the abuse of the above section: before consenting to the Patient being discharged from the roll, the Parochial authorities are enjoined to see that proper provision is made for his care and treatment; and also it is enacted, that if the Superintendent is of opinion that the Patient's removal is absolutely prejudicial to himself, or of risk to the public, he may memorialise the Lunacy Board on the subject. How little the first portion of the act pertaining to the duty of the Parochial authorities is, in some instances, attended to is, I think, amply shown by the case I shall quote; and, in regard to the second, it is often a matter of difficulty to decide whether a Patient's removal is likely to be injurious to himself, or dangerous to the public. Cases, of convalescence from all forms of Acute Insanity, and, of Epileptic Insanity, afford numerous examples of the difficulty arising from this license. For instance, in the past year, I may adduce the case of an Epileptic boy liberated against my advice. For some time past this boy had been free from Epileptic fits, and had in great measure recovered from the irritability of temper accompanying them. His father, considering him recovered (though assured to the contrary, and warned of the injudiciousness of the proceeding), relieved the Board of his support, and removed the Patient: within seven days of his removal he was brought back, having in the interval pursued his mother with a knife, and otherwise displayed great violence. Now here was a case where certainly no provision was made for the Patient's

proper care and treatment; and it was impossible for a medical man to assert that such a Patient's liberation would be absolutely dangerous or hurtful. An attack of insanity might not have come on for some time; before his removal he had been long well; but I think the result shows the impropriety of taking the decision as to the *advisability* of a discharge out of the hands of competent persons, as is in effect done by the provision of the act.

Tables IV., Nos. 1 and 2, show the forms of mental disorder displayed by Patients admitted during the past year, 1871.

TABLE IV. NO. 1.—*Forms of Insanity in those Admitted*

FORMS OF INSANITY.	Males.	Females.	TOTAL.
Mania,	15	24	39
„ Acute,	12	6	18
„ Chronic,	2	3	5
„ Puerperal,	0	11	11
„ Epileptic,	7	3	10
„ Senile,	4	10	14
„ a Potu,	6	3	9
Melancholia,	18	18	36
Dementia,	24	36	60
„ Senile,	4	7	11
Idiocy,	1	0	1
Imbecility,	8	3	11
Monomania of Suspicion,	8	6	14
„ of Unseen Agency,	3	2	5
„ of Self-esteem,	2	2	4
Moral Insanity,	2	4	6
General Paralysis,	8	6	14
Not Insane,	0	1	1
Total,	124	145	269

In my Report of last year I took occasion to draw attention to the advantages I have found to accrue from the form of nomenclature made use of in No. 2. It may indeed be considered a *multum in parvo* system, as, in merely designating the form of insanity under which a Patient labours, it gives a large amount of information as to the nature of his case, and the kind of treatment most suitable for it. Thus, when it is said that a Patient is affected with Syphilitic Insanity, the attention of the Psychological Physician is at once directed to a certain group of symptoms: he knows that most probably certain precautionary measures will be necessary to guard the Patient from the various destructive impulses which are frequent symptoms of mental disorders of this

class; and that he may alleviate, if not cure, his Patient's complaint by the judicious use of certain remedies. But if, after the old method, the Patient is described as labouring under Melancholia, or paroxysmal Acute Mania, no information is afforded, or method of treatment indicated; except that which indeed can hardly be called curative treatment, viz., the lavish use of soporific medicine.

TABLE IV. No. 2.—Forms of Insanity in those Admitted.

FORMS OF INSANITY.			Males.	Females.	TOTAL.
Idiopathic Insanity.	Sthenic	Mania,	13	12	25
		Melancholia,	2	1	3
		Dementia,	3	16	19
	Asthenic	Mania,	12	9	21
		Melancholia,	2	8	10
Monomania,		1	3	4	
		Dementia,	15	16	31
General Paralysis,			8	6	14
Congenital.	Moral & Intellectual Insanity,		1	0	1
	" " Imbecility,		2	0	2
	Intellectual	" "	2	0	2
	"	Mania,	1	1	2
	"	Imbecility,	2	2	4
Sthenic Insanity,			2	0	2
Moral Imbecility,			2	4	6
Intellectual do.,			0	1	1
Epileptic Insanity,			7	1	8
" " Petit Mal,			0	2	2
Insanity of Masturbation,			6	0	6
" Lactation,			0	1	1
Puerperal Insanity,			0	10	10
Amenorrhœal do.,			0	10	10
Climacteric do.,			7	9	16
Insanity of Atheroma,			2	3	5
" Alcoholism,			0	3	3
Tuberculosis,			2	0	2
Senile Insanity,			12	16	28
Insanity connected with Softening of Brain,			0	2	2
Recurrent.	Sthenic Insanity,		2	2	4
	Asthenic do.,		0	1	1
	Puerperal do,		0	1	1
Periodic Insanity,			1	0	1
Insanity following Erysipelas of the Scalp,			0	1	1
Sthenic Insanity,			1	0	1
Asthenic do.,			7	3	10
Mania a Potu,			6	0	6
Idiopathic Sthenic Insanity connected with					
Paralysis Agitatus,			1	0	1
Insanity of Syphilis—Chronic,			1	0	1
Injury to the Head and a Dissipated Life,			1	0	1
Not Insane,			0	1	1
Total,			124	145	269

I am happy to say that my friend Dr Ireland, of the Larbert Imbecile Institution, has adopted, in reference to the forms of mental insufficiency which fall in his province, a nomenclature based, as is mine, on the constitutional condition accompanying the mental impairment.

Table V. shows the number of cases during the past year in which suicidal impulses were displayed, and attempts at self-destruction made.

TABLE V.—*Illustrations of Suicidal Tendency in those Admitted.*

	Males.	Females.	TOTAL.
Had attempted Suicide, . . .	4	10	14
Had meditated Suicide, . . .	6	10	16
Total, . . .	10	20	30
<i>Forms of Insanity during which Suicide was attempted—</i>			
Senile Mania,	0	1	1
Asthenic do.,	1	0	1
Mania a Potu,	1	0	1
Sthenic Melancholia,	0	1	1
Asthenic do.,	1	0	1
Climacteric do.,	1	0	1
Asthenic Insanity,	0	3	3
Puerperal do.,	0	4	4
Sthenic Dementia,	0	1	1
Total, . . .	4	10	14
<i>Forms of Insanity during which Suicide was meditated—</i>			
Senile Mania,	0	4	4
Asthenic do.,	1	1	2
Mania a Potu,	1	0	1
Do. with Paralysis,	1	0	1
Puerperal Insanity,	0	1	1
Amenorrhœal do.,	0	1	1
Asthenic Melancholia,	2	2	4
Climacteric Insanity,	0	1	1
Epileptic do.,	1	0	1
Total, . . .	6	10	16
<i>Means used in the attempts made—</i>			
Precipitation,	1	4	5
Poison,	0	1	1
Drowning,	0	1	1
Hanging,	0	1	1
Cut Throat,	1	1	2
Dashing head against the wall,	1	0	1
Not ascertained,	1	2	3
Total, . . .	4	10	14

It will be noticed that the forms of insanity during which *attempts* at self-destruction were most frequent were Asthenic Insanity and Puerperal Insanity, in both of which forms more or less prostration of the general constitutional vigour is always present.

TABLE VI.—*Probable Causes of Disease in those Admitted.*

PROBABLE CAUSES OF DISEASE.	Males.	Females.	TOTAL.
Child-bearing,	0	3	3
Lactation,	0	2	2
Old Age,	2	0	2
Epilepsy,	4	1	5
Sun-stroke,	4	1	5
General Paralysis,	1	1	2
Nervous Affection,	2	1	3
Heart Disease,	1	0	1
An Apoplectic Seizure,	1	0	1
Softening of the Brain,	1	0	1
Epileptic Diathesis,	1	0	1
A Paralytic Seizure,	0	2	2
Falls from Horseback,	1	0	1
Scarlet Fever,	0	1	1
Sleeping with a Person who had a Skin Disease,	0	1	1
Hysteria,	0	1	1
Dyspepsia and Domestic Affliction,	0	1	1
Other Bodily Ailments,	0	1	1
Secret Vice,	2	0	2
Congenital,	12	0	12
Domestic Affliction,	1	10	11
Disappointment,	1	1	2
Fright,	0	2	2
Over-work,	4	0	4
Morbid Religious Excitement,	4	0	4
Grief,	0	3	3
Domestic Affliction occurring at the Cli- macteric Period,	1	0	1
Irritation of a Predisposed Temperament, Residence in a hot climate,	0	5	5
Dissipation,	1	0	1
Excessive Drinking,	0	1	1
Confinement in Prison,	7	3	10
Over-study,	1	0	1
Idiopathic,	6	1	7
Anxiety,	3	0	3
Periodic Disposition,	8	3	11
Not known,	1	0	1
	54	100	154
Total,	124	145	269
Hereditary Predisposition was ascertained in	10	13	23
Previous Attacks in	14	22	36

The preceding Table (VI.) shows the causes of insanity as given by Patients' friends, either in reply to interrogation, or in answer to the queries appended to the petition for the warrant. In the Appendix to this Report a Table has been drawn up by my Senior Assistant, Dr Strethill H. Wright, showing the causes of insanity in the cases admitted during the year, as ascertained by our own inquiry.

Table VII. shows the forms of insanity of those who recovered, or were discharged relieved, or not improved.

TABLE VII.—Forms of Insanity in those Patients who Recovered, or were Discharged Relieved or Not Improved.

FORM OF DISEASE.	RECOVERED.			RELIEVED.			NOT IMPROVED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Mania,	1	0	1	1	0	1	0	0	0
„ Puerperal,	0	5	5	0	4	4	0	1	1
„ a Potu,	3	1	4	1	0	1	0	1	1
„ Remittent,	1	0	1	1	0	1	0	0	0
Asthenic Melancholia,	5	1	6	0	0	0	1	0	1
Monomania,	0	1	1	0	0	0	0	0	0
Dementia,	3	0	3	0	0	0	1	0	1
Asthenic Dementia,	3	3	6	0	2	2	1	4	5
General Paralysis,	0	0	0	0	0	0	1	1	2
Imbecility,	0	0	0	1	0	1	0	0	0
Dipsomania,	1	0	1	0	0	0	0	0	0
Moral Insanity,	0	2	2	0	0	0	0	0	0
Climacteric do.	3	8	11	0	3	3	0	3	3
Senile do.	0	0	0	0	1	2	2	0	2
Idiocy, Congenital,	0	0	0	0	0	0	1	2	3
Hysteria,	0	1	1	0	0	0	0	0	0
Amenorrhœal Insanity,	0	3	3	0	0	0	0	0	0
Congenital Imbecility,	0	0	0	0	0	0	0	1	1
Alcoholismus,	0	1	1	0	0	0	0	0	0
Epileptic Mania,	1	1	2	1	0	1	2	1	3
Periodic Insanity,	1	0	1	0	0	0	0	0	0
Sthenic Mania,	9	9	18	0	2	2	6	4	10
Asthenic do.	5	5	10	3	1	4	2	1	3
Sthenic Melancholia,	1	1	2	0	1	1	0	0	0
„ Dementia,	0	0	0	4	0	4	7	14	21
Insanity of Tuberculosis,	0	0	0	0	0	0	0	1	1
„ Masturbation,	0	0	0	0	0	0	1	0	1
Not Insane,	0	1	1	0	0	0	0	0	0
Total,	37	43	80	13	14	27	25	34	59

By Table VII. it will be seen, that out of the 269 Patients admitted during the year 1871, 50 were cases of Dementia (Chronic),

and 8 of Imbecility; thus one-fourth of the cases admitted were already in an utterly hopeless condition. Of the 50 cases of Dementia, 11 were cases of Senile Dementia, or mental deficiency depending upon advanced age. Among those admitted 33 were aged as follows:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Between 60 and 70,.....	11	13	24
„ 70 „ 80,.....	1	7	8
„ 80 „ 90,.....	0	1	1

Of those mentioned in the above Table, the following shows the number who died within six months of admission:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Between 60 and 70,.....	1	2	3
„ 70 „ 80,.....	0	6	6

TABLE VIII.—*Duration of Disease previous to Admission, and probable Condition of those Admitted.*

DURATION OF DISEASE.	INCURABLE.		CURABLE.		ALREADY DISMISSED RECOVERED.	
	Males.	Females.	Males.	Females.	Males.	Females.
Under 2 days,	0	0	3	0	0	0
A few days,	2	4	5	7	1	3
Under 1 week,	4	5	6	7	4	3
„ 2 „	4	7	9	6	4	4
„ 3 „	1	0	3	1	0	0
„ 1 month,	0	10	4	5	0	2
„ 2 „	1	3	3	3	0	0
„ 3 „	5	1	1	0	0	0
„ 4 „	1	1	2	1	0	0
„ 5 „	1	3	0	0	0	0
„ 6 „	6	4	3	2	0	2
„ 8 „	0	1	0	0	0	0
„ 9 „	1	0	1	0	0	0
„ 12 „	1	3	0	2	0	0
„ 2 years,	5	2	1	0	0	0
„ 3 „	0	5	0	1	0	0
„ 4 „	0	1	0	0	0	0
„ 5 „	1	1	0	0	0	0
„ 6 „	1	6	0	0	0	0
„ 7 „	0	1	0	0	0	0
„ 9 „	1	1	0	0	0	0
Many years,	3	2	0	0	0	0
Congenital,	8	1	0	0	0	0
Unknown,	20	29	17	19	4	5
Total,	66	91	58	54	13	19

In the foregoing Table is given the duration of disease previous to admission, and the condition of those admitted. I would here advert to the very reduced state of bodily health in which many Patients during the past year were found to be upon their admission. The majority of the returns made as to bodily condition were "much below par," or "below par," "no specific disorder, but a generally depressed state of constitutional tone." In very few was the bodily health found to be "good," or even "fair;" and in these latter cases, almost without exception, the insanity was the manifestation of a brain which had long been disordered: they were cases of Dementia where the mind had passed into a permanently lower stage in the intellectual scale, and where its impairment depended upon bodily conditions which had long ceased to be active.

I may again draw attention to my remarks in the early part of the Report on the very large number of incurable Patients received during 1871. I have to complain, along with numerous Superintendents both in England and Scotland, of the habit growing upon Parochial authorities and Parochial Surgeons, of sending a variety of cases to Asylums which formerly were treated in Infirmaries or Workhouses; cases of Palsy with some incoherence, or mere Senile Decay and second childishness, and others of a like kind, solely because they were restless and dirty, and required to be cared for, nursed, and supplied with stimulants at the cost of the Asylum. Such cases may, indeed, be divided into two classes, both beyond the help of medicine. 1st, Those whose bodily health is fairly good, but who are sunk in hopeless Dementia, and require nothing but a due attention to their cleanliness and bodily comfort; and, 2nd, Those whose bodily strength is so utterly prostrated already, that nothing can avert a speedily fatal termination to their illness.

I beg to adduce two examples in illustration of the nature of the cases to which I refer. As an instance of a case which did not require to be placed in an Asylum on account of troublesome symptoms of a mental disorder, I may mention the case of Mrs Y., aetat 60, resident one week and six days, at the end of which time she died. This woman's was a case of Senile Dementia, and there

was nothing except a little occasional irritability which could render it at all difficult to manage her in a Poorhouse. As an instance of a case where the Patient might well have been left to *die at home*, I may mention that of Mrs T.; and I shall confine my remarks to two quotations from her case, the records in the case book of the reports made at the time to the Lunacy Board of her bodily and mental condition. "Dec. 23. Dirty. Bodily condition fair—Several marks of large recent bruises on the trunk and arms—Cardiac action weak." "Dec. 26. In a condition of mental collapse. Bodily condition—she was in a dying state." "Died 26th December. Cause of death, Anæmia and Fatty Heart." In this return "bodily condition" bears reference to the general nourishment of the body, not at all inconsistent with grave organic disease, as seen in this case. On post-mortem examination, the heart was found to be of natural size, but had undergone an extensive fatty degeneration of its substance, which must have been of long standing. She showed no overt symptoms of insanity during her residence, but lay in a state of the utmost bodily and mental prostration.

I have drawn up a short Table (VIII.—a) of the Patients admitted, with one exception, during the year, who died within six months of their admission. In this Table is shown the duration of residence, the age, the bodily condition on admission, and the cause of death, in the cases of these Patients. Many of these cases, in my opinion, might, and ought to have been, treated at home or in the Poorhouse.

Such cases, while adding very considerably to the expense of maintenance in an Asylum, give no appreciable results in an enlargement of the list of "recovered," or even "improved." A generous diet and the use of stimulants is necessary in such cases to preserve life. The treatment of such Patients is perhaps the most thankless task that an Asylum Superintendent has to perform: their enfeebled constitutions demand constant watchfulness; and although he may think that indeed death is the most desirable result, and a result which can only be very temporarily postponed, still his duty compels him to prolong those lives for as long a term as possible.

TABLE VIII. (a)

PERIOD OF RESIDENCE.			Males.	Fem.	Act.	BODILY CONDITION			CAUSE OF DEATH.	
Months	Weeks.	Days.				Fair.	Below Par.	Much Below Par.		
Under	0	0	5	0	1	70	0	0	1	Exhaustion and Decay (Senile Mania).
"	1	0	0	0	1	60	0	0	1	Paralysis, General Decay, and Exhaustion.
"	2	2	0	0	1	70	0	0	1	Senile Decay.
"	0	3	0	1	0	37	1	0	0	{ Pneumonia, proving fatal through the deteriorated state of constitution.
"	5	0	0	0	1	77	1	0	0	General Decay and Exhaustion.
"	0	3	0	0	1	71	0	1	0	Phthisis Pulmonalis.
"	0	3	0	0	1	72	0	0	1	Softening of Brain.
"	0	1	6	0	1	60	0	1	0	Senile Decay.
"	0	0	4	0	1	40	1*	0	0	Asthenia and Fatty Heart.
"	6	0	0	1	0	68	1	0	0	Diarrhoea, Morbus Cordis, and Atheroma.
"	4	0	0	1	0	30	0	0	1	Phthisis (Asthenic Insanity).

* Cardiac action very weak.

In Tables IX. and X. are shown the causes of death, and the period of residence of those dead.

TABLE IX.—*Causes of Death.*

CAUSES OF DEATH.	M.	F.	T.
Epilepsy,	0	2	2
General Paralysis,	9	7	16
Paralysis with General Decay and Exhaustion,	0	1	1
Senile Decay,	0	8	8
Softening of the Brain and Exhaustion,	1	2	3
Apoplexy,	0	2	2
Exhaustion and General Anæmia,	1	0	1
Pneumonia with great Constitutional Depression,	2	2	4
Amyloid Disease of the Kidneys,	1	1	2
General Paralysis with Erysipelas,	1	0	1
Gangrene of the Lung,	2	0	2
Exhaustion with Asthenic Dementia,	2	0	2
Constitutional Effects of a severe Bruise of the Hip Joint,	0	1	1
Constitutional Effects of Mental Disorder,	1	2	3
Asphyxia,	1	0	1
Pneumonia,	3	0	3
Dropsy and Exhaustion,	1	0	1
Asthma, Dropsy, and Exhaustion,	1	0	1
Disease of the Brain with Paralysis,	0	1	1
Cardiac Disease complicated by Pneumonia,	1	0	1
Cancer,	0	1	1
Phthisis Pulmonalis,	2	1	3
Abscess of the Brain,	1	0	1
Ulceration of the Stomach and Intestines,	0	1	1
Cancer of the Stomach and Generative Organs,	0	1	1
General Decay and Exhaustion,	1	0	1
Tubercular Disease of the Kidneys and Exhaustion,	1	0	1
Fatty Degeneration of the Liver and Exhaustion,	0	1	1
Poisoning by Yew,	0	1	1
Fracture of the Thigh, with pre-existing Constitutional depression,	0	1	1
Mania and Exhaustion,	1	1	2
Bronchitis complicated by Cardiac Dilatation,	0	1	1
Asthma and Fatty Heart,	0	1	1
Moist Gangrene of the Left Leg,	1	0	1
Phthisis and Heart Disease,	1	0	1
Diarrhœa,	1	0	1
Asthma and Exhaustion complicated by Heart Disease,	1	0	1
Total,	37	39	76

It will be noticed, as I have had occasion in former Reports to point out, that death resulted in most of those cases, (63 out of 76), which had a fatal termination from diseases which ran a certainly fatal course, as Phthisis, General Paralysis, Senile Decay,

and various organic diseased conditions of the brain. In the remainder it is in most instances made matter of special note, that the disorder of which the Patient died, though it may have been in itself curable, was complicated in these particular instances with such a degree of constitutional depression, as to render recovery impossible.

TABLE X.—*Period of Residence of those Deceased.*

PERIOD OF RESIDENCE.	Males.	Females.	TOTAL.
Under 4 days, . . .	0	1	1
" 5 " . . .	0	2	2
" 10 " . . .	0	1	1
" 2 weeks, . . .	0	1	1
" 3 " . . .	1	3	4
" 4 " . . .	1	1	2
" 6 " . . .	1	1	2
" 7 " . . .	0	2	2
" 2 months, . . .	2	0	2
" 3 " . . .	5	2	7
" 4 " . . .	5	0	5
" 5 " . . .	1	5	6
" 6 " . . .	1	3	4
" 7 " . . .	1	0	1
" 8 " . . .	2	0	2
" 9 " . . .	1	0	1
" 10 " . . .	1	0	1
" 12 " . . .	1	2	3
" 18 " . . .	4	0	4
" 2 years, . . .	2	3	5
" 3 " . . .	3	2	5
" 4 " . . .	1	1	2
" 5 " . . .	1	4	5
" 7 " . . .	1	1	2
" 8 " . . .	0	1	1
" 10 " . . .	1	1	2
" 14 " . . .	1	0	1
" 25 " . . .	0	1	1
" 27 " . . .	0	1	1
Total, . . .	37	39	76

I have directed my Senior Assistant, Dr Strethill H. Wright, in this year's Report to discuss in the Appendix some matters of a more strictly medical interest; and I may remark, that I have reviewed this additional portion, and approve of the manner in which its contents are discussed.

I am happy to be able again this year to report a continued

increase in the number of Patients industrially employed. Four hundred and seventy-two is the greatest number of the Patients, male and female, who have been industrially employed throughout the year in one day. The newly-acquired ground has given suitable employment to many on the male side; while on the female side the useful employments consist of needlework, laundry, and housemaid work.

As usual, recourse has been had to various sources for the promotion of the amusement of the inmates. The customary course of lectures has also been given by those gentlemen whose names I take the liberty of appending, and to whom I would seize this opportunity of returning my sincere thanks for their exertions on behalf of the Institution:—Rev. P. Barclay, Dr Bedford, Rev. J. S. Mill, George Hay, Esq., William Dickson, Esq., Rev. William Graham, Dr Stevenson Macadam, George Seton, Esq., William Dickson, Esq., and W. Lees, Esq.

The ordinary round of out-door sports during the summer months, picnics, croquet, cricket, &c., has more recently been followed by in-door amusements suitable for the time of year, among which may be mentioned the weekly balls, theatricals, evening parties, conversaziones, a billiard and a draughts' competition.

I have recorded above the largest number of Patients *industrially employed* on one day during the year. I may now, while speaking of the recreations provided for the Patients, mention the greatest number collected together on the occasion of a social gathering.

Once a year it has been the custom in this house to provide a country excursion for all those Patients who in any way can be trusted to attend. This summer the "great West House" picnic was held on the 27th of July, and was attended by about 300 Patients; the amusements provided being first dinner, and then dancing to the music of a brass band; and it is very satisfactory to be able to relate, that no irregularity or misconduct of any moment occurred, though the above number comprised some of the worst Patients in the house; and also on a subsequent occasion, on 22d September, a tea party was held at which a mixed company of 286 Patients were present.

Various out-door improvements are contemplated for the ensuing season, as the laying out of a bowling-green and croquet lawn for the West House; a desirable addition, as the bowling-green and croquet-lawn at the East House are necessarily almost entirely appropriated by the Patients of that department, who, in common with those of the West House, greatly appreciate those amusements.

Before concluding my Report, I would take this opportunity of mentioning a want which is very much felt in this Asylum. I allude to the absence of a specially adapted place of public worship. It appears to me that such an addition would be of great advantage in two respects: first, as adding a greater feeling of solemnity to the discharge of religious duty, and also as giving more scope to the fitting of the ball-room as a place of amusement.

Finally, I would conclude by again adverting to the great improvements which have been this year happily effected; and would congratulate you, its Managers, on the past progress and present condition of this important Institution.

DAVID SKAE, M.D.

APPENDIX.

It would be impossible, in the short space at command, to give a satisfactory resumé of the many cases of mental disorder which have been under treatment during the past year in this Asylum. I have therefore merely attempted to discuss, at somewhat greater length than is usual, those circumstances in the immediate or more remote history of patients admitted during the year, which influenced the production of insanity in their cases. I have also tabulated the causes of death during the same period, and have concluded with a short review of the relation existing between the course of the fatal bodily disorder, and the nature of the patient's mental insufficiency during life.

The following Table embraces all the cases of insanity admitted to the female side of this Asylum during a year. One of the most important facts which it shows is, that, without exception, when at all an accurate history could be obtained, all these cases of mental disorder were preceded by a more or less prolonged impairment of the general constitutional force. In some cases this impairment may have been congenital, or in operation for some time before the mental functions became involved, as in insanity connected with the Epileptic temperament; or dependent on the weakening effect of advancing years; or, again, the causes leading to this impairment may have been more sudden in their invasion, and more prompt in producing their effect, as in the various forms of mental ill health which succeed bodily illness of an acute type. But in all cases some bodily affection more or less permanent, more or less grave in its effects, has been concerned in the production of the mental disorder. Twenty-seven cases are given where no cause could be assigned for the occurrence of insanity; most of these were of very long duration, so that the early history of the case had been forgotten.

Causes of the Mental Disorder of Female Patients admitted into the Asylum during 1871, together with the frequency of Hereditary Predisposition, and the occurrence of former attacks of Mental Disorder.

CAUSE OF MENTAL DISORDER.	No. of Patients.	Hered. Predisp.	Periodic Insanity.
Susceptible Temperament—A great Fright,	2	0	0
Susceptible Nervous Temperament—Annoyance,	4	0	2
Climacteric Period and Susceptible Temperament—A Fit of Drunkenness,	1	0	0
Susceptible Temperament—Anxiety,	8	3	3
Childbirth—Susceptible Temperament,	10	1	3
Susceptible Temperament and Climacteric Period,	3	0	0
Predisposed Temperament—Great Disappointment,	1	0	0
Senile Decay,	17	0	0
Climacteric Period,	6	0	1
Advanced Years and Ill Health—Domestic Affliction,	2	1	0
Menorrhagia and Climacteric Period,	1	0	1
General Paralysis,	5	1	0
Bodily Disease—Domestic Distress,	1	0	0
Predisposed Temperament—Drinking-bout,	4	0	2
Epileptic Temperament,	3	1	0
Congenital,	1	0	0
Anxiety and Ill Health,	3	1	1
Sun-stroke,	1	0	0
Epileptic Temperament—Fright,	1	0	0
Dysmenorrhœa,	1	0	0
Amenorrhœa—Dissipation,	2	0	0
Paralysis,	2	1	0
Epilepsy in the course of Scarlet Fever,	1	0	0
Lactation and great general Constitutional depression,	1	0	0
General lowering of the Vital Power,	7	1	0
Climacteric Period and Susceptible Temperament,	2	0	1
Insanely Susceptible Temperament,	12	3	5
Susceptible Temperament and Ill Health,	4	0	1
Recurrent Insanity,	2	0	1
Amenorrhœal Insanity,	4	0	0
Cardiac Disease and Poverty,	1	0	0
Deprivation and Exposure,	1	0	0
Insanity of Alcoholism,	1	0	0
Typhus Fever (showing the action of a rapid cause),	1	0	0
Reported Fit,	1	0	0
Not known,	27	0	1
Not Insane,	1	1	0
Total,	145	14	22

It is true that a corresponding Table is drawn up in the body of the Report, but that Table is founded entirely on the information afforded by relatives and others connected with the patient at the

time of admission, and this information is very frequently of the most meagre description. One important fact in reference to the occurrence of mental disorder is the presence or absence of Hereditary Predisposition; and on this point it is almost impossible to gain authentic information from relatives. It is therefore very possible that the numbers representing the frequency of Hereditary Predisposition in the cases included in the above do not nearly represent the actual frequency of its occurrence.

The Table has been so arranged as to show at a glance those cases in which, in addition to the train of circumstances which predisposed to insanity, some one occurrence has borne in reference to the patient's disorder the relation of exciting cause. It is noteworthy in how many instances a special exciting cause can be distinctly traced. It also may be observed, that in all instances, with but few exceptions, an unhealthy condition of mind has been long present before the patient's admission to the Asylum; and this mental disorder has gradually increased till some specially insane manifestation convinced those about the patient as to the necessity of his removal to the Asylum.

A state of mind predisposing to insanity may be congenital or induced.

To the former belong the cases classed under Susceptible Temperament, Insane Temperament, and usually Epileptic Temperament.

To the latter class those cases are referred where insanity occurs as the result of a depressed constitutional condition induced by bodily ill health, prolonged dissipation, old age, accidental injury, or depressing circumstances of long duration.

One great predisposing agent in the production of mental disorder has purposely been omitted from the foregoing Table, in order that it might be made the subject of a special notice, which, from its importance, it well deserves. I refer to periods of prolonged sleeplessness. I think I may say, that in all cases of insanity of an acute kind, without exception, disturbance of this function is invariably present. This is a well-recognised fact in this Asylum; and it is frequently remarked, that the re-establishment of sleep is the first step on the road to recovery. In regard to the constant precursion of a predisposed constitutional condition in all cases of acute

mental disorder, and to illustrate the mechanism, so to speak, of a case of insanity, I may be allowed to allude to the case of a woman lately admitted, and still a patient in this Asylum, which well displays the relation of cause and effect. Agnes K. had suffered from an attack of Typhus Fever shortly before admission, which left her in very weak bodily health, and of unsound mind. The form of her insanity was Dementia—general weakening of the mental powers. From the time of her admission she has received a treatment calculated to strengthen her constitutional tone. Under this she has steadily improved, and is now about to be discharged recovered.

In the above list there are a few forms of causation to which I would draw special attention.

First, of the Epileptic temperament, when concerned in the production of insanity. Insanity in the cases of five of these females has been attributable to Epilepsy. Cases of this kind may differ in gravity throughout a wide range: from the outburst of irritability connected with the form of the complaint known as *Petit Mal*, to the tempest of homicidal passion, in which the influence of the diathesis seems to intensify the patient's fury and promptitude in the accomplishment of her designs: from the temporary dullness following a slight fit to the state of hopeless Dementia, into which the long-continued Epileptic sinks at last.

There are, I believe, many cases in which insanity depends upon the Epileptic temperament, and yet the patient for long may be free from the convulsive attacks characteristic of the general nervous disorder: the diagnosis of an Epileptic origin in such cases rests on the form of mental disorder displayed. The attacks of insanity are extremely sudden in their invasion: the patient may remain well for some time, with the exception of a certain irritability of the mental functions, when suddenly, on the supervention of her malady, she breaks into the most violent passion, and does not scruple to inflict severe injury on the object of her animosity.

Such a case is at present in the house. This girl (she is now $11\frac{1}{2}$) first became insane some three years ago, and her insanity was ascribed at the time to the effects of a severe fright: the symptoms of mental ill-health bore all the characteristics above mentioned: she was very irritable, and would fly into sudden fierce passion, in

which she used the most indecent language. It had for some time been suspected that her insanity was Epileptic in its nature; and, to justify the diagnosis, a short time ago, after one of these outbreaks, she had a very severe Epileptic fit, followed at short intervals by others: since then, at intervals of different duration, she has had several such convulsive attacks.

In the case of another patient, no fit has as yet occurred, but the symptoms of her complaint are the same; and, what is curious, almost invariably her sudden excitement is preceded by a passion of violent agitation, a frequent precursor of the ordinary Epileptic fit. She screams, and entreats that she may be allowed to go and see her mother; and on several occasions lately has complained of a feeling of pain and uneasiness in one side, the left, before the excitement came on, which in its nature very much resembled an Epileptic *aura*.

It will be noticed that three admissions are tabulated where insanity resulted from the excitement of a susceptible temperament by a debauch. Two of these refer to the same person. It is a question whether such patients are fitted for an Asylum; their ordinary mental condition is not such as to render their permanent restraint necessary, and the fit of insanity induced by this special excitement, "a debauch," is of very short duration, seldom exceeding two or three days, though violent while it lasts. A prolonged residence in a Reformatory, where these unruly persons might be subjected to due discipline, would probably be more advantageous than a short residence in an Asylum, where their insanity being known to be of a transitory nature, they are discharged as soon as the mental excitement has quite subsided.

There is one class of the insane which, perhaps more than any other, calls for sympathy. I refer to those in whose cases mental disorder depends upon such causes as "Advanced Years and Ill Health," "Bodily Disease and Ill Health," "Anxiety and Ill Health," and "General Lowering of the Vital Powers." The life of many of such patients has been a constant struggle for the means of a bare subsistence, and when even this failed them, their bodily and mental powers alike sank beyond the point of endurance. To such an Asylum is truly a refuge for the destitute; some under

careful tending gradually recover health and strength, mental and bodily; but the majority are unable to rally from the state of prostration in which they are admitted, and die, having never displayed any sign of mental disorder, except the deficiency always resultant from extreme bodily weakness. As mentioned in the body of the Report, it is now becoming a serious question whether the amenities afforded such patients in an Asylum could not equally well be accorded them in the wards of a Poorhouse or an Infirmary. The Lunatic Asylum seems to be gradually gaining the monopoly of the good Samaritan's privileges in regard to those weak ones of the earth.

Hereditary Predisposition is reported in the above Table to have been present in fourteen out of the 145 cases. But this number doubtless falls far short of the truth, as, for reasons formerly stated, it is extremely difficult to gain reliable information on this point. In twenty-two cases the minds of patients had been previously affected. Cases of insanity recurring at irregular intervals may be divided into two varieties: those in which the tendency of the patient is strong in the direction of insanity, and he or she loses mental control frequently on slight provocation; and again, those patients who become insane at certain critical periods, or on the supervention of some special predisposing cause, as the occurrence of severe bodily disease or mental trial.

I beg leave to recapitulate shortly a case illustrative of each variety. Mrs B. is now for the third time a patient here, and affords an example of the first class: her insanity occurs frequently, at comparatively short intervals. The symptoms of her disorder are general perturbation of the nervous system, with a corresponding condition of the mental operations; she is alternately depressed and very restless. Her insanity first commenced about the climacteric period, and on each of two occasions previous to the present she rapidly recovered, and was enabled to leave her residence in both instances extending over little more than two months. It is noteworthy, that in the second form mental disorder frequently displays the same features in successive attacks; the patient, on becoming insane, reverts to a state of mind induced by causes which had long ceased to operate, and which she had not even adverted to while in

health for many years. The case of Miss B. affords an example of this. She became insane for the first time about the age of twenty, and her insanity was then attributed to the mental agitation induced by a disappointment in her affections. From this attack she quite recovered, and remained well for nearly thirty years, at the end of which time she again experienced a period of much bodily fatigue and mental anxiety on account of certain business reverses. She became insane, and while insane reverted to her former early grief, and bewailed the disappointment she then experienced. In this instance the patient died, her strength being worn out by the super-vention of Bronchitis on a constitution exhausted by mental and nervous disorder.

TABLE shows the Cause of Death and the Constitutional Diseases which co-existed with Mental Disorder in all the Fatal cases, Male and Female, throughout the year.

	M.	F.	T.
<i>Death was caused by—</i>			
The exhaustive effects of Mental Disorder alone in	1	2	3
Disease of the Brain { Apoplexy,	0	2	2
proper. { Cerebral Softening,	2	2	4
Disease of the Brain { General Paralysis,	10	7	17
and Nervous System. { Epilepsy,	0	2	2
{ Paralysis and Exhaustion,	0	2	2
Total of Deaths from Mental and Nervous Disorder } and Disease,	13	17	30
Thoracic Organs { Disease of { Acute,	9	0	9
{ the Lungs. { Chronic,	2	3	5
{ Disease of Heart,	4	2	6
Abdominal Organs. { Digestive. { Acute,	0	0	0
{ { Chronic,	0	3	3
{ Excretory { Acute,	0	0	0
{ Organs. { Chronic,	2	1	3
{ Organs of { Acute,	0	0	0
{ Generation. { Chronic,	0	2	2
General Failure of Constitutional Powers,	5	8	13
Accidental Injury. { Previously in an infirm state,	0	2	2
{ Previously in fair health,	1	1	2
Moist Gangrene of Lower Extremity,	1	0	1
Total of Deaths from Bodily Disease, as distinguished } from Mental and Nervous Disorders,	24	22	46
Add,	13	17	30
Total,	37	39	76

Three patients are entered in the above Table as having died in consequence of the constitutional effects of mental disorder. One of these, a lady, aet. 47, had previously been insane; on the present occasion, on admission, she presented symptoms of great mental excitement, and seemed to be influenced by intense fear: she crouched in a corner of her bed, gibbering and muttering, with looks and gestures expressive of the utmost apprehension. Narcotics and sedatives exercised little or no control over her disorder, and the snatches of sleep which occurred to her produced no tranquillising effect.

On this patient's admission an accurate physical examination could not be made, on account of the alarm that any attempt to do so caused her; but neither at the first, nor during the subsequent course of her malady, did any symptoms of specific disease present themselves, apart from the exhaustive effects of the mental disorder. After lasting about a week, the mental symptoms suddenly disappeared, leaving the patient in full possession of her faculties, but excessively weak. Huge abscesses formed in the cellular tissue in various parts of her body, from the exhaustive effects of which she died a week after the cessation of the mental symptoms.

The condition of one of the other two patients, a male, is succinctly described by the two following extracts of his case, as recorded in the case-books:—First, on admission—"This patient labours under Asthenic Insanity, displaying itself in physical restlessness and mental excitement." Second, a week after admission—"Has been very sleepless; mutters in a continual state of heavy delirium." Towards the end of his illness the mental symptoms disappeared; but in this case death occurred even more speedily than in the former. After the disappearance of the symptoms of mental disorder, his extremities became cold, vomiting ensued, and the patient rapidly sank and died.

The salient features of these cases much resemble each other. On admission no symptoms of special bodily disease were present in either case, although the general constitutional tone was very much depressed. In both cases the symptoms presented were intense physical and mental disquiet, and in both the symptoms of the mental disorder disappeared before death. Finally, death in each instance resulted not from any specific disease supervening on the

cessation of the mental symptoms, but from the inability of the patient's constitution to recover from the exhaustive effects of the mental disorder.

It is true that in the first mentioned case the immediate cause of death is attributable to the occurrence of extensive suppuration in the cellular tissue; but the cause of this is to be sought in the exceedingly asthenic condition to which the patient was reduced by the intensity of the mental disorder. In the case of the male patient, the constitutional state after the disappearance of insanity closely resembled the state of shock produced by severe mechanical injury.

Six cases are tabulated as depending upon Cerebral Apoplexy and Softening. The cause of death in two was apoplectic seizure, and there is nothing in the event of these disorders to call for special notice. Death resulted in four from Cerebral Softening, and in three of these a post-mortem examination was permitted. I would draw attention to the similarity of the insane symptoms exhibited during life by these three patients, whose brains after death displayed the post-mortem appearance of a diseased condition alike in nature, although affecting different parts of the organ. In all the three the insanity seems to have come on gradually. Failure of the mental powers generally was noticed, showing itself in a blunting of the perceptions, impairment of memory, general nervous restlessness and mental irritability; and finally, in the case of the two females, Hemiplegia and Aphasia, with difficulty of swallowing, supervened, and preceded the fatal event. It is, I think, worthy of note, that one of these patients, a female, had sustained a paralytic stroke some years before, but had since that time enjoyed good health. On the occasion of her present attack, she walked from the train to a cab, on her way to the Asylum, without much difficulty: this exertion, however, seems to have hastened her death, as she arrived at the Asylum in a state of great prostration, Aphasic and Hemiplegic, as above described, and so died. On post-mortem examination, a softening of the anterior part of the right frontal lobe was found: this was submitted to the examination of Professor Turner, who stated his opinion that it must, from its appearance, and the changes caused by it in the parts adjacent, have been of long standing.

Among those cases where diseases of the nervous and cerebral systems are assigned as the causes of death, I have classed the deaths which resulted from General Paralysis, Epilepsy, and Paralysis with Exhaustion. Of only one of these shall I make special mention, a case where death resulted from the constitutional exhaustion produced by repeated Epileptic seizures. This patient, a female, was affected with mental derangement and Epilepsy. She, at the beginning of her disorder, exhibited the symptoms of a mind goaded into insanity by Epilepsy. Before the supervention of the fits she was restless, suspicious, and irritable: during their continuance she was excited and dangerous. Gradually the mental powers were broken down by repeated Epileptic attacks: she sank into a state of Dementia, from which she was roused at intervals, on the occurrence of the fits, to the display of active symptoms of insanity. Finally, her mind and general constitution were alike worn out, and she simply died from her inability to continue longer her vital functions. It is rare that an Epileptic case ends thus: more usually the enfeebled constitution is seized upon by some acute disorder, which carries off the patient.

The next division of the Table shows the number of deaths which resulted from the effects of general bodily disease, as distinguished from cerebral and nervous affections.

In nine cases death was caused by Lung disease, acute and chronic. Insanity in all of these was markedly of the Asthenic type, and was traceable to the modifying influence exerted over the mental operations by an enfeebled constitution. In many such cases a moral cause is assigned for the appearance of insanity: no doubt a moral cause may have produced the first manifestation of mental unsoundness; but the condition of the brain which gave rise to such manifestation had been probably for some time pre-existent, and had been gradually induced.

In all the cases which are entered under "Acute," depreciation of the general constitutional tone preceded the appearance of the more active disease which destroyed the Patient. Many of the patients whose cases occur in this class were of the Tubercular cachexy.

Cardiac disease was the cause of death in two cases. One of these patients, a male, before death presented the mental symptoms which

are very constantly found to co-exist with an atheromatous condition of the Cerebral arteries. He was constantly muttering and chattering: he was easily led to talk on any subject; and his sensations of pleasure or annoyance were easily excited, and as easily allayed. This case presented a good example of the mode in which insanity comes on in many such cases. All his life this man's power of mental control seems to have been of the slightest: he was the easy victim of his sensual appetites. When the general constitutional powers began to fail, as life advanced, and the effects of the Atheromatous disease under which he laboured began to be felt in lessening alike of bodily and mental energy, his want of self-control became so marked, as to make the necessity of his confinement evident. On post-mortem examination, he was found to have suffered from Aortic incompetence, with extensive Atheromatous change both of the Aortic and Cerebral arteries.

Chronic disease of the digestive organs was the cause of death in the case of three females. The symptoms of mental insufficiency during life were of the depressed type: these patients lived in an atmosphere of perpetual gloom, but did not show any special symptoms of insanity worthy of notice.

Chronic disease of the Kidneys was the cause of death in two cases, one male, and one female. I hope I shall not be thought tedious if I very shortly draw attention to the remarkable similarity displayed in the symptoms of those persons' mental disorder, in whom insanity was co-existent with the waxy form of Bright's disease of the Kidney. In the case of the male patient insanity had existed for years, and he inherited a predisposition to its occurrence. At the commencement of the mental disorder the symptoms were of the Sthenic type, and consisted of maniacal excitement and delusions; homicidal impulses were also displayed by him; his bodily health was then reported as good. After being resident in the Asylum for some years, the symptoms of this man's insanity gradually changed: they assumed the Asthenic type. He became very querulous and extremely selfish: his powers of self-control were much weakened, and he would cry like a child when recounting his troubles, real or imaginary. This change of disposition commenced and advanced *pari passu* with the advent and progress of the symp-

toms of his Kidney disease. His micturation became very frequent, urine was passed in large quantities, and of low specific gravity, and his complexion became colourless, and of the tallowy hue frequently noticed as co-existent with the waxy form of Bright's disease.

In the case of the female, insanity came on with the invasion of the Kidney* disease, or rather with the general constitutional depression which preceded the appearance of more specific symptoms.

In this case, and in that portion of the former which corresponds (*i. e.*, after the appearance of Bright's disease), the mental symptoms and general appearance of the two patients were almost identical: querulous, discontented, constantly moaning and weeping over their unhappiness, no kindness consoled, no attention soothed them.

I have quoted these as affording excellent examples of the influence which bodily disease exercises on the symptoms of mental disorder.

The first case is peculiarly instructive: it shows how the whole cast of a patient's insanity may be changed by the supervention of a specific bodily diseased condition.

Two women are noted as having died from the effects of disease of the organs of generation.

The history of one of these cases is most interesting. Want of space obliges me to forego a lengthened account: I shall therefore content myself with mentioning, that as in the former section an example was afforded how the supervention of a specific disease (Bright's disease) may influence the general cast of a mental disorder, so in one of these cases it was seen how an incurable disease of another organ may produce a state of mind predisposing to insanity, and determine the nature of its insane manifestation. One of these patients suffered from Cancer of the Uterus and Great Omentum, and expressed the delusion that unknown agents tortured her by practising various forms of personal abuse upon her, and that her intestines were torn by devils.

It will be noticed that I have divided the cases in the next portion of the Table into two sections. In the first of these I have classed the cases of those whose age at the time of their decease was upwards of 60: such belong to the class whose insanity depends

upon the failing powers of advanced age. In the second I have placed those who at the time of their death had not reached the age of 60. The object in making this division was to draw attention to a class of cases in whom, without any specific cause, the mental and bodily powers alike give way. The history of such a case is somewhat as follows:—A man has been from childhood thrown on his own resources: miserably fed, clothed, and housed, he has by dint of the utmost exertion barely earned enough to keep body and soul together. Some more severe season, or longer period of starvation than ordinary, upsets his mental balance, and he is sent to an Asylum as insane. On his reception, he is at once recognised as belonging to the class of the Asthenic insane. Under proper treatment he may rally so far as to drag on a precarious existence for some time: in the majority of instances, he never leaves the bed in which he was placed on admission. He takes his food even ravenously, but seems to derive no benefit from it: bed-sores form, which enlarge despite all treatment, and he at length dies of general failure of the constitutional powers.

Four deaths occurred from the effects of accidental injury: of these two, females, were previously in a very infirm state.

S. H. WRIGHT, M.D.

Table of Weights of Organs and Causes of Death.

SEX.	AGE.	FORM OF INSANITY.	CAUSE OF DEATH.	Encephal.	Cerebell., Pons, and Medulla.	Heart.	Right Lung.	Left Lung.	Liver.	Spleen.	Right Kidney.	Left Kidney.	Stature, ft. in.		
MALES	62	Chronic Dementia,	Disease of Circulatory System and Pleurisy, Diarrhea, Morbus Cordis and Atheroma, General Decay and Exhaustion, Pneumonia, Do. (Double), Gangrene of Left Lung and Exhaustion, Phthisis and Asthenic Insanity, Dropsy and Exhaustion, Phthisis, Amyloid Disease of Kidneys, Abscess of the Brain, Asthma, Dropsy, and Exhaustion, Tuberculosis, Dropsy, and Exhaustion, Asthenia following Operation of Opening Scrotal Abscess, and removal of Left Testicle, Syncope during an Epileptic Fit, General Paralysis and Exhaustion, Gangrene of Left Lung, Cirrhosis Hepatis, and Gastric and Duodenal Catarrh, General Paralysis and an Epileptic Seizure,	50	8	20	..	..	52	5½	10	10	6 0	
	67	Do.		45	..	20	27½	..	82	7	8	7	7	..	
	40	Sthenic Do.		62	..	12	20	14½	32	34	3½	6½	6½	..	
	37	Congenital Imbecility,		..	..	8½	17½	12½	32	34	3½	3½	3½	..
	45	Do. Moral Imbecility,		53	..	20	38	23	60	60	..	7	6	..	
	60	Asthenic Insanity,		50	..	..	..	35	46	46	3½	6	6½	..
	30	Phthisical Do.		46	8	..	..	..	..	..	6	6	6	6 0
	69	Senile Do.		47	..	11½	..	..	..	37	6	6½	7	..
	48	Tubercular Do.		51	..	11	..	..	..	51	5½	5½	5	..
	55	Mania,		48	..	16	..	..	..	72	13	9	8½	..
	66	Do.		54½	7½	..	22	..	..	51	6	6	7	..
	61	Asthenic Mania,		58	..	12	25	..	..	54	..	..	..	..
	39	Chronic Do.		45½	..	12	29	..	26	49	2½	5	6	..	
	51	Melancholia,		45½	..	..	..	..	..	..	..	..	..	..
	48	General Paralysis,		45½	..	..	11½	22	18½	56	..	..	..	5 9
	40	Do.		36½	..	..	12	..	..	66	..	5½	5	5 10
	36	Do.		43	..	..	9½	31	23	73	7	7	5	..
	40	Do.		48	..	..	14	20	18	49	4	4	5½	..
	FEMALES	40		Asthenic Insanity,	Bright's Disease, Softening of the Brain, Do. Do. Asthenia and Fatty Heart, Subacute Pneumonia and Bronchitis, Cardiac-Dilatation and Bronchitis, Senile Decay and Cancerous Ulceration of the Os Uteri, Senile Decay, General Exhaustion, with Acute Mania and Pneumonia, Fatty Degeneration of the Liver and Resulting Exhaustion, Scirrhus of the Stomach and Abdominal Regions, Senile Mania and Exhaustion, Poisoning by Yew, General Paralysis,	46	..	12½	19½	19	61	..	5	4	..
		72		Do.		44	..	12
43		Do.	43	..		8	22	10	38	..	..	5	5	..
40		Do.	49	..		10	25	19	54	7	7	6	7	..	
69		Delusional Insanity,	45	..		12	36	16	38	4½	4½	5½	4½	..	
58		Idiopathic Asthenic Insanity,	46	..		16	10	18	51	51	4	4	5	..	
71		Senile Insanity (Utero-Mania)	42	..		10	22	18	40	40	..	..	..	5 9
60		Senile Insanity,	26½	..		11	17	20	42	42	..	..	..	..
41		Acute Mania,	50	..		11	29	23	51½	51½	3½	3½	6	4½	..
63		Do.		8	16½	22	49	49	3	4½	4½	3½	..
43		Ovario-Mania (Utero-Mania),	41	..		9	52
62		Senile Mania,	33½	..		..	15	9	..	27	..	2	2	..
29		Sthenic Acute Mania,	49	..		9½	13½	13	58	58	3	3	5½	4½	..
50		General Paralysis,	34	..		9	11	12	44	44	3	3	4	5	..

STATEMENT OF WORK

DONE AT

THE ROYAL EDINBURGH ASYLUM

During the Year ending 31st December 1871.

The Work is estimated by charging Journeymen's Wages only.

I. TAILORS.

Making 137 jackets, at 3s. 6d.,	L.23	19	6	
" 179 vests, at 1s. 6d.,		13	8	6
" 133 pairs trousers, at 1s. 6d.,		9	16	6
" 183 flannels, at 1s.,		9	3	0
" 415 pairs drawers, at 1s.,		20	15	0
" 299 bonnets, at 5d.,		6	4	7
" 107 stocks, at 5d.,		2	4	7
" 12 tweed suits, at 15s.,		7	4	0
Bed sheets, quilts, canvass dresses, bags, &c.,		6	6	0
Repairs,		80	5	8
New work and repairs for private individuals,		2	14	0
		L.182	1	4

II. SHOEMAKERS.

Making 119 pairs men's shoes, at 4s.,	L.23	16	0	
" 3 " " boots, at 6s.,		0	18	0
" 174 " women's shoes, at 2s. 6d.,		21	15	0
" 172 " canvass shoes, at 2s. 6d.,		21	10	0
" 15 " locked boots, at 3s. 6d.,		2	12	6
" 79 " braces, at 3d.,		0	19	9
" 30 " gloves, at 1s. 6d.,		2	5	0
" 22 key belts, at 2d.,		0	3	8
Repairing men and women's boots and shoes,		55	3	6
Do. for private individuals,		1	0	0
		130	3	5

III. ENGINEERS AND BLACKSMITHS.

Amount of engineer and blacksmith work for Western Department,	L.88	0	7	
Do. Do. for Eastern Department,		14	19	4
Do. Do. for workshops and garden,		18	11	5
Do. Do. for miscellaneous buildings,		3	15	2
		125	6	6

IV. PAINTERS.

Painting and papering in Western Department,	L.60	11	6	
Do. Do. in Eastern do.,		40	10	0
Do. Do. in miscellaneous buildings,		10	10	0
		111	11	6

Carry forward, L.549 2 9

Brought forward, 1.549 2 9

V. UPHOLSTERERS.

Making new hair and seaweed mattresses and feather pillows, straw palliasses, covering chairs, canvass frames, strapping, &c.; also altering, stuffing, twilting, and repairing old ditto for Western Department,	1.70	7	8		
Do. Do. for Eastern Department,	10	4	6		
Do. Do. for Myreside and Cottage,	1	10	0		
				<hr/>	1.82 2 2

VI. PRINTERS.

Receipt book for wages, contracts for provisions, butcher meat, milk, &c., inventories, attendants' pass cards, night attendants' returns, laundry lists, daily record, cards and bills for lectures, circulars for Treasurer, cards and programmes for concerts, warrants, annual report, &c.,					59 0 0
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VII. MASONS.

Building, cutting, slapping, altering, and repairing sundry places; also altering, lifting, and relaying pavement in Western Department,	1.54	11	0		
Do. Do. in Eastern Department,	24	7	6		
Do. Do. in miscellaneous buildings,	18	14	6		
				<hr/>	97 13 0

VIII. PLUMBERS, GASFITTERS, & TINSMITHS.

Plumber, gasfitter, and tinsmith work for Western Department,	1.54	16	1		
Do. Do. for Eastern Department,	21	10	9		
Do. Do. for garden and miscellaneous buildings,	5	12	4		
Tin goods made for store,	9	0	6		
				<hr/>	90 19 8

IX. CARPENTERS.

Making and fitting up tables, dining and drawing room chairs, wardrobes, presses with shelving, &c., boxes, wash-hand stands, mantelpiece, glass doors, pailings, shelving, laying new flooring, linings, fitting up theatre, &c.; also cleaning, altering, and repairing furniture, &c., in Western Department,	1.113	8	2		
Do. Do. for workshops and garden implements,	14	1	1		
Do. Do. for Eastern Department,	57	3	10		
Do. Do. for miscellaneous buildings,	5	10	4		
Amount for coffins,	3	2	0		
				<hr/>	193 5 5

X. GLAZIERS, PLASTERERS, & SLATERS.

Glazier, plasterer, and slater work in Western Department,	1.35	4	6		
Do. Do. in Eastern Department,	9	10	0		
Do. Do. in miscellaneous buildings,	5	16	8		
				<hr/>	50 11 2
				<hr/>	1.1122 14 2

ANDREW LESLIE, *House Superintendent.*

ARTICLES MADE BY FEMALES IN WESTERN DEPARTMENT.

	<i>L.</i>	<i>s.</i>	<i>d.</i>		<i>L.</i>	<i>s.</i>	<i>d.</i>
234 Print, gingham, and wincey dresses . . . at 1s 8d	19	10	0	Brought forward,	72	11	0
24 Stuff dresses . . . 3s 0d	3	12	0	126 Pillow cases . . . at 0s 1½d	0	15	9
32 Linen, check, and tick dresses. . . 1s 6d	2	8	0	840 Pillow slips . . . 0s 2d	7	0	0
18 Muslin dresses . . . 2s 0d	1	16	0	430 Check aprons . . . 0s 0½d	0	17	11
287 Cotton chemises . . . 0s 4d	4	15	8	48 Dowlas do. . . 0s 3d	0	12	0
154 Flannel do. . . 0s 3d	1	18	6	280 Coloured handkerchiefs . . . 0s 0½d	0	11	8
126 Men's flannel jackets 0s 6d	3	17	0	52 White do. . . 0s 0½d	0	2	2
143 Bed gowns . . . 0s 4d	2	7	8	229 Pairs blankets . . . 0s 3d	2	17	3
28 Long bed gowns . . . 0s 6d	0	14	0	77 Bed covers . . . 0s 2d	0	12	10
140 Caps . . . 0s 3½d	2	0	10	6 Chair do. . . 0s 3d	0	1	6
50 Dress caps . . . 0s 4d	0	16	8	5 Sofa do. . . 1s 0d	0	5	0
50 Bonnets trimmed . . . 0s 3d	0	12	6	6 Set window curtains 1s 6d	0	9	0
65 Coloured petticoats 0s 3d	0	16	3	82 Window screens . . . 0s 0½d	0	3	5
312 Plaiding do. . . 0s 3d	3	18	0	8 Table covers . . . 0s 1d	0	0	8
72 Flannel do. . . 0s 3d	0	18	0	50 Table cloths . . . 0s 1d	0	4	8
12 White cotton do. . . 0s 4d	0	4	0	113 Buff blinds . . . 0s 1d	0	9	5
24 Sun caps . . . 0s 6d	0	12	0	294 Pair stockings knit. . . 0s 4½d	5	10	5
42 Slip bodices . . . 0s 3d	0	10	6	230 Do. Do. refooted . . . 0s 3d	2	17	6
34 Pairs drawers . . . 0s 3d	0	8	6	5 Crumb cloths . . . 0s 3d	0	1	3
14 Stuff aprons . . . 0s 2d	0	2	4	10 Set bath curtains . . . 0s 6d	0	5	0
501 Striped shirts . . . 0s 4d	8	7	0	5 Set bed do. . . 1s 6d	0	7	6
8 White shirts . . . 0s 6d	0	4	0	5 Ottoman covers . . . 0s 6d	0	2	6
203 Bed cases . . . 0s 6d	5	1	6	34 Vallances . . . 0s 6d	0	17	0
960 Sheets . . . 0s 1½d	6	0	0	220 Straw bags . . . 0s 3d	2	15	0
252 Roller towels . . . 0s 0½d	0	10	6	174 Pair shoes bound . . . 0s 2d	1	9	0
230 Hand do. . . 0s 0½d	0	9	7	4500 Dusters . . . 0s 0¼d	4	13	9
Carry forward,	L.72	11	0	Carry forward,	L.106	13	2

ARTICLES REPAIRED BY FEMALES IN WESTERN DEPARTMENT.

	<i>L.</i>	<i>s.</i>	<i>d.</i>		<i>L.</i>	<i>s.</i>	<i>d.</i>
1608 Striped shirts . . . at 1d	6	14	0	Brought forward,	43	16	3
5420 Pair woollen drawers 1d	22	11	8	360 Pair blankets . . . at 2d	3	0	0
260 White and regatta shirts . . . 1d	1	1	8	340 Sheets . . . 1d	1	8	4
632 Gowns . . . 2d	5	5	4	10,442 Pair stockings . . . 0½d	21	15	1
394 Coloured petticoats. . . 1d	1	12	10	220 Pillow slips . . . 0½d	0	13	4
440 Plaiding do. . . 1d	1	16	8	52 Roller towels . . . 0½d	0	2	2
90 Flannel do. . . 1d	0	7	6	254 Bed gowns . . . 1d	1	1	2
450 Cotton chemises . . . 1d	1	17	6	220 Caps . . . 1d	0	18	4
410 Flannel do. . . 1d	1	14	2	36 Table cloths . . . 1d	0	3	0
92 Dowlas aprons . . . 1d	0	7	8	1,642 Flannel jackets . . . 1d	6	16	10
47 Bed covers . . . 1d	0	3	11	60 Pair drawers . . . 1d	0	5	0
80 Check aprons . . . 0½d	0	3	4	74 Slip bodices . . . 1d	0	6	2
Carry forward,	L.43	16	3	Carry forward,	L.80	5	8

Mrs MACDOUGALL, Matron.

ARTICLES MADE BY FEMALES IN EASTERN DEPARTMENT.

4 Gowns.	12 Neckchiefs.	10 Crotchet.
8 Chemises.	39 Pocket handkerchiefs.	33 Quilts.
5 Pair drawers.	6 Slip bodices.	46 Pair blankets.
22 Coloured petticoats.	12 Collars.	200 Towels.
12 Flannel do.	10 Linen sleeves.	200 Dusters.
6 Flannel underdresses.	4 Slippers sewed.	24 Table cloths.
30 Pair worsted stockings.	12 Worsted work.	80 Table napkins.
15 Do. cotton do.	60 Knitting.	50 Window blinds.
110 Aprons.	6 Trimming sewed.	300 Sundries.

ARTICLES REPAIRED BY FEMALES IN EASTERN DEPARTMENT.

39 Gowns.	100 Aprons.	59 Quilts.
6 Shawls.	30 Neckchiefs.	60 Pair blankets.
82 Night gowns.	26 Pocket handkerchiefs.	70 Pillow slips.
30 Night caps.	30 Slip bodices.	68 Towels.
70 Chemises.	12 Pair stays.	8 Sofa covers.
80 Pair drawers.	20 Habit shirts.	30 Chair do.
23 White petticoats.	30 Collars.	50 Table cloths.
70 Coloured do.	9 Muslin sleeves.	36 Toilet covers.
20 Flannel do.	20 Linen do.	100 Table napkins.
105 Flannel underdresses.	20 Knitting.	50 Window blinds.
1430 Worsted stockings.	250 Shirts.	630 Sundries.
200 Cotton do.		

A. M. SHEARER, *Matron.*

ABSTRACT OF THE VALUE OF STOCK ON HAND IN STORES
AT 31st DECEMBER 1871.

1. Provisions, groceries, and stimulants,	£685	2	9
2. <i>House Furnishings</i> —Consisting of china, crystal, crockery, bedding, hessian, damask, toilet covers, sheeting, bed lace, cord, hair cloth, packsheet, window blinds and mounting, coffin mounting, pails, knives and forks, razors, brushes, matts, &c.,	451	3	8
3. <i>Male Clothing</i> —Plaiding, dowlas, duck, lasting, cloth, canvass, corduroy, tweed, shirting, hose, handkerchiefs, stocks, shoes, braces, with tailor's and shoemaker's stock,	191	5	8
4. <i>Female Clothing</i> —White and black cotton, linen, plaids, shawls, muslin, prints, drugget, jane, flannel, stays, tape, needles, thread, &c.,	148	2	6
5. <i>Ironmongery</i> —Tin goods, blacksmiths, masons, plumbers, upholsterers, joiners, painters, and glazier's stock,	140	12	0
6. Amount of pigs, as per valuation,	130	0	0
7. Wheat, oats, and hay,	120	0	0
	£1866	6	7

ANDREW LESLIE, *House Superintendent.*