

Medical report to the managers of the Lunatic Asylum of Aberdeen, for the year ending 30th April, 1849 : read at the general meeting held at the asylum, 12th July, 1849.

Contributors

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M E D I C A L R E P O R T

TO THE

M A N A G E R S

OF THE

L U N A T I C A S Y L U M

O F A B E R D E E N ,

FOR THE YEAR ENDING 30TH APRIL, 1849.

READ AT THE

GENERAL MEETING HELD AT THE ASYLUM,

12th July, 1849.

ABERDEEN :

PRINTED BY D. CHALMERS AND COMPANY,

ADELPHI COURT.

1849.

LIST OF THE MANAGERS EX-OFFICIIIS, 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.	James Allan.	Sir Michael Bruce, Bart.
Alexander Webster.	Alexander Gibbon.	John Blaikie.
Alexander Bannerman.	Patrick Pirie, Junior.	Frederick Holland.
Sir Charles Forbes.	William Davidson.	William Elmslie.
Dr. William Henderson.	William Allardyce.	Henry L. Holland.
Henry D. Forbes.	Thomas Blaikie.	William Innes.
P. Farquharson.	Alexander Ogston.	Newell Burnett.
Sir Charles Bannerman.	William Simpson.	Charles Downie.
Thomas Burnett.	Dr. Galen.	Alexander Innes of Cowie.
Alexander M'Kenzie.	George Thomson.	Alexander Pirie, Junior.
Duncan Davidson.	Robert Catto.	Thomas Sangster.
Colonel Henderson.	Alexander Johnston.	Henry Paterson.
Dr. Williamson.	Dr. Keith.	Rev. Robert Forbes.
Alexander Cadenhead.	William Irvine.	D. R. Morice.
John Raeburn.	Rev. J. Stewart.	Thomas Hogarth.
Thomas Spark.	John Webster.	Alex. Forbes, Blackford.
Alexander Simpson.	Alexander Thomson.	Francis Edmond.
James Reid.	Dr. Harvey.	Basil Fisher.
Clements Lumsden.	Robert Smith.	William Fisher.
Gavin Hadden.	Henry Shank.	Alexander Jopp.
James Kilgour.	Robert Low.	William Annand, London.
Robert Brown.	Robert Shand.	Alexander Robertson, Bal- gownie.
John Cadenhead.	James Nicol.	Henry C. Oswald.
Alexander Calder.	Rt. Rev. Bishop Skinner.	Dr. Robert Daun.
George Hogarth, Junior.	Jas. Forbes, Argyllshire.	Rev. W. R. Pirie, D.D.
Major Hogarth.	Charles Winchester.	
William Hogarth.	James Brebner.	

MANAGERS ELECTED DECEMBER 4, 1848.

Rev. Dav. M'Taggart.	P. Williamson.	George Lyall.
Thomas Best.	Neil Smith, Jun.	Alex. Nicol.
Dr. Will.	President of Shipmaster Society.	Arthur Thomson.
Dr. Lizars.	John Urquhart.	Deacon Keith.
Rev. David Simpson.		David Chalmers.

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 LEGACY and DONATION have been received, for behoof of the LUNATIC ASYLUM, betwixt 28th February, 1848, and 1st March, 1849 :—

LEGACY.			
The late Robert Shand, Esq. of Hillside,	£50	0	0
Interest thereon,	0	16	0
	£50	16	0
Less Legacy duty, and other charges,	6	5	2
	£44	10	10

DONATION.			
From a "Friend," in aid of the Poorest Pauper Lunatics,	£5	0	0

A B S T R A C T OF THE INCOME AND EXPENDITURE OF THE LUNATIC ASYLUM, *For the Year ending 30th April, 1849.*

INCOME.			
Donation,	£5	0	0
Bedlam Fund,	30	0	0
Legacy by Dr. Dun, (income from it,) ...	34	14	5
Ground under Crop,	201	15	9½
Houses and Ground, Barkmill, Rental, ...	56	18	11½
Interest of Money,	98	18	6
Board for Patients during the year,	4,311	3	3
	£4,738	10	11

EXPENDITURE.			
Provisions,	£2,002	15	6
Fire and Light,	221	0	10
Washing,	43	9	11
Medicines,	21	0	2
Wine, Spirits, and Porter,	20	13	6
Repairs,	373	12	1
Furniture and Bedding,	177	15	2
Salaries to Physician and Resident Medical Officer,	175	0	0
Salary to Chaplain,	40	0	0
„ to Treasurer,	115	12	6
„ to Matron,	70	0	0
„ to House Steward,	50	0	0
Servants' Wages,	349	5	0
Incidents, Insurance, Printing, Stationery, and Annuities,	252	12	10
	£3,912	17	6
Income above Expenditure,	825	13	5
	£4,738	10	11

WM. WALKER, *Treasurer.*

MEDICAL REPORT,

For the Year ending 30th April, 1849.

DURING the progress of the financial and statistical year which has lately come to a close, there have been few occurrences out of the usual routine which call for remark, while we have satisfaction in looking back on the harmonious, and we trust, successful working of the Institution in its various departments, during that period.

The number of patients resident has fluctuated between 221 and 234, having averaged somewhat above 229, (viz. :—Males 116.60, Females 112.67, Total 229.27)—being an excess of 7 above the average of the previous year; and the average number of inmates sane and insane has been in round numbers 263.

The average numbers of males and females for the year have approached more nearly to an equality than during the preceding one, while on several occasions the latter have outnumbered the former—a circumstance which has not occurred in the experience of this Institution for several years past, notwithstanding that the number of females annually admitted has for the most part considerably exceeded that of males.

The Tables which form part of this Report have been drawn up in the same form as in that of last year, and although from their limited nature as to time and numbers, they may not of themselves serve to establish any important fact or inference in connection with the study of insanity, they yet may prove useful as affording a contribution to the statistics already collected by other observers.

No. I. contains a statement of the general results of the year, and exhibits a total of 307 patients as having passed under treatment from 1st May 1848 to 30th April 1849 inclusive. Of this number 225 remained in the Asylum at the first named date, and 82 were admitted during the year. In the same period 47 have been dismissed recovered, 11 more or less improved, 6 without improvement, and 17 have died; making in all 81, so that there remained at the end of the year 226 patients—119 being males and 107 females.

The next eight Tables have reference to the patients admitted during the year.

No. II. is intended to illustrate the proportions of inmates which are respectively furnished to the Institution by the parishes in this city and its immediate neighbourhood, in the other portions of Aberdeenshire, and by more remote districts.

No. III. is a tabular view of their ages, stated in decennial periods.

No. IV. exhibits their social condition, and presents, what is by no means a usual result, a preponderance of the married over the single. So little however is the experience of any one year to be depended upon in forming general conclusions, that this cannot be regarded otherwise than as a mere passing irregularity, which a more extended observation would serve to correct.

No. V. enumerates their various occupations, or the stations in society in which they have habitually moved. As usually occurs, there have been several cases in which the patient had been incapable of ever pursuing any regular avocation, or where, from his inability to give a connected history of himself, and from want of information on the part of those under whose care he was brought, none could be ascertained.

It is not unworthy of remark that one of the male patients admitted had acted for some years previously as an attendant on the insane in a public Asylum.

In *No. VI.* the various forms assumed by the malady are classed under the usual heads of Mania, Monomania, Melancholia, Dementia and Amentia, which include respectively 58.54, 13.41, 15.85, 1.22 and 10.98 per cent. of the whole number. It is not always easy on a cursory examination to decide, in the case of any particular patient, to which of the abovenamed heads the complaint is to be referred; as it not unfrequently happens that the symptoms of two or more of them alternately predominate.

One of the cases admitted presented a very marked specimen of a typhoid condition, induced in a delicate subject of a nervous temperament by very violent mania, and which, but for the history of the case, might have been mistaken for genuine Typhus with delirium. So similar are all the prominent symptoms of the two affections, and so closely allied to all appearance are the pathological conditions that give rise to them, that we are at once led to have recourse to the same class of remedies viz.:—stimulants and nourishing diet combined with sedatives, along with perfect quiet and seclusion, which rarely fail in the case of the former to produce a speedy and beneficial effect. Few cases met with in the course of Asylum practice prove in the end more satisfactory

than these, although at first the patient may have appeared almost moribund.

As usual we have not been without a proportion of cases of mania induced by intemperance, some differing little from ordinary delirium tremens, others presenting more of the characters of acute mania. These cases also for the most part end in recovery when the patient is excluded from all exciting causes, but it is rarely indeed that they fail to be re-induced again and again by a renewal of the stimulus, and thus too frequently end in confirmed insanity. We could wish for the sake of society at large that it were more generally known that those forms of mental derangement which are the consequence of long-continued and habitual abuse of ardent spirits are not only among the most hopeless as regards the prospect of recovery, but that they also, in their more advanced stages, render their victims the most helpless and pitiable objects that are to be seen among the inmates of an asylum.

No. VII. illustrates the duration of the malady and the occurrence of other attacks, where there have been such, previous to the existing one. Though in several instances no very satisfactory history of the patient could be come at, we have been able in all to form a sufficiently accurate estimate of the duration of the complaint to enable us to refer the case to one or other of the classes in the Table.

No. VIII. has reference to the causes which have operated in bringing on the disease, but it must be always borne in mind that however carefully inquiries as to this matter may be conducted, and however candid may be the accounts furnished by relatives, there are numerous fallacies to be guarded against. The malady may have existed long in a latent form, without attracting particular notice, until it unmistakeably displays itself in some unseasonable outbreak of religious fervour, or in an unwonted course of dissipated conduct, either of which may be readily mistaken for its exciting cause; while on the other hand it happens, more frequently perhaps than otherwise, that a multiplicity of agencies moral and physical, some of them probably insidious and unexpected in their operation, have been at work, of which no account has been made. Under such circumstances, we have endeavoured in the first instance to obtain, when practicable, from more sources than one, a circumstantial detail of the facts of the case, and then to select, according to the best of our judgment, that which has more immediately given rise to the attack.

From the similarity of the results obtained, year after year, and from the regular recurrence of the same assigned causes in proportions not materially different, we are inclined to believe

that our estimate is not very wide of the truth. In a considerable number of instances, hereditary predisposition, or the predisposition entailed by previous attacks, has of itself appeared sufficient to give origin to the attack, independently of any other cause.

Intemperance—an item never absent from our list of causes—has had its annual share of victims. In one instance, the only cause discoverable was one assigned by the patient himself on his recovery, namely his having taken on his own prescription a decoction of herbs, with the properties of which he was unacquainted. Unfortunately his description of the plant was so vague and meagre that it could not be identified. In another the malady was traced to prolonged nursing—a habit which we suspect to be very needlessly practised by many of the lower orders, at the risk of injurious consequences not usually anticipated. In one very distressing case, the attack seems to have followed immediately on a shock from witnessing a fatal accident, which the patient had in vain endeavoured to prevent. In more than one, much stress was laid by relatives, and we think not without reason, on the influence of “bad times,” or in other words poverty with its attendant privations. Of the 82 cases admitted, 55 are attributed to physical causes, 22 to moral causes, and 5 to causes not ascertained.

No. IX. contains an enumeration of those states of constitution so commonly met with among the insane, which appear likely to have acted as predisposing causes, such as hereditary predisposition, or previous attacks, and also of some other of the more common complications.

Nos. X. and XI. have reference to the cases discharged recovered during the year, the former being drawn up in accordance with a mode of classification similar to that of *No. VII.* founded on the duration of the malady, and the occurrence of previous attacks, and the latter containing several particulars as to the nature, duration, and causes of the attack recovered from. The recoveries have been 47 in number, which is in the proportion of 57.31 per cent. to the admissions, and of 20.52 per cent. to the mean number resident. These proportions are unusually large; partly no doubt in consequence of the number of admissions having been somewhat less than that of the previous year, while the recoveries are more numerous. In estimating the relative numbers of either recoveries or deaths in an Institution such as this, the results of any one year must not be made use of to establish general principles, as they fluctuate in an unaccountable manner from year to year. Still the result is a satisfactory one,

and not the less so that our list of recoveries this year includes several cases of which at one time we entertained but slender hopes.

One in particular (No. 14, Table XI.), had been for rather more than ten years with us, labouring under recurrent Melancholia, and although in the intervals of his malady an intelligent and trustworthy man, and a useful member of the small society into which circumstances had thrown him, had come to be looked upon by all as a fixture in the Establishment. One of the female patients who figures in the list of recoveries furnishes a remarkable example of a deeply-rooted delusion of a very extravagant character having been cherished for many months, and subsequently concealed and denied with the view of obtaining a discharge. This fact in the history of the case occasioned us considerable embarrassment, from the difficulty of assuring ourselves that she was not again practising a similar deception, when some months afterwards she again professed her disbelief in the delusions. On the second occasion, however, she ceased to allude to them at a time when no prospect of discharge was held out to her, and although rather reluctant than otherwise to allude to them at all, it appeared that she had expressed regret to her fellow-patients for her former double-dealing on the subject. After a period of probation more than usually extended, she was dismissed, and has now for nearly a year been filling a useful and responsible situation.

In these and in one or two other cases not presenting so many features of general interest, recovery has unexpectedly come about, and although we must honestly confess that our prognosis had been somewhat at fault, all must feel unmixed satisfaction at the result. We wish there were not, on the other hand, other cases occurring to our recollection, where patients leaving us under the most favourable circumstances have more or less speedily relapsed.

No. XII. is a list of the deaths, with the morbid appearances met with in those cases where a post-mortem examination has been made. Conscious as we are of the unsatisfactory state of our knowledge at present on this very interesting branch of pathological anatomy, we have frequently regretted that the number and multifarious nature of the other duties that occupy our time and attention prevent us from conducting these examinations with a greater degree of minuteness.

Seventeen patients have died during the year, of whom ten were males and seven females, the former thus presenting as

usual a notable excess. Amongst the males the proportion of deaths has been 28.57 per cent. to the admissions, and 8.57 per cent. to the mean number resident; among the females these proportions have been 14.89 per cent. and 6.21 per cent. respectively; and calculated on both sexes collectively, 20.73 per cent. and 7.42 per cent. Of these 17, seven were in or above their seventieth year; yet notwithstanding these and occasional examples of still greater longevity, in many of which, it must be recollected, the disease has not appeared till an advanced age, we find reason to conclude that Insanity exercises a decidedly unfavourable influence on the duration of life. Independently of the fact that the insane are very subject to grave diseases of the nervous system, the effect of most forms of their malady, when long continued, is to exhaust the vital powers, thus bringing on prematurely the appearance of old age, and to produce a liability to various diseases of debility, which, it appears to us, does not cease on recovery from the insane state. We have learned of the deaths of three of the patients discharged during the year, one of them from fever caught a few weeks after leaving.

We have fortunately not had to complain of patients being brought for admission in a moribund state.

No. XIII. gives the general results of the last 19 years. It hence appears that, taking the average of that period, the relative proportion of recoveries to admissions has been 45.45 per cent.; of recoveries to mean number resident, 17.52 per cent.; of deaths to admissions 20.63 per cent, and of deaths to mean number resident 7.95 per cent.

No. XIV. gives the numbers admitted each year from 1831 to 1849 inclusive, (the year concluding on the 30th of April) with the numbers of each who have recovered or died up to the 1st May last, or who remained in the Institution at that date.

No. XV. is a tabular statement of the numbers admitted, recovered, or dead, since the opening of the Institution. Out of 1583 the total number that have passed under treatment, 728 or 45.99 per cent. have recovered, 492 or 31.08 per cent. have been dismissed not recovered; and 363 or 22.93 per cent. have died; thus leaving still under treatment 226.

No. XVI. contains a summary of several particulars relative to the condition of the 226 patients remaining in the Asylum.

The household has enjoyed throughout the year a fair share of good health, and a complete exemption from every species of epidemic disorder. In congratulating ourselves, however, on this

favourable state of matters, we are not without our fears of what another year may bring forth, and have watched with much anxiety the progress of the Asiatic Cholera which has now again visited our Island, and seems to be advancing gradually northwards. The experience acquired during its prevalence in Great Britain 15 years ago has fully proved that the insane fall ready victims to its attacks, and the ravages which it has very recently committed in the large and admirably conducted asylums of a neighbouring kingdom, afford us an impressive warning of what may be the result should it find its way into this Institution. We have therefore thought it prudent to suggest to the Visiting Committee certain precautionary measures, which with their concurrence and aid have now been carried out, in anticipation of the epidemic, and before it shall have actually broken out in our neighbourhood. The first, and perhaps the most important of these, was the extensive and thorough repair of the two ranges of low bedrooms in the front of the building, on a plan calculated to ensure dryness and effective ventilation, previously very deficient; and the next, the making out of several additional drains, in and around some of the airing courts, which, along with the adjoining ranges of bed-rooms, were found to be damp, in consequence of the situation of the buildings, just under the rising ground which forms part of the outer garden. At the same time, some alteration was made in the dietary, by substituting, twice a-week, a meal consisting of beef soup and plain suet dumpling, for one consisting mainly of oatmeal and vegetables. The change has been very popular among the patients; and the new articles of diet, being nutritious, palatable, and not very expensive, are we think well adapted for general use in establishments such as this. All these alterations are calculated permanently to benefit the Institution, and to conduce to the health of its inmates. In pharmaceutical, as well as in hygienic arrangements too, we have kept the future in view, by abstaining with more than usual care from the use of the more drastic purgatives, a class of medicines at all times to be sparingly used in asylum practice; by giving such laxatives as were required in combination with small doses of opiates and stimulants, and by prompt attention to the slightest appearance of diarrhoea. Being favoured with the additional natural advantages of a salubrious situation, and an almost unlimited supply of pure water, we would hope that, should Cholera invade our premises, it may be under circumstances favourable to its speedy extinction.

In the event however of the complaint becoming extensively

prevalent in the neighbouring town, it behoves us also farther seriously to consider whether it may not be proper to limit for a time our intercourse with it, so far as may be found practicable. This is not the time nor place to enter on the vexed question of contagion or non-contagion, farther than to express our opinion that these terms have been generally employed in far too absolute a sense, and that this, in common with some other epidemics, may be propagated among large bodies of men densely crowded together under unfavourable conditions. Complete isolation may in our case not be practicable, but some sort of restriction imposed for a time on the numbers of visitors coming and going, would we are convinced be useful, were it only for the purpose of inspiring a feeling of security. A similar experiment has been tried lately in one of our public asylums, and has terminated successfully.

Just as we are beginning to appreciate fully the benefits derived from the last addition to the establishment, we begin also to experience our want of its still farther extension, for the benefit of the female patients at present accommodated in the Old House. The antiquated aspect, and almost dilapidated condition of this portion of the buildings, its insecurity as to the prevention of suicides and escapes, and its deficiency in all those arrangements and mechanical appliances regarded as indispensable in a modern asylum, render it desirable that it should be done away with without unnecessary loss of time. Almost its only redeeming quality is, that the apartments are dry and comfortable, and that advantage it will probably not long possess, if the roof gives way, as it soon must begin to do. The new wing, with which it is proposed to supply its place, will be almost an exact counterpart of the West Wing, with some few modifications which eighteen months' experience of the latter has suggested to the Architect. In particular, it seems to us advisable to have a greater proportion of the sleeping accommodation in dormitories and double-bedded rooms.

Following up a system which has hitherto been productive of highly beneficial effects, we have taken pains to extend and vary the amusements of the patients, as opportunities presented themselves, or one or another of those already in vogue lost its novelty and ceased to please.

In addition to the usual walking excursions, which are much prized and prove strong incentives to orderly conduct, more distant pic-nic parties were made to Banchory and Monymusk, and were sources of so much pleasure, both in pros-

pect and retrospect, that we are desirous, during the current season, of repeating them more frequently. It is in the highest degree satisfactory, that we are again enabled to report, that on no occasion, when the indulgence of walking beyond the precincts has been enjoyed, has any attempt been made to effect escape. This result we are inclined to attribute to the good sense and good feeling of the patients themselves, who are always in the first instance put upon their honour, and given distinctly to understand, that a breach of faith on the part of any one of them, must unavoidably be followed by increased restrictions imposed upon all. That this consideration, along with the almost absolute certainty of recapture, has had its due weight, is pretty evident from the fact that, when on other occasions any such attempt has been made, it has not unfrequently been checked, and reported on the instant by one of themselves. Still, in the ordinary course of things it must be expected to happen, among insane equally as among sane persons, that some individual in whom confidence has been reposed may prove after all unworthy of it—a possibility which we cannot however regard as any serious drawback—of so little ultimate importance must we regard the contingent evils of an occasional escape, in comparison with the tried and manifest benefits of the present system. Having alluded to the subject of escapes, we may as well mention that several years have now elapsed since any one has occurred that has not been followed by speedy recapture; the only bad consequence that resulted having been that a great degree of trouble and anxiety has been entailed for a time, on ourselves and the attendants.

We have found it hold good, as a general rule, that the greater the degree of liberty granted, the less frequently are such attempts made, evidently because the desire is less strongly felt; and in other similar institutions the same observation has been made.

One great object to be kept in view in devising means of occupation, and which, to a certain extent, we think we have succeeded in attaining, is to induce our patients to look upon themselves as the parties chiefly interested in the general prosperity of the Institution, which they have it in their own power, in a certain degree, to promote or retard. This feeling has been displayed among other things in the interest taken in the cultivation and ornamenting of the grounds, on which much labour has been expended since last summer, and in the cheerfulness with which any requisite repairs or alterations in the house are undertaken.

Of course much more responsibility is thus thrown upon the

attendants, than when they are charged merely with the safe keeping of those in their respective wards, and great care is consequently required on our parts in selecting properly qualified persons. Those whom we have employed have been for the most part chosen from the classes of agricultural labourers and country mechanics, among whom may be found in this part of the country men of sufficient intelligence and activity for the ordinary duties of attendants. In all cases we prefer training and instructing them ourselves, to engaging attendants from other asylums.

During Her Majesty's recent visit to Aberdeen, a considerable number of the patients were gratified with a view of the Royal party in passing; and not choosing to be behind their fellow subjects in displaying their loyalty, proceeded on their return to hoist an elaborate flag which they had prepared for the occasion. One or two were also allowed to inspect the Royal Yacht.—The workshops have afforded to several at once a useful and amusing means of displaying mechanical talent, in turning, carpentry, and other handicrafts, and much commendable pride is displayed by the workmen in exhibiting the products of their industry. Much amusement has been derived from the rearing and taming of pet animals in the airing grounds; and what could scarcely have been calculated on, there seems to be no disposition on the part even of the most excited to molest or ill treat them in any way. We propose commencing a small Museum of objects of Natural History, of which a few have been already collected as a nucleus.

Newspapers have been a never failing source of entertainment and conversation to nearly all, while they excite the interest of many who are unable or unwilling to fix the attention on any subject requiring continuous thought and study. Among other sources of amusement, we must not omit to mention the visits of old patients to their former companions in the Asylum. These visits seldom fail of producing a beneficial effect on the minds of the latter, to whom it affords the most practical and intelligible of all proofs that their own present condition is not destitute of hope; while they must always be to us a cause of satisfaction, as shewing, that in spite of the very many painful associations which must necessarily attach to a residence here, there are not wanting some of a more pleasing nature.

The gradual increase in extent, and in the number of inmates, which the Institution has undergone, during the last few years, has frequently suggested to our minds the propriety of a Night

Watch, as proposed in a previous report,* as a measure of precaution against accidents of various sorts liable to occur during the night, and as a means of enabling us to ascertain, more exactly than we can do at present, the condition and symptoms of patients in their sleeping as well as in their waking hours. This arrangement is all the more necessary with us, as by far the greater proportion of the patients sleep in single apartments, which, from the plan adopted in the construction of the buildings, are spread over an extended area. The risk of fire is one which it is especially needful to guard against, when we consider on the one hand the very great number of fire-places distributed over the house, (which is not fire-proof), and on the other, the disastrous consequences that must ensue, were such a catastrophe to happen, at a time when the patients could not effect their exit, without the attendants being promptly summoned to their assistance. The arrangements which are now being made for having a fire-engine to be kept on the premises, and for providing a constant supply of water by means of reservoirs in different parts of the grounds, will, we trust, along with the precaution we have just suggested, place us beyond the reach of all serious danger from this source.

The proposed Lunacy Bill for Scotland having been again withdrawn, we need not now enter into any lengthened discussion as to its merits or demerits. In so far as it provided for the protection of private lunatics, and for the erection of additional asylums in certain districts, it unquestionably was calculated to do good; but in so far as regards the supervision of those already in operation, we do not see that so expensive a measure was called for. This Institution, and we believe we may say the same of the other six similar ones in Scotland, is already placed under what may be very fitly termed a threefold system of inspection. *First*, there is the inspection of our own Managers; *secondly*, the inspection of the Sheriff and his Medical Referee; and *thirdly*, what is probably the most efficient, albeit an *unofficial* inspection—that of the public; the Asylum being at all times accessible not only to medical visitors, but to all persons of education and respectability who have any other object than that of mere idle curiosity in wishing to inspect it. If however any additional inspection should be thought desirable by Government, we do not in any way object to it, provided it be not conducted in an inquisitorial spirit. We would remark, however, that the machinery of a large asylum is already sufficiently complex, without the imposition of

* See Report for 1844-45.

additional and needless forms, and that it appears to us that there is a disposition to over-legislate on this subject.

In conclusion, we cannot let the present occasion pass without alluding, in terms of deep regret, to the loss the Institution has sustained in the untimely death of the late Dr. Mackinnon, to whom it owes much, no less for his active and enlightened exertions in advancing its welfare and improvement while officially connected with it, than for the deep interest which, to the last, he never ceased to take in all its concerns.

J. MACROBIN, M.D.

J. F. OGILVIE, M.D.

Lunatic Asylum,

12th July, 1849.

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.

TABLE VII.

DURATION OF THE MALADY IN THE CASES ADMITTED.

	Males.	Females.	Total.
Cases of the first attack, of not more than three months' duration, - - -	12	14	26
Cases of the first attack, of more than three, but of not more than twelve months' duration, - - -	8	9	17
Cases not of the first attack, and of not more than twelve months' duration, - - -	10	15	25
Cases whether of the first attack or not, of more than twelve months' duration, - - -	5	9	14
	<u>35</u>	<u>47</u>	<u>82</u>

TABLE VIII.

SUPPOSED CAUSES OF THE DISEASE IN THE CASES ADMITTED.

	Males.	Females.	Total.
Hereditary predisposition, - - -	5	2	7
Previous attacks, - - -	4	13	17
Original Imbecility, - - -	1	0	1
Old Age, - - -	0	2	2
Intemperance, - - -	7	4	11
Poverty and Destitution, - - -	1	2	3
Irregular habits of life, - - -	0	1	1
Sedentary Life—abuse of Tea, - - -	0	1	1
Vegetable Poisoning, - - -	1	0	1
Injuries of Head, - - -	2	1	3
Acute Rheumatism, - - -	0	1	1
Fever, - - -	2	1	3
Cancer of Breast, - - -	0	1	1
Prolonged Nursing, - - -	0	1	1
Child birth, - - -	0	2	2
	<u>—</u>	<u>—</u>	<u>23</u>
Religious excitement, - - -	3	0	3
Anxiety—Disappointment, - - -	1	3	4
Loss of Property, - - -	1	0	1
Death of Relatives, - - -	0	2	2
Disappointment in love, - - -	1	1	2
Family dissensions, - - -	1	2	3
Fright, - - -	1	3	4
An affront, - - -	2	1	3
	<u>—</u>	<u>—</u>	<u>10</u>
Cause not ascertained, - - -	-	-	2
	<u>—</u>	<u>—</u>	<u>—</u>
	<u>35</u>	<u>47</u>	<u>82</u>

TABLE IX.

PRINCIPAL PREDISPOSING CAUSES AND COMPLICATIONS IN THE
CASES ADMITTED.

	Males.	Females.	Total.
1. Hereditary Predisposition—			
on Father's side, -	3	1	4
on Mother's side, -	2	6	8
on both sides, -	0	1	1
of unascertained origin,*	5	4	9
	—	—	10
2. Previous Insanity—			
one previous attack, -	4	5	9
more than one, -	5	11	16
	—	—	9
3. General Paralysis,	-	-	2
4. Hysteria, -	-	-	0
5. Scrofula, -	-	-	1
6. Phthisis, -	-	-	1
7. Cancer, -	-	-	0
8. Illusions of sight and hearing,	-	-	1
9. Insane Impulses—			
suicidal, -	3	1	4
homicidal, -	0	1	1
incendiary, -	0	2	2
	—	—	3
			4
			7

TABLE X.

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

	Males.	Females.	Total.
Cases of the first attack, of not more than three months' duration, -	4	8	12
Cases of the first attack, of more than three but of not more than twelve months' duration, -	2	6	8
Cases not of the first attack, and of not more than twelve months' duration, -	4	13	17
Cases whether of the first attack or not, of more than twelve months' duration, -	2	3	5
Cases of which the duration had not been ascertained, -	0	5	5
	12	35	47

* Under this head are ranged those cases in which predisposition is assumed to exist from the occurrence of insanity in some other member or members of the family, but where it cannot be distinctly traced to either parent.

TABLES.

TABLE I.

GENERAL RESULTS OF THE YEAR.

	Males.	Females.	Total.
Patients in the Asylum, 1st May, 1848, - - -	113	112	225
Admitted during the year, - - - - -	35	47	82
Under treatment during the year, - - -	148	159	307
Removed during the year.	Males.	Females.	Total.
Recovered, - - - 12 - - 35 - - 47			
Improved, - - - 4 - - 7 - - 11			
Unimproved, - - - 3 - - 3 - - 6			
Dead, - - - 10 - - 7 - - 17	29	52	81
Remaining in the Asylum, 1st May, 1849, -	119	107	226

TABLE II.

CLASSIFICATION OF ADMISSIONS IN REFERENCE TO PARISHES.

	Males.	Females.	Total.
From the Town of Aberdeen and the Parish of Old Machar, - - - - -	17	27	44
From other Parishes within the County, - - -	9	12	21
From Parishes beyond the County, - - - - -	9	8	17
	35	47	82

TABLE III.

AGES OF PATIENTS ADMITTED.

	Males.	Females.	Total.
From 10 to 20, - - - - -	2	0	2
" 20 " 30, - - - - -	9	8	17
" 30 " 40, - - - - -	10	10	20
" 40 " 50, - - - - -	9	13	22
" 50 " 60, - - - - -	3	7	10
" 60 " 70, - - - - -	1	8	9
" 70 " 80, - - - - -	1	1	2
	35	47	82

TABLE IV.

SOCIAL CONDITION OF PATIENTS ADMITTED.

	Males.	Females.	Total.
Single, - - - - -	12	18	30
Married, - - - - -	18	16	34
Widowed, - - - - -	5	13	18
	35	47	82

TABLE V.

OCCUPATION OR STATION IN LIFE OF PATIENTS ADMITTED.

	Males.	Females.	Total.
Of independent means, - - -	0	1	1
Ministers, Widow of Minister, - -	2	1	3
Lawyer, Bank Agent, - - -	2	0	2
Schoolmaster's Widow, - - -	0	1	1
Engineer, Widow of Engineer, - -	1	1	2
Shipmaster's Wife, - - -	0	1	1
Road Contractor's Wife, - - -	0	1	1
Inn-keeper, - - -	0	1	1
Shopkeepers, Tradesmen, and Wives of Do., - -	15	11	26
Farmers, Farm Servants, and Wives of Do., - -	2	9	11
Labourers, and Wives of Do., - - -	6	6	12
Seaman, Widow of Seaman, - - -	3	1	4
Domestic Servants, - - -	0	5	5
Workers in Manufactories, - - -	1	3	4
Lace-worker, Dress-makers, - - -	0	4	4
Uncertain, or of no occupation, - -	3	1	4
	<hr/> 35	<hr/> 47	<hr/> 82

TABLE VI.

FORMS OF DISEASE IN THE CASES ADMITTED.

	Males.	Females.	Total.
Mania—			
acute, - - -	7	10	17
chronic, - - -	10	13	23
recurrent, - - -	0	1	1
hysterical, - - -	0	2	2
puerperal, - - -	0	1	1
a potu, - - -	3	1	4
	<hr/>	<hr/>	<hr/> 20
Monomania—			28
religious, - - -	1	1	2
hypochondriacal, - - -	2	0	2
of Pride or Vanity, - - -	0	3	3
of Suspicion, - - -	0	2	2
of Unseen Agency, - - -	0	1	1
of Fear, - - -	0	1	1
	<hr/>	<hr/>	<hr/> 3
Melancholia, - - -			8
Moral Insanity, - - -			8
Dementia—			1
acute, - - -	3	1	4
Imbecility, - - -	2	1	3
Fatuity, - - -	2	0	2
	<hr/>	<hr/>	<hr/> 7
	<hr/>	<hr/>	<hr/> 2
	<hr/>	<hr/>	<hr/> 9
	<hr/>	<hr/>	<hr/> 35
	<hr/>	<hr/>	<hr/> 47
	<hr/>	<hr/>	<hr/> 82

TABLE XII.—CONTINUED.

No.	Sex.	Form of Insanity.	Age.	Duration of Insanity.	Length of Residence.	Cause of Death.	MORBID APPEARANCES.
5	Fem.	Dementia.	66	7 months.	3 months.	Exhaustion.	Very firm adhesion of dura mater to skull-cap. Venous congestion of brain. Serous effusion in ventricles. Congestion of liver.
6	Male.	Dementia.	73	11 years.	9½ years.	Apoplexy.	Strong adhesion of dura mater to skull-cap. Much venous congestion of brain. Soft cerebriform tumor of the size of a hazel nut attached to right petrous bone, and pressing on origin of 4th, 5th, and 7th nerves. No attachment of tumor to brain. Ramollissement of contiguous portion of cerebral substance. Other cavities not examined.
7	Male.	Monomania.	74	9 years.	7 years.	Old age and exhaustion.	Extensive adhesion of dura mater to skull-cap. Cerebral substance congested. Ventricles distended with serum. Double oblique inguinal hernia of long standing, not strangulated.
8	Male.	Dementia.	21	9½ months.	8 months.	Phthisis pulmonalis.	Scrofulous degeneration of cervical glands. Slight opacity of arachnoid. Vomice in both lungs. Great general emaciation.
9	Fem.	Mania.	24	3½ years.	3½ years.	Scrofula—Phthisis.	Numerous Vomice in both lungs, especially in left, which was adherent to parietes of thorax almost throughout. Examination of other cavities not permitted.
10	Fem.	Dementia.	71	A year.	10 months.	Diarrhœa.	Firm adhesion of dura mater to skull-cap. A few drachms of serum in ventricles. Convulsions of brain atrophied, or imperfectly developed. Brain little developed anteriorly. Aneurism of ascending aorta. Gall bladder filled with numerous small calculi. Colon remarkably small.
11	Fem.	Mania.	71	3 months.	3 weeks.	Old age and exhaustion.	No examination.
12	Fem.	Dementia.	58	20 years.	4 years.	Exhaustion.	
13	Male.	Mania.	73	21 months.	18 months.	Pneumonia.	
14	Male.	Dementia.	43	3 years.	8 months.	General Paralysis.	
15	Fem.	Mania.	39	6 years.	13 months.	Phthisis pulmonalis.	
16	Fem.	Mania.	69	25 years.	2 months.	Old age and exhaustion.	
17	Male.	Monomania.	36	17½ years.	13½ years.	Scrophula—Phthisis.	

TABLE XIII.

GENERAL RESULTS FOR THE LAST 19 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
Sum and Average of 19 Years.	2791 146.90	1076 56.63	489 25.74	222 11.68	45.45	17.52	20.63	7.95

* 10 months only.

† Decimals omitted.

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	Female	Monomania	45	4 months	10 days	....	Original Imbecility
2	Female	Moral Insanity	35	3 months	Uncertain	....	[Intemperance
3	Female	Acute Mania	37	2 months	3 days	....	Hereditary predisposition, previous attacks,
4	Female	Chronic Mania	29	7 months	Uncertain	Desertion of Husband.....	Hereditary predisposition, previous attack
5	Female	Monomania	26	7½ months	A year	Religious Excitement	Hereditary predisposition
6	Male	Mania e Potu	24	3 months	A few days	....	Hereditary predisposition, intemperance
7	Male	Melancholia	52	3 months	15 months	....	[Dysmenorrhœa
8	Female	Hysterical Mania	24	13½ months	8 days	....	Hereditary predisposition, previous attack,
9	Female	Monomania	41	4 years	8 months	....	Hereditary predisposition, Asthma
10	Female	Chronic Mania	52	3 months	6 months	....	Previous attack, privations
11	Female	Monomania	34	3½ months	2½ years	....	Childbirth
12	Male	Monomania	31	2½ months	6 months	....	Hereditary predisposition, Fever
13	Female	Acute Mania	46	2½ months	Uncertain	....	Hereditary predisposition, intemperance
14	Male	Melancholia	56	10 years	2 weeks	....	[Intemperance
15	Female	Acute Mania	42	7 months	A week	Family Dissensions.....	Hereditary predisposition, previous attacks,
16	Female	Acute Mania	63	6 months	2 weeks	....	Original Imbecility, previous attacks, in-
17	Female	Melancholia	51	3½ months	8 weeks	....	Previous attacks, privations [temperance
18	Female	Melancholia	55	2½ years	4 months	....	Hereditary predisposition, intemperance
19	Female	Acute Mania	45	2 months	A few days	....	Amenorrhœa, intemperance
20	Female	Melancholia	33	9 months	7 weeks	....	Repeated abortions
21	Female	Chronic Mania	45	5 months	2 weeks	....	....
22	Female	Melancholia	39	2 months	2 weeks	An Affront .....	....
23	Female	Acute Mania	51	2 months	4 weeks	....	Previous attacks
24	Male	Mania e Potu	24	3 months	4 weeks	....	Previous attacks, intemperance
25	Female	Chronic Mania	34	6 months	Uncertain	....	Hereditary predisposition, previous attack
26	Female	Chronic Mania	49	3½ years	Uncertain	....	Hereditary predisposition, irregular habits
27	Female	Monomania	45	6 months	6 weeks	....	Hereditary predisposition, previous attacks
28	Female	Chronic Mania	46	2 months	A few days	....	Previous attack
29	Female	Monomania	50	3½ months	3 months	....	Sedentary life, privations
30	Female	Acute Mania	25	16½ months	2 weeks	....	Hereditary predisposition, previous attack
31	Female	Acute Mania	21	5 weeks	2 weeks	A fright.....	Childbirth
32	Male	Melancholia	38	4 months	7 months	....	....
33	Male	Acute Mania	28	2 months	Uncertain	Religious Excitement	Hereditary predisposition
34	Female	Melancholia	64	8 months	A year	Domestic Unhappiness.....	Hereditary predisposition, privations
35	Male	Chronic Mania	38	2½ years	A week	Suicide of Mother.....	Hereditary predisposition, previous attack
36	Female	Melancholia	25	4 months	6 months	A fright.....	Childbirth
37	Female	Melancholia	24	7 months	3 months	Disappointment.....	Amenorrhœa
38	Male	Chronic Mania	33	6 months	A month	Anxiety.....	Hereditary predisposition

TABLE XI.—CONTINUED.

No.	Sex.	Form of Insanity.	Age.	Length of Residence.	Previous Duration of Disease.	MORAL CAUSE.	PHYSICAL CAUSE.
39	Female	Chronic Mania	67	9 months	Uncertain	....	Hereditary predisposition
40	Female	Mania e Potu	40	7 weeks	A few days	....	Intemperance
41	Female	Melancholia	35	7 months	6 months	Domestic Unhappiness	Asthma, privations
42	Female	Chronic Mania	50	2½ months	2 weeks	....	Injury of head
43	Male	Chronic Mania	45	7 months	6 weeks	....	Previous attacks, intemperance
44	Female	Acute Mania	19	4½ years	4 days	....	Hereditary predisposition, previous attacks
45	Male	Melancholia	54	3½ months	A month	....	Previous attacks, privations
46	Female	Chronic Mania	43	7 months	4 months	Remorse?	Previous attacks
47	Male	Acute Mania	21	3 months	3 weeks	Religious Excitement?	Hereditary predisposition

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.	61	18 years.	6 years.	Pericarditis.	Heart somewhat hypertrophied, especially right ventricle; presented internally traces of endocarditis; externally covered with recently formed coagulable lymph, and partially adherent to pericardium. Four ounces of serum of a yellowish colour, and containing shreds of lymph. Liver slightly enlarged, and affected with Cirrhosis. (Hob-nail Liver.)
2	Male.	Dementia with Paralysis.	55	18 years.	18 years.	Apoplexy.	Opacity of Arachnoid. Ventricles of brain distended with serum. Several cretaceous concretions at roots of lungs. Kidneys affected with Bright's disease. Muscular coat of bladder hypertrophied.
3	Male.	Dementia.	57	Uncertain.	9 years.	Pleuro-pneumonia, and Pericarditis.	Effusion into ventricles of brain. In both lungs tubercles in a state of incipient suppuration; hepatization of upper lobes, especially of left one. Extensive adhesions in left Pleura. Considerable effusion into Pericardium.
4	Male.	Monomania.	81	Uncertain.	12 years.	Old age, Catarrh. Vesicæ.	Dura mater adherent. About six ounces of serum in ventricles and sack of Arachnoid. Substance of brain soft; convolutions atrophied. Opacity of arachnoid. Crude tubercles in both lungs. Old adhesions in left pleura. Left kidney enlarged and congested. Bladder dark coloured, hypertrophied and slightly sacculated.

TABLE XIV.

NUMBERS DISCHARGED, &c., OF THOSE ADMITTED DURING EACH OF THE
LAST 19 YEARS.

Year ending 1st May.	Admitted	Recover- ed.	Relieved, &c.	Dead.	Remain.
1831	35	18	7	8	2
1832	32	13	5	10	4
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	6	8
1842	56	21	15	14	6
1843	51	19	12	6	14
1844	71	34	13	8	16
1845	74	31	19	10	14
1846	93	47	20	13	13
1847	67	28	17	7	15
1848	93	41	10	7	35
1849	82	25	10	5	42

TABLE XV.

ADMISSIONS, &c., SINCE THE YEAR 1800.

Patients admitted since the opening of the Institution, in 1800,	1809
Dismissed, Recovered, - - - - -	728
„ Relieved, &c. - - - - -	492
Dead, - - - - -	363
Remaining under treatment, - - - - -	226

TABLE XVI.

CONDITION OF PATIENTS REMAINING IN THE ASYLUM.

					Males.	Females.	Total.
Social Condition.							
Single,	...	...	...	...	90	71	161
Married,	...	...	...	...	22	25	47
Widowed,	...	...	...	...	7	11	18
Age.							
From 10 to 20,	...	...	...	...	2	0	2
" 20 " 30,	...	...	...	...	30	17	47
" 30 " 40,	...	...	...	...	26	25	51
" 40 " 50,	...	...	...	...	34	27	61
" 50 " 60,	...	...	...	...	19	24	43
" 60 " 70,	...	...	...	...	7	11	18
" 70 " 80,	...	...	...	...	1	3	4
Form of Insanity.							
Mania,	...	...	...	...	39	47	86
Monomania,	...	...	...	...	22	29	51
Melancholia,	...	...	...	...	6	5	11
Dementia,	...	...	...	...	48	25	73
Amentia,	...	...	...	...	2	1	3
Moral Insanity,	...	...	...	...	2	0	2
Complications.							
Epilepsy,	...	...	...	...	11	6	17
Paralysis,	...	...	...	...	4	0	4
Hysteria,	...	...	...	...	0	7	7
Bronchocele,	...	...	...	...	1	0	1
Chorea,	...	...	...	...	1	0	1
Occupation.							
Employed,	...	...	...	...	84	67	151
Unemployed,	...	...	...	...	35	40	75
Attend Chapel,	94	75	169
Total number in the Asylum, 1st May, 1849,					119	107	226

ABERDEEN :

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