

**Ninety-ninth annual report of the Royal Edinburgh Asylum, Morningside :
Craig House and the West House mental hospitals for the year 1911.**

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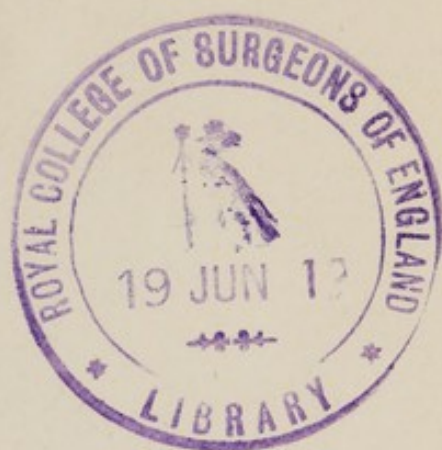
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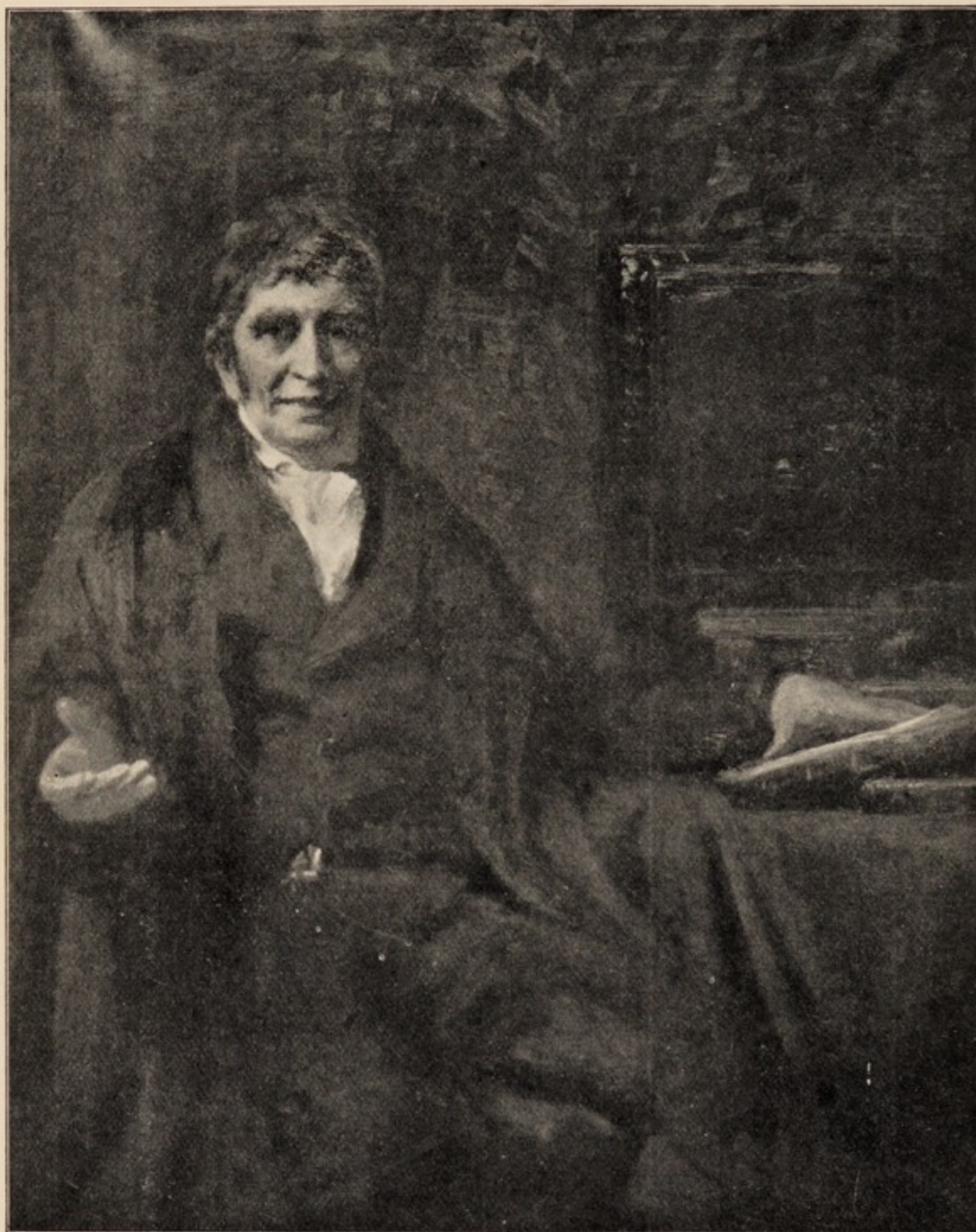
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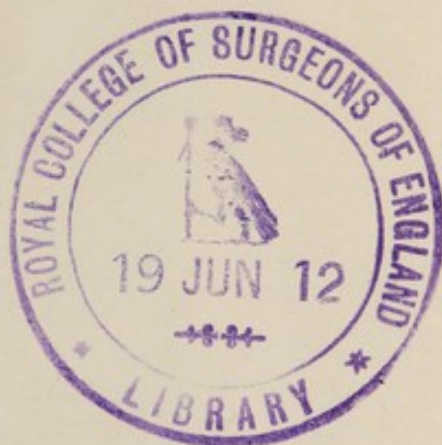


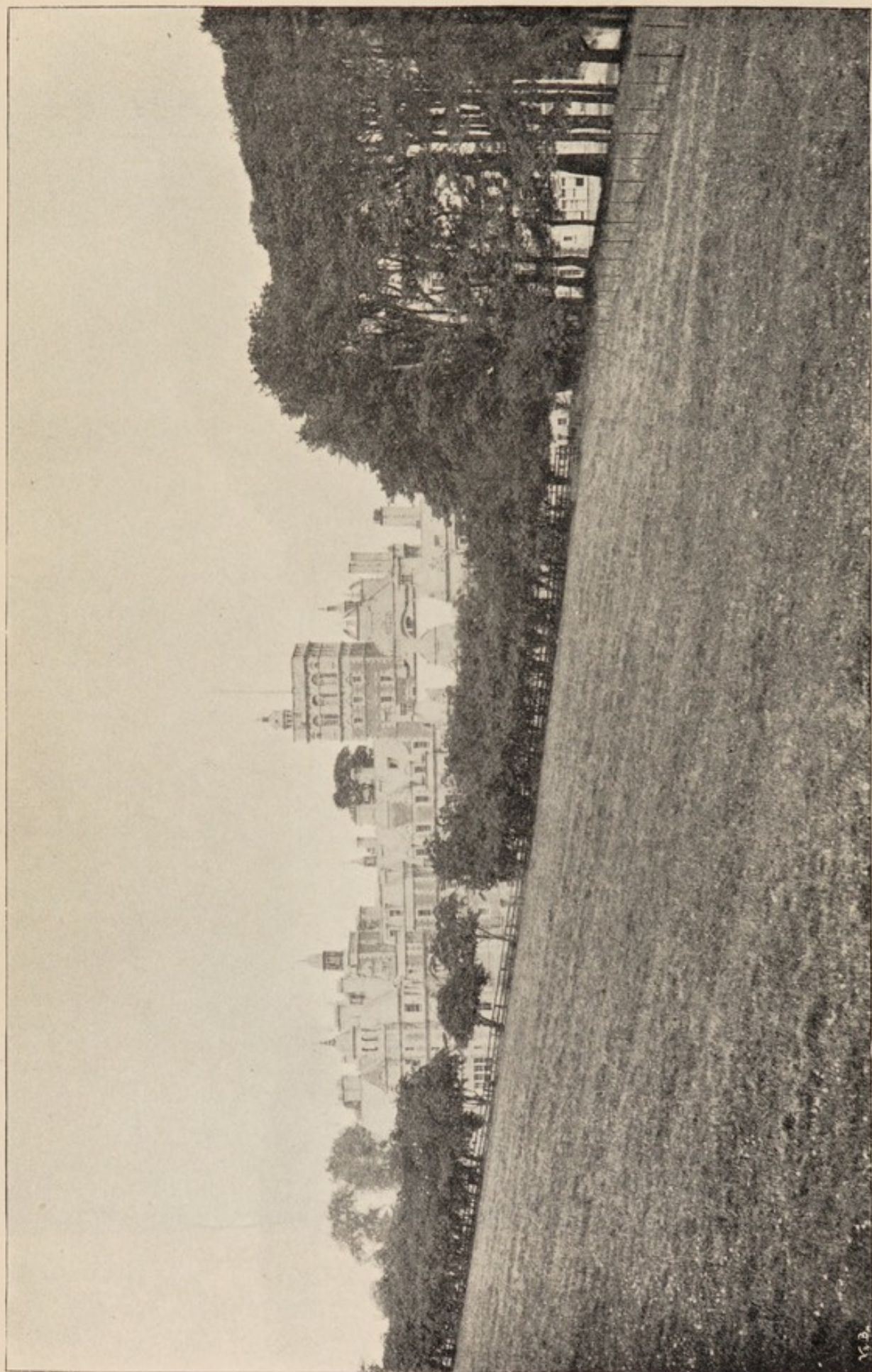


ANDREW DUNCAN

To whom the Royal Edinburgh Asylum owes its origin in 1807

After a Picture by Raeburn

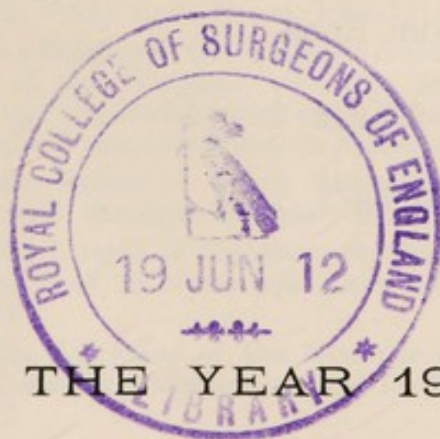




CRAIG HOUSE, CENTRE—GENERAL VIEW FROM SOUTH-EAST

NINETY-NINTH ANNUAL REPORT
OF THE
ROYAL EDINBURGH ASYLUM,
MORNINGSIDE.

CRAIG HOUSE AND THE WEST HOUSE
MENTAL HOSPITALS.



FOR THE YEAR 1911.

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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 1912.

GOVERNOR.

THE DUKE OF BUCCLEUCH AND QUEENSBERRY.

DEPUTY-GOVERNORS.

THE EARL OF STAIR.

THE EARL OF ROSEBURY.

SIR ALEX. CHRISTSON, Bart.

SIR WILLIAM TURNER, K.C.B.

THE MARQUIS OF LINLITHGOW.

EXTRAORDINARY MANAGERS.

Lord Provost of the City of Edinburgh.

Lord President of the Court of Session.

Lord-Advocate of Scotland.

Solicitor-General of Scotland.

Dean of the Faculty of Advocates.

Deputy - Keeper of His Majesty's Signet.

Members of Parliament for the City.

Member of Parliament for the County.

Sheriff of the Lothians and Peebles.

Principal of the University of Edin.

President of the Royal College of Physicians.

President of the Royal College of Surgeons.

Senior Minister of Edinburgh.

Master of the Merchant Company.

Preses of the Society of Solicitors.

Dean of Guild of the City.

Deacon Convener of the Trades.

ORDINARY MANAGERS.

The Lord Provost (*ex-officio*).

Rev. R. H. Fisher, D.D.

Geo. M. Paul, LL.D., D.K.S.

Sir James Russell, LL.D.

L. S. Gumley, Esq.

Professor Alex. Crum Brown, M.D., LL.D.

Professor Hudson Beare, M. Inst. C.E.

Professor Rankine, K.C.

James Gibson, Esq.

Major-General Dalmahoy.

Richard W. Huie, Esq.

John J. Cowan, Esq.

W. H. Cook, Esq., C.A.

Thomas M. Gardiner, Esq.

John Cowan, Esq.

Chairman of the Board—Professor Rankine, K.C.

MEDICAL BOARD.

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

G. A. BERRY, *President of the Royal College of Surgeons.*

Professor JOHN WYLLIE, F.R.C.P.

Sir J. O. AFFLECK, F.R.C.P.

RUSSEL E. WOOD, Esq., F.R.C.S.

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.

Professor Rankine, *Convener.*

Finance Committee.

Mr Gumley.

Professor Hudson Beare.

Sir George Paul.

Mr Cook.

Mr Huie.

Mr Gumley, *Convener.*

Law Committee.

Professor Rankine.

Sir George Paul.

Mr Cook.

Mr Gardiner.

Mr John Cowan.

Sir George Paul, *Convener.*

Charity and Bevan Fund Committee.

Dr Fisher.

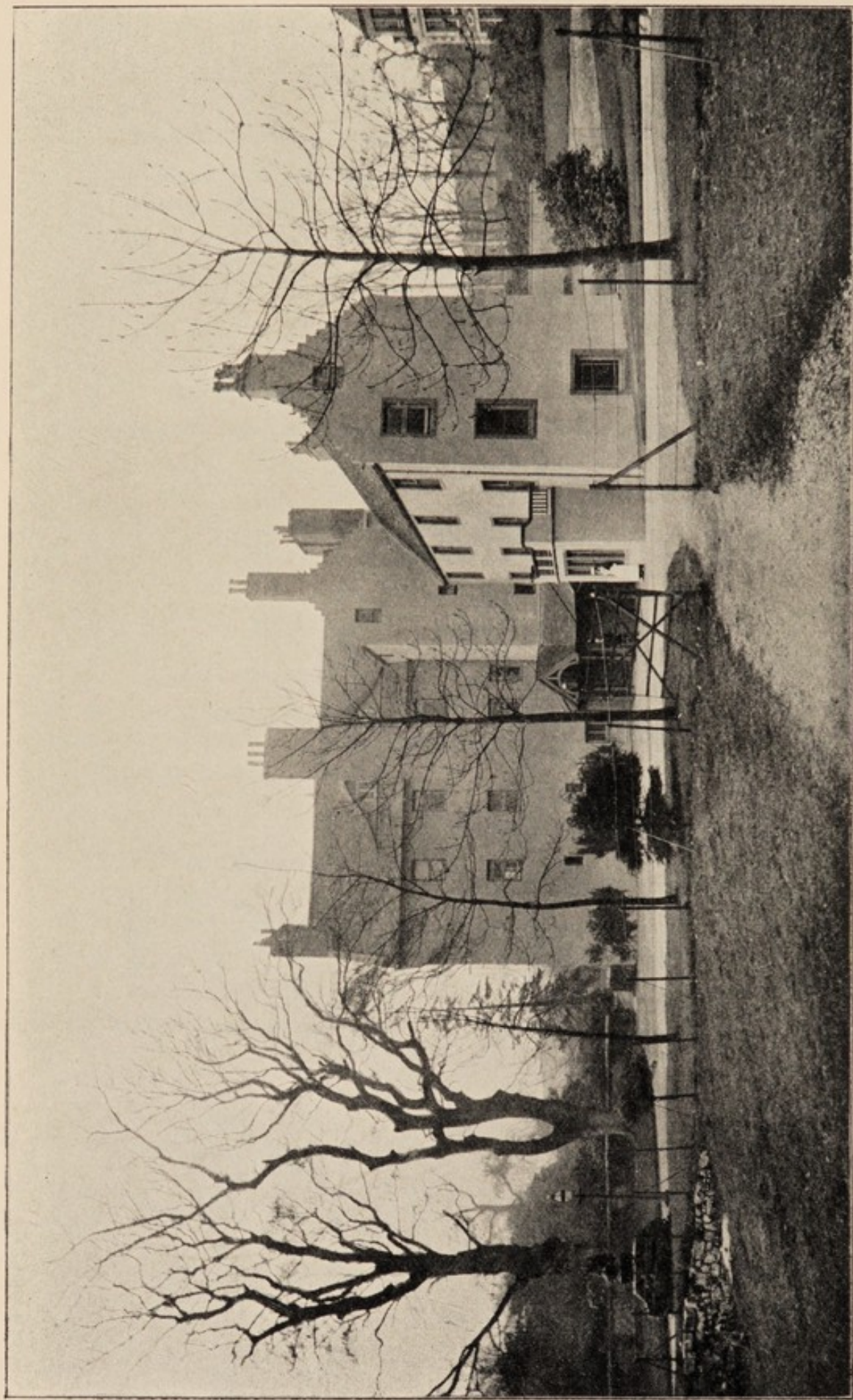
Sir James Russell.

Mr Gibson.

Major-General Dalmahoy.

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.D.

DONALD ROSS, M.B., Ch.B.

D. K. HENDERSON, M.B., Ch.B.

PATHOLOGIST.

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

RESIDENT CLINICAL ASSISTANTS DURING THE YEAR.

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

S. J. A. HALL WALSH.

CLARE R. PATTON.

DOUGAL CALLANDER, M.B.

G. V. T. MACMICHAEL, M.B.

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

E. A. KLEIN.

F. R. LUCAS.

C. C. MURRAY, M.A., M.D.

F. W. RAYMENT, M.B., Ch.B.

E. M. JOHNSTONE, L.R.C.P.

F. G. POWER, L.R.C.P.

HONORARY CONSULTING PHYSICIAN.

SIR THOMAS CLOUSTON, M.D., LL.D., F.R.C.P.Ed.

CHAPLAIN.

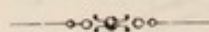
THE REV. WILLIAM STUART THOMSON.

STEWARD.

JOHN M'INTOSH.

HEAD ATTENDANT	.	.	CHARLES TOUGH.
CLERK OF WORKS	.	.	ROBERT CLARKE.
HEAD GARDENER.	.	.	THOMAS ORMISTON.
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.
QUEEN'S CRAIG AND THE BUNGALOW	-				MISS PORTER.
CRAIG HOUSE (Ladies)	-	-	-		MISS WARRACK.
GENTLEMEN'S HOSPITAL	-	-	-		MISS ARMSTRONG.
CRAIG HOUSE (Gentlemen)	-	-	-		MISS CRAIG.
LADIES' HOSPITAL	-	-	-		MISS MILLAR.
HAWTHORN VILLA, COCKENZIE	-	-	-		MISS WATT.
NIGHT SUPERINTENDENT	-	-	-		MISS DANE.

ASSISTANT MATRONS.

MISS GRAHAM. | MISS IRVINE.

GENERAL HOUSEKEEPER—MISS CARPHIN.

KITCHEN SUPERINTENDENT—MISS LOCKHART.

Assistants—MISS COCKBURN AND MISS MURRAY.

WEST HOUSE.

MATRONS.

MISS HEARDER—*Female Department.*

MISS THYNE—*Male Department.*

ASSISTANT MATRONS.

MISS THORBURN (Edinburgh Royal Infirmary).

MISS FORBES (Edinburgh Royal Infirmary).

MISS ARROWSMITH (Ancoats Hospital, Manchester).

MISS DE LAPPE (Dundee Royal Infirmary).

MISS M'KEITH.

NIGHT SUPERINTENDENT.

MISS CLARKE (Edinburgh Royal Infirmary).

KITCHEN SUPERINTENDENT.

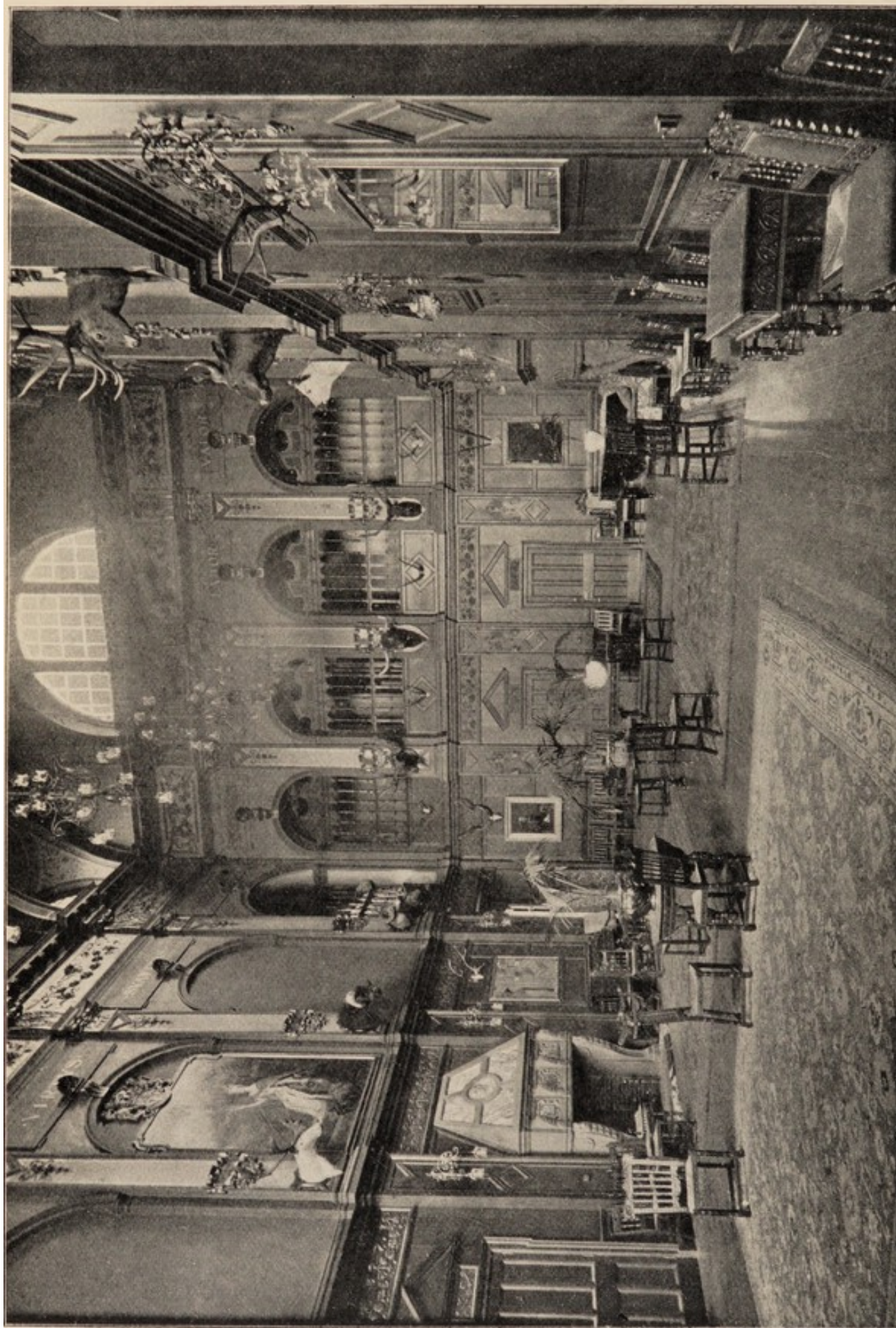
MISS MILLER (Edinburgh School of Domestic Economy).

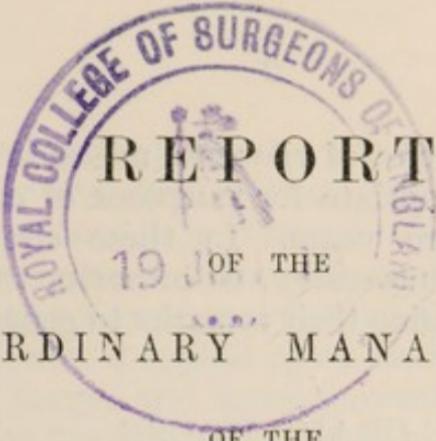
LAUNDRY SUPERINTENDENT.

MISS WHITE.

MISS BELL, *Assistant.*







REPORT
1911 OF THE
ORDINARY MANAGERS
OF THE

ROYAL EDINBURGH ASYLUM FOR THE INSANE

*For the period from
1st January 1911 to 30th September 1911.*

As will be seen from the heading of this Report, the Managers on the present occasion propose to deal with the history of the Institution under their charge only for the nine months from 1st January to 30th September last, instead of for the full period of a year as formerly. Their reason for making this change is to enable the Treasurer to give effect to certain alterations in the method of stating the accounts whereby the receipts and disbursements shall more accurately synchronise. It is, perhaps, unnecessary to refer in detail to those alterations, further than to state that hitherto the disbursements made for supplies in each quarter have been in payment of goods provided during the immediately preceding quarter, and it seems to the Board of Management desirable that in future the annual accounts of the Corporation should set forth the payments made for supplies, etc., in the same quarter as these were actually received. In order to effect this, the account in the transition period will require to embrace an extra quarter of payments, and the account which is submitted with this Report thus sets forth not only the payments made for goods supplied for the three quarters between 1st January and 30th September, but also the payments made for goods supplied during the last quarter of last year, viz., from 1st October to 31st December. There are thus entered the payments made for a full year's supplies, but, as the income entered is only that received during the three quarters from 1st January to 30th September, the accounts, although absolutely correct

from an accounting point of view, are misleading to the casual observer, and inappropriate for purposes of comparison with either past or future years. In these circumstances the Managers deem it unnecessary, as hitherto, to refer to them in detail, and will confine their remarks to general conclusions.

CRAIG HOUSE.

The average number of patients under treatment in this department for the nine months to 30th September was 218, being the same as for the preceding year—a number which has never been exceeded.

The Board, during the course of the year, have maintained this department at a high level of efficiency, and have made various improvements calculated to add to the comfort and welfare of the patients. It has been their object to make Craig House a mental hospital suitable for those desiring the best possible accommodation and treatment.

WEST HOUSE.

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

	1910.	1st Jan. to 30th Sept. 1911.	Increase.	Decrease.
Intermediates at £60 . . .	8	7	—	1
Do. at £45 . . .	159	157	—	2
Private Patients at £32, 10s.	78	77	—	1
Rate-paid Patients at £34, 10s. (including clothing) . . .	289	289	—	—
Net decrease . . .				4

The accounts for this department show a large deficit for the reasons already referred to, viz., that there are practically four quarters' payments set against the receipts for only three quarters. Under these circumstances the Managers do not

propose to make any change in the rate of board for rate paid patients for the coming year, viz., £34, 10s.

The most important improvement undertaken in the West House during the nine months embraced by this Report has been the thorough renovation of the laundry. New machinery has been added, and a special room erected for the stove for heating irons. Larger and more convenient rooms have also been provided for the arranging and issuing of the clothes and linen. These alterations have not only added greatly to the utility of the laundry, but have also tended to the increased comfort of those working therein.

The internal repainting of the West House, which was begun in the preceding year, has been continued. It is impossible to overestimate the feeling of cheerfulness which the use of white enamel paint has introduced into the corridors and wards.

As the agreement between the Asylum and the Edinburgh District Lunacy Board terminates at 31st December 1914, it was felt by both parties to the arrangement that it would be as well to consider timeously whether it was to be renewed, and, if so, on what terms. A conference was accordingly held between representatives of the two Boards, and the Managers are glad to be able to report that an arrangement has been come to on terms satisfactory to both parties.

Turning to the general history of the Institution, and to questions relating to its administration, the period under review has been of considerable importance, no fewer than three Bills having been introduced into Parliament bearing more or less directly on Royal Asylums, viz., the National Insurance Bill, the Asylum Officers' (Employment, Pensions, and Superannuation) Bill introduced by Viscount Wolmer, and a Bill "to amend the law relating to Lunacy in Scotland" introduced by the Secretary for Scotland. It is gratifying to be able to state that in regard to these measures the six Royal Asylums have worked in concert and with considerable effect. Evidence was given by Sir Thomas Clouston on their behalf before the Select Committee of the House of Commons appointed to enquire into Viscount Wolmer's Bill, which dealt with the hours of Asylum employees, and the Board have reason to believe that this evidence carried much weight with the Committee, and was instrumental in securing important alterations on the Bill.

The far-reaching nature of the National Insurance Bill and the Secretary for Scotland's Bill rendered it advisable, if not imperative, that a meeting to consider these measures should be held, at which the views of the various Royal Asylums might be interchanged. A conference of representatives of the six Royal Asylums was accordingly arranged and held in Edinburgh on 14th October last, when not only the three Bills already referred to were discussed, but also the position of the Royal Asylums in regard to the Asylum Officers' Superannuation Act, 1909. The meeting, which it is hoped will be the first of many, passed off most successfully, and although the action following thereon in regard to the National Insurance Bill was of little avail, it is hoped that the course which it was arranged to pursue as to the other Bills still before Parliament will result in emendations favourable to Royal Asylums.

The Institution was visited by Dr Marr, one of His Majesty's Commissioners in Lunacy, on 29th and 30th June last, and by Dr John Macpherson, another Commissioner, after the period to which this Report applies, viz., on 5th and 6th December last, and copies of their reports will be found within.

The Managers have again to record their appreciation of the skill and energy that Dr Robertson has brought to bear on the onerous and multifarious duties falling to him as Physician Superintendent, and their satisfaction at the manner in which the whole staff have worked under him.

The Reports of the Charity and Bevan Funds are submitted herewith, along with the Treasurer's Accounts, and the Managers again beg to draw the attention of the charitable to the claims of the Charity Fund.

The Managers cannot close their Report without referring to the honours conferred by His Majesty the King on members of their Board during the year, no fewer than four of those connected with the Institution having received the honour of Knighthood, viz., Sir Thomas S. Clouston, their Hon. Consulting Physician, who a few years ago was their much trusted Physician Superintendent; Sir James O. Affleck, one of their Medical Board; and Sir William S. Brown, and Sir George M. Paul, members of the Ordinary Board.

In name of the Managers,

JAMES ADAM,
Chairman.





CRAIG HOUSE—CHIEF DRAWING ROOM

REPORT of THE CHARITY COMMITTEE of
MANAGERS of the ROYAL EDINBURGH
ASYLUM FOR THE INSANE *for the period*
from 1st January to 30th September 1911.

THE Accounts of the Treasurer's Intromissions with the Charity Fund and Bevan Fund are herewith submitted. It will be seen that these Accounts are this year closed at 30th September instead of at 31st December as formerly. This has been done in order to make them run concurrently with the General Accounts of the Institution, which for the future will be closed at 30th September. The Accounts thus show only half a year's income on the Charge side; while on the Discharge side there appear payments made on behalf of patients for three quarters of a year. They are thus unsuitable for the purposes of comparison with either past or future years. Suffice it to say that the money at the disposal of the Committee has been fully utilised to the very great advantage of the recipients.

The number of patients relieved during the period was thirty-six from the Charity Fund and twenty-three from the Bevan Fund, making a total of fifty-nine. There were on the roll at 30th September thirty-three patients on the Charity Fund and nineteen on the Bevan Fund, in all fifty-two.

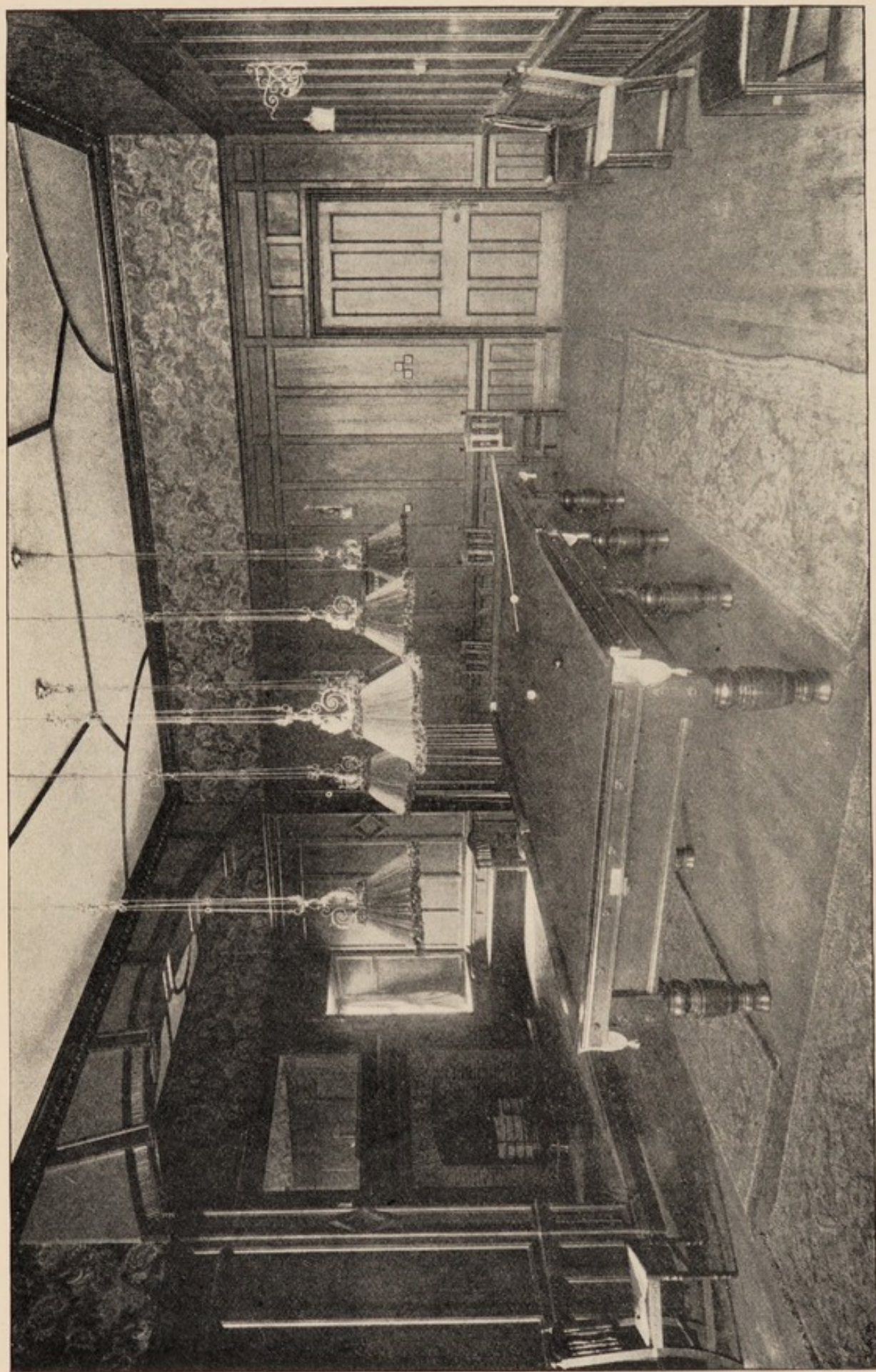
The Committee have received payment of a legacy from the estate of Mr A. Tait Stuart of £139, 18s. 4d., which appears in the present Account of the Charity Fund, and they have also,

since the closing of the Account, received payment of a legacy of £500 from the estates of the late Mr Wm. Mason and his sisters. This latter sum will appear in the Account of the Charity Fund next year.

It is gratifying to the Committee to be able to report that the subscriptions received from the public towards the Charity Fund amounted this year to £32, 17s. 6d., being an increase of £7, 4s. 6d. on the sum received from the same source last year. While taking this opportunity of returning their thanks to the subscribers, they, at the same time, beg to draw the attention of the public to the invaluable work undertaken by this Charity for a most deserving class.

R. H. FISHER,
Convener.





CRAIG HOUSE—CENTRAL BILLIARD ROOM

PHYSICIAN-SUPERINTENDENT'S
A N N U A L R E P O R T
FOR THE YEAR 1911.

MY LORD PROVOST AND GENTLEMEN,

I have the honour to submit the Physician-Superintendent's Report for the year 1911.

On the 1st January the total number of patients on the Register was 758, of whom 12 were absent on probation. On 31st December the number was 753, of whom 10 were absent on probation, being a decrease of 5 in the total number of patients during the course of the year.

The number of Admissions was 179, of Discharges 120, and of Deaths 64.

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.			
1911 - - - -	369	389	758
Admitted - - - -	76	103	179
	<hr/>	<hr/>	<hr/>
Under Treatment during the Year	445	492	937
Discharged—Recovered - -	23	30	53
Discharged—Unrecovered -	31	36	67
Died - - - -	34	30	64
	<hr/>	<hr/>	<hr/>
Removed during Year - -	88	96	184
Remaining on Register, 31st Dec. 1911	357	396	753

A study of the statistics reveals the fact that the total population on the 31st day of December has not varied more than 6 in number during the last four years, having been 752 at the end of the year 1908, and since then successively 752, 758, and 753.

THE ADMISSIONS.

The total number of admissions last year was 179, or 16 less than in the previous year, the decrease being due to a diminution in the number of patients sent to the West House. The number of admissions to Craig House continued steady, and the average of the last seven years has been maintained.

THE CAUSES OF INSANITY.

Only 3 of all these admissions were found, on medical examination, to be in average health and condition, indicating in a striking manner how closely insanity, of the severer types at least, is associated with physical ill-health. The presence of these definite symptoms of ill-health has this practical value, that it enables us to benefit the patient by treating them directly, and, by relieving them, to do good to the disordered mind indirectly, through the influence of a healthy body on the functions of the brain. Unfortunately a large number of patients come to us in consequence of the mental infirmities which accompany advancing years, in whom the prospects of complete recovery are not good, owing to the presence of chronic diseases and of natural decay.

Among the causes of insanity those classified as mental and moral were alleged to be the exciting cause in 26 instances, or 14·5 per cent. of the total admissions. In the case of one woman this was of the nature of a sudden shock, in 6 instances of mental overwork, while in 19 instances the insanity was said to be due to mental anxiety or worry. These figures confirm a well-founded opinion that the action of prolonged worry and anxiety is far more potent to injure the mental well-being than the effects of either sudden shock or overwork. No part of the nervous system escapes from its debilitating effects. Under the influence of constant anxiety the appetite and digestion suffer, palpitation, insomnia and other nervous phenomena develop, and finally, after the general health has been undermined, there comes a mental breakdown in the predisposed. Mental overwork unaccompanied by anxiety, and sudden shock sustained by an average man or woman in good health, very seldom lead to mental disorder. Instances of course occur in predisposed people, and this is not surprising, but what is more





CRAIG HOUSE AVENUE

remarkable are the calamities and the overwork which normal adults will stand, provided they are in good health. If, therefore, we desire to avert insanity a most useful precautionary measure is to maintain the health of the body, and if we desire to treat it rationally when it has developed, the first step to be taken is to re-establish the general health.

Excessive indulgence in alcohol is recorded as having been the exciting cause in 17·8 per cent. of the total number of admissions. It was alleged to have been the cause in no less than 28·9 per cent. of the male admissions, or more than double the proportion for the previous year. The only explanation that can be offered for this great rise is that it is probably due to the increased amount of drinking which accompanies an improvement in trade and wages, such as occurred last year.

The causation of an attack of insanity is never the simple process that some imagine it to be, and our analysis usually reveals several causative factors acting over a long period of time, it never being possible to apportion to each its exact influence.

In going over the history of our admissions, we found that over 43 per cent. had suffered from previous attacks of insanity. There could be no stronger proof than this of the nervous instability and constitutional weakness of those who become insane, and of the important part that inheritance therefore plays in the causation of insanity. Nevertheless, on making inquiries, we did not obtain a history of insanity in the families of the admissions in more than 38 per cent., which is no doubt much less than was actually the case.

Among the causes of insanity enumerated this year, it is noticed that Influenza is absent. For twenty-one years it has never failed to find its victims! It is too much to hope that its capacity for evil is at an end, for it is still with us. It is undoubtedly less prevalent and has become less virulent of late, and we are apparently developing an immunity to its influence, though, like other infectious diseases, it still finds the young susceptible. Judging, however, by the history of previous epidemics its day will sooner or later come to an end, and the sooner the better.

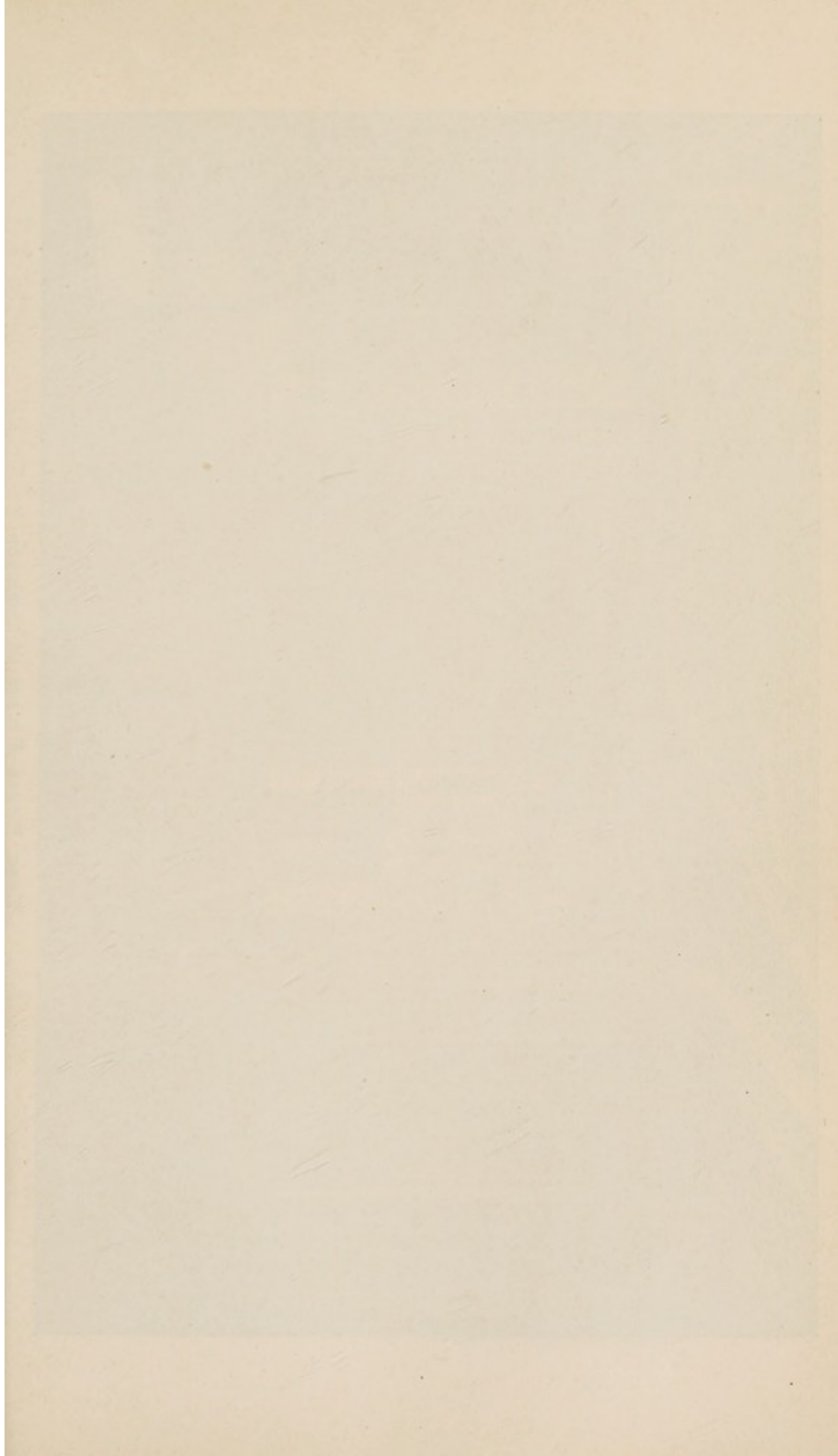
DISCHARGES.

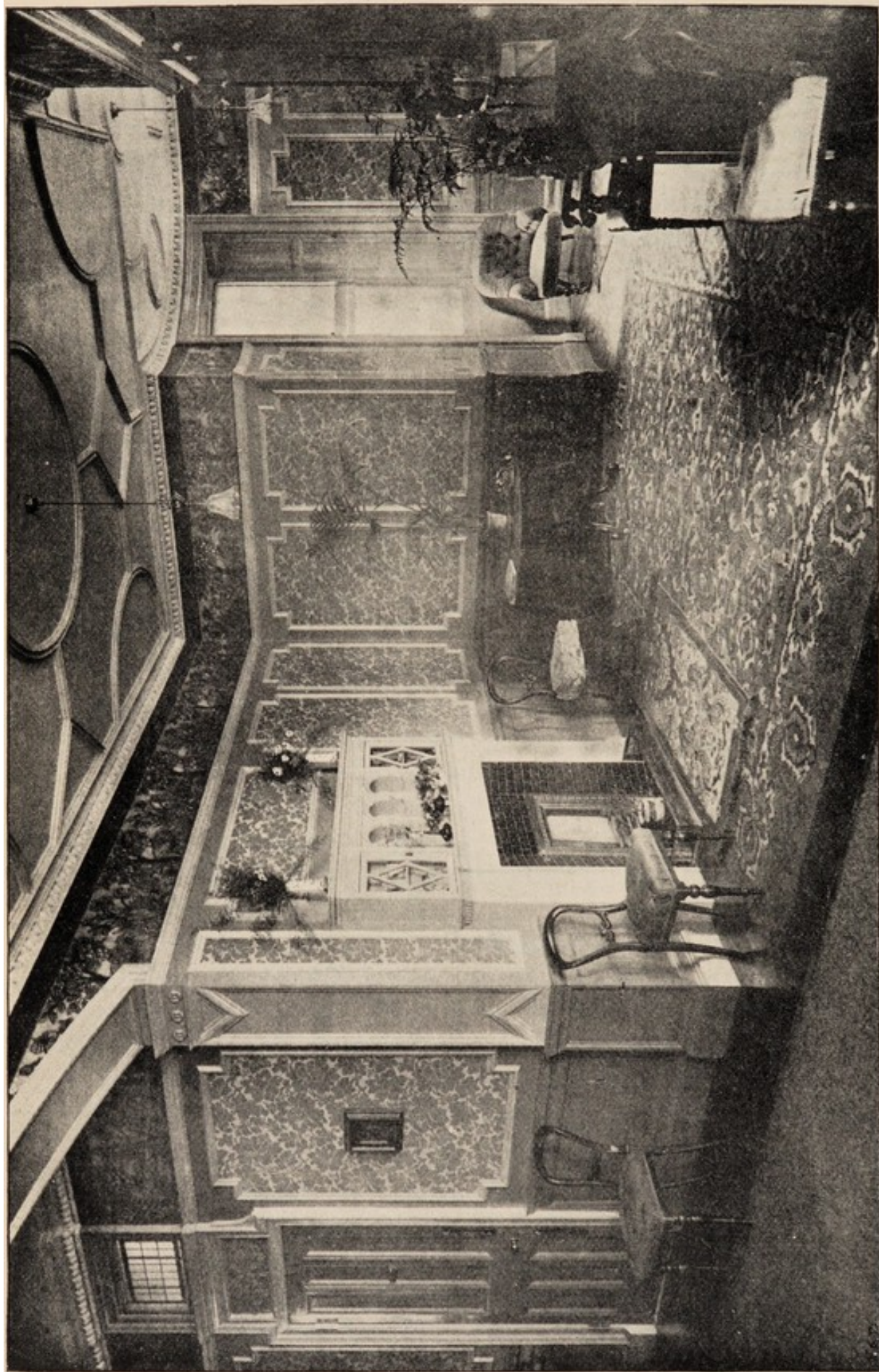
Fifty-three patients were discharged as Recovered, and 67 as Unrecovered. The Recovery rate during 1911 was therefore 30 per cent. of the total number of admissions, a less satisfactory result than was obtained last year, which is possibly accounted for by the poorer health of those admitted. A return to good health is an almost necessary preliminary to recovery, and the presence of chronic ill-health, or of an incurable bodily disease, is one of the most serious handicaps a mental patient can have.

THE TREATMENT OF INSANITY—SIMPLE REMEDIES.

We have continued to carry on hopefully those researches on the treatment of insanity which we began last year. In the majority of cases it must be admitted that reliance is still placed on those simple remedies, the methods of applying which have been so greatly developed in recent years. These can now be carried out both at Craig House and the West House with a maximum of advantage and convenience in the numerous verandahs and shelters which have lately been erected. Rest in bed, simple diet, abundance of fresh air, and freedom from worries, in the course of a few weeks make a great difference in all those who are run down and exhausted, if they have any powers of recuperation whatsoever. Under this regime the patient quickly improves in looks, puts on weight, and steadily regains his health and strength. It is necessary, however, to exercise patience, which is very trying to anxious relatives, in respect of the mental symptoms, for mental recovery comes slowly, and lags behind the physical improvement. This is only natural, as these symptoms have usually been months in developing, and have also followed the definite failure of general health after a considerable interval of time.

It appears wonderful that such a simple measure as rest all day in the open air, and others of a similar character, should alleviate the most troublesome symptoms of mental disorder. It is soothing and acts as a sedative, for example, to patients suffering from feelings of irritability and restlessness, just as fractious children are similarly calmed by being taken outside; and for insomnia, which is one of the curses associated with





CRAIG HOUSE—RECESS IN CORRIDOR

mental disease, it is more generally useful than any opiate. One explanation of these results may be, that many of these so-called symptoms of mental disease do not need to exist at all, but require special conditions to call them forth. They are the reactions or responses of a disordered brain to stimuli received from the outside, and if the environment be adapted to meet the disordered state, so as to be non-irritating and soothing, then these insane manifestations cease because they are not elicited. To take, perhaps, a trite example, the furious maniac, the product of the brutal treatment of the past, does not now exist, because the treatment that was necessary to elicit the fury has gone, and in the forward march we are in process of removing the lesser irritations that still exist. In a similar manner, among bodily diseases the most distressing symptom of consumption, twenty-five years ago, was the drenching and exhausting night sweat. This was largely the product of the treatment the consumptive received in those days, that of being confined in over-heated and stuffy bedrooms. The environment of the consumptive has now been adapted to suit his bodily condition, he lives in the open air, and as a consequence this symptom is seldom met with. No doubt a great part also of the success attending the employment of such simple remedies is to be attributed to the experience we have gained of the methods of using them, and to the degree to which they have been co-ordinated into a complex and complete system of treatment under skilled nurses. To compare what is still very imperfect with what has attained, humanly speaking, to perfection, it may be pointed out, that in an analogous manner the fundamental idea of Aseptic Surgery, that incalculable blessing to mankind, is nothing more than the practice of cleanliness, of the most absolute and scrupulous cleanliness to be attained by human and physical agencies, elaborated into a system.

TREATMENT OF GENERAL PARALYSIS.

Great attention continues to be given to the treatment of General Paralysis. Hopes were raised early last year that the progress of this fatal disease might be stayed by the administration of Ehrlich's Salvarsan (606), even if it did not remove those symptoms, which were the result of permanent structural

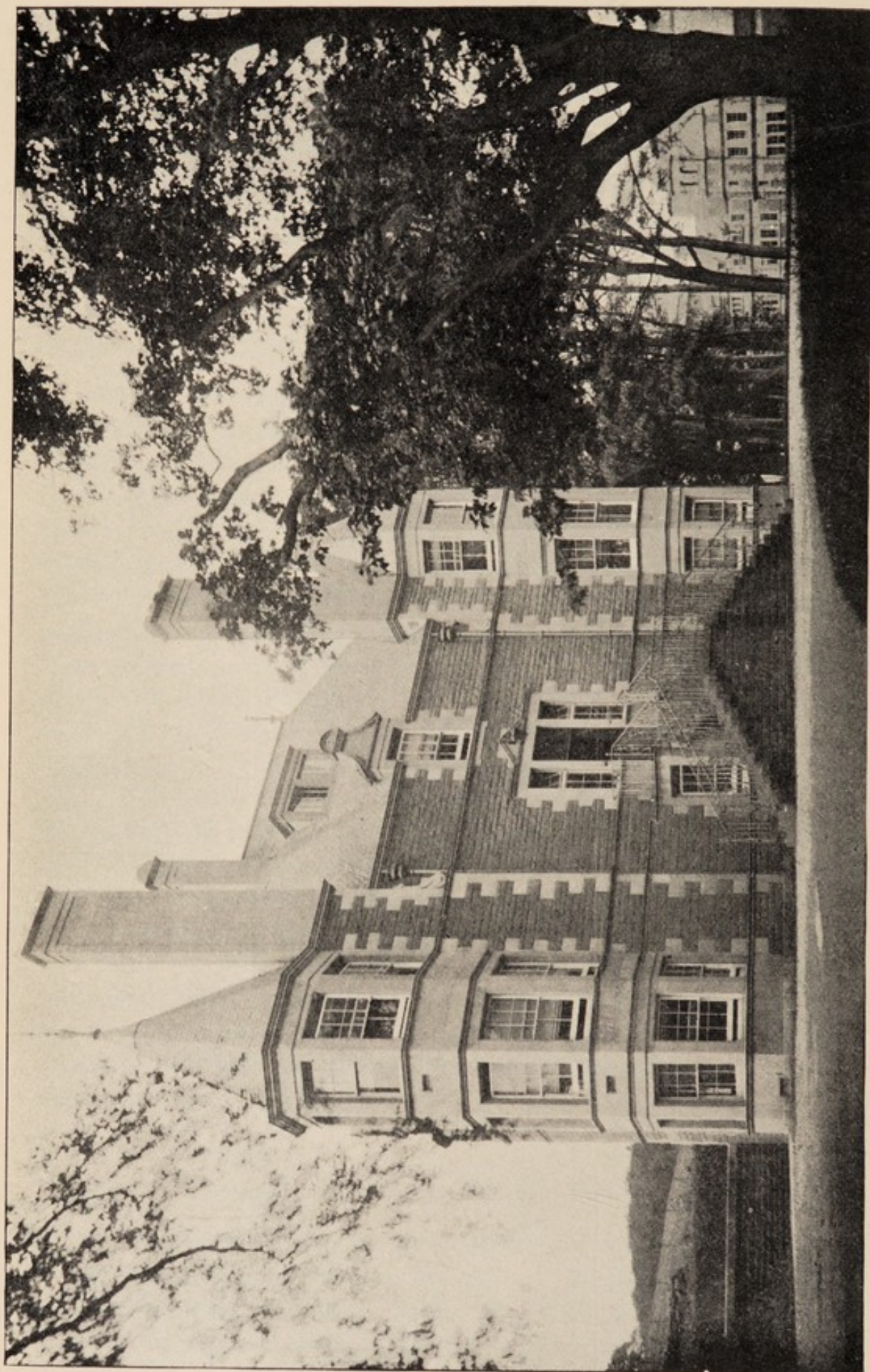
changes. This hope has not been realised. Immediately after the injection of this remedy there is almost always to be observed a marked improvement of the symptoms, but this only raises false hopes. A similar result has been noted in this disease after many other forms of active treatment. As it is likewise also subject, quite spontaneously, to periods of almost complete remission of the acute symptoms, the greatest care is needed in forming any conclusions as to the results of treatment. European opinion is, however, agreed on this point, that the administration of Salvarsan alone will not cure General Paralysis.

The system we have employed, while based upon the action of Salvarsan, is supplemented by other agencies. Two hours after having injected Salvarsan into the veins, we draw off some of the patient's own blood and inject the blood serum, still containing the Salvarsan in solution, into the fluid surrounding his spinal cord and brain. The remedy is thus brought into immediate contact with the seat of the disease. In the next place blood serum obtained from a hospital patient who has been treated three days previously with Salvarsan for an acute disease, is similarly injected intra-spinously. This serum contains the antibodies of this disease in large amount, and is believed by some to be more efficacious than Salvarsan itself. It is admitted by those competent to judge that there are sound theoretical grounds for the line of treatment we have evolved, and it is satisfactory to report, that in the case of three patients who have been thus treated, there has followed remarkable improvement and remission of all the acute symptoms. Everyone with extensive experience has seen similar remissions occasionally, but the occurrence of three such cases in one year is very unusual. Time is required to settle the important question whether the progress of the disease has been permanently stayed by these measures or not.

EARLIER TREATMENT AND WARNINGS.

The necessity for the earlier treatment of General Paralysis cannot be brought too forcibly to notice. At the stage when a patient suffering from this disease is usually sent to a Mental Hospital, structural changes have already occurred throughout





BEVAN HOUSE

his brain and nervous system, visible certainly through the microscope and often to the naked eye, which are probably irremediable. But as it is now possible, by means of an examination of the blood and by lumbar puncture, to diagnose General Paralysis with certainty at the earliest stages, it is to be hoped that we shall be given the opportunity of treating it at a period when there is a greater possibility of being successful.

Not only in General Paralysis, but in all forms of mental disorder, more adequate treatment of the premonitory symptoms or warnings, which are usually numerous, should be attempted. They are not taken seriously enough by the patient or doctor. When a person suffers from want of interest, failure of attention, and loss of sleep, or irritability, restlessness and loss of the power of self-control, and he comes of a highly nervous stock, then if matters do not speedily mend, definite treatment, by removal of the causes, and mental rest in one or other of its numerous forms, whether recreation, change of scene or seclusion, should be undertaken. To struggle on, even if no mental collapse usually follows such symptoms, is not the right policy to adopt. The Day of Rest and the annual holiday have without doubt both contributed to the mental wellbeing of the race.

PREVENTION OF INSANITY.

Valuable and necessary as the care and treatment of the actually insane may be, a greater and a more profitable work would be the prevention of insanity. The cure of any form of disease, especially if it follow the treatment promptly and mysteriously, appeals to every type of mind, and payment for the work, even if it prove successful in only one case out of two or three, is considered money well spent. On the other hand, a scientific inquiry into remote causes does not appeal to the man in the street, even if the measures that result from the knowledge gained, abolish disease altogether. It is indeed highly probable that he will grumble at the measures adopted, the import of which he does not understand, just as people never ceased to denounce the cruelty of the muzzling order for dogs, which has abolished rabies from the land. Nor, if the most splendid preventive results be obtained, would the medical profession as a

whole, or any member of it, receive any thanks or gratitude. Who, in his prayers, ever thanks the profession for the practical abolition of typhoid fever, or thinks of the enormous saving in money to the community that has resulted from this—some practices at one time brought in hundreds a year from this source alone? Be all this as it may, we have now reached a stage at which the most important medico-social subject of the prevention of insanity and allied conditions should be seriously taken up and the public mind educated.

It was formerly believed that once insanity showed itself in an individual, it assumed a worse form in each successive generation, appearing at an earlier age in the offspring, till at the end of three or four generations idiocy and imbecility developed and the stock came to an end. We know now that the tendency is all the other way, and is to a reversion to the normal or healthy type. By union also with sound stock the degeneration becomes less evident in each generation, till it is practically eliminated. Even in the first generation under these conditions it may show itself only in one out of a family of four or five members (Mott). It is when unsound stock unites with unsound that greater numbers of the offspring are affected, and we have the progressive degeneration pointed out by Morel fifty years ago. The guiding rules, therefore, for the members of these nervous families are, not to marry young and not to marry into families with any nervous taint.

The crux, however, of the whole problem of degeneration lies in the segregation of the high grade imbecile, and chiefly those of the female sex. She cannot be expected to understand the necessity of making a physiological marriage, even if that were desirable, which it is not, as the degeneration is of too serious a character to be eliminated. She requires to be cared for and protected during the whole child-bearing period. The intellectual defect, too, in these degenerates is sometimes not so obvious as, and is overshadowed by, immoral and criminal tendencies. It is hoped that by means of the medical inspection of school children these defective persons will be recognised at an early age, that they will not be lost sight of, and that some powers will be given for their supervision in accordance with the recommendations of the Royal Commission on the Care and Control of the Feeble-minded.

Then something more must be done for the prevention of those acquired forms of insanity which are not so much the result of hereditary tendencies as due to avoidable causes, chief among these being Alcoholic Insanity and General Paralysis. While between the ages of 20 and 30, half the insanity that occurs is mainly hereditary, between 40 and 50 a half is due to the two forms mentioned, which are mainly acquired.

No serious attempt is made at the present time to investigate the home conditions of the more or less acquired forms of insanity, yet it is certain that much could be done to prevent relapses and to advise and help the members of families known to have an insane taint. There should be a Medical Officer attached to every Asylum, whose duties should lie entirely outside the Asylum, and who should investigate in a scientific manner the family histories, home and industrial conditions of every patient admitted, much in the same way as is now done for consumption in Edinburgh. It would pay the authorities to do this. As for Alcoholism, it is to be hoped that something much more drastic will be done by Act of Parliament than has ever been attempted in the past.

Finally, it is not sufficiently realised that the problem of insanity presents the same mixture of hereditary, social, and economic features, though in different degrees, as that of consumption, which is now being understood. Dr Carswell has pointed out that those districts in Glasgow in which poverty and overcrowding are greatest, in which there is most sickness, are those also in which cases of insanity are of most common occurrence. Further, it is a widely held opinion that families which are prone to consumption are liable also to attacks of mental disease. By an extension, therefore, of the excellently devised system which is in operation for the investigation of the home conditions of consumptives, or by the organisation of a special system on similar lines, it is believed that much could be done to increase our knowledge of the causes of insanity and to prevent its occurrence. Still more useful would this system be if it were co-ordinated with the medical inspection of school children.

DEATHS.

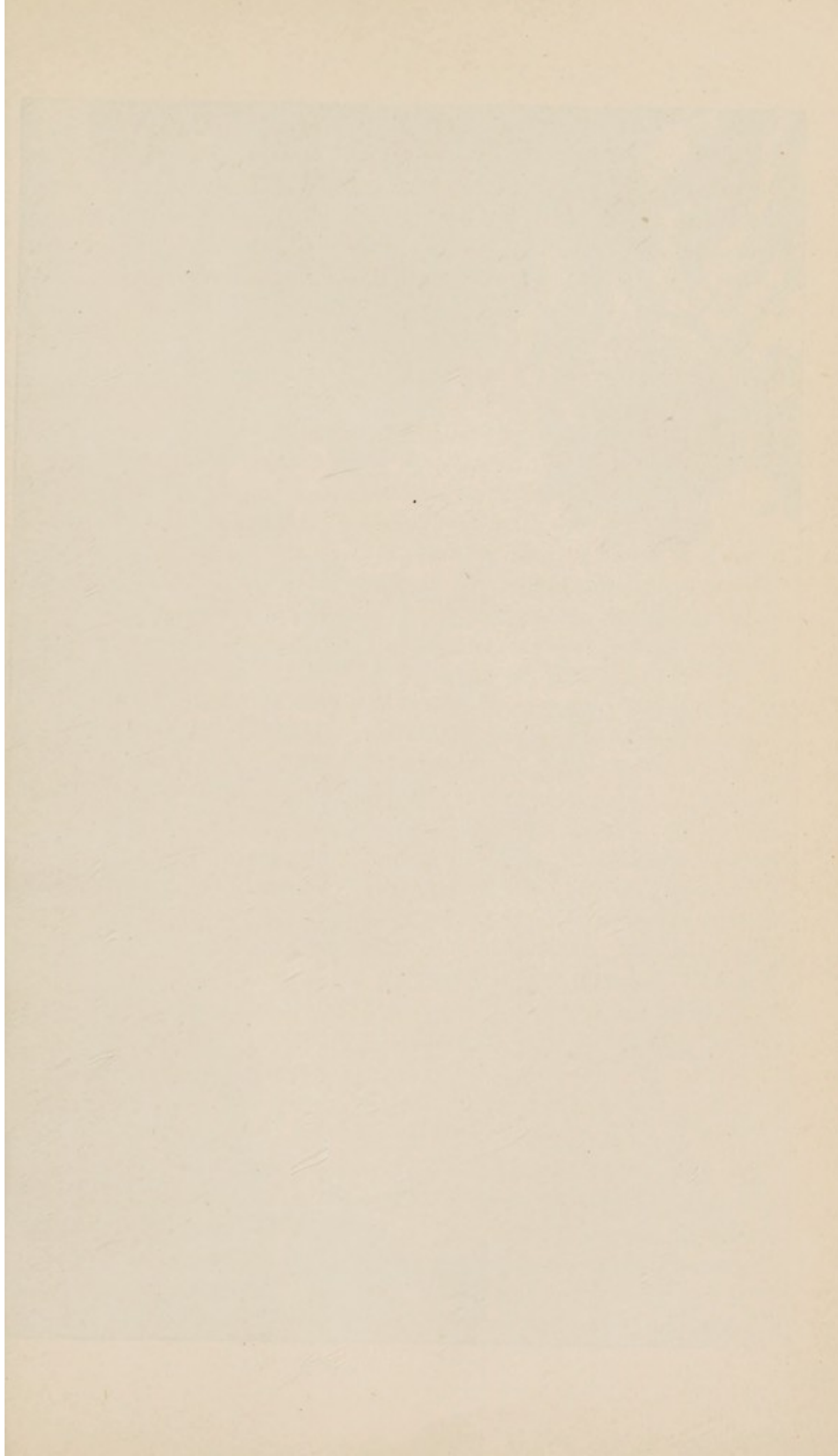
The total number of deaths was 64, which is in the proportion of 8.6 per cent. of the average number resident. Considering the age and general invalidity of our population this is satisfactory, and the health of the patients and staff, thanks to an excellent summer and an outdoor life, has been very good.

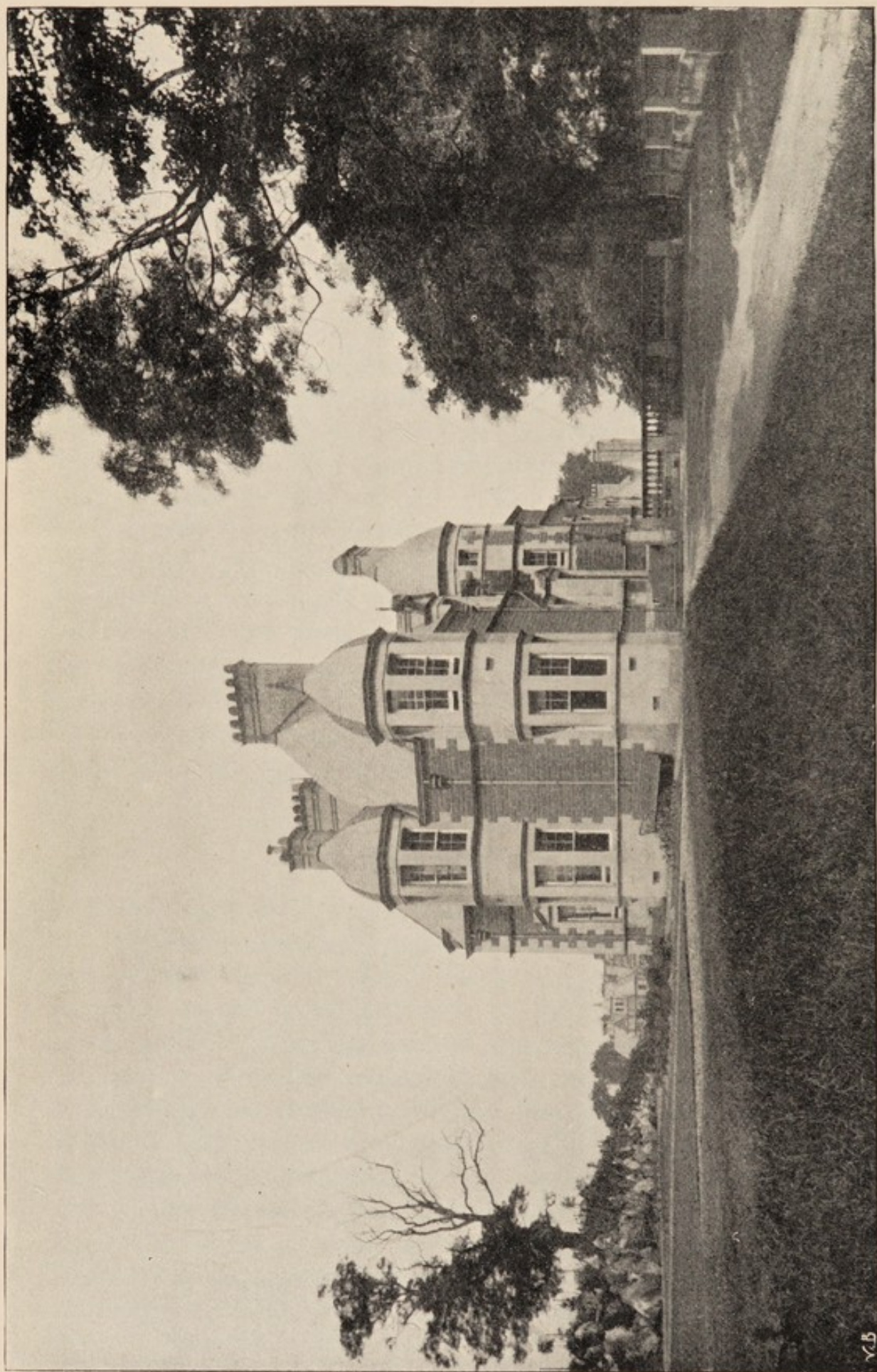
GENERAL PARALYSIS.

The most important cause of death was General Paralysis, which accounted for the deaths of 13 men and 6 women, or for 19 of both sexes out of a total of 64 deaths. Nearly a third of the deaths was therefore due to this one cause. The admissions during the course of the year of this disease consisted of 12 men and 5 women, a total of 17. These numbers are a slight increase over those of recent years, and it may be mentioned that with the greater accuracy with which the diagnosis of this disease can now be made no cases of it are likely to be overlooked. Our new methods enable us to differentiate it, for example, from senile forms of degeneration, which occasionally presented a difficulty in the past. During the last two years 6 patients, an unusual number, are reported as having died of this disease who were over 60 years of age.

CONSUMPTION.

Only 1 man and 4 women died of Consumption during the year, which are exactly the same numbers of each sex as died of the disease last year. Last year in all but one case it was diagnosed to exist on the admission of the patients, but of this year's deaths it was diagnosed on admission in only one case. In three of the other cases, although the diagnosis was not made, it is almost certain tubercular infection was present, for all lost weight previous to admission and in spite of treatment they could not be fattened. Two years ago also these three cases all gave a positive von Pirquet reaction, and shortly afterwards the physical signs of the disease were recognisable. These results are quite satisfactory, and, of course, so long as consumption exists in the general population we will continue to admit cases suffering from it or who will develop it.





SOUTH CRAIG

OLD AGE.

Two of those who died were over 90 years of age. One of these was a gentleman who was admitted when he was 68, and he lived with us for 28 years. Late in life he developed the idea, possibly by misinterpreting the significance of rheumatic twinges, that galvanic wires were acting on him, passing shocks of electricity through him. This persecution, he found out, was conducted by unknown persons, called by him "blacklegs and blackguards," whom he heard shouting and abusing him in the lowest slang, and who sometimes appeared to him at night to annoy him in phantom shape. During the day he was a quiet, inoffensive, and dignified old gentleman, good friends with everyone, but at night, the chosen hour for his persecutions, outraged and indignant, he waged war with his enemies. He fancied he could alarm them most by making a noise and by shouting, and it was on this account his neighbours complained of him to the police, who found him hammering the fender as noisily as he could with one of his shoes. After several years' residence at the old East House he lost all patience with the incompetence and inactivity of the police or their connivance with his persecutors. One day when I was Assistant he astonished me very much by abusing Queen Victoria and professing the most republican and unpatriotic sentiments. After some trouble I elicited the statement that he blamed the Lord Provost for the inactivity of the police, the Prime Minister and Parliament for this neglect of duty on the part of the Lord Provost, and the Queen for everything and everybody. He wished a clean sweep of everyone in a position of authority in the country. He retained all his faculties and these delusions until he was 96, outliving all his near relatives, and it is pleasant to record that for several years before he died his persecutors troubled him very seldom.

LONG RESIDENCE.

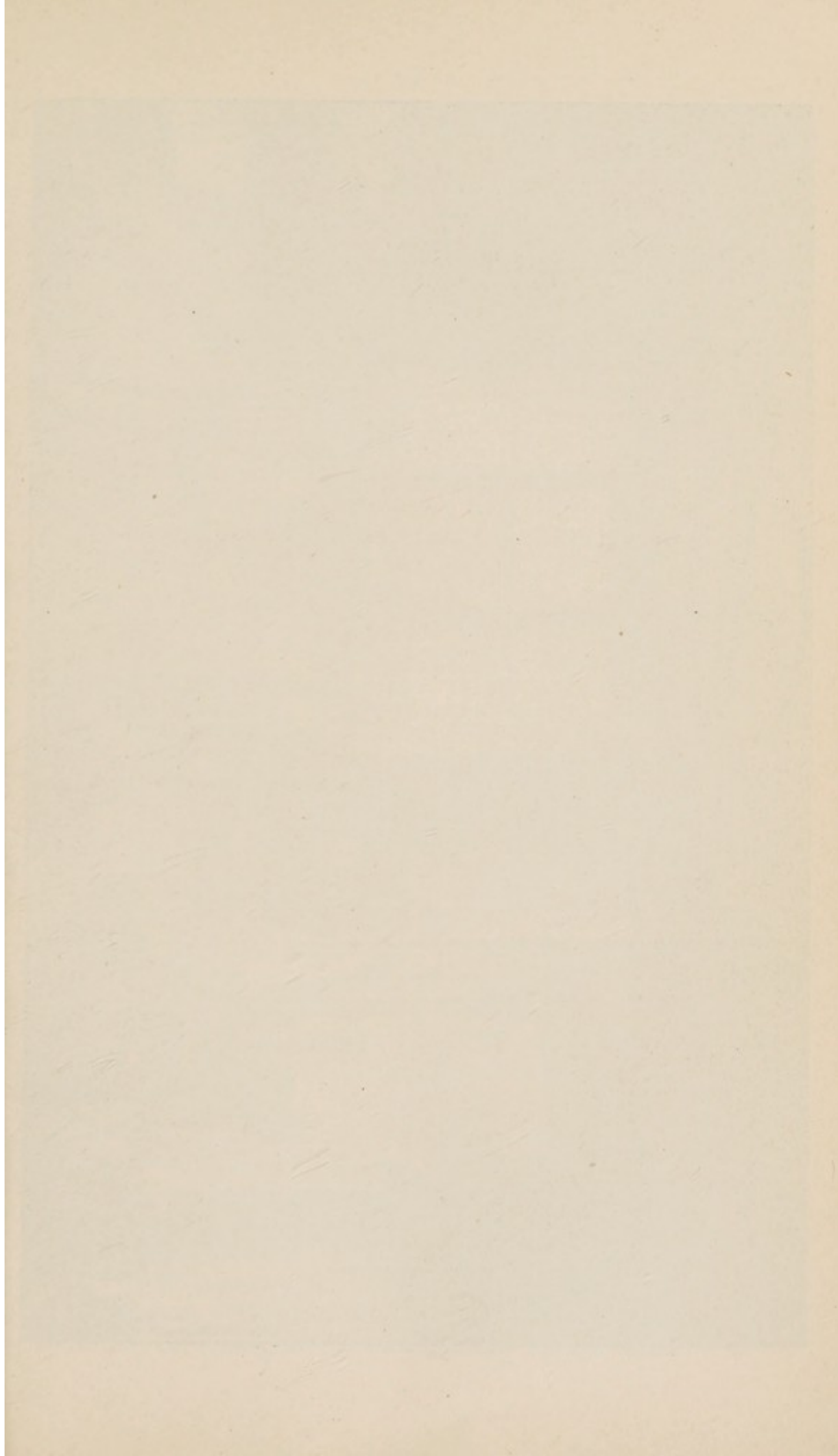
Three of the patients who died had been resident over 43 years, a certificate, if one were needed, of the care taken of the insane. One of these had been no less than 63½ years at the West House, and she was the oldest patient in Scotland, having been admitted in the year 1847. This was only a few years after that historic epoch when Gardiner Hill and Connolly

abolished mechanical restraints and introduced religion, occupation, amusements, warm clothing, and good food—in a word, human sympathy and treatment into asylums. It was nearly 10 years after she came that Miss Dorothea Dix, an American philanthropist, exposed the sad defects of the care of the insane in Scotland—not, however, in the Royal Asylums—and an inquiry was held at which Dr Skae, then Superintendent, gave valuable evidence. The Lunacy Act of 1857, creating the General Board of Lunacy, was passed as a result of this inquiry, and since then Scotland, owing to a succession of remarkable men, has advanced so rapidly that it is now unsurpassed by any country for the general average of excellence of its institutions and arrangements for the insane. It is also interesting to note that owing to the hearty adoption of the Hospital ideal in this country as great developments have taken place in the care of the insane during the last 15 years as during any previous period, and that the force of this latest movement has not spent itself yet. All these remarkable changes took place during the time this patient lived at the West House.

GENERAL HISTORY OF THE INSTITUTION.

The Institution, as is known, is divided into two entirely separate departments, Craig House and the West House, the former being situated in a romantic and picturesque position on Craiglockhart Hill, and the latter in the old grounds of Morningside. Fortunate in its natural surroundings, nothing has been spared to make Craig House as perfect a mental hospital and home as those accustomed to a high degree of comfort could desire. Of course, graduation in the accommodation and attendance exists to suit requirements, and such are the resources that it commands, that any form of care and treatment that is desired can be supplied. Its separate villas provide home-like surroundings and a ready means of classification. It may be said of Craig House that it worthily takes its place beside the other institutions of the city, an ideal that Sir Thomas Clouston and the Managers had in view when they built it.

The West House is of much older construction, but the Managers have taken it in hand and are rapidly modernising all its arrangements at very considerable expense. It provides special accommodation for private patients paying low rates





SOUTH CRAIG VILLA—LIBRARY

of board (£45 a year), and also serves the districts of Leith, Orkney, and partially of Edinburgh, for their rate-paid patients. Private patients are also admitted at the rate of £32. 10s. a year. The object of this department is to provide efficient treatment at the lowest rates, and many of the patients likewise receive assistance in the payment of their boards by grants from the Charity and Bevan Funds.

PERSONAL.

The year that has ended has been one of steady progress in every department of the Institution, to which it has been impossible to refer in detail. Very grateful thanks are offered to the whole staff for the good work they have done. I have expected much from them and they have more than satisfied me, and their conduct has been excellent. I am especially indebted to the heads of departments, who are most valuable and experienced officials; to Dr Dods Brown, the Senior Assistant Physician, who is responsible for the whole management of the Institution in my absence; and to Mr M'Intosh, the House Steward.

THE DIPLOMA IN PSYCHIATRY.

Three events took place last year which will have an important influence on the future care of the insane. First among these was the creation of a Diploma in Psychiatry by the University of Edinburgh, open to graduates. The scientific study of insanity is a difficult subject, probably the most difficult in the whole field of clinical medicine, and the methods of investigation have in recent years increased in number and complexity. It was thought that the time had come when those entering this important branch of medicine should be better qualified for their duties by attendance on a special course of post-graduate instruction. While this makes an increased demand on the members of the medical profession, it cannot fail to be of service to the public and the insane. This movement has met with a hearty response from the Senior Assistant Medical Officers of Asylums in Scotland, and there is reason to suppose that the possession of this Diploma will in future be a necessary qualification for the higher posts in Asylum service. This Institution, owing to its close association with the University of Edinburgh, has always been in a

favourable position for scientific study. It is a feature of the work of the Institution, which has also been encouraged by the Managers, and by none more so than by the present Chairman, Mr Adam. During the last three years a large sum of money has been spent in making and equipping suitable laboratories, and a sum of at least £650 a year is spent on purely scientific work. Dr Winifred Muirhead, our pathologist, has been recognised by the University as a lecturer on the subject of Practical Bacteriology in its Relation to Mental Diseases, one of the special subjects required for the new Diploma. This new movement, affecting the principal officers of the Asylum, is a sign of the times, in which there is a general speeding-up in every department of asylum administration.

ASYLUM OFFICERS BILL.

In the second place there was the publication of the Report of the Select Committee on the Asylum Officers (Employment, Pensions, and Superannuation) Bill. There is much in the amended Bill which meets with the approval of everyone; while, however, no one objects to a time table of hours of duty, &c., which is a necessity in every well-organised institution, every Medical Superintendent in Scotland objects to this being rigidly enforced by statute, as destructive of the true spirit of nursing. The Scottish asylums are small, and differ entirely in character from the enormous institutions near London, each containing over 2,000 patients; the spirit pervading the management of the Scottish asylums is much more of a hospital character than in those of England, as is evident from the number of trained hospital nurses in them, and of women employed in the male side; finally, the night staff employed is proportionally very much larger in Scotland, indicating fundamental differences. Regulations, therefore, which may be suitable for the large English asylums may be unfair and ill-adapted to the requirements and traditions of the Scottish asylums. It is therefore desirable, if anything further be done, that the needs of our asylums be considered separately. The Managers, during the course of the year, have shown that they are not unmindful of the claims of the nursing staff, and as it is admitted that the hours of duty are long, arrangements are also being made to shorten these by the granting of extra leave.

During the year several old officials have resigned owing to advancing years, and a full pension has been given to all of these.

LUNACY (SCOTLAND) BILL.

In the third place there has been the introduction of a Bill in the House of Lords by the late Secretary for Scotland to amend the law relating to lunacy. The responsibility and power of initiative of the Managers and Directors of the Royal Asylums are most seriously menaced by Clause 22 of this Bill, and naturally it is intended to resist its inclusion by all possible means. No reason has been forthcoming for this change, except that the position of greater freedom of the Royal Asylums as compared with the District Asylums seems anomalous, and makes the existing Act apparently unsymmetrical or incomplete in the eyes of some. The Royal Asylums are not maintained out of public funds by the statutory assessment of rates and taxes like the District Asylums, but are charitable institutions of a hospital character, and, therefore, do not need to be controlled by a Government Office in the same way as the District Asylums. The existing powers of the General Board of Lunacy in the matters referred to in this Clause have not in practice been found inadequate, and it is admitted that the Royal Asylums have been well managed, and that their Managers or Directors are men of position. It is therefore a most uncalled for and unnecessary proceeding to make any change whatsoever in the law in this respect.

In conclusion, I have to thank the Chairman and the Members of the Board for their unfailing kindness to me and for the confidence they have reposed in my management. I have also to express my indebtedness to Mr R. Scott Moncrieff, the Joint-Treasurer and Secretary, for his many kind services and co-operation.

GEORGE M. ROBERTSON.

TIPPERLINN HOUSE,
MORNINGSIDE PLACE, EDINBURGH,
Monday, 26th February 1912.

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 1911.*

	M.	F.	T.	M.	F.	T.
In the Asylum, January 1, 1911 ...	364	382	746			
Absent on Probation, January 1, 1911	5	7	12			
Total ... ..	...	...	...	369	389	758
Cases Admitted—						
First Admissions	59	80	139			
Not First Admissions	17	23	40			
Total Cases Admitted during the year	...	...	...	76	103	179
Total Cases under Treatment during the year ... ..	...	...	...	445	492	937
Cases Discharged—						
„ Recovered	23	30	53			
„ Relieved	28	26	54			
„ Not Improved	3	10	13			
Died	34	30	64			
Total Cases Discharged and Died during the Year ... ..	...	...	...	88	96	184
Absent on Probation, Dec. 31, 1911	5	5	10			
Remaining in the Asylum, Dec. 31, 1911	352	391	743			
Total ... ..	...	...	...	357	396	753
Average number Resident during the year 1911 ... ..	...	...	...	357·8	390·2	748·0
Persons* under care during the year	...	...	...	437	489	926
Persons Admitted „ „	...	...	...	71	102	173
Persons Recovered „ „	...	...	...	23	30	53
Transferred to this Asylum „ „	...	...	...	0	2	2
„ from „ „ „	...	...	...	3	8	11
Private Patients at close of 1911—						
Craig House	101	120	221			
West House—Intermediate†... ..	81	87	168			
„ Lowest Board	30	46	76			
				212	253	465
Number of Parochial Patients chargeable to Districts at close of 1911†—						
Edinburgh	51	52	103			
Leith	73	72	145			
Orkney	22	24	46			
Parishes beyond District at close of 1911	2	2	4			
				148	150	298
Total ... ..	...	...	...	360	403	763

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

† 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. These include three male and seven female parochial patients, whose boards are supplemented by the charity funds or private sources.

TABLE IA.

Showing the Number of Previous Attacks among Persons admitted during the Year 1911, 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	16	36	52	2	14	16	14	22	36
„ 2 „ Attacks	1	10	11	2	15	17	0	5	5
„ 3 „ „	0	1	1	0	0	0	0	3	3
„ 4 „ „	1	5	6	3	17	20	1	3	4
„ 5 „ „	1	0	1	4	0	4	1	0	1
Total ...	19	52	71	11	46	57	16	33	49

TABLE II.

Showing the Admissions, Re-Admissions, Discharges, and Deaths for the Thirty-Nine Years from 31st December 1872 to 31st December 1911.

	M.	F.	T.	M.	F.	T.
Persons admitted during the period of thirty-nine years	5350	5627	10,977			
Re-admissions	1373	1664	3037			
Total Cases admitted				6723	7291	14,014
Discharged Cases—						
Recovered	2356	2825				
Relieved	1771	1993				
Not Improved	675	594				
Died	1570	1491				
*Total Cases Discharged and Died since 31st December 1872				6372	6903	13,275
Remaining 31st December 1911				351	388	739
Transferred to this Asylum				309	276	585
„ from „				1123	1196	2319

* 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.
From Oct. 17, 1813, to Dec. 31, 1831,	..	..	265	..	..	102	..	..	118	..	..	36	..	..	38.4	..	..	1
From January 1, 1832, to December 31, 1836,	49	31	80	16	13	29	16	7	23	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	23	20	43	28.5	33.3	30.7	12.5	3.7	8.4
1838,	12	11	23	6	7	13	2	2	6	25	18	43	50	63.6	56.5	5.7	6.4	6
1839,	4	5	9	2	2	4	4	2	6	21	18	39	50	40	44.4	6.8	4.3	5.7
1840,	4	8	12	2	1	3	1	2	3	6	20	39	50	12.5	25	12	11.5	11.7
1841,	28	13	41	5	11	16	1	3	4	19	19	59	17.8	84.6	39	2.1	0	1.2
1842,	73	81	154	19	13	32	3	7	10	85	77	162	26	16	20.7	5.3	3	4.2
1843,	104	108	212	26	24	50	8	12	33	146	138	284	25	22.2	23.5	5.2	5.4	5.3
1844,	83	79	162	38	52	90	21	12	33	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	208	197	405	29.2	34.6	32	7	6.5	6.8
1846,	107	90	197	62	39	101	17	22	39	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	235	231	466	38	40.1	39	10.4	9.8	10.1
1848,	126	120	246	68	61	129	20	22	42	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	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	246	252	498	37.3	51.1	44.2	7.4	10	8.7
1851,	132	116	248	52	67	119	35	26	61	260	256	516	39.3	55	47.9	8.2	5.1	6.7
1852,	129	118	247	58	43	101	26	29	55	275	268	543	44.9	36.4	40.8	7.7	9	8.3
1853,	103	133	236	58	50	108	21	28	49	263	282	545	56.3	37.5	45.7	9.5	10.2	9.8
1854,	98	114	212	28	66	94	47	26	73	262	277	539	28.5	57.8	44.3	6.6	6.8	6.7
1855,	109	114	223	46	49	95	44	42	86	257	262	519	42.2	42.9	42.6	6.4	9.7	8.1
1856,	117	141	258	42	66	108	29	47	76	283	267	550	35.8	46.8	41.8	5.3	5.7	5.5
1857,	178	130	308	49	61	110	32	21	53	347	292	639	27.5	46.9	35.7	7.1	5.7	6.5
1858,	118	117	235	47	44	91	29	38	67	342	300	642	39.8	37.6	38.7	10.3	6.3	8.4
1859,	118	98	216	28	40	68	34	23	57	355	318	673	23.7	40.8	31.4	9.3	4.2	6.9
1860,	108	150	258	36	62	98	45	50	95	337	331	668	33.3	41.3	37.9	9.7	5.3	7.5
1861,	120	121	241	39	40	79	37	49	86	344	335	679	32.5	33	32.7	8	6.1	7.1
1862,	125	121	246	27	43	70	43	51	94	357	330	687	21.6	35.5	28.4	8.9	7	8
1863,	104	116	220	26	51	77	44	46	90	347	325	672	25	43.9	35	9.5	5.3	7.4
Totals and Averages from 1832 to 1864,	2648	2671	5319	958	1141	2099	663	660	1323	700	561	1261	36.1	42.7	39.4	7.8	6.1	7

TABLE III. (Continued).—The Admissions, Discharges, and Deaths, with the Mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions for each Year during the Forty-eight Years, 1864-1911.

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.			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.	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 ^a	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	722.9	45.9	52.4	49.3	10.6	7.5	9	7.3	5.4	6.3
1876	180	180	360	82	78	160	46	29	75	18	7	25	39	43	82	333	393	726	352.3	388	740.3	45.5	43.3	44.4	11	11	11.1	7.5	7.7	7.6
1877	174	168	342	85	85	170	34	54	88	11	9	20	28	35	63	349	384	733	341.26	395.56	736.82	48.8	50.5	49.7	8.2	8.8	8.5	5.5	6.1	5.8
1878	205	160	365	82	71	153	33	32	65	16	8	24	32	31	63	389	401	790	383.2	393	776.2	40	44.3	41.9	8.3	7.8	8.1	5.7	5.6	5.7
1879	173	172	345	73	100	173	27	20	47	13	19	32	34	27	61	414	407	821	405.3	407.3	812.7	42.1	58.1	50.1	8.3	6.6	7.5	6	4.6	5.3
1880	160	187	347	71	94	165	47	35	82	14	12	26	26	46	72	416	405	821	423.2	416.6	839.8	44.3	50.2	47.5	6.1	11.0	8.5	4.4	7.7	6.1
1881	162	177	339	77	86	163	32	62	94	9	7	16	40	27	67	421	401	822	420.8	411.8	832.7	47.5	48.5	48	9.5	6.5	8	6.8	4.6	5.7
1882	143	186	329	52	72	124	51	76	127	12	19	31	47	36	83	404	381	785	414.6	391.2	805.8	36.3	38.7	37.6	11.3	9.2	10.3	8.2	6.1	7.1
1883	164	189	353	62	71	133	27	58	85	11	2	13	36	40	76	425	402	827	423.4	402.9	826.3	37.8	37.5	37.6	8.5	9.9	9.2	6.3	6.9	6.6
1884	161	181	342	79	53	132	36	77	113	27	9	36	33	32	65	416	409	825	430.9	411.0	841.9	49.0	29.2	38.5	7.6	7.7	7.7	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	418.8	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	820.6	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	409.3	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	443.5	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	896.5	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-eight Years, 1864-1911.

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	33.4	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
1911	76	103	179	23	30	53	28	26	54	3	10	13	34	30	64	357	396	753	357.8	390.2	748.0	30.3	29.1	29.6	9.5	7.7	8.6	7.8	6.1	6.9
Totals and averages,	7886	8576	16462	2761	3342	6103	1952	2211	4163	917	835	1752	2038	1887	3925	394.7	410.2	806.0	394.7	409.4	804.1	34.9	38.8	37.1	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-eight years, remaining on 31st December 1911.

YEARS.	Admitted.			Of each Year's Admissions Discharged and Died in 1911.												Total Discharged and Died of each Year's Admissions to 31st December 1911.												Remaining of each Year's Admissions. 31st Dec. 1911.		
	New Cases.			Relapsed Cases.			Recovered.			Relieved.			Not Improved.			Recovered.			Relieved.			Not Improved.			Died.			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	..	..	265	..	..	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1832 to 1864	..	..	5319	..	..	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1864 to 1872*	860	876	303	408	..	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1873	74	106	33	47	..	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1874	98	96	53	61	308	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1875	89	100	59	62	310	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1876	113	109	67	71	360	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1877	104	96	70	72	342	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1878	125	98	80	62	365	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1879	116	94	57	78	345	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1880	111	128	49	59	347	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1881	108	100	54	77	339	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1882	92	120	51	66	329	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1883	115	134	49	55	353	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1884	102	126	59	55	342	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1885	94	111	45	54	304	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1886	114	112	56	52	334	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1887	141	138	44	42	365	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1888	120	125	52	51	348	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1889	103	99	69	52	323	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1890	115	112	40	65	332	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1891	130	120	61	59	370	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1892	169	151	45	68	433	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1893	150	142	65	69	426	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1894	147	161	62	84	454	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1895	152	162	36	60	410	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1896	179	146	66	79	470	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1897	138	126	65	82	411	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1898	147	167	54	83	451	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1899	150	143	62	73	428	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1900	175	144	73	89	472	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1901	147	151	68	75	441	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902	146	162	43	72	423	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Continued on next page.

* For particulars see Report for 1894.
† Numbers for Forty-eight Years.
‡ Since Opening of Asylum.

YEARS.	Admitted.			Of each Year's Admission Discharged and Died in 1911.						Total Discharged and Died of each Year's Admission to 31st December 1911.						Remaining of each Year's Admissions. 31st Dec. 1911.		
	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.
1903	167	141	411	0	0	0	0	0	0	0	0	0	0	0	0	3	11	14
1904	144	186	457	0	1	1	0	0	0	0	0	0	0	0	0	11	17	28
1905	136	162	428	0	0	0	0	0	0	0	0	0	0	0	0	14	11	25
1906	115	154	385	0	0	0	0	0	0	0	0	0	0	0	0	14	11	25
1907	116	118	317	1	0	0	0	0	0	0	0	0	0	0	0	18	24	42
1908	72	90	239	0	1	1	0	0	0	0	0	0	0	0	0	24	36	60
1909	61	74	209	3	2	4	0	0	0	0	0	0	0	0	0	27	29	56
1910	58	61	195	7	12	19	0	0	0	0	0	0	0	0	0	30	36	66
1911	48	52	179	12	11	23	3	4	7	12	10	20	3	4	7	31	45	67
Totals†	5541	5098	16462	23	30	53	3	10	13	2794	3364	4192	848	788	1636	355	395	750
Totals‡	..	..	22046	..	..	..	..	..	..	..	..	..	..	..	..	357	396	753

* For particulars see Report for 1894.

† Numbers for Forty-eight Years.

‡ Since Opening of Asylum.

Summary of the Total Admissions 1864-1911.				Percentage of Cases Recovered				Percentage of Cases Recovered				Percentage of Cases Recovered			
				M.	F.	T.		M.	F.	T.		M.	F.	T.	
Recovered				..	..	..	..	..	..	..	..	..	..	..	..
Relieved				..	..	..	..	..	..	..	..	..	..	..	..
Not Improved				..	..	..	..	..	..	..	..	..	..	..	..
Died				..	..	..	..	..	..	..	..	..	..	..	..
Remaining				..	..	..	..	..	..	..	..	..	..	..	..
				35.5	39.2	37.4		25.0	25.9	25.5		10.7	9.2	9.9	
				24.3	21.1	22.6		4.5	4.6	4.6		..	..	..

TABLE V.—*Showing the Causes of Death during t*

CAUSE OF DEATH.										15 and under 20.	20 and under 25.	25 and under 30.	30 and over
										M	F	T	M
DISEASES OF CEREBRAL AND NERVOUS SYSTEM.													
1	General Paralysis*	..	..	..	..	..	..	..	..	..	..	..	3
2	Cerebral Hæmorrhage	..	..	..	..	..	..	..	..	..	..	..	..
3	Epilepsy	..	..	..	..	..	..	..	..	..	..	1	1
4	Chorea	..	..	..	..	..	..	..	..	..	..	..	..
5	Exhaustion from Acute Delirious Insanity	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF RESPIRATORY SYSTEM.													
6	Phthisis Pulmonalis	..	..	..	..	..	..	..	..	..	1	1	..
7	Lobar Pneumonia	..	..	..	..	..	..	..	..	..	..	..	..
8	Empyema	..	..	..	..	..	..	..	..	..	..	..	..
9	CARDIAC DISEASE	..	..	..	..	..	..	..	..	..	1	1	..
DISEASES OF THE URINARY SYSTEM.													
10	Cystic Disease of Kidney	..	..	..	..	..	..	..	..	..	..	..	..
11	Tubercular Disease of Bladder	..	..	..	..	..	..	..	..	..	..	..	..
GENERAL DISEASES.													
12	Carcinomata	..	..	..	..	..	..	..	..	..	..	..	..
13	Senile Decay	..	..	..	..	..	..	..	..	..	..	..	..
14	Septicæmia †	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL										1	1	2	1

* *Post-mortem* examination was made in 41 cases, 64 per cent.

† Following on a bullet wound received prior to admission.

One male died from Fracture of the Base of the Skull, the result of an accident whilst abs probation.

r 1911, together with the Ages at Death.

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			
	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	4	1	5	2	2	4	..	1	1	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..	13	6	19	1			
..	..	1	1	..	..	..	..	1	1	..	..	1	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	2	2	4	2	
..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	4	3	3	3		
2	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	4	4	4	5	
..	
1	..	1	1	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	5	6	6	
..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	7	7	
..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	8	8	8	
..	1	1	2	1	1	2	..	1	1	1	3	4	1	..	1	..	1	1	..	1	1	4	9	13	9
..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..	1	1	10	10	
..	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..	1	1	11	11	
..	1	1	2	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1	2	..	2	1	1	2	..	..	1	1	1	2	4	1	2	5	12	
5	1	3	4	4	3	7	3	4	7	3	4	7	5	1	6	2	1	3	3	3	6	2	2	4	1	1	2	2	4	34	30	64	12	
..	13	
..	14	

TABLE VI.—*Showing the Length of Residence in those Discharged Recovered, and in those who have Died, during the Year 1911.*

LENGTH OF RESIDENCE.	Recovered.			Died.		
	M.	F.	T.	M.	F.	T.
Under 1 Month ...	0	0	0	3	5	8
From 1 to 3 Months...	6	4	10	0	1	1
„ 3 to 6 „ ...	7	10	17	2	3	5
„ 6 to 9 „ ...	3	0	3	0	3	3
„ 9 to 12 „ ...	3	6	9	4	0	4
„ 1 to 2 Years ...	2	5	7	7	1	8
„ 2 to 3 „ ...	2	4	6	1	4	5
„ 3 to 5 „ ...	0	0	0	3	3	6
„ 5 to 7 „ ...	0	1	1	4	2	6
„ 7 to 9 „ ...	0	0	0	1	0	1
„ 9 to 11 „ ...	0	0	0	2	1	3
„ 11 to 13 „ ...	0	0	0	1	1	2
„ 15 to 17 „ ...	0	0	0	0	2	2
„ 19 to 21 „ ...	0	0	0	1	0	1
„ 23 to 25 „ ...	0	0	0	0	1	1
„ 25 to 27 „ ...	0	0	0	1	0	1
„ 27 to 29 „ ...	0	0	0	1	0	1
„ 29 to 31 „ ...	0	0	0	0	1	1
„ 31 to 33 „ ...	0	0	0	1	1	2
„ 43 to 45 „ ...	0	0	0	2	0	2
„ 63 to 65 „ ...	0	0	0	0	1	1
Total ...	23	30	53	34	30	64

TABLE VII.

Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths during the Year 1911.

CLASS.	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.		
	M. F. T.			Recovered.			Removed Relieved or otherwise.			M. F. T.		
FIRST CLASS.												
First Attack, and within Three Months on Admission	32	35	67	11	13	24	13	11	24	12	15	27
SECOND CLASS.												
First Attack, above Three, and within Twelve Months on Admission	14	8	22	3	3	6	2	6	8	8	4	12
THIRD CLASS.												
Not First Attack, and within Twelve Months on Admission	17	39	56	7	12	19	9	13	22	5	5	10
FOURTH CLASS.												
First Attack or not, but of more than Twelve Months on Admission	10	21	31	2	2	4	6	6	12	9	6	15
FIFTH CLASS.												
Congenital	3	0	3	0	0	0	1	0	1	0	0	0
TOTAL	76	103	179	23	30	53	31	36	67	34	30	64

TABLE VIII.—*Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died during the Year 1911.*

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	1	0	1	0	0	0	0	0	0
" 15 to 20	5	1	6	1	1	2	0	0	0
" 20 to 25	5	2	7	1	2	3	1	1	2
" 25 to 30	4	10	14	3	2	5	1	0	1
" 30 to 35	10	10	20	2	3	5	4	2	6
" 35 to 40	11	14	25	3	2	5	2	3	5
" 40 to 45	8	13	21	2	4	6	1	3	4
" 45 to 50	7	15	22	3	5	8	4	3	7
" 50 to 55	6	16	22	3	5	8	3	4	7
" 55 to 60	4	5	9	0	1	1	3	4	7
" 60 to 65	9	4	13	2	2	4	5	1	6
" 65 to 70	4	8	12	3	2	5	2	1	3
" 70 to 75	0	1	1	0	0	0	3	3	6
" 75 to 80	1	2	3	0	0	0	2	2	4
" 80 to 85	1	1	2	0	1	1	1	1	2
" 85 to 90	0	1	1	0	0	0	1	1	2
" 90 to 95	0	0	0	0	0	0	0	1	1
" 95 to 100	0	0	0	0	0	0	1	0	1
Total ...	76	103	179	23	30	53	34	30	64
Mean Age ...	42.2	45.7	43.5	43.1	45.0	44.2	55.6	55.2	55.4

TABLE IX.

Showing the Condition as to Marriage, on Admission, in the Admissions, Recoveries, and Deaths, during the Year 1911, and of Patients Resident, December 31, 1911.

Condition in Reference to Marriage.	The Admissions.			The Discharges.			The Deaths.			Patients Resident Dec. 31, 1911.		
				Recovered.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	46	57	103	12	18	30	18	15	33	264	238	502
Married	25	32	57	11	8	19	12	9	21	80	119	199
Widowed	5	14	19	0	4	4	4	6	10	13	37	50
Unknown	0	0	0	0	0	0	0	0	0	0	2	2
Total	76	103	179	23	30	53	34	30	64	357	396	753

TABLE X.—*Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1911.*

CAUSES OF INSANITY.	NUMBER OF INSTANCES IN WHICH EACH CAUSE WAS ASSIGNED.								
	Admissions—Males, 76; Females, 103; Total, 179.								
	As predisposing cause.*			As exciting cause.			Total.†		
	M	F	T	M	F	T	M	F	T
MENTAL and MORAL:—									
Mental anxiety and worry ...	2	0	2	9	10	19	11	10	21
Mental shock ...	0	0	0	0	1	1	0	1	1
Overwork ...	0	0	0	1	5	6	1	5	6
PHYSICAL:—									
Meniere's Disease ...	0	0	0	1	0	1	1	0	1
Syphilis ...	7	2	9	1	0	1	8	2	10
Epilepsy ...	0	0	0	3	5	8	3	5	8
Gross Brain Disease ...	0	0	0	1	1	2	1	1	2
Sunstroke ...	0	1	1	0	0	0	0	1	1
Traumatism ...	0	1	1	0	1	1	0	2	2
Physical Exhaustion ...	0	0	0	3	2	5	3	2	5
Deprivation of Senses ...	0	0	0	1	0	1	1	0	1
Intemperance in Drink ...	2	1	3	22	10	32	24	11	35
Pregnancy ...	0	0	0	0	1	1	0	1	1
Childbirth ...	0	0	0	0	2	2	0	2	2
Puberty and Adolescence ...	3	6	9	5	2	7	8	8	16
Climacteric ...	0	2	2	0	12	12	0	14	14
Senility ...	2	2	4	3	9	12	5	11	16
Hereditary influences	10	7	17	0	0	0	10	7	17
	12	20	32	0	0	0	12	20	32
	7	11	18	0	0	0	7	11	18
Congenital ..	5	0	5	0	0	0	5	0	5
Previous attacks ...	25	53	78	0	0	0	25	53	78
Unknown ...	25	31	56	24	41	65	25	41	66

* 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 1911.*

FORM OF MENTAL DISORDER.			Admissions.			Recoveries.			Deaths.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.
Melancholia—											
Simple	...	...	11	7	18	7	4	11	3	1	4
Delusional	...	...	2	16	18	1	8	9	1	4	5
Agitated	...	...	2	1	3	0	1	1	0	1	1
Mania—											
Simple	...	...	4	7	11	1	5	6	4	1	5
Delusional	...	...	3	10	13	2	3	5	3	6	9
Acute	...	...	1	2	3	1	0	1	0	2	2
Delirious Insanity—											
Mild (Slight Confusional States)	...	...	4	3	7	2	0	2	0	0	0
Sub-acute (Vivid Hallucinations and Confusion)	...	...	11	21	32	4	4	8	0	4	4
Acute	...	...	5	7	12	3	2	5	0	2	2
Systematised Delusional Insanity	...	...	5	9	14	1	1	2	1	2	3
Primary Mental Deterioration (Dementia Præcox)	...	...	4	4	8	1	1	2	2	1	3
General Paralysis of the Insane	...	...	15	6	21	0	0	0	13	6	19
Dementia	...	...	4	10	14	0	1	1	7	0	7
Congenital—Defect	...	...	5	0	5	0	0	0	0	0	0
Total	...	...	76	103	179	23	30	53	34	30	64

TABLE XII.

Showing the Station or Occupation of Patients admitted during the Year 1911.

[illegible]

TABLE XIII.

State of Bodily Health and Condition of those Admitted.

	Males.	Females.	TOTAL.
In Average Health and Condition ...	2	1	3
In Indifferent Health and Reduced Condition ...	71	98	169
In Bad Health and very Exhausted Condition ...	3	4	7
TOTAL ...	76	103	179

TABLE XIV.

Admissions, Discharges, and Deaths of each Month.

	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
January ...	7	5	12	5	5	10	4	1	5
February ...	8	4	12	4	2	6	3	2	5
March ...	8	7	15	10	1	11	4	1	5
April ...	5	9	14	1	3	4	1	3	4
May ...	7	11	18	5	7	12	2	5	7
June ...	6	17	23	3	8	11	3	2	5
July ...	9	10	19	6	7	13	5	2	7
August ...	3	6	9	6	4	10	4	2	6
September ...	7	7	14	4	7	11	2	1	3
October ...	4	9	13	3	6	9	2	3	5
November ...	7	9	16	4	8	12	1	2	3
December ...	5	9	14	3	8	11	3	6	9
TOTAL ...	76	103	179	54	66	120	34	30	64

TABLE XV.

Illustrations of Suicidal Tendency in those Admitted.

	Males.	Females.	TOTAL.
Have attempted Suicide	9	17	26
Have meditated Suicide	21	23	44
Total Suicidal	30	40	70
<i>Forms of Insanity in which Suicide was attempted—</i>			
Melancholia, Simple	3	2	5
„ Sub-acute	1	7	8
„ Acute	2	1	3
Mania, Acute	0	1	1
Delirious Insanity, Mild	0	1	1
„ „ Sub-acute	2	1	3
„ „ Acute	0	1	1
Primary Mental Deterioration	1	0	1
General Paralysis	0	1	1
Dementia	0	2	2
Total	9	17	26
<i>Forms of Insanity in which Suicide was meditated—</i>			
Melancholia, Simple	7	4	11
„ Sub-acute	1	8	9
„ Acute	0	1	1
Mania, Simple	0	1	1
„ Sub-acute	0	1	1
Delirious Insanity, Mild	1	0	1
„ „ Sub-acute	3	4	7
Primary Mental Deterioration	3	0	3
Systematised Delusional Insanity	3	2	5
General Paralysis	2	1	3
Dementia	1	1	2
Total	21	23	44
<i>Nature of attempts—</i>			
Strangulation	3	4	7
Cut-Throat	3	0	3
Shooting	3	0	3
Drowning	2	7	9
Precipitation	1	5	6
Poisoning	1	2	3
Choking	0	1	1
Burning	0	2	2
Cutting	0	1	1
Total	13	22	35

TABLE XVI.—*Persons Recovered in 1911.*

	Males.	Females	TOTAL.
A. Recovered for the first time ...	14	11	25
(a) Re-admitted, and again Discharged Recovered ...	0	0	0
(b) Re-admitted, but not again Discharged Recovered ...	1	0	1
B.* Had made one or more Recoveries in previous years ...	9	19	28
(a) Re-admitted, and again Discharged Recovered ...	0	0	0
(b) Re-admitted, but not again Discharged Recovered ...	3	1	4
Number of Persons Recovered...	23	30	53
Number of Cases of Recovery ...	23	30	53

* Of these Persons, 5 Males and 11 Females had made one Previous Recovery; 1 Male and 7 Females, two Previous Recoveries; 2 Males, three Previous Recoveries; 1 Male and 1 Female, four Previous Recoveries.

REPORTS

OF THE

COMMISSIONERS IN LUNACY.

ROYAL EDINBURGH ASYLUM,
5th and 6th December, 1911.

INCLUDING 22 voluntary inmates there were at these dates 758 patients on the Register of the Asylum, being 12 less than at the previous visit on the 29th of June last.

The patients were distributed within the institution as follows:—In Craig House and Myreside Cottage 217 patients paying the higher rates of board, in the West House 237 paying lower rates of board, and also, in the West House, 304 patients chargeable, with 3 exceptions, to the parishes of Edinburgh, Leith, and Orkney.

Nineteen patients were absent at the time of the visit—11 on probation, 5 at the sea-side house at Cockenzie, and 3 on pass. All the others were seen, and those of them who had complaints to lodge, or statements to make, were given an opportunity of doing so. It was evident throughout the visit that the patients as a whole were as contented and as free from excitement—apart from excitement the direct result of mental disease—as could be expected or wished for. Many of the more recently admitted patients were conversed with, and it was gratifying to notice that they were, as a whole, satisfied with their treatment, and neither unhappy or apprehensive. This is perhaps one of the most favourable signs of the good management of an Asylum for the insane. It is mentioned here because the whole

trend of Dr. Robertson's administration, including structural and nursing arrangements, far too numerous to be detailed in a report of this kind, is in the direction of increasing the comfort, and allaying the irritability of his patients.

Since the previous visit, 73 persons have been admitted, 59 have been discharged, and 26 have died. The causes of death which were verified by *post-mortem* examinations in the creditable proportion of 76 per cent. of the cases, are registered as follows: General paralysis in 10 cases; heart disease, 4 cases; pneumonia and exhaustion from acute mental affections, 3 cases each; phthisis, 2 cases; cancer, chorea, epilepsy, and fracture of the base of the skull, due to an accidental fall, each in one case. The last-named death took place in the case of a male patient who was absent from the Asylum on probation.

Two accidents are recorded, namely—(1) the fracture of the right ulna in a male patient, labouring under acute mental excitement; how the accident occurred has not been definitely ascertained, but the patient's restlessness might sufficiently account for it. (2) A darning-needle which a female patient had passed into her body was successfully removed by operation from the abdomen. There are no entries in the Register of Restraint and Seclusion.

The number of patients who escaped, and who were each absent for one night before being brought back is 3.

Eighty-six patients were confined to bed for various reasons, and the majority of these were being treated in the numerous and spacious open-air verandahs with which the institution is now provided.

There are at present 29 cases of general paralysis and 29 cases of epilepsy in the Asylum.

Among the many structural alterations which have been effected the renovation of the laundry at a cost of £800 is the chief. New machinery has been added to this department, a separate room has been erected for the heating-stove, which

greatly increases the comfort of the workers, the receiving and issuing rooms have been enlarged, and the whole of the interior has been repainted. All the wards and dormitories on the male side, and most of the apartments on the female side of the West House have been repainted. A minor improvement, but one of great importance to the comfort of the patients and the promotion of rest and quietness has been the provision of large numbers of comfortable basket chairs for the wards in the West House.

The medical staff of the Asylum consists of the Physician, Superintendent, 4 Assistant Medical Officers, 1 Pathologist, 2 qualified Clinical Assistants, and 4 unqualified Clinical Assistants. This large medical staff is chiefly employed in the clinical, clinico-pathological, and pathological investigation of disease, and the results of their labours were everywhere apparent throughout the institution. It is recorded with much approval that 2 of the Assistant Medical Officers are at present attending a course of instruction at the University, preparatory for the new diploma in Psychiatry which several universities in the United Kingdom have recently established. The holding of this diploma is likely to be of importance in the future, and the action of the Managers in granting the necessary leave to their Assistant-Physicians to qualify themselves for it is strongly commended.

The official Registers were examined and found correct.

JOHN MACPHERSON,
Commissioner in Lunacy.

ROYAL EDINBURGH ASYLUM,

29th and 30th June 1911.

Of the 747 patients on the register, 8 were absent on probation and 4 on pass, there was thus a resident population of 735. With the exception of 5 gentlemen and 4 ladies residing at the seaside home at Cockenzie, the resident patients were all individually seen. In addition to the number on the register, there were 23 voluntary inmates. These patients enter the Institution of their own accord and have the power of leaving by giving three days' notice to the Superintendent. This large number of voluntary patients must be a gratifying feature to the management. It is an indication that a large number of people is recognising the fact that an asylum is essentially a hospital for the care and treatment of mental disorder. It is also an indication of the high repute which this particular Institution enjoys from a curative point of view.

The previous visit was made on 5th December 1910. Since then there have been 88 admissions, 30 discharges as recovered, 20 discharges as not recovered, and 34 deaths.

An analysis of the discharges as not recovered shows that 12 patients were sent home to the care of relatives or friends, 1 was boarded out, 4 were transferred to other asylums, and 1 was removed to the lunatic wards of a poorhouse.

The cause of death in 12 patients was senile decay, in 7 general paralysis of the insane, in 3 heart disease, in 3 epilepsy, and in 9 each of the following causes was responsible for one death, cancer of the right lung, tabes dorsalis, perforation of the abdomen by a bullet (self-inflicted), exhaustion from acute delirious mania, cancer of the stomach, cancer of the spleen, phthisis pulmonalis, tuberculosis of the bladder, and cerebral hæmorrhage. The bullet wound, which resulted in the death

of a patient, was inflicted previous to admission to the Asylum. In 50 per cent. of the deaths verification of the cause was made by *post-mortem* examination.

There were 23 patients in bed for treatment of mental symptoms, 40 for treatment of bodily illness, and 13 on account of senility and infirmity. The general care and treatment of the patients is of the most excellent description. Each separate patient receives an amount of attention in this respect which could not be surpassed. There were many circumstances noted to support this opinion; it may suffice to record the deliberate expressions of opinion of several patients. It has not been found necessary to use restraint or seclusion. This is a matter for favourable comment. One escape resulting in absence of the patient concerned for more than one night is recorded.

There has been no serious accident. An epileptic patient during a fit sustained a burn of the left hand. Another patient owing to the slamming of a door incurred a compound fracture of the terminal phalanx of the middle finger, and a nurse, as the result of a fall down a stair, fractured the terminal phalanx of one of her fingers.

The employment of the patients is suitably attended to. Those of the patients physically fit and not otherwise occupied in the grounds were enjoying exercise in the open air, and many feeble and bedridden patients were taking advantage of the verandahs specially erected for open-air treatment and attached to the hospitals of the West and Craig Houses.

The patients were seen at dinner in the West House. It consisted of pea soup, bread, and preserved mutton. The food tasted well, was served in a proper manner, was sufficient in quantity, and gave satisfaction generally.

The clothing of the patients was commendably neat and comfortable. The sitting-rooms were cheerful, and as the result of extensive repainting and the presence of cut flowers and plants, bright and pleasing.

The dormitories were very clean, and presented every appearance of comfort.

Extensive alterations are contemplated in the laundry. These when completed will result in increased efficiency and ultimate economy. The many patients working in the laundry will also experience greater comfort.

A number of the patients asked and were given private interviews. The general object of the interview was a request to be discharged: all such patients had been previously seen at former visits, and in no case was the mental condition such as to suggest that the patients were not properly detained.

Sixty-six nurses and attendants have been engaged, 48 have voluntarily resigned, and 11 have been dismissed.

The general management of the Asylum is active and extremely able. The welfare of the patients is the primary consideration.

The medical and statutory registers are well kept, orderly and accurate.

HAMILTON C. MARR,

Commissioner in Lunacy.

ABSTRACT

OF THE

TREASURER'S ACCOUNTS OF INTROMISSIONS

For the Nine Months ending 30th September 1911.

CHARGE.

I. Arrears of Board, etc., given up in last Account	£425	17	6	
Less—Written off as irrecoverable	1	11	5	
	£424	6	1	
II. Patients' Boards, per Board-books—				
<i>Males.</i>				
<i>Females.</i>				
Quarter ending 31st March 1911	£7,088	13	9	£6,233 15 0
Do. do. 30th June „	6,845	17	4	6,432 6 3
Do. do. 30th Sept. „	6,827	19	5	6,436 19 5
	£20,762	10	6	19,103 0 8
				20,762 10 6
				39,865 11 2
Deduct—				
Repayments of Board for Patients who left the				
Asylum during 1909 and 1910			64	0 0
				39,801 11 2
III. Accounts due by Patients for Clothes and extraordinary furnish-				
ings 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 1911	£665	9	7	£735 4 3
Do. do. 30th June „	533	4	7	426 13 10
Do. do. 30th Sept. „	436	13	2	549 2 11
	£1,635	7	4	£1,711 1 0
				1,635 7 4
				3,346 8 4
IV. Price of Pigs and Sundries disposed of—				
Received for Pigs sold	£642	2	0	
Do. for Pigs' meat, old iron, &c., sold	58	11	11	
				700 13 11
V. Rents of Grass Parks, &c.				60 14 0
VI. Claim under Fire Insurance Policies				2 10 0
VII. Additional Loan from Charity Fund				150 0 0
VIII. Miscellaneous Receipts				100 0 0
IX. Balance of Account at 31st December 1910				690 14 11
X. Balance of Account at 30th September 1911				1,787 6 1
Amount of the Charge	£47,064	4	6	

DISCHARGE.

		Craig House.			West House.			TOTAL.		
		£	s.	d.	£	s.	d.	£	s.	d.
I.	Expense of Provisions . . .	8,980	12	4	6,142	10	9	15,123	2	10
II.	Do. Clothing, Bedding, Napery, &c.	535	12	5	1,172	6	9	1,707	19	2
III.	Do. Fuel . . .	1,079	9	8	961	2	0	2,040	11	8
IV.	Do. Gas Lighting . . .	146	16	8	374	0	6	520	17	2
V.	Do. Water and Washing material . . .	480	6	2	584	15	10	1,065	2	0
VI.	Do. Medicines, Surgical Instruments, Disinfectants, &c.	391	14	8	265	1	11	656	16	7
VII.	Do. Books and Stationery	331	5	9	197	3	11	528	9	8
VIII.	Do. Tobacco and Snuff	...			118	4	5	118	4	5
IX.	Do. Buildings, Furnishings, and Repairs	1,576	14	6	2,347	14	5	3,924	8	11
X.	Do. Garden and Grounds	280	10	0	169	19	8	450	9	8
XI.	Public and Parochial Burdens	757	10	10	161	3	4	918	14	2
XII.	Interest on Loans paid . . .	878	17	8	333	6	7	1,212	4	3
XIII.	Feu-duties and Stipend . . .	647	9	2	229	9	11	876	19	1
XIV.	Insurance Premiums . . .	1	9	6	37	10	3	38	19	9
XV.	Salaries and Wages . . .	7,294	18	10	5,702	3	6	12,997	2	4
XVI.	Miscellaneous Payments . . .	426	8	1	268	18	8	695	6	9
XVII.	Accounts paid on behalf of Patients and charged against them	2,968	0	0	491	9	8	3,459	9	8
Ordinary Expenditure . . .		26,777	16	0	19,557	2	1	46,334	18	1
XVIII. Arrears of Board, &c., at 30th September 1911 . . .								729	6	5
Amount of the Discharge equal to Charge . . .								£47,064	4	6

EDINBURGH, *26th February 1912.*—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 nine months from 31st December 1910 to 30th September 1911, 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.—*For period from 31st December 1910
to 30th September 1911.*

ORDINARY RECEIPTS.

1. Boards	£24,805 14 8
2. Extra Accounts	2,870 15 9
3. Produce and Sundries sold	436 5 4
4. Rents of Grass Parks	50 14 0
5. Claim under Fire Insurance Policies	2 10 0
	<hr/>
	£28,165 19 9

ORDINARY PAYMENTS.

1. Amount thereof, as stated in foregoing Discharge	£26,777 16 0
2. Value of labour performed by tradesmen, assisted by West House patients, for New Craig House, etc.	382 5 3
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.	186 19 6
	<hr/>
	27,347 0 9

Surplus Ordinary Receipts for New Craig House, etc. £818 19 0

EXTRAORDINARY RECEIPTS.

1. Additional Loan from Charity Fund	£150 0 0
2. Miscellaneous Receipt	100 0 0
	<hr/>
	250 0 0

Surplus Receipts over Payments for New Craig House £1,068 19 0

ABSTRACT of ORDINARY and EXTRAORDINARY RECEIPTS and PAYMENTS
of the WEST HOUSE.—*For period from 31st December 1910 to 30th
September 1911.*

ORDINARY RECEIPTS.

1. Boards	£14,995 16 6
2. Extra Accounts	475 12 7
3. Produce and Sundries sold	264 8 7
4. Rent of Railway Siding	10 0 0
5. Value of patients' labour performed for New Craig House, etc., as before (see New Craig House Payments 2 and 3)	569 4 9
	<hr/>
	£16,315 2 5

ORDINARY PAYMENTS.

1. Amount thereof, as stated in foregoing Discharge	£19,557 2 1
2. Twenty-seventh instalment to Sinking Fund	£2,701 15 1
Less—Interest on £18,625. 8s. 1d., included in No. 1 hereof	333 6 7
	<hr/>
	2,368 8 6
	<hr/>
	21,925 10 7

Excess of Ordinary Payments over Ordinary Receipts £5,610 8 2

TABULAR VIEW of the Cost of Maintenance per Head of New Craig House, Intermediate, and Pauper Patients based on the foregoing Account—the numbers being: New Craig House, 218; Intermediates, 164. Patients at the lowest rate of Board, 77; 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 3 11	14 16 10·8	10 2 7·8
2. Stimulants and Cordials			
3. Clothing	0 12 8	...	2 17 4·8
4. Bedding and Napery	1 16 5	0 12 11·2	0 12 11·2
5. Fuel (including fuel for electric lighting).	4 19 0	1 16 3·2	1 16 3·2
6. Gas Lighting	0 13 6	0 14 1·4	0 14 1·4
7. Water and Washing materials.	2 4 1	1 2 0·8	1 2 0·8
8. Medicines and Surgical Apparatus	1 15 11	0 10 0	0 10 0
9. Books and Stationery	1 10 5	0 7 5·3	0 7 5·3
10. Tobacco and Snuff	...	...	0 6 5·5
11. Furnishings and Repairs	7 4 8	5 11 4·6	3 18 4·6
12. Public and Parochial Burdens	3 9 6	0 6 1	0 6 1
13. Expenditure on Gardens and Grounds	1 5 9	0 6 4·9	0 6 4·9
14. Feu-Duties and Stipend	2 19 5	0 8 7·9	0 8 7·9
15. Fire Insurance	0 0 2	0 1 5	0 1 5
16. Salaries and Wages	33 9 3	12 3 1·7	10 2 7·4
17. Miscellaneous Payments	1 19 1	0 10 1·8	0 10 1·8
18. Value of labour performed by tradesmen and patients for New Craig House and Intermediates	2 12 2	1 3 0	...
19. Instalment to Sinking Fund, as sanctioned by the Court	...	5 1 11·4	5 1 11·4
20. Interest on New Craig House Debt	4 0 8	...	...
<i>Deduct—</i>			
1. From New Craig House, &c.—	111 16 7	45 11 11	39 5 0
(1.) Price of Pigs and Sundries sold	2 4 8		
(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	£0 10 4·2		
(2.) Value of labour performed by paupers for New Craig House and Intermediate patients	2 1 5		2 11 9·2
3. From Intermediates—			
Price of Pigs, etc., sold, including Rent, as above		0 10 4·2	
Cost per head during 1911	109 11 11	45 1 6·8	36 13 2·8

The average number of Patients, Officers, and Domestics during the Year ending
 31st December 1910 was 1,016
 Do. do. do. 31st December 1911 1,013

Decrease in 1911 3

The Cost of Provisions per head during the Year ending 31st Dec. 1910 was £14 9 5
 Do. do. do. 31st December 1911 was 14 18 6

Increase in 1911 £0 9 1

STATE OF DEBT due by CRAIG HOUSE DIVISION, of the ROYAL EDINBURGH ASYLUM FOR THE INSANE, as at 30th September 1911.

Amount thereof	£63,737 6 1
<i>Deduct</i> —Proportion of Debt secured on Craig House due by West House	13,093 7 3
	<u>£50,643 18 10</u>

STATE of FINANCES of NEW CRAIG HOUSE for period to
30th September 1911.

Surplus Receipts, as before (including Balance from previous year)	£1,403 13 4
<i>Less</i> Sum borrowed from Charity Committee included therein	150 0 0
	<u>£1,253 13 4</u>
<i>Deduct</i> —Loss on Intermediates	1,767 13 1
	<u>£513 19 9</u>
Increase on Debt—	
At 31st December 1910	£49,483 17 0
At 30th September 1911	50,643 18 10
	<u>1,160 1 10</u>
	<u>£646 2 1</u>
Arrears of Board, etc., at close of this Account .	£729 6 5
<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
	<u>£646 2 1</u>

STATE OF DEBT due by the WEST HOUSE of the ROYAL EDINBURGH ASYLUM FOR THE INSANE, as at 30th September 1911.

Amount thereof	<u>£20,093 7 3</u>
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STATE showing the Operation of the SINKING FUND during 1911, 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.
9,807 1 7	Amount of Debt at 31st December 1910 . . .	18,617 9 3
392 5 8	<i>Add—</i>	
	1. Interest £333 6 7	
	2. West House arrears written off as irrecoverable 1 11 5	
	3. Excess of Ordinary Payments over Ordinary Receipts £5,610 8 2	
	<i>Less—</i> Amount effeiring to Intermediates . 1,767 13 1	
	<u>3,842 15 1</u>	4,177 13 1
10,199 7 3		22,795 2 4
	<i>Deduct—</i>	
2,701 15 1	(1) Twenty-seventh Instalment to Sinking Fund	2,701 15 1
<u>7,497 12 2</u>		<u>20,093 7 3</u>

ABSTRACT

OF THE

TREASURER'S INTROMISSIONS

WITH THE
FUNDS ADMINISTERED BY THE CHARITY COMMITTEE

For the period from 31st December 1910 to 30th September 1911.

CHARGE.

I. Balance at close of last Account	£15 12 10
II. Legacy received	139 18 4
III. Miscellaneous Receipts	97 5 0
IV. Revenue received	168 18 1
V. Donations received :—	
Mrs. Jessie C. Currie, Trinity College	£0 10 0
Rev. W. M. Macgregor, D.D., 28 Walker Street	0 2 6
Mrs. F. R. Russell, 24 Inverleith Place	0 2 6
James Heron, Esq., 3 Merchiston Avenue	0 10 0
John Thomson, Esq., M.D., 14 Coates Crescent	0 5 0
Thos. Steuart, Esq., 48 Palmerston Place	0 10 0
Miss M. Nairn, 29 Abercromby Place	0 5 0
Sir James Russell, Woodville, Canaan Lane	1 1 0
Miss Ritchie, 45 Mayfield Road	0 5 0
John R. Findlay, Esq., 27 Drumsheugh Gardens	3 0 0
Thomas Barclay, Esq., Advocate, 1 Ainslie Place	1 0 0
Alexander Melvin, Esq., 4 Savile Terrace	0 5 0
Sheriff Lees, 4 Darnaway Street	0 5 0
Colonel Leven, 26 Saxe-Coburg Place	0 5 0
Misses Shaw, 14 Deanpark Crescent	0 2 6
Miss J. L. C. Wilson, 74 Polwarth Terrace	0 2 6
Mrs. Joseph Smith, 46 Cluny Gardens	0 5 0
Mrs. Tod, Clerwood, Corstorphine	1 1 0
Mrs. Muirhead and Miss Bird, 5 Ettrick Road	0 2 6
Mr. and Mrs. A. H. Turnbull	1 1 0
Findlay B. Anderson, Esq., 24 St. Andrew Square	2 0 0
Miss E. C. Wright, 9 Merchiston Bank Gardens	0 5 0
Arthur Allison, Esq., Advocate, 3 Moray Place	0 10 0
Mrs. Cumming Craig, 9 Learmonth Terrace	0 2 6
Mrs. James Stewart, Netherby, Eskbank	0 5 0
H. B. Finlay, Esq., 15 Strathearn Place	0 10 0
Alexander Davidson, Esq., 173 Colinton Road	0 2 6
"Citizen"	0 5 0
Carry forward	£15 0 6 £421 14 3

Brought forward	£15 0 6	£421 14 3
John R. Norrie, Esq., Dick Place	0 10 0	
Miss Leishman, 4 Douglas Crescent	0 5 0	
Mrs. Roxburgh, 4 Abbotsford Crescent	0 10 0	
J. Stewart Clark, Esq., Dundas Castle	5 0 0	
Mrs. Mathewson, 25 Cluny Gardens	0 5 0	
The Misses Johnstone, 12 Hope Terrace	0 10 0	
Mrs. Jane Wilson, 12 Corrennie Drive	0 2 6	
Miss M. L. Huffell, The Beild, Juniper Green	0 2 6	
"Anonymous"	0 1 0	
Mrs Mackenzie, 45 Braid Avenue	0 2 6	
Miss Mary A. Crawford, 21 Stirling Road	1 0 0	
Miss Jean M. Ritchie, 22 Charlotte Square	0 2 6	
F. C. Thomson, Esq., Advocate, 5 Northumberland Street	0 5 0	
Archibald Young, Esq., 4 Learmonth Gardens	0 5 0	
Wm. C. M'Ewen, Esq., W.S., 9 Douglas Crescent	0 10 0	
Mrs. Turnbull, 2 Corrennie Gardens	0 5 0	
Mrs. C. M. Landale, 25 Belgrave Crescent	0 5 0	
Edwin Adam, Esq., K.C., 11 Hillside Crescent	0 5 0	
The Misses Fleming, 9 Atholl Crescent	1 0 0	
Miss Saunders, 56 Castle Street	0 5 0	
Mr. and Mrs. John Stark, 14 Suffolk Road	0 2 6	
Sir Thomas Clouston, M.D., 26 Heriot Row	1 1 0	
"Anonymous"	0 2 6	
Grant from Unappropriated Fund	5 0 0	
	£32 17 6	
<i>Deduct:—Commission charged by Charity Organisation Society for collection at 1½%</i>	0 8 5	
		32 9 1
		£454 3 4

DISCHARGE.

I. Sums paid to Royal Edinburgh Asylum in relief of Patients' Boards	£287 2 0
II. Additional sum lent to Royal Edinburgh Asylum for the Insane	150 0 0
III. Expense of Management, etc.	7 1 2
IV. Balance due by Treasurer at 30th September 1911	10 0 2
	£454 3 4

STATE OF FUNDS AT 30TH SEPTEMBER 1911.

I. Sum in Bond and Disposition in Security over Asylum property	£9,600 0 0
II. Additional sum lent to Royal Edinburgh Asylum	150 0 0
III. Balance due by Treasurer, as above	10 0 2
	£9,760 0 2

EDINBURGH, 26th February 1912.—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 30th September 1911 being £10. 0s. 2d.

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

ABSTRACT

OF THE

TREASURER'S INTROMISSIONS

WITH THE

FUNDS BEQUEATHED BY THE LATE MRS BEVAN

For Period from 31st December 1910 to 30th September 1911.

CHARGE.

I. Balance of uninvested funds at close of last Account	£15 13 8
II. Revenue received	218 9 2
	<hr/>
	£234 2 10

DISCHARGE.

I. Balance due to Treasurer at close of last Account	£143 17 5
II. Payments made to Royal Edinburgh Asylum for the Insane in relief of Patients' Boards	239 15 5
III. Expense of Management	9 7 0
	<hr/>
	£392 19 10
Deduct Balance due to Treasurer at 30th September 1911	158 17 0
	<hr/>
	£234 2 10

STATE OF FUNDS AT 30TH SEPTEMBER 1911.

I. Amount lent to Royal Edinburgh Asylum for the Insane	£12,700 0 0
II. Balance due to Treasurer as above	158 17 0
	<hr/>
	£12,541 3 0

EDINBURGH, 26th February 1912.—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 30th September 1911 being £158 17 0

Made up thus :—*Revenue*—Balance due to Treasurer £174 10 8
Capital—Balance due by Treasurer 15 13 8

£158 17 0

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

NURSING CERTIFICATE

OF THE

MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE following Nurses and Attendants have obtained the Certificate for Proficiency in Mental Nursing, granted by the MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND in 1911:—

CRAIG HOUSE.

Seniors.

NURSE E. ROBB.

„ M. M'WILLIAMS.

„ A. M'CLELLAND.

„ E. M'DONALD.

„ E. B. TURNER.

ATTENDANT D. M'MURRAY.

Juniors.

NURSE E. LINDSAY.

„ F. PARRY.

„ E. NICHOLSON.

„ L. M'CUTCHEON.

„ E. MURRAY.

ATTENDANT G. ADAM.

„ D. MAILER.

„ A. WEBSTER.

„ M. FORREST.

WEST HOUSE.

Seniors.

MISS FLETCHER.

NURSE J. M'LEOD.

„ C. M'KENZIE.

„ J. THOMSON.

„ E. DAWSON.

„ E. BAIN.

„ E. C. TAYLOR.

ATTENDANT T. M'KENZIE.

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
Nine Months ending 30th September 1911.*

I.—JOINER.

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

	Time.	Material.
Work done for West House	£168 9 4	£126 3 5
„ „ Craig House	157 19 9	148 16 1
Total Value	<u>£326 9 1</u>	<u>£274 19 6</u>

(b.) Actual Cost of Joiner Work—

Material used	£274 19 6
Wages of Joiners	252 4 9
Total Cost	<u>£527 4 3</u>

II.—PAINTER.

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

	Time.	Material.
Work done for West House	£300 7 3	£193 15 4
„ „ Craig House	85 2 2	50 18 1
Total Value	<u>£385 9 5</u>	<u>£244 13 5</u>

(b.) Actual Cost of Painter Work—

Material used	£244 13 5
Wages of Painters	223 1 3
Total Cost	<u>£467 14 8</u>

III.—UPHOLSTERER.

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

	Time.	Material.
Work done for West House	£33 1 6	£40 2 8
„ „ Craig House	38 7 0	81 19 9
Total Value	<u>£71 8 6</u>	<u>£122 2 5</u>

(b.) Actual Cost of Upholstery Work—

Material used	£122 2 5
Wages of Upholsterer	63 15 0
Total Cost	<u>£185 17 5</u>

IV.—MASON.

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

	Time.	Material.
Work done for West House	£37 16 0	£31 16 6
„ „ Craig House	38 1 6	29 6 4
Total Value	<u>£75 17 6</u>	<u>£61 2 10</u>

(b.) Actual Cost of Mason Work—

Material used	£61 2 10
Wages of Mason	54 0 0
Total Cost	<u>£115 2 10</u>

V.—PLUMBER.

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

	Time.	Material.
Work done for West House	£111 18 6	£131 5 3
„ „ Craig House	43 12 3	46 2 9
Total Value	<u>£155 10 9</u>	<u>£177 8 0</u>

(b.) Actual Cost of Plumber Work—

Material used	£177 8 0
Wages of Plumbers	127 5 4
Total Cost	<u>£304 13 4</u>

VI.—BLACKSMITH.

(a.) Estimated Value of Work done at Trade Prices—					Time.	Material.
Work done for West House					£75 10 2	£14 8 3
„ „ Craig House					13 18 6	4 5 7
Total Value					£89 8 8	£18 13 10
(b.) Actual Cost of Blacksmith Work—						
Material used						£18 13 10
Wages of Blacksmith						55 18 7
Total Cost						£74 12 5

VII.—PRINTERS.

(a.) Estimated Value of Work done at Trade Prices—						
Time						£123 3 11
(b.) Wages						£78 9 0

VIII.—TAILORS.

(a.) Estimated Value of Work done according to Trade Prices—						
New Work for Rate-paid Patients						£76 12 0
Repairs „ „ „						31 4 9
New Work for Private Patients						18 12 10
Repairs „ „ „						15 4 4
Total Value						£141 13 11
(b.) Actual Cost of Tailoring—						
Material used for Rate-paid Patients						£140 8 7
„ „ „ Private Patients						16 14 4
Wages						£157 2 11
Total Cost						£261 2 11

IX.—SHOEMAKER.

(a.) Estimated Value of Work done according to Trade Prices—						
New Work for Rate-paid Patients						£5 16 3
Repairs „ „ „ „						42 1 5
„ „ for Private Patients						17 18 0
Total Value						£65 15 8
(b.) Actual Cost of Shoemaking—						
Material used for Rate-paid Patients						£31 18 4
„ „ Private Patients						7 5 4
Wages						£65 15 8
Total Cost						£93 18 8

X.—CRAIG HOUSE ENGINEERS.

STATEMENT of Total Expenses connected with Engineering Department
for Nine Months ending 30th September 1911.

BOILER HOUSE EXPENDITURE.

Tons. cwts.							
Coal	12	0	at 7s. 5d. per ton	.	.	£4	9 0
	991	2	„ 7s. 10d. „	.	.	388	3 7
<hr/>		<hr/>		<hr/>		<hr/>	
1,003		2				£392	12 7
<hr/>		<hr/>		<hr/>		<hr/>	
Stokers' Wages	.	.	.	.	.		392 12 7
Cleaning Boilers and Flues	.	.	.	.	.		118 14 0
Boiler Inspection and Insurance on two Steam Boilers	.	.	.	.	.		4 19 0
Water, 1,167,500 gallons, at 6d. per 1,000 gallons	.	.	.	.	.		4 19 4
Oil, Waste, Boiler Composition, etc.	.	.	.	.	.		29 3 9
Repairs, etc.	.	.	.	.	.		19 2 0
<hr/>		<hr/>		<hr/>		<hr/>	
						8	3 1
<hr/>		<hr/>		<hr/>		<hr/>	
						£577	13 9
<hr/>		<hr/>		<hr/>		<hr/>	

Cost of Steam per ton of Fuel consumed, 11s. 6·217d.

DISTRIBUTION OF STEAM AND PROPORTIONATE COST.

		Tons. cwts. qrs.					
Electric Lighting	122	6	2	.	.	£68	3 11
Kitchen	273	0	0	.	.	159	11 6
Heating	112	0	0	.	.	60	16 0
Hot Water	495	15	2	.	.	289	2 4
<hr/>		<hr/>		<hr/>		<hr/>	
1,003		2		0		£577	13 9
<hr/>		<hr/>		<hr/>		<hr/>	

ENGINE-ROOM EXPENDITURE—GENERATION COSTS FOR NINE MONTHS.

Coal, 122 tons, 6 cwts., 2 qrs. at 11s. 6·217d. per ton	£68	3	11
Oil, Waste, Packing, and other Stores	3	9	0
Wages	95	10	0
Repairs to Link Belt for No. 3 Engine	4	10	0
Repairs and Renewals to Engines	0	15	5
„ „ Steam Pipes, Tools, and other Machinery	2	7	4
„ „ Battery	10	6	1
Depreciation in Cost of Renewal of Battery, £235. 16s. 2d., at 10 per cent. per annum	17	13	9
New Bell and Accessories	0	17	2
	£203	12	8

Board of Trade Units supplied to Buildings	.	.	29,439
" " " " Battery	.	.	1,075
" " " Generated	.	.	<u>30,514</u>

Generation Costs per Board of Trade Units Supplied, 1·66 pence.
 " " " " Generated, 1·601 "

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

Done by Engineering Staff.

MATERIAL.

Queen's Craig	.	.	.	.	.	£10	5	11
Bungalow	.	.	.	.	.	1	16	8
Male end, Main Building	.	.	.	.	.	20	9	3
Centre of Main Building	.	.	.	.	.	20	19	6
Main Kitchen	.	.	.	.	.	3	7	1
Female end, Main Building	.	.	.	.	.	12	10	10
East Hospital	.	.	.	.	.	5	10	2
Bevan House	.	.	.	.	.	9	7	11
South Craig	.	.	.	.	.	3	17	4
Old Craig House	.	.	.	.	.	1	0	0
West House	.	.	.	.	.	0	4	6
Grass Mowers	.	.	.	.	.	0	6	0
Total Cost for Material	.	.	.	.	.	£89	15	2
Wages for Repairs, Renewals, and New Work in Homes	.	.	.	.	.	71	10	0
Total	.	.	.	.	.	£161	5	2

Wages for Firing Heating Boilers in East and West Wings, Bevan House, and South Craig £8 10 0

STATEMENT showing RECEIPTS and EXPENDITURE of
PIGGERY from 1st January to 30th September 1911.

RECEIPTS.

Pigs sold	£640 18 0
Valuation of Stock at 30th September 1911	259 0 0
	<hr/>
	£899 18 0

EXPENDITURE.

Valuation of Stock at 31st December 1910 .	.	.	£236 10 0
Feeding Stuffs . . . . .	.	£6 11 0	
Furnishings . . . . .	.	7 6 10	
Coal and Gas . . . . .	.	5 3 0	
Kitchen Refuse from Craig House . . . . .	.	40 19 0	
" " West House . . . . .	.	20 9 6	
Paid Labour . . . . .	.	58 10 0	
			138 19 4
			375 9 4
Balance in favour of Piggery . . . . .	.	.	524 8 8
			£899 18 0

STATEMENT showing RECEIPTS and EXPENDITURE on
FARM from 1st Jannary to 30th September 1911.

RECEIPTS.

	Sold.	Supplied to Asylum.	Total.	
Wool	£3 18 9	...	£3 18 9	
Turnips	5 8 0	...	5 8 0	
Hay . . . . .	...	£4 0 0	4 0 0	
Keep of Roadster	7 10 0	...	7 10 0	
Services of Horse . . . . .	...	39 0 0	39 0 0	
				£59 16 9
Value of Stock at 30th September 1911				88 15 0
				<u>£148 11 9</u>

EXPENDITURE.

Value of Stock at 31st December 1911				£36 0 0
Implements and harness			£13 17 0	
Farm seeds			6 11 6	
Feeding stuffs			7 13 6	
Manures			13 4 0	
Clipping sheep			0 8 0	
Gas			1 0 0	
Paid labour			18 8 6	
				<u>61 2 6</u>
				97 2 6
Balance in favour of Farm				51 9 3
				<u>£148 11 9</u>