

**Medical report to the managers of the Lunatic Asylum of Aberdeen, for the year ending 30th April, 1850 : read at the general meeting held at the asylum, 11th July, 1850.**

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MEDICAL REPORT  
TO THE  
MANAGERS  
OF THE  
LUNATIC ASYLUM  
OF ABERDEEN,

FOR THE YEAR ENDING 30TH APRIL, 1850.

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READ AT THE  
GENERAL MEETING HELD AT THE ASYLUM,  
**11th July, 1850.**

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ABERDEEN:  
PRINTED BY D. CHALMERS AND COMPANY,  
ADELPHI COURT, UNION STREET.

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MDCCCL.

MEDICAL REPORT

MANAGERS

LUNATIC ASYLUM

OF ABERDEEN

FOR THE YEAR ENDING WITH APRIL, 1850

GENERAL MEETING HELD AT THE ASYLUM

11th July, 1850.

ABERDEEN:

PRINTED BY D. GEARNS AND COMPANY,

ABERDEEN COURT, UNION STREET.

MOORE



# LIST

## OF THE

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

#### THE PROVOST OF ABERDEEN—*President.*

**The Four BAILLIES.**

- „ DEAN of GUILD.
- „ TREASURER.
- „ PROVOST who immediately preceded the present Provost.

**The TOWN CLERK.**

- „ CONVENER of the Trades.
- „ PROFESSOR of Medicine in Marischal College.
- „ MODERATOR of the Synod of Aberdeen.  
*All for the time being.*

Henry Lumsden.  
Alexander Webster.  
Alexander Bannerman.  
Dr. William Henderson.  
Henry D. Forbes.  
P. Farquharson.  
Sir Charles Bannerman.  
Thomas Burnett.  
Alexander M'Kenzie.  
Colonel Henderson.  
Dr. Williamson.  
Alexander Cadenhead.  
John Raeburn.  
Alexander Simpson.  
James Reid.  
Clements Lumsden.  
Robert Brown.  
John Cadenhead.  
Alexander Calder.  
George Hogarth, Junior.  
Major Hogarth.  
William Hogarth.  
Alexander Gibbon.  
Patrick Pirie, Junior.  
William Davidson.  
William Allardyce.

Thomas Blaikie.  
Alexander Ogston.  
William Simpson.  
Dr. Galen.  
George Thomson.  
Robert Catto.  
Alexander Johnston.  
Dr. Keith.  
William Irvine.  
Rev. J. Stewart.  
John Webster.  
Alexander Thomson.  
Dr. Harvey.  
Robert Smith.  
Henry Shank.  
Robert Low.  
Robert Shand.  
James Nicol.  
Rt. Rev. Bishop Skinner.  
Jas. Forbes, Argyllshire.  
Charles Winchester.  
James Brebner.  
Sir Michael Bruce, Bart.  
John Blaikie.  
Frederic Holland.  
Henry L. Holland.

William Innes.  
Newell Burnett.  
Charles Downie.  
Alexander Innes of Cowie.  
Alexander Pirie, Junior.  
Thomas Sangster.  
Henry Paterson.  
Rev. Robert Forbes.  
D. R. Morice.  
Thomas Hogarth.  
Francis Edmond.  
Basil Fisher.  
William Fisher.  
Alexander Jopp.  
William Annand, London.  
Alex. Robertson, Balgownie.  
Henry C. Oswald.  
Dr. Robert Daun.  
Rev. W. R. Pirie, D.D.  
William Yeats.  
Arthur Thomson.  
Arthur Anderson, Surgeon.  
Rev. Principal Dewar.  
Dr. Cruickshank.  
Patrick Davidson.  
Alexander Webster, Jun.

#### MANAGERS ELECTED DECEMBER 3, 1849.

Rev. Dr. Forsyth.  
James Wyllie.  
Dr. Joseph Williamson.  
Dr. Lizars.  
Deacon George Donald.

President of Shipmaster Society.  
Alexander Gordon.  
George Henry.  
William Littlejohn.

William Ross.  
Rev. David Simpson.  
John Urquhart.  
Sheriff Watson.  
P. Williamson.

#### OFFICERS OF THE ESTABLISHMENT.

PHYSICIAN, ..... JOHN MACROBIN, M.D.  
RESIDENT MEDICAL OFFICER AND SUPERINTENDENT, ..J. F. OGILVIE, M.D.  
MATRON,.....MISS ELRICK.  
CHAPLAIN, .....REV. ARCHD. STORIE.  
TREASURER AND CLERK, .....MR. W. WALKER.  
HOUSE STEWARD, .....WM. LESLIE.



The following LEGACIES and DONATION have been received for behoof of the LUNATIC ASYLUM, betwixt 28th February, 1849, and 1st March, 1850 :—

LEGACIES.

Mrs. Isabella Gordon, or Dyce, ...	£19	19	0
Miss Margaret Garioch, Heathcot, ...	19	19	0
Interest of Mr. Gavin's Mortification, Kirk Session of Peterculter, for 1849,	2	14	4
			£42 12 4

DONATION.

From the " Friends of a Patient," for the attention paid him while in the Asylum, per Mr. David Chalmers, ...	£3	0	0
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A B S T R A C T

OF THE

INCOME AND EXPENDITURE OF THE LUNATIC ASYLUM.

For the Year ending 30th April, 1850.

INCOME.

Legacies, ...	£42	12	4
Donation, ...	3	0	0
Bedlam Fund, ...	30	0	0
Legacy by Dr. Dun, (Income from it),	32	5	3
Ground under Crop, ...	175	3	4
Houses and Ground, Barkmill, Rental,	43	6	11
Interest of Money, ...	154	19	6
Board for Patients during the year,	4,215	1	8
			£4,696 9 0

EXPENDITURE.

Provisions, ...	£1,824	18	11
Fire and Light, ...	209	8	10
Washing, ...	44	10	3
Medicines, ...	14	19	4
Wine, Spirits, and Porter, ...	21	17	0
Repairs, ...	160	11	0
Furniture and Bedding, ...	150	1	10
Salaries to Physician and Resident Medical Officer, ...	260	0	0
Salary to Chaplain, ...	40	0	0
„ to Treasurer, ...	112	10	0
„ to Matron, ...	70	0	0
„ to House Steward, ...	50	0	0
Servants' Wages, ...	364	6	6
Incidents, Insurance, Printing, Stationery, and Annuities, ...	240	11	7 $\frac{3}{4}$
			£3,503 15 3 $\frac{3}{4}$
Income above Expenditure,	1,192	13	8 $\frac{1}{4}$
			£4696 9 0

WM. WALKER, Treasurer.



## MEDICAL REPORT,

FOR THE YEAR ENDING 30<sup>TH</sup> APRIL, 1850.

THE year which ended on the 30th of April last, and over which our present Report extends, has been marked in its progress by several incidents to which we attach some interest and importance, not so much that they elicit anything new in a purely medical or scientific point of view, as on account of the influence they are calculated to exercise on the practical working of the Institution. To these, therefore, we shall severally direct your attention, adding such remarks as seem to be called for, in illustration of the Statistical Tables which are, as usual, appended.

In taking a retrospective view of the events of that period, we have great reason to feel thankful for the general prosperity of the Institution, and for the measure of success that has attended our endeavours for the relief of human misery, notwithstanding that it has been to ourselves one of even more than usual anxiety. This anxiety has arisen partly from the peculiarly perplexing and difficult character of many of the cases we have had to treat, and partly from the care and forethought required in devising and setting on foot certain new arrangements in the internal working of the Establishment, which, although we trust and believe decided improvements, are nevertheless as yet novel and untried.

We have again to report the same freedom from epidemic influences which we have happily enjoyed in former years; for, with the exception of a single case of measles, which ran a mild course, and did not spread, there has been nothing which could occasion us any uneasiness on this score. The apprehensions which we last year expressed of the threatened approach of Cholera, from having witnessed its very severe ravages among the insane in the large Asylums of the French Capital, and which were not allayed by the accounts subsequently communicated to us of the mortality which followed in its train in one or two of those in Great Britain, have, in the course of Providence, proved unfounded. The epidemic, which was never otherwise



than mild in this district, did not invade the part of the town more immediately adjoining the Asylum.

We did not, therefore, feel called upon to put in force any system of quarantine regulations, with a view of protecting ourselves from the risk of contagion, being satisfied that any such step would, under existing circumstances, have had a bad moral effect on the patients, by directing their attention too strongly to the presence of the malady, and by exaggerating, in their eyes, the danger to be apprehended from it, independently of the confinement, the gloom, and the general inconvenience, which such an arrangement must have involved. Had it unfortunately been otherwise, the moral effects would have been, in all probability, of a directly opposite nature, viz., to inspire a feeling of confidence and security, and from medical reasons also, some such precautionary measures would probably have been recommended by us.

In regard to the amusements and occupation of the patients, we can recall nothing of any moment to which we have not already alluded; there having been more attention paid, of late, to giving extended facilities for such as were already in use, than to devising new ones. The fashion for collecting pet animals runs high at present, and a motley group might be formed by collecting together all the various and incongruous specimens of zoology which have been domesticated by one or other of the patients, in different parts of the premises. The game of cricket also continues in high favour, and it is somewhat amusing to witness the interest excited by the announcement in the newspapers of matches about to come off in our immediate neighbourhood, and the anxiety of several of those most zealous in the cause to form a party to see them played.

We gladly take this opportunity of acknowledging the receipt of one or two liberal and very appropriate presents of books. In connection with this subject, we have a suggestion to make, with the view of giving increased facilities for reading and study, and which we hope will meet with your approbation. It is that an arrangement should be entered into with the proprietors of some circulating library, for securing, for the use of the more intelligent and studious of the patients, a supply of recent publications of a somewhat higher order than they can at present have access to. This class of readers being, in our Asylum, a comparatively small one, we have never thought it expedient to lay out, for their especial benefit, any portion of the sum set apart for adding to the library, which, to be of anything like general utility, must consist almost entirely of a more popular and inexpensive kind of works.



Walking parties and more distant carriage excursions are looked forward to with undiminished interest, and would be repeated much more frequently than they are at present, were it not that they necessarily occupy so much of the time and attention of the officers of the Asylum.

It is with no small degree of pleasure that we have noted the change that public opinion has of late undergone in reference to these, and other arrangements, having for their object the granting of increased personal freedom to the Insane.

It is within our recollection that, not very many years back, such excursions were looked upon as something strange and hazardous, whereas we now have gratifying evidence that the public mind is fast becoming familiarized with them, in the little notice that is attracted by the party, even when it chances to be recognised, which does not very frequently happen, as well as in the numerous little attentions that are every now and then met with from the country people.

We are no less pleased to find that of late there have been very few attempts made to escape from the Institution, so that this subject has not engaged so much of our attention in any shape as in former years. Such attempts, it is true, whether successful or not, ought never to be viewed as among the more serious casualties that may occur in an Asylum, yet they are invariably attended with so many petty annoyances to almost every one concerned in the management of the Institution, that even from considerations of a purely personal nature, we have a great repugnance to their occurring.

The most important of the changes in the internal economy of the Asylum, during the year, consists in an arrangement by which we have now taken upon ourselves the entire charge of providing clothing for the pauper patients, it being of course understood that they do not come under our care in the first instance in an utterly destitute condition in this respect, but sufficiently clad for the time being—we, on our part, undertaking to see that they do not leave us worse equipped than they entered. When, in addition to this, it is recollected that by the same arrangement the parishes situated beyond the County of Aberdeen are now relieved from the obligation which hitherto they have lain under, of providing bedding for their paupers, it will be seen that not only has a great boon been conferred on the public, at the expense of the funds of the Asylum, but that there has been also entailed on ourselves much additional trouble and arrangement in providing for them these requisites. Apart, however, from the additional expenditure implied in this new system, we



have reason to anticipate that in the working of it, when once fairly in operation, the comfort of the inmates will be materially promoted. There will be no longer any loss of time in negotiating with the respective parishes for the requisite supply of clothing, nor any of the delay which we have found sometimes so inconvenient in furnishing any particular article that happens to be unexpectedly wanted. The quality and quantity also will be regulated at our own discretion, according to the requirements, and, within certain limits, according to the taste of each, so that when, as is often the case, a patient becomes all at once destructive and uncleanly in his habits, in consequence of a paroxysm of excitement, we may be able, without ceremony, to transfer his clothes to some one else, and to supply him with others, stronger and more suitable.

To carry out this plan as conveniently and economically as may be, an additional attendant, a tailor by trade, has been engaged, and a workshop fitted up for his use, where such of the patients as can assist him in this department may work under his own superintendance: and, on the female side, it may in like manner be found necessary to have a corresponding apartment set aside as a work-room, under the charge of a female attendant, engaged specially for the purpose. This, however, has been meanwhile deferred, until the nature and extent of the work to be done can be more accurately estimated, and the details of it arranged.

In the autumn of last year, we proceeded to put in practice, with the sanction of the Committee of Management, the suggestions we had formerly made as to a night watch, by appointing to that duty the senior male attendant, whose place has been supplied by another, in the performance of the ordinary routine duties of attendance on the patients. He is required to make the entire round of the premises, both outside and inside, eight times at least in the course of the night, and at irregular intervals, so that if anything unusual occur, it is reported to the resident medical officer at the time, or on the succeeding morning, according as it is of immediate importance or not. A means is thereby afforded us of ascertaining more accurately the condition and symptoms of patients during the night—a knowledge of which is in few diseases of more consequence than in insanity; and we have thus been relieved from much of the harassing anxiety which the care of the Insane carries along with it, more especially during the hours of the night, more than one unpleasant accident having already been foreseen and prevented by this means.

Within that time also have been carried into execution, the measures proposed by the Architect, as a precaution against the



occurrence of fire. These consist in the construction of four large tanks, which are kept constantly full of water; and of a small and portable fire engine, of sufficient power to throw a stream into any part of the building. It is in contemplation to train parties of the patients to work it, who, in the event of its being required, may relieve each other without delay or confusion.

It is worthy of consideration whether, in the event of any farther increase in the number of patients, to the extent, we shall suppose, of 250 or upwards, it may not be expedient to have a resident pupil, who may act as clinical clerk, and assist in the writing out of the cases, and in other details of household practice, which are even already multiplying to such an extent that they can be with difficulty undertaken by one person.

During the last few months an attempt has been made to set on foot a Fund for the relief of industrious and deserving patients discharged from the Institution in indigent circumstances, some small sums having been placed in our hands for that purpose, by several parties who interested themselves in the means of promoting the welfare of the Insane. Such patients, we need scarcely say, labour under difficulties and discouragements of a peculiarly harassing nature in their endeavours to obtain remunerative employment, and at a time too when they are ill able to contend against them, so that we have long felt the urgent necessity for some means by which we could afford them a little temporary assistance. The sum hitherto collected is, it is true, very limited, but still a beginning has been made, and it appears to us that it is requisite only to make known the existence of such a fund, in order to obtain contributions to it from other quarters; and we therefore avail ourselves of the present opportunity of giving publicity to the fact.\*

In introducing the alterations we have been alluding to, and in any others that are from time to time required, we have made it our study to do so gradually, and with as little disturbance as possible, in the ordinary daily routine of the Establishment, on the principle that sudden changes of system, which are the reverse of desirable in any community, are least of all expedient in one made up of such incongruous elements as an Asylum for the Insane. That we have been enabled to do so satisfactorily, we attribute to the good offices of the several Committees that have been on duty during the year, to whom our best thanks are due,

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\* We have likewise to express our acknowledgments for a grant of £25, which was considerably voted by the Managers, to be distributed among the most deserving of such cases during the current year.



for having so cordially co-operated with us in carrying out such suggestions as we laid before them. We feel that it has also been greatly owing to the harmony that has uniformly prevailed among the officers of the Institution, for where that unfortunately is wanting, the best devised code of regulations that can be put on paper will inevitably fail in producing an efficient working out of its resources.

There is but one other alteration of any moment to which we think it necessary to direct attention at present, viz., the erection of the proposed East Wing, which we trust will be proceeded with as soon as the state of the funds shall warrant your taking in estimates for it.

Our reasons for again pressing this point, are the defective accommodation at present provided for the female patients in the Old House, the insecurity of many parts of it, the urgent want that is felt of a quiet and secure sitting room for an intermediate class of female patients, to correspond with the South Hall in the new male wing, and the difficulty that will be experienced in the mean time in appropriating a suitable apartment as a work-room.

While every Asylum has special merits and defects of its own, arising from local situation, differences of internal management, or other causes, we regard it as a peculiar advantage of this Institution that the buildings admit of considerable extension, with the effect of improving the external architectural appearance, and, what is of far more importance, without interfering with the air of domestic comfort which at present pervades them.

The general plan and arrangement of the Tables is, in all respects, the same as in preceding Reports.

*Table I.* exhibits the general results of the year, which are briefly as follows:—there remained in the Asylum, on the 30th of April, 1849, 226 patients, and there have been admitted during the ensuing year, 81, making together 307 who have been under treatment. Of these, 36 have been discharged recovered; 17 have been removed more or less improved; 8 have been dismissed without manifest improvement, either at the request of relatives, or as being unfit objects for the Institution; and 16 have died—in all 77. There remained, consequently, at the last named date, 230, viz. :—120 males, and 110 females.

The greatest number of patients resident at any one time was on the 5th of November, when they amounted to 238, and the smallest number 221, on the 31st of January. The daily average for the entire year is, in round numbers, 229, (or more accurately, 228·76, viz. :—118·53 for the males, and 110·23 for the females)



and the entire household, including resident servants, &c. has consisted on an average of 263 persons.

The next eight Tables have special reference to the cases *admitted* during the year, 81 in number, of whom 36 are males, and 45 females. This excess in the number of females is no peculiarity in the statistics of the last twelve months, but has been noted also, with one exception, in the results of the twelve preceding years, and in several of them to a much greater extent than on the present occasion.

*Table II.* points out the localities from which those who have become inmates have been sent, and, in so doing, renders manifest to the eye the lamentable want of proper accommodation for the reception and treatment of the insane, which at present exists in the North of Scotland, this being the only public Institution devoted to the purpose in the entire district, including this and the other northern counties, with the sole exception of a small establishment at Elgin, adapted for containing from 30 to 40 patients. 41 of the 81 admitted—somewhat more than a half—are from the Town of Aberdeen, and immediate neighbourhood, within the bounds of the parishes of St. Nicholas and Old Machar; 27 from other parts of Aberdeenshire; and under 13 from the more northern counties, that number including also several persons from more distant localities. If, therefore, it be borne in mind that the populations of these several districts were estimated, at the last census, at 65,000, 127,000, and 331,000 respectively, it cannot escape observation how disproportionate are the numbers admitted from each.

It has, in fact, repeatedly become necessary during the year to refuse admission to patients from a distance, on account of want of room, preference being given, when there were only a limited number of vacancies, to urgent cases from our more immediate neighbourhood. We cannot but regret that the prospect which existed lately of this desideratum being partially supplied by the erection of an Asylum at Inverness, is now to all appearance indefinitely postponed.

*Table III.* exhibits, in decennial periods, the ages of the patients admitted, which have ranged from 15 to somewhat above 70 years; from 30 to 40 being that which includes the largest proportional number. In this, the Table in question tends to confirm the inference which we, in common with other observers, have deduced from the statistics of Asylums, viz. :—that the age of greatest liability is probably to be fixed at a year or two on either side of 40, which is also the age at which both the intellect and the passions are called most actively into play.



*Table IV.* states their social condition, 40 having been described as single, 30 as married, and 11 as widowed—a result which is borne out by the corresponding Tables contained in previous Reports, that of last year being, however, an exception.

*Table V.* is an enumeration of their occupations or stations in society.

*Table VI.* exhibits the various forms under which the disease manifested itself. In 43, out of the 81 admissions, being in the proportion of 53·09 per cent., this was Mania, that is to say, in them excitement, more or less violent, was the most constant and prominent symptom; in 16 or 19·75 per cent., it was Melancholia, where depression, mental and physical, is the characteristic feature of the complaint; in 12 or 14·81 per cent., Monomania, in which there exists a well-marked and constant delusion, on some particular subject or class of subjects, unattended with any great degree of either excitement or depression.

7 or 8·64 per cent. are included under the head of Dementia, or decay of the mental powers, varying in extent from that degree of imbecility which disqualifies the patient from properly taking care of his person and property when at large, downwards to the most abject fatuity, in which he cannot even feed himself or make known his wants.

Three patients (3·7 per cent.) were affected with Amentia, or original deficiency of the mental powers, and were admitted merely on the plea of being dangerous and unmanageable at home. These last-named cases, although they may be to a certain extent benefited by careful training, and regular diet, hold out no prospect of recovery, and are not therefore desirable inmates in an institution specially devoted to the cure or relief of insanity.

There have been in the course of the past year, a smaller number, of an acute nature and recent date, than in those which preceded it, which is probably one reason why our list of recoveries is not so large as last year, when they were unusually numerous. There was one, however, of only a few days' standing, in which the excitement was so great, that death, from exhaustion, ensued in about ten days; and another, in which the patient, after narrowly escaping the like fatal result, made a complete recovery. The latter event is by far the most frequent in such cases; for however alarming these may appear to persons unacquainted with the special treatment of Insanity, on account at first of the extreme violence displayed, and at a later stage the great prostration that ensues, our experience has led us to look upon them as being, under proper treat-



ment, the most favourable, as regards the prospect of a speedy and complete recovery, of any that pass through our hands. When, however, it has unfortunately happened, that lowering measures, and especially general bleeding, have been employed, either the complaint ends fatally, or recovery is tedious.

We have been led to repeat this observation, in consequence of our attention having been again directed to the subject, by the occurrence of more than one case in which we have had to regret that such a line of treatment had been adopted, and had proved an impediment to the success of subsequent practice.

Another class of cases, which are less than these subjects for medical treatment of any sort, have occasioned us, as usual, no small amount of embarrassment. We allude to those, in which the cause of admission has been an attack of maniacal excitement brought on by intemperance. The difficulty in dealing with such cases consists not in the direct treatment, for the short-lived delirium is soon recovered from (if only the stimulus be gradually withdrawn, and not again renewed), but in disposing of the patient when he *has* recovered. This class of patients is composed, for the most part, of persons so physically constituted that intoxicating liquors affect them more readily than the generality of men. They have notwithstanding a strong craving for indulgence in them, and are withal characterised by such a degree of weakness of intellect and resolution, whether natural or acquired, that they seem actually incapable of resisting the temptation. The consequence is that they return again and again to the Institution—the re-admission following the discharge sometimes at the interval of only a few days—an inconvenience to which we do not think it reasonable that such institutions as this should be required to submit, the more so as such patients are frequently of doubtful character, and too often instigators of discontent among the other inmates. It certainly appears to us, that whatever may have been the case at first, they cannot, after a time, be held as responsible or free agents, and ought not to be treated as such, as regards either their personal freedom or the disposal of their property. Still, Asylums for the Insane are not the most suitable receptacle for them; and we cannot help regarding it as a serious defect in the legislative system of this country, and one, too, which will be more sensibly felt as civilization advances, that no other provision is made for them. Some arrangement for their compulsory seclusion would be the means of preventing a great amount both of individual and of domestic misery; for such cases, we have seen reason to believe, are more numerous than is generally supposed. Our practice has been, in all in-



stances, to require a certain interval to elapse subsequent to convalescence appearing, before discharge takes place, this interval being somewhat farther extended after each successive re-admission; but even this mode of procedure, although probably under the circumstances the best, and indeed the only one we can adopt, is, so far as concerns any lasting results, as little satisfactory to ourselves as it is beneficial to the unhappy persons in question.

*Table VII.* points out the duration of the malady prior to admission, and the number of instances in which there have been previous attacks. This distribution of the cases into four classes, conveys a pretty accurate idea of the probability or otherwise of recovery in each, and is a convenient means of rendering this readily apparent to the eye. Class I., in which the prognosis is most favourable, is smaller in proportion to the other three than in the last Report, while Class IV., where it is most unfavourable, is in a corresponding degree greater. Class II., which is in these respects intermediate, and which may be expected to furnish but a small number of recoveries, is of average amount; and so also is Class III., in which the prospect of recovery is somewhat less, and the probability of relapse very much greater. Of these variations in the results recorded in successive Reports, it is difficult to give any satisfactory account, but they pervade all the statistics of Insanity, when founded on the observations of no longer period than a single year.

*Table VIII.* relates to the causes which are supposed to have induced the Insanity. For reasons which we have alluded to in former years, there are some cases in which we can only as a matter of probability infer that the alleged source of the Insanity, and its actual outbreak, stand to each other in the relation of cause and effect; in others, there can be no sort of doubt. In this latter category we must place the vice of intemperance, to which 13 of the 81 cases included in the Table were to be *directly* traced, and we have every reason to believe that, *indirectly*, it was concerned in originating or aggravating many more. Next, in numerical value, stand the two allied causes of hereditary predisposition, assigned in 11 cases, and acquired predisposition, the result of previous attacks, in 12. Under the last-named head, are embraced many in which predisposition from both causes were combined in the same individual. In the list of causes enumerated, there are none which do not usually or at least occasionally occur.

The gross number of cases attributable to physical causes is 62, to moral causes, 12; being in the proportions of 83·78, and 16·22 per cent. to the whole, leaving out of account 7, where no definite cause could be assigned.



The preponderance of physical over moral influences in originating the malady, has been matter of such constant observation with us, and with other physicians in this country, that we have frequently felt surprised at a strong statement to the opposite effect made by Esquirol, and repeated by other French authors after him. We cannot otherwise reconcile the two opinions than by supposing that the differences in mental constitution and temperament, which are known to exist between his countrymen and ours, have the effect of rendering the former subject to influences affecting the emotions or passions even to the extent of disturbing the healthy functions of the brain, which produce little or no effect on the latter. We have, at least, observed, that there are national differences in the type of Insanity in the two nations, and if so, it seems reasonable to infer that there are national differences also in the constitutional predisposition to it.

*Table IX.* enumerates the principal complications which have been present; these being, in some instances, the only agents apparent in inducing the malady, and acting in all both as predisposing causes, and as unfavourable indications in the prognosis. Twenty-five in all were ascertained to have hereditary predisposition derived from direct ancestors, or were inferred to be predisposed from the fact of Insanity having appeared in collateral relatives; and it cannot fail to attract notice, as a somewhat remarkable fact, that no less than four were stated to be the offspring of parents both of whom laboured under this constitutional taint.

In 6 (of whom 5 were males) it appeared to have descended to the patient through the father; and in 8, (of whom 6 were females), through the mother. In so far therefore as we can build on the Tables of any one year, we find here a confirmation of a general law which has been deduced from more extended experience, namely, that Insanity is on the whole most frequently transmitted through the mother, and more frequently than otherwise from father to son, and from mother to daughter. In connection with the subject of Hereditary Predisposition, it is not undeserving of remark, that towards the close of the year a female patient was admitted whose husband and mother-in-law were also inmates of the Asylum, within a few weeks of each other.

Insanity had already occurred once or oftener in 17 cases, viz. :—in 4 men and 13 women; females being notably more subject to relapse, although, for the most part likewise more curable as regards each individual attack. Among 7 cases complicated with paralysis, all of which were males, one



occurred, exhibiting that somewhat unusual variety of the general paralysis of the Insane, (of which an instance occurred likewise among the deaths of the year) where an early symptom is Amaurosis, showing that the affection must have extended from its usual seat, the surface of the hemisphere, to the base of the brain.

The next two Tables relate to the cases discharged as recovered during the year, which are 36 in number, being 44·44 per cent. to the admissions, and 15·72 per cent. to the mean number resident.

*Table X.* exhibits these classified, in reference to the duration of the complaint, and the occurrence of previous attacks, being analagous to *Table VII.*, in which the same is done as regards the admissions of the year.

*Table XI.* gives in more detail several particulars relative to each case. Two of these, Nos. 1 and 25—the former having been affected with Melancholia, the latter with Mania—may be particularized, as instances of recovery, under disadvantageous circumstances, no less gratifying than unexpected, such as we meet with every now and then, as if to keep before our eyes a practical warning that an unusually prolonged attack is not necessarily to be held as devoid of hope, so long as Dementia, or actual decay of the mental powers, is not present.

It may be mentioned in this place that 3 or 4 patients, not included in the Table, were removed in an advanced stage of convalescence, in consequence of arrangements to that effect being made with the relatives; and we have since had the satisfaction of hearing, both from themselves and others, of their complete restoration to health and usefulness. The instances, however, in which an early removal home can thus be ventured on, with the prospect of benefiting the patient, are by no means frequent, and arise generally out of domestic circumstances in the particular case, which are all in the first instance carefully weighed by us, so that we find ourselves in practice far more frequently called upon to dissuade relatives from taking such a step, than to urge it upon them. We meet, in fact, in each successive year with fresh instances to convince us that the evils consequent on a premature restoration of the patient to uncontrolled freedom, are far more likely to be both great and lasting, than any that may result from erring on the safer side, and retaining him somewhat too long—and the past year has been no exception to the rule.

The deaths have been sixteen in number, viz.:—19·75 per cent. to the admissions, and 6·98 per cent. to the mean number resident. Of these, 12 were males, and 4 females. This disproportion between the sexes in the matter of the annual rate of mortality is of invariable occurrence.



*Table XII.* contains the more important particulars in regard to each case, including the nature and duration of the Insanity, the cause of death, and the results of the *post mortem* examination, when such was made.

The causes of death, in the great majority of cases, were either direct affections of the brain and nervous system, or gradual exhaustion, resulting from long continued maniacal excitement. In the case of one patient, an Epileptic, death resulted from what is in this country a very rare complication, viz:—the pressure of a large goitê or swelling on the trachea, which, as it gradually increased in size, obstructed more and more the respiration during the fits, which even independently of this is always a source of danger in this malady. At length, one day as he was standing in the midst of a group of patients, with a book in his hand, he dropped down in a fit, and in a few minutes expired.

In every case where an examination of the body was made, some unusual appearance was met with in the cerebrum, but these were not such as to enable us to trace the origin of the Insanity to any one portion or organ of the brain; nor could we, in any instance, say that we succeeded in discovering any connection between the lesion met with, and the particular train of disordered mental manifestations displayed during life. The nearest approach to this was, perhaps, in the cases of general paralysis, where we never failed to discover the usual milky opacity of the Arachnoid, with copious effusion of serum. If this be, as seems probable, the result of asthenic inflammation, extending downwards, as the complaint advances into the gray substance of the brain, we can be at no loss to account for the general disturbance of the intellectual functions, and the equally general impairment of the muscular movements. In conjunction with other morbid appearances in the brain and elsewhere, tubercular deposits in the lungs were of common occurrence.

*Table XIII.* exhibits the general results of the last 20 years, singly and collectively. The gross results are as follows: the recoveries have borne to the admissions the proportion of 45·38, and to the mean number resident of 17·38 per cent.; and the deaths have borne to the same numbers respectively the proportion of 20·57 and 7·88 per cent.

*Table XIV.* gives the admissions of each of these years, with the results previous to the 1st of May last.

*Table XV.* gives the total number of patients admitted, recovered, relieved, and dead, up to the same date. The first opening of the Institution was on the 1st November, 1800; and there have been admitted in all 1890 patients, of whom there remained



230 at the expiry of the year over which the present report extends. 1660 have therefore passed under treatment. Of these, 764 or 46·02 per cent. have recovered; 517 or 31·14 per cent. have been more or less relieved, and 379 or 22·83 per cent. have died.

*Table XVI.* is a summary of the condition of the patients remaining in the Asylum, 230 in number, in respect of age, form of insanity, and other particulars.

J. MACROBIN, M.D.

J. F. OGILVIE, M.D.

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Lunatic Asylum,

11th JULY, 1850.

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

(Signed)

GEO. THOMPSON, JUN.,  
PROVOST, P.



# TABLES.

## TABLE I.

GENERAL RESULTS OF THE YEAR.

	Males.	Females.	Total.
Patients in the Asylum, 1st May, 1849, . . . . .	119	107	226
Admitted during the year, . . . . .	36	45	81
<hr/>			
Under treatment during the year, . . . . .	155	152	307
Removed during the year, viz. :—			
Recovered, . . . . .	15	21	36
Improved, . . . . .	5	12	17
Unimproved, . . . . .	3	5	8
Dead, . . . . .	12	4	16
	— 35	42	77
<hr/>			
Remaining in the Asylum, 1st May, 1850,	120	110	230

## TABLE II.

CLASSIFICATION OF ADMISSIONS IN REFERENCE TO PLACES OF RESIDENCE.

	Males.	Females.	Total
From Aberdeen and Suburbs, . . . . .	19	22	41
From other parts of Aberdeenshire, . . . . .	11	16	27
From more distant Localities, . . . . .	6	7	13
	— 36	45	81

## TABLE III.

AGES OF PATIENTS ADMITTED.

	Males.	Females.	Total.
From 10 to 20 . . . . .	3	0	3
” 20 ” 30 . . . . .	7	11	18
” 30 ” 40 . . . . .	8	14	22
” 40 ” 50 . . . . .	8	7	15
” 50 ” 60 . . . . .	7	6	13
” 60 ” 70 . . . . .	2	7	9
” 70 ” 80 . . . . .	1	0	1
	— 36	45	81

## TABLE IV.

SOCIAL CONDITION OF PATIENTS ADMITTED.

	Males.	Females.	Total.
Single, . . . . .	17	23	40
Married, . . . . .	15	15	30
Widowed, . . . . .	4	7	11
	— 36	45	81



TABLE V.

OCCUPATION OR STATION IN LIFE OF PATIENTS ADMITTED.

	Males.	Females.	Total.
Of independent means,	0	1	1
Surgeon, Medical Student,	2	0	2
Lawyer, Clerks,	3	0	3
Schoolmaster, Tutors, Governess,	3	1	4
Commercial Traveller,	1	0	1
Shopkeepers, Artisans, and Wives of Do.,	7	8	15
Farmers, Wives of Farmers, Gardener,	3	4	7
Farm Servants, Labourers, and Wives of Do.,	6	6	12
Soldiers, Seaman, Wives of Seamen,	4	2	6
Fisherwoman,	0	1	1
Porter, Stoker's Wife,	1	1	2
Domestic Servants,	1	13	14
Workers in Manufactories,	3	2	5
Needlewoman,	0	1	1
Uncertain, or of no occupation,	2	5	7
	<u>36</u>	<u>45</u>	<u>81</u>

TABLE VI.

FORMS OF DISEASE IN THE CASES ADMITTED.

	Males.	Females.	Total.
<b>Mania—</b>			
acute,	4	12	16
chronic,	9	10	19
recurrent,	1	1	2
epileptic,	1	0	1
hysterical,	0	3	3
a potu,	2	0	2
	—	—	—
			17
		26	43
<b>Monomania—</b>			
religious,	1	0	1
of Wealth & Ambition,	2	3	5
of Pride or Vanity,	1	2	3
of Suspicion,	1	1	2
of Unseen Agency,	1	0	1
	—	—	—
			6
		6	12
<b>Melancholia,</b>			
<b>Dementia—</b>			
acute,	0	2	2
Imbecility,	3	1	4
Fatuity,	1	0	1
	—	—	—
			4
		3	7
<b>Amentia,</b>			
	—	—	—
		3	3
	<u>36</u>	<u>45</u>	<u>81</u>



TABLE VII.

DURATION OF THE MALADY IN THE CASES ADMITTED.

	Males.	Females.	Total.
I. Cases of the first attack, of not more than three months' duration, - - - -	8	9	17
II. Cases of the first attack, of more than three, but of not more than twelve months' duration, - - - -	10	15	25
III. Cases not of the first attack, and of not more than twelve months' duration, - - - -	2	9	11
IV. Cases whether of the first attack or not, of more than twelve months' duration, - - - -	16	12	28
	<u>36</u>	<u>45</u>	<u>81</u>

TABLE VIII.

SUPPOSED CAUSES OF THE DISEASE IN THE CASES ADMITTED.

	Males.	Females.	Total.	
Physical.	Hereditary predisposition, - - - -	6	5	11
	Previous attacks, - - - -	1	11	12
	Original Imbecility, - - - -	3	1	4
	Old Age, - - - -	1	1	2
	Intemperance, - - - -	10	3	13
	Poverty and Destitution, - - - -	0	3	3
	Over doze of Opium, - - - -	0	1	1
	Bodily Injuries, - - - -	2	1	3
	Cholera, (followed by Intemperance), - - - -	1	0	1
	Tropical Fevers, - - - -	2	0	2
	Paralysis, - - - -	1	0	1
	Typhus, - - - -	0	1	1
	Child birth, - - - -	0	1	1
	Nursing, - - - -	0	4	4
Irregularity of Catamenia, - - - -	0	3	3	
	<u>—</u>	<u>—</u>	<u>27 - 35 - 62</u>	
Moral.	Religious excitement, - - - -	0	2	2
	Disappointment, - - - -	1	0	1
	Death of Relatives, - - - -	2	3	5
	Domestic Unhappiness, - - - -	0	1	1
	Fright, - - - -	1	0	1
	A Quarrel, - - - -	1	1	2
	<u>—</u>	<u>—</u>	<u>5 - 7 - 12</u>	
Cause not ascertained, - - - -			4 - 3 - 7	
			<u>36 45 81</u>	



TABLE IX.

PRINCIPAL PREDISPOSING CAUSES AND COMPLICATIONS IN THE  
CASES ADMITTED.

	Males.	Females.	Total.			
1. Hereditary Predisposition—						
on Father's side, - -	5	1	6			
on Mother's side, - -	2	6	8			
on both sides, - -	2	2	4			
of unascertained origin,	2	5	7			
	—	—	—	11	14	25
2. Previous Insanity—						
one previous attack, -	2	3	5			
more than one, - -	2	10	12			
	—	—	—	4	13	17
3. Paralysis—						
General Paralysis, -	4	0	4			
Hemiplegia, - - -	2	0	2			
Amaurosis, - - -	1	0	1			
	—	—	—	7	0	7
4. Epilepsy, - - -	-	-	-	2	0	2
5. Hysteria, - - -	-	-	-	0	1	1
6. Scrofula, - - -	-	-	-	0	1	1
7. Sensorial Illusions,	-	-	-	2	4	6
8. Suicidal Impulse,	-	-	-	4	4	8

TABLE X.

DURATION OF THE MALADY (PREVIOUS TO ADMISSION,) IN THE CASES  
DISCHARGED RECOVERED.

	Males.	Females.	Total.
I. Cases of the first attack, of not more than three months' duration, - - -	4	8	12
II. Cases of the first attack, of more than three but of not more than twelve months' duration, - - -	4	4	8
III. Cases not of the first attack, and of not more than twelve months' duration, - - -	6	9	15
IV. Cases whether of the first attack or not, of more than twelve months' duration, - - -	1	0	1
	15	21	36



TABLE XI.

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

No.	Sex.	Form of Insanity.	Age.	Length of Residence.	Previous duration of Disease.	MORAL CAUSE.	PHYSICAL CAUSE.
1	Male	Acute Mania	40	5 weeks	12 weeks	Domestic Unhappiness.....	Hereditary predisposition
2	Male	Dementia ..	19	7 months	Uncertain	A fright.....	Hereditary predisposition
3	Male	Dementia ..	23	3 months	8 months	.....	Hereditary predisposition
4	Male	Acute Mania	36	8 weeks	A week	.....	Vegetable poison
5	Female	Monomania	34	6½ months	6 months	.....	Excessive use of Tea
6	Female	Monomania	22	3 months	2½ months	.....	Childbirth
7	Male	Chronic Mania	30	3 months	A month	.....	Previous attack
8	Female	Melancholia	28	16 months	4 weeks	.....	Hereditary predisposition, Amenorrhœa
9	Male	Melancholia	68	5 months	3 months	.....	Hereditary predisposition, disease of bladder
10	Male	Melancholia	44	6 months	9 weeks	.....	Previous attack, injury of the head
11	Female	Monomania	64	5½ months	2½ months	.....	Hereditary predisposition, previous attack, in-
12	Male	Mania e Potu	51	10 months	A few days	.....	Previous attacks, intemperance [temperance
13	Male	Chronic Mania	57	2½ months	3 months	.....	Poverty, intemperance
14	Male	Acute Mania	41	7 weeks	3 days	.....	Previous attack, intemperance
15	Female	Monomania	51	3 months	A few days	Anxiety.....	Intemperance
16	Male	Chronic Mania	23	3½ months	18 months	Disappointment in love.....	Previous attacks, intemperance
17	Male	Mania e Potu	25	6½ months	A few days	.....	Small-pox
18	Female	Hysterical Mania	25	3 months	A week	Religious Excitement .....	Hereditary predisposition, intemperance
19	Male	Acute Mania	37	2 months	10 days	.....	.....
20	Female	Acute Mania	60	2 months	A fortnight	Death of Relative.....	.....
21	Female	Melancholia	52	5 months	3 weeks	.....	Previous attacks
22	Female	Monomania	20	3 months	4 months	.....	Amenorrhœa
23	Female	Acute Mania	52	3 months	weeks	.....	Previous attacks
24	Female	Acute Mania	36	3 months	weeks	.....	Previous attacks, nursing [Scrofula
25	Male	Recurrent Mania	27	21½ months	5 weeks	.....	Hereditary predisposition, previous attack,
26	Female	Hysterical Mania	30	2½ months	weeks	.....	Previous attacks, hereditary predisposition
27	Female	Acute Mania	31	7 months	Uncertain	Domestic Unhappiness .....	Nursing, privations
28	Female	Acute Mania	23	5½ months	A fortnight	.....	Menorrhagia, intemperance
29	Female	Acute Mania	24	6½ months	9 months	Desertion by Seducer.....	Childbirth
30	Female	Acute Mania	34	7 months	2 months	.....	Previous attacks, hereditary predisposition
31	Male	Monomania	19	6 months	Uncertain	A fright.....	.....
32	Female	Monomania	63	4 weeks	Uncertain	.....	Destitution
33	Female	Acute Mania	35	6 weeks	5 days	A quarrel.....	Nursing
34	Female	Acute Mania	52	7½ months	weeks	.....	Previous attacks
35	Female	Acute Mania	45	2 months	3 days	.....	Hereditary predisposition, previous attacks
36	Female	Chronic Mania	35	13 months	2 months	.....	Previous attack



TABLE XII.

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

No.	Sex.	Form of Insanity.	Age.	Duration of Insanity.	Length of Residence.	Cause of Death.	MORBID APPEARANCES.
1	Male.	Dementia.	39	18 months.	6 months.	Apoplexy.	Scalp thick, indurated and adherent. Skull-cap thick, pitted and firmly adherent to dura mater. Milky opacity of arachnoid. Brain gorged with venous blood. Ventricles distended with serum.
2	Male.	Dementia.	24	4 years.	4 years.	General Paralysis.	Dura mater adhering to skull-cap. Arachnoid opaque both on the base and over the hemispheres of brain. Ventricles distended with serum—cerebral veins much congested.
3	Male.	Dementia.	34	Unknown.	7 years.	Epilepsy.	Scalp thick and congested. Skull-cap very thick and adherent to dura mater. Sinuses and veins much engorged. Slight milky opacity of arachnoid near the mesial line. Arachnoid injected and readily detached—2 oz. of serum in sac of arachnoid. Small bony tumour on base of skull, between crus cerebri and origin of optic nerve on left side. Brain small and deficient anteriorly. Gray substance atrophied. Thyroid gland very much enlarged, especially on right side. Lungs slightly tuberculous. Liver unusually large.
4	Fem.	Recurrent Mania.	44	26 years.	18 years.	Disease of Heart.	Scalp thick and vascular. Skull unusually thick, and very adherent to dura mater. Glandulae Pacchioni notably enlarged. Considerable effusion in arachnoid sac and ventricles. Substance of brain generally somewhat softened. A few crude tubercles in apex of each lung. Vegetations on mitral valve, whereby it was thickened and prevented from closing. Concentric hypertrophy of left ventricle. Right cavities of heart distended with blood.
5	Male.	Dementia.	47	14 months.	7 months.	General Paralysis.	Skull-cap thickened, and very strongly adherent to dura mater. Much serum in sac of arachnoid and ventricles. Glandulae Pacchioni unusually large. Arachnoid injected and studded with patches of milky opacity. Puncta sanguinea numerous. Arachnoid lining the ventricles granular to the feel. Left ventricle of heart hypertrophied—ascending aorta slightly distended. Crude tubercles in apex of left lung. Right lung covered with adhesions, and inferior lobe partially hepatised, and adherent to Diaphragm. Upper surface of Liver also adherent to Diaphragm.



TABLE XII.—CONTINUED.

No.	Sex.	Form of Insanity.	Age.	Duration of Insanity.	Length of Residence.	Cause of Death.	MORBID APPEARANCES.
6	Male.	Dementia.	33	Unknown.	9½ years.	Phthisis pulmonalis.	Skull-cap thick and uneven. Arachnoid thickened with opaque patches. Left lung studded with military tubercles. Right lung almost destroyed by suppuration and collapsed, the pleura being filled with effusion.
7	Fem.	Chronic Mania.	40	20 months.	18 months.	General Dropsy.	Skull-cap thick and irregular. Hypertrophy of left ventricle of heart. Small vegetations on mitral or tricuspid valves. Considerable effusion in both Pleuræ. Peritoneum also containing effused fluid, and studded over in many places with tubercles. Uterus slightly enlarged, and os Tincæ ulcerated.
8	Male.	Dem. with excitement.	57	Unknown.	25 years.	Exhaustion.	Skull-cap adherent to dura mater. Venous congestion of brain. Hemispheres deficient anteriorly. A few old adhesions in pleuræ. Peritoneum filled with fluid, with here and there shreds of coagulable lymph. Great general emaciation.
9	Male.	Amentia.	25	From birth.	5 years.	Epilepsy.	Skull-cap very thick, irregular, and strongly adherent to dura mater. Brain small and deficient anteriorly, weighing only 36 oz.
10	Male.	Dem. with excitement.	31	9 months.	5 months.	Hemiplegia.	Optic Thalami and corpora striata much softened. Small cerebiform tumour attached to Sella Turcica pressing on optic nerve of right side, and extending backwards along the sphenoidal fold, and part of the Tentorium cerebelli of same side. Ventricle full of fluid.
11	Male.	Chronic Mania.	40	21 months.	20 months.	General Paralysis and exhaustion.	3 oz. of serum in sac of arachnoid, which was covered over whole surface of brain with patches of opacity. Adhesions of dura mater to skull-cap. Brain appeared too large for cavity of cranium.
12	Male.	Dementia.	59	37 years.	32 years.	Exhaustion.	No examination.
13	Fem.	Melancholia.	25	7 weeks.	4 weeks.	Suicide.	
14	Male.	Chronic Mania.	24	8 months.	A month.	Maniacal Exhaustion	
15	Fem.	Chronic Mania.	69	— years.	7 months.	Diarrhœa.	
16	Male.	Dementia.	52	3½ years.	2½ years.	General Paralysis.	



TABLE XIII.

GENERAL RESULTS FOR THE LAST 20 YEARS.

Year ending 1st May.	Mean number Resident.	Admitted.	Recovered.	Dead.	Recovered per cent. to Admissions.	Recovered per cent. to mean number Resi- dent.	Deaths per cent. to Admissions.	Deaths per cent. to mean number Resi- dent.
1831*	102	35	27	8	77.14	26.47	22.86	7.84
1832	100	32	14	12	43.75	14.00	37.50	12.00
1833	106	35	15	10	42.86	14.15	28.57	9.43
1834	107	41	23	14	56.09	21.49	34.15	13.08
1835	114	49	16	6	32.65	14.03	12.24	5.26
1836	116	37	20	11	54.05	17.24	29.73	9.48
1837	109	43	24	5	55.81	22.02	11.63	4.59
1838	113	43	16	8	37.71	14.16	18.60	7.08
1839	124	53	20	14	37.74	16.13	26.41	11.29
1840	140	73	26	10	35.62	18.57	13.70	7.14
1841	144	48	25	19	52.08	17.36	39.58	13.19
1842	150	56	22	10	39.29	14.67	17.86	6.67
1843	152	51	26	11	50.98	17.10	21.57	7.24
1844	167	71	28	12	39.44	16.77	16.90	7.19
1845	183	74	30	7	40.54	16.39	9.46	3.83
1846	200	93	41	13	44.09	20.50	13.98	6.50
1847	213	67	29	12	43.28	13.62	17.91	5.63
1848	222	93	40	23	43.01	18.02	24.73	10.36
1849	229	82	47	17	57.31	20.52	20.73	7.42
1850	229	81	36	16	44.44	15.72	19.75	6.98
Sum and Average of 20 Years.	3020 151.00	1157 57.85	525 26.25	238 11.90				
					45.38	17.38	20.57	7.88

\* 10 months only.



TABLE XIV.

NUMBERS OF PATIENTS DISCHARGED, &C., OF THOSE ADMITTED DURING EACH  
OF THE LAST 20 YEARS.

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

TABLE XV.

ADMISSIONS, &C., SINCE THE OPENING OF THE INSTITUTION,  
1ST NOVEMBER, 1800.

Total number of Patients admitted,	-	-	-	-	-	1890
Removed, Recovered,	-	-	-	-	-	764
"    Relieved, &c.	-	-	-	-	-	517
Dead,	-	-	-	-	-	379
Remaining under treatment,	-	-	-	-	-	230



TABLE XVI.

CONDITION OF PATIENTS REMAINING IN THE ASYLUM.

		Males.	Females.	Total.
<b>Social Condition.</b>				
Single,	.. .. .	86	67	153
Married,	.. .. .	27	29	56
Widowed,	.. .. .	7	14	21
<b>Age.</b>				
From 10 to 20,	.. .. .	3	0	3
"  20 " 30,	.. .. .	24	14	38
"  30 " 40,	.. .. .	27	27	54
"  40 " 50,	.. .. .	39	26	65
"  50 " 60,	.. .. .	18	29	47
"  60 " 70,	.. .. .	7	11	18
"  70 " 80.	.. .. .	2	3	5
<b>Form of Insanity.</b>				
Mania,	.. .. .	36	46	82
Monomania,	.. .. .	21	27	48
Melancholia,	.. .. .	8	8	16
Dementia,	.. .. .	49	28	77
Amentia,	.. .. .	4	1	5
Moral Insanity,	.. .. .	2	0	2
<b>Complications.</b>				
Epilepsy,	.. .. .	11	6	17
Paralysis,	.. .. .	6	0	6
Hysteria,	.. .. .	0	5	5
Bronchocele,	.. .. .	1	0	1
Chorea,	.. .. .	1	0	1
<b>Occupation.</b>				
Employed,	.. .. .	78	60	138
Unemployed,	.. .. .	42	50	92
Attend Chapel,	.. .. .	95	74	169
<b>Total number in the Asylum, 1st May, 1850,</b>		<b>120</b>	<b>110</b>	<b>230</b>

ABRDEEN :

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