

**Ninety-eighth annual report of the Royal Edinburgh Asylum, Morningside :
Craig House and the West House mental hospitals for the year 1910.**

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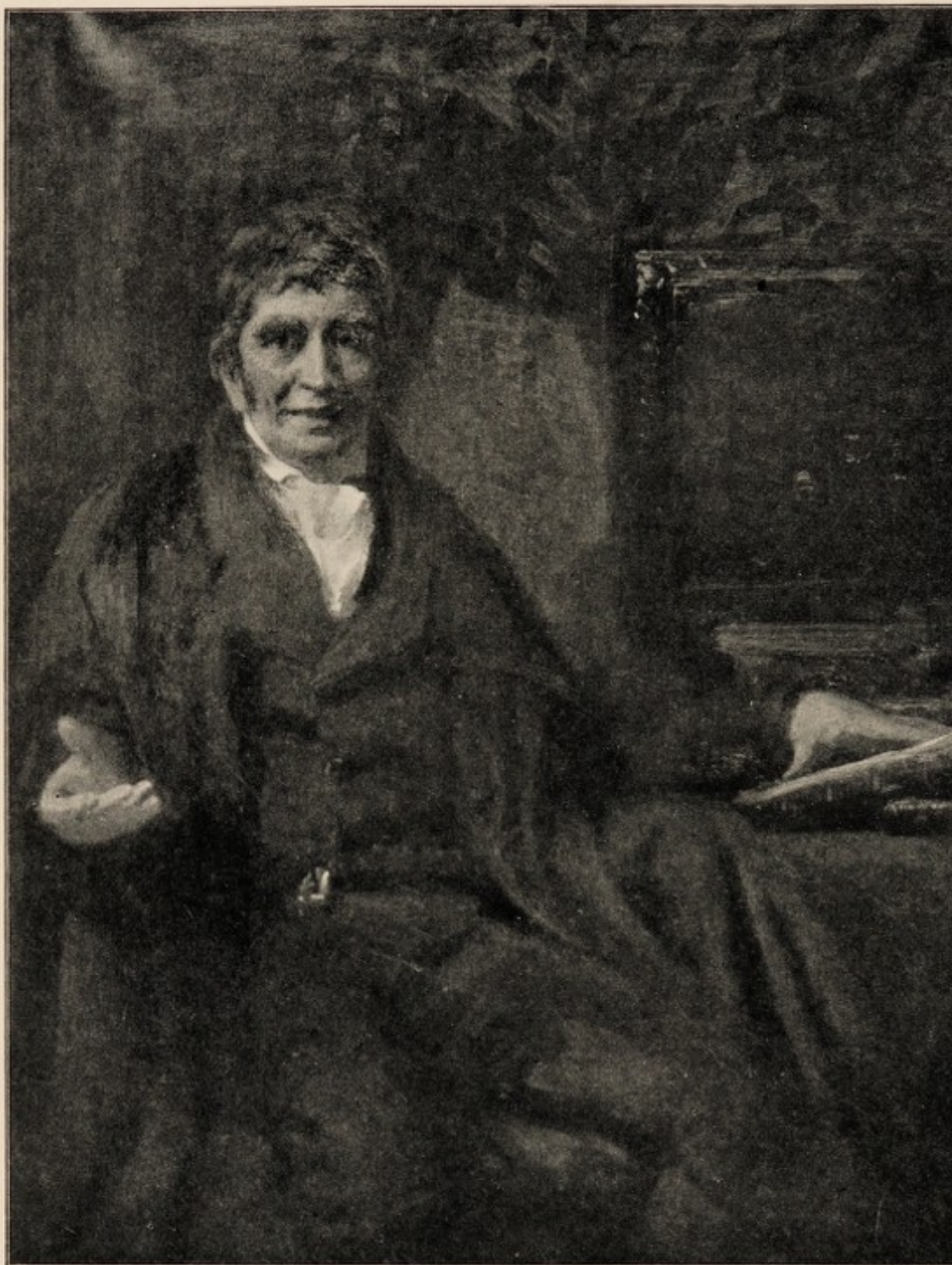
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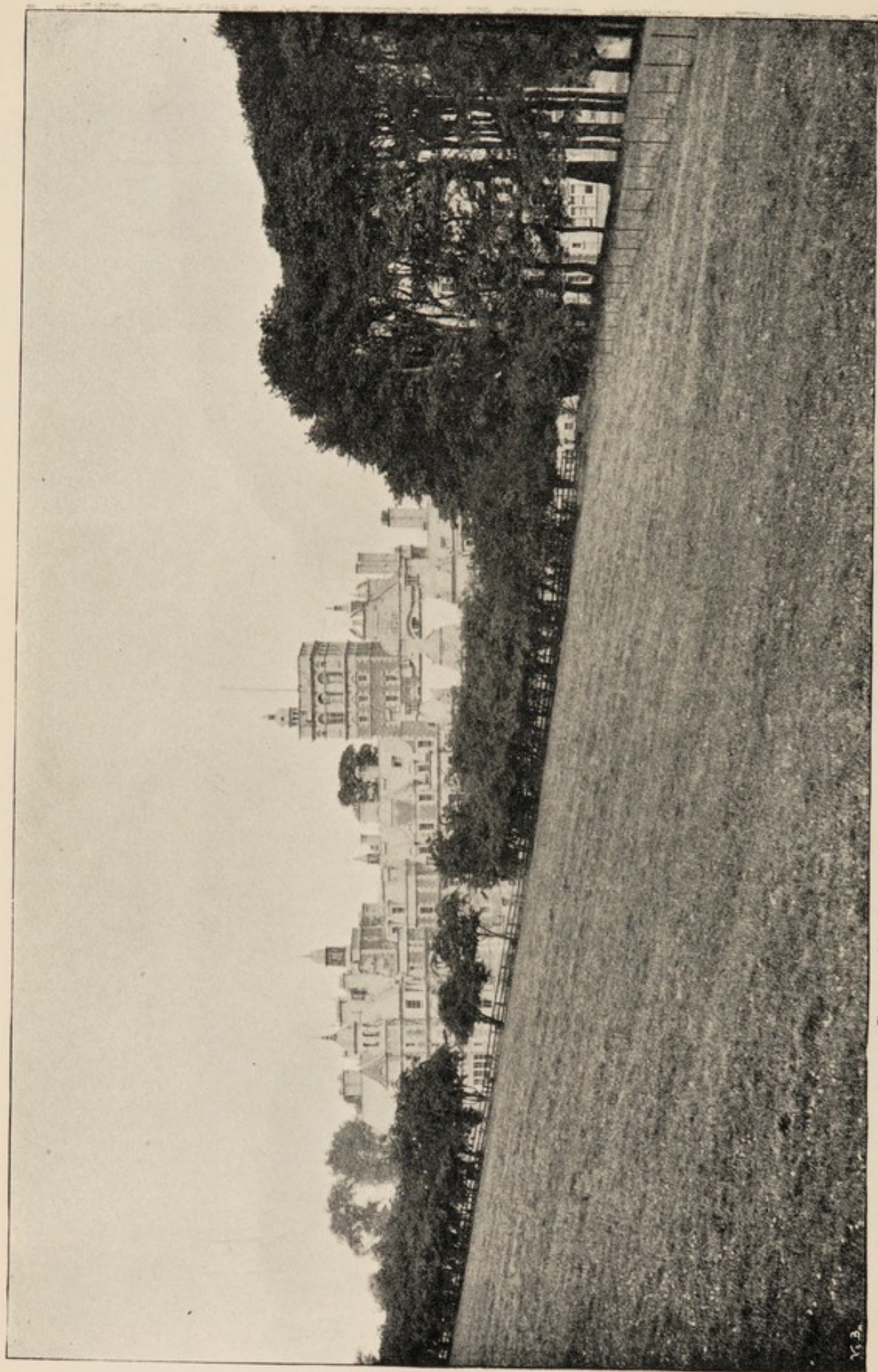


ANDREW DUNCAN

To whom the Royal Edinburgh Asylum owes its origin in 1807

After a Picture by Raeburn.



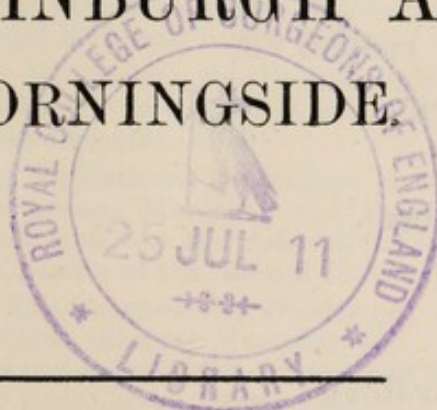


CRAIG HOUSE, CENTRE—GENERAL VIEW FROM SOUTH-EAST

NINETY-EIGHTH
ANNUAL REPORT

OF THE

ROYAL EDINBURGH ASYLUM,
MORNINGSIDE.



CRAIG HOUSE AND THE WEST HOUSE
MENTAL HOSPITALS.

FOR THE YEAR 1910.

PRINTED AT THE WEST HOUSE.

LIST OF ILLUSTRATIONS.

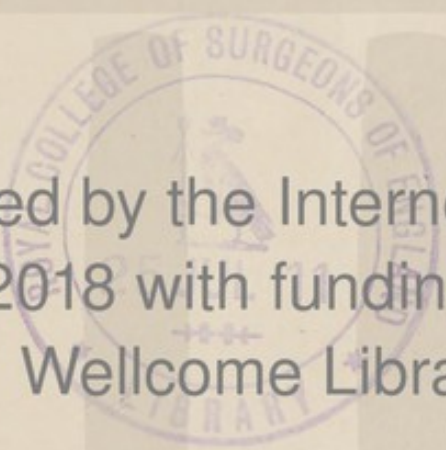

CRAIG HOUSE AND ITS VILLAS.

DR A. DUNCAN	<i>Frontispiece.</i>
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MRS ELIZABETH BEVAN

(Grand-daughter of Dr Andrew Duncan), who left the "Bevan Fund" to R. E. A.

ROYAL EDINBURGH ASYLUM.

CRAIG HOUSE AND THE WEST HOUSE MENTAL HOSPITALS.

Patron—**THE KING.**

OFFICE-BEARERS FOR THE YEAR 1910.

GOVERNOR.

THE DUKE OF BUCCLEUCH AND QUEENSBERRY.

DEPUTY-GOVERNORS.

THE EARL OF STAIR.	SIR ALEX. CHRISTSON, Bart.
THE EARL OF ROSEBURY.	SIR WILLIAM TURNER, K.C.B.

EXTRAORDINARY MANAGERS.

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

ORDINARY MANAGERS.

The Lord Provost (<i>ex-officio</i>).	Professor Hudson Beare,
John R. Findlay, Esq.	M. Inst. C.E.
James Adam, Esq., Advocate.	Professor Rankine, K.C.
Rev. R. H. Fisher, D.D.	James Gibson, Esq.
Geo. M. Paul, LL.D., D.K.S.	P. Hume Maclaren, Esq., M.D.
Sir James Russell, LL.D.	Richard W. Huie, Esq.
L. S. Gumley, Esq.	John J. Cowan, Esq.
Professor Alex. Crum Brown, M.D., LL.D.	W. H. Cook, Esq., C.A.

Chairman of the Board—Mr Adam.

OFFICE-BEARERS FOR THE YEAR 1910—Continued.

MEDICAL BOARD.

BYROM BRAMWELL, M.D., *President of the Royal College of Physicians.*

G. A. BERRY, F.R.C.S., *President of the Royal College of Surgeons.*

Professor JOHN WYLLIE.

Dr. J. O. AFFLECK.

Dr. JOSEPH BELL.

DAVID SCOTT-MONCRIEFF, W.S., *Clerk and Treasurer.*

ROBERT SCOTT-MONCRIEFF, W.S., *Joint-Clerk and Treasurer.*

STANDING COMMITTEES.

Visiting Committee.

This Committee consists of the whole Board of Ordinary Managers.

Mr Adam, *Convener.*

Finance Committee.

Mr Findlay.

Mr Gumley.

Professor Hudson Beare.

Mr Paul.

Mr Cook.

Mr Huie.

Mr Findlay, *Convener.*

Law Committee.

Mr Findlay.

Law Committee—continued.

Mr Adam.

Professor Rankine.

Mr Paul.

Mr Cook.

Professor Rankine, *Convener.*

*Charity and Bevan Fund
Committee.*

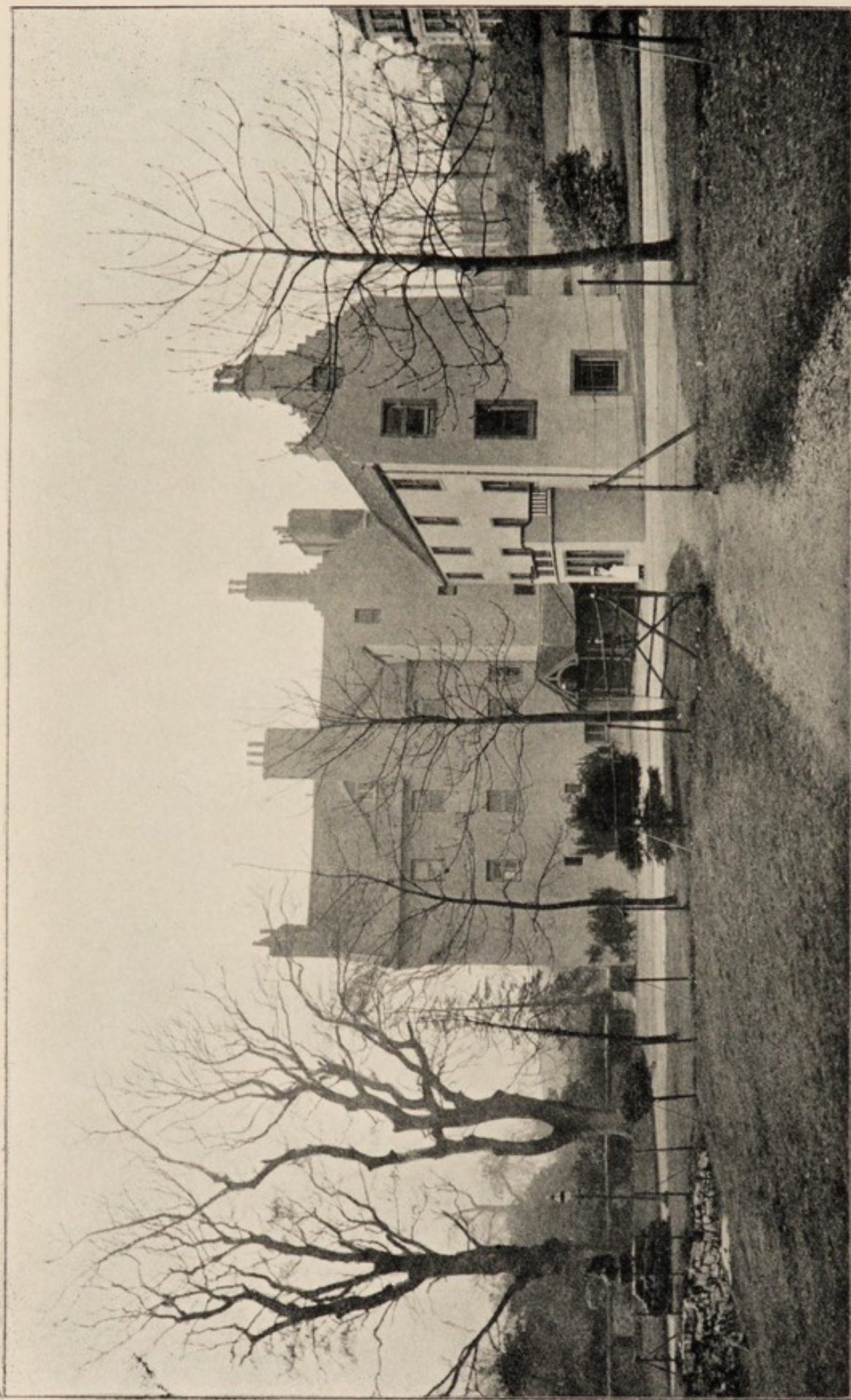
Dr Fisher.

Sir James Russell.

Mr Gibson.

Dr M'Laren.

Dr Fisher, *Convener.*



OLD CRAIG HOUSE, 1565-1907

MEDICAL STAFF.

PHYSICIAN SUPERINTENDENT.

GEORGE M. ROBERTSON, M.B., F.R.C.P.Ed.

ASSISTANT PHYSICIANS.

R. DODS BROWN, M.D., F.R.C.P.Ed., D.P.H.

A. W. NEILL, M.B., Ch.B.

W. SCOTT WATSON, M.B., Ch.B.

D. F. BORRIE, M.R.C.S.Eng.

BACTERIOLOGIST AND PATHOLOGIST.

WINIFRED MUIRHEAD, L.R.C.P.Ed.

ASSISTANT IN LABORATORY.

L. D. FAIRFIELD, M.B., Ch.B.

RESIDENT CLINICAL CLERKS DURING THE YEAR.

T. R. SANDEMAN, M.B., Ch.B.

S. J. A. HALL WALSH.

J. J. DYKES, L.D.S.

CLARE R. PATTON.

A. E. DRYNAN.

J. C. SIMPSON, M.B., Ch.B.

DOUGAL CALLANDER, M.B.,
Ch.B.

G. V. F. MACMICHAEL.

J. R. MACGREGOR, M.B., Ch.B.

*HONORARY CONSULTING PHYSICIAN.

T. S. CLOUSTON, M.D., LL.D., F.R.C.P.Ed.

CHAPLAIN.

THE REV. WILLIAM STUART THOMSON.

STEWARD.

JOHN M'INTOSH.

HEAD ATTENDANT	CHARLES TOUGH.
CLERK OF WORKS	ROBERT CLARKE.
HEAD GARDENER.	ADAM STENHOUSE.
STOREKEEPER	INNES GRANT.
DISPENSER	C. M. HENDERSON, M.P.S.
SECRETARY	Miss ROSE.

Nursing and Domestic Staff.

CRAIG HOUSE

LADY SUPERINTENDENT.

MISS WISE.

MATRONS OF VILLAS, &c.

OLD CRAIG	-	-	-	-	-	MISS SPENCE.
SOUTH CRAIG	-	-	-	-	-	MISS DARNEY.
BEVAN HOUSE	-	-	-	-	-	MISS BALL.
CRAIG HOUSE (Ladies)	-	-	-	-	-	MISS WARRACK.
QUEEN'S CRAIG AND THE BUNGALOW	-	-	-	-	-	MISS PORTER.
CRAIG HOUSE (Gentlemen)	-	-	-	-	-	MISS CRAIG.
GENTLEMEN'S HOSPITAL	-	-	-	-	-	MISS ARMSTRONG.
HAWTHORN VILLA, COCKENZIE	-	-	-	-	-	MISS WATT.
NIGHT SUPERINTENDENT	-	-	-	-	-	MISS MILLAR.

ASSISTANT MATRONS.

MISS GRAHAM. | MISS WILSON.

HOUSEKEEPER—MISS CARPHIN.

KITCHEN SUPERINTENDENT—MISS BROWN.

Assistants—MISS COCKBURN AND MISS LOCKHART.

WEST HOUSE.

MATRONS.

MISS THYNE—*Male Department.*

MISS HEARDER—*Female Department.*

ASSISTANT MATRONS.

MISS LUMSDEN (Royal Dundee Infirmary).
MISS THORBURN (Royal Edinburgh Infirmary).
MISS CAMERON (Leicester Infirmary).
MISS HOWARD (Queen's Hospital, Birmingham).
MISS FLETCHER (Perth Royal Infirmary).
MISS SMITH (Royal Aberdeen Infirmary).

MISS M'KEITH.

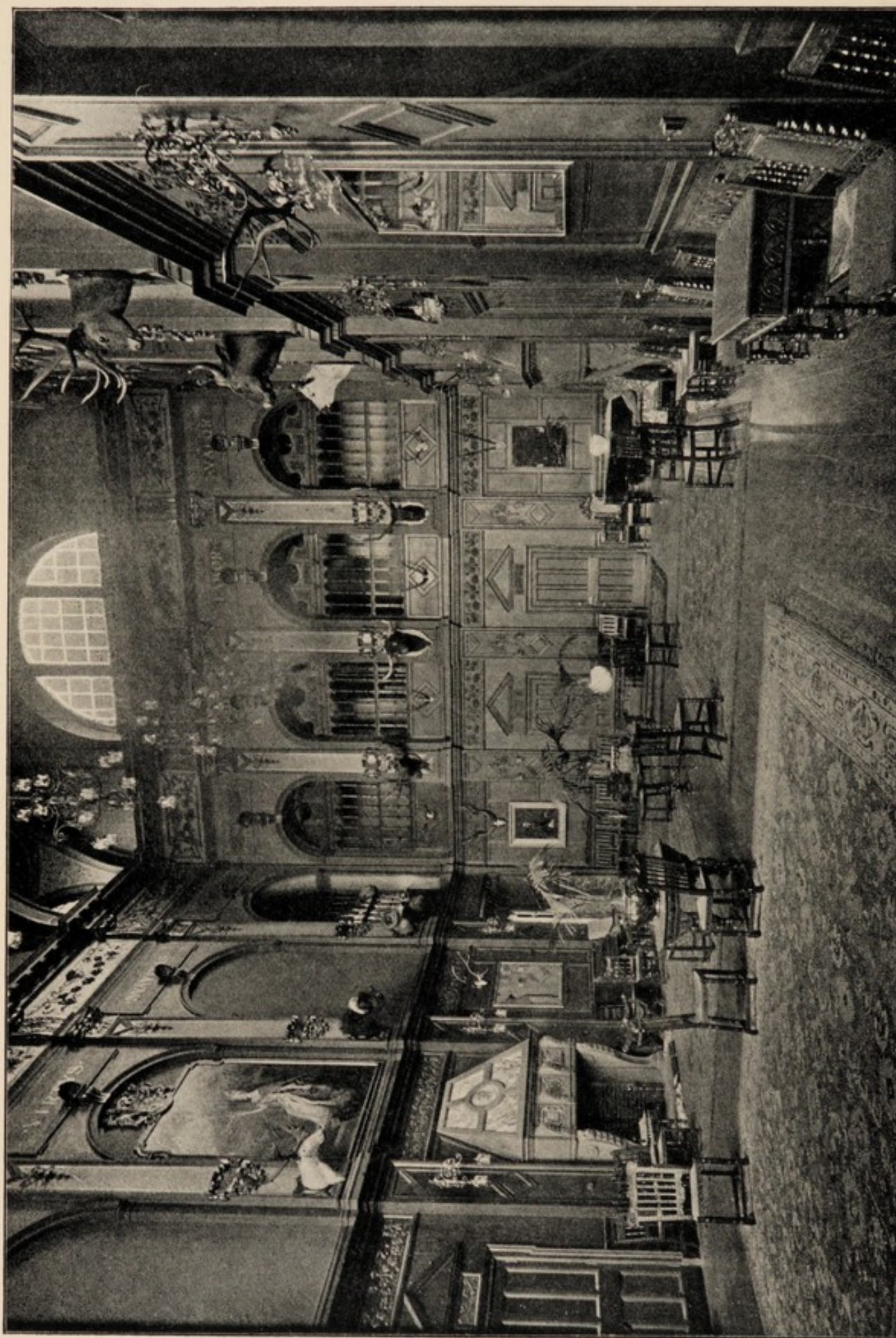
KITCHEN SUPERINTENDENT.

MISS MILLER (Edinburgh School of Domestic Economy).

LAUNDRY SUPERINTENDENT.

MISS WHITE.

MISS BELL, *Assistant.*



REPORT
OF THE
ORDINARY MANAGERS
OF THE
ROYAL EDINBURGH ASYLUM FOR THE INSANE
FOR THE YEAR ENDING 31ST DECEMBER 1910.

IN submitting their Report for the year 1910 it is gratifying to the Managers to be able to refer to the ever-increasing confidence displayed by the public and its medical advisers in the Institution under their charge.

During the year that has just closed the number of patients under treatment at one time in Craig House reached its maximum, there being for some weeks as many as 226 paying the higher rates of board.

In the West House also there have been more patients treated than in any year since the partial removal of the City patients to Bangour, the increase being mainly in the Intermediate Department, which is occupied by a class for whom the Managers have always had a peculiar sympathy.

The financial position of the Institution is satisfactory, the amount of the indebtedness of the Corporation at 31st December last being £68,109, 5s. 1d., as compared with £117,132, 1s. 4d. in 1895, when Craig House was opened, a decrease of no less than £49,022, 16s. 3d. in fifteen years.

The prosperous state of affairs thus disclosed has induced the Managers to embark upon an undertaking which they have for some time seen to be inevitable, viz., the renovation of the West House. It is not too much to say that when Dr. Clouston, shortly after his appointment as Physician-Superintendent, remodelled the West House he made it the

first institution of its kind in the country—a position which it maintained for many years. Latterly, however, owing to the construction of the large and expensive District Asylums in which all the latest ideas for the treatment of insanity have been given effect to, the West House Buildings have fallen behind, a fact of which the Managers have been for some time painfully conscious. They, however, felt that with the heavy debt incurred through the erection of the magnificent buildings of Craig House, it was impossible for them to undertake any work that was not absolutely necessary. The renovation of the West House accordingly had to wait until last year, when the financial position of the Corporation rendered expenditure in the improvement of that department not only justifiable, but more or less a necessity. This matter will afterwards be referred to in greater detail, but the Managers may mention that it explains the reason why the debt on the Institution has this year been reduced by only £2,070, 12s. 7d.—a very much smaller amount than would otherwise have been the case.

CRAIG HOUSE.

The average number of patients under treatment in this department for the year just closed was 218, being an increase of 9 on the average number for the preceding year. The increase of inmates has brought with it a corresponding increase of revenue, which has considerably exceeded all previous receipts. In order, however, that the Institution may be maintained as heretofore, in the forefront of its kind, a considerable amount of extraordinary expenditure has been incurred.

The improvements thus carried out are referred to by Dr. John Macpherson, one of His Majesty's Commissioners in Lunacy, who visited the Institution on 5th, 6th and 7th December last. He writes as follows:¹—

“It is satisfactory to observe that Craig House continues to maintain its prosperity, and that advantage is being taken of the excellent accommodation provided for this class of patient. Facilities for the medical treatment of patients in this department by the erection of three new verandahs, handsomely con-

¹ For Report see p. 53.

“structed with glass roofs and cement floors, have recently been
 “provided. The open-air bed treatment of all patients requiring
 “it can now be systematically and satisfactorily carried out.
 “Access to the open air has also been made easier by the
 “construction of French windows opening from several of the
 “day rooms. For patients requiring special observation at
 “night six new bedrooms have been constructed, opening off
 “the observation dormitories. This is on many accounts a most
 “excellent and useful provision. The kitchen at Craig House
 “has, as regards its fittings, been almost wholly renovated.”

It remains to be added that the dietary, upon the quality of which the contentment and welfare of the patients so largely depend, have been revised and improved in many ways.

In the month of July in the past year the Medico-Psychological Association of Great Britain held its Annual Meeting in Edinburgh, and the Managers had the honour and pleasure of entertaining the Members and their friends to a luncheon and garden party on 21st July. There were present at the luncheon about 90 Members of the Association, and, in spite of bad weather, there were over 500 guests present at the garden party held in the afternoon. Although, owing to the weather, the whole plans had to be altered at the eleventh hour, the party passed off most successfully, reflecting the greatest credit on Dr. Robertson's powers of administration.

WEST HOUSE.

The following table gives the numbers of patients in this department of the Institution :—

	1909.	1910.	Increase.	Decrease.
Intermediates at £60 . . .	11	8	—	3
Do. at £45 . . .	150	159	9	—
Private Patients at lowest rate of board . . .	79	78	—	1
Rate-paid Patients . . .	287	289	2	—
	527	534	11	4
Net increase . . .	—	—	7	—

The amount of board received for all the West House patients, including extra accounts, during the year was £20,713 2 5

Sundry other receipts, including £745, 9s. 7d.

received from Craig House for labour performed for that department by West

House patients 1,095 16 10

Total Ordinary Income . £21,808 19 3

Deduct — 1. Payment for ordinary maintenance, including interest of debt, etc.

. £23,935 12 9

2. Capital instalment towards

Sinking Fund 2,161 13 2

26,097 5 11

Showing a deficit for the West House of £4,288 6 8

Of this deficit £1,030, 11s. 11d. pertains to Intermediate patients.

The following table shows the cost of maintenance of the two classes of West House patients for the years 1909–1910, based on the hypothetical assumption that the Managers have charged the full sum authorised by the Court of Session towards the liquidation of debt :—

	Cost in 1909.	Cost in 1910.	Mean rate of Board.	Deficit on each Patient in 1910.
Each Intermediate Patient	£45 12 1	£52 3 1	£45 9 10	£6 13 3
Each Rate-paid Patient and Patients at the lowest rate of board	37 8 5	43 16 2	34 18 8	8 17 6

The details of these figures will be found on p. 58, and an examination of them will at once show that the large increase in the cost of maintenance is mainly due to the increased expenditure under two headings, viz. :—(1) New Buildings, General Upkeep, and Furnishings; and (2) Salaries





CRAIG HOUSE—CHIEF DRAWING ROOM

and Wages. These are the two items which have been affected by the work of renovation begun this year in this department.

It is impossible here to give in detail all that has been done, but reference may be made to the following :—(1) New Hospitals for each sex have been provided and fully equipped, and two shelters, each 80 feet long by 20 feet broad, have been added for the open-air treatment of the patients; (2) 120 of the old springless iron beds have been replaced by Lawson-Tait spring beds; (3) All the old pan closets have been replaced by modern sanitary appliances, and the lavatory accommodation improved throughout the house at a cost of £680; (4) The whole of the male side of the main buildings has been completely repainted with enamel paint in bright colours, and strips of linoleum have been laid in the dormitories and bedrooms; (5) Three new dining-rooms for the staff have been made and furnished, and a new kitchen and scullery added for their special use; (6) Incandescent gas burners have been introduced throughout the buildings; and (7) Many rooms have been refloored, redecorated, and furnished.

These various alterations have been carried out partly under contracts with outside workmen, and partly by largely augmenting the Asylum staff of workmen.

There is also a considerable increase in the sum spent on bedding and clothing, the stocks of which have been largely added to.

It will be observed from the accounts that not only has it been found impossible to pay the contribution of £2,161, 13s. 2d. towards the capital of the Sinking Fund, but that the debt has actually been increased by £1,118, 11s. 9d.

Reference to the improvements in the West House will be found in the Report¹ by Dr. John Fraser, one of His Majesty's Commissioners in Lunacy, who visited the Institution on 20th, 21st, and 22nd June last, and also in Dr. Macpherson's Report already referred to. These Reports show how highly the Commissioners approve of what has been done during the year in this department.

Dr. Fraser in his Report refers to the condition of the West House kitchen, and the Managers hope to be able to undertake

¹ See p. 50.

the re-arrangement of this department in addition to that of the Laundry during 1911.

It will also be observed from the foregoing statement that the cost of maintaining the patients has been largely in excess of the board received for them. Had the increased expenditure been due to a rise in the cost of commodities, the Managers would have had no alternative but to raise the rates of board. As it is, however, the greater part of the expenditure must be regarded as more or less of a capital nature, the liquidation of which should be spread over a period of years. They, therefore, have resolved to make no change in the present rates of board, which will remain accordingly at £60 and £45, for intermediate patients; £34, 10s., for rate-paid patients, including the cost of clothing, estimated at £2; and £32, 10s., for private patients at the lowest rate of board.

The Managers beg to draw the attention of the charitable to the claims of the Charity Fund which assists those in humble life who are called upon, out of their slender means, to provide for the maintenance in the Asylum of relatives afflicted with mental disease, and who shrink from the stigma of pauperism.

The Reports of this Fund and of the Bevan Fund are submitted herewith along with the Treasurer's Accounts.

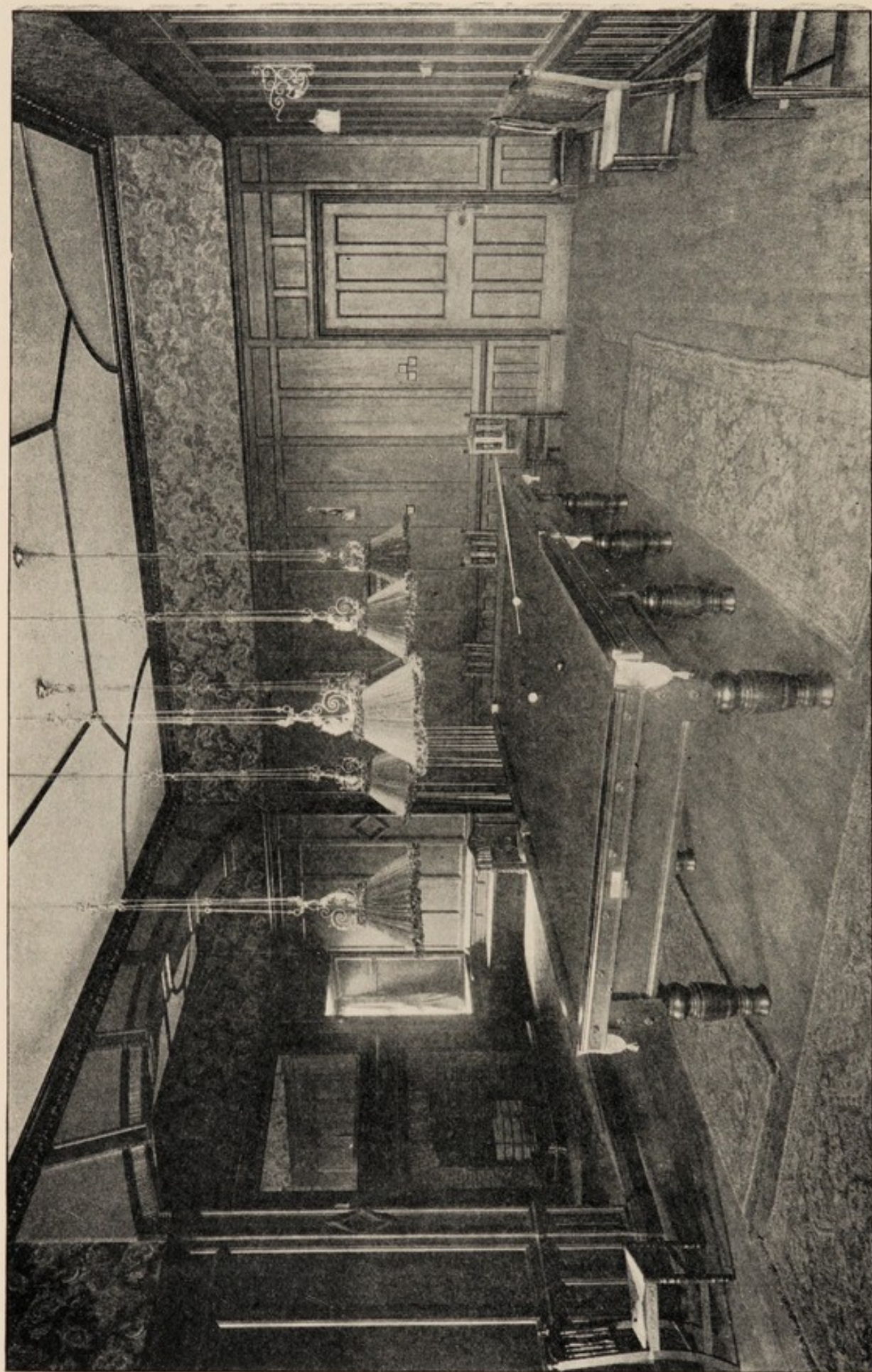
The Managers have again to record their entire satisfaction with the indefatigable manner in which Dr. Robertson has discharged his duties as Physician-Superintendent, and with the wholehearted way in which the Assistant Physicians, Steward, Lady-Superintendent, Matrons, and other officials have seconded his efforts for the welfare and happiness of the patients.

In conclusion the Managers beg to refer to the lamented death, on 6th May last, of their Patron, His late Majesty King Edward VII. Addresses expressive of the sorrow and sympathy of the Corporation signed by the Governor, His Grace the Duke of Buccleuch, were transmitted to His Majesty King George V., and to Her Majesty Queen Alexandra.

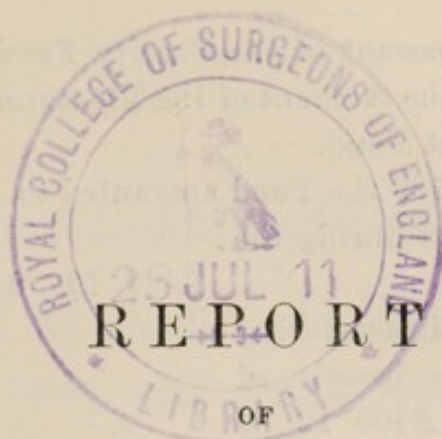
In name of the Managers,

JAMES ADAM,
Chairman.





CRAIG HOUSE-CENTRAL BILLIARD ROOM



THE CHARITY COMMITTEE OF MANAGERS
OF THE
ROYAL EDINBURGH ASYLUM FOR THE INSANE
FOR THE YEAR ENDING 31st DECEMBER 1910.

THE Account of the Treasurer's Intromissions with the Charity Fund is herewith submitted.

The Fund amounted at 31st December 1909 to	£9,723	4	1
The Ordinary Income during the			
year amounted to	£342	3	7
The Ordinary Expenditure during			
the year for the benefit of			
patients was	£438	9	7
Expense of Manage-			
ment	11	5	3
		449	14 10
Excess of Expenditure over Income			107 11 3
Amount of Fund at 31st December 1910			£9,615 12 10

The total number of patients relieved during the year from the Ordinary Income of the Charity Fund was 40, and the number of patients on the roll at the close of the year was 32.

Along with the Account of the Charity Fund, the Committee beg leave to submit the Account of the Treasurer's Intrromissions with the Bevan Trust Fund.

At 31st December 1909 the Fund amounted to £12,582 12 11

The Ordinary Income during the

year amounted to . . . £409 19 9

The Ordinary Expenditure during

the year for the benefit of

patients was . £405 12 10

Expense of Manage-

ment . . . 15 3 7

420 16 5

Excess of Expenditure over Income . . . 10 16 8

Amount of Fund at 31st December 1910 . . £12,571 16 3

The number of patients relieved during the year was 36, and the number on the roll at the close of the year was 28.

The total number of patients appearing on the rolls of the two Funds was 76, but as seven of these were transferred from the Bevan Fund to the Charity Fund during the year, thus appearing on both Funds, the net total relieved is only 69.

The Committee are glad to report that during the year they received subscriptions to the Fund amounting to £25, 13s. for which they take this opportunity of returning their thanks to the subscribers, and, at the same time, they would draw the attention of the charitable public to the valuable work, too little known, which is done by this Committee for the help of a most deserving class.

R. H. FISHER, *Convener.*

PHYSICIAN-SUPERINTENDENT'S
A N N U A L R E P O R T
FOR THE YEAR 1910.

MY LORD PROVOST AND GENTLEMEN,

I have the honour to submit the
 Physician-Superintendent's Report for the year 1910.

On the 1st January the total number of patients on the Register was 752, of whom 14 were absent on probation. On 31st December the number was 758, of whom 12 were absent on probation, being an increase of 6 in the total number of patients during the course of the year.

The number of Admissions was 195, of Discharges 129, and of Deaths 60.

A summary of the changes in the population during the course of the year is given in the following table:—

	M.	F.	Total.
On the General Register, 1st Jan.			
1910 - - - -	364	388	752
Admitted - - - -	79	116	195
<hr/>			
Under Treatment during the year	443	504	947
Discharged—Recovered - -	26	44	70
Discharged—Unrecovered -	20	39	59
Died - - - -	28	32	60
<hr/>			
Removed during Year - -	74	115	189
Remaining on Register, 31st Dec. 1910	369	389	758
Average number resident during year	367	385	752

A comparison of the statistics of the Asylum for the last Retrospect.
 four years reveals that its average population has risen steadily

from 732 in 1907 to 752 last year. This fact removes any apprehensions that may have existed as to the result of the sudden removal of so many of our patients to Bangour and of the loss of so many of the admissions belonging to the parish of Edinburgh. An increase of 20 in the population in the course of four years is perhaps not a large one, but it is quite sufficient to give the Managers an assurance of stability and to indicate that the Asylum has recovered from the changes which occurred only a few years ago, and is developing favourably under the new conditions.

Craig House
prosperous.

With regard to Craig House, which is the most important part of the Institution, its prosperity, as indicated by the number of patients there and by its revenue, has never been exceeded at any previous time.

THE ADMISSIONS.

The total number of admissions last year was 195, or 14 less than in the previous year, and of this decrease one-half was of private patients and the other of parochial. The numbers admitted to Craig House maintained the average of the last six years, but there were fewer private patients at the £45 and lowest rate admitted to the West House. The number of patients cared for in the Intermediate (or £45) Department has however not diminished, as patients have been transferred to it from Craig House or from the lowest rate, and these are not included among the new "Admissions" in the statistics. There is a practice of a highly commendable nature, which tends to increase the direct admissions to Craig House, and subsequently the indirect admissions to the Intermediate (£45) Department at the West House. The friends of patients are prepared to maintain them at the higher rates of Craig House, so long as there is a prospect of their recovery, even though this involves a strain on their resources. They feel that the excellent home-like accommodation provided there softens the initial hardship entailed by the loss of liberty, and also gives the patient the best chance of recovery. When all hope of this has fled and the patient is likely to become a life-long burden on their finances, then the expenditure upon his care is naturally reduced to

A commendable
practice.



CRAIG HOUSE AVENUE

accord with their means, and he may then be transferred to the comfortable but less expensive department at the West House.

The decrease of 7 among the admissions of parochial patients is chiefly accounted for by the reduction of the admissions of Edinburgh patients from 40 in the previous year to 35 last year. The number of these admissions does not depend upon the number of cases of insanity that occur, for most of these go to Bangour, but to a variety of other reasons. The parish of Edinburgh is entitled to have accommodation provided for 105 patients at the West House, and it is undoubtedly a source of great convenience to its administration and of benefit to many of its patients to possess the privilege of sending them there. The extent, however, to which it will avail itself of this power will vary from year to year according to circumstances.

A useful
privilege.

ALCOHOLIC EXCESS AS A CAUSE.

Among the definite causes of insanity the premier place continues to be occupied by alcoholic excess, and it existed as a factor, probably the most important, but not the sole agent, in 12·3 per cent. of the admissions. This is a much smaller percentage than in the past, and it is accounted for in two ways. Owing to the Edinburgh parish sending its patients to Bangour, drawn as they chiefly were from the working-class, our admissions have altered in social character, and the professional and the leisured classes are in much larger proportion than formerly. It is an undoubted sociological fact that temperance is practised by these to a greater extent than by their poorer brethren. Then it is universally recognised that hard times and the increased duty, cutting, as they do, both ways, have diminished the expenditure on alcohol. It is dangerous to draw conclusions from small numbers, but ours appear to indicate that though times are getting better, the working man is not drinking more—indeed the percentage of so-called alcoholic insanity amongst men is only 13·9 of the male admissions, which is less than it has ever been before. The disquieting feature is the fact that alcoholic insanity among women has risen steadily during the last three years from 7·5 to 9·8, and last year it was 11·2 of the total admissions of women. It would then appear that

Still occupies
premier place.

Men drinking
less.

Are women
drinking more?

the working man is probably spending more of his money on amusements and entertainments of various kinds, the development of which in number, in excellence, and in cheapness, has been so marked a feature of the last few years. Whatever may be said against these, they have, from my experience of a provincial town, undoubtedly conduced to sobriety. The working woman, on the other hand, in many instances is apparently spending more on alcohol, and how to deal with this tendency is a problem for the social worker.

INFLUENZA.

Among the definite causes the next place in importance is assigned to influenza, and as many as 7 per cent. of the total admissions traced their mental breakdown to this disease. These, of course, only form a very small proportion of all who have suffered attacks, and the probability of an attack being followed by insanity is very small—an infinitesimal fraction. On the other hand, it is so prevalent and recurs so frequently, that last year 14 persons, no doubt from a large population, were believed by their friends, with good reason, to have suffered derangement in mind from its after effects.

POLITICAL EXCITEMENT.

The effect of
two elections,—
nil.

Among the causes of insanity one looks in vain for political excitement, of which we have experienced two epidemics during the course of the year. Judging by their effects on the brain of the ordinary man, the interest taken in politics, and the disturbance it produces, must both be of the most shallow and superficial nature. While strenuous candidates and overworked journalists may break down, there is no reason to suppose that the voter suffers any damage to his mental health from a general election, indeed, the reverse is probably the case. Elections have even been put to direct therapeutic uses. A melancholic patient of mine, needing distraction, was sent by his own resourceful doctor to all the political meetings that occurred in the town in which he lived, the prescription, however, not being successful in his case. One lady was sent

to us whose mental derangement was indirectly due to the election, in which it is only right to state she took no interest. She lived next door to the committee room of a Parliamentary candidate, and lost her sleep as a result of the noise that emanated from it at night, and this insomnia proved the first symptom of a mental breakdown. Two of my patients who had votes requested permission to exercise their political rights, and there being no medical reason why their request should be refused, they both voted. I derived some comfort at the time from the impression that their votes were to be given for opposite sides, but I learnt afterwards that this was not the case. They, however, both voted for unsuccessful candidates!

DISCHARGES.

Seventy patients were discharged as Recovered last year and 59 as Unrecovered. The Recovery Rate during 1910 was therefore 36 per cent. of the total number of admissions, which is a more satisfactory result than has occurred for ten years previously.

THREE INSTRUCTIVE CASES.

Among the recoveries I must mention a series of three cases of a most instructive kind which shows the progress that Science is slowly but surely making. Two at least of these cases would have been deemed incurable twenty years ago. The first patient suffered from the insanity of myxœdema, a disease due to the defective secretion of a gland in the neck, called the thyroid. Owing to the absence of this secretion from her blood, in a few weeks' time the whole body increased in bulk and the movements became slow, the expression of face changed completely and even the tone of voice altered in character. She became childish in mind, expressed silly delusions and heard imaginary voices. The patient was given tabloids prepared from the thyroid gland of the sheep, and in a week she was transformed from a misshapen stupid object into a bright and pleasant featured woman—her natural self and quite unrecognisable as the creature of a week before. A

1. Insanity of
Myxœdema.

few centuries ago these kaleidoscopic changes would have been put down to magic, the spell of an offended wizard transforming her body and soul and a counter-charm restoring her original shape and personality. To-day every medical man knows the secret, and people have ceased to be astonished at such things. Nevertheless it was a miracle of science.

2. Insanity of
Exophthalmic
Goitre.

The second case was one of the insanity of exophthalmic goitre, which is due to the converse of the condition in the first, namely, to an excess of the secretion of the thyroid in the blood. This tends to produce great nervousness and excitability and many other symptoms, such as palpitation. There is a theory, not yet established, that excess of Thyroid secretion is neutralised by a substance in the blood. In this case, according to the theory, there was not sufficient of this substance to neutralise the great excess, so she was supplied for this purpose with serum from a goat whose thyroid gland had been removed. In this serum none of this special substance had been used up, there being no secretion present, and apparently as the result of this treatment the patient recovered.

3. Case cured
by Thyroid for
second time.

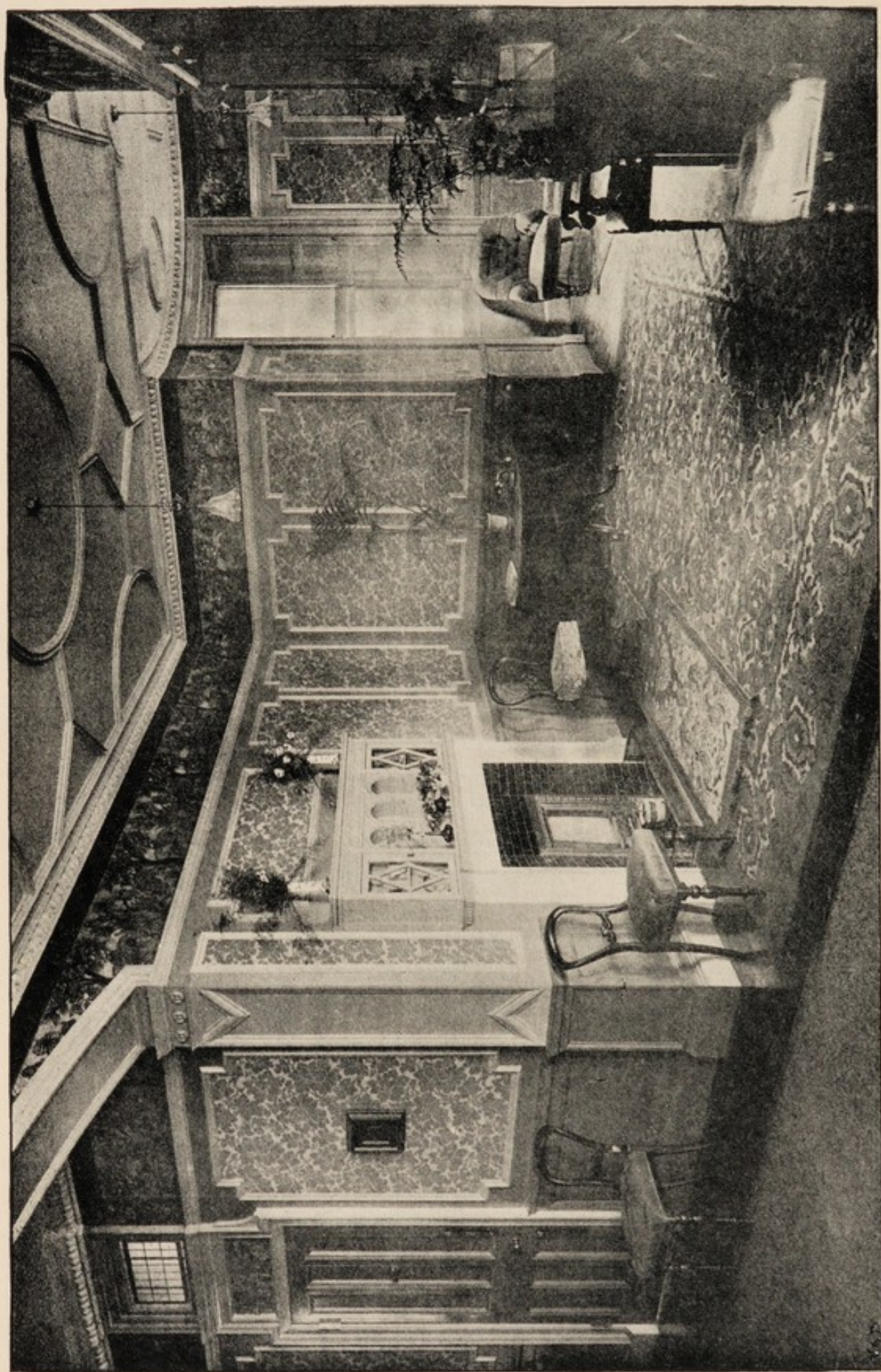
In the third case the patient had been deranged and impulsive for about a year, and knowing the remarkable effects of thyroid secretion on the nervous system, the experiment was tried of large doses of thyroid under careful supervision. In a fortnight's time the patient completely recovered. Fifteen years previously the same experiment had been tried upon her during a former attack, with the same wonderful results.

Is Insanity due
to disordered
internal
secretions?

These three cases are highly suggestive, for as there are many other glands in the body similar in character to the thyroid, whose secretions enter the blood, it is probable that insanity may be produced by derangements of their functions. It is a line of research which is worth pursuing—concurrently with our other investigations into micro-organisms, their toxins, and the derangements they produce.

DIVORCE AND INSANITY.

In view of the public attention that has been given to incurable insanity as a possible cause for divorce, the length of residence of some of those who recovered is another interesting



CRAIG HOUSE—RECESS IN CORRIDOR

feature of last year's statistics. Three patients recovered who had been respectively six, seven, and fifteen years in the Asylum, and there was a fourth whose insanity had existed for over five years. All these patients obviously suffered from a variety or from varieties of insanity in which the nutrition of the brain was not being seriously disturbed. No degeneration of the nerve-cells and fibres was taking place, and therefore there was no tendency to the production of dementia or permanent enfeeblement of the mind. The subdivision of insanity into those forms which usually end in dementia, and those which tend towards complete recovery, is a most important basis of classification. No worse fate can befall a patient than the former—for the acute symptoms to pass off and leave behind a brain so damaged that its possessor is unfit for the responsibilities of life, or even to care for himself. On the other hand, if by accuracy of diagnosis we can assure the friends that recovery will come sooner or later, and that when it comes it will be complete, this is information of a most comforting character, and gratefully received, even though the period of waiting is prolonged. The patients whose cases I have referred to were all cases of melancholia, so that it is safe to infer that if ever incurable insanity of five years' duration be legalised as a cause of divorce, no patient diagnosed to be suffering from true melancholia need have any fear.

Recovery after
5, 6, 7 and 15
years.

In true
Melancholia,
never despair.

While medical men meet more cases where hardship is suffered than others do, they are not on that account more competent to express an opinion on the general question, whether divorce should be granted for incurable insanity or not. Their sympathies, indeed, incline them to view the problem from the side of the patient, and to deprecate a measure which would injure any patient's happiness or prospects of recovery. One lady, suffering from the monomania of persecution, informed me the other day that a law had already been passed that after three months' illness a husband could divorce his wife, and that her own husband had taken advantage of this and had married again! A measure of this kind will certainly cause unhappiness to many patients, but it may nevertheless be desirable in the public interests.

Two sides to
the question.

DEATHS.

The total number of deaths was 60, which is in the proportion of 8 per cent. of the average number resident. This is the lowest death-rate we have had for over twenty years, and the general health of the Institution has been most satisfactory.

CONSUMPTION.

Phthisis
developed in
only one case
after admission.

There were only 5 deaths due to consumption. On analysing these, it is found that in 1 case only, phthisis was not present on admission, but it existed in all the other 4, 1 dying three weeks after admission, and another in two and a half months. The position with regard to this disease is therefore most satisfactory, but so long as patients are admitted suffering from it, and suffering, too, in such advanced stages as two of the cases last year, there will continue to be a few deaths annually from it. I think the medical officers and nursing staff deserve great praise for the thoroughness of this work, in which they have taken advantage of every scientific measure of importance to control the disease. The success which has crowned their efforts among a weakly population is an indication of what may be achieved by our municipalities and other public bodies in the more complicated problems of a similar nature which they have to face.

There were 15 deaths from general paralysis of the insane as in the previous year, and of these 11 were men and 4 women.

CRAIG HOUSE VISITED BY THE MEDICO-
PSYCHOLOGICAL ASSOCIATION.

The most important event in the history of the Institution last year was the meeting of the Medico-Psychological Association at Craig House, under the Presidency of Dr. John Macpherson. After the meeting a Reception was held in the Great Hall, to which all the members of the medical profession in Edinburgh were invited, to meet the members of the Association and their friends. The afternoon, unfortunately, was very wet, but nevertheless an opportunity was then given to many people to see part of Craig House and some of its Villas, and Craig House Hill.

The buildings are the most modern and beautiful of their kind for the treatment of patients of the richer classes, and the situation is incomparable. The Institution is, unfortunately, not so well known to the public of Edinburgh as others of which it is proud, for in the interests of the patients undergoing treatment the greatest privacy is maintained. Special arrangements were, however, made on this occasion, in order that the members of the Association and their friends might see Craig House—the modern development of the familiar and historic Morningside Asylum.

RESEARCH WORK BY MEDICAL OFFICERS.

At this meeting many excellent papers were read by the medical officers of Asylums, and the reproach that was once alleged against them, of indifference to scientific work, has now no justification. Among the papers contributed by the members of our own staff was one on the "Viscosity of the Blood in Epilepsy," another on the "Blood Pressure in Insanity," a third on "The Opsonic Index in the Insane," and another on "The Wassermann Reaction in the Blood and Cerebro-Spinal Fluid of the Insane." The trend of present-day research is greatly influenced by the theory that insanity is largely due to poisons circulating in the blood, which derange the mechanism of the brain in the same way as an excess of alcohol might do. These poisons are usually supposed to be the product of micro-organisms, though they may be internal secretions as in the case of the thyroid gland. The paper on the "Opsonic Index" was a painstaking research to discover whether the germ-killing and germ-resisting power of the blood of the insane was less than that of healthy people. In acute insanity this was found to be decidedly the case during the course of the illness, but when convalescence and recovery took place, the germicidal power returned to the normal. We thus obtained laboratory evidence to the effect that when an individual is run down his germ-resisting power is lowered, he is liable to the invasion of micro-organisms, and if he have a nervous heredity the toxins they produce will tend to derange his mind and nervous system. This is in complete accord with our clinical experience of attacks of insanity.

Assistant
medical officers
doing good
work.

The Opsonic
Index low in
Acute Insanity.

Suitable work
for lady doctors.

This research was undertaken by Dr. Alice Babington, under the supervision of our Pathologist, Dr. Winifred Muirhead, and I desire to point out how suitable work of this nature is for lady doctors. Neatness and dexterity in delicate manipulation are required for it as well as great patience and attention to detail, and in all these respects women excel. On the other hand there is a minimum of responsibility and strain associated with the work, which is what women feel most.

THE ROYAL ASYLUM LABORATORY.

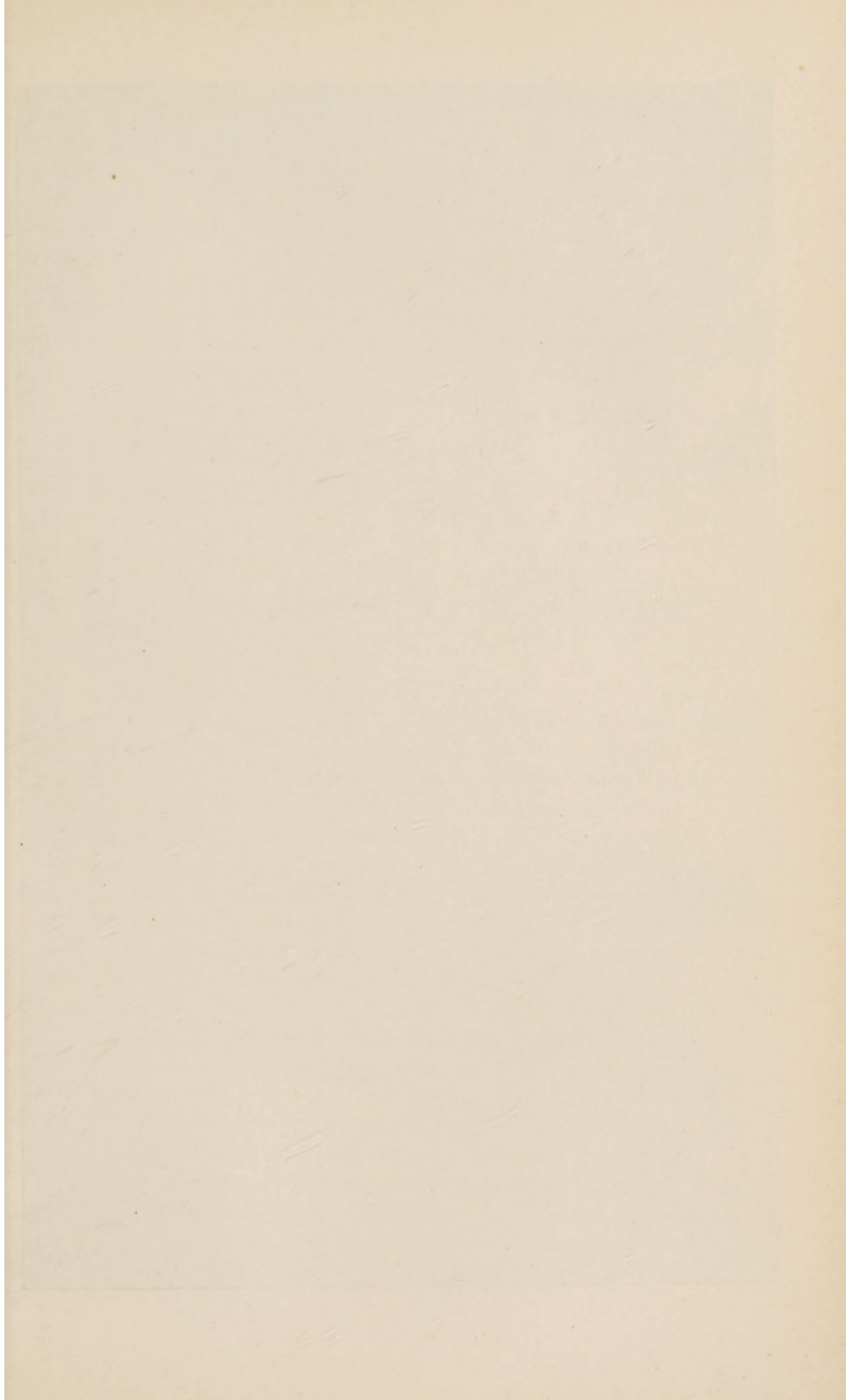
No important medical institution can hope to take full advantage of recent scientific discoveries for the accurate diagnosis of disease and for its treatment, unless it has attached to it a clinical laboratory, with a special staff. We are exceedingly well off in the possession of an excellent one, which not only stimulates the interest of the staff in purely scientific work and original research, but enables the physicians to treat our patients on the most modern and advanced medical principles. I regard it as a practical necessity.

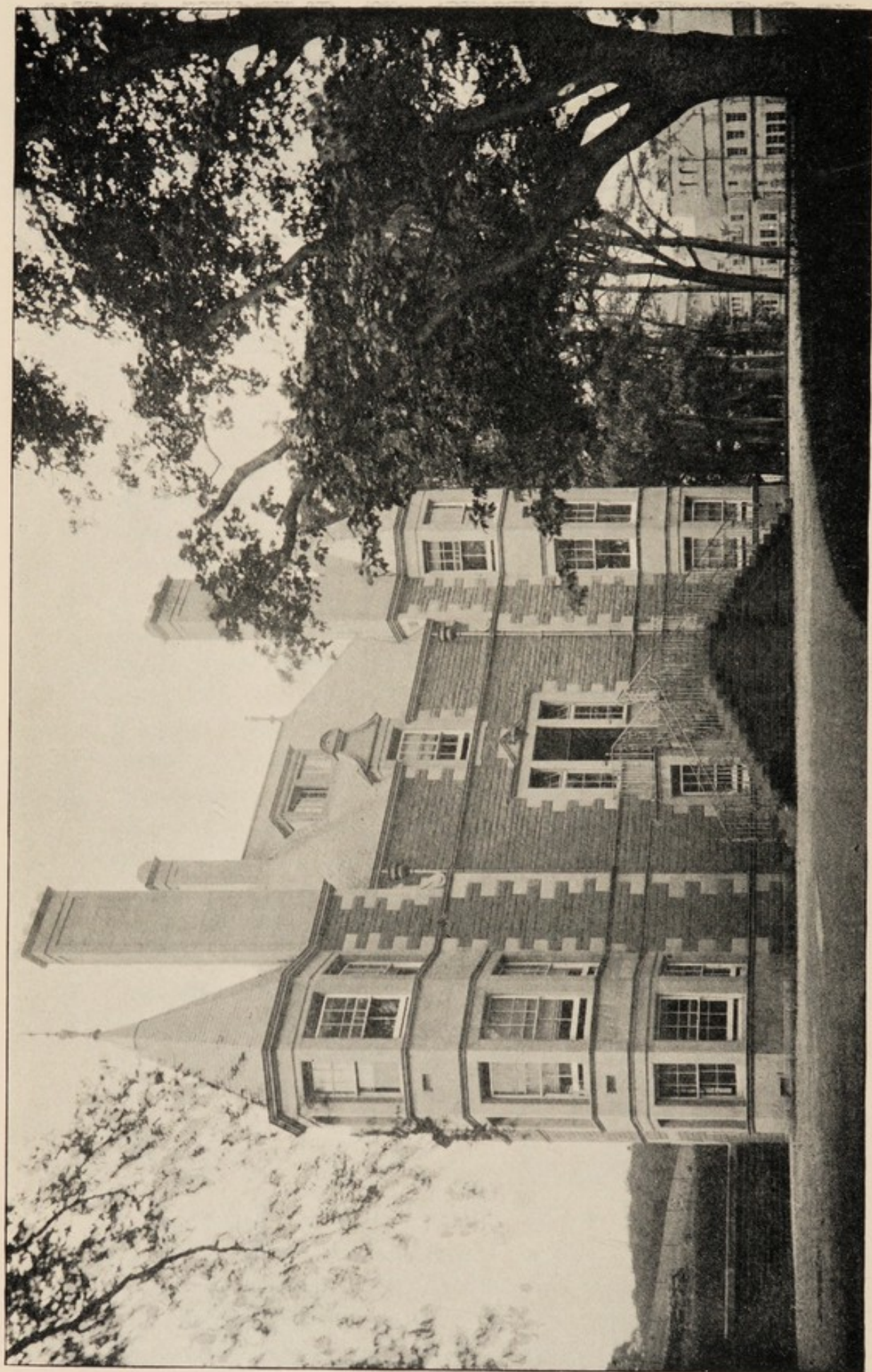
Encouragement
given by
Managers to
scientific work.

The public is probably not aware of the extent to which the Managers have encouraged this scientific work and of the value of such investigations into the nature of insanity to the public welfare. Besides providing spacious and suitable accommodation, special fittings and apparatus for the laboratory, which must have cost originally a large sum of money, they are spending at least £600 a year in salaries and working expenses, &c. Included in this total there is the sum of £175 a year which, together with animal houses, parks and labour, they contribute towards the Laboratory of the Scottish Asylums, and of which this Asylum is the most generous supporter.

A WAVE OF OPTIMISM.

The public has always taken a gloomy and pessimistic view of the prospects of recovery from insanity although it appears from the statistics last year that 36 per cent. of our admissions were discharged recovered, and there is included in the number of these admissions a large proportion of obviously hopeless





BEVAN HOUSE

cases of disease. Asylum physicians have always taken a less despondent view, but a feature of the research work recently done in our laboratories is the wave of optimism it has produced. Asylum physicians are now animated by most hopeful views of future possibilities, and this has been a very useful stimulus to them in their work. Even with regard to diseases which have been labelled incurable in our text-books, no man will now deny that the day seems dawning which will see them treated with success. I can assure anyone who has the means, and who is interested in the cause of insanity, that the gift of a sum of £100 or £150 towards the support of a Research Scholar would be money well expended at the present time, the laboratory providing the material and the apparatus required.

TREATMENT BY THE INJECTION OF SALVARSAN AND HUMAN SERUM.

We now pass to that triumph of laboratory research, the discovery of Professor Ehrlich of dioxy-diamido-arseno-benzol, 1910, a historic year in medicine. now known as Salvarsan. Its great success in the treatment of certain diseases at once suggested its employment in general paralysis of the insane, till now generally regarded as an incurable malady. The remedy was first of all tried for this disease in Germany, but the reports were disappointing to those who expected sudden and dramatic recoveries, as happened in some other conditions. Some observers reported an improvement after the injection of the remedy, but even these recommended patience, and desired a prolonged period for observation before expressing a definite opinion. General paralysis is subject to remissions during its course, and the improvement observed, they thought, might have been only temporary, and due to other causes. Through the kindness of the Director of the Glasgow Asylums' Research Institute, we were supplied with the drug before it was for sale, and since then we have purchased more. We have treated a good many cases without apparent benefit, but one patient, who was one of the first to be treated, made, almost at once after the injection, the best apparent recovery of any case of undoubted general

paralysis I have yet seen. It is two months since this happened, and the patient still keeps well, but I will not yet commit myself to any definite opinion as to whether the progress of the disease has been checked or not.

Described in
the *British*
Medical
Journal,
March 11, 1911.

It has occurred to me, in considering the results obtained, that something was wanting in this new treatment of general paralysis to make it quite as successful as we expected at first. It is stated by Ehrlich that the manner in which the drug acts is by directly killing most of the micro-organisms causing the disease. The dead bodies of these micro-organisms then liberate toxins in the blood, and these in their turn stimulate the human body to produce what are called "antibodies," which actually cure the symptoms of the disease. I believe there is usually a defect somewhere in the links of this chain of reactions in the treatment of general paralysis by Salvarsan. I am remedying this fault by injecting at the same time human serum, obtained from the blood of patients treated by Salvarsan for another disease, which we know is full of the specific antibodies we want introduced. This combined method of treatment apparently offers us more hope of combating the disease than the injection of the drug alone, but its efficacy can only be proved after a prolonged trial.

This new drug, owing to the large quantity of arsenic in its composition, is strongly germicidal, and a wonderful tonic in disorders of the blood, and it may therefore prove of value in other forms of mental disease.

CARE AND NURSING OF THE INSANE.

The general care of the patients was continued on the lines so fully explained in last year's Report. I have endeavoured to remove all features peculiar to asylums, and to convert the Institution into a true hospital for the treatment of a special disease, by organising it on the lines of a general hospital, and by administering it through female officials, who, in addition to experience in the care of the insane, have been fully trained in hospital nursing. The march of science has convinced us that insanity is a physical disease, very frequently associated with physical exhaustion, and its treatment therefore should be

conducted by a staff and by methods similar to those employed for the treatment of other diseases, if that be possible. The administration of a mental hospital can be conducted on lines very closely resembling those of a phthisical sanatorium.

I have been charged with a want of sympathy for the efforts of the pioneers of the past, of Gardiner Hill, Conolly, and W. A. F. Browne. I have, however, carefully studied their writings, and followed their guiding principles all my life, and I am convinced that with the superior advantages and greater resources that we enjoy at the present day, they, had they been living, would have been among the very first to discard many practices which they followed, and which were then necessary. The illustrious Pinel found his patients in chains, and he asked them two questions before removing their manacles, "Will you promise not to injure any one?" "Will you put on this waist-coat?" If the answers were in the affirmative, their chains were filed off, and they slipped their arms into what was an original model of a strait-jacket. Thus begun the "Humane System" of the treatment of the insane. Nearly fifty years later, Gardiner Hill and Conolly found the substitutes for chains which had been introduced objectionable, and they abolished all mechanical restraints, thus introducing the era of the "Non-Restraint System." Conolly, however, also provided a substitute, like Pinel, which was necessary for the safety of the attendants of that time, the "Padded Room" and solitary confinement, and being a master of language, he called the latter "Seclusion." Seventy years have elapsed since then, and great advances have taken place in Asylum construction, in the number, skill, intelligence, and devotion to duty of our nurses and attendants, and in their discipline and supervision. In their turn the Padded-Room and so-called Seclusion have become anachronisms under the "Hospital System." At the Stirling District Asylum, Dr. Campbell informs me that with an average population of over 700, 2,200 patients have been admitted during the last nine years, and neither mechanical restraint, "seclusion," nor the padded-room have ever been made use of, and no patient has been locked up in a single room, night nor day, during all that time. This is stronger proof than Conolly possessed when he concluded that

1. The Humane System.

2. The Non-Restraint System.

3. The Hospital System.

The record of the Stirling District Asylum.

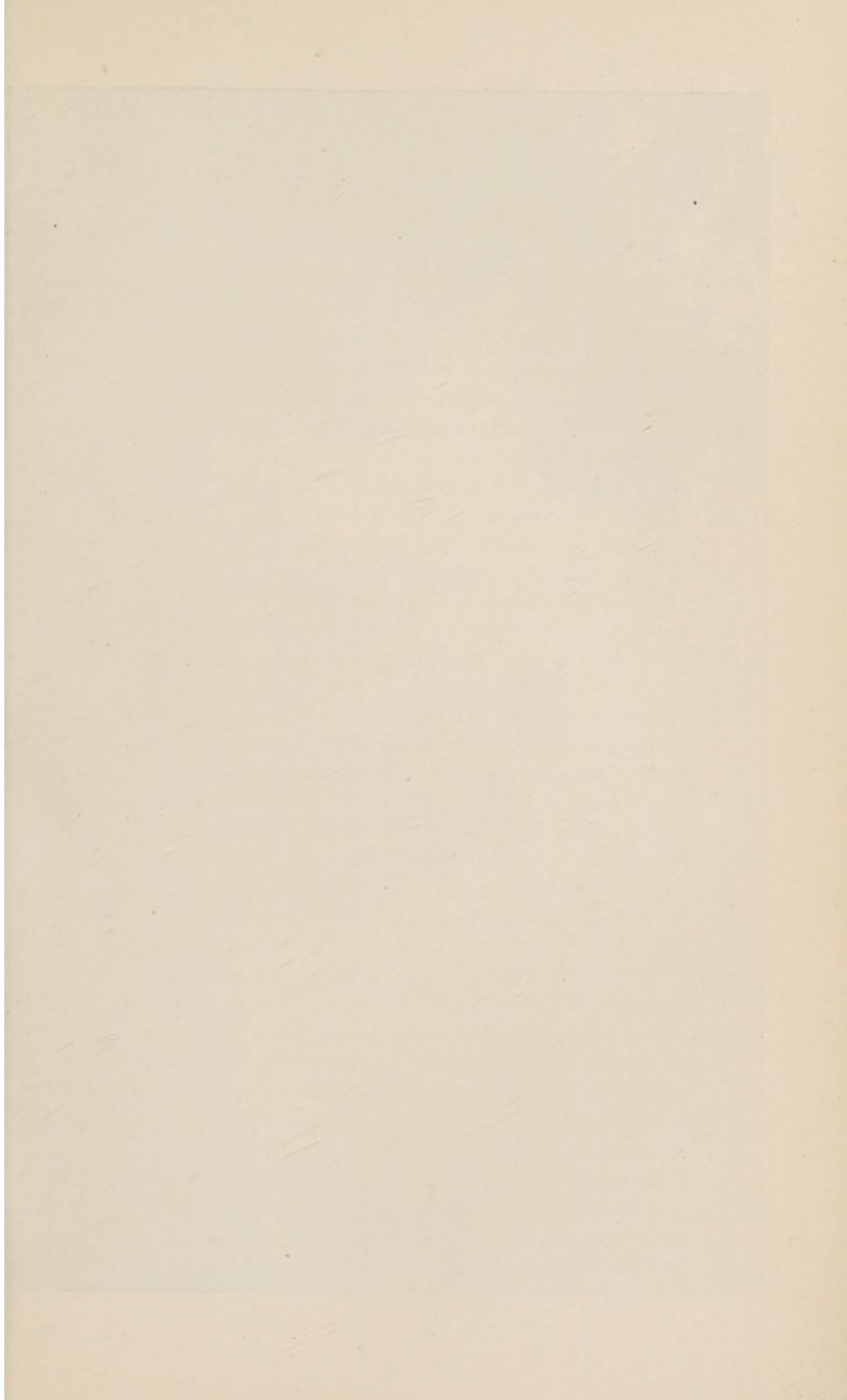
non-restraint was practicable, namely, that "no case requiring restraint has occurred in an Asylum containing nearly 1,000 patients during six years, in which time 1,800 cases have been treated."

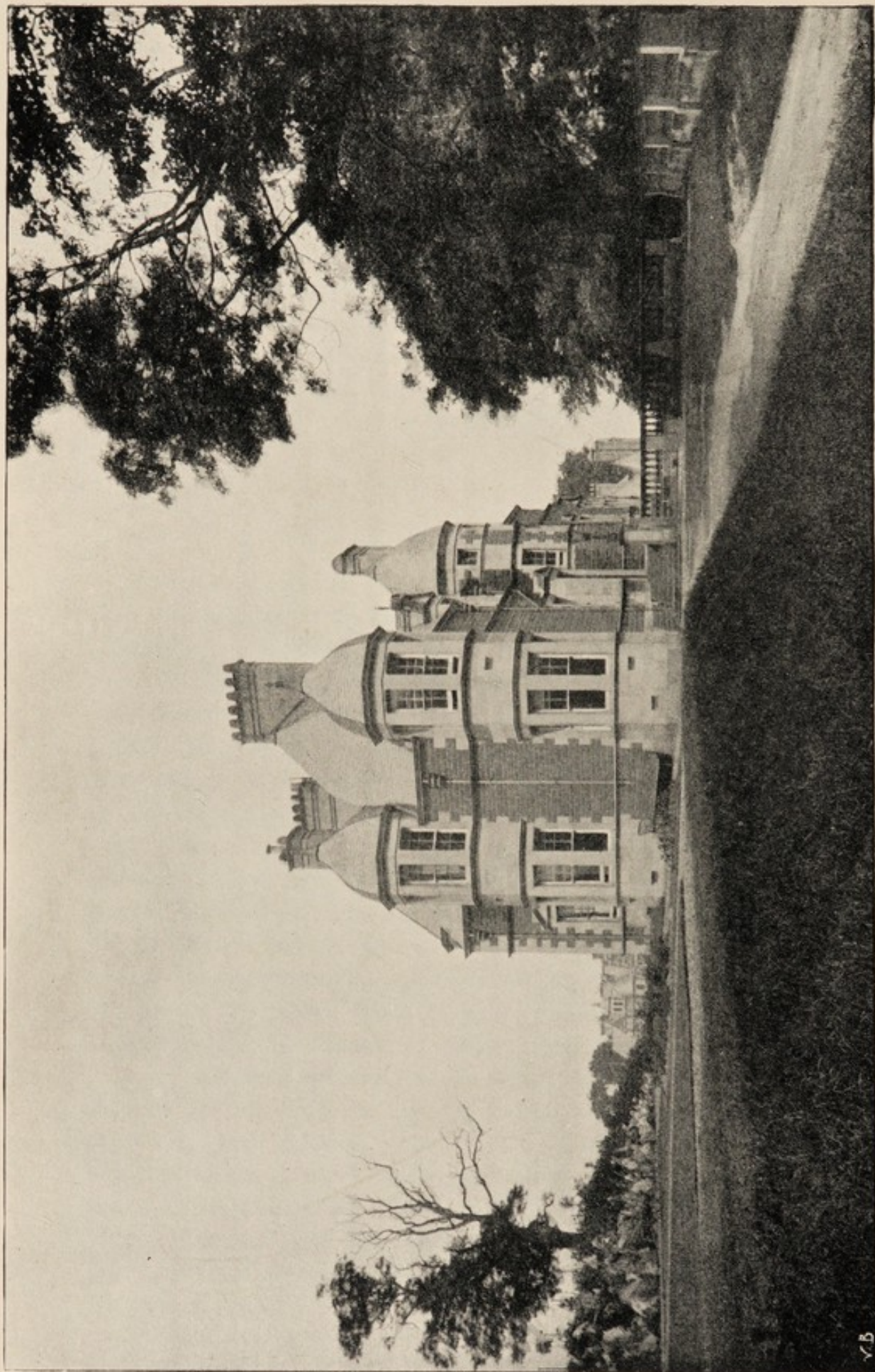
Very
exceptional
cases.

Cases of a very exceptional nature will of course occasionally occur, and they may require very exceptional treatment, but these do not affect the general principles mentioned above. A patient, for example, with a dangerous surgical injury, which requires absolute rest may be justifiably restrained, if rest cannot be obtained in any other way, and so may a patient who is determined to destroy his eyesight.

THE STAFF.

I desire to thank Dr. Dods Brown and the entire administration and nursing staff, male and female, for their loyal and efficient services during the year. After all, the most valuable curative agent we possess in the treatment of insanity is a kind and skilful mental nurse or attendant. There is no doubt, too, that the demands made upon him or her in the management of a mental case are much greater than those usually made upon a hospital nurse in a case of bodily sickness. The mental nurse requires to be more alert, observant, and resourceful than the latter, she requires as well to exercise greater tact and patience, and it is essential that she should win the confidence of her patient. The very ablest women are needed for the responsible posts in an Asylum, and there is no country in the world which is so fortunate as Great Britain in respect of the education, social position, and intelligence of many of those who adopt the vocation of nursing. Their services are also secured by our public institutions for comparatively small salaries. For these advantages we are largely indebted to the interest taken in nursing as a consequence of the good work done by Florence Nightingale in the Crimean War. Her death last year, full of years and honour, should not pass unnoticed by those who are interested in the welfare of the insane.





SOUTH CRAIG

STRUCTURAL ADDITIONS AND IMPROVEMENTS.

CRAIG HOUSE.

The Managers last year spent a sum of about £3,000 on the fabric and furnishings of Craig House. New methods nearly always need a larger staff and one of a superior class, and the provision of special accommodation is also usually necessary. To carry out the open-air treatment more satisfactorily, three more verandahs were erected, and a large shelter was built. French windows were also made for several rooms on the ground floor for convenience of egress, and to give encouragement to an open-air life. As I explained last year, insanity usually develops in predisposed persons when their health is run down and their powers of resistance are lowered. As the open-air treatment is the most powerful tonic we possess, the first and most important step in the cure of an attack of insanity is taken when by this means the bodily health and the power of resistance are re-established.

Other structural changes are described in the Commissioners' Report, but I may refer to the improvements in the kitchen—the apparatus in which has been added to and renewed. Great attention has been paid to the cooking, and the service and quality of the meals, on which a man's happiness and contentment, whether sane or insane, so largely depends. A sum of £1,300 more has been spent on provisions, which is only partially accounted for by the increase of population.

WEST HOUSE.

The Managers have realised for some time that a great deal required to be done to the fabric of the West House to bring it into line with the most modern institutions. A good beginning has been made with this work, and a sum of about £5,000 was expended on it last year. It was found that the provision of hospital accommodation was inadequate for present-day wants, and so the old detached hospitals, which in their day were in advance of anything else of the kind and served as models, were given up to other uses. In their place the more spacious and

convenient wards on the ground floor of the main building have been remodelled and converted into hospital wards. To these there have been attached, on both the male and female sides, large shelters, 80 ft. long by 20 ft. broad, facing south, where open-air bed treatment can with convenience be carried out.

Another improvement of an expensive nature has been the removal throughout the house of all the old pan-closets and their replacement by modern sanitary fittings. This has no doubt conduced to an improvement in the general health, and it is satisfactory to record that no case of Asylum dysentery has occurred. The whole of the male side has also been repainted with enamel paint, the most sanitary covering for the walls of a medical institution.

THE INTERMEDIATE (£45) DEPARTMENT FOR PRIVATE PATIENTS.

Among the improvements at the West House, the Managers have viewed with a sympathetic eye the requirements of the Intermediate Department. In this department private patients are admitted at the rate of £45 a year. For this sum accommodation is provided for persons accustomed to live in comfort and refinement, including members of the professional classes, yet whose incomes have never been large and who cannot afford the more expensive accommodation of Craig House. This department is to some extent a charity, the loss on it last year was calculated to be over £1,000, and its maintenance as such is regarded by the Managers as one of their highest duties. It is believed that the advantages it confers are not sufficiently widely known to medical men.

PERSONAL.

I have to record the unhappy occurrence last year of the deaths of two of our Matrons—Miss Cameron and Miss Hartas, both of them faithful servants of the Institution—the former during a service of thirty-three years. Miss Cameron had charge of our seaside house and she devoted herself to the care and comfort of the patients.



SOUTH CRAIG VILLA—LIBRARY

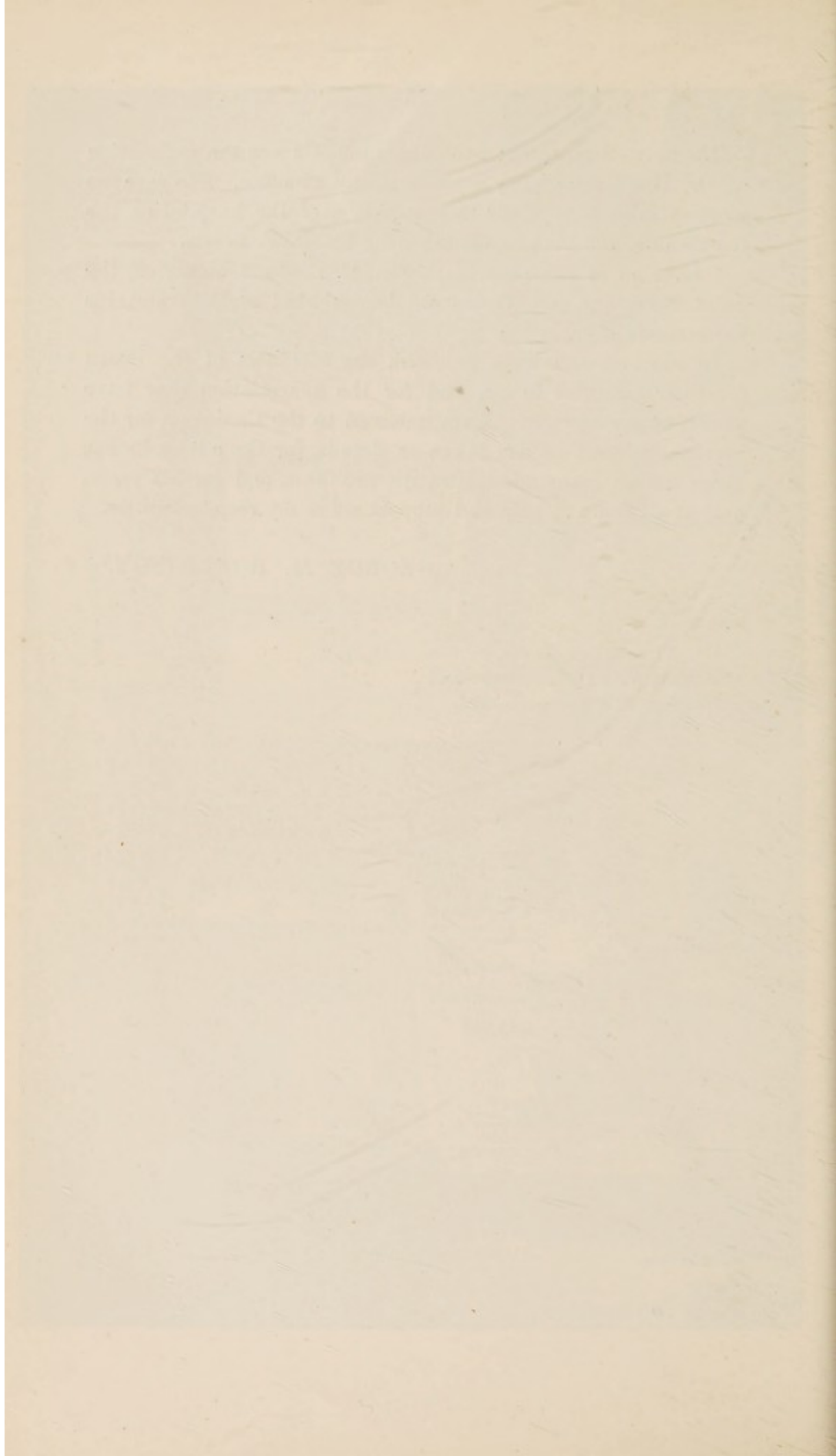
The only change among the upper officials was the resignation of Dr. Rae Gibson after a year's tenure of office. He gave me most valuable help in the reorganisation of the hospital on the female side, and his place is taken by Dr. D. F. Borrie.

I have as in the past to thank Mr. R. Scott Moncrieff, the Joint Secretary and Treasurer, for his kind services and his harmonious co-operation.

In conclusion, I have to thank the Members of the Board for their kindness to me, and for the appreciation they have shown of my services. I am indebted to the Chairman for the personal interest he has taken in details, for the advice he has given me on many administrative problems, and for his readiness at all times to help and support me in my responsibilities.

GEORGE M. ROBERTSON.

TIPPERLINN HOUSE,
MORNINGSIDE PLACE, EDINBURGH,
Monday, 27th February 1911.



STATISTICAL TABLES
OF THE
MEDICO-PSYCHOLOGICAL ASSOCIATION,
PREPARED BY THE
ASSISTANT PHYSICIANS.

TABLE I.—*Showing the Admissions, Re-Admissions, Discharges, and Deaths during the Year ending 31st December 1910.*

	M.	F.	T.	M.	F.	T.
In the Asylum, January 1, 1910 ...	359	379	738			
Absent on Probation, January 1, 1910	5	9	14			
Total ...	...	...	...	364	388	752
Cases Admitted—						
First Admissions ...	67	83	150			
Not First Admissions ...	12	33	45			
Total Cases Admitted during the year	...	...	...	79	116	195
Total Cases under Treatment during the year ...	...	...	...	443	504	947
Cases Discharged—						
„ Recovered ...	26	44	70			
„ Relieved ...	12	29	41			
„ Not Improved ...	8	10	18			
Died ...	28	32	60			
Total Cases Discharged and Died during the Year ...	...	...	...	74	115	189
Absent on Probation, Dec. 31, 1910	5	7	12			
Remaining in the Asylum, Dec. 31, 1910 ...	364	382	746			
Total ...	...	...	...	369	389	758
Average number Resident during the year 1910 ...	...	...	...	367.3	384.5	751.8
Persons* under care during the year†	...	...	...	436	493	929
Persons Admitted „ „	...	...	...	74	112	186
Persons Recovered „ „	...	...	...	25	44	69
Transferred to this Asylum „ „	...	...	...	3	5	8
„ from „ „	...	...	...	3	10	13
Private Patients at close of 1910—						
Craig House ...	113	115	228			
West House—Intermediate‡...	77	105	182			
„ Lowest Board...	28	25	53			
				218	245	463
Number of Patients chargeable to Districts at close of 1910—						
Edinburgh ...	54	51	105			
Leith ...	75	65	140			
Orkney ...	20	27	47			
Number of Patients chargeable to Parishes beyond District at close of 1910 ...	2	1	3			
				151	144	295
Total ...	...	...	...	369	389	758

* 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 or Bevan Funds, or from private sources, as to equal £45, are reckoned here as Intermediate.

TABLE I.A.

Showing the Number of Previous Attacks among Persons admitted during the Year 1910, distinguishing those Attacks that have been treated to Recovery in this and 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	10	34	44	4	18	22	6	16	22
„ 2 „ Attacks	3	12	15	1	14	15	5	10	15
„ 3 „ „	2	1	3	5	0	5	1	3	4
„ 4 „ „	2	3	5	4	10	14	4	2	6
„ 5 „ „	0	1	1	0	0	0	0	5	5
„ 6 „ „	1	0	1	1	0	1	5	0	5
Total ...	18	51	69	15	42	57	21	36	57

TABLE II.

Showing the Admissions, Re-Admissions, Discharges, and Deaths for the Thirty-Eight Years from 31st December 1872 to 31st December 1910.

	M.	F.	T.	M.	F.	T.
Persons admitted during the period of thirty-eight years	5291	5547	10,838			
*Re-admissions	1356	1641	2997			
Total Cases admitted				6647	7188	13,835
Discharged Cases—						
Recovered	2333	2795	5128			
Relieved	1743	1967	3710			
Not Improved	672	584	1256			
Died	1538	1462	3000			
*Total Cases Discharged and Died since 31st December 1872				6286	6808	13,094
Remaining 31st December 1910				361	380	741
*Transferred to this Asylum				309	274	583
„ from „				1120	1188	2308

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

TABLE III.—Showing the Admissions, Discharges, and Deaths, with the Mean Annual Mortality, 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.		
				Recovered.			Not Recovered.														
	M.	F.	T.	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	8.3
1852,	129	118	247	58	43	101	26	28	49	36	41	77	263	282	545	56.3	37.5	45.7	9.5	10.2	9.8
1853,	103	133	236	58	50	108	21	28	73	24	27	51	262	277	539	28.5	57.8	44.3	6.6	6.8	6.7
1854,	98	114	212	28	66	94	47	26	86	24	38	62	257	262	519	42.2	42.9	42.6	6.4	9.7	8.1
1855,	109	114	223	46	49	95	44	42	76	20	23	43	283	267	550	35.8	46.8	41.8	5.3	5.7	5.5
1856,	117	141	258	42	66	108	29	47	67	33	23	56	347	292	639	27.5	46.9	35.7	7.1	5.7	6.5
1857,	178	130	308	49	61	110	32	21	53	33	26	74	342	300	642	39.8	37.6	38.7	10.3	6.3	8.4
1858,	118	117	235	47	44	91	29	38	67	48	26	60	355	318	673	23.7	40.8	31.4	9.3	4.2	6.9
1859,	118	98	216	28	40	68	34	23	57	43	17	60	337	331	668	33.3	41.3	37.9	9.7	5.3	7.5
1860,	108	150	258	36	62	98	45	50	95	45	25	65	344	335	679	32.5	33	32.7	8	6.1	7.1
1861,	120	121	241	39	40	79	37	49	86	37	28	74	357	330	687	21.6	35.5	28.4	8.9	7	8
1862,	125	121	246	27	43	70	43	51	94	42	32	68	347	325	672	25	43.9	35	9.5	5.3	7.4
1863,	104	116	220	26	51	77	44	46	90	44	24	..	..	..	..	..	..	..	..	..	..
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 Forty-seven Years, 1864-1910.

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.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
1864-1872*	1163	1284	2447	409	532	941	148	170	318	213	230	443	371	266	637	349.4	362.1	711.5	346.3	359.6	705.9	35.4	41.6	38.6	11.8	8.1	10.0	8.6	5.9	7.2
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	723.9	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	11.1	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	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	406.2	816.3	30.8	34.1	32.5	8.8	10.6	9.7	6.3	7.4	6.8
1889	172	151	323	55	43	98	61	54	115	24	11	35	31	46	77	410	407	817	415.1	409.2	824.3	32	28.5	30.3	7.5	11.2	9.3	5.3	8.2	6.7
1890	155	177	332	51	75	126	43	40	83	12	5	17	64	45	109	399	417	816	400.9	418.3	819.7	32.9	42.4	37.9	16	10.7	13.3	11.2	7.7	9.4
1891	191	179	370	73	60	133	40	57	97	18	10	28	48	66	114	411	404	815	416	413.6	829.6	38.2	33.5	35.9	11.5	16	13.8	8.1	11	9.6
1892	214	219	433	82	81	163	54	57	111	23	9	32	51	41	92	414	430	847	409.2	423.6	833	38.3	37	37.6	12.4	9.7	11	8.1	6.6	7.3
1893	215	211	426	73	116	189	45	61	106	19	13	32	65	45	110	430	413	843	425.4	423.4	848.8	34	55	44.4	15.2	10.6	13.0	10.3	7	8.6
1894	209	245	454	76	95	171	53	80	133	14	12	26	47	38	85	449	433	882	438.2	423.2	861.4	36.4	38.8	37.7	10.7	9	9.9	7.3	5.8	6.6
1895	188	222	410	85	85	170	62	60	122	10	10	20	54	42	96	426	458	884	438.4	443.5	881.9	45.2	38.3	41.5	12.3	9.4	10.9	8.6	6.5	7.5
1896	245	225	470	82	87	169	52	55	107	16	10	26	70	45	115	451	486	937	441.7	459.1	900.8	33.5	38.7	36.0	15.8	9.8	12.7	10.4	6.6	8.5
1897	203	208	411	61	95	156	83	85	168	11	11	22	53	50	103	446	453	899	437.9	448.6	886.5	30.0	45.7	38.0	12.1	11.1	11.6	8.1	7.2	7.6
1898	201	250	451	72	91	163	42	52	94	21	24	45	50	53	103	462	483	945	447.1	463.2	910.3	35.8	36.4	36.1	11.2	11.4	11.3	7.7	7.5	7.6
1899	212	216	428	76	96	172	41	43	84	44	56	100	55	50	105	458	454	912	462.5	445.1	907.6	35.9	44.4	40.1	11.9	11.2	11.5	8.1	7.2	7.7
1900	248	224	472	74	91	165	49	42	91	43	16	59	48	51	99	492	478	970	482.0	458.5	940.5	29.8	40.6	35.0	10.0	11.1	10.5	6.8	7.1	7.0
1901	215	226	441	48	87	135	96	50	146	20	25	45	63	60	123	480	482	962	470	470.3	940.3	22.3	38.5	30.6	13.4	12.7	13.0	8.9	8.5	8.7
1902	189	234	423	61	73	134	56	60	116	13	34	47	73	65	138	466	484	950	470.6	475.8	946.4	32.3	31.2	31.7	15.5	13.7	14.6	11.0	9.2	10.0
1903	196	215	411	67	80	147	67	73	140	11	15	26	64	55	119	453	476	929	457.9	459.3	917.2	34.2	37.2	35.8	13.9	11.9	13.0	9.7	8.0	8.8
1904	195	262	457	65	85	150	78	99	177	65	42	107	55	68	123	385	444	829	429.2	443.2	872.4	33.3	32.4	32.8	12.8	15.3	14.1	8.5	9.4	9.0
Totals and averages,	7005	7505	14510	2529	2999	5528	1644	1905	3549	809	693	1502	1777	1559	3336	399.1	409.8	808.9	400.7	407.5	808.2	37.4	41.4	39.4	11.1	9.6	10.2	7.8	6.4	7.1

* For particulars see Report for 1898.

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 Forty-seven Years, 1864-1910.

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.		
				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.	M.	F.	T.			
	1905	200	228	428	53	84	137	68	38	106	6	8	14	39	77	116	419	465	884	412.5	457.7	870.2	26.5	36.9	32.0	9.4	16.8	13.3	6.7	11.4	9.2
1906	169	216	385	33	55	88	108	48	156	32	16	48	55	85	140	360	477	837	401.1	462.0	863.1	19.5	25.5	23.0	13.7	18.4	16.2	9.5	12.5	11.1
1907	154	163	317	35	50	85	43	97	140	28	75	103	40	43	83	368	375	743	355.2	376.5	731.7	22.7	30.7	26.8	11.3	11.4	11.3	7.8	6.7	7.2
1908	106	133	239	38	37	75	32	31	63	19	9	28	29	35	64	356	396	752	356.8	377.0	733.8	35.8	27.8	31.3	8.1	9.3	8.7	6.1	6.9	6.5
1909	97	112	209	24	43	67	17	37	54	12	14	26	36	26	62	356	396	752	352.5	383.8	736.3	24.7	38.4	32.1	10.2	6.8	8.4	7.9	5.1	6.5
1910	79	116	195	26	44	70	12	29	41	8	10	18	28	32	60	369	389	758	367.3	384.5	751.8	32.9	38.0	35.9	7.6	8.3	8.0	6.3	6.3	6.3
Totals and Averages.	7810	8473	16283	2738	3312	6050	1924	2185	4109	914	825	1739	2304	1877	3861	31557	4105	8071	395.5	409.8	805.3	35.0	39.0	37.2	11.0	9.8	10.2	7.9	6.5	7.1

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 forty-seven years, remaining on 31st December 1910.

YEARS.	Admitted.			Of each Year's Admissions Discharged and Died in 1910.												Total Discharged and Died of each Year's Admissions to 31st December 1910.												Remaining of each Year's Admissions. 31st Dec. 1910.		
	New Cases.			Recovered.				Relieved.				Not Improved.				Recovered.				Relieved.				Not Improved.				Died.		
	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.
1813 to 1832	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1832 to 1864	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1864 to 1872*	860	876	308	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1873	74	106	33	47	260	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1874	98	96	53	61	308	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1875	89	100	59	62	310	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1876	113	109	67	71	360	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1877	104	96	70	72	342	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1878	125	98	80	62	365	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1879	116	94	57	78	345	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1880	111	123	49	59	347	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1881	108	100	54	77	339	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1882	92	120	51	66	329	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1883	115	134	49	55	353	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1884	102	126	59	55	342	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1885	94	111	45	54	304	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1886	114	112	56	52	334	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1887	141	138	44	42	365	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1888	120	125	52	51	348	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1889	103	99	59	52	323	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1890	115	112	40	65	332	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1891	130	120	61	59	370	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1892	169	151	45	68	433	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1893	150	142	65	69	426	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1894	147	161	62	84	454	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1895	152	162	36	60	410	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1896	179	146	66	79	470	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1897	138	126	65	82	411	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1898	147	167	54	83	451	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1899	150	143	62	73	428	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1900	175	144	73	80	472	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1901	147	151	68	75	441	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1902	146	162	43	72	423	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Continued on next page.

Admitted.			Of each Year's Admission Discharged and Died in 1910.												Total Discharged and Died of each Year's Admission. to 31st December 1910.												Remaining of each Year's Admissions, 31st Dec. 1910.								
YEARS.	New Cases.			Relapsed Cases.			Recovered.			Relieved.			Not Improved.			Died.			Recovered.			Relieved.			Not Improved.			Died.			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.					
1903	167	141	29	74	411	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	66	86	152	62	56	118	22	21	43	43	41	84	3	12	15
1904	144	186	51	76	457	1	0	1	0	0	0	0	1	1	1	3	2	1	3	53	92	145	54	67	121	29	21	50	46	63	109	13	18	31	
1905	136	162	64	66	428	0	1	1	0	0	0	0	0	0	0	2	2	1	2	58	63	121	87	61	148	14	21	35	24	70	94	17	13	30	
1906	115	154	54	62	385	0	1	1	0	0	0	0	0	0	0	1	1	1	1	25	51	76	62	52	114	20	26	46	43	62	105	19	25	44	
1907	116	118	38	45	317	3	3	6	2	3	5	0	0	0	0	3	2	5	46	48	94	33	31	64	20	20	40	28	28	56	27	36	63		
1908	72	90	34	43	239	0	4	4	0	0	0	0	3	3	4	8	4	8	31	37	68	10	22	32	11	11	22	25	21	46	29	42	71		
1909	61	74	36	38	209	10	17	27	1	8	9	1	1	2	7	6	13	20	28	48	10	21	31	8	6	14	15	14	29	44	43	87			
1910	58	61	21	55	195	12	16	28	4	12	16	7	5	12	11	11	22	12	16	28	4	12	16	7	5	12	11	11	22	45	72	117			
Totals†	5493	5641	2317	2832	16283	26	44	70	12	29	41	8	10	18	28	31	59	2771	3334	6105	1941	2197	4138	845	778	1623	1886	1777	3063	367	387	754			
Totals‡	..	..	..	..	21867	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

* For particulars see Report for 1894.

† Numbers for Forty-six Years.

‡ Since Opening of Asylum.

Summary of the Total Admissions 1864-1910.

Percentage of Cases Recovered			M.	F.	T.
Relieved ..	..	..	35.5	39.3	37.5
Not Improved ..	..	..	24.8	25.9	25.4
Died ..	..	..	10.8	9.2	10.0
Remaining ..	..	..	24.2	21.0	22.5
..	..	..	4.7	4.6	4.6

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
DISEASES OF CEREBRAL AND NERVOUS SYSTEM.																				
1	General Paralysis	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
2	Cerebral Abscess	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3	Exhaustion following Melancholia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF RESPIRATORY SYSTEM.																				
4	Phthisis Pulmonalis	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..
5	Lobar Pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..
6	Broncho Pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
7	Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8	Cardiac Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF DIGESTIVE SYSTEM.																				
9	Appendicitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	Gastro-enteritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASE OF GENERATIVE SYSTEM.																				
11	Cystic Disease of Ovary	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASE OF LYMPHATIC SYSTEM AND DUCTLESS GLANDS.																				
12	Addison's Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
GENERAL DISEASES.																				
13	Carcinomata	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14	Gangrene of Leg	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15	Senile Decay	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL									..	..	..	..	..	..	2	2	4	1	1	2

* *Post-mortem* examination was made in 34 cases.

Year 1910, 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			
1	2	..	2	1	1	2	1	2	3	2	..	2	1	..	1	2	1	3	11	4	15	1		
2	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	2			
3	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	3
4	..	2	2	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	5	4
5	1	1	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	3	3	5			
6	1	1	..	..	..	..	..	..	..	..	1	..	1	1	1	1	2	2	..	1	1	..	1	1	..	2	6	8	6			
7	1	..	1	..	1	1	1	..	..	..	..	..	..	..	1	1	2	7			
8	1	1	..	..	..	1	1	..	..	..	1	..	1	2	1	3	2	1	3	1	1	2	..	..	..	6	5	11	8			
9	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	9			
10	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	10			
11	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	11
12	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	12			
13	1	..	1	..	..	..	..	..	..	1	1	1	1	2	1	..	1	..	..	..	..	..	..	..	..	..	3	2	5	13			
14	1	1	..	..	..	..	1	1	1	14			
15	1	1	2	..	..	..	..	1	2	3	15			
	8	3	6	3	3	6	2	4	6	2	1	3	1	2	3	6	3	9	4	2	6	2	5	7	1	3	4	1	3	4	..	28	32	60		

TABLE VI.—*Showing the Length of Residence in those Discharged Recovered, and in those who have Died, during the Year 1910.*

LENGTH OF RESIDENCE.	Recovered.			Died.		
	M.	F.	T.	M.	F.	T.
Under 1 Month ...	1	0	1	5	8	13
From 1 to 3 Months...	8	5	13	6	4	10
„ 3 to 6 „ ...	4	12	16	0	3	3
„ 6 to 9 „ ...	3	8	11	0	1	1
„ 9 to 12 „ ...	1	4	5	2	1	3
„ 1 to 2 Years ...	5	6	11	7	3	10
„ 2 to 3 „ ...	3	4	7	4	3	7
„ 3 to 5 „ ...	0	3	3	1	2	3
„ 5 to 7 „ ...	1	0	1	2	2	4
„ 7 to 9 „ ...	0	1	1	0	1	1
„ 11 to 13 „ ...	0	0	0	0	1	1
„ 15 to 17 „ ...	0	1	1	0	0	0
„ 17 to 19 „ ...	0	0	0	0	1	1
„ 31 to 33 „ ...	0	0	0	1	0	1
„ 37 to 39 „ ...	0	0	0	0	1	1
„ 51 to 53 „ ...	0	0	0	0	1	1
Total ...	26	44	70	28	32	60

TABLE VII.

Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths during the Year 1910.

CLASS.	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.		
	Recovered.			Removed Relieved or otherwise.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
FIRST CLASS. First Attack, and within Three Months on Admission	31	36	67	12	19	31	6	12	18	15	16	31
SECOND CLASS. First Attack, above Three, and within Twelve Months on Admission	17	10	27	4	4	8	5	8	13	3	5	8
THIRD CLASS. Not First Attack, and within Twelve Months on Admission	17	46	63	8	17	25	1	9	10	3	3	6
FOURTH CLASS. First Attack or not, but of more than Twelve Months on Admission	13	22	35	2	4	6	8	10	18	7	8	15
FIFTH CLASS. Congenital	1	2	3	0	0	0	0	0	0	0	0	0
TOTAL	79	116	195	26	44	70	20	39	59	28	32	69

TABLE VIII.—*Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died during the Year 1910.*

AGES.	THE ADMISSIONS.			RECOVERED.			THE DEATHS.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
From 5 to 10 Years	0	0	0	0	0	0	0	0	0
" 10 to 15 "	0	0	0	0	0	0	0	0	0
" 15 to 20 "	1	5	6	0	0	0	0	0	0
" 20 to 25 "	6	8	14	3	3	6	0	0	0
" 25 to 30 "	11	9	20	0	7	7	2	2	4
" 30 to 35 "	7	16	23	5	4	9	1	1	2
" 35 to 40 "	8	15	23	3	7	10	3	3	6
" 40 to 45 "	6	8	14	1	9	10	2	3	5
" 45 to 50 "	6	14	20	4	2	6	3	4	7
" 50 to 55 "	4	14	18	0	8	8	1	1	2
" 55 to 60 "	13	5	18	4	1	5	2	1	3
" 60 to 65 "	6	7	13	3	1	4	4	4	8
" 65 to 70 "	6	5	11	1	0	1	6	2	8
" 70 to 75 "	2	7	9	2	1	3	2	5	7
" 75 to 80 "	2	2	4	0	1	1	1	3	4
" 80 to 85 "	0	1	1	0	0	0	0	2	2
" 85 to 90 "	1	0	1	0	0	0	1	1	2
" 90 to 95 "	0	0	0	0	0	0	0	0	0
" 95 to 100 "	0	0	0	0	0	0	0	0	0
Total ...	79	116	195	26	44	70	28	32	60
Mean Age ...	45.6	43.7	44.4	45.4	40.7	42.4	55.0	57.4	56.3

TABLE IX.

Showing the Condition as to Marriage, on Admission, in the Admissions, Recoveries, and Deaths, during the Year 1910, and of Patients Resident, December 31, 1910.

Condition in Reference to Marriage.	The Admissions.			The Discharges.			The Deaths.			Patients Resident Dec. 31, 1910.		
				Recovered.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	32	62	94	9	22	31	8	13	21	270	236	506
Married	38	42	80	17	18	35	17	12	29	87	113	200
Widowed	9	12	21	0	4	4	3	7	10	12	39	51
Unknown	0	0	0	0	0	0	0	0	0	0	1	1
Total	79	116	195	26	44	70	28	32	60	369	389	758

TABLE X.—*Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1910.*

CAUSES OF INSANITY.	NUMBER OF INSTANCES IN WHICH EACH CAUSE WAS ASSIGNED.									
	Admissions—Males, 79; Females, 116; Total, 195.									
	As predisposing cause.*			As exciting cause.			Total.†			
	M	F	T	M	F	T	M	F	T	
MENTAL and MORAL:—										
Mental anxiety and worry	0	0	0	6	5	11	6	5	11	
Mental shock	0	0	0	0	2	2	0	2	2	
Mental strain	0	0	0	4	6	10	4	6	10	
Overwork	0	0	0	1	1	2	1	1	2	
PHYSICAL:—										
Disease of Thyroid Gland—Exophthalmic Goitre	0	0	0	0	2	2	0	2	2	
Influenza	0	1	1	4	9	13	4	10	14	
Meningitis	0	0	0	1	0	1	1	0	1	
Pneumonia	0	0	0	0	1	1	0	1	1	
Syphilis	7	1	8	2	1	3	9	2	11	
Epilepsy	0	1	1	2	0	2	2	1	3	
Gross Brain Disease	0	0	0	4	1	5	4	1	5	
Sunstroke	1	0	1	0	0	0	1	0	1	
Traumatism	1	1	2	4	3	7	5	4	9	
Physical Exhaustion	3	0	3	2	1	3	5	1	6	
Privation	0	1	1	0	0	0	0	1	1	
Abuse of Drugs	0	0	0	3	0	3	3	0	3	
Intemperance in Drink	1	2	3	10	11	21	11	13	24	
Pregnancy	0	0	0	0	8	8	0	8	8	
Puberty and Adolescence	4	0	4	5	7	12	9	7	16	
Climacteric	0	0	0	0	11	11	0	11	11	
Senility	8	5	13	2	8	10	10	13	23	
Hereditary influences	direct	3	8	11	0	0	0	3	8	11
	collateral	12	35	47	0	0	0	12	35	47
	both	3	19	22	0	0	0	3	19	22
Congenital	1	1	2	0	0	0	1	1	2	
Previous attacks	18	51	69	6	0	0	18	51	69	
Unknown	29	24	53	32	43	76	32	43	76	

* 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 1910.*

FORM OF MENTAL DISORDER.	Admissions.			Recoveries.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Melancholia—									
Simple	6	7	13	7	8	15	1	2	3
Sub-acute (Delusional)	4	19	23	1	6	7	3	1	4
Acute (Agitated)	5	16	21	0	4	4	0	6	6
Mania—									
Simple	5	10	15	3	4	6	2	3	5
Sub-acute (Delusional)	3	5	8	3	1	4	0	3	3
Acute	2	1	3	2	3	5	0	0	0
Delirious Insanity—									
Mild (Slight Confusional States)	1	3	4	1	1	2	0	0	0
Sub-acute (Vivid Hallucinations and Confusion)	9	20	29	6	11	17	2	6	8
Acute	3	5	8	0	3	3	0	0	0
Systematised Delusional Insanity	4	11	15	0	1	1	0	2	2
Primary Mental Deterioration (Dementia Præcox)	6	9	15	2	1	3	1	2	3
General Paralysis of the Insane	15	2	17	0	0	0	11	3	14
Dementia—									
Apathetic	3	2	5	1	0	1	1	2	3
Excited	9	2	11	1	0	1	6	1	7
Delusional	0	0	0	0	1	1	0	1	1
Melancholic	1	2	3	0	0	0	1	0	1
Congenital	1	2	3	0	0	0	0	0	0
Morphinomania	2	0	2	0	0	0	0	0	0
Total	79	116	195	26	44	70	28	32	60

TABLE XIII.

State of Bodily Health and Condition of those Admitted.

	Males.	Females.	TOTAL.
In Average Health and Condition ...	8	39	47
In Indifferent Health and Reduced Condition ...	60	70	130
In Bad Health and very Exhausted Condition ...	11	7	18
TOTAL ...	79	116	195

TABLE XIV.

Admissions, Discharges, and Deaths of each Month.

	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
January ...	11	6	17	3	6	9	1	5	6
February ...	3	6	9	2	5	7	0	2	2
March ...	8	20	28	4	3	7	3	4	7
April ...	8	8	16	6	5	11	3	1	4
May ...	10	14	24	6	11	17	4	4	8
June ...	9	9	18	6	12	18	2	1	3
July ...	9	15	24	3	6	9	5	4	9
August ...	2	7	9	1	6	7	1	4	5
September ...	7	8	15	7	9	16	3	2	5
October ...	4	14	18	1	9	10	2	1	3
November ...	5	4	9	2	6	8	2	3	5
December ...	3	5	8	5	5	10	2	1	3
TOTAL ...	79	116	195	46	83	129	28	32	60

TABLE XV.

Illustrations of Suicidal Tendency in those Admitted.

	Males.	Females.	TOTAL.
Have attempted Suicide	8	18	26
Have meditated Suicide	3	13	16
Total Suicidal	11	31	42
<i>Forms of Insanity in which Suicide was attempted—</i>			
Melancholia, Simple	1	0	1
„ Sub-acute (Delus.)	1	7	8
„ Acute	3	6	9
Mania, Acute	1	0	1
Delirious Insanity, Acute	0	1	1
Systematised Delusional Insanity	0	2	2
Primary Mental Deterioration	2	1	3
Congenital Imbecility	0	1	1
Total	8	18	26
<i>Forms of Insanity in which Suicide was meditated—</i>			
Melancholia, Simple	2	0	2
„ Sub-acute (Delus.)	0	4	4
„ Acute	1	2	3
Mania, Simple	0	1	1
Delirious Insanity, Mild	0	1	1
„ Sub-acute	0	2	2
Systematised Delusional Insanity	0	2	2
Primary Mental Deterioration	0	1	1
Total	3	13	16
<i>Nature of attempts—</i>			
Cut-Throat	3	8	11
Precipitation	5	4	9
Poisoning	1	4	5
Swallowing Glass	1	0	1
Strangulation	0	4	4
Cutting Head	0	2	2
Drowning	0	3	3
Cutting Wrist	0	1	1
Total	10	26	36

TABLE XVI.—*Persons Recovered in 1910.*

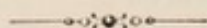
	Males.	Females	TOTAL.
A. Recovered for the first time ...	16	25	41
(a) Re-admitted, and again Dis- charged Recovered ...	1	0	1
(b) Re-admitted, but not again Discharged Recovered ...	0	1	1
B.* Had made one or more Recoveries in previous years ...	9	19	28
(a) Re-admitted, and again Dis- charged Recovered ...	0	0	0
(b) Re-admitted, but not again Discharged Recovered ...	1	1	2
Number of Persons Recovered... ..	25	44	69
Number of Cases of Recovery	26	44	70

* Of these Persons, 3 Males and 11 Females had made one Previous Recovery; 2 Males and 5 Females, two Previous Recoveries; 1 Female, three Previous Recoveries; 2 Males and 1 Female, four Previous Recoveries; 2 Males, six Previous Recoveries; 1 Female, seven Previous Recoveries.

R E P O R T S

OF THE

COMMISSIONERS IN LUNACY.



ROYAL EDINBURGH ASYLUM,

20th, 21st, and 22nd June 1910.

ON the registers of the Asylum there were on the 20 instant 765 patients. Of these, 17 were voluntary inmates, 445 were private patients, and 303 were paupers. In these figures effect has been given to the transference of 2 males and 2 females from the private to the pauper list, and of 2 males from the pauper to the private list. Ten patients were absent on probation, 1 absent on pass, and 6 were residing at the Cockenzie Villa. The number in residence was 748, all of whom were seen in the course of the three days' visit.

During the period which has elapsed since the visit in November last the following changes have taken place amongst the patients: 51 private and 60 pauper patients have been admitted, 18 private and 15 pauper patients have been discharged recovered, 12 private and 15 pauper patients have been discharged unrecovered, and 15 private and 19 pauper patients have died. Sixteen voluntary inmates have been received and 14 have left.

From these figures it will be seen that the number of patients on the register shows a total increase of 19. These consist of 2 voluntary inmates, 4 private patients, and 13 paupers.

All the deaths were due to natural and ordinary causes, which are registered as follows: heart disease in 7 cases,

broncho-pneumonia in 7 cases, general paralysis in 5 cases, phthisis pulmonalis in 4 cases, cerebral lesions in 3 cases, cancer in 2 cases, senile decay in 2 cases, and in 1 case each from Addison's disease, gangrene of foot, septicæmia and exhaustion from acute delirious mania. It is learned with regret that, owing to the objections raised by relatives, it has not been possible to hold more than 17 *post-mortem* examinations, or in the low proportion of 50 per cent. of the deaths.

The Register of Restraint and Seclusion contains 20 entries. They refer to the use of restraint in 1 case in order to prevent further self-mutilation. Six accidents are recorded. These include 4 fractures of bones and a dislocation at the elbow-joint, all of which were fortuitously sustained. The remaining accident was a self-inflicted destruction of the right eye. This act was done in so impulsive and secretive a manner as to be impossible to prevent. A nurse was near at hand, but there was no indication that such an injury was being inflicted. The number of patients who have escaped and have been absent for at least one night is 8.

The changes among the staff have been as follows:—11 attendants and 31 nurses have resigned, 2 attendants and 3 nurses have been dismissed, and 21 attendants and 41 nurses have been engaged. The dismissals were due to misconduct which only in 1 instance affected the patients.

There are 219 patients in Craig House and its adjoining villas, including Myreside, and 541 in West House. The number of private patients in the West House is 237, 154 of whom pay the intermediate rate of board, and 83 the lowest rate. The number admitted since last visit of those paying the intermediate rate is 27, and that of those at the lowest rate is 11. It is very satisfactory to be able to state that the Asylum is in a position to receive all patients able to pay these rates, which must be of great benefit and advantage to Edinburgh and the surrounding districts.

The attention of the Managers is directed to the condition of the kitchen in the West House. A visit to it does not produce a favourable impression, and it is therefore hoped that its enlargement and thorough re-equipment will soon be taken in hand.

Among the many alterations and improvements in the West House are (1) the setting apart of a room in the male and female sick-wards for the hospital treatment of intermediate patients; (2) the transference of a section of No. 4 Male Gallery to the female side by means of a partition; (3) the shutting off of the dark portions of the corridors from the day-rooms by a partition; (4) the institution of dining-rooms for the medical staff, assistant matrons, nurses, and servants on the ground floor on the female side, and of a central kitchen to serve these rooms; (5) the re-equipment of the water-closets and the renovation of the lavatories; (6) the repapering and repainting, with two exceptions, of the galleries, the work having been well done by the Asylum staff assisted by the patients; and (7) the completion of No. 3 Gallery as a Nurses' Home. This home has a recreation room, three bathrooms, and bedroom accommodation for 43 members of the female staff. There is in progress the formation of exercise grounds in connection with the male and female sick-rooms, and verandahs, 18 feet broad and 80 feet long, are to be erected on the north side of these grounds for open-air bed treatment and as a shelter in wet weather. Doors from the sick wards, giving easy access to these grounds, are to be provided.

At Craig House the ladies' dining-hall is in process of being repapered and repainted. It is understood that four verandahs are to be erected, three to the south of the main building, and one in the garden to the west of Old Craig House, and that the kitchen is to be provided with a new kitchen range and new boilers. A store has been instituted, and all goods required for this section of the Institution are received here direct in lieu of passing through the store of the West House. This change has resulted in economy in many directions.

Dr. Robertson continues to discharge his duties with ability and enthusiasm. No effort seems wanting on his part to bring every department into a high state of efficiency; especially is this true as regards the nursing and supervision of the patients. The various classes of inmates were found well and appropriately provided for. No complaints worthy of mention were made, and the patients were, with few exceptions, quiet and orderly in behaviour. The dinners seen during the visit were abundant meals and liberally adapted to the requirements

of each class. There is a good and sufficient staff, to which many important additions have recently been made.

Reference to the medical records gave full and useful information as to the mental condition of the patients. The official registers were examined and found to be regularly and correctly kept.

JOHN FRASER,

Commissioner in Lunacy.

ROYAL EDINBURGH ASYLUM,
5th, 6th, and 7th December 1910.

THERE were 763 patients, 373 males and 390 females, on the Register of the Asylum on the 5th instant. Of that number, 466 were private patients and 297 were paupers. Two hundred and twenty-six private patients pay the higher rates of board and are resident in Craig House, and 240 pay the lower rates of board and are resident in the West House. Of the pauper patients 106 belong to Edinburgh, 142 to Leith, 46 to parishes in Orkney, and 3 to parishes outside the contracting area.

The Asylum was last visited on the 20th June of this year. Since then 75 patients, 43 private and 32 pauper, have been admitted. Twenty-nine have been discharged recovered, 22 have been discharged unrecovered, and 29 have died. These figures do not include the changes among the voluntary inmates, numbering in all 20, of whom 7 have been admitted and 4 left the Institution.

The deaths are registered as follows: 11 patients died of general paralysis, 6 of heart disease with secondary symptoms, 5 of bronchitis, 3 of cancer, and 1 of each of the following affections, viz., gross disease of the brain, internal hæmorrhage, phthisis, and pneumonia. *Post-mortem* examinations were made in 19 instances; in the other instances the permission of the relatives was not obtained.

There are no entries in the Register of Restraint and Seclusion. Only 1 patient has escaped who was absent for one night before being brought back. The Register of Accidents contains 3 entries referring to a fracture of the neck of the humerus, and to a fracture of the ulna, both in female patients, and both caused by accidental falls; and to a fracture of one of the fingers voluntarily committed in a moment of impulse by a male patient. The following changes in the nursing staff have taken place since last visit: 40 persons—16 men and 24 women—have left the service, and 38 persons—

14 men and 24 women—have been engaged. The total staff of ordinary nurses and attendants numbers 170 individuals.

Eleven patients—5 men and 6 women—were absent on probation. With these exceptions, and with that of 5 or 6 patients who are at the seaside house at Cockenzie, all the inmates were seen in the course of the visit. They were afforded the opportunity of making any statement they pleased, of which opportunity several of them took advantage. The complaints as usual chiefly referred to the question of detention.

It is satisfactory to observe that Craig House continues to maintain its prosperity, and that advantage is being taken of the excellent accommodation provided for this class of patient. Facilities for the medical treatment of patients in this department, by the erection of three new verandahs, handsomely constructed with glass roofs and cement floors, have recently been provided. The open-air bed treatment of all patients requiring it can now be systematically and satisfactorily carried out. Access to the open air has also been made easier by the construction of French windows opening from several of the day-rooms. Twelve of the former strong-rooms have been converted into ordinary bed-rooms by enlargement of the windows and other structural changes and by furnishing them as ordinary sleeping-rooms. For patients requiring special observation at night, six new bed-rooms have been constructed, opening off the observation dormitories. This is on many accounts a most excellent and useful provision. The kitchen at Craig House has, as regards its fittings, been almost wholly renovated. Recently a large installation of gas ovens, three new boilers, a special oven for pastry cooking, and a refrigerator have been added to its equipment. The kitchen staff has been increased by the appointment of an assistant kitchen superintendent and two resident pupils, all of whom, in addition to the kitchen superintendent, possess diplomas in Domestic Science.

Among the many minor structural alterations at the West House, all of which are intended to facilitate administration and increase the comfort of the inmates, the hospital arrangement only can be here referred to. The former detached hospitals have been converted into Villas for the accommodation of quieter, trustworthy chronic patients who enjoy parole. The

ground floor wards in the main building on both sides have been converted into large and spacious hospitals for the treatment of newly admitted, infirm and sick patients. These wards have been beautifully painted with bright enamel paint, and fitted with incandescent lamps, so that they are well-lighted both by day and night. They have been so arranged as to permit of sufficient sub-division for classification, and, at the same time, of the easy supervision of large numbers of patients. They are efficiently staffed both by day and by night, and in each division is a well-equipped medical room containing all the necessary appliances for observation and treatment. Outside each of these hospital divisions, and communicating with them by covered passages, are large verandahs 80 feet long by 18 feet wide. At the time of the visit each of these verandahs contained sixteen patients confined to bed. The floors of the verandahs are made of cement. Their great width and size gives them the great advantage of exposing the patient less to rain and wind, while permitting them to obtain the full benefit of open air treatment.

The general health of the inmates of all classes was very satisfactory. Thirty-one patients were confined to bed for the treatment of mental symptoms, 24 for the treatment of bodily illness, and 18 on account of senile infirmity. It is satisfactory to record that only five patients in the West House, 3 on the Male and 2 on the Female side, suffer from phthisis at the present time, and, as has been pointed out above, only 1 patient died of phthisis in the period covered by this report.

Everything that was seen in the course of the visit pointed to a thoughtful and energetic system of management of the Institution.

The books and registers were examined and found correct.

JOHN MACPHERSON.

Commissioner in Lunacy.

ABSTRACT

OF THE

TREASURER'S ACCOUNTS OF INTROMISSIONS

FOR THE YEAR 1910.

CHARGE.

I. Arrears of Board, etc., given up in last Account	.	.	.	£421	12	7
Less—Written off as irrecoverable	.	.	.	22	15	8
						398 16 11
II. Patients' Boards, per Board-books—	<i>Males.</i>			<i>Females.</i>		
Quarter ending 31st March 1910	£7,369	1	2	£6,241	5	9
Do. do. 30th June „	7,167	8	4	6,328	14	1
Do. do. 30th Sept. „	7,272	13	1	6,295	13	8
Do. do. 31st Dec. „	7,281	4	8	6,289	9	6
	£29,090	7	3	25,155	3	—
				29,090	7	3
				54,245	10	3
Deduct—						
Repayments of Board for Patients who left the						
Asylum during 1909				51	2	8
						54,194 7 7
III. Accounts due by Patients for Clothes and extraordinary furnishings of various kinds supplied through the Steward and Matrons at the expense of the Institution, and charged against the recipients—						
	<i>Males.</i>			<i>Females.</i>		
Quarter ending 31st March 1910	£654	15	1	£694	—	2
Do. do. 30th June „	484	15	1	487	12	3
Do. do. 30th Sept. „	437	3	1	542	18	3
Do. do. 31st Dec. „	587	2	1	491	14	—
	£2,163	15	4	£2,216	4	8
				2,163	15	4
						4,380 — —
IV. Price of Pigs and Sundries disposed of—						
Received for Pigs Sold				£813	16	4
Do. for Pigs' meat, old iron, &c., sold				94	12	3
						908 8 7
V. Rents of Grass Parks, &c.						60 14 —
VI. Seat Rents in St Cuthbert's Church						5 1 —
VII. Price of Clothing supplied to Pauper Patients leaving the Institution during 1910						1 3 6
VIII. Balance of Account at 31st December 1909						3,670 2 4
Amount of the Charge				£63,618	13	11

DISCHARGE.

			Craig House.			West House.			TOTAL.		
			£	s.	d.	£	s.	d.	£	s.	d.
I.	Expense of Provisions	.	9,120	15	4	5,581	14	10	14,702	10	2
II.	Do. Clothing, Bedding, Napery, &c.		637	8	4	1,456	1	11	2,093	10	3
III.	Do. Fuel	.	1,044	9	8	931	10	1	1,975	19	9
IV.	Do. Gas Lighting	.	194	3	5	390	14	8	584	18	1
V.	Do. Water and Washing material	.	384	13	8	469	7	-	854	-	8
VI.	Do. Medicines, Surgical Instruments, Disinfectants, &c.		382	12	7	180	6	2	562	18	9
VII.	Do. Books and Stationery		342	14	9	202	8	8	545	3	5
VIII.	Do. Tobacco and Snuff		...	...		130	18	6	130	18	6
IX.	Do. Buildings, Furnishings, and Repairs		2,946	3	9	4,280	17	10	7,227	1	7
X.	Do. Garden and Grounds		263	2	1	155	7	8	418	9	9
XI.	Public and Parochial Burdens		1,186	7	10	532	-	5	1,718	8	3
XII.	Interest on Loans paid	.	1,802	19	-	540	1	11	2,343	-	11
XIII.	Feu-duties and Stipend	.	743	4	1	426	1	-	1,169	5	1
XIV.	Insurance Premiums	.	83	7	7	50	5	1	133	12	8
XV.	Salaries and Wages	.	10,340	16	10	7,672	3	-	18,012	19	10
XVI.	Miscellaneous Payments	.	640	7	9	404	13	10	1,045	1	7
XVII.	Accounts paid on behalf of Patients and charged against them		3,411	-	11	531	-	2	3,942	1	1
Ordinary Expenditure			33,524	7	7	23,935	12	9	57,460	-	4
XVIII.	Loans repaid	.							5,050	-	-
XIX.	Arrears of Board, &c., at 31st December 1910	.							417	18	8
XX.	Balance of Account at 31st December 1910	.							690	14	11
Amount of the Discharge equal to Charge									£63,618	13	11

EDINBURGH, 27th February 1911.—I have examined the foregoing Account of Charge and Discharge of the Intromissions of the Treasurer of the Royal Edinburgh Asylum for the Insane, for the year from 31st December 1909 to 31st December 1910, together with the Appendices relative thereto, and in connection with the Books of the House Steward and Matrons, and I now beg to report that I have found them to be correctly stated and sufficiently and satisfactorily vouched and instructed.

I have not, however, checked the apportionment of the items of Receipt and Expenditure between New Craig House and West House.

(Signed) JOHN M. HOWDEN, C.A.

ABSTRACT of ORDINARY and EXTRAORDINARY RECEIPTS and PAYMENTS
of NEW CRAIG HOUSE, OLD CRAIG HOUSE, SOUTH CRAIG, BEVAN
VILLA and MYRESIDE COTTAGE.—Year to 31st December 1910.

ORDINARY RECEIPTS.

1. Boards	£34,071 1 3
2. Extra Accounts	3,790 3 11
3. Produce and Sundries sold	571 2 4
4. Rents of Grass Parks	50 14 -
5. Seat Rents in St Cuthbert's Church	3 3 6
	<hr/>
	£38,486 5 -

ORDINARY PAYMENTS.

1. Amount thereof, as stated in foregoing Discharge	£33,524 7 7
2. Value of labour performed by tradesmen, assisted by West House patients, for New Craig House, etc.	556 17 6
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.	188 12 1
	<hr/>
	34,269 17 2

Surplus Ordinary Receipts for New Craig House, etc., for 1910 £4,216 7 10

ABSTRACT of ORDINARY and EXTRAORDINARY RECEIPTS and PAYMENTS
of the WEST HOUSE.—Year to 31st December 1910.

ORDINARY RECEIPTS.

1. Boards	£20,123 6 4
2. Extra Accounts	589 16 1
3. Produce and Sundries sold	337 6 3
4. Rent of Railway Siding	10 - -
5. Seat Rents in St Cuthbert's Church	1 17 6
6. Value of patients' labour performed for New Craig House, etc., as before (see New Craig House Payments 2 and 3)	745 9 7
7. Price of Clothing supplied to Pauper Patients leaving the Institution	1 3 6
	<hr/>
	£21,808 19 3

ORDINARY PAYMENTS.

1. Amount thereof, as stated in foregoing Discharge	£23,935 12 9
2. Twenty-sixth instalment to Sinking Fund	£2,701 15 1
Less—Interest on £17,506, 16s. 4d., included in No. 1 hereof	540 1 11
	<hr/>
	2,161 13 2
	<hr/>
	26,097 5 11

Excess of Ordinary Payments over Ordinary Receipts £4,288 6 8

EXTRAORDINARY RECEIPTS.

Nil - - -

EXTRAORDINARY PAYMENTS.

Nil - - -

TABULAR VIEW of the Cost of Maintenance per Head of New Craig House, Intermediate, and Pauper Patients for the Year 1910—the numbers being: New Craig House, 218; Intermediates, 167. Patients at the lowest rate of Board, 78; and Paupers, 289.

	New Craig House.			Intermediate.			Paupers and others.		
	£	s.	d.	£	s.	d.	£	s.	d.
1. Provisions, including extra diets, share of Attendants' provisions and vegetables, except in so far as supplied from grounds held to be covered by cost of Gardens and Grounds No 13	41	16	9	13	13	2·4	8	19	10·4
2. Stimulants and Cordials									
3. Clothing . . . . .	...	...		...	...		4	-	9·4
4. Bedding and Napery	2	18	6	-	10	9·8	-	10	9·8
5. Fuel (including fuel for electric lighting) .	4	15	10	1	14	10·6	1	14	10·6
6. Gas Lighting	-	17	10	-	14	7·6	-	14	7·6
7. Water and Washing materials	1	15	3	-	17	7	-	17	7
8. Medicines and Surgical Apparatus	1	15	1	-	6	9	-	6	9
9. Books and Stationery	1	11	5	-	7	7	-	7	7
10. Tobacco and Snuff . . . . .	...	...		...	...		-	7	1·6
11. Furnishings and Repairs	13	10	4	9	3	3	7	9	10·8
12. Public and Parochial Burdens	5	8	10	-	19	11·1	-	19	11·1
13. Expenditure on Gardens and Grounds	1	4	2	-	5	9·8	-	5	9·8
14. Feu-Duties and Stipend	3	8	2	-	15	11·5	-	15	11·5
15. Fire Insurance	-	7	8	-	1	10·6	-	1	10·6
16. Salaries and Wages	47	8	8	16	4	6·2	13	10	5·2
17. Miscellaneous Payments	2	18	9	-	15	1·9	-	15	1·9
18. Value of labour performed by tradesmen and patients for New Craig House and Intermediates	3	8	5	1	3	-	...	...
19. Instalment to Sinking Fund, as sanctioned by the Court . . . . .	...	...		5	1	2·3	5	1	2·3
20. Interest on New Craig House Debt	8	5	5	...	...		...	...
<i>Deduct—</i>									
1. From New Craig House, &c.—	141	11	1	52	16	1·8	47	-	3·6
(1.) Price of Pigs and Sundries sold	2	17	4						
(2.) Rents of Grass Parks									
(3.) Seat Rents in St Cuthbert's Church									
2. From Paupers—									
(1.) Price of Pigs, etc., sold, including Rent of Siding			- 13			1			
(2.) Value of labour performed by paupers for New Craig House and Intermediate patients	2	11	1·1				3	4	1·2
3. From Intermediates—									
Price of Pigs, etc., sold, including Rent, as above						- 13	- 1		
Cost per head during 1910	138	13	9	52	3	1·7	43	16	2·4

The average number of Patients, Officers, and Domestics during the Year ending
 31st December 1909 was 968
 Do. do. do. 31st December 1910 1,016

Increase in 1910 48

The Cost of Provisions per head during the Year ending 31st Dec. 1909 was £14 2 7
 Do. do. do. 31st December 1910 was 14 9 5

Increase in 1910 £- 6 10

STATE OF DEBT due by CRAIG HOUSE DIVISION, of the ROYAL EDINBURGH ASYLUM FOR THE INSANE, as at 31st December 1910.

Amount thereof	£61,800	-	-
<i>Deduct</i> —Proportion of Debt secured on Craig House due by			
West House	£11,625	8	1
Balance at Close of this Account	690	14	11
		<hr/>	12,316 3 -
			<hr/>
			£49,483 17 -
			<hr/>

STATE of FINANCES of NEW CRAIG HOUSE for 1910.

Profit for year 1910, as before (including Balance from previous year)	£4,554	10	7
<i>Deduct</i> —Loss on Intermediates	1,030	11	1 ¹
		<hr/>	3,523 18 8
<i>Deduct</i> —Reduction of Debt during year	3,189	4	4
		<hr/>	334 14 4
Arrears of Board, etc., at close of this Account	£417	18	8
<i>Less</i> Balance of do. at 31st December 1884, when the indebtedness of the West House was fixed by the Court, under deduction of arrears of Board written off	83	4	4
		<hr/>	£334 14 4
			<hr/>

STATE OF DEBT due by the WEST HOUSE of the ROYAL EDINBURGH ASYLUM FOR THE INSANE, as at 31st December 1910.

Amount thereof	£18,625	8	1
		<hr/>	

STATE showing the Operation of the SINKING FUND during 1910, and contrasting the amount of the Actual Debt at the close of that Year with the Debt as estimated by the late Mr JAMES MARTIN, C.A., in his Report on the Creation of a Sinking Fund.

Estimated Debt.	WEST HOUSE.	Actual Debt.
£ s. d.		£ s. d.
12,027 14 6	Amount of Debt at 31st December 1909 . . .	17,506 16 4
	<i>Add—</i>	
481 2 2	1. One year's interest to 31st Dec. 1910 £540 1 11	
	2. West House arrears written off as irrecoverable 22 10 2	
	3. Excess of Ordinary Payments over Ordinary Receipts £4,288 6 8	
	<i>Less—</i> Amount effeiring to Intermediates . 1,030 11 11	
	<u>3,257 14 9</u>	3,820 6 10
12,508 16 8		21,327 3 2
	<i>Deduct—</i>	
2,701 15 1	(1) Twenty-sixth Instalment to Sinking Fund .	2,701 15 1
<u>9,807 1 7</u>		<u>18,625 8 1</u>

A B S T R A C T

OF THE

TREASURER'S INTROMISSIONS

WITH THE

FUNDS ADMINISTERED BY THE CHARITY COMMITTEE

FOR THE YEAR 1910.

CHARGE.

I. Balance at close of last Account	£123	4	1
II. Revenue received during the year	316	10	7
III. Donations received :—			
John Thomson, Esq., M.D., 14 Coates Crescent	£-	5	-
James Heron, Esq., 3 Merchiston Avenue	-	10	-
Mr. and Mrs. Turnbull, Whitehouse Loan	1	1	-
Sheriff Lees, K.C., 4 Darnaway Street	-	5	-
Mrs. Russell, 24 Inverleith Place	-	2	6
Mrs. Jas. T. Connell, 19 Succoth Place	-	2	6
Sir James Russell, LL.D., Woodville, Canaan Lane	1	1	-
Miss M. Nairn, 29 Abercromby Place	-	5	-
W. R. Morrison, Esq., 55 Merchiston Crescent	-	5	-
Miss P. M. Ker, 11 Merchiston Park	-	5	-
John R. Findlay, Esq., 27 Drumsheugh Gardens	2	2	-
Colonel Leven, 26 Saxe-Coburg Place	-	5	-
Rev. W. M. Macgregor, 28 Walker Street	-	2	6
Miss Ritchie, 45 Mayfield Road	-	5	-
J. R. Norrie, Esq., 25 Dick Place	-	10	-
Miss Wright, 9 Merchiston Bank Gardens	-	5	-
Miss Shaw, 14 Deanpark Crescent	-	2	6
Alexander Melvin, Esq., 4 Savile Terrace	-	5	-
Alexander Macfarlane, Esq., 43 Dick Place	-	10	-
Findlay B. Anderson, Esq., 24 St. Andrew Square	2	-	-
The Misses Christie, 16 Blackford Road	-	5	-
Miss J. L. C. Wilson, 74 Polwarth Terrace	-	2	6
Herbert B. Finlay, Esq., 15 Strathearn Place	-	10	-
The Misses Fleming, 9 Atholl Crescent	1	-	-
"Citizen"	-	5	-
Thomas Steuart, Esq., 48 Palmerston Place	-	10	-
J Stewart Clark, Esq., Dreghorn Castle, Colinton	5	-	-
Carry forward	£18	1	6
	£439	14	8

Brought forward	£18	1	6	£439	14	8
Mrs. Joseph Smith, 46 Cluny Gardens	-	5	-			
Mr. and Mrs. M'Ewen, 9 Douglas Crescent	-	10	-			
The Misses Wilson, 7 Western Terrace	1	1	-			
Mrs. Roxburgh, 4 Abbotsford Crescent	-	10	-			
Mrs. Tod, Clerwood, Corstorphine	1	1	-			
Mrs. Muirhead and Miss Bird, 5 Ettrick Road	-	5	-			
T. S. Clouston, Esq., M.D., LL.D., 26 Heriot Row	1	1	-			
Miss Leishman, 4 Douglas Crescent	-	5	-			
Mr. and Mrs. R. W. Armour, Kildonan, Craigmillar Park	-	5	-			
Mrs. Wilson, 12 Corrennie Drive	-	2	6			
Miss Ritchie, 22 Charlotte Square	-	2	6			
F. C. Thomson, Esq., Advocate, 5 Northumberland Street	-	5	-			
Mrs. Geddes, 8 Douglas Crescent	-	10	-			
"Anonymous"	-	1	6			
Mrs. Turnbull, 2 Corrennie Gardens	-	5	-			
Mrs. Craig, 9 Learmonth Terrace	-	2	6			
Mr. and Mrs. Stark, 14 Suffolk Road	-	2	6			
Miss Saunders, 56 North Castle Street	-	5	-			
Miss Stewart, 30 Craigmillar Park	-	5	-			
Mrs. Landale, 25 Belgrave Crescent	-	5	-			
Dr. and Mrs. Malcolm Laurie, The Bloom, Canaan Lane	-	2	6			
The Misses Rutherford, 14 Albany Street	-	7	6			
	£26	1	-			
<i>Deduct:—Commission charged by Charity Organisation Society for collection at 1½%</i>	-	8	-			
				25	13	-
				£465	7	8

DISCHARGE.

I. Sums paid to Royal Edinburgh Asylum in relief of Patients' Boards	£438	9	7
II. Expense of Management, etc.	11	5	3
III. Balance due by Treasurer at 31st December 1910	15	12	10
	£465	7	8

STATE OF FUNDS AT 31st DECEMBER 1910.

I. Sum in Bond and Disposition in Security over Asylum property	£9,600	-	-
II. Balance due by Treasurer, as above	15	12	10
	£9,615	12	10

EDINBURGH, 27th February 1911.—I have examined the foregoing Account, and the appended State of Funds, and having checked them in connection with the Vouchers and Instructions, find them to be correctly stated and sufficiently vouched and instructed—the balance due by the Treasurer at 31st December 1910 being £15, 12s. 10d.

(Signed) JOHN M. HOWDEN, C.A.

A B S T R A C T

OF THE

TREASURER'S INTROMISSIONS

WITH THE

FUNDS BEQUEATHED BY THE LATE MRS BEVAN

FOR THE YEAR 1910.

CHARGE.

I. Balance of uninvested funds at close of last Account	£15 13 8
II. Revenue received during the year	409 19 9
	<u>£425 13 5</u>

DISCHARGE.

I. Balance due to Treasurer at close of last Account	£133 - 9
II. Payments made to Royal Edinburgh Asylum for the Insane in relief of Patients' Boards during the year	405 12 10
III. Expense of Management	15 3 7
	<u>553 17 2</u>
Deduct Balance due to Treasurer at 31st December 1910	128 3 9
	<u>£425 13 5</u>

STATE OF FUNDS AT 31ST DECEMBER 1910.

I. Amount lent to Royal Edinburgh Asylum for the Insane	£12,700 - -
II. Balance due to Treasurer as above	128 3 9
	<u>£12,571 16 3</u>

EDINBURGH, 27th February 1911.—I have examined the foregoing Account and the appended State of Funds, and having compared them with the Vouchers and Instructions, find them to be correctly stated and sufficiently vouched and instructed—the balance due to the Treasurer at 31st December 1910 being

Made up thus :— <i>Revenue</i> —Balance due to Treasurer	£143 17 5
<i>Capital</i> —Balance due by Treasurer	15 13 8
	<u>£128 3 9</u>

(Signed) JOHN M. HOWDEN, C.A.

NURSING CERTIFICATE

OF THE

MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE following Nurses have obtained the Certificate for Proficiency in Mental Nursing, granted by the MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND in 1910:—

CRAIG HOUSE.

NURSE BLACK.
 „ CRAWFORD.
 „ GORDON.
 „ PIRRIE.

WEST HOUSE.

MISS THORBURN.
 „ MACINROY.
 NURSE BELLA REDDOCH.
 „ NELLY REDDOCH.
 „ ALEXA BURNETT.
 „ HARRIET BATEMAN.
 „ JOAN FLYNN.

TABLES BY THE STEWARD.

*Statement of Work done, with Estimated Value and Actual Cost of Work
and Material, at the West House and Craig House, for the
Year ending 31st December 1910.*

I.—JOINER.

(a.) Estimated Value of Work done at Trade Prices—

	Time.	Material.
Work done for West House	£431 4 4	£461 7 10
„ „ Craig House	276 2 10	364 - 8
Total Value	<u>£707 7 2</u>	<u>£825 8 6</u>

(b.) Actual Cost of Joiner Work—

Material used during year	£825 8 6
Wages of Joiners	638 16 -
Total Cost	<u>£1,464 4 6</u>

II.—PAINTER.

(a.) Estimated Value of Work done at Trade Prices—

	Time.	Material.
Work done for West House	£402 12 3	£406 10 10
„ „ Craig House	137 18 7	79 9 9
Total Value	<u>£540 10 10</u>	<u>£486 - 7</u>

(b.) Actual Cost of Painter Work—

Material used during year	£486 - 7
Wages of Painters	501 3 9
Total Cost	<u>£987 4 4</u>

III.—UPHOLSTERER.

(a.) Estimated Value of Work done at Trade Prices—

	Time.	Material.
Work done for West House	£56 14 6	£78 14 6
„ „ Craig House	45 1 —	108 14 4
Total Value	<u>£101 15 6</u>	<u>£187 8 10</u>

(b.) Actual Cost of Upholstery Work—

Material used during year	£187 8 10
Wages of Upholsterer	85 — —
Total Cost	<u>£272 8 10</u>

IV.—MASON.

(a.) Estimated Value of Work done at Trade Prices—

	Time.	Material.
Work done for West House	£54 8 3	£50 6 5
„ „ Craig House	33 12 3	33 17 7
Total Value	<u>£88 — 6</u>	<u>£84 4 —</u>

(b.) Actual Cost of Mason Work—

Material used during year	£84 4 —
Wages of Mason	72 — —
Total Cost	<u>£156 4 —</u>

V.—PLUMBER.

(a.) Estimated Value of Work done at Trade Prices—

	Time.	Material.
Work done for West House	£220 1 —	£372 16 6
„ „ Craig House	37 13 10	37 18 6
Total Value	<u>£257 14 10</u>	<u>£410 15 —</u>

(b.) Actual Cost of Plumber Work—

Material used during year	£410 15 —
Wages of Plumbers	237 3 8
Total Cost	<u>£647 18 8</u>

VI.—BLACKSMITH.

(a.) Estimated Value of Work done at Trade Prices—

	Time.	Material.
Work done for West House	£124 17 -	£41 19 4
„ „ Craig House	26 9 -	5 - 6
Total Value	<u>£151 6 -</u>	<u>£46 19 10</u>

(b.) Actual Cost of Blacksmith Work—

Material used during year	£46 19 10
Wages of Engineer	82 16 -
Total Cost	<u>£129 15 10</u>

VII.—PRINTERS.

(a.) Estimated Value of Work done at Trade Prices—

Time	<u>£183 16 -</u>
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(b.) Actual Cost of Printers' Work—

Material used during year	£47 4 1
Wages of Printers	120 4 -
Total Cost	<u>£167 8 1</u>

VIII.—TAILORS.

(a.) Estimated Value of Work done at Trade Prices for Rate-paid Patients—

Making New Clothing—

47 Tweed Jackets at 8s. 6d.	£19 19 6	
34 Tweed Vests at 3s. 9d.	6 7 6	
98 Pairs Tweed Trousers at 4s. 6d.	22 1 -	
196 Pairs Corduroy Trousers at 3s. 9d.	36 15 -	
359 Pairs Plaiding Drawers (cut) at 2d.	2 19 10	
41 Plaiding Shirts (cut) at 2d.	- 6 10	
41 White Coats at 5s.	10 5 -	
3 Laboratory Coats at 6s.	- 18 -	
2 Duck Coats at 6s.	- 12 -	
1 Tweed Overcoat at 12s.	- 12 -	
14 Bed Jackets (cut) at 2d.	- 2 4	
1 Check Linen Dress at 5s.	- 5 -	
7 Dressing Gowns at 7s.	2 9 -	
166 Mattress Covers at 6d.	4 3 -	
28 Pairs Knee Pads at 6d.	- 14 -	
		<u>£108 10 -</u>

Value of work done for Private Patients—

20 Tweed Suits	£33 - 5	
2 Coats and Vests	2 8 9	
3 Pairs Tweed Trousers	1 5 7	
1 Overcoat	1 2 3	
2 Pairs Cord Trousers	- 10 2	
		<u>38 7 2</u>
Carry forward		<u>£146 17 2</u>

TAILOR—continued.

Repairing Clothing for Rate-paid Patients—

	Brought forward			£146 17 2
104 Jackets at 1s.		£5	4	—
143 Vests at 6d.		3	11	6
1224 Pairs Trousers at 6d.		30	12	—
5 Overcoats at 1s. 6d.		—	7	6
Sundries		3	14	3
				<hr/>
				43 9 3

Repairing Clothing for Private Patients—

47 Coats		£3	1	7
40 Vests		1	7	4
71 Pairs Trousers		3	17	10
11 Overcoats		—	19	6
				<hr/>
				9 6 3
Total Value				<hr/>
				£199 12 8

(b.) Actual Cost of Tailoring for Rate-paid Patients—

198½ Yards Tweed at 4s. 6d.		£44	13	3
505½ „ Corduroy at 1s. 8d.		42	2	6
32½ „ Tweed Lining at 1s. 6d.		2	8	9
219½ „ Dowlas at 10d.		9	2	11
6½ „ Checked Linen at 1s. 9½d.		—	11	7
266½ „ Union Plaiding at 1s. 10d.		24	8	7
339½ „ Grey Plaiding at 11¼d.		16	12	5
14 „ Grey Plaiding at 1s. 11½d.		1	7	5
63 „ Unbleached Cotton at 4½d.		1	3	7
267 „ Pack-sheet at 6½d.		7	4	8
62 „ Striped Silesia at 7d.		1	16	2
38 „ Black Cotton at 7d.		1	2	2
32 „ Trouser Pocketing at 8d.		1	1	4
18 „ Coating at 3s. 6d.		3	3	—
10 „ Linen Duck at 10d.		—	8	4
Sundries		7	11	9
				<hr/>
				£164 13 5

Actual Cost of Tailoring for Private Patients—

37½ Yards Tweed at 5s. 6d.		£10	6	3
22½ „ Tweed at 5s. 9d.		6	9	4
21 „ Tweed at 6s. 3d.		6	11	3
3½ „ Indigo Serge at 6s. 6d.		1	2	9
26 „ Italian Cloth at 2s.		2	12	—
54 „ Black and Coloured Silesia		1	11	6
1 „ Glassade at 1s. 6d.		—	1	6
11 „ Trouser Pocketing at 8d.		—	7	4
12½ „ Black Linen at 7¼d.		—	7	6
11 „ Black Canvas at 5d.		—	4	7
26 „ Drab Coat Canvas at 5d.		—	10	10
Sundries		2	3	2
				<hr/>
				32 8 —
Wages of Tailors				<hr/>
				197 6 5
				114 3 4
Total Cost				<hr/>
				£311 9 9

IX.—SHOEMAKER.

(a.) Estimated Value of Work done at Trade Prices—

Making 40 pairs Boots at 4s. 9d.	£9 10 -	
„ 1 pair, hand sewn, at 7s.	- 7 -	
„ 1 pair Wellington Boots at 5s. 6d.	- 5 6	
	<hr/>	£10 2 6

Repairs—

273 Pairs Men's Boots Soled and Heeled at 1s. 6d.	£20 9 6	
88 „ Men's Boots Soled at 1s. 2d.	5 2 8	
163 „ Men's Boots Heeled and Patched at 5d.	3 7 11	
137 „ Men's Slippers at 4d.	2 5 8	
119 „ Women's Bts Soled and Heeled at 1s. 3d.	7 8 9	
36 „ Women's Boots Heeled, etc., at 4d.	- 12 -	
32 „ Women's Slippers at 4d.	- 10 8	
West House Private Patients Boots and Shoes.	14 9 1	
Sundries	- 14 4	
	<hr/>	55 - 7
		<hr/>
		£65 3 1
		<hr/>

Value of Material used in the Making of the following—

40 Pairs at 7s. 6d.	£15 - -	
1 Pair, Hand Sewn	- 7 6	
1 Pair, Wellington's	- 11 -	
	<hr/>	15 18 6

Value of Material used in Repairing the following—

661 Pairs Men's Boots and Slippers	£23 6 10	
187 „ Women's Boots and Shoes	5 14 5	
	<hr/>	29 1 3

Value of Material used in repairing West House Private Patients Boots—

Males	£6 3 -	
Females	2 0 5	
	<hr/>	7 3 5
		<hr/>
		52 3 2
Wages of Shoemaker		48 - -
		<hr/>
Total Cost		£100 3 2
		<hr/>

Board of Trade Units supplied to Buildings	53,771
„ „ „ „ Battery	2,031
„ „ „ Generated	<u>55,802</u>

Generation Costs per Board of Trade Units Supplied, 1·531 pence.

„ „ „ „ Generated, 1·475 „

Cost of Repairs, Renewals, and New Work in Buildings.

Done by Engineering Staff.

MATERIAL.	
Queen's Craig	£8 12 6
Bungalow	4 14 10
Male end, Main Building	21 9 11
Centre of Main Building	29 2 2
Main Kitchen	18 6 7½
Female end, Main Building	15 15 8
East Hospital	6 1 8½
Bevan House	6 2 9
South Craig	1 12 5½
Old Craig House	2 3 1
West House	2 14 7
Grass Mowers	- 6 -
Total Cost for Material	<u>117 2 3½</u>
Wages for Repairs, Renewals, and New Work in Homes	<u>94 5 -</u>
Total	<u>£211 7 3½</u>
Wages for Firing Heating Boilers in East and West Wing, Bevan House, and South Craig	£14 4 -

STATEMENT showing RECEIPTS and EXPENDITURE of PIGGERY for the Year 1910.

RECEIPTS.

Pigs sold	£811 14 -
Valuation of Stock at 31st December 1910	236 10 -
	<hr/>
	£1,048 4 10

EXPENDITURE.

Valuation of Stock at 31st December 1909	£228 - -
Feeding Stuffs	£13 17 11
Coal and Gas	8 6 -
Furnishings	5 10 8
Kitchen Refuse Craig House	£54 12 -
West House	27 6 -
Two Young Pigs	4 - -
Paid Labour	78 - -
	<hr/>
	191 12 7
	<hr/>
	419 12 7
Balance in favour of Piggery	628 12 3
	<hr/>
	£1,048 4 10

STATEMENT showing INCOME and EXPENDITURE on FARM for Year ending 31st December 1910.

INCOME.

	Sold.	Supplied to Asylum.	Total.
Wool	£3 16 6	£ — —	£3 16 6
Hay	3 — —	28 — —	31 — —
Old Carts	5 5 —	— — —	5 5 —
Turnips	7 15 4	12 — —	19 15 4
Potatoes	— — —	19 — —	19 — —
Oats, etc.	— — —	39 5 —	39 5 —
			£118 1 10
Value of Oats, Hay, etc., at 31st December 1910			36 — —
			<u>£154 1 10</u>

EXPENDITURE.

Value of Oats, Hay, etc., at 31st December 1909		£56 15 4
Implements and harness	£9 — 2	
Farm seeds	9 12 —	
Feeding stuffs	15 19 3	
Manures	12 6 7	
Threshing-mill	2 15 —	
Clipping sheep	— 8 —	
Gas	1 — —	
Paid labour	20 7 —	
		71 8 —
		128 3 4
Balance in favour of Farm		25 18 6
		<u>£154 1 10</u>

WEST HOUSE.

ARTICLES OF CLOTHING MADE AND REPAIRED BY FEMALES.

FEMALE CLOTHING.

213 Gingham and print aprons at 2d.	£1 15 6
257 Chemises at 6d.	6 8 6
223 Night-gowns at 9d.	8 7 3
142 Semits at 6d.	3 11 -
87 Plaiding petticoats at 6d.	2 3 6
43 Gingham petticoats at 6d.	1 1 6
90 Pairs gingham knickers at 6d.	2 5 -
61 Serge dresses at 2s. 6d.	7 12 6
58 Print dresses at 2s. 6d.	7 5 -
3 Serge skirts at 1s. 6d.	- 4 6
60 White ties at 2d.	- 10 -
12 Bed jackets at 9d.	- 9 -
6 Hoods at 2d.	- 1 -
8 Private cloth dresses at 10s.	4 - -
4 „ „ skirts at 2s. 6d.	- 10 -
4 „ washing dresses at 5s.	1 - -
32 „ petticoats at 6d.	- 16 -
12 „ semits at 1s.	- 12 -
23 „ chemises at 9d.	- 17 3
8 „ night dresses at 1s.	- 8 -
6 „ blouses at 1s.	- 6 -
	<hr/>
	50 3 6

MALE CLOTHING.

18 Night-shirts at 1s.	£- 18 -
601 Striped shirts at 9d.	22 10 9
41 Plaiding shirts at 10d.	1 14 2
359 Pairs plaiding drawers at 10d.	14 19 2
500 Neckties at 1d.	2 1 8
309 Flannel semits at 10d.	12 17 6
16 Men's bed jackets at 1s. 3d.	1 - -
	<hr/>
	56 1 3

UNIFORMS.

309 Attendants' and tradesmen's aprons at 6d.	£7 14 6
215 Nurses' aprons at 6d.	5 7 6
72 Maids' aprons at 6d.	1 16 -
130 Nurses' caps at 2d.	1 1 8
70 Maids' caps at 2d.	- 11 8
7 Linen overalls at 1s. 3d.	- 8 9
6 Print overalls at 9d.	- 4 6
	<hr/>
	17 4 7

Carry forward , , £123 9 4

BEDDING, NAPERY, ETC.

	Brought forward			£123 9 4
858 Pillow and bolster slips at 2d.		£7 3 -		
695 Sheets at 2d.		5 15 10		
546 Fine sheets at 2d.		4 11 -		
21 Table cloths at 2d.		- 3 6		
62 Tea bags at 1d.		- 5 2		
150 Pudding cloths at 1d.		- 12 6		
24 Tray cloths at 6d.		- 12 -		
24 Table napkins at 1d.		- 2 -		
12 Muslin blinds at 2d.		- 2 -		
12 Casement blinds at 3d.		- 3 -		
130 Cushion covers at 3d.		1 12 6		
178 Mattress covers at 9d.		6 13 6		
3 Palliasse covers at 6d.		- 1 6		
171 Pillow and bolster covers at 3d.		2 2 9		
66 Linen blinds at 4d.		1 2 -		
24 Store bags at 2d.		- 4 -		
42 Feeders at 2d.		- 7 -		
1192 Towels at 1d.		4 19 4		
8 Pairs curtains at 4d.		- 2 8		
12 Hanging curtains at 4d.		- 4 -		
			36 19 3	

EMBROIDERY, KNITTING AND CROCHET.

302 Pairs socks at 6d.		£7 11 -		
23 „ stockings at 9d.		- 17 3		
24 „ fine socks at 1s.		1 4 -		
280 „ stockings refooted at 4d.		4 13 4		
310 „ socks refooted at 4d.		5 3 4		
304 Yards crochet lace at 2d.		2 10 8		
18 Doylies at 4d.		- 6 -		
18 Balaclava caps at 8d.		- 12 -		
96 Pairs gloves at 6d.		2 8 -		
91 „ mittens at 4d.		1 10 4		
4 Crochet caps at 6d.		- 2 -		
130 Night-dress bags (embroidered) at 2d.		1 1 8		
18 Cushion covers (embroidered) at 3d.		- 4 6		
			28 4 1	
Total value of work on articles made			£188 12 8	

ARTICLES REPAIRED.

196 Blankets and semits marked at 1d.		£- 16 4		
29,250 Articles repaired at 1d.		121 17 6		
			122 13 10	
TOTAL			£311 6 6	

S. C. HEARDER, *Matron*.

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