

Medical report to the managers of the Lunatic Asylum of Aberdeen, for the year ending 30th April, 1852 : read at the general meeting held at the asylum, 8th July, 1852.

Contributors

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MANAGERS IN OFFICE, AND MANAGERS FOR 1852.

MEDICAL REPORT

TO THE

MANAGERS

OF THE

LUNATIC ASYLUM

OF ABERDEEN,

FOR THE YEAR ENDING 30TH APRIL, 1852.

~~~~~  
Read at the General Meeting held at the Asylum,  
8TH JULY, 1852.  
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ABERDEEN :
PRINTED BY D. CHALMERS AND COMPANY,
ADELPHI COURT, UNION STREET.

MDCCCLII.

MEDICAL REPORT

TO THE

MANAGERS

OF THE

LUNATIC ASYLUM

OF ABERDEEN,

FOR THE YEAR ENDING 30th APRIL, 1903.

Read at the General Meeting held at the Hospital,
on 29th May, 1904.

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

1904.

MANAGERS EX-OFFICIIS, AND MANAGERS FOR LIFE.

PROVOST GEORGE HENRY, *President.*

Baillie GEORGE WATSON.

„ ALEX. HENDERSON.

„ WILLIAM ROSS.

„ JAMES SIM.

Dean of Guild GEORGE INGLIS.

Treasurer GEORGE ELMSLY.

Ex-PROVOST GEO. THOMPSON, Jun., M.P.

Town-Clerk JOHN ANGUS.

Convener of Trades ROBERT WATSON.

Professor of Medicine, Marischal College,

JOHN MACROBIN, M.D.

Modr. of Synod Rev. WM. REID, Auchindoir.

All for the time being.

Alexander Webster.... 1810	George Thomson..... 1837	Charles Downie..... 1842
Henry Lumsden..... 1813	Alexander Johnston .. 1838	Alex. Innes of Cowie, 1843
Sir Alex. Bannerman.. „	Wm. Keith, M.D. „	Thomas Sangster .. „
Wm. Henderson, M.D. 1816	William Irvine..... „	Henry Paterson..... 1845
P. Farquharson	Rev. J. Stewart..... „	Rev. Robert Forbes..... „
Thomas Burnett..... 1821	John Webster..... „	D. R. Morice
Alexander M'Kenzie... 1823	Alexander Thomson.. „	Francis Edmond..... „
Colonel Henderson.... 1824	Alex. Harvey, M.D. .. „	Basil Fisher
Alexander Cadenhead.. 1825	Robert Smith..... „	William Fisher..... „
John Raeburn	Henry Shank..... „	Alexander Jopp
Alexander Simpson... 1826	Robert Low	Wm. Annand, London. „
James Reid	Robert Shand	Alex. Robertson, Bal-
Clements Lumsden.... „	James Nicol..... 1839	gownie
Robert Brown	Rt. Rev. Bishop Skin-	Robert Daun, M.D. .. 1847
John Cadenhead..... 1833	ner	Rev. W. R. Pirie, D.D. 1848
Alexander Calder	Jas. Forbes, Argyllshire „	William Yeats
Major Hogarth..... „	Charles Winchester.... „	Arthur Thomson..... „
William Hogarth..... „	James Brebner..... 1840	Arthur Anderson, M.D. „
Alexander Gibbon 1834	John Blaikie..... 1841	Rev. Principal Dewar. 1850
William Davidson „	Sir Michael Bruce,	J. Cruickshank, LL.D. „
Alexander Ogston..... „	Bart..... „	Patrick Davidson..... „
William Simpson..... „	William Innes	William Skinner..... 1851
John Galen, M.D. „	Newell Burnett..... „	

MANAGERS IN CONSEQUENCE OF THEIR ANNUAL SUBSCRIPTIONS TO THE INFIRMARY.

Henry D. Forbes 1819	Frederic Holland..... 1840	John Smith..... 1851
Patrick Pirie, Junior.. 1835	Henry-L. Holland 1841	John Stewart..... 1851
William Allardyce.... 1836	Alexander Pirie, Jun... 1844	Hardy Robinson..... 1852
Thomas Blaikie	Henry C. Oswald..... 1846	
Robert Catto..... 1837	David M'Donald..... 1850	

MANAGERS ELECTED 2D DECEMBER, 1851.

Rev. James Fraser.	President of Shipmaster	William Paterson.
James Dyce.	Society, Capt. Geo. Leslie.	John Urquhart.
William Laing, M.D.	Rev. John Adam.	James Wyllie.
George Rainy, M.D.	William Littlejohn.	P. Williamson.
Deacon John Fraser.	John Leslie.	John Whyte.

OFFICERS OF THE ESTABLISHMENT.

PHYSICIAN.....	JOHN MACROBIN, M.D.
RESIDENT MEDICAL OFFICER AND SUPERINTENDENT, ..	D. C. CAMPBELL, M.D.
MATRON.....	Miss ELRICK.
CHAPLAIN,	REV. ARCHD. STORIE.
TREASURER AND CLERK,	MR. W. WALKER.
HOUSE STEWARD,	WM. LESLIE.

ABSTRACT

OF THE

INCOME AND EXPENDITURE OF THE LUNATIC ASYLUM,

For the Year ending 30th April, 1852.

INCOME.			
Legacies, ...	...	...	£0 5 3
Bedlam Fund, ...	...	...	30 0 0
Legacy by Dr. Dunn, (Income from it), ...	...	...	40 7 8
Ground under Crop, ...	...	...	143 15 3
Houses and Ground, Barkmill, (Rental), ...	...	...	58 5 4
Interest of Money, ...	...	...	123 4 0
Board for Patients during the year, ...	...	...	4395 15 5
			<hr/>
			£4,791 12 11
EXPENDITURE.			
Provisions, ...	...	...	£1916 6 10
Fire and Light, ...	...	...	221 6 0
Washing, ...	...	...	46 1 11
Medicines, ...	...	...	28 6 6
Wine, Spirits, and Porter, ...	...	...	38 3 4
Repairs, ...	...	...	130 14 5
Furniture and Bedding, ...	...	...	244 18 8
Salaries to Physician and Resident Medical Officer, ...	...	...	258 17 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, ...	...	...	375 19 0
Incidents, Insurance, Printing, Stationery, and Annuities, ...	...	...	156 14 6
Clothing for Pauper Lunatics, ...	...	...	327 0 1
			<hr/>
			£4,016 18 3
Income above Expenditure, ...	...	...	774 14 8
			<hr/>
			£4,791 12 11

WM. WALKER, Treasurer.

The following LEGACIES have been received for behoof of the LUNATIC ASYLUM, betwixt 28th Feb., 1851, and 1st March, 1852:—

Addition to Miss M'Culloch's Legacy in 1843, proportion of sum recovered, per Rodk. Gray, Esq., Peterhead, ...	£0 5 3
Mrs. Helen Leslie or Innes, Aberdeen, per Wm. Skinner, Esq., Advocate, ...	30 0 0
<hr/>	
	£30 5 3

MEDICAL REPORT.

THE number of patients admitted during the year was 84, viz. :— 36 Males, and 48 Females, being 16 more than in the former year ; and the total number of cases under treatment in the course of the year was 312. Of these, 32 were dismissed recovered ; 10 were removed by their friends, more or less benefited ; and 20 died. There now remain in the House 123 Males, and 127 Females ; total 250. The daily average for the entire year is 245.

The nature of the cases has been nearly the same as that of the preceding years, and we have still to regret that so many have been sent to the Asylum in an incurable state ; thus diminishing the due proportion of the cures, and increasing that of the deaths.

Though it has been repeatedly shown, in the reports of Asylums, that the greatest number of cures takes place among those cases which are early subjected to treatment, and that delay not only diminishes the curability, but prolongs the duration of the confinement of those who may be ultimately cured, we nevertheless find that relatives, and more particularly the Parochial Authorities in Country Parishes, seem to be unacquainted with the fact, and place a patient in the Asylum, only when he becomes unbearable, and when much valuable time has been lost. Thus the unhappy state of the sufferer is prolonged, the chances of his cure diminished, the labour and anxiety of the Medical Attendants increased, the advantages of the Institution to the public curtailed, and the expense of his treatment and maintenance in many cases much augmented. In corroboration of these views, we beg to quote the following remarks, from one of the leading Medical Journals, which we do the more willingly,

because they are contained in an article not expressly devoted to the subject, and supposed to emanate from the pen of one whose authority stands high in questions of this nature:—

“There is no fact better ascertained in Medicine, than that the curability of insanity is in an inverse ratio to the duration of the disease. The proportion of cures has been variously stated, as must be the case, where circumstances vary so widely as they do in different Asylums. Assume, however, that the cases are such as are usually denominated Curable, that is, not complicated with organic disease of the brain, epilepsy, palsy, &c.; the per centage of cures may be thus stated in reference to the duration of the disease before treatment—

“Cases of 1 Month's duration,	-	-	83
... above 1 Month, and under 3 Months,	-	-	78
... 3 ...	6	-	59
... 6 ...	12	-	35
... 12 ...	18	-	18
... 18 ...	24	-	10
... 2 Years,	-	-	4

“But this is not all. Not only is the chance of cure diminished by delay in taking necessary measures, but even though the patient should be cured, he is subjected to longer treatment, and consequently to longer privation of free action. For instance, a case properly and promptly attended to, within a month of its commencement, may be cured within Three Months, but if neglected, or, what amounts to the same thing, imperfectly treated for Three Months, will in all probability require a year to conduct it to a favourable termination. It may not be unnecessary to remark, that there is scarcely a single case, if indeed a single case can be found, which has been cured, when left to run its course, either unchecked, or partially checked, by irregular treatment. Why then, is so much valuable time lost? Why is the recovery of the patient perilled by delay, and himself subjected, in the most favourable circumstances, to longer seclusion than, if he had been properly treated, would have been necessary? Simply, because the patient, though acknowledged to be *queer, a little touched, wrong in the head, peculiar*, or perhaps insane, is supposed not to be bad enough to require seclusion; and the relatives put off, from day to day, the taking of proper measures for the treatment of the case, in the hope that he will get better. The hope is vain. The case becomes worse, and when at last the proper

course is resolved on and adopted, it is not unfrequently too late." — *British and Foreign Medico-Chirurgical Review*.

We agree in all stated in the extract given above, and trust that it may receive from those who read this report, the attention which it deserves. More particularly would we impress the views which it contains, on the Parochial Boards and the Inspectors of the Poor. By not securing for a Pauper, or what is equally important, by not securing for one likely to become a pauper, early and proper treatment, when afflicted with any form of mental aberration, the rates are increased, and the industrious classes of the community are affected; because not only is the treatment of the patient prolonged, and the expense consequently augmented, even in the most favourable event, but there is a great risk that one, who might have been only a casual recipient of parish relief, may become a burden on the community for the term of his life. We have been the more urgent on this topic, because all parties are interested in the subject. To the community at large, it is important in a pecuniary point of view; to the Governors of an Asylum, it is scarcely less important, as it enables them to diffuse the benefits of the Institution over a greater number, and in a more satisfactory manner, than they possibly could, if the Wards were filled with incurable patients. From the minds of the Medical Officers, it would remove a great source of regret, finding, as they often do, that their efforts are in many cases useless, and their exertions rendered more anxious and prolonged than they would have been, had they been called into requisition at an earlier period. Nor must the condition of the unfortunate patient be forgotten. At the best, he is subjected to a longer continuance of his malady, while he runs the risk, by the neglect of his friends or the authorities, of falling into a condition of mind and body, to which death would be preferable. But such neglect or ignorance is not always allowed to pass unmarked by Providence, who, every now and then, rouses the attention of mankind to the performance of their duties, by some dreadful act committed by the uncared for maniac, though perhaps on the apparently innocent the vengeance of the sin of omission falls.

In addition to the evils of delayed or imperfect treatment, we have had to contend with the results of improper means employed, before the patient came under our care. Among these, we may be permitted particularly to note blood-letting.

Throughout all ranks of society, an opinion is pretty generally:

diffused, that Insanity is a disease of an inflammatory nature, and that strong antiphlogistic means must be used to allay the excitement. Accordingly, low diet, powerful purgatives, and blood-letting, are had recourse to, and, it frequently happens, in those cases in which they are most detrimental. That low diet may be beneficial in certain cases is not to be denied. Great discretion, however, even in this is required, for a furious state of excitement may coincide with real debility, and may be best subdued by generous diet; nay, even in some cases stimulants may be required to secure repose. Strong purgatives, again, are occasionally useful if not carried too far; but it unfortunately happens in such cases, that we find they are most seldom used. Of all misapplied remedies, however, the worst is blood-letting, and yet, in rural districts, it is the most frequently resorted to. So strong is the impression that Insanity is of an inflammatory nature, that it often requires the authority of an experienced practitioner to persuade the nearest relatives, that bleeding is unnecessary, if he cannot convince them that it is absolutely prejudicial. It is not therefore to be wondered at that Country Surgeons, who are not likely to see many cases of the disease, should fall into the same error, and by doing what they consider to be useful, or at all events innocuous, gratify those around them. Surrounded with difficulties, struggling with the patient, destitute of all means of control, worried by the friends, and overwhelmed with suggestions, they perform what they deem a very simple operation. Blood is extracted, the patient becomes for the time quiet or exhausted, and the Surgeon congratulates himself, and is applauded by the bystanders. But in a very short period the scene is changed, the patient becomes as furious or as incoherent as ever, and, if the plan be persevered in, soon sinks; should, however, the want of success prove the inutility of depletion, the unfortunate patient is sent to an Asylum, and the Medical Officers have to contend not only with the original malady, but with an aggravation of it, so well known in Lunatic Hospitals, that such cases are always looked on as very doubtful, and in six cases out of ten, (as has been the case in this Asylum,) if the patient survives, he sinks into a state of dementia, after having been a very great expense to the Institution. To our senior brethren, or those engaged in practice in large towns, the caution now to be given is unnecessary, but we may be permitted, in a report of this kind, to advise those who are not familiar with Insanity, to avoid general blood-

letting in such cases as may come under their care ; satisfied from painful experience, as we are, that more damage has occurred from the injudicious employment of it than from that of any other therapeutic means, or all other abuses of them put together. Even when insanity is complicated with some other affection, in which blood-letting would in ordinary cases be indicated, it must be used very sparingly and with much caution.

Such are a few of the difficulties which we have had to encounter during the last year, and they are now adverted to, in the hope that hereafter they may be lessened, if not altogether obviated. In concluding these observations respecting the condition of the patients admitted during the year which has now elapsed, we have to regret that several were in a most infirm state from bad health and privation, both powerful sources of Insanity. As this, however, is what must be expected to occur in every public Asylum, it seems to call for no farther remark, than one that is perfectly obvious—that a little extra care on the part of parishes, and some small extension of private benevolence and charity, might materially diminish this source of the disease.

Respecting the causes of the disease in the patients admitted during the past year, we have endeavoured in our tables to be as accurate as possible ; at the same time it must be remarked, that the utmost that can be expected is an approximation to the real causes, seeing that it is well known that the effects of the malady are frequently assumed to be the causes, though perhaps a full and perfect examination of the case, if this can be ever obtained, would have shown them to be results by which the insanity was first manifested to those with whom the patient came in contact.

HEREDITARY PREDISPOSITION.—It will be observed that Hereditary Predisposition forms no small ratio to the whole of the assigned causes, and this is a subject worthy of the careful contemplation of all classes of the community. In almost every Asylum we find a very large number of cases attributable to this cause or to previous Insanity, which we suspect in most instances to be another name for the same thing ; and as “prevention is better than cure,” it is desirable that this source of the disease should be cut off as soon as possible. As the predisposition must have been originated in some acquired peculiarity in the constitution of one or both progenitors, it seems not unreasonable to assume that, however increased by successive generations, it might in time be eradicated. Unfortunately, the very persons most in-

interested in this, are the least sensible of its importance; and hence we find, not only marriages made without regard to temperament, hereditary predisposition, and physical conformation, but, as might be naturally expected, the moral and physical education of the offspring conducted either on no plan at all, or on one the least likely to mitigate the evil. This is too extensive and too delicate a subject for a report of this nature. It is sufficient to call attention to the point, and to remark, that in the Aberdeen Asylum at present, we have from one small parish seven or eight patients, all of whose Insanity can be traced to imprudent marriages amongst each other.

INTEMPERANCE.—Unfortunately, our records afford, in this respect, no exception to those of other similar Institutions.

We do not suppose that intemperance is so rapidly increasing in the community as many have endeavoured to show. At the sametime, the fact cannot be denied, that it is much greater than is consistent with what ought to be the condition of the people in an enlightened Christian country; and the causes of this require to be narrowly examined. Those who look on the subject in a general way are apt to suppose that drunkenness indicates, in all cases, a very low grade of mind, and that when it occurs in a man of education and superior intellect, it is a strong proof of the low condition of his moral powers. We do not wish to diminish, in one point, the fearful nature and consequences of this vice; but we would wish to point out, that what in the common nomenclature of the world is called intemperance, comprehends many forms totally distinct from each other, and that it behoves the Physician and philanthropist to make themselves acquainted with the various causes and manifestations of what may be either a vice or a disease. That it is a disease in several cases there can be no doubt, as it has been distinctly recognised and described by many intelligent physicians of the present century. The distinction between the disease and the vice seems to be the *uncontrollable* propensity to imbibe stimulating liquors, whenever and wherever they can be procured—the individual being, in many instances, at the same time, conscious that he is destroying his health and peace of mind, and ruining the prospects of himself and family. This is the species of Insanity denominated *Ornomania*, or an insane propensity to indulge in intoxicating liquors. In such cases, the unhappy being derives pleasure, not from taste, for he gulps down the liquor of whatever kind it may be—nor from society, for he generally avoids

it; but only from the temporary gratification of his insane impulse, or rather from freeing himself from the overwhelming misery which the non-gratification of his impulse inflicts on him. In several cases admitted, we consequently find that intemperance (as stated by friends to be the cause of the Insanity) is frequently found to be the result of previous disease.

RELIGION.—In mentioning Religion, or perverted notions of Religion, we must guard ourselves against misconstruction. We do not believe that true religion is ever a cause of Insanity, though fanaticism or peculiar and erroneous theological views undoubtedly may. On the contrary, we believe that sound religious principles prove one of the best safeguards against the disease, even where there is a strong predisposition to it; and we suspect that many cases, attributed to *perverted views of religion*, would, on examination, be found to be connected with unsettled principles and even positive vice; so that, as formerly stated, the effect has been mistaken for the cause. Still, as no other could be correctly ascertained, and this was asserted to be the cause, we have felt ourselves justified in marking the numbers accordingly in our tables, begging that this explanation may be at the sametime considered.

The Patients assemble twice a day regularly on Sunday for Divine worship. About two-thirds of the whole inmates attend. Since no compulsory measures are employed, and as all are excluded who would disturb others, the service proceeds with all due solemnity, and the congregation is quiet and orderly. We cannot speak too highly of the beneficial effect produced by the services of a judicious chaplain, nor of the great importance of religious instruction and devotional exercises in the treatment of the patients, when under the direction of the Medical Officers of the Establishment. The duties of the Chaplain are not confined to performing service in the Chapel. In the time of sickness, when his services are desired, he attends, and in the prospect of death, the mind of the sufferer is soothed by being led to the contemplation of those great and important truths, on the due appreciation and personal application of which his future well-being depends. We would be glad to see the Chaplain appointed to visit the Asylum more frequently.

EMPLOYMENT AND AMUSEMENT OF THE PATIENTS.—For the superior classes, newspapers and periodicals are provided, and a large number of books are supplied by the Establishment, in addition to which, we have the privilege of obtaining others from a Sub-

scription Library in town. These, with the ordinary resources of civilized society, relieve the tedium of a protracted evening; but we much regret that we do not possess a billiard table, as the exercise and excitement resulting from this game would materially assist to dispel the monotony of the day, when the unfavourable state of the weather curtails out-door amusement. As the consent of the Managers was given some years ago to purchase one if it could be procured for a moderate sum, we hope by next year that we will be able to record the thanks of our patients for this act of generosity. Reading has a marked effect in many cases, by calling forth and exercising the mind and intellectual powers, and preventing the patient from brooding over his own morbid thoughts. Much valuable information and appropriate counsel may be insinuated into his mind, through the channel of a book, recommended to him, and placed in his way, when the same counsel might be rejected as an insult, or viewed with distrust, if communicated by those under whose care he is placed.

The amusements of the pauper insane, both male and female, are chiefly derived from their daily occupations; few of them evince a taste for reading, or for the recreations generally pursued by the educated classes, but the means are supplied for the enjoyment of these sources of relaxation, whenever their inclinations prompt them to seek them. Living in a state of seclusion, and shut out from the innumerable incentives to mental activity, novelty forms a prominent feature of every attempt made to sustain their mental and physical energies. Out-door sports, therefore, appear to be most appropriate to this class of our male patients, for they afford greater variety of incident and action, and the interest felt in them is consequently more enduring. We are about to add a bowling green to the other amusements already provided, for which purpose Lord James Hay has, in a most liberal manner, granted us permission to take a supply of turf from his property.

It will be seen by the Tables, that a considerable quantity of profitable work has been done by the females during the year, and we hope that, when the additions to the Washing-house and Laundry are completed, we will be able to employ many more patients than formerly in those departments. Many inconveniences formerly felt on the female side of the house have been removed by the new building, which has been opened during the past year. From the number of patients who were removed from the old house this additional building has not given many more

beds, but has afforded much more appropriate accommodation for classifying those cases whose maladies were of such a nature as to render it advisable to keep them apart, and for whom suitable arrangements had not formerly been made.

With regard to the number of cures during the past year, when we consider the nature of the malady in the cases of many of those admitted, they bear a proportion the result of which must be regarded as very satisfactory. Nor should it be forgotten that vast relief has been afforded to many patients who are not ranked in the list of cures, but who have been more or less improved from the treatment they have received in the Institution.

The whole number of patients now in the Asylum may be classified as follows, with tolerable correctness, viz. :—

Curable,	-	-	38
Doubtful,	-	-	10
Nearly or quite hopeless,	-	-	202
			<hr/>
			250

In a few instances, those whose cases now appear hopeless may recover. We beg to call the attention of the Managers to the fact, that it will be necessary to refuse the incurable cases from distant Parishes, or the time will soon come, when these will occupy almost the entire Asylum, to the exclusion of recent and curable cases.

Two or three of the Patients, who were industrious and useful when in the Asylum, received assistance, on their dismissal, from the fund set apart by the Managers for that purpose.

In conclusion, we beg to express our thanks to the Members of the Committee of Management and the Directors generally, for the liberality which has characterized their direction of the Asylum, and for their uniform support, which, in a great measure, encourages our efforts to carry their designs into effect, in an Institution dedicated to the alleviation, and, under God's blessing, the cure of one of the most painful of all the calamities to which human nature is subject.

J. MACROBIN, M.D.

D. C. CAMPBELL, M.D.

Lunatic Asylum,

8th July, 1852.

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

(Signed)

GEORGE HENRY, P.

TABLES.

TABLE I.

GENERAL RESULTS OF THE YEAR.

	Males.	Females.	Total.
Patients in the Asylum, 1st May, 1851,	112	116	228
Admitted during the year,	36	48	84
Under treatment during the year,	148	164	312
Removed during the year,			
viz. :—			
	Males.	Females.	Total.
Recovered,	11	21	32
Improved,	2	6	8
Unimproved,	1	1	2
Dead,	11	9	20
Remaining in the Asylum, 1st May, 1852,	123	127	250

TABLE II.

CLASSIFICATION OF ADMISSIONS IN REFERENCE TO PLACES OF RESIDENCE.

	Males.	Females.	Total.
From Aberdeen and Suburbs,	18	24	42
From other places in Aberdeenshire,	9	18	27
From more distant localities,	9	6	15
	36	48	84

TABLE III.

AGES OF PATIENTS ADMITTED.

	Males.	Females.	Total.
From 10 to 20,	2	1	3
20 to 30,	9	13	22
30 to 40,	15	15	30
40 to 50,	6	10	16
50 to 60,	2	5	7
60 to 70,	2	3	5
70 to 80,	0	1	1
	36	48	84

TABLE IV.

SOCIAL CONDITION OF PATIENTS ADMITTED.

	Males.	Females.	Total.
Single, - - - - -	17	31	48
Married, - - - - -	18	13	31
Widowed, - - - - -	1	4	5
	<hr/> 36	<hr/> 48	<hr/> 84

TABLE V.

DURATION OF INSANITY IN THE CASES ADMITTED BEFORE THEY WERE PLACED IN THE ASYLUM.

	Males.	Females.	Total.
Not exceeding 1 Month, - - - - -	6	16	22
Between 1 and 2 Months, - - - - -	7	4	11
Between 2 and 3 Months, - - - - -	3	4	7
Between 3 and 4 Months, - - - - -	4	3	7
Between 4 and 5 Months, - - - - -	1	2	3
Between 5 and 6 Months, - - - - -	0	1	1
Between 6 Months and 1 Year, - - - - -	2	4	6
Between 1 Year and 2 Years, - - - - -	3	3	6
Between 2 Years and 3 Years, - - - - -	3	1	4
Between 3 Years and 4 Years, - - - - -	1	4	5
Between 4 Years and 5 Years, - - - - -	2	2	4
Between 5 Years and 10 Years, - - - - -	1	0	1
Between 10 Years and 20 Years, - - - - -	1	2	3
Between 20 Years and 30 Years, - - - - -	1	1	2
From Birth, - - - - -	1	1	2
	<hr/> 36	<hr/> 48	<hr/> 84

TABLE VI.

FORM OF INSANITY IN THE CASES ADMITTED.

	Males.	Females.	Total.
Mania, - - - - -	14	19	33
Monomania, - - - - -	9	14	23
Melancholia, - - - - -	5	9	14
Dementia, - - - - -	7	5	12
Amentia, - - - - -	1	1	2
	<hr/> 36	<hr/> 48	<hr/> 84

TABLE VII.

OCCUPATIONS OR STATIONS IN LIFE OF PATIENTS ADMITTED.

M A L E S.			
Cabinetmaker, -	1	<i>Brought forward,</i>	19
Clerk, -	1	Paupers, -	3
Custom-house Officer, -	1	Sailors, -	3
Farmers, -	2	Soldier, -	1
Farm Servants, -	4	Sawyer, -	1
Fishermen, -	2	Student, -	1
Gardener, -	1	Stabler, -	1
Ironmonger, -	1	Tailor, -	1
Iron Moulder, -	1	Tobacco Spinner, -	1
Labourers, -	2	Toll Keeper, -	1
Optician, -	1	Violin-maker, -	1
Officer in the Army, -	1	Watch-makers, -	2
Publican, -	1	Weaver, -	1
<i>Carry forward,</i> -	19	<i>Total,</i> -	36

F E M A L E S.

Domestic Servants, -	10	<i>Brought forward,</i> -	26
Fish-seller, -	1	Paupers, -	8
Factory workers, -	2	Prostitute, -	1
Farm Servants, -	5	Wife of Shopkeeper, -	1
Gentlewoman, -	1	Wives of Tradesmen, Labourers,	
No Occupation, -	3	&c., -	12
Needlewomen, -	4	<i>Total,</i> -	48
<i>Carry forward,</i> -	26		

TABLE VIII.

NUMBER OF ATTACKS IN THE CASES ADMITTED.

	Males.	Females.	Total.
Cases of first attack, -	19	26	45
Cases of more than one attack, -	8	10	18
Cases not ascertained, -	9	12	21
	36	48	84

TABLE IX.

SUPPOSED CAUSES OF THE DISEASE IN THE CASES ADMITTED.

	Males.	Females.	Total.
Anxiety, Domestic and Pecuniary, -	2	2	4
Child-birth, -	0	1	1
Disease of Lungs, -	0	1	1
Destitution, -	1	4	5
Epilepsy, -	4	2	6
Fright, -	1	2	3
Fever, -	0	2	2
Hereditary Predisposition, -	10	9	19
Intemperance, -	7	3	10
Injury of Head, -	1	0	1
Irregularity of Catamenia, -	0	1	1
Jealousy, -	0	1	1
Matrimonial Disappointment, -	0	1	1
Over-study, -	1	0	1
Previous attacks, -	8	10	18
Religious excitement, -	1	4	5
Uterine and Puerperal Disorders, -	0	5	5
	36	48	84

TABLE X.

NUMBER OF ADMISSIONS, DISCHARGES, CURES, AND DEATHS IN EACH MONTH.

	Ad- missions	Dis- charges.	Cures.	Deaths.
May, - -	10	2	2	0
June, - -	4	4	4	0
July, - -	11	3	3	3
August, - -	6	1	1	1
September, - -	4	3	3	0
October, - -	11	8	6	0
November, - -	4	2	2	4
December, - -	5	2	2	4
January, - -	5	3	1	2
February, - -	7	4	3	1
March, - -	9	7	3	1
April, - -	8	3	2	4
	84	42	32	20

TABLE XI.

OBITUARY.

No.	Sex.	Age.	Form of Insanity	In the Asylum.	Cause of Death.
1	F.	35	Mania	6 Years	General Exhaustion
2	M.	40	Dementia	17 Years	Disease of Heart
3	M.	51	Dementia	7 Years	General Paralysis
4	F.	61	Monomania	1 Year and 4 Months	Tumour of Uterus
5	M.	40	Dementia	2 Years	General Paralysis
6	F.	31	Mania	2 Years and 6 Months	Phthisis Pulmonalis
7	M.	41	Mania	1 Year	General Paralysis
8	M.	32	Dementia	2 Years	Disease of Heart
9	F.	46	Mania	7 Years	General Exhaustion
10	M.	52	Monomania	2 Years	Diarrhœa
11	F.	57	Monomania	6 Years and 7 Months	Apoplexy
12	M.	27	Dementia	8 Years and 7 Months	Epilepsy
13	F.	46	Dementia	6 Years and 6 Months	Peritonitis
14	M.	45	Dementia	6 Months	Diarrhœa
15	F.	71	Mania	14 Years	Paralysis
16	M.	62	Dementia	3 Years and 3 Months	General Exhaustion
17	M.	30	Melancholia	1 Month	Pleuritis
18	M.	80	Dementia	39 Years	Decay of Nature
19	F.	24	Mania	6 Weeks	Gangrene of Lung
20	F.	67	Monomania	1 Year and 7 Months	General Paralysis

TABLE XII.

NUMBERS OF PATIENTS DISCHARGED, &c., OF THOSE ADMITTED DURING
EACH OF THE LAST 22 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
1851	68	27	5	5	37
1852	84	21	5	3	55

TABLE XIII.

ADMISSIONS &c., SINCE THE OPENING OF THE INSTITUTION, 1st NOV., 1800.

Total number of Patients admitted,	-	-	-	-	2041
Removed, Recovered,	-	-	-	-	827
Removed, Relieved,	-	-	-	-	548
Dead,	-	-	-	-	416
					<hr/> 1791
Remaining under Treatment,	-	-	-	-	250

TABLE XIV.

ARTICLES MADE AND REPAIRED BY MALE PATIENTS IN TAILOR'S SHOP.

ARTICLES MADE.				ARTICLES REPAIRED.			
Coats,	-	-	25	Coats,	-	-	408
Jackets,	-	-	5	Jackets,	-	-	40
Vests,	-	-	25	Vests,	-	-	304
Pairs Trousers,	-	-	27	Pairs Trowers,	-	-	520
Pairs Drawers,	-	-	54	Pairs Drawers,	-	-	597
Linders,	-	-	26	Linders,	-	-	438
Bed and Pillow Ticks,	-	-	31	Bed Ticks,	-	-	34
Bolster and Pillow Slips,	-	-	38	Sheets,	-	-	76
Sheets,	-	-	33	Blankets,	-	-	48
Canvas Bed Covers, and Frocks,	6			Canvas Bed Covers,	-	-	10
Tablecloths,	-	-	3	Canvas Frocks,	-	-	19
Towels,	-	-	54	Day Caps,	-	-	14
Napkins,	-	-	64	Stocks,	-	-	10
Waxcloth Table Covers,	-	-	3	Carpets,	-	-	8

About Forty of the Male Patients are employed daily at Garden and Farm Work.

ARTICLES MADE BY FEMALE PATIENTS.

Caps, - - -	98	Gowns, - - -	110
Aprons, - - -	281	Handkerchiefs, - - -	151
Chemises, - - -	121	Petticoats, - - -	168
Linders, - - -	147	Pairs Stockings, - - -	88
Sheets, - - -	177	Pillow Slips, - - -	116
Wrappers, - - -	19	Slips, - - -	26
Canvas Dresses, - - -	14	Bed gowns, - - -	22
Bolster Ticks, - - -	51	Towels, - - -	28
Bed Covers, - - -	72	Bolster Slips, - - -	120
Bed Ticks, - - -	60	Canvas Covers, - - -	15

TABLE XIV.

ARTICLES MADE AND REPAIRED BY MALE PATIENTS IN TAILOR'S SHOP.

ARTICLES MADE	ARTICLES REPAIRED
Coats, - - - - -	Coats, - - - - -
Jackets, - - - - -	Jackets, - - - - -
Vests, - - - - -	Vests, - - - - -
Pairs Trowsers, - - - - -	Pairs Trowsers, - - - - -
Pairs Drawers, - - - - -	Pairs Drawers, - - - - -
Shirts, - - - - -	Shirts, - - - - -
Bed and Pillow Ticks, - - - - -	Bed Ticks, - - - - -
Holster and Pillow Slips, - - - - -	Sheets, - - - - -
Sheets, - - - - -	Blankets, - - - - -
Canvas Bed Covers, and Pocks, - - - - -	Canvas Bed Covers, - - - - -
Tablecloths, - - - - -	Canvas Pocks, - - - - -
Towels, - - - - -	Bed Caps, - - - - -
Napkins, - - - - -	Stocks, - - - - -
Waxcloth Table Covers, - - - - -	Carpets, - - - - -

About Forty of the Male Patients are employed daily in Garden and Farm Work.

ARTICLES MADE BY FEMALE PATIENTS.

Caps, - - - - -	Gowns, - - - - -
Aprons, - - - - -	Handkerchiefs, - - - - -
Chemises, - - - - -	Belts, - - - - -
Unders, - - - - -	Pairs Stockings, - - - - -
Sheets, - - - - -	Pillow Slips, - - - - -
Washers, - - - - -	Slips, - - - - -
Canvas Dresses, - - - - -	Bed gowns, - - - - -
Holster Ticks, - - - - -	Towels, - - - - -
Bed Covers, - - - - -	Holster Slips, - - - - -
Bed Ticks, - - - - -	Canvas Covers, - - - - -