

**Seventy-sixth annual report of the Royal Edinburgh Asylum for the insane.
1888.**

Contributors

Royal Edinburgh Asylum.
Crichton, J. Arthur.
Clouston, T. S.
Mitchell, Arthur.
Gray, Jim (Musician)
Peter, A. E.

Publication/Creation

Morningside : Printed at the Royal Edinburgh Asylum, [1889]

Persistent URL

<https://wellcomecollection.org/works/bdw4cw9j>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

SEVENTY-SIXTH
ANNUAL REPORT

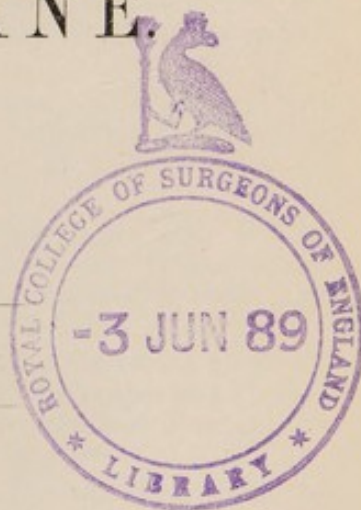
OF THE

ROYAL EDINBURGH ASYLUM

FOR

THE INSANE.

1888.



MORNINGSIDE:
PRINTED AT THE ROYAL EDINBURGH ASYLUM.

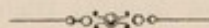
CONTENTS

Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

1
2
3
11
15
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

List of Office-Bearers, &c.
Officers of the Institution and Standing Committees
Report by Ordinary Managers
Report by the Charity Committee
Physician-Superintendent's Annual Report
Statistical Tables of the Medical-Psychological Association
Table I. Showing the Admissions, Re-Admissions, Discharges, and Deaths during the Twenty-Five Years 1851-1875
Table II. Showing the Admissions, Discharges, and Deaths during the Twenty-Five Years 1851-1875
Table III. Showing the Admissions, Discharges, and Deaths during the Twenty-Five Years 1851-1875, with the mean Annual Mortality and Proportion of the total number of the Asylum
Table IV. Showing the History of the Annual Admissions, Discharges, and Deaths during the Twenty-Five Years 1851-1875
Table V. Showing the Cause of Death during the Twenty-Five Years 1851-1875, together with the Ages at Death
Table VI. Showing the Length of Residence in those who have Recovered, and in those who have died during the Twenty-Five Years 1851-1875
Table VII. Showing the Duration of the Illness in those who have Recovered, Discharged, and Died during the Twenty-Five Years 1851-1875
Table VIII. Showing in Quinquennial Periods the Ages of those who have Recovered, and Died during the Twenty-Five Years 1851-1875, those remaining on 31st December 1875

C O N T E N T S.



	PAGE
List of Office-Bearers, &c.	1
Officers of the Institution and Standing Committees . . .	2
Report by Ordinary Managers	3
Report by the Charity Committee	11
Physician-Superintendent's Annual Report	13
Statistical Tables of the Medico-Psychological Association—	
Table I. Showing the Admissions, Re-Admissions, Discharges, and Deaths during the Year ending 31st December 1888 . . .	32
„ IA. Showing the Number of Previous Attacks among Persons Admitted during the Year 1888, distinguishing those Attacks that have been treated to Recovery in this and in other Asylums, or elsewhere	33
„ II. Showing the Admissions, Re-Admissions, Discharges, and Deaths for the Sixteen Years, from 31st December 1872 to 31st December 1888	34
„ III. Showing the Admissions, Discharges, and Deaths, with the mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions for each Year since the Opening of the Asylum	35
„ III. (<i>Continued</i>), The Admissions, Discharges, and Deaths, with the mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions for each Year during the Twenty-Five Years 1864–1888	36
„ IV. Showing the History of the Annual Admissions since the Opening of the Asylum, with the Discharges and Deaths, and the Numbers of each Year, for the last Twenty-Five Years, remaining on 31st December 1888	37
„ V. Showing the Causes of Death during the Year 1888, together with the Ages at Death	38
„ VI. Showing the Length of Residence in those Discharged Recovered, and in those who have Died, during the Year 1888	40
„ VII. Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths during the Year 1888	41
„ VIII. Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died during the Year 1888, and of those Remaining on 31st December 1888	42

	PAGE
Table IX. Showing the Condition as to Marriage, on Admission, in the Admissions, Recoveries, and Deaths, during the Year 1888, and of Patients Resident December 31, 1888 ...	43
„ X. Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1888	44
„ XI. Showing the Form of Mental Disorder, on Admission, in the Admissions, Recoveries, and Deaths of the Year 1888, and the Form of Mental Disorder of the Inmates on 31st December 1888	45
„ XII. Showing the Station or Occupation of Patients Admitted during the Year 1888	46
„ XIII. Forms of Insanity in those Admitted—Skae's Classification	47
„ XIV. State of Bodily Health and Condition of those Admitted	47
„ XV. Religious Persuasion of those Admitted	48
„ XVI. Admissions, Discharges, and Deaths of each Month ...	48
„ XVII. Illustrations of Suicidal Tendency in those Admitted ...	49
„ XVIII. Persons Recovered in 1888	50
„ XIX. The Number of Pauper Lunatics chargeable to Parishes in the District that were not in the Royal Edinburgh Asylum on the 1st January 1889	50
Reports of the Commissioners in Lunacy	51
Abstract of the Treasurer's Accounts of Intromissions for the Year 1888	57
Abstract of Ordinary Receipts and Payments of the East House, including Craig House and Myreside Cottage	59
Abstract of Ordinary and Extraordinary Receipts and Payments of the West House	59
Estimated Profit on Private Patients in East and West Houses ...	60
Cost per Head per Annum for the Patients in the East and West Houses	61
Contrast of Ordinary Receipts and Payments for the Year 1888 with the previous Year	62
Contrast of Total Provisions, &c. supplied from Store for the Year 1888 with the previous Year.. .. .	67
Contrast of Value of Stock on hand in Store at 31st December 1888 with the previous Year	67
State of Debt due by the West House of the Royal Edinburgh Asylum for the Insane, as at 31st December 1888	68
State showing the Operation of the Sinking Fund during 1888, and contrasting the amount of the Actual Debt at the close of that Year with the Debt as estimated by Mr James Martin, C.A., in his "Report on the creation of a Sinking Fund"	68
Abstract of the Treasurer's Intromissions with the Funds of the Charity Committee for the Year 1888	69
Abstract of the Treasurer's Intromissions with the Funds Bequeathed by the late Mrs Elizabeth Bevan	70
Statement of Work done in the Asylum	71

ROYAL EDINBURGH ASYLUM.

Patroness—The Queen.

OFFICE-BEARERS FOR 1889.

GOVERNOR—

THE DUKE OF BUCCLEUCH AND QUEENSBERRY.

DEPUTY-GOVERNORS.

THE EARL OF STAIR.

CHAS. COWAN, ESQ.

THE EARL OF ROSEBURY.

SIR JOHN DON-WAUCHOPE, BART.

SHERIFF CRICHTON.

EXTRAORDINARY MANAGERS.

Lord Provost of the City of Edinburgh.

Lord President of the Court of Session.

Lord Justice-Clerk of the Court of Justiciary.

Lord Advocate of Scotland.

Solicitor-General of Scotland.

Dean of the Faculty of Advocates.

Deputy-Keeper of Her Majesty's Signet.

Members of Parliament for the City.

Member of Parliament for the County.

Sheriff of the Lothians and Peebles.

Principal of the University of Edinburgh.

President of the Royal College of Physicians.

President of the Royal College of Surgeons.

Senior Minister of Edinburgh.

Master of the Merchant Company.

Preses of the Society of Solicitors.

Dean of Guild of the City.

Deacon Convener of the Trades.

ORDINARY MANAGERS.

The Lord Provost (*ex-off.*)

John Boyd, Esq.

Hugh Rose, Esq.

Sir James Gowans.

Peter Miller, Esq.

Professor A. Crum Brown.

Adam W. Black, Esq.

Sir Douglas Maclagan.

Julius H. Beilby, Esq.

Professor Rankine.

David Simson, Esq.

Sheriff Crichton.

David Todd Lees, Esq., S.S.C.

J. R. Findlay, Esq.

James Crichton, Esq.

Chairman of the Board of Ordinary Managers—SHERIFF CRICHTON.

MEDICAL BOARD.

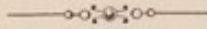
President of the Royal College of Physicians—

President of the Royal College of Surgeons—

Sir Douglas Maclagan—Dr G. W. Balfour—Dr P. Heron Watson.

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

OFFICERS OF THE INSTITUTION.



PHYSICIAN-SUPERINTENDENT.

T. S. CLOUSTON, M.D., F.R.C.P.E.

ASSISTANT PHYSICIANS.

JOHN MACPHERSON, M.B., C.M.

GEORGE M. ROBERTSON, M.B., C.M.

EDWARD H. EZARD, M.B., C.M., B. Sc.

PATHOLOGIST.

W. H. BARRETT, M.B., C.M.

CHAPLAIN.

THE REV. THOMAS DOWNIE.

HOUSE STEWARD.

MR JAMES C. GRAY.

MATRONS.

MISS PETER.

MRS MACDOUGALL.

MRS HODGART.



STANDING COMMITTEES.

VISITING COMMITTEE.

Mr Miller.
Mr Beilby.
Mr Simson.
Mr Todd Lees.
Mr Boyd.
Mr Miller *Convener*.

FINANCE COMMITTEE.

Mr Miller.
Mr Black.
Professor Crum Brown.
Professor Rankine.
Mr Crichton.
Mr Black *Convener*.

BUILDING COMMITTEE.

Mr Rose.
Sir James Gowans.
Sir Douglas Maclagan.
Sheriff Crichton.
Mr Findlay.
Sir James Gowans, whom failing,
Sheriff Crichton *Convener*.

CHARITY COMMITTEE AND BEVAN FUND COMMITTEE.

Professor Crum Brown.
Mr Beilby.
Mr Simson.
Mr Todd Lees.
Professor Crum Brown *Convener*.

ANNUAL REPORT

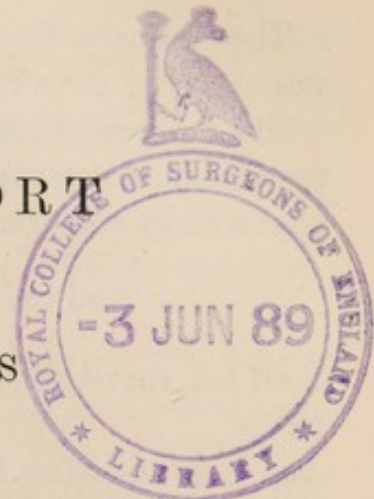
BY THE

ORDINARY MANAGERS

OF THE

ROYAL EDINBURGH ASYLUM FOR THE INSANE

FOR THE YEAR ENDING 31st DECEMBER 1888.



*Presented to the Annual Meeting of the Corporation, held within the City
Chambers, Edinburgh, on Monday, 25th February 1889.*

The daily average number of patients in all departments of the institution during the year 1888 was 817, being an increase of 14 on the number during the year 1887, as will appear from the following tabulated statement:—

	1887.	1888.	Increase.	Decrease.
1. Patients in the East House, Craig House, and Myreside Cottage	124	125	1	0
2. Intermediate class	138	131	0	7
3. Pauper patients and private patients at lowest rate of board	541	561	20	0
	<u>803</u>	<u>817</u>	<u>21</u>	<u>7</u>

The account of the Treasurer's Intromissions with the funds of the Corporation is herewith submitted:—

The Charge amounting to	£54,636	8	10
The Discharge to	51,078	9	10

And the Balance in favour of the Corporation to £3,557 19 0

The Ordinary Revenue for the year 1888 from all departments was £45,225 4 3

The Ordinary Expenditure (including instalment towards fund for paying debt on West House, as approved by the Court) was 39,666 4 4

And the Surplus Income £5,558 19 11

Of the above surplus revenue there was derived from the East House £3189 3 11

And from the West House 2369 16 0

Bringing out as before £5558 19 11

It is proper to state that in the ordinary income of the West House there have been included the following items which although falling under the head of ordinary revenue have not wholly accrued during the year ending 31st December 1888, viz. :—

1. Interest received from the North British Railway Company on the price of ground at the West House sold to them, and for severance damage calculated for various periods subsequent to 15th August 1881, £542 4 0

2. Amount over-credited to East House in respect of sundries and produce sold during the years 1885, 1886, and 1887, and now debited to East House, and credited to West House in accordance with the principles of allocation laid down in Mr Haldane's Report, 292 18 3

3. Proportion of law expenses recovered from North British Railway Company, 84 13 6

4. Sum recovered from Insurance Company, 5 0 0

£924 15 9

Deducting this sum from the surplus revenue of the West House as above stated, 2369 16 0

Leaves a nett surplus revenue of £1445 0 3

Whereof there was derived from patients at pauper rate, £992 8 0

And from intermediate patients, 452 12 3

£1445 0 3

The whole surplus revenue derived from the West House, with the exception of the proportion of it arising from the boards of intermediate patients, has been applied towards the reduction of debt affecting the West House. The amount derived from intermediate class boards has, as formerly, been added to the accumulated amount of surplus income, accruing since 31st December 1884, on the boards of private patients.

At the Annual Meeting of the Corporation held on 27th February 1888, the board payable for paupers was, upon the recommendation of the Managers, reduced from £33, 10s. to £32, 10s. From a statement prepared by the Treasurer, it appears that the cost per head under every branch of expenditure for pauper patients during the past year was £30, 19s. 5¼d., being £1, 7s. 11d. less than in the year preceding, and the Managers beg leave to recommend that the rate of board for paupers be now reduced to £31,—the board of private patients at the lowest rate, for whom clothing is not provided by the Asylum, being reduced to £28, 10s.

The diminished cost of maintenance during the past year is mainly attributable to the reduced expenditure under the head of furnishings and repairs, a fluctuating item which in the year 1887 was somewhat above the average, necessitating, as it may do again, a higher rate of board than might have otherwise been sufficient.

The cost of maintenance per head of intermediate patients during the past year was £40, 6s. 8d., while the rate of board for non-privileged patients was £45. The Managers are of opinion that this rate might with propriety be reduced to £42, that of privileged intermediates being reduced from £40 to £37.

The surplus revenue from the East House, amounting to £3189, 3s. 11d., has, like the amount derived from the intermediate patients, been added to previous accumulations, now amounting in all to £17,141, 15s. 1d. The above surplus would have been larger for the past year had it not been found necessary to refund to the West House the sum of £292, 18s. 3d. erroneously credited to the East House during the three previous years. The Managers further, during last year, made a contribution of £400 to the funds of the Charity Committee, being £200 more than the customary grant.

Immediately after the Annual Meeting of the Corporation held

in February 1888 the Managers gave instructions to Mr Sidney Mitchell, architect, to report as to the best site on the estate of Craighouse whereon to erect an Asylum for the accommodation of 150 patients of the better class, with the necessary provision for attendance, and, of this date, Mr Mitchell reported, *inter alia*, as follows :—“ My first visit convinced me that there was only one “ site on the estate suitable for the purpose required, and that is “ the gradually rising ground behind and to the west of the old “ mansion of Craighouse. Setting aside all questions of access, “ privacy, shelter, and view, there is no other portion of the estate “ large enough to contain the new Asylum which is so nearly “ level, and in that respect so well suited for the site of a building “ which must necessarily cover a large space of ground. On all “ other parts of the estate the ground falls more rapidly from east “ to west as well as from north to south.”

On the important subject of procuring a sufficient water-supply for the buildings on the proposed site, the Managers obtained satisfactory reports from Messrs Leslie & Reid, the engineers for the Edinburgh and District Water Trust, and from Mr Coyne, superintendent of works for the Trust, and, of this date, Mr Mitchell was instructed to prepare plans for the new Asylum on the site recommended by him, four members of the Board dissenting from and protesting against the resolution then adopted.

Of this date, Mr Mitchell submitted to the Board drawings and elevations of the proposed new Asylum, exhibiting the arrangements for the classification of patients, and the provision made for the accommodation of servants, for the administrative department, and for the other requirements of such an institution. These drawings and elevations having been approved of by a majority of the Board, Mr Mitchell was instructed to prepare working plans and schedules, with the view of taking tenders for the execution of the work. From a probable estimate carefully prepared by Mr Alexander Hay, surveyor, under the directions of Mr Mitchell, it is calculated that the cost of the buildings, including drainage, but exclusive of heating and ventilation, will be £56,550, to meet which the Managers will have at their disposal the accumulated and accumulating savings from the East House, together with such a sum as may be realised through the sale of the East House and grounds.

Of this date, the Commissioners in Lunacy issued a Memorandum

in reference to the plans of the new buildings, in which the following passage occurs:—"The plans of these buildings, which are intended to afford accommodation for the higher class of patients, shew in many respects new arrangements; and they solve some of the most difficult problems in Asylum construction in a way which shews great ability and a most intelligent conception of the requirements of such an institution. There can be no doubt that if the plans are carried out in their present shape, an institution will be provided superior to anyone for a similar purpose which is now in existence."

The Managers have again had under consideration the propriety of their endeavouring to acquire from the City Parochial Board the area on the summit of Craiglockhart Hill, which overlooks the site of the proposed new Asylum, and they have recently made an offer for a conveyance to them of the ground in question, either through an excambion therefor of an outlying portion of Craighouse estate, or through a purchase from the Parochial Board. If the Parochial Board are unwilling to part with the land, the Managers have offered to negotiate for a lease of it. The Managers regret that in this matter it is considered by some that the interests of the public clash with those of the institution under their charge. The Managers cannot accept this view, for Easter Craiglockhart Hill is in many respects unsuitable for a public park; and if, unhappily, the Parochial Board should resolve to retain it, or to hand it over to the city, the Managers would be compelled to erect a very unsightly barrier between the new buildings and the hill-top, besides having to build part of the new Asylum in a situation which would involve the sacrifice of several magnificent forest trees, which are now an ornament to the whole neighbourhood.

The Asylum was officially inspected by Sir Arthur Mitchell, one of the Commissioners in Lunacy, in March, and by Dr Sibbald in June of last year. On the first of these occasions the Commissioner thus recorded the result of his visit:—"The visit extended over four days, and the inquiry into the management of the establishment and the treatment of its inmates was careful and minute. It is difficult to say which shews most ability or most success, but that which stands constantly to the front is the professional treatment and the nursing of the patients, the study of their

“condition and history with a view to their cure or improvement. The hospital attitude of the whole institution is never lost sight of, though, of course, its hospital character is most apparent in the special hospital sections, and these were never thought so attractive and satisfactory as on the occasion of this visit. Both in these sections and also throughout the Asylum generally, much was seen shewing that the medical interest taken in pauper patients and the knowledge of their condition are quite as great as in the case of private patients, and that pauper patients who are in exceptional states—who require, for instance, one or more special attendants—have all the advantages which fall to patients in affluent circumstances. The hospital attitude of the Asylum, to which reference is now being made, almost necessarily begets kindly feelings towards the patients on the part of the staff—kindly relations generally between the patients and the staff; and it leads in other ways to what influences beneficially the contentment and wellbeing of the inmates.”

Dr Sibbald reports as follows on the occasion of his visit in June :—“The various parts of the institution were found in excellent order. The cheerful appearance of the apartments is kept up by careful attention to repairs and redecoration.

“The way in which the patients are provided for in regard to food is deserving of special notice. Those patients for whom the higher rates of board are paid are liberally supplied with all that is usually desired in the class of society to which they belong, and the dietary of the pauper patients, which was already one of the most satisfactory of its kind, has recently undergone revision, and has been altered for the better in some details where Dr Clouston thought it susceptible of improvement; but the importance of abundant nourishment as a means of treatment in most cases of acute insanity has during recent years been recognised in a special manner in this Asylum.

“The industrial occupation of the pauper patients continues to be duly attended to, and the excellent practice of engaging a certain number of the higher class in garden work is being persevered in. The amusements of the patients, which, when judiciously combined with useful occupations are among the most

“ efficient means of treatment, have received even more than the
 “ usual amount of attention during the past year.

“ The function performed by the establishment as an Asylum for
 “ patients of the richer classes, and also for patients whose main-
 “ tenance falls on the poor-rate, is generally recognised and under-
 “ stood ; but it is doubtful whether its position as a charitable
 “ institution is as well known as it ought to be. One direction in
 “ which it serves a charitable purpose is in giving suitable accom-
 “ modation at low rates of board to persons in straitened circum-
 “ stances, who have been accustomed to the refinements of life. If
 “ accommodation and arrangements in accordance with the habits of
 “ life of such persons were not thus provided, the misfortune involved
 “ in their suffering from insanity would be greatly aggravated.

“ Being unable to pay remunerative rates of board for such
 “ accommodation, their case is not met by the Asylums which are
 “ carried on as private adventures, and they would in the absence
 “ of such arrangements as are here provided have to be placed in
 “ the position of paupers before they could obtain asylum treatment.
 “ The mere fact that asylum treatment is afforded to the class of
 “ persons at or below cost price is therefore a charitable arrange-
 “ ment, and an important benefit to the community. It is also
 “ proper to bear in mind that the preventing of such patients from
 “ being placed in the position of paupers puts them in more favour-
 “ able circumstances for curative treatment than they would other-
 “ wise be. The administration of the special charitable funds of
 “ the Asylum is however still more deserving of the name of charity.
 “ In certain cases where the patient’s means are insufficient to meet
 “ even the lower rates of board, these funds are used to make up
 “ the deficiency, and thus what may be in many cases only a
 “ temporary difficulty is prevented from reducing the patients to
 “ pauperism. On 1st January of this year there were 188 private
 “ patients in the Asylum at low rates of board, and 54 of these
 “ had their payments supplemented out of the Charity Funds of
 “ the institution. It is proper to keep such a fact before the public,
 “ because the usefulness of this and other Royal Asylums as charit-
 “ able establishments is often not merely inadequately appreciated,
 “ but frequently the way in which the charity operates is altogether
 “ misunderstood.”

The Report of the Charity Committee is herewith submitted as usual. It will be observed that the expenditure under this department of their administration amounted last year to £718, 14s. 5d., and that the boards of 65 patients were to a greater or less degree supplemented from the Charity Fund.

At Whitsunday last the Managers received from the Executors of the late Mrs Elizabeth Bevan a first instalment of £5000 to account of the munificent bequest made by that lady to them "in trust for the benefit and relief of insane persons in the said Asylum, who, from their rank and society, or education and habits, cannot be associated with paupers, but whose means are insufficient for defraying the expense of their comfortable maintenance in said Asylum conformably to their station and habits."

The benevolent testator has wisely provided in her settlement against the accumulation of the revenue derived from her legacy, and the Managers had great pleasure during the past year in applying £30 of the revenue from the Bevan Fund in supplementing the board of one patient, and £20 in supplementing that of another.

The Managers have nothing particular to record in regard to the daily routine of the institution during the year that is past. There have been no structural alterations on the buildings to superintend, and no extraordinary expenditure of any kind to meet. It only remains for the Board again, as on former occasions, to express their unqualified approval of the course pursued by their respected Physician Superintendent, Dr Clouston, in administering during another year the internal affairs of the institution under his charge.

JAS. ARTHUR CRICHTON,
Chairman.

R E P O R T
 OF THE
CHARITY COMMITTEE OF MANAGERS
 OF THE
ROYAL EDINBURGH ASYLUM FOR THE INSANE
 FOR THE YEAR ENDING 31ST DECEMBER 1888.

The Account of the Treasurer's Intromissions with the Charity Fund is herewith submitted:—

The Charge amounting to	£752 2 7
The Discharge to	781 9 5

And the Balance due to Treasurer	£29 6 10
--	----------

The Fund, after deducting the above Balance, amounts to.....	£9,220 13 2
--	-------------

For the year ending 31 st December 1887 the Fund amounted to.....	£9,187 5 0
--	------------

Showing an Increase of.....	£33 8 2
-----------------------------	---------

The Ordinary Income on invested moneys during the year was.....	£351 7 7
---	----------

The Ordinary Expenditure was.....	718 14 5
-----------------------------------	----------

Showing excess of Expenditure over Income of	£367 6 10
--	-----------

The Managers this year contributed £400 towards the Fund.

The number of patients relieved during the year was 65, and the number on the roll at the close of the year 52.

PHYSICIAN-SUPERINTENDENTS
ANNUAL REPORT

For the Year 1888

I have the honor to submit the following Report of the Royal
Kilnbegh Asylum for the Insane for the year 1888.

In the beginning of the year the number of patients was 507,
and on the 31st of December the number was 826 (including

on probation).....
There were 348 patients admitted during the year, 178
178 were men, and 170 women.

The total number of patients under treatment was 826,
1164

There were discharged during the year 312, of whom 152
men, and 160 women.....

The number of those who died was 79, of whom 38 were
and 41 women.....

The average number of patients resident during the year
617

ADMISSIONS

The number of admissions (348) was 10 over the year of
previous five years. The number of private patients

was 99, being 9 over our last five years' average, and 10 over
our five years' average. These numbers are 10 over our

average. Had we possessed more accommodation for
patients at the East House and Craig, we could have

received more patients, and the number of patients
in an Asylum such as this, which admits patients

of society, we have an opportunity of seeing the
in the symptoms of mental diseases as they affect different

It is now generally held, mental disease is largely an

PHYSICIAN-SUPERINTENDENT'S ANNUAL REPORT

For the Year 1888.



I have the honour to submit the following Report of the Royal Edinburgh Asylum for the Insane for the year 1888.

In the beginning of the year the number of patients was 806, and on the 31st of December the number was 826 (including 8 on probation).

General
Statistics.

There were 348 patients admitted during the year, of whom 172 were men, and 176 women.

The total number of patients under treatment was therefore 1154.

There were discharged during the year 249, of whom 122 were men, and 127 women.

The number of those who died was 79, of whom 36 were men, and 43 women.

The average number of patients resident during the year was 817.

ADMISSIONS.

The number of admissions (348) was 10 over the average of the previous five years. The number of private patients admitted was 96, being 6 over our last five years' average, and the rate-paid class 252, or 4 over that average. These numbers call for little remark. Had we possessed more accommodation for higher class patients at the East House and Craighouse, and for intermediate class ladies, it could have been taken advantage of.

Over the average

Some refused
admission.

In an Asylum such as this, which admits patients from all classes of society, we have an opportunity of seeing any differences in the symptoms of mental diseases as they affect different classes. If, as is now generally held, mental disease is largely the outcome

How social and
educational dif-
ferences affect
the type of in-
sanity.

and one of the penalties of civilisation, then the various conditions of life and heredity of different individuals and classes in our complex modern society can scarcely fail to influence the kind of mental disease ensuing. As there are no two minds precisely alike, and no two faces the same, so this human differentiation in its highest qualities is accurately reflected in mental disease, no two cases of which are precisely alike. No other disease shows such immense variety. Broadly the following differences are seen between patients whose own brains have been educated and who come of an educated ancestry, as compared with patients coming from a less educated class.

Educated lunatic
is a finer one.

1. The types of mental symptoms in the educated are far more differentiated and distinct. The lower you go in the social scale and in civilisation, the less distinct and complex are the types. Notoriously the chief types in the Highland and Western Irish Celt are more simple, and this is still more so when one gets to the Negro and the savage races, in whom the little mental disease they are subject to is apt to consist more of a confused delirium than anything else. Physicians from the West of Ireland, and from our Colonies, have told me that they do not recognise the Clinical pictures of mental disease I have elsewhere given,* as being applicable to their patients. To get a fine type of Melancholia, for instance, you must have an educated brain. The power of expressing the feelings in vivid language, which education gives, is, no doubt, one way in which this fact is manifested.

Negro and Celt.

The more education the more melancholy.

2. In the educated classes we find more cases of Melancholia than among the uneducated, more cases of subtle perversions of the reasoning power (Monomania), more cases of introspective morbid questionings and doubts tending to paralysis of will-power, and more cases of regular periodicity of different kinds of symptoms (*Folie Circulaire*, or "Alternating Insanity.")

More gross brain disease among lower class.

3. Among the class of private patients with us the graver cases of organic brain disease are less frequent than among the paupers, there being less Epileptic insanity, and much less General Paralysis. In the last English Lunacy Blue Book (for 1887), we find that the admissions into English institutions show more Melancholia, less Mania, much more Congenital insanity, less than half the

* Clinical Lectures on Mental Diseases.

Epileptic insanity, and one-third less General Paralysis among the private patients than among the paupers. Our differences between the private and pauper class are even greater. We have not had a case of Epileptic insanity among our 650 richer patients for the last sixteen years, and only about 6 among our 500 intermediate patients.

Little Epilepsy among Scotch educated insane.

4. A class of cases is sent in as pauper patients, which is not often sent as private patients at all, viz., mild imbecile and idiotic cases, certain varieties of Senile dotage, and mild transitory cases of all kinds.

Milder cases also among rate-paid.

5. The mental and moral causes of the disease, such as trouble, anxiety, fright, disappointment, love affairs, &c., operate most strongly among the educated: the physical causes, such as intemperance, excesses, and bodily diseases, &c. operate most frequently among the uneducated. I find that while among private patients mental causes produce over one-third of the cases, they do so in less than a fourth of the paupers. There is 11 per cent. of difference. The physical causes again operate in 20 per cent. more of the uneducated than the educated. This also agrees with the facts, as stated in the Tables of the English Blue Book.*

Mental causes send educated people to Asylums, Physical causes the uneducated.

6. In the insane of the educated classes the mortality rate is lower by about one-third in Scotland, and by one half in England, as compared with the pauper classes. Here it has been for the last five years 6.9 per cent. among the private patients, and 9.72, on the average numbers resident, among the paupers.

Fewer of the educated die.

7. A larger proportion of private patients recover than paupers. In the Scotch Royal Asylums 5 per cent. more recovered in 1887. In England the recovery-rate last year was 8 per cent. more in the Registered Hospitals, which admit only private patients, than in the County and Borough Asylums, which receive chiefly paupers. With us for the five years 1883-8, 5½ per cent. more recovered among the private patients than the paupers, the numbers being 41 and 35.6 respectively. The cause of this is certainly not that the private patients' medical treatment is better, or that their superior quarters and more generous table have any specially curative effect. Pauper patients get better diet, more extras, and

More private patients recover.

Why so?

* Forty-Second Report of the Commissioners in Lunacy (England) for 1887, p. 55.

better accommodation, in proportion to what they have been accustomed to, as compared with private patients. In treating a private patient, I often regret that I cannot make the same difference for the better in diet and accommodation to him that I can to a pauper, for the latter sometimes comes in half-starved, and we feed him up: he comes from poor and uncleanly surroundings, and we put him in clean and cheerful wards, this improvement in circumstances and surroundings having a directly curative effect on his disease. The real cause of the better recovery-rate among private patients is, that there is not so much severe organic disease of the brain, epileptic, and paralysed cases, among them, nor so many idiotic and senile cases. The forms of disease they suffer from are more curable, in fact, in their nature.

Because organic brain disease less.

8. As regards the admission and discharge of private and pauper cases respectively, there is this difference. On the whole, the private patients are not sent in so soon, and they are apt also to be removed sooner, while more of them, after the acute early stage of the disease is past, are removed home before complete recovery. Since the boarding-out of quiet pauper cases was actively carried out by our two great parishes, there is, however, less difference than formerly in regard to the removal of quiet but unrecovered private and pauper cases respectively.

Paupers sent in to us sooner.

9. The richer class of private patients are not sent to us so soon as the poorer class. Only 12 per cent. of the former came to us within three months of the commencement of the disease, while 48 per cent. of the latter do so. The richer people have the means of proper treatment at home and in private, of course, to a much greater extent than the poorer. This fact seems to show that an Asylum is a greater boon to the poor than the rich.

The richer the patient, the longer is he treated at home.

An Asylum a greater boon to poor than rich.

The numbers of patients suffering from many of the varieties of mental disease sent to us each year differ greatly from those sent to English Asylums. Notably, our Congenital and Epileptic insanity is not half the English amount, and our General Paralysis is much less. But in the total amount of all the varieties combined we stand much the same as England. We seem to have more cases of ordinary Mania and Melancholia here, that make up the equality in total numbers.

How we differ from England,

Our Scotch mode of admissions of all patients, private and

pauper, by means of the Petition and Statement by a relative or Inspector of Poor, two Medical Certificates, and a Sheriff's Order granted without publicity, has received the very strong testimony to its efficiency of imitation in England. I believe the procedure for the admission of patients to Asylums proposed in the new English Lunacy Bill will be a great improvement on the present practice, securing greater public confidence, and avoiding lunacy scares, scandals, and lawsuits; but, in my judgment, several of the provisions of that Bill could be very much improved by a still closer adherence to the Scotch procedure. These provisions are drawn up too much from the supposed liberty of the subject point of view, and too little from the treatment of the patient aspect. They are too much in the spirit of the English criminal law, encouraging and almost suggesting to the insane man, whose curtailment of liberty is necessary for the treatment of his disease, to put himself in a fighting attitude, and appeal to the Magistrate, instead of trying to resign himself to what is good for him. One most objectionable provision, I am quite sure will never work well in practice, and that is the one which gives the committing Magistrate the option of a personal interview with the patient, and gives the former the power against, it may be, the strongest testimony of the nearest relations and of the two Medical men, of refusing to grant the order on his own personal impressions of the case. Fancy a non-medical Magistrate going to visit a case of childbed insanity, and having the power to decide that the measures which those nearest the patient and the doctors in attendance thought the best, were not necessary! There is no provision in our Act for the Sheriff's seeing the patient he is asked to commit to an Asylum, but abundant means of his getting all the testimony he needs as to the facts that indicate mental disease. "Each man to his business" should surely be a rule in law as it is in common sense—the doctor to see the patient, to treat the symptoms, to advise the relations as to what is needed for safety and recovery, to sign the Statutory Certificates, and the judge to see that the provisions of the Statute have been complied with. The English Bill makes provision that the patient shall receive notice that he can insist on seeing a Magistrate after admission, except the Asylum doctor certifies that this will do him harm—a most suggestive notice, and a very

The flattery of imitation in lunacy procedure.

The new English Lunacy Bill.

Its faults.

It suggests "Fight for your liberty."

An uninstructed layman to diagnose insanity.

Our Sheriffs don't see the patients they commit.

"Each man to his business."

We treat rich
and poor alike.

invidious certificate surely. Our law treats the rich and poor alike, as regards their personal liberty ; the English Bill proposes to continue the present practice there of requiring only half the Medical evidence to send a rate-paid patient to an Asylum that it requires in the case of a private patient. Our forms are short and simple : those of the English Bill are longer and more cumbrous. The Bill is, in fact, too much of a lawyer's Bill. The legal forms are merely adjuncts and often evils. There is no provision in the Bill for increasing the number of the Medical Commissioners, an absolutely necessary measure, if the inspection is to be efficient.

Too much of a
lawyer's Bill.

Legal forms
necessary evils.

One of the cases admitted illustrates well some of the modern anomalies of our social and legal system. This man had been up to a certain period of his life a good deal of a drunkard and ne'er-do-weel. Society made elaborate arrangements for his supply of

We provide the
ne'er-do-weel
with whisky and
police-cells for a
week.

whisky, and for his being locked up, when disorderly, but also for his liberation, to work for himself, after each short period of durance. After this had gone on for some years, he changed entirely his habits, worked steadily, ceased to drink, supported his family in comfort, and went to church every Sunday. Unfortunately with the change of life he took a harmless craze, that the

The industrious
religious Mono-
maniac in an
Asylum for life.

Almighty had inspired him to "testify" certain very commonplace matters. And the inspiration came on him, as ill-luck would have it, chiefly in church on Sunday, no doubt, partly from his then having no work to engage his attention. In the country kirk of the parish where he lived, he would get up sometimes and say a few words, holding a Bible in his hand, and then he would sit down again and be a devout worshipper during the rest of the service. No one minded it. It is possible the scene acted somewhat as a slight foil to some parts of the service. But an evil chance took him to a fashionable city church one Sunday, and the police office and the Asylum followed the little scene, as a matter of course. I found him a quiet and most industrious man, and having talked to him, and got his minister and his wife to talk to him, and warn him against fashionable churches on Sundays, I recommended the Parochial Board to discharge him by a minute, and try him at home. He did well for a few weeks, but again the "inspiration" came on him, and he came into a city church and delivered his "message." The same result as before followed,

Fashionable
churches don't
like "testimo-
nies."

and society is now going to detain him for life—for he will never recover—a harmless hard-working Monomaniac, at the cost of over thirty pounds a year, not to reckon his family's support—whom, as an idler, drunkard, and brawler, it only shut up for a day or two at a time. I am not saying this is wrong, or can be avoided: I merely draw attention to a curious fact in our modern civilization.

It is, no doubt, quite true that most people don't like to be sent to an Asylum. People don't like to be sent anywhere, without being first asked if they will go. But it is marvellous how soon some of them cease to grumble, and under a mild but rigid discipline do good work, and become happier than they have been for years. Especially is this apt to be the case if the work assigned them has something in it of the nature of office or dignity. "The lunatic in office" is one of the great features of Asylum life. We create offices by the dozen for the treatment and the happiness of our patients—sinecures sometimes, the pay perhaps an extra ounce of tobacco a week, or a special pair of trousers. Our library is looked after by one of the most efficient and accurate librarians in the country. His discipline is stringent, and his authority is unquestioned in his own sphere. A greater master of nervous English it would not be easy to find. But in his own belief he is surrounded by a web of the most extraordinary plots that the ingenuity of man ever formed. We got in during the year a constitutional grumbler, who had quarrelled with nearly everybody who ever had anything to do with him. And during the first few months of his residence the Lunacy Board, the doctors, and the attendants, heard enough of his grievances. But a happy inspiration put him as assistant in an office where extra tobacco, scraps of delicacies, and a little work, are going. He now smartens himself up, looks pleased in a lively way, saluting the superior officers—even under the extra stone and a half of fat he has put on—with an air of conscious importance that does not suggest disrespect. The old spirit is kept in check by an occasional hint that the gardener has a wheelbarrow ready for him whenever he is tired of his present job. The ruling passion last showed itself in a confidential report to me that the paid head of the department in which he serves is showing signs of mental

"The lunatic in office."

A constitutional grumbler and his treatment.

"Davie," the bell-ringer.

aberration, and will soon need to be pensioned off! There is no more consequential official in any parish church in the land than our bellman and bellows-blower in the blacksmith's shop. He and several others are in mortal terror every time a parochial deputation come to visit them, in case they may be selected as being suitable to be boarded out. The bellman, with tears in his eyes, and on bended knee, will promise any amendment of conduct to be saved from this fate, which some again of our patients greatly desire.

DISCHARGES.

Low recovery-rate.

Causes of this.

Many transfers of incurables to us who have been boarded out.

Much organic brain disease.

Many discharges on Probation.

Recovery-rate in England.

Of the 249 patients discharged, 113 were recovered, 109 relieved, and 27 not improved. Our recovery-rate was 32·1 per cent. on the admissions. This is below our previous average of 42 per cent., and below the Scotch average of 39 per cent. There are several causes which have operated to reduce our recovery-rate this year, of which the chief are the following:—1. We have now a great many transfers to us of incurable patients from the poor-houses, from the licensed dwellings where they have been boarded out, and from other Asylums. Excluding such transfers from our admissions, as is properly done in the English Lunacy Blue Book, our recovery-rate rises this year to 35·6 per cent. 2. We have had an unusual proportion of cases admitted, who were necessarily incurable on account of organic brain disease. We had 21 cases of General Paralysis among our admissions, 16 cases with other forms of marked organic brain disease, 6 idiotic cases, and 13 Epileptic cases. Deducting the transfers and the cases in which there was such necessarily incurable brain disease, our percentage of recovery out of the average run of ordinary admissions was 42½. Then we discharged on Probation last year more patients than any other Scotch Asylum, which means that the patients at all likely to relapse are retained on our books for a year, and if they do get ill again, they come in not as new admissions, while, if not so sent out on Probation, they would have been discharged and counted as "recoveries."

The English Commissioners in Lunacy have some very important observations on a Table in their last Report (for 1887), showing the percentage of recoveries each quinquenniad since 1854

in England. They say, "it would appear that the recovery-rate fell between 1854 and 1868, but that since the latter year there has been a gradual though slight improvement. Probably the improvement is somewhat greater than the figures show, as we think some allowance may fairly be made for the generally less favourable character of the cases of insanity which, as before mentioned, have been brought under curative treatment. We are unable, however, to regard the results obtained as altogether satisfactory, and think that a larger percentage of cures should be possible." My experience is also strongly in favour of the idea that many more cases than formerly of mental disturbance from old age, from paralysis, and from general breakdown, that formerly would not have been reckoned insanity at all, now come within that category, and are sent to Asylums from poorhouses and from their homes, not with the view of cure, for they are mostly incurable, but to save trouble and get rid of them. This must, of course, lessen the recovery-rate. And I also agree that we should not be satisfied with our present recovery-rate. Such a contented state of mind would tend to lessen effort and to diminish enthusiasm in the most interesting but sometimes discouraging work of studying mental disease with a view to cure and amelioration. The English Commissioners add—"Some persons advocate the first treatment of insanity in establishments equipped more on the principles of an Hospital than of an ordinary Asylum, desiring that all new cases should be so treated for a time."

Without offering any confident opinion on such a proposal, for which, indeed, we have not the necessary materials, we would say that the experiment of such a course of treatment would appear to be worth trying. Considerations of expense, however, in the case of pauper lunacy intervene."

On the other hand, it might be argued that if the cures were thereby appreciably augmented, an actual economy would result." Now, I think we may fairly claim to have anticipated and tried the principle here referred to in our detached Hospitals, to which our new admissions who are weak in body are sent, and to some extent in our special wards for new admissions, where our nursing staffs are almost double those of ordinary pauper wards in England, and our experience has been so favourable, that

English Commissioners not satisfied.

More necessarily incurables sent to Asylums now.

Hospitals for cure suggested.

We have tried the principle.

other Asylums are advocating and carrying out such Medical Hospital arrangements. No utterance in a Blue Book of recent years has made more impression on me than the above by the English Commissioners. It raises many questions in one's mind to have a body of such unrivalled authority and experience say that in their opinion "a larger percentage of cures should "be possible."

Money aspect
of Lunacy.

Two million
spent on it in a
year.

L.300 a cure.

The money aspect of the treatment of Lunacy is no doubt a grave one. There are now 81 public Asylums in England and 26 in Scotland, and over two millions a year are spent from public or private sources on the care and cure of mental disease. Each cure costs on an average L.300, if we reckon cures as the only thing to be taken into account, and nothing for the care of the incurable and the amelioration of those discharged improved.

Knowledge will
be power.

Prevention of
Insanity.

It has always been one of the great hopes of those who are interested in the prevention of mental disease, that a more thorough knowledge of its nature and treatment would lead to a diminution of its total amount. If the brains that by inheritance have a tendency to this disease could be subjected during their development and education to the right sort of hygienic and preventive measures, we should certainly have less of the disease in the world. If during matured life these same brains could be more sheltered from the exciting causes of the disease, this evil would be still further lessened. If educated knowledge could be brought to bear on the customs of our civilization to make them more consistent with brain health, much might be looked for. And, lastly, if the first signs of mental upset could be detected and treated, every physician in practice knows that further progress could often be arrested, though early attention to slight mental symptoms is usually the last thing thought of. There is a curious sort of morbid delicacy which prevents a man, when he feels his mental working getting disturbed, from consulting his doctor, whom he would at once send for, if it was a cold in his chest that was beginning. That abominable and cruel phase of uneducated public sentiment, which connects shame and disgrace with mental disease, does an immense amount of harm to individuals and society. Every person of educated intelligence and having proper feeling in regard to the matter, should fight against this. Few persons

Obsta Principiis

Cruelty of look-
ing on mental
disease as a dis-
grace.

realise the amount of needless pain which the common practice of making all reference to mental disease a subject of joke causes in the world. Some of those with a tendency to mental upset are the most sensitive of human beings. The world owes this small consideration to a class that has done much for it in literature and art, not to hurt their feelings unnecessarily. Ridicule has its place and its uses, but applied towards the weak or the afflicted in mind, or those with a tendency thereto, it becomes unmitigated cruelty.

And of ridiculing it.

The event we who have to treat mental diseases most fear for any patient is that he should fall into that condition of permanent incurable mental enfeeblement we call Dementia, instead of recovering, after his first acute symptoms have passed off. This is a sort of death of mind before bodily death. It is the great danger in insanity. It takes place unfortunately in about 40 per cent. of our admissions. How to avert this Dementia is our cardinal problem in Hospitals for the insane. Before this has come on the medical officers of such institutions are physicians in the fullest sense in treating any case. After its advent we are only physicians in a restricted sense: we cannot restore, we cannot heal, we cannot plan hopefully, we can only keep order, promote employment and recreation, add to happiness, attend to the bodily health, and prevent further mental lowering or degeneration of habits of life. But we hope some day to be able to cure even Dementia in its early stages, or at all events to prevent its occurrence in many cases.

We fear the mental death of Dementia.

DEATHS.

The death-rate was 9.6 per cent. on the average numbers resident, and 6.8 per cent. on the total numbers under treatment, which is just over our average rate. No single cause of death stands out very unduly. Heart disease existed in the unusual number of 12 cases. I would say, if I trusted to my own experience, that the association of heart disease and insanity is becoming more common than formerly. The only evidence that the conditions of life of our patients were in any way defective was the fact that 4 patients died of acute bronchitis, and 4 of inflam-

Death-rate just over the average

Little Consump-
tion.

mation of the lungs. Consumption was rare, and we had no epidemics.

A Homicide.

The only preventable death was a homicide of one patient by another. This terrible event was the first of the kind in my own experience of twenty-eight years of Asylum life, and was the first in the whole history of the institution of 76 years. The man who was killed was a quiet incurable case: the man who killed him had not been suspected of any such tendency; and I do not think he at all intended seriously to injure his victim. He struck him with the flat side of a shovel, which he was cleaning, and, most unfortunately, the victim's skull happened to be an extraordinarily thin one, and very weak, the thinnest any of us ever saw at the point where struck. The attendant was not on the spot at that minute, the assaulted patient became convulsed, and there being no mark on the head to indicate that an injury had been received, I at first thought he had taken a fit, having often seen patients die in convulsions with just such symptoms. The injury was not discovered till the *post-mortem* examination was made. The cause of it was only clearly made out through a searching inquiry by the admission of the patient at last who had committed the assault. There was corroborative evidence by two demented patients, whose evidence was not legal testimony, but taken together with all the circumstances of the case, left no doubt whatever on my mind, or that of the Procurator-Fiscal, or the Commissioners in Lunacy, that the facts were as I have stated them. I cannot see that by any possibility this loss of life could have been foreseen or prevented, so long as we carry out the present system of employing our patients indoors and out. To get any good thing we commonly require to run some risks. And we cannot get the immense curative benefit for patients of work and fresh air in the gardens without this risk. But when one considers that all the precautions which one of the most distinguished mental physicians in Germany, with a King for a patient and with every resource at his command, thought it necessary to take, could not prevent the suicide of the late King of Bavaria, nor his own homicide by his patient, one's only surprise is that this institution should have treated over 13,000 [insane patients within its walls for over a period of three-quarters of a century with only one such mishap.

To work any
good system, we
must run risks.

great alienist
at fault, and the
penalty he paid.

And speaking of King Louis and Dr V. Gudden, I cannot help adverting to the scant public sympathy and appreciation of the self-sacrificing kindness of the physician, who to do his patient good and to save his feelings, acted as the King's sole companion, thereby running the risk of his own life. Much was said about the sad fate of the incurable insane King, but little notice was taken by the general Press of Europe of the loss of the keen scientific worker. One of our former Assistant Physicians here, Dr Hyslop, had been a pupil of Dr V. Gudden, and I had exhibited for him at the International Medical Congress in London in 1881 some of the most beautiful preparations of brain structure I ever saw, which Dr Gudden had made.

Much sympathy for the King, little for the Doctor.

No precautions which we yet know of are sufficient to prevent the nurses in a Fever Hospital from catching infection, and at present the far more subtle problems of always anticipating and preventing catastrophes, the result of mental disease, are still largely insoluble. The lessons of King Louis's end and Archduke Rudolph's far sadder death, should be taken to heart by the public of Europe, and used for the early recognition and treatment of mental symptoms, and for the preservation of valuable lives in future. Mental disease is a hard fact in our social and family life that will not disappear by shutting our eyes, but must be studied and faced like other disagreeable facts. Blinking them may be the most agreeable mental attitude: it is certainly not the rational or the scientific one. For the first time in my recollection in regard to such a catastrophe some of the general Press took an instructing and an instructed view of the calamity which bereft Austro-Hungary of its future Emperor and King. I cannot say the same of the multitudinous comments on another series of tragedies, which suggested many delusions to our patients' minds—viz., the Whitechapel murders. Some historical investigation in the right field, substituted for some of the over-abundant sensational guesses, would have shown that once in a century or so, a monster, half-barbarian, half-beast, with insanely morbid impulses, but with miraculous cunning, with no self-control in one direction, but with an abnormal amount in others, makes his appearance in civilized communities, now in one country and then in another, and commits just such crimes as "Jack the Ripper" has done. Whether

Our Prevision at fault.

Lessons.

Press on Crown Prince's suicide

The Whitechapel murders.

A rare mental monster.

such a being is reckoned insane will entirely depend on the definition of insanity we adopt. In his impulses and desires he is insane, if ever a man was so; but if we take self-control and power of calm resolution and scheming as tests of sanity, then he was saner by far than the average of mankind. In reality he is an example of a psychological monstrosity outside the lines of possible sanity, but also outside the lines of all ordinary insanity. Rare bodily monsters sometimes occur different from anything on record. What is there wonderful in the appearance of a rare mental monster? If the theory of evolution is true, and if the theory of "reversion" is also true, there is really no mystery in the occasional appearance of animal and barbaric qualities in a man of the 19th century. A well-known perversion of one of our primary instincts, somewhat analogous to that we see in mental practice every day, combined with a reversion to the impulses to slaughter of the tiger and the barbarian, fulfil the conditions that explain the Whitechapel atrocities.

Reversion to animal and barbaric instincts and practices.

Perversion of Reproductive Instinct into murderous impulses.

Our mortality higher than Scotch Asylums.

Reasons for this.

Our mortality is higher than the average mortality in Royal and District Asylums in Scotland by 1·2 per cent. for the following reasons:—1. Our proportion of admissions suffering from General Paralysis is over one-half more—ours being 16·7 per cent. of our deaths for the last five years, and that of all the Scotch Asylums together, including this Asylum, 10·9 for the same time. More cases suffering from fatal bodily diseases and aggravated senility are sent us. This is proved by the fact that during the past five years 44·5 per cent. of all our deaths took place within a year after admission, while in the Scotch Asylums generally only 39·5 per cent. of the mortality was within that time. Our death-rate is lower, however, than the English Asylum rate. Showing the severe character of the cases sent to us, 23 of them, or 29 per cent. of the deaths, took place within a month after admission.

GENERAL HISTORY OF THE INSTITUTION.

What the Report of an Asylum should contain.

The annual report of an Asylum should in my judgment contain, in addition to the necessary statistics and a record of new events, a comparison of the results of the year to which it refers with those of other years in its own history. It should also com-

pare its position and work with those of other institutions. Such comparisons are an essential supplement to our annual balance-sheet of work done. They promote a medical spirit of work, and lead to suggestive inquiries. They discover weak points that need strengthening or explanation. I cannot imagine an Asylum Physician sitting down to write his annual report without the two last Lunacy Blue Books for England and Scotland at his elbow and his own last ten reports. And in addition to these essential things, it will have been an uneventful year, if some incident has not happened that is of general interest or instruction. The public who support them and whom they serve are always interested in the public institutions for the cure of disease, if the facts are rightly put before it. In regard to Hospitals for the treatment of insanity, the public have still very much to learn. The old feeling that they are different entirely from other Hospitals, that there is some idea of terror attached to them, and that their patients are all dangerous or in some way repulsive, is still far too rife. This adds greatly to the misery of relatives, when the disease occurs in a family, and it is a needless aggravation of a great calamity. If it could be fully realised that mental disease is simply one kind of brain disease, that it may happen in any family, that it usually needs early treatment on common-sense and scientific principles, that many varieties of it are very curable under such treatment, that very many cases need a special kind of hospital for such treatment, that when its acute symptoms are over, its subject looks much like his former self, and should be treated as such, that the occupation and amusements that are commonly necessary to preserve brain and mental health are generally needed to restore it in mental disease, and that plenty of people after an attack can do their work as well as before,—if these truisms were realised, insanity and asylums would be shorn of half their terrors, and the sum of human happiness greatly added to. If it could be popularly realised that the baby's febrile delirium from a cold is to some extent of the same nature and has the same seat as technical insanity, that the lessened power of memory that most men after fifty are conscious of, the mild mental weakening that often enough occurs after seventy, the dotage of ninety, and the Senile Mania that needs to be treated in an Asylum, are all of an essential kin-

An Asylum a
Hospital.

Diseases analo-
gous to Insanity

ship,—if those facts were part of our common knowledge, life would be sweetened on the whole. I consider that every Asylum report should help to diffuse such salutary knowledge.

Our New Curling Pond.

Our usual work and our usual amusements have been carried on. An enthusiastic curler among our patients drew out the plan of a shallow curling-pond, on which a game can be got after one night's frost. He selected the site, superintended the work, which we mostly did ourselves, and now it is a clear addition to our means of cure. So far as I can ascertain, it is the only such pond in Edinburgh or the neighbourhood that is perfectly sound and water-tight.

A Sound Pond done by Unsound Workmen.

Plans of New Craig House.

Mr Sydney Mitchell's plans for New Craig House have now been before us for some months, and so far as I can judge it will be the best Asylum in the kingdom—as it ought to be. He kindly allowed me to show those plans and describe them at the Meeting of the British Medical Association in August, and they met with a very cordial approval from many men well able to speak on the subject. Some criticisms and suggestions on matters of detail were made, which I brought under Mr Mitchell's notice.

Medico-Psychological Association Meeting in Edinburgh.

The Meeting of the Medico-Psychological Association was held here in August. According to its organ, the *Journal of Mental Science*—"No annual meeting has been more successful than that which assembled in Edinburgh on the 6th of August 1888. The three divisions of the United Kingdom were well represented in the Scottish Capital"—and it might have added France, Germany, and America.—"Of the welcome given to the Association by our Scotch confrères, it is impossible to speak too highly. From beginning to end their kindness and hospitality were unstinted, making the visit to Edinburgh a most agreeable one." Many of our visitors saw this Institution, and expressed unbounded admiration of our Craig House site for the New House. To me such expressions of satisfaction with the Meeting on the part of our Southern brethren were naturally most grateful.

Our Visitors pleased.

Staff does its duty.

I am glad to be able to report favourably of our Staff. It is most satisfactory that of our 30 attendants in charge of wards or houses, who are of course our best and give the tone to the others, we had only four changes; two of them, old and trusted members of our Staff, being promoted, the one to be chief attendant and the

Few Changes.

other to be Matron in other Asylums. The attendant in charge of the Male Hospital having unfortunately died, I placed his widow in full charge of the Hospital, with one female assistant nurse and a staff of male attendants under her. This somewhat novel arrangement I find to work well.

Miss Norton resigned the Matronship of Craig House, to my regret, after ten years' efficient service. She found the living entirely with the patients, as the Matron does there, very wearing to the health. Mrs Hodgart, who had been trained as a lady companion under Miss Peter, succeeds her.

Miss Norton's
resignation.

And to conclude, I have most sincerely to thank the Managers for their continued proofs of confidence and for their personal kindness.

Thanks.

T. S. CLOUSTON, M.D.,
Physician-Superintendent.

STATISTICAL TABLES

OF THE

MEDICO-PSYCHOLOGICAL ASSOCIATION

STATISTICAL TABLES

OF THE

MEDICO-PSYCHOLOGICAL ASSOCIATION.

TABLE I.—*Showing the Admissions, Re-Admissions, Discharges, and Deaths during the Year ending 31st December 1888.*

	M.	F.	T.	M.	F.	T.
In the Asylum, January 1, 1888 ...	393	399	792			
Absent on Probation, January 1, 1888	8	6	14			
Total ... ..	...	...	...	401	405	806
Cases Admitted—						
First Admissions	129	133	262			
Not First Admissions	43	43	86			
Total Cases Admitted during the year	...	...	...	172	176	348
Total cases under Care during the year ... ..	...	...	...	573	581	1154
Cases Discharged	122	127	249			
„ Recovered	53	60	113			
„ Relieved	54	55	109			
„ Not Improved	15	12	27			
Died	36	43	79			
Total Cases Discharged and Died during the Year ... ..	...	...	...	158	170	328
Absent on Probation, Dec. 31, 1888	5	3	8			
Remaining in the Asylum, Dec. 31, 1888	410	408	818			
Total ... ..	...	...	...	415	411	826
Average number Resident during the year ... ..	...	...	...	410·19	406·2	816·39
Persons* under care during the year†	...	...	...	564	572	1136
Persons Admitted „ „ ...	...	...	...	170	171	341
Persons Recovered „ „ ...	...	...	...	52	59	111
Transferred to this Asylum „ „	...	...	...	10	6	16
„ from „ „ „	...	...	...	34	30	64
Number of Patients chargeable to District (the five City Parishes and Orkney) at close of 1888 ... ..	...	...	...	236	255	491
Number of Patients chargeable to Parishes beyond District at close of 1888 ... ..	...	...	...	2	1	3
Private Patients at close of 1888—						
East House	68	63	131			
West House—Intermediate‡... ..	72	66	138			
„ Lowest Board	37	26	63			
				177	155	332
Total ... ..	...	...	...	415	411	826

* Persons, *i.e.*, separate persons in contradistinction to “cases” which may include the same individual more than once.

† Total Cases, minus re-admissions of patients discharged during the current year.

‡ Those whose board is so supplemented by the Charity Fund as to equal L.45 are reckoned here as Intermediate.

TABLE I.—Showing the Admissions, Re-Admissions, Discharges, and Deaths during the Year ending 31st December 1888.

TABLE IA.

Showing the Number of Previous Attacks among Persons Admitted during the Year 1888, distinguishing those Attacks that have been treated to Recovery in this and in other Asylums, or elsewhere.

Number of Previous Attacks.	Persons.			Attacks.					
				Recovered from in this Asylum.			Recovered from in other Asylums or elsewhere.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Have had 1 previous Attack	25	26	51	17	15	32	8	11	19
„ 2 „ Attacks	10	8	18	18	11	29	2	5	7
„ 3 „ „	9	3	12	22	3	25	5	6	11
„ 4 „ „	1	2	3	1	6	7	3	2	5
„ 5 „ „	2	1	3	10	2	12	0	3	3
„ 7 „ „	0	1	1	0	0	0	0	7	7
„ 8 „ „	1	0	1	8	0	8	0	0	0
Total ...	48	41	89	76	37	113	18	34	52

TABLE II.

Showing the Admissions, Re-Admissions, Discharges, and Deaths, for the Sixteen Years, from 31st December 1872 to 31st December 1888.

	M.	F.	T.	M.	F.	T.
Persons admitted during the period of sixteen years	2054	2183	4237			
*Re-admissions	540	574	1114			
Total Cases admitted				2594	2757	5351
Discharged Cases—						
Recovered	1023	1141	2164			
Relieved	548	725	1273			
Not Improved	207	156	363			
Died	461	393	854			
*Total Cases Discharged and Died since 31st December 1872				2238	2415	4653
*Remaining 31st December 1888 ... ..	...	...	...	355	342	697
*Transferred to this Asylum ... ..	...	...	...	168	136	304
,, from ,, ... ..	...	...	...	380	409	789

* These figures refer only to cases admitted since 31st December 1872.

TABLE III.—Showing the Admissions, Discharges, and Deaths, with the mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions for each Year since the Opening of the Asylum.

YEARS.	Admitted.			Discharged.						Died.			Remaining December 31.			Per Centage of Recoveries on Admissions.			Per Centage of Deaths on Total Nos. under Treatment.		
	M.	F.	T.	Recovered.			Not Recovered.			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
				M.	F.	T.	M.	F.	T.												
From Oct. 17, 1813, to Dec. 31, 1831,	..	..	265	..	..	102	..	..	118	..	..	9	..	..	36	..	..	38.4	..	..	1
From January 1, 1832, to December 31, 1836,	49	31	80	16	13	29	16	7	23	11	7	18	25	21	46	32.6	41.9	36.2	34.1	24.6	29.6
1837,	7	6	13	2	2	4	3	4	7	4	1	5	23	20	43	28.5	33.3	30.7	12.5	3.7	8.4
1838,	12	11	23	6	7	13	2	4	6	2	2	4	25	18	43	50	63.6	56.5	5.7	6.4	6
1839,	4	5	9	2	2	4	4	2	6	2	1	3	21	18	39	50	40	44.4	6.8	4.3	5.7
1840,	4	8	12	2	1	3	1	2	3	3	3	6	19	20	39	50	12.5	25	12	11.5	11.7
1841,	28	13	41	5	11	16	1	3	4	1	0	1	40	19	59	17.8	84.6	39	2.1	0	1.2
1842,	73	81	154	19	13	32	3	7	10	6	3	9	85	77	162	26	16	20.7	5.3	3	4.2
1843,	104	108	212	26	24	50	8	12	20	10	10	20	146	138	284	25	22.2	23.5	5.2	5.4	5.3
1844,	83	79	162	38	52	90	21	12	33	11	9	20	159	144	303	45.7	65.8	55.5	4.7	4.1	4.4
1845,	123	130	253	36	45	81	18	14	32	20	18	38	208	197	405	29.2	34.6	32	7	6.5	6.8
1846,	107	90	197	62	39	101	17	22	39	25	19	44	211	207	418	57.9	43.3	51.2	7.9	6.6	7.3
1847,	134	117	251	51	47	98	23	14	37	36	32	68	235	231	466	38	40.1	39	10.4	9.8	10.1
1848,	126	120	246	68	61	129	20	22	42	44	24	68	228	245	473	53.9	50.8	52.4	12.1	6.8	9.5
1849,	109	156	265	42	77	119	29	35	64	42	37	79	224	252	476	38.5	49.3	44.8	12.4	9.2	10.7
1850,	126	127	253	47	65	112	31	24	55	26	38	64	246	252	498	37.3	51.1	44.2	7.4	10	8.7
1851,	132	116	248	52	67	119	35	26	61	31	19	50	260	256	516	39.3	55	47.9	8.2	5.1	6.7
1852,	129	118	247	58	43	101	26	29	55	30	34	64	275	268	543	44.9	36.4	40.8	7.7	9	8.3
1853,	103	133	236	58	50	108	21	28	49	36	41	77	263	282	545	56.3	37.5	45.7	9.5	10.2	9.8
1854,	98	114	212	28	66	94	47	26	73	24	27	51	262	277	539	28.5	57.8	44.3	6.6	6.8	6.7
1855,	109	114	223	46	49	95	44	42	86	24	38	62	257	262	519	42.2	42.9	42.6	6.4	9.7	8.1
1856,	117	141	258	42	66	108	29	47	76	20	23	43	283	267	550	35.8	46.8	41.8	5.3	5.7	5.5
1857,	178	130	308	49	61	110	32	21	53	33	23	56	347	292	639	27.5	46.9	35.7	7.1	5.7	6.5
1858,	118	117	235	47	44	91	29	38	67	48	26	74	342	300	642	39.8	37.6	38.7	10.3	6.3	8.4
1859,	118	98	216	28	40	68	34	23	57	43	17	60	355	318	673	23.7	40.8	31.4	9.3	4.2	6.9
1860,	108	150	258	36	62	98	45	50	95	45	25	70	337	331	668	33.3	41.3	37.9	9.7	5.3	7.5
1861,	120	121	241	39	40	79	37	49	86	37	28	65	344	335	679	32.5	33	32.7	8	6.1	7.1
1862,	125	121	246	27	43	70	43	51	94	42	32	74	357	330	687	21.6	35.5	28.4	8.9	7	8
1863,	104	116	220	26	51	77	44	46	90	44	24	68	347	325	672	25	43.9	35	9.5	5.3	7.4
Totals and Averages from 1832 to 1864,	2648	2671	5319	958	1141	2099	663	660	1323	700	561	1261	..	..	..	36.1	42.7	39.4	7.8	6.1	7

TABLE III. (Continued)—The Admissions, Discharges, and Deaths, with the Mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions for each Year during the Twenty-Five Years 1864-1888.

YEARS	Admitted.			Discharged.						Died.			Remaining Dec. 31.			Average Numbers Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Nos. Resident.			Percentage of Deaths on Total Nos. under Treatment.						
	M.	F.	T.	Recovered.			Relieved.			Not Improved.			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
				M.	F.	T.	M.	F.	T.	M.	F.	T.																			
1864	109	115	224	47	58	105	18	21	39	26	20	46	43	19	62	322	322	644	325.9	321.7	647.6	43.2	50.4	46.8	13.2	5.9	9.5	9.4	4.3	6.9	
1865	122	144	266	37	54	91	26	20	46	17	14	31	28	25	53	333	343	676	317.3	330.9	648.7	30.3	37.5	34.2	8.8	7.5	8.1	6.3	5.3	5.8	
1866	155	175	330	48	63	111	21	37	58	44	41	85	37	26	63	342	351	693	341.3	343.9	685	30.9	36	33.6	10.8	7.5	9.1	7.5	5	6.2	
1867	129	146	275	39	65	104	20	8	28	16	30	46	44	27	71	348	363	716	348.8	376.1	718.9	30.2	44.5	37.8	12.8	7.1	9.1	9.3	5.4	7.3	
1868	133	146	279	43	78	121	14	15	29	19	22	41	45	30	75	355	365	720	345.1	366.5	711.7	32.3	53.4	43.3	13	8.2	10.5	9.3	5.8	7.5	
1869	140	147	287	55	65	120	9	19	28	13	14	27	53	40	93	364	375	739	361.8	370.8	732.6	39.2	44.2	41.8	14.6	10.7	12.6	10.7	7.8	9.2	
1870	121	144	265	58	60	118	13	20	33	32	46	78	37	30	67	353	367	720	346	370	716	47.9	41.6	44.5	10.6	8.1	9.3	7.6	5.7	6.6	
1871	124	145	269	37	43	80	13	14	27	25	34	59	37	39	76	365	377	742	360.7	373.4	734.1	29.8	29.6	29.7	10.2	10.4	10.3	7.7	7.6	7.6	
1872	130	122	252	45	46	91	14	16	30	21	9	30	47	30	77	363	391	754	370	383	753	34.6	37.7	36.1	12.7	7.5	10.2	9.4	6	7.7	
1873	107	153	260	61	84	145	22	30	52	18	13	31	40	25	65	335	404	739	347	400	747	57	54.9	55.7	11.5	6.2	8.7	8.5	4.5	6.4	
1874	151	157	308	64	85	149	29	55	84	25	18	43	27	30	57	340	374	714	348.6	389.6	738.2	42.3	54.1	48.3	7.7	7.7	7.7	5.5	5.3	5.4	
1875	148	162	310	68	85	153	37	37	74	10	8	18	36	29	65	335	374	709	338.6	384.3	722.9	45.9	52.4	49.3	10.6	7.5	9	7.3	5.4	6.3	
1876	180	180	360	82	78	160	46	29	75	18	7	25	39	43	82	333	393	726	352.3	388	740.3	45.5	43.3	44.4	11	11	11.1	7.5	7.7	7.6	
1877	174	168	342	85	85	170	34	54	88	11	9	20	28	35	63	349	384	733	341.26	395.56	736.82	48.8	50.5	49.7	8.2	8.8	8.5	5.5	6.1	5.8	
1878	205	160	365	82	71	153	33	32	65	16	8	24	32	31	63	389	401	790	383.2	393	776.2	40	44.3	41.9	8.3	7.8	8.1	5.7	5.6	5.7	
1879	173	172	345	73	100	173	27	20	47	13	19	32	34	27	61	414	407	821	405.3	407.3	812.7	42.1	58.1	50.1	8.3	6.6	7.5	6	4.6	5.3	
1880	160	187	347	71	94	165	47	35	82	14	12	26	26	46	72	416	405	821	423.2	416.6	839.8	44.3	50.2	47.5	6.1	11.0	8.5	4.4	7.7	6.1	
1881	162	177	339	77	86	163	32	62	94	9	7	16	40	27	67	421	401	822	420.8	411.8	832.7	47.5	48.5	48	9.5	6.5	8	6.8	4.6	5.7	
1882	143	186	329	52	72	124	51	76	127	12	19	31	47	36	83	404	381	785	414.6	391.2	805.8	36.3	38.7	37.6	11.3	9.2	10.3	8.2	6.1	7.1	
1883	164	189	353	62	71	133	27	58	85	11	2	13	36	40	76	425	402	827	423.4	402.9	826.3	37.8	37.5	37.6	8.5	9.9	9.2	6.3	6.9	6.6	
1884	161	181	342	79	53	132	36	77	113	27	9	36	33	32	65	416	409	825	430.9	411.0	841.9	49.0	29.2	38.5	7.6	7.7	7.7	7.7	5.5	5.4	5.5
1885	139	165	304	41	58	99	65	87	152	12	7	19	42	35	77	394	393	787	414.6	393.1	807.8	29.4	35.1	32.5	10.1	8.9	9.5	7.5	6.0	6.7	
1886	170	164	334	62	67	129	56	54	110	17	14	31	36	26	62	395	394	789	400.2	395.5	795.8	36.4	42.1	38.6	8.9	6.5	7.7	6.3	4.6	5.5	
1887	185	180	365	74	58	132	45	79	124	15	11	26	47	23	70	393	399	792	404.8	397.8	802.7	40	32.2	36.1	11.6	5.7	8.7	8.0	4.0	6.0	
1888	172	176	348	53	60	113	54	55	109	15	12	27	36	43	79	410	408	818	410.1	403.2	816.3	30.8	34.1	32.5	8.8	10.6	9.7	6.3	7.4	6.8	
Totals and Averages,	3757	4041	7798	1495	1739	3234	789	1010	1799	456	405	861	950	794	1744	3724	383.3	755.9	374.5	384.5	758.9	39.6	43.2	41.4	10.1	8.1	9.0	7.2	5.8	6.5	

TABLE IV.—Showing the History of the Annual Admissions since the Opening of the Asylum, with the Discharges and Deaths, and the Numbers of each Year, for the last Twenty-Five Years, remaining on 31st December 1888.

Main data table with columns: YEARS, Admitted (New Cases, Released Cases, T), Of each Year's Admissions Discharged and Died in 1888 (Recovered, Relieved, Not Improved, Died), Total Discharged and Died of each Year's Admissions to 31st December 1888 (Recovered, Relieved, Not Improved, Died), Remaining of each Year's Admissions 31st Dec. 1888 (M, F, T).

Summary of the Total Admissions 1864-88. Per Centage of Cases Recovered, Relieved, Not Improved, Died, Remaining.

* Numbers for Twenty-Five Years. † Since Opening of Asylum.

TABLE V.—Showing the Causes of Death during the

CAUSE OF DEATH.		15 and under 20.			20 and under 25.			25 and under 30.			30 and under 35.			
		M	F	T	M	F	T	M	F	T	M	F	T	
CEREBRAL AND SPINAL DISEASE.														
1	General Paralysis											2	0	2
2	" " with Pneumonia								0	1	1			
3	Brain Softening													
4	" Tumour with Pneumonia													
5	Cerebral Disease													
6	" " with Bronchitis													
7	" Atrophy													
8	" Hæmorrhage								1	0	1			
9	" Apoplexy with Brain Softening													
10	Cerebro-Spinal Meningitis				1	0	1							
11	Brain Disease with Pneumonia													
12	Epilepsy													
13	Meningitis				0	1	1							
14	Brain Softening with Senile Decay													
15	Exhaustion from Melancholia													
16	Exhaustion from Mania with Cardiac Disease													
THORACIC DISEASE.														
17	Phthisis Pulmonalis				0	2	2	2	0	2	1	0	1	
18	" " with Pericarditis													
19	Pneumonia							1	0	1				
20	Pleuropneumonia													
21	Cardiac Disease													
22	" " with Dropsy													
23	" " " Congestion of Lungs													
24	" " " Acute Bright's Disease													
25	" " " Pleurisy													
26	Congestion of Lung with Senile Decay													
27	Acute Bronchitis							0	1	1				
28	Pulmonary Embolism													
ABDOMINAL DISEASE.														
29	Cancer of Pancreas													
30	Carcinoma of Stomach													
31	Tubercular Peritonitis													
GENERAL AND VARIOUS DISEASES.														
32	Senile Decay													
33	" " with Abscess of Lung													
34	" " " Suppuration of Joint													
35	Senile Gangrene													
36	Septicæmia													
37	Psoas Abscess													
38	Fracture of Skull (Homicidal by a fellow-patient)													
TOTAL		0	0	0	1	3	4	4	2	6	3	0	3	

Ascertained by *post mortem* examination in the cases of 29 Males and 29 Females.

Year 1888, together with the Ages at Death.

	35 and under 40.			40 and under 45.			45 and under 50.			50 and under 55.			55 and under 60.			60 and under 65.			65 and under 70.			70 and under 75.			75 and under 80.			80 and under 85.			85 and under 100.			TOTALS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1	1	1	2	2	0	2	1	0	1	2	0	2	1	0	1																9	1	10	1		
2							1	0	1																						1	1	2	2		
3														0	1	1			0	1	1							0	1	1	0	3	3	3		
4										0	1	1																			0	1	1	4		
5				1	0	1												1	1	2										2	1	3	5			
6													0	1	1															0	1	1	6			
7							1	0	1																					1	0	1	7			
8															0	1	1							0	1	1				1	2	3	8			
9										0	1	1																		0	1	1	9			
10																														1	0	1	10			
11	0	1	1															2	1	3	1	0	1						3	2	5	11				
12	0	1	1																											0	1	1	12			
13																														0	1	1	13			
14									0	1	1						0	1	1				1	0	1				1	2	3	14				
15										0	1	1																		0	1	1	15			
16									0	1	1	0	1	1																0	2	2	16			
17											0	1	1																	3	3	6	17			
18	1	0	1																											1	0	1	18			
19								1	0	1								1	0	1										3	0	3	19			
20										1	0	1																		1	0	1	20			
21	1	0	1	0	1	1	0	1	1			1	0	1			1	0	1										3	2	5	21				
22													0	1	1															0	1	1	22			
23							0	1	1																					0	1	1	23			
24								0	1	1																				0	1	1	24			
25																							1	0	1					1	0	1	25			
26																	0	1	1	0	1	1								0	2	2	26			
27	0	1	1			1	0	1					0	1	1														1	3	4	27				
28																						0	1	1						0	1	1	28			
29													0	1	1															0	1	1	29			
30										1	0	1																		1	0	1	30			
31												0	1	1																0	1	1	31			
32													0	1	1							0	1	1			0	1	1	0	3	3	32			
33																						0	1	1						0	1	1	33			
34																			0	1	1									0	1	1	34			
35																							1	0	1					1	0	1	35			
36								0	1	1	1	0	1																	1	1	2	36			
37							0	1	1																					0	1	1	37			
38								1	0	1																				1	0	1	38			
	3	4	7	3	1	4	4	3	7	4	6	10	5	5	10	0	6	6	4	5	9	2	2	4	2	4	6	1	0	1	0	2	2	36	43	79

TABLE VI.

Showing the Length of Residence in those Discharged Recovered, and in those who have Died, during the Year 1888.

LENGTH OF RESIDENCE.	Recovered.			Died.		
	M.	F.	T.	M.	F.	T.
Under 1 Month ...	4	5	9	10	13	23
From 1 to 3 Months...	27	20	47	2	5	7
„ 3 to 6 „ ...	11	19	30	4	4	8
„ 6 to 9 „ ...	7	9	16	1	5	6
„ 9 to 12 „ ...	2	4	6	3	4	7
„ 1 to 2 Years ...	2	1	3	2	2	4
„ 2 to 3 „ ...	0	1	1	5	1	6
„ 3 to 5 „ ...	0	1	1	4	3	7
„ 5 to 7 „ ...	0	0	0	1	1	2
„ 7 to 9 „ ...	0	0	0	1	1	2
„ 15 to 17 „ ...	0	0	0	1	0	1
„ 21 to 23 „ ...	0	0	0	1	0	1
„ 23 to 25 „ ...	0	0	0	0	1	1
„ 27 to 29 „ ...	0	0	0	0	1	1
„ 29 to 31 „ ...	0	0	0	1	0	1
„ 33 to 35 „ ...	0	0	0	0	1	1
„ 47 to 49 „ ...	0	0	0	0	1	1
Total ...	53	60	113	36	43	79

TABLE VII.

Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths during the Year 1888.

CLASS.	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.		
	M.	F.	T.	Recovered.			Removed Relieved, or otherwise.			M.	F.	T.
				M.	F.	T.	M.	F.	T.			
FIRST CLASS. First Attack, and within Three Months on Admission	80	91	171	24	30	54	24	29	53	17	19	36
SECOND CLASS. First Attack, above Three, and within Twelve Months on Admission	13	12	25	2	5	7	7	6	13	2	7	9
THIRD CLASS. Not First Attack, and within Twelve Months on Admission	47	40	87	23	20	43	17	10	27	3	5	8
FOURTH CLASS. First Attack or not, but of more than Twelve Months on Admission	28	31	59	4	5	9	18	20	38	13	12	25
FIFTH CLASS. Congenital	4	2	6	0	0	0	3	2	5	1	0	1
TOTAL	172	176	348	53	60	113	69	67	136	36	43	79

TABLE VIII.—Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died, during the Year 1888, and of those Remaining on 31st December 1888.

AGES.	THE ADMISSIONS.			RECOVERED.			THE DEATHS.			PATIENTS RESIDENT 31ST DECEMBER 1888.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
From 10 to 15 Years	1	0	1	0	0	0	0	0	0	0	0	0
" 15 to 20	9	4	13	2	1	3	0	0	0	4	3	7
" 20 to 25	10	15	25	5	4	9	1	3	4	21	10	31
" 25 to 30	27	22	49	3	11	14	4	2	6	36	34	70
" 30 to 35	27	18	45	8	6	14	3	1	4	56	37	93
" 35 to 40	22	26	48	5	10	15	3	3	6	59	46	105
" 40 to 45	22	14	36	9	5	14	3	1	4	46	44	90
" 45 to 50	15	18	33	9	10	19	4	3	7	58	50	108
" 50 to 55	17	18	35	7	3	10	4	6	10	42	51	93
" 55 to 60	9	14	23	2	5	7	5	4	9	31	42	73
" 60 to 65	4	14	18	2	2	4	0	7	7	27	29	56
" 65 to 70	7	4	11	1	1	2	4	4	8	15	29	44
" 70 to 75	2	4	6	0	0	0	2	3	5	11	19	30
" 75 to 80	0	3	3	0	1	1	2	4	6	6	12	18
" 80 to 85	0	1	1	0	0	0	1	0	1	3	4	7
" 85 to 90	0	1	1	0	1	1	0	1	1	0	1	1
" 90 to 95	0	0	0	0	0	0	0	1	1	0	0	0
Total ...	172	176	348	53	60	113	36	43	79	415	411	826
Mean Age ...	38.6	42.7	40.7	40.5	40.7	40.6	50.2	55.8	53.2	44	48.1	46

TABLE IX.

Showing the Condition as to Marriage, on Admission, in the Admissions, Recoveries, and Deaths, during the Year 1888, and of Patients Resident December 31, 1888.

Condition in Reference to Marriage.	The Admissions.			The Discharges.			The Deaths.			Patients Resident Dec. 31, 1888.		
				Recovered.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	78	75	153	17	19	36	13	17	30	287	249	536
Married	85	80	165	35	33	68	16	13	29	114	118	232
Widowed	6	21	27	1	8	9	7	12	19	14	44	58
Unknown	3	0	3	0	0	0	0	1	1	0	0	0
Total	172	176	348	53	60	113	36	43	79	415	411	826

TABLE X.

Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1888.

CAUSES OF INSANITY.	NUMBER OF INSTANCES IN WHICH EACH CAUSE WAS ASSIGNED.											
	Admissions									No. of Cases.		
										M., *171; F., 176; T., *347		
	As predisposing cause. †			As exciting cause.			As predisposing or exciting (where these could not be distinguished).			Total. ‡		
M	F	T	M	F	T	M	F	T	M	F	T	
MORAL: Domestic trouble (including loss of relatives and friends)	0	1	1	1	7	8	0	5	5	1	13	14
Adverse circumstances (including business anxieties and pecuniary difficulties) ...	3	1	4	9	0	9	0	0	0	12	1	13
Mental anxiety and worry (not included under the above two heads) and overwork	2	1	3	3	0	3	0	0	0	5	1	6
Religious excitement	0	0	0	3	0	3	0	0	0	3	0	3
Love affairs	0	0	0	0	2	2	0	0	0	0	2	2
PHYSICAL: Intemperance in drink	11	1	12	17	10	27	8	4	12	36	15	51
Self-abuse (sexual)	0	0	0	5	0	5	0	0	0	5	0	5
Sunstroke	1	0	1	0	0	0	0	0	0	1	0	1
Syphilis	2	0	2	0	0	0	0	0	0	2	0	2
Injury to head	1	1	2	0	0	0	0	1	1	1	2	3
Parturition and the Puerperal state	0	0	0	0	3	3	0	5	5	0	8	8
Lactation	0	0	0	0	3	3	0	4	4	0	7	7
Pregnancy	0	0	0	0	5	5	0	0	0	0	5	5
Puberty and Adolescence	2	1	3	10	12	22	4	3	7	16	16	32
Change of life	0	2	2	0	12	12	0	8	8	0	22	22
Old age	1	3	4	3	4	7	2	11	13	6	18	24
Privation and starvation	1	0	1	0	0	0	0	2	2	1	2	3
Cerebral disease	0	1	1	17	10	27	8	3	11	25	14	39
Epilepsy	0	1	1	7	2	9	2	4	6	9	7	16
Phthisis	0	1	1	2	2	4	5	1	6	7	4	11
"Fever"	1	0	1	0	0	0	0	1	1	1	1	2
Cocaine Habit	0	0	0	1	0	1	0	0	0	1	0	1
Sexual Excess	1	0	1	0	0	0	0	0	0	1	0	1
Surgical Operations	0	0	0	2	0	2	0	1	1	2	1	3
Other bodily diseases or disorders	4	3	7	0	4	4	2	4	6	6	11	17
Previous attacks	52	51	103	0	0	0	0	0	0	52	51	103
Hereditary influences ascertained (direct and collateral)	41	49	90	0	0	0	0	0	0	41	49	90
Congenital defect ascertained	0	0	0	0	0	0	4	2	6	4	2	6
Unknown	0	0	0	0	0	0	27	17	44	27	17	44

* One Male not insane.

† With reference to the distinction between "predisposing" and "exciting" causes, it must be understood that no single cause is enumerated as both predisposing and exciting in the case of any individual patient.

‡ The figures in the Total column represent the entire number of instances in which the several causes (either alone or in combination with others) were stated to have produced the mental disorder. The excess of the aggregate of such causes over the number of patients admitted is owing to combinations of causes.

TABLE XI.—Showing the Form of Mental Disorder on Admission in the Admissions, Recoveries, and Deaths of the Year 1888, and the Form of Mental Disorder of the Inmates on 31st December 1888.

FORM OF MENTAL DISORDER.	Admissions.			Recoveries.			Deaths.			Remaining in Asylum.			
	M.	F.		M.	F.		M.	F.		M.	F.		
		T.	T.		T.	T.		T.	T.				
Congenital or Infantile Mental Deficiency—													
<i>a</i> , with Epilepsy	2	1	3	0	0	0	0	0	0	4	0	4	4
<i>b</i> , without Epilepsy,	2	1	3	0	0	0	0	0	1	7	4	11	11
Epilepsy acquired	9	4	13	3	0	3	0	1	1	28	22	50	50
General Paralysis of the Insane...	19	2	21	0	0	0	0	2	13	28	5	33	33
Mania—													
Simple ...	49	46	95	23	14	37	7	15	22	62	50	112	112
Acute ...	5	31	36	1	15	16	0	7	7	4	12	16	16
Delusional	8	11	19	3	5	8	1	1	2	52	52	104	104
Chronic	0	5	5	0	0	0	0	2	2	16	84	100	100
Homicidal	1	1	2	0	0	0	0	0	0	3	1	4	4
Melancholia—													
Simple ...	33	23	56	8	14	22	6	3	9	30	22	52	52
Hypochondriacal	4	3	7	1	0	1	1	0	1	11	3	14	14
Delusional	7	15	22	1	2	3	0	0	0	25	30	55	55
Excited ...	3	8	11	1	2	3	1	3	4	2	6	8	8
Suicidal ...	21	12	33	10	5	15	2	3	5	12	9	21	21
Resistive	2	9	11	1	2	3	1	2	3	3	13	16	16
Organic ...	1	0	1	1	1	2	2	0	2	0	0	0	0
Dementia—													
Secondary ...	5	4	9	0	0	0	3	4	7	128	98	226	226
Organic ...	0	0	0	0	0	0	0	0	0	0	0	0	0
Total...	171*	176	347*	53	60	113	36	43	79	415	411	826	826

* One Male not Insane.

TABLE XII.—*Showing the Station or Occupation of Patients Admitted during the Year 1888.*

MALES.		MALES— <i>Continued.</i>	
Bakers	2	Brought forward ...	126
Blacksmith	1	Pressman	1
Boilermaker	1	Qusrryman	1
Bookbinder	1	Railway Surfacemen ...	2
Bookkeeper	1	Sailors	2
Brushmaker	1	Sealing-wax Maker ...	1
Brassfinisher	1	Secretaries	2
Cabinetmakers	2	Ship-Broker	1
Cabman	1	Shipmaster	1
Civil Engineer	1	Smith-Engineer	1
Clergymen	3	Soldiers	3
Clerks	15	Shoemakers	2
Crofter (Shepherd) ...	1	Shopman	1
Coachmen	4	Stationer	1
Compositors	2	Steward	1
Cooper	1	Students	3
Custom-house Officer ...	1	Tailors	5
Commercial Travellers ...	2	Tanner	1
Dairymen	4	Teachers	2
Discharged Convict ...	1	Upholsterers	2
Drapers	2	Viceman	1
Drygoods Storeman ...	1	Waiters	2
Engine-driver	1	Watchmaker	1
Engine-fitter	1	No Occupation	4
Engineer	1	Not known	5
Engraver	1		
Excise Officer	1	Total ...	172
Factor	1	FEMALES.	
Farmer	1	Barmaids	2
Farm-servant	1	Bookfolder	1
Fish-dealer	1	Charwomen	2
Fisherman... ..	1	Cleaner	1
Glass-stainer	1	Cooks	2
Grocers	2	Domestic Servants ...	24
Grooms	4	Dressmakers	6
Hammerman	1	Factory-Worker	1
Hawker	1	Hawkers	4
Hotel-keeper	1	Housewives	80
Indiarubber-worker ...	1	Houseworker	1
Joiners	6	Ladies	16
Labourers	17	Leather Merchant ...	1
Lawyers	5	Messenger... ..	1
Masons	3	Missionary Teacher ...	1
Mattress-maker	1	Nurse	1
Medical Practitioner ...	1	Outworker	1
Merchants... ..	5	Ragpicker... ..	1
Message Boy	1	School-girl	1
Miner	1	Seamstress	1
Music Engraver	1	Shop Assistants	3
Painters	2	Shopkeeper	1
Paper-Cutter	1	Tablemaid	1
Park-Ranger	1	Tailoress	1
Piano-Tuner	1	Upholsterer	1
Plasterers	2	Washerwomen	4
Ploughman	1	Not known	13
Postmen	3	No Occupation	4
Porters	3		
Poulterer	1	Total ...	176
Carry forward ...	126		

TABLE XIII.

Forms of Insanity in those Admitted—Skæe's Classification.

	Males.	Females.	TOTAL.
Congenital Insanity	4	2	6
Epileptic Insanity	9	4	13
Insanity of Puberty	1	0	1
Insanity of Adolescence	15	16	31
Climacteric Insanity	0	21	21
Senile Insanity	5	15	20
Insanity of Pregnancy	0	2	2
Puerperal Insanity	0	8	8
Insanity of Lactation	0	7	7
Ovarian Insanity	0	1	1
Anæmic Insanity	0	2	2
Insanity of Masturbation	2	0	2
General Paralysis	19	2	21
Insanity from Brain Disease	6	10	16
Traumatic Insanity	0	1	1
Phthisical Insanity	6	2	8
Insanity of Cocaine Habit	1	0	1
Insanity of Alcoholism	25	15	40
Post-Febrile Insanity	1	1	2
Idiopathic Insanity	18	22	40
Insanity after Surgical Operations... ..	2	1	3
Insanity of Heart Disease	1	0	1
Insanity from Deprivation of the Senses	0	1	1
Insanity of Bright's Disease	0	1	1
Unknown	56	42	98
TOTAL	171*	176	347*

* One Male not insane.

TABLE XIV.

State of Bodily Health and Condition of those Admitted.

	Males.	Females.	TOTAL.
In Average Health and Condition... ..	83	48	131
In Indifferent Health and Reduced Condi- tion	68	91	159
In Bad Health and very Exhausted Condi- tion	21	37	58
TOTAL	172	176	348

TABLE XV.

Religious Persuasion in those Admitted.

				Males.	Females	TOTAL.
"Protestants" ...	...	...	...	130	143	273
Roman Catholic	...	...	...	15	12	27
"Presbyterian"	...	...	...	6	5	11
Free Church ...	...	...	...	3	4	7
Established Church	...	...	...	3	3	6
United Presbyterian	...	...	...	1	2	3
Episcopalian ...	...	...	...	3	0	3
Baptist ...	...	...	...	1	2	3
Congregational...	...	...	...	1	1	2
Church of England	...	...	...	0	1	1
Church of Ireland	...	...	...	1	0	1
Methodist ...	...	...	...	1	0	1
Not Known ...	...	...	...	7	3	10
TOTAL	...	...	...	172	176	348

TABLE XVI.

Admissions, Discharges, and Deaths of each Month.

	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
January ...	13	20	33	3	7	10	2	5	7
February ...	14	12	26	6	11	17	2	6	8
March ...	22	21	43	14	9	23	7	3	10
April ...	12	9	21	9	15	24	3	2	5
May ...	15	18	33	6	8	14	3	3	6
June ...	16	18	34	9	12	21	2	2	4
July ...	11	16	27	8	5	13	3	7	10
August ...	17	8	25	12	10	22	2	2	4
September ...	7	12	19	10	21	31	4	4	8
October ...	17	13	30	16	8	24	2	5	7
November ...	14	14	28	14	11	25	1	1	2
December ...	14	15	29	15	10	25	5	3	8
TOTAL ...	172	176	348	122	127	249	36	43	79

TABLE XVII.

Illustrations of Suicidal Tendency in those Admitted.

	Males.	Females	TOTAL.
Have attempted Suicide	8	9	17
Have meditated Suicide	23	31	54
Total Suicidal	31	40	71
<i>Forms of Insanity in which Suicide was attempted—</i>			
Mania	1	1	2
Acute Mania	0	1	1
Melancholia	7	7	14
Total	8	9	17
<i>Forms of Insanity in which Suicide was meditated—</i>			
Mania	6	7	13
Acute Mania	0	4	4
Melancholia	16	20	36
General Paralysis	1	0	1
Total	23	31	54
<i>Nature of the attempt—</i>			
Cut-Throat	5	3	8
Precipitation	1	3	4
Poisoning	1	2	3
Drowning	1	1	2
Strangulation	1	0	1

TABLE XVIII.

Persons Recovered in 1888.

	Males.	Females	TOTAL.
A. Recovered for the first time ...	30	38	68
(a) Re-admitted, and again Discharged Recovered ...	1	0	1
(b) Re-admitted, but not again Discharged Recovered ...	2	2	4
B.* Had made one or more Recoveries in previous years ...	22	21	43
(a) Re-admitted, and again Discharged Recovered ...	0	1	1
(b) Re-admitted, but not again Discharged Recovered... ..	2	2	4
Number of Persons Recovered... ..	52	59	111
Number of Cases of Recovery	53	60	113

* Of these Persons, 14 Males and 10 Females had made one Previous Recovery; 2 Males and 6 Females two Previous Recoveries; 3 Males and 2 Females three Previous Recoveries; 1 Male and 2 Females four Previous Recoveries; 1 Male and 1 Female five Previous Recoveries; and 1 Male six Previous Recoveries.

TABLE XIX.

The Number of Pauper Lunatics chargeable to Parishes in the District that were not in the Royal Edinburgh Asylum on the 1st January 1889.

PARISHES.	Number of Patients.
City Parish, Edinburgh	158
St Cuthbert's and Canongate	171
South Leith	6
North Leith	2
Duddingston	9
TOTAL	346

TABLE XVIII
Persons Recovered in 1888

REPORTS

OF THE

COMMISSIONERS IN LUNACY.

—••••—
ROYAL EDINBURGH ASYLUM,
20th, 21st, 22nd, and 27th June 1888.

On the 20th instant there were 832 persons resident as patients in the Asylum. Besides these there were on the Register of the Asylum 15 persons, the total on the books of the institution being thus 847. Their position is shown in detail in the following statement:—

	Private.		Pauper.		Totals.	
	M.	F.	M.	F.		
Certificated Patients {	Resident.....	168	151	245	264	828
	Absent on Probation	9	4	0	0	13
	Absent on Pass.....	1	0	1	0	2
	178	155	246	264	843	
Voluntary Inmates.....	3	1	0	0	4	
TOTAL.....	181	156	246	264	847	

These figures, when compared with the numbers at the date of the preceding Entry, show an increase, as regards private certificated patients, of 9 male and 9 female patients, and a decrease, as regards paupers, of 2 females. The following changes have taken place since last visit:—

	Private.		Pauper.		Totals.
	M.	F.	M.	F.	
Admissions.....	13	16	36	30	95
Discharges Recovered.....	1	2	9	17	29
Discharges Unrecovered..	5	7	13	10	35
Deaths.....	2	1	8	7	18

The only change among the voluntary inmates has been the admission of 1 gentleman.

The deaths are registered as having resulted from diseases of the brain in 8 cases, from diseases of the heart in 2 cases, from pulmonary consumption in 2 cases, from acute ostitis in 1 case, from exhaustion from melancholia in 2 cases, from senile gangrene in 1 case, and from senile decay in 2 cases. The average age at death was 53 years.

Four accidents to patients, none of a serious character, are recorded in the Register. There are 68 entries in the Register of Restraint and Seclusion. They refer to the use of seclusion in the treatment of 14 patients, and to the use of restraint in the treatment of 2 patients. The restraint was used to prevent interference with surgical appliances. There has been 1 escape, in which the patient was absent over night before being brought back.

The various parts of the institution were found in excellent order. The cheerful appearance of the apartments is kept up by careful attention to repairs and redecoration. The ventilation was found everywhere efficient, and there was scrupulous cleanliness throughout. The only structural alteration in progress at present is the formation of an additional lavatory and water-closet in the female admission gallery of the West House. This will be useful in permitting the subdivision of the patients into small groups, which is an important feature in the management of this gallery, to be more completely carried out than it has hitherto been.

The way in which the patients are provided for in regard to food is deserving of special notice. Those patients for whom the higher rates of board are paid are liberally supplied with all that is usually desired in the class of society to which they belong; and the dietary of the pauper patients, which was already one of the most satisfactory of its kind, has recently undergone revision, and has been altered for the better in some details where Dr Clouston thought it susceptible of improvement. But the importance of abundant nourishment as a means of treatment in most cases of acute insanity has during recent years been recognised in a special manner in this Asylum. A significant indication of this is found in the way in which the consumption of milk and

eggs has increased. These articles, besides being important constituents of ordinary diet, form the chief part of the food suitable for many patients suffering from such diseases as acute mania and acute melancholia, and it is certain that in such cases the hope of recovery, and even the saving of life, depends greatly on the degree to which nourishment can be efficiently administered. It is therefore instructive to find that the amount of milk now consumed is nearly twice the amount which was consumed fifteen years ago, when the number of patients was not much less than it is at present, and that the number of eggs is nearly four times as many as at the earlier period. The quantity of milk for the year 1887 was 42,660 gallons, and the number of eggs was 15,481 dozen. Seeing that the eggs are largely used as extra diet for medical reasons, the considerable number now used shows how important is the part which a full supply of nutriment plays in the treatment pursued in the Asylum.

The industrial occupation of the pauper patients continues to be duly attended to, and the excellent practice of engaging a certain number of the higher class patients in garden work is being persevered in. The amusements of the patients, which, when judiciously combined with useful occupations, are among the most efficient means of treatment, have received even more than the usual amount of attention during the past year. The occurrence of Her Majesty's Jubilee was made the occasion of a special effort in this way; and the fête which was held formed a topic of interest for a long time both during the time of preparation and afterwards. Last year also there was for the first time a picnic in which the party were taken by special train from the Asylum siding to their destination. A party of 360 was in this way taken to Tynehead, on the Waverley line of railway.

The function performed by the establishment as an Asylum for patients of the richer classes, and also for patients whose maintenance falls on the poor-rate, is generally recognised and understood; but it is doubtful whether its position as a charitable institution is as well known as it ought to be. One direction in which it serves a charitable purpose is in giving suitable accommodation at low rates of board to persons in straitened circumstances who have been accustomed to the refinements of life. If accommodation

and arrangements in accordance with the habits of life of such persons were not thus provided, the misfortune involved in their suffering from insanity would be greatly aggravated. Being unable to pay remunerative rates of board for such accommodation, their case is not met by the Asylums which are carried on as private adventures; and they would, in the absence of such arrangements as are here provided, have to be placed in the position of paupers before they could obtain Asylum treatment. The mere fact that Asylum treatment is afforded to this class of persons at or below cost price, is therefore a charitable arrangement, and an important benefit to the community. It is also proper to bear in mind, that the preventing of such patients from being placed in the position of paupers puts them in more favourable circumstances for curative treatment than they would otherwise be. The administration of the special charitable funds of the Asylum is however still more deserving of the name of charity. In certain cases, when the patients' means are insufficient to meet even the lower rates of board, these funds are used to make up the deficiency, and thus what may be in many cases only a temporary difficulty is prevented from reducing the patients to pauperism. On 1st January of this year there were 188 private patients in the Asylum at low rates of board, and 54 of these had their payments supplemented out of the Charity Funds of the institution. It is proper to keep such a fact before the public, because the usefulness of this and other Royal Asylums as charitable establishments is often not merely inadequately appreciated, but frequently the way in which the charity operates is altogether misunderstood.

The plans for the new Asylum at Craig House are now in course of preparation, and it is hoped that its erection will be commenced during the present year.

In accordance with the recommendations contained in the preceding Entry, the Managers have resolved to establish telegraphic communication with the offices of the City Fire Brigade; and it has also been remitted to the architect of the Asylum to consider the best means of dividing the buildings more effectually into fire-proof compartments, by carrying walls at various places up through the roof.

The Books and Registers of the Asylum were examined, and were found regularly and correctly kept.

JOHN SIBBALD, *Commissioner in Lunacy.*

ROYAL EDINBURGH ASYLUM,

25, 26, and 27 March 1889.

There are 828 patients at present on the Registers of the Asylum, and the following statement shows their position:—

	Private.		Pauper.		Totals.	
	M.	F.	M.	F.		
Certifi- cated Patients	Resident.....	167	148	242	254	811
	Absent on Probation	5	2	0	0	7
	Absent on Pass.....	0	1	1	1	3
	Absent by Escape.....	0	0	0	1	1
Voluntary Inmates.....	4	2	0	0	6	
Totals.....		176	153	243	256	828

Since last visit the movement shown in the following Statement has taken place in the population:—

	Private.		Pauper.		Totals.	
	M.	F.	M.	F.		
Certifi- cated Patients	Admitted.....	30	26	89	87	232
	Discharged Recovered....	15	11	28	22	76
	Discharged Unrecovered..	10	8	50	49	117
	Dead.....	8	10	17	25	60
Voluntary Inmates	Admitted.....	5	1	0	0	6
	Left.....	4	0	0	0	4

In the cases of 43 of the 60 patients who died a *post-mortem* examination was made, and the results were fully recorded. Since last visit a Pathologist has been appointed; and, if possible, increased advantage is taken of the opportunities, which the Asylum affords, of adding to our knowledge of mental disease. The Case Books are exceedingly well kept, and the condition and history of each patient are carefully studied. The medical treatment of the patients, in its best and widest sense, is very thorough in its character, and the Hospital arrangements, both for men and women,

are most satisfactory. The earnestness and skill shown in the professional treatment of the patients are seen and appreciated both by the friends of those who belong to the higher class, and by the guardians of those who are paupers.

There are 92 entries in the Register of Restraint and Seclusion, referring to the restraint of 3 persons and the seclusion of 28. Six accidents are recorded—two fractures of a rib, a fracture of the femur, a fracture of the forearm, a fracture of the humerus, and rupture of a diseased bladder. The number of patients who have escaped and have been absent for at least one night before being brought back is 21.

The visit occupied three days, and everything that was seen disclosed great ability and conscientiousness in the management. There was a remarkable absence of excitement and complaint among the patients. Much liberality and kindness are shown in their treatment. Peculiarities of habit or taste are considered and judiciously gratified. They are well fed, well clothed, have comfortable beds, live in cheerful surroundings, have abundant exercise in the open air, are provided with amusements, and are not subjected to any irksome discipline. The expressions of good feeling towards the Medical men and the attendants were frequent, both among the private and the pauper patients.

The wards, both dayrooms and dormitories, were clean, fresh, and in excellent order.

The impressions left by the visit were in all directions very pleasing. The Institution is very prosperous, and deservedly possesses the confidence of the general public and of the medical profession.

The arrangements for the erection at Craig House of new buildings for private patients of the higher class continue to advance.

The Registers were found as usual to be kept with much care and accuracy.

ARTHUR MITCHELL,
Commissioner in Lunacy.

A B S T R A C T

OF THE

TREASURER'S ACCOUNTS OF INTROMISSIONS

FOR THE YEAR 1888.

C H A R G E.

I. Balance of last Account at 31st December 1887, as adjusted by Auditor		£8,443 11 10
II. Arrears of Board given up in last Account	£654 18 11	
<i>Less</i> —Arrear written off	3 13 1	
		651 5 10
III. Patients' Boards, per Board-books—		
	<i>Males.</i>	<i>Females.</i>
Quarter ending 31st March 1888	£4,952 8 2	£4,971 12 9
Do. do. 30th June „	5,004 10 11	4,996 18 5
Do. do. 30th Sept. „	5,066 12 4	5,029 14 9
Do. do. 31st Dec. „	4,995 2 2	4,936 8 6
	£20,018 13 7	19,934 14 5
		20,018 13 7
		£39,953 8 0
<i>Deduct</i> —(1.) Sums paid to Charity Committee in terms of Minutes of Managers dated 26th Jan. and 27th Dec. 1888	£400 0 0	
(2.) Repayments of Board for Patients who left the Asylum during 1887	49 6 9	
		449 6 9
		39,504 1 3
		48,598 18 11
IV. Accounts due by Patients for Clothes and extraordinary furnishings of various kinds supplied through the House Steward and Matron at the expense of the Institution, and charged against the recipients—		
	<i>Males.</i>	<i>Females.</i>
Quarter ending 31st March 1888	£398 13 3	£470 2 11
Do. do. 30th June „	339 14 1	299 15 4
Do. do. 30th Sept. „	307 15 5	350 6 9
Do. do. 31st Dec. „	417 13 9	360 16 10
	£1,463 16 6	£1,481 1 10
		1,463 16 6
		2,944 18 4
Carry forward,		£51,543 17 3

	Brought forward,	£51,543 17 3
V. Price of Crops, Pigs, and Sundries disposed of—		
1.	Received for Pigs	£435 19 3
2.	Received for Wheat, &c.	31 0 6
3.	Received for Rags and Sundries	57 15 5
		524 15 2
VI.	Price of Clothing supplied to Pauper Patients belonging to St Cuthbert's Parish leaving Institution during 1888	50 19 5
VII.	Rents of Grass Parks, &c., Season 1888	176 8 1
VIII.	Interests received on price of land sold to North British Railway Company, &c.	742 13 9
IX.	Price of Ground taken by Suburban Railway Company, including severance damage, in terms of Decrees-Arbitral, &c.	£4,801 13 0
	Less sums paid to account	3,350 0 0
		1,451 13 0
X.	Law expenses recovered from North British Railway Company	141 2 2
XI.	Amount of Claim under Policy of Assurance in respect of damage by fire at West House	5 0 0
	Amount of the Charge	£54,636 8 10

DISCHARGE.

	East House.			West House.			TOTAL.			
	£	s.	d.	£	s.	d.	£	s.	d.	
I.	Expense of Provisions	5,067	13	7	7,802	9	0	12,870	2	7
II.	Do. Clothing, Bedding, Napery, &c.	211	6	2	1,668	11	0	1,879	17	2
III.	Do. Fuel	271	2	7	778	0	11	1,049	3	6
IV.	Do. Lighting	205	16	8	382	9	11	588	6	7
V.	Do. Water and Washing materials	244	3	0	365	9	11	609	12	11
VI.	Do. Medicines and Surgical Instruments, Disinfectants, &c.	163	9	7	304	2	1	467	11	8
VII.	Do. Books and Stationery	110	17	4	166	6	0	277	3	4
VIII.	Do. Tobacco and Snuff . . . . .	...	...	...	198	16	1	198	16	1
IX.	Do. Sundry Furnishings	689	1	8	2,451	14	11	3,140	16	7
X.	Do. Garden and Grounds	315	15	9	473	16	6	789	12	3
XI.	Public and Parochial Burdens	293	8	7	256	12	5	550	1	0
XII.	Interest on Loans paid . . . . .	...	...	...	1,414	17	3	1,414	17	3
XIII.	Feu-duties and Stipend	852	15	4	317	11	4	1,170	6	8
XIV.	Insurance Premiums	26	0	4	38	10	11	64	11	3
XV.	Salaries and Wages	3,519	16	7	5,360	3	3	8,879	19	10
XVI.	Miscellaneous Payments	371	9	8	358	4	4	729	14	0
XVII.	Accounts paid on behalf of Patients and charged against them	2,283	18	4	508	3	1	2,792	1	5
		14,626	15	2	22,845	18	11	37,472	14	1
XVIII.	Loans repaid				2,600	0	0			
	Less borrowed to replace same				2,600	0	0			
XIX.	Amount in Bank on Deposit-Receipt at 31st December 1888							12,900	0	0
XX.	Arrears of Board at do.							705	15	9
XXI.	Balance of Account at do.							3,557	19	0
	Amount of the Discharge equal to Charge							£54,636	8	10

ABSTRACT of ORDINARY RECEIPTS and PAYMENTS of the EAST HOUSE,
including CRAIG HOUSE and MYRESIDE COTTAGE.

Year to 31st December 1888.

RECEIPTS.

1. Boards	£15,971 12 8
Less sum transferred to Charity Committe, as on page 57	400 0 0
	<hr/>
	£15,571 12 8
2. Extra Accounts	2,408 12 11
3. Produce and Sundries sold	80 5 9
4. Rent of Grass Parks	176 8 1
5. Proportion of law expenses recovered from North British Railway Company	56 8 8
6. Periodical interest on money deposited in bank	149 5 2
7. Interest at 3 $\frac{3}{4}$ on debt due by West House, as under—	
(1.) Interest on £4,690 9s., being amount of loan to West House at close of 1887 for year 1888	£175 17 10
(2.) Do. on £2,600 temporarily advanced by East House to West House	52 15 10
	<hr/>
	228 13 8
8. Interest at 5 per cent. on £2,791 7s., price of East House ground sold to North British Railway Company from 31st December 1884 to 14th May 1885, when price was received	51 4 7
	<hr/>
	£18,722 11 6

PAYMENTS.

1. Amount thereof, as stated in foregoing Discharge	£14,626 15 2
2. Value of labour performed by tradesmen, assisted by patients, for East House, including materials	493 12 8
3. Proportion of £300 additional, as the estimated value of pauper labour in keeping the grounds, in terms of Report by Mr Haldane, C.A.	120 1 6
4. Amount of produce and sundries sold (credited to East House) for years 1885, 1886, and 1887, calculated upon the ratio of gross income	£601 11 4
Less do., calculated per head, in terms of Mr Haldane's Report	308 13 1
	<hr/>
	292 18 3
	<hr/>
	15,533 7 7
Total Surplus Receipts of East House for 1888	<u>£3,189 3 11</u>

ABSTRACT of ORDINARY and EXTRAORDINARY RECEIPTS and
PAYMENTS of the WEST HOUSE.

Year to 31st December 1888.

ORDINARY RECEIPTS.

1. Boards	£23,932 8 7
2. Extra Accounts	536 5 5
3. Produce and Sundries sold	444 9 5
	<hr/>
Carry forward,	£24,913 3 5

	Brought forward,	£24,913 3 5
4.	Proportion of law expenses recovered from North British Railway	84 13 6
5.	Value of patients' labour performed for East House, as before (see East House Payments 2 and 3)	613 14 2
6.	Loss by fire recovered from Insurance Company	5 0 0
7.	Price of Clothing sold	50 19 5
8.	Interest on price of ground sold to North British Railway Company	542 4 0
9.	Amount of sundries and produce sold, over credited to East House for years 1885, 1886, and 1887 (as stated in Payment for East House, No. 4)	292 18 3
		<u>£26,502 12 9</u>

ORDINARY PAYMENTS.

1.	Amount thereof, as stated in foregoing Discharge	£22,845 18 11
2.	Interest at 3½ on debt due to East House, as before	228 13 8
3.	Fourth instalment to Sinking Fund	£2,701 15 1
	Less interest on £39,000, included in No. 1 hereof	£1,414 17 3
	Interest on debt due to East House, as per No. 2 hereof	228 13 8
		<u>1,643 10 11</u>
		1,058 4 2
		<u>24,132 16 9</u>
	Total Surplus Ordinary Receipts for West House for 1888	£2,369 16 0

EXTRAORDINARY RECEIPTS.

Balance of price of ground taken by Suburban Railway Company, as per Branch IX. of Charge	1,451 13 0
---	------------

EXTRAORDINARY PAYMENTS—*Nil.*

Total Surplus Ordinary and Extraordinary Receipts for West House for 1888	<u>£3,821 9 0</u>
---	-------------------

ESTIMATED PROFIT ON PRIVATE PATIENTS in EAST and WEST HOUSES.

Amount as per last Account	£13,499 18 11
Surplus receipts East House for 1888, as before	3,189 3 11
Surplus receipts on Intermediates for 1888	452 12 3
	<u>£17,141 15 1</u>

The above sum of £17,141 15s. 1d. is composed of the following—

1.	Sums on deposit-receipts, as per Branch XIX. of Discharge	£12,900 0 0
2.	Balance on the foregoing account	3,557 19 0
3.	Arrears at close of 1888, as per Branch XX.	£705 15 9
	Less arrears of Board at 31st December 1884, when indebtedness of West House fixed	£278 10 10
	Less amount written off	3 13 1
		<u>274 17 9</u>
		430 18 0
4.	Debt due by West House to East House	252 18 1
		<u>£17,141 15 1</u>

TABULAR VIEW of the Cost of Maintenance per Head of East House, Intermediate, and Pauper Patients for the Year 1888, the numbers being, East House 125, Intermediates 131, and Paupers 561.

	East House.			Intermediates			Paupers.		
	£	s.	d.	£	s.	d.	£	s.	d.
1. Provisions, including Vegetables, except in so far as supplied from grounds held to be covered by cost of Garden No. 10	40	10	9 ³ / ₄	13	13	0	6	4	7
2. Extra diet (included in No. 1 as regards East House) . . . . .	...	...	...	1	7	1 ¹ / ₂	1	14	9 ¹ / ₄
3. Share of Attendants provisions do. . . . .	...	...	...	1	17	6	1	10	0
4. Stimulants and Cordials . . . . .	...	...	...	...	...	...	0	9	11 ³ / ₄
5. Clothing . . . . .	...	...	...	...	...	...	2	10	1
6. Bedding and Napery	1	13	9 ¹ / ₂	0	11	11 ¹ / ₂	0	11	11 ¹ / ₂
7. Fuel	2	3	4 ¹ / ₂	1	2	5 ³ / ₄	1	2	5 ³ / ₄
8. Lighting	1	12	1	0	11	0 ³ / ₄	0	11	0 ³ / ₄
9. Water and Washing material	1	19	0 ³ / ₄	0	10	6 ³ / ₄	0	10	6 ³ / ₄
10. Medicines and Surgical Apparatus	1	6	1 ³ / ₄	0	8	9 ¹ / ₂	0	8	9 ¹ / ₂
11. Books and Stationery	0	17	8 ³ / ₄	0	4	9 ³ / ₄	0	4	9 ³ / ₄
12. Tobacco and Snuff . . . . .	...	...	...	...	...	...	0	7	1
13. Furnishings and Repairs	5	10	3	4	14	11 ¹ / ₂	3	4	11 ¹ / ₂
14. Public and Parochial Burdens	2	10	6 ¹ / ₄	0	7	5	0	7	5
15. Expenditure on Garden and Grounds	2	6	11 ¹ / ₄	0	13	8 ¹ / ₄	0	13	8 ¹ / ₄
16. Feu-Duties and Stipend	6	16	5	0	9	2	0	9	2
17. Fire Insurance	0	4	1 ³ / ₄	0	1	1 ¹ / ₄	0	1	1 ¹ / ₄
18. Salaries and Wages	28	3	2	8	14	5 ¹ / ₂	7	10	4 ¹ / ₄
19. Miscellaneous Payments	2	19	5	0	10	4 ¹ / ₄	0	10	4 ¹ / ₄
20. Value of labour performed by tradesmen and patients for East House	4	18	2 ¹ / ₄	...	...	...	...	...	...
21. Instalment to Sinking Fund, as sanctioned by Court . . . . .	...	...	...	3	18	1	3	18	1
<i>Deductions.</i>	103	12	0 ¹ / ₂	39	16	6 ¹ / ₄	33	1	3 ¹ / ₂
1. From East House									
1. Price of Pigs, Crops, and Sundries sold	£0	12	10 ¹ / ₄						
2. Rent of Grass Parks	1	8	2 ¹ / ₂						
	2	1	0 ³ / ₄						
2. From Paupers—									
1. Price of Pigs, Crops, and Sundries sold	£0	12	10 ¹ / ₄						
2. Value of labour performed by patients for East House and Intermediate patients	1	7	3						
3. Value of Clothing sold	0	1	9						
	...	...	...	...	...	...	2	1	10 ¹ / ₄
<i>Add.</i>									
To Intermediates value of indoor labour performed by paupers, and chargeable against Intermediates	£1	3	0						
Less—Price of Pigs, Crops, and Sundries sold	0	12	10 ¹ / ₄						
	...	...	...	0	10	1 ³ / ₄			
	101	10	11 ³ / ₄	40	6	8	30	19	5 ¹ / ₄
The average number of Patients, Officers, and Domestics during the Year ending 31st December 1887 was									972
Do. ending 31st December 1888									988
Increase in 1888									16
The Cost of Provisions per head during the Year ending 31st Dec. 1887 was	£13	2	9						
Do. ending 31st December 1888	13	0	4						
Decrease in 1888	£0	2	5						

CONTRAST of ORDINARY RECEIPTS and PAYMENTS for the Year 1888
with the previous Year.

1887.	RECEIPTS.	1888.
£ s. d.		£ s. d.
39,091 19 9	I. Boards	39,504 1 3
2,698 15 10	II. Extra Accounts due by Patients	2,944 18 4
	III. Produce and Sundries sold—	
433 4 1	1. Price received for Pigs	435 19 3
57 15 0	2. Do. for Oats, &c.	31 0 6
68 8 2	3. Do. for Rags and Sundries	57 15 5
226 7 6	IV. Rent of Craig House Grass Parks	176 8 1
18 0 0	V. Price of Clothing supplied to Paupers leaving Institution	50 19 5
358 16 3	VI. Law Expenses recovered from Metropolitan Parishes . . . . .	...
...	VII. Do. do. from North British Railway Co.	141 2 2
2 0 9	VIII. Claim under Fire Policy of Assurance in respect of damage by fire at West House	5 0 0
12 17 3	IX. Interest received during 1888 on Moneys deposited in Bank	149 5 2
...	X. Do. on Price of Ground sold to North British Railway Company	593 8 7
<u>42,968 4 7</u>		<u>44,089 18 2</u>
	Total Increase for 1888	<u>42,968 4 7</u>
		<u>1,121 13 7</u>
1887.	PAYMENTS.	1888.
£ s. d.	I. PROVISIONS.	£ s. d.
1,384 17 0	Bread, etc.	1,394 13 8
2,839 5 3	Butcher Meat	2,744 12 4
145 0 0	Extract of Meat	208 0 0
223 0 0	Preserved Meat	243 15 7
307 5 0	Fish and Salt Herrings	414 16 11
189 3 6	Game and Fowl	182 12 9
1,607 14 3	Milk and Cream	1,623 11 1
109 16 1	Fresh Butter	107 19 5
469 12 2	Tea	465 10 8
155 14 8	Coffee and Chicory	187 2 0
333 15 1	Sugar	354 3 3
1,029 12 1	Salt Butter	1,091 12 6
407 13 2	Cheese	514 3 9
164 0 5	Currants, Raisins, Fruits, etc.	143 8 1
117 13 1	Arrowroot, Corn Flour, Tapioca, Sago, Rice, etc.	114 8 7
305 14 11	Ham, Bacon, and Lard	264 13 5
52 6 1	Salt, Mustard, and Pepper	56 13 9
50 15 8	Vinegar, Ketchup, and other Sauces	57 9 4
308 17 4	Oatmeal	268 7 0
61 4 0	Barley	67 0 6
48 15 6	Pease	37 12 6
<u>10,311 15 3</u>	Carry forward	<u>10,544 7 1</u>

CONTRAST of RECEIPTS and PAYMENTS—*Continued.*

1887.		PAYMENTS— <i>Continued.</i>	1888.	
£	s. d.		£	s. d.
10,311	15 3		10,544	7 1
786	9 2	Brought forward	763	1 4
635	11 10	Eggs	434	6 4
579	6 6	Potatoes, Carrots, etc.	620	12 0
127	18 8	Ale, Porter, and Beer	140	12 3
476	19 10	Aerated Waters	517	18 8
138	16 4	Wines and Spirits	143	5 7
		Sundries		
13,056	17 7	<i>Deduct</i> —Wines, Spirits, Porter, and Ale included in the above expenditure chargeable to individual patients, and carried to Branch XVII.	13,164	3 3
291	18 1		294	0 8
12,764	19 6		12,870	2 7
II. CLOTHING, BEDDING, NAPERY, &c.				
109	0 1½	Wincey	104	14 6½
34	10 3	Flannel	50	15 7
141	2 5	Cotton	131	16 7
5	9 9	Muslin	0	8 4
38	8 0	Shawls	27	15 0
38	13 1	Corduroy	54	2 10
33	8 9	Shirting	50	6 11
188	6 6½	Tweeds	128	16 4
55	0 2	Worsted	66	18 6
19	9 2	Socks	29	16 0
72	0 10	Plaiding	55	1 2½
106	1 8	Blankets	135	13 6
184	14 11	Sheeting	141	2 0½
21	16 10	Quilts and Bed Covers	32	3 0
19	14 4	Bed Tick	39	2 4
81	19 8½	Linen and Dowlas	177	2 0½
29	4 7	Towelling	48	6 4½
32	16 1½	Canvas	24	19 3
5	18 6	Table Damask	18	6 11
17	3 7	Toileting and Toilet Covers	12	4 1
16	12 6	Handkerchiefs, Table Napkins, and Glass Cloths	16	1 10
10	14 9	Curled Hair . . . . .	...	...
9	11 11	Stays	19	12 0
10	6 2½	Straw Bonnets, Hats, and Ribbons	15	15 7½
135	2 1½	Boots, Shoes, Clogs, and Slippers	166	0 0
100	7 4	Leather for Shoes and Sundries	113	0 2
29	1 4	Waterproof Sheetting	59	10 1
38	7 6	Cost of making suits for Male Patients	14	1 4
140	16 4	Thread, Buttons, Needles, Trimmings, and Sundries	146	4 9
1,725	19 4		1,879	17 2
III. FUEL.				
1,054	13 6	Coal	1,049	3 6
IV. LIGHTING.				
583	1 3	Gas	585	3 7
2	6 8	Candles	3	3 0
585	7 11		588	6 7

CONTRAST of RECEIPTS and PAYMENTS—Continued.

1887.			PAYMENTS—Continued.			1888.		
£	s.	d.				£	s.	d.
			V. WASHING MATERIALS.					
290	3	10	Water	.	.	273	5	0
300	0	8	Soap	.	.	297	4	4
36	11	6	Soda	.	.	29	11	2
10	17	2	Starch	.	.	9	12	5
<hr/>						<hr/>		
637	13	2	VI. MEDICAL AND SURGICAL EXPENSES.			609	12	11
<hr/>						<hr/>		
322	13	11	Drugs, etc.	.	.	386	12	7
27	19	0	Disinfectants	.	.	49	16	6
18	10	3	Surgical Instruments	.	.	15	7	7
12	12	0	Medical Fees	.	.	15	15	0
<hr/>						<hr/>		
381	15	2	VII. BOOKS AND STATIONERY.			467	11	8
<hr/>						<hr/>		
45	12	11	Books	.	.	42	7	10
107	0	11	Stationery	.	.	99	8	5
7	16	6	Bookbinding, &c.	.	.	21	7	4
135	4	1	Newspapers, Periodicals, and Amusements	.	.	113	19	9
<hr/>						<hr/>		
295	14	5	VIII. TOBACCO AND SNUFF.			277	3	4
<hr/>						<hr/>		
203	18	4	IX. FURNISHINGS FOR HOUSE AND REPAIRS.			198	16	1
<hr/>						<hr/>		
373	7	3	Ironmongery, Cutlery, &c.	.	.	271	17	0
44	10	0	Furniture	.	.	266	9	0
339	12	4	Crockery and Crystal	.	.	328	19	6
222	16	3	Carpets, Matting, &c.	.	.	79	8	9
56	7	9	Brushes and Door Mats, etc.	.	.	74	16	1
			Iron Water Tank, Pump, and repairing Washing Machine	.	.	79	5	6
36	3	4	Glass	.	.	28	19	10
316	9	10	Oils and Varnish	.	.	332	2	9
27	15	0	Corks	.	.	29	16	0
29	18	8	Metal Castings	.	.	19	14	5
128	1	4	Wood for Repairs	.	.	132	1	7
523	5	2	Painter Work	.	.	444	3	1
578	5	10	Plumber do.	.	.	193	0	7
46	10	11	Tinplate, Wire, &c.	.	.	21	9	11
20	4	9	Sacks, Rope, and Twine	.	.	15	8	3
103	16	10	Tiles, Bricks, and Lime	.	.	63	3	10
37	8	5	Baskets, Barrels, &c.	.	.	28	9	8
31	6	2	Indiarubber and Waterproof Goods	.	.	18	10	1
16	13	0	Bell-hanging	.	.	18	5	0
36	12	3	Engineering	.	.	41	4	8
80	0	0	Piano	.	.	15	0	0
			Concreting Curling Pond	.	.	46	0	0
121	8	5	Rebuilding Boundary Walls	.	.			
548	10	11	Sundries	.	.	592	11	1
<hr/>						<hr/>		
3,719	4	5				3,140	16	7

CONTRAST of RECEIPTS and PAYMENTS—*Continued.*

1887.	PAYMENTS— <i>Continued.</i>	1888.
£ s. d.	X. GARDEN AND GROUNDS.	£ s. d.
348 19 11	Plants, Seeds, &c., Seed Potatoes, Wheat, and Oats	319 14 11
19 13 3	Manure	82 8 6
41 17 7	Pigs' and Horses' Meat	22 7 8
18 0 6	Garden Implements and Wheelbarrows	53 6 2
178 3 7	Straw	155 15 0
15 9 4	Shoeing Horses and Repairing Harness	19 16 1
...	Cart Horse	45 0 0
22 4 10	Road Metal and Gravel	52 0 3
28 17 2	Wire, &c.	9 4 0
41 15 11	Sundries	29 19 8
715 2 1		789 12 3
	XI. PUBLIC AND PAROCHIAL BURDENS.	
12 0 10	County Rates	11 13 7
199 8 11	Property and Income Tax	179 2 5
0 4 4	Land Tax	0 4 4
32 16 3	House Duty	34 2 6
190 3 4	Burgh Rates	186 1 8
133 13 1	Poor and School Rates	124 10 11
1 7 9	Road Assessment	1 6 3
3 0 0	Assessed Taxes	3 0 0
9 5 0	Public Water Rate	9 4 2
...	Heritors' Assessment for Repairs to St. Cuthbert's Church	0 15 2
581 19 6		550 1 0
1,484 3 0	XII. INTEREST ON DEBT.	1,414 17 3
	XIII. FEU DUTIES AND STIPEND.	
1,222 5 11	Feu Duties	1,142 18 2
26 1 3	Stipend	27 8 6
1,248 7 2		1,170 6 8
71 8 0	XIV. INSURANCE.	64 11 3
	XV. SALARIES AND WAGES.	
1,200 0 0	Physician-Superintendent	1,200 0 0
400 13 6	Three Assistant Physicians	398 17 0
...	Pathologist	26 5 0
180 0 0	Chaplain	195 0 0
225 0 0	House Steward	243 15 0
105 0 0	Gardener	105 0 0
86 5 0	Storekeeper	107 10 0
650 0 0	Treasurer and Clerk	650 0 0
140 0 0	Auditor	70 0 0
80 0 0	Matron of West House	87 10 0
165 0 0	Matrons of East and Craig House	184 4 0
5,392 2 11	{ Attendants' Wages	5,323 5 4
	{ Annuities to Old Attendants	288 13 6
8,624 1 5		8,879 19 10

CONTRAST of RECEIPTS and PAYMENTS—Continued.

1887.		PAYMENTS—Continued.	1888.	
£	s. d.	XVI. MISCELLANEOUS.	£	s. d.
12	2 11	Advertising	16	2 4
374	15 8	Cab Hires	403	5 1
204	6 4	Law Expenses	176	18 7
179	18 6	Postages, Porters, Telegrams, Bank Exchanges, &c.	201	7 4
33	1 2	Rewards to Patients, Attendants, &c.	41	17 3
55	13 6	Travelling Expenses	9	15 0
...	...	Fees to Architects, Surveyors, &c.	25	14 6
...	...	Washing Clothes	57	17 1
7	3 8	Sundries	14	8 10
867	1 9	<i>Deduct</i> —Cab Hires, &c., paid Scott, Croall, and Son included in the above expenditure, chargeable to individual patients, and carried to Branch XVII.	947	6 0
209	15 0		217	12 0
657	6 9		729	14 0
		XVII. ACCOUNTS PAID and MONEYS ADVANCED on behalf of individual Patients, against whom the same are charged.		
2,069	17 11	Total	2,280	8 9
		<i>Add</i> —Expense of Wines, Spirits, Porter, and Ale chargeable to individual patients, and carried from Branch I.	294	8 0
291	18 1		217	12 0
209	15 0	Do. of Cab-hires, &c. carried from Branch XVI.		
2,571	11 0		2,792	1 5
		East House	£2,283	18 4
		West House	508	3 1
			2,792	1 5

XVIII. LOANS paid up	£2,600	0	0
LOANS received to replace the above	£2,600	0	0

XIX. SUMS invested	£12,900	0	0
--------------------	---------	---	---

XX. ARREARS at 31st December 1888	£705	15	9
-----------------------------------	------	----	---

CONTRAST of TOTAL PROVISIONS, &c., supplied from Store for the
Year 1888 with the previous Year.

1887.	PROVISIONS, &c.	1888.	INCREASE.	DECREASE.
112,332 lbs.	Butcher Meat	111,086 lbs.	...	1,246 lbs.
11,102 ,,	Preserved Meat	11,790 ,,	688 lbs.	...
19,584 ,,	Oxheads	17,907 ,,	...	1,677 ,,
7,621 ,,	Ham	6,511 ,,	...	1,110 ,,
2,671 doz.	Biscuits	2,668 doz.	...	3 doz.
80,792 loaves	Loaves	81,407 loaves	615 loaves	...
93,955 rolls	Rolls	97,075 rolls	3,120 rolls	...
44,185 lbs.	Oatmeal	53,840 lbs.	9,655 lbs.	...
10,124 ,,	Flour	10,905 ,,	781 ,,	...
16,925 ,,	Barley	17,119 ,,	194 ,,	...
13,283 ,,	Pease	13,144 ,,	...	139 lbs.
5,250 ,,	Whole Rice	5,822 ,,	572 lbs.	...
5,118 ,,	Tea	5,092 ,,	...	26 lbs.
3,957 ,,	Coffee	3,918 ,,	...	39 ,,
36,736 ,,	Raw Sugar	36,111 ,,	...	625 ,,
6,131 ,,	Loaf Sugar	7,441 ,,	1,310 lbs.	...
1,501 ,,	Fresh Butter	1,460 ,,	...	41 lbs.
20,497 ,,	Salt Butter	20,647 ,,	150 lbs.	...
29,526 gals.	Sweet Milk	31,244 gals.	1,718 gals.	...
13,134 ,,	Skimmed Milk	13,148 ,,	14 ,,	...
20,316 lbs.	Cheese	21,192 lbs.	876 lbs.	...
15,481 doz.	Eggs	15,436 doz.	...	45 doz.
22,176 lbs.	Salt	22,152 lbs.	...	24 lbs.
1,600 ,,	Currants	1,502 ,,	...	98 ,,
875 ,,	Starch	772 ,,	...	103 ,,
19,024 ,,	Soda	19,067 ,,	43 lbs.	...
43,146 ,,	Soap (yellow and soft)	34,499 ,,	...	8,647 lbs.
19,494 gals.	Beer	19,308 gals.	...	186 gals.
820 bolls	Potatoes	863 bolls	43 bolls	...

CONTRAST of VALUE of STOCK on hand in Store at 31st December
1888 with the previous Year.

1887.		1888.	INCREASE.	DECREASE.
£ s. d.	Provisions—	£ s. d.	£ s. d.	£ s. d.
944 10 6	Groceries and Stimulants (including Baker's Stock)	774 2 0	...	170 8 6
761 13 10	House Furnishings	812 9 6	50 15 8	...
182 16 0	Male Clothing	168 3 0	...	14 13 0
185 13 4	Female do.	219 8 5	33 15 1	...
216 12 2	Ironmongery and Tin Goods	208 18 9	...	7 13 5
140 0 0	Amount for Pigs	145 0 0	5 0 0	...
105 0 0	Oats, Barley, Wheat and Straw	100 0 0	...	5 0 0
2,536 5 10	Total for 1888	2,428 1 8	89 10 9	197 14 11
	Total for 1887	2,536 5 10		89 10 9
	Decrease	108 4 2		108 4 2

STATE OF DEBT due by the WEST HOUSE of the ROYAL EDINBURGH
ASYLUM FOR THE INSANE, as at 31st December 1888.

Amount	£39,000 0 0
<i>Add</i> —Debt due by West House to East House, as on page 60 .	252 18 1
Total Debt due by West House, as at 31st December 1888	<u>£39,252 18 1</u>

STATE showing the Operation of the SINKING FUND during 1888, and contrasting the amount of the Actual Debt at the close of that Year with the Debt as estimated by Mr James Martin, C.A., in his "Report on the creation of a Sinking Fund."

Estimated Debt.		Actual Debt.
£ s. d.		£ s. d.
44,118 10 9	Amount of Debt at 31st December 1887 .	43,690 9 0
1,764 14 10	<i>Add</i> —One Year's Interest to 31st December 1888 .	1,643 10 11
<u>45,883 5 7</u>		<u>45,333 19 11</u>
	<i>Deduct</i> —(1.) Net Surplus of Ordinary Income of West House, as on page 60 .	
	£2,369 16 0	
	<i>Less</i> —Proportion thereof effecting to Intermediates .	
	452 12 3	
	£1,917 3 9	
	(2.) Balance understated at close of last Account .	10 10 0
	(3.) Price of Land received from North British Railway Company .	1,451 13 0
		<u>3,379 6 9</u>
	(4.) Fourth Instalment to Sinking Fund	41,954 13 2
2,701 15 1		2,701 15 1
<u>42,181 10 6</u>		<u>39,252 18 1</u>

ABSTRACT

OF THE

TREASURER'S INTROMISSIONS

WITH THE

FUNDS OF THE CHARITY COMMITTEE

FOR THE YEAR 1888.

CHARGE.

I. One year's Interest of £9,250, less Tax and Interest on Balance due to Treasurer	£351 7 7
II. Donations received from the following—	
Royal Edinburgh Asylum for the Insane, in terms of Minutes of Managers of 26th January and 27th December 1888	£400 0 0
Sir John Don Wauchope, Bart.	0 10 0
George Seton, Esq., St Bennets	0 5 0
	400 15 0
III. Balance due to Treasurer at 31st December 1888	29 6 10
Amount of the Charge	£781 9 5

DISCHARGE.

I. Balance of last Account, rendered 31st December 1887	£62 15 0
II. Sum paid to Royal Edinburgh Asylum for the Insane to supplement Patients' Boards during the year	718 14 5
Amount of Discharge equal to Charge	£781 9 5

STATE OF FUNDS AT 31st DECEMBER 1888.

Amount held in Loan by Managers of Asylum	£9,250 0 0
Deduct Balance due to Treasurer, as above	29 6 10
	£9,220 13 2

STATEMENT OF WORK
DONE AT
THE ROYAL HOSPITAL

During the Year ending 31st December 1888
OF THE

TREASURER'S INTROMISSIONS

WITH THE

FUNDS BEQUEATHED BY THE LATE

MRS ELIZABETH BEVAN

FROM 15TH MAY TO 31ST DECEMBER 1888.

CHARGE.

I. Income derived from the Funds for the period to 31st December 1888, including Interest on Balance in Treasurer's hands	£93 16 3
--	----------

DISCHARGE.

I. Sum paid in supplementing Patients' Boards	£50 0 0
II. Balance due by Treasurer at 31st December 1888	43 16 3
	£93 16 3

STATE OF FUNDS AT 31st DECEMBER 1888.

1. Amount of Invested Funds	£5,600 0 0
2. Balance due to Treasurer, as above	43 16 3
	£5,643 16 3

STATEMENT OF WORK

DONE AT

THE ROYAL EDINBURGH ASYLUM

During the Year ending 31st December 1888.

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

I. TAILORS.

Making 164 jackets, at 5s.	£41	0	0
„ 149 vests, at 2s. 6d.	18	12	6
„ 204 pairs corduroy and moleskin trousers, at 2s. 6d.	25	10	0
„ 66 pair tweed and cricket do. at 3s. 6d.	11	11	0
„ 140 flannels, at 1s.	7	0	0
„ 367 pairs drawers, at 1s.	18	7	0
„ 136 bonnets, at 6d.	3	8	0
„ 8 bed quilts, at 6s.	2	8	0
„ 1 tweed coat, at 8s.	0	8	0
„ 1 sailcloth jacket, at 5s.	0	5	0
„ 19 mattress covers, at 1s.	0	19	0
„ 4 quilted dresses, at 5s.	1	0	0
„ 2 do. petticoats at 3s. 6d.	0	7	0
„ 2 pairs do. drawers, at 2s.	0	4	0
Repairs (including carpets making)	136	3	0
		£267	2 6

II. SHOEMAKERS.

Making 108 pairs men's boots, at 5s. 6d.	£29	14	0
„ 2 „ Balmoral do., at 6s. 6d.	0	13	0
„ 110 „ women's shoes, at 3s.	16	10	0
„ 5 „ locked boots, at 3s. 6d.	1	7	6
„ 6 „ locked gloves, at 1s. 6d.	0	9	0
„ 258 „ braces at 4d.	4	6	0
„ 20 key belts, at 3d.	0	5	0
Repairing men and women's boots and shoes	77	16	6
		131	1 0
Carry forward	£398	3	6

Brought forward £398 3 6

III. ENGINEERS AND BLACKSMITHS.

Amount of engineer and blacksmith work for Western Department	£151 0 2	
Do. do. for Eastern Department	35 8 6	
Do. do. for workshops and garden	38 8 6	
		<u>224 17 2</u>

IV. UPHOLSTERERS.

Amount of general upholstery work and repairs for Western Department	£85 12 7	
Do. do. for Eastern Department	32 4 3	
		<u>117 16 10</u>

V. PRINTERS.

Amount of printer work for East and West Departments, 148 4 0

VI. PLUMBERS, GASFITTERS, AND TINSMITHS.

Plumber, gasfitter, and tinsmith work for Western Department	£181 16 0	
Do. do. for Eastern Department	44 6 0	
Tin goods made for store	21 4 10	
		<u>247 6 10</u>

VII. CARPENTERS.

Amount of general cabinet and joiner work, repairs to fabric and furniture, &c., for Western Department	£252 2 4	
Do. do. for workshops and garden implements	11 5 0	
Do. do. for Eastern Department	87 10 9	
Do. do. for miscellaneous buildings	4 12 6	
Amount for Coffins	2 14 6	
		<u>358 5 1</u>

VIII. MASONS, GLAZIERS, PLASTERERS, AND SLATERS.

Mason, glazier, plasterer, and slater work in Western Department	£83 2 6	
Do. do. in Eastern Department	63 7 10	
		<u>146 10 4</u>
		<u>£1,641 3 9</u>

JAMES C. GRAY, *House Steward.*

Articles Made by Females in Western Department.

			£	s.	d.				£	s.	d.
439	Gingham, print, and wincey dresses	at 3s 0d	65	17	0	Brought forward,			189	7	8
84	Linen check dresses	2s 6d	10	10	0	57	Counterpanes	at 0s 1d	0	4	9
54	Stuff dresses	... 5s 6d	14	17	0	194	Pairs blankets hemd.				
18	Muslin dresses	... 3s 0d	2	14	0		and marked	... 0s 4d	3	4	8
466	Cotton chemises	... 0s 4d	7	15	4	84	Bed covers do. do.	0s 3d	1	1	0
47	Do. do. fine	0s 6d	1	3	6	366	Pairs stockings knit.	... 0s 9d	13	14	6
245	Bed-gowns	... 0s 4d	4	1	8	234	Pairs socks do.	... 0s 6d	5	17	0
28	Long bed-gowns	... 0s 10d	1	3	4	420	Pairs stockings refooted	... 0s 6d	10	10	0
426	Flannel chemises	... 0s 3d	5	6	6	280	Pairs socks do.	... 0s 4d	4	13	4
65	Caps	... 0s 3d	0	16	3	125	Pillow cases	... 0s 1d	0	10	5
230	Bonnets and hats trimmed	... 0s 9d	8	12	6	10	Bolsters do.	... 0s 1½d	0	1	3
86	Collarettes	... 0s 4d	1	8	8	9	Set window curtains	1s 0d	0	9	0
53	Slip bodices	... 0s 3d	0	13	3	5	Window vallances	... 1s 0d	0	5	0
74	Pairs drawers	... 0s 3d	0	18	6	71	Window blinds	... 0s 3d	0	17	9
247	Plaidg. petticoats	... 0s 3d	3	1	9	5	Couch covers	... 1s 0d	0	5	0
259	Coloured do.	... 0s 3d	3	4	9	5	Easy-chair covers	... 0s 6d	0	2	6
73	Flannel do.	... 0s 5d	1	10	5	115	Pairs shoes bound	... 0s 2d	0	19	2
534	Striped shirts	... 0s 8d	17	16	0	34	Shrouds made	... 0s 4d	0	11	4
24	Night do.	... 0s 10d	1	0	0	68	Muslin screens	... 0s 1½d	0	8	6
234	Men's flan. jackets	0s 6d	5	17	0	125	Matresses	... 1s 0d	6	5	0
332	Men's do. drawers	0s 6d	8	6	0	130	Palliasses	... 1s 0d	6	10	0
1265	Linen sheets	... 0s 1d	5	5	5	28	Table covers	... 0s 1d	0	2	4
111	Cotton do.	... 0s 1d	0	9	3	80	Straw bags	... 0s 6d	2	0	0
1194	Pillow slips	... 0s 1d	4	19	6	90	Store and Tea bags	... 0s 0½d	0	3	9
16	Bolster do.	... 0s 1d	0	1	4	10	Knee cushions	... 0s 3d	0	2	6
141	Check aprons	... 0s 1d	0	11	9	37	Hair do.	... 0s 3d	0	9	3
207	Print do.	... 0s 2d	1	14	6	60	Pudding cloths	... 0s 1d	0	5	0
290	Pinafores	... 0s 1½d	1	16	3	30	Knitted cravats	... 0s 3d	0	7	6
496	Roller towels	... 0s 0½d	1	0	8	360	Dusters	... 0s 0¼d	0	7	6
676	Hand do.	... 0s 0½d	1	8	2	960	Shawls, shirts, and stockings marked	... 0s 0¼d	1	0	0
179	Men's dowlas aprons	0s 5d	3	14	7	30	Blankets quilted	... 2s 0d	3	0	0
83	Women's do. do.	0s 4d	1	7	8						
62	Table cloths	... 0s 1d	0	5	2						
	Carry forward,		£189	7	8				£253	15	8

Articles Repaired by Females in Western Department.

			£	s.	d.				£	s.	d.
2720	White & regatta shirts	at 1d	11	6	8	Brought forward			145	17	4
5800	Striped shirts	... 1d	24	3	4	386	Table cloths	at 1d	1	12	2
1410	Woollen do.	... 1d	5	17	6	220	Dowlas aprons	... 1d	0	18	4
318	Night do.	... 1d	1	6	6	334	Pairs blankets	... 1d	1	7	10
3274	Pairs woollen drawers	1d	13	12	10	212	Counterpanes	... 1d	0	17	8
3546	Flannel jackets	... 1d	14	15	6	224	Bed covers	... 1d	0	18	8
2946	Cotton chemises	... 1d	12	5	6	86	Slip bodices	... 1d	0	7	2
1183	Flannel do.	... 1d	4	18	7	384	Pinafores	... 0½d	0	16	0
3263	Plaiding petticoats	... 1d	13	11	11	340	Check aprons	... 0½d	0	14	2
387	Flannel do.	... 1d	1	12	3	142	Pairs cuffs	... 0½d	0	5	11
1124	Upper do.	... 1d	4	13	8	226	Collars	... 0½d	0	9	5
1138	Bed-gowns	... 1d	4	14	10	17,864	Pairs socks	... 0½d	37	4	4
244	Pairs cotton drawers	... 1d	1	0	4	6,996	Pairs stockings	... 0½d	14	11	6
710	Gowns	... 1d	2	19	2	240	Roller and hand towels	... 0½d	0	10	0
4478	Sheets	... 1d	18	13	2						
2467	Pillow slips	... 1d	10	5	7				£206	10	6
	Carry forward,		£145	17	4						

MRS MACDOUGALL, *Matron.*

Articles Made by Females in Eastern Department.

16 Shawls.	30 Worsted work.	270 Dusters.
12 Chemises.	55 Knitting.	5 Sofa covers.
12 Pairs drawers.	40 Trimming sewed.	25 Chair do.
10 Coloured petticoats.	50 Netting.	34 Table cloths.
6 Flannel do.	50 Crotchet.	6 Tray do.
70 Pairs worsted stockings.	20 Towels.	14 Table napkins.
190 Aprons.	18 Muslin window blinds.	19 Pairs blankets.
25 Pairs slippers sewed.	300 Yards Tatting.	330 Sundries.

Articles Repaired by Females in Eastern Department.

66 Gowns.	2000 Pairs socks.	45 Quilts.
10 Shawls.	320 Flannel shirts.	8 Pairs blankets.
225 Night gowns.	120 Aprons.	225 Pillow slips.
290 Chemises.	12 Pocket handkerchiefs.	80 Towels.
280 Pairs drawers.	120 Slip bodices.	15 Sofa covers.
4 White petticoats.	20 Pairs stays.	18 Chair do.
50 Coloured do.	75 Collars.	25 Table cloths.
40 Flannel do.	50 Linen sleeves.	40 Toilet covers.
135 Flannel underdresses.	35 Knitting.	60 Table napkins.
3000 Pairs worsted stockings	35 Crotchet.	230 Sundries.
80 Pairs cotton stockings.	500 Shirts.	

A. E. PETER, *Matron.*