One Hundred and first annual report of the Royal Edinburgh Asylum, Morningside : Craig House and the West House mental hospitals for the year 1913.

## Contributors

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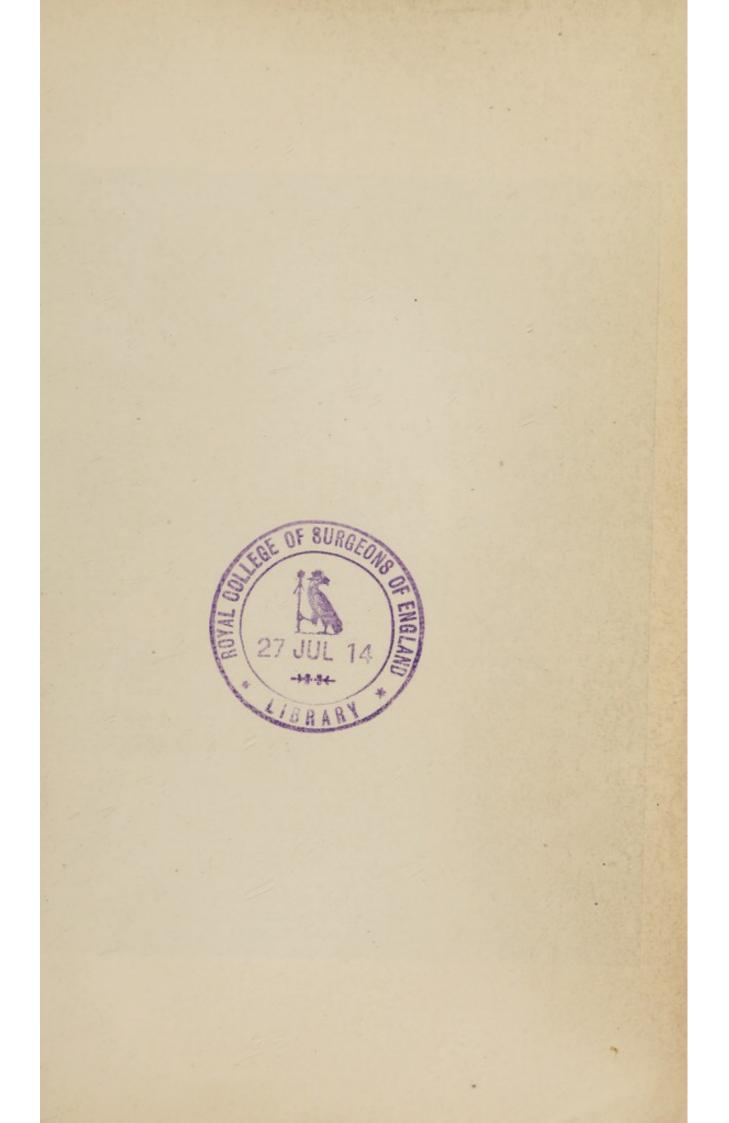
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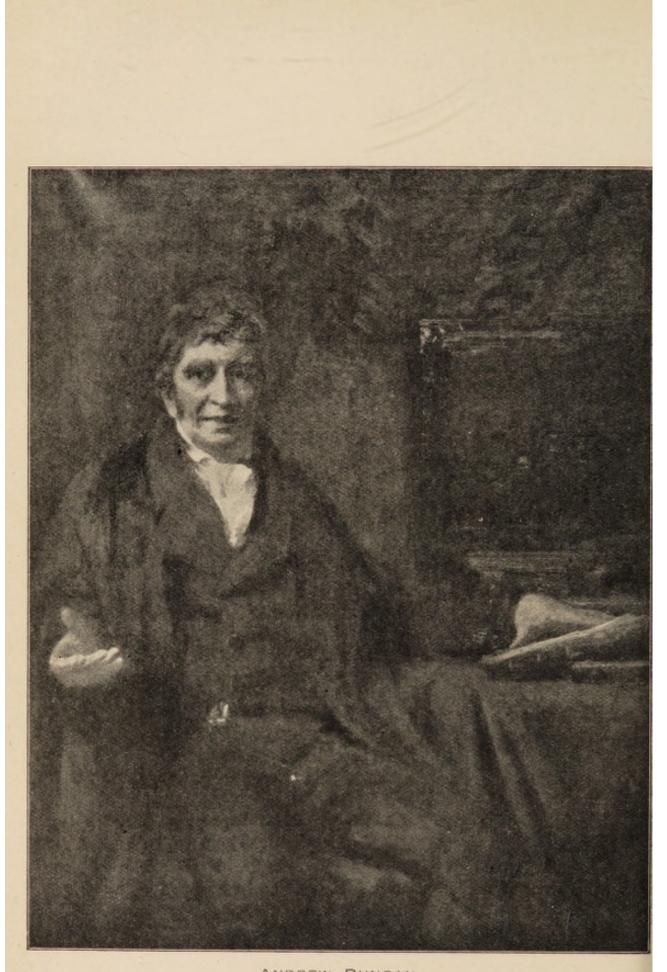
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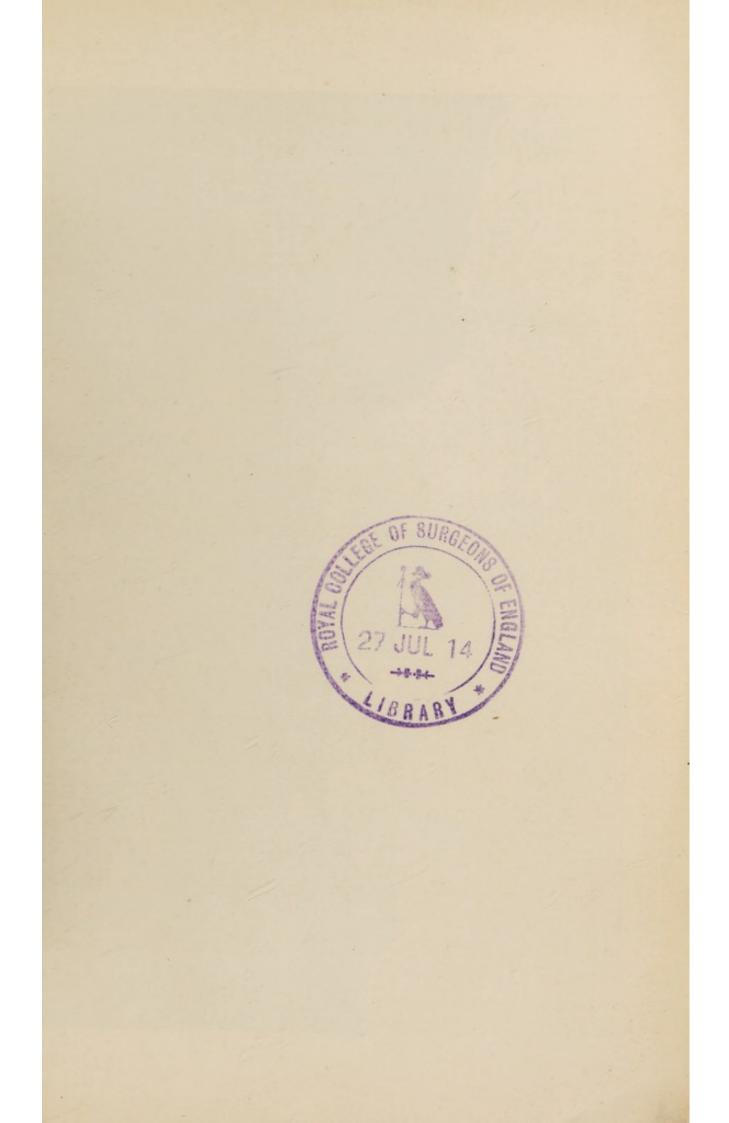


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ANDREW DUNCAN To whom the Royal Edinburgh Asylum owes its origin in 1807 After a Picture by Raeburn





# ONE HUNDRED AND FIRST ANNUAL REPORT

OF THE

# ROYAL EDINBURGH ASYLUM, MORNINGSIDE.

CRAIG HOUSE AND THE WEST HOUSE MENTAL HOSPITALS.

FOR THE YEAR 1913.

Printed at THE DARIEN PRESS, Edinburgh.

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MRS ELIZABETH BEVAN (Grand-daughter of D<sup>#</sup> 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 1914.

GOVERNOR.

THE DUKE OF BUCCLEUCH AND QUEENSBERRY.

### DEPUTY-GOVERNORS.

THE EARL OF STAIR. SIR ALEX. CHRISTISON, Bart. THE EARL OF ROSEBERY. SIR WILLIAM TURNER, K.C.B. THE MARQUIS OF LINLITHGOW.

## EXTRAORDINARY MANAGERS.

burgh.

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.

Lord Provost of the City of Edin- | 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)	).
Professor Alex. Crum Brown	
LL.D., F.R.S.	
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. James Adam, Esq. T. R. Ronaldson, Esq., M.B., F.R.C.P. Sir George M. Paul, D.K.S. Rev. R. H. Fisher, D.D.

Chairman of the Board-James Adam, Esq.

## OFFICE-BEARERS FOR THE YEAR 1914-Continued.

## MEDICAL BOARD.

J. J. GRAHAM BROWN, President of the Royal College of Physicians. Professor FRANCIS M. CAIRD, 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.

Mr Adam, Convener.

#### Finance Committee.

Professor Hudson Beare. Mr Cook. Mr Huie. Mr Gardiner. Dr Ronaldson.

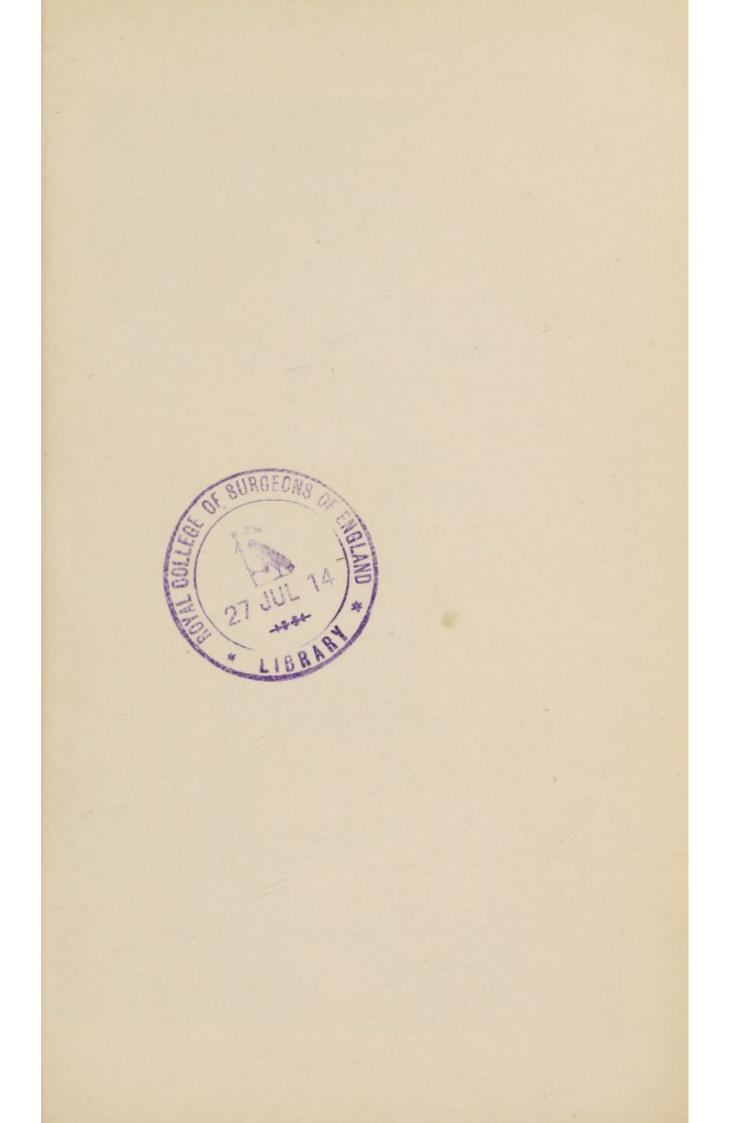
Professor Hudson Beare, Convener.

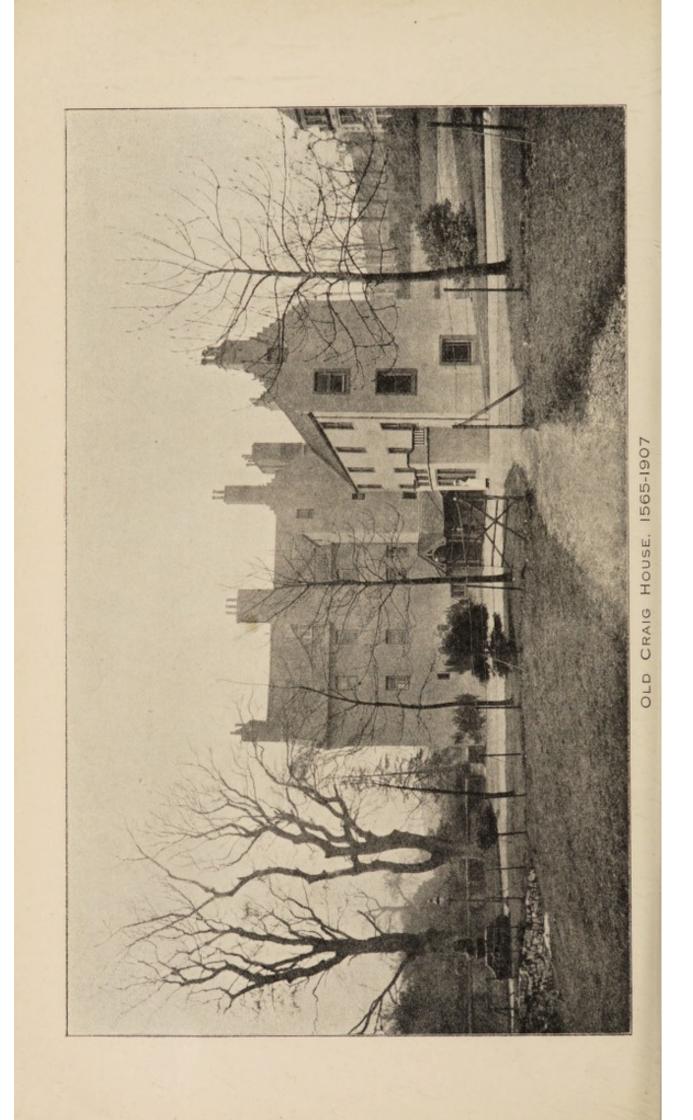
#### Law Committee.

Professor Rankine. Mr Adam. Mr Cook. Mr John Cowan. Sir George Paul. Mr John Cowan, *Convener*.

Charity and Bevan Fund Committee.

Mr Gibson. Major-General Dalmahoy. Dr Ronaldson. Dr Fisher. Mr Gibson, *Convener*.





# MEDICAL STAFF.

## PHYSICIAN SUPERINTENDENT. GEORGE M. ROBERTSON, M.D., F.R.C.P.Ed.

ASSISTANT PHYSICIANS.

A. W. NEILL, M.D.
D. MAXWELL ROSS, M.B., Ch.B.
H. YELLOWLEES, M.B., Ch.B.
BELL G. EMSLIE, M.D.

PATHOLOGIST.

## WILLIAMINA ABEL, M.D., D.Sc., D.P.H.

RESIDENT CLINICAL ASSISTANTS DURING THE YEAR

P. W. P. BEDFORD, M.B., Ch.B.
C. W. LEWIS.
R. THORP.
A. S. GLYNN.
D. C. GRAHAM.
M. MORRISON.

G. CROMIE, M.B., Ch.B.
W. C. WESTON.
W. A. COATES.
F. B. EYKYN.
R. E. CAMERON.
J. W. DARLING.

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

> CHAPLAIN. THE REV. W. S. THOMSON.

STEWARD. JOHN M'INTOSH.

CLERK OF	W	ORKS		
HEAD GARI	E	NER .		
STOREKEEPP	IR	(West	House)	
,,		(Craig	House)	
DISPENSER				
SECRETARY				
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ROBERT CLARKE. THOMAS ORMISTON. INNES GRANT. FREDERICK WOMACK. MISS HENDERSON, M.P.S. MISS ROSE.

## Nursing and Domestic Staff.

------

CRAIG HOUSE

LADY SUPERINTENDENT. MISS WISE.

### MATRONS OF VILLAS, &C.

OLD CRAIG -		-		-	MISS SPENCE.
SOUTH CRAIG		-	-	-	MISS DARNEY.
BEVAN HOUSE		-		-	MISS BALL.
CRAIG HOUSE					MISS CRAIG.
					MISS MACAULEY.
LADIES' HOSP.	ITAL	-	-	-	MISS HINEY.
					MISS GRAHAM.
					MISS KERR.
					MISS WATT.
NIGHT SUPERI	NTEND	ENT	-	 -	MISS NICOL.

Assistant Matron. Miss CLAYTON.

## HOUSEKEEPERS-MISS MURRAY AND MISS HERDMAN.

Assistant-MISS ARMIT.

Sewing Mistress. Miss WEBSTER.

> CLERKESS. MISS WOOD.

## WEST HOUSE.

#### MATRONS.

MISS HEARDER-Female Department. MISS THYNE-Male Department.

## ASSISTANT MATRONS.

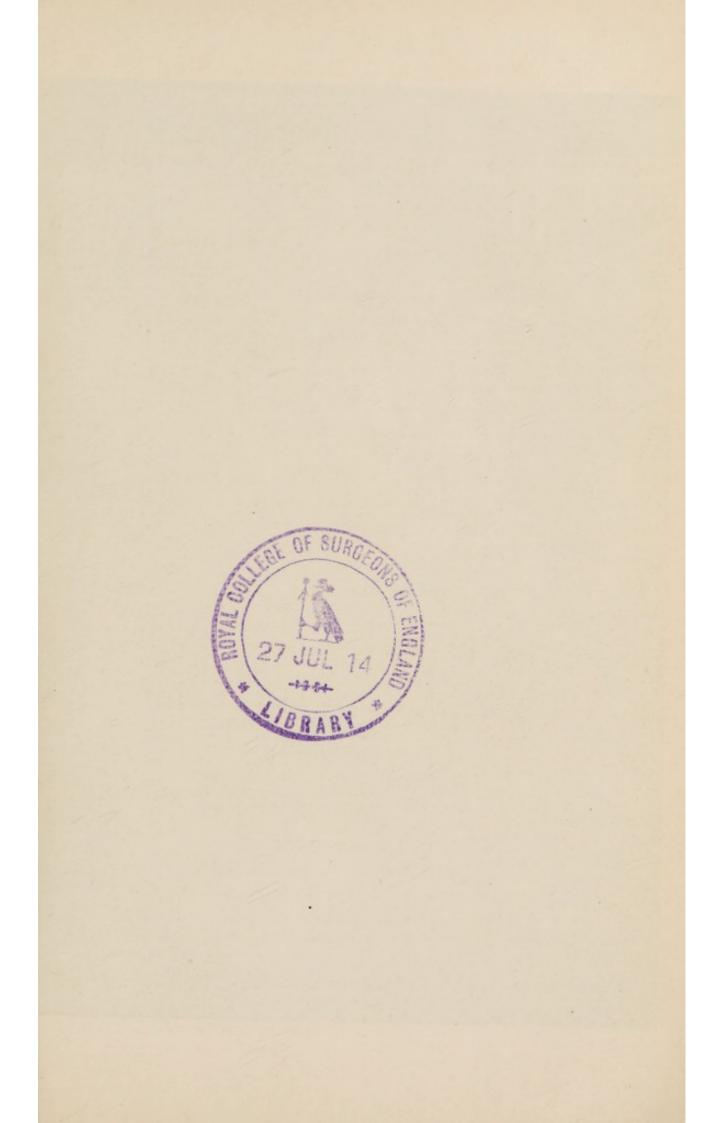
MISS FORBES (Edinburgh Royal Infirmary). MISS ARROWSMITH (Ancoats Hospital, Manchester). MISS DE LAPPE (Dundee Royal Infirmary). MISS PATTERSON (Western Infirmary, Glasgow). MISS M'KEITH.

NIGHT SUPERINTENDENT. MISS CLARKE (Edinburgh Royal Infirmary).

KITCHEN SUPERINTENDENT. MISS MILLER (Edinburgh School of Domestic Economy). MISS BEVERIDGE (Do. do.) Assistant.

> LAUNDRY SUPERINTENDENT. MISS WHITE. MISS BELL, Assistant.

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# REPORT

## OF THE

## ORDINARY MANAGERS

## OF THE

## ROYAL EDINBURGH ASYLUM FOR THE INSANE

## For the Year from

1st October 1912 to 30th September 1913.

THE Managers feel that in submitting their Annual Report for the year to 30th September 1913 they must refer, in the first instance, to the passing of the Mental Deficiency and Lunacy (Scotland) Act, 1913, the most important measure of its kind which has for many years become law, and one the far-reaching effects of which it is impossible to foresee. The Act, which comes into operation on 15th May next, is divided into two parts. The first deals with the segregation and treatment of idiots, imbeciles, feeble-minded persons and moral imbeciles, and the administrative and financial machinery in connection therewith. The second part makes some slight alterations on the existing lunacy law and powers of the Lunacy Commissioners. The first part of the Act the Managers welcome as supplying a long felt want. It does not, at least in the meantime, directly affect the Institution under their charge, although it may be that they will have to consider the advisability of providing some of the accommodation that may be required in the future for the mentally deficient who come under its provisions. Indirectly it cannot but have a most beneficial effect in decreasing the spread of mental disease. Idiots have, of course, for long come under the provisions of the Lunacy Statutes, but the other classes dealt with have been free of control. There was no authority which could be invoked

to protect them from harm, or to prevent them from becoming a burden to the community by their irresponsible and antisocial conduct.

The second part of the Act practically incorporates Lord Pentland's Lunacy Amendment Bill of 1911, which was allowed to drop, and to which reference was made in last year's Report. To several of the provisions of that Bill the Royal Asylums objected, and they agreed to act in unison in opposing these when incorporated into the measure at present under discussion. The Managers are glad to be able to report that their opposition was entirely successful, the Government ultimately agreeing to delete some of the provisions objected to, and to alter others so as to meet their views.

An attempt was made to have a clause added to this Act making it permissible for Royal Asylums to come under the provisions of the Asylum Officers' Superannuation Act, 1909 also referred to in last Report, but this was found to be impracticable, as the one measure dealt exclusively with Scotland, while the other applied not only to Scotland but to England and Ireland as well. This most important matter is, therefore, still under consideration.

With these preliminary remarks, the Managers now beg to refer to the Institution under their charge.

## CRAIG HOUSE.

The average daily number of patients under treatment in this department for the year was 218, being an increase of 3 in comparison with the average for the preceding year.

Some small structural alterations have been made on the buildings, but nothing of such importance as to call for special mention.

That the department maintains its high reputation is shown by the large and increasing number of patients who are sent there for treatment from all parts of the country, and from England.

## WEST HOUSE.

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

	Year to 30th Sept. 1912.	Year to 30th Sept. 1913.	Increase.	Dec	rease.
Intermediates at £60	6	5		-	1
Do. at £45	163	171	8	-	_
Private patients at £32, 10s. Rate-paid patients at £34, 10s.	72	76	4	- 1	-
(including clothing)	294	300	6	-	
	535	$552 \\ 535$	18 1		1
Total Increase -		17	17	-	
performed for that departm House patients - Total ordinary income Deduct—	-	-	1,039 £22,467		$\frac{9}{1}$
1. Payment for ordinary maintenance, including	1 500 1				
interest of debt, etc £2	1,582 1	8 4			
<ol> <li>New capital expenditure -</li> <li>Capital instalment to-</li> </ol>	1,673	5 0			
wards Sinking Fund -	2002				
	2,005 8	5 5			
	2,005 ;	5 5	25,259	8	9

Of this deficit  $\pounds 687$ . 3s. 10d. pertains to intermediate patients.

The following table shows the cost of maintenance of the two classes of West House patients for the year to 30th September 1913, based on the hypothetical assumption that the Managers have charged the full sum authorised by the Court of Session towards liquidation of debt, and have also charged the year's capital expenditure :—

	Cost in Year to 30th Sept. 1913.			n Rat Board		Deficit on each Patient.			
Each intermediate patient Each rate-paid patient	£ 50	<sup>8.</sup> 3	d. 6	£ 45	*. 8	d. 6	£ 4	<sup>8.</sup> 15	<i>d.</i> 0
and patient at the low- est rate of board -	40	2	7	34	10	8	5	11	11

The details of these figures will be found on page 54.

The rates charged in the West House have met the ordinary cost of maintenance. They have, however, been insufficient to meet any part of the new capital expenditure and have failed to meet the statutory contribution towards the liquidation of debt by no less a sum than £1,118. 13s. 8d. This result was foreshadowed in last year's Report, and the Managers then stated that should their anticipations be realised they would have no alternative but to raise the rates of board for West House patients.

The rates of board were last raised in 1905 (rate-paid patients from £33. 4s. to £34. 10s.), when the Edinburgh Parish patients began to be removed to Bangour and when the West House was still very much overcrowded. This increase in rates resulted in a small surplus being shown at the close of that year, but since then there has been an uninterrupted succession of deficiencies. These deficiencies were due (1) to the large decrease in the number of patients through the removal to Bangour of the Edinburgh Parish patients, and to the impossibility of effecting a proportionate decrease in the fixed charges; (2) to considerable capital expenditure in renovating the West House; and (3) to the gradual increase in the cost of living. It may be asked why, looking to these deficiencies, the rates of board were not raised years ago. The answer is that the Managers considered that new capital expenditure should not be charged as a whole but should be spread over a series of years, and they hoped that as the number of private patients increased the ordinary income would soon be again sufficient to meet both the ordinary outgoings and the payments towards the liquidation of debt. Had the cost of maintenance remained stationary the hopes of the Board would have no doubt been realised, but, unfortunately, though the number of private patients has slowly increased, there has been a more than corresponding increase in the cost of maintenance. The reasons of this increase are twofold—(1) the general rise in the price of nearly all commodities throughout the country, and (2) legislation directly affecting Asylum administration.

As illustrating the first of these, reference may be made to the cost of West House provisions, which has increased during the last three years by over £880, and to the cost of coal, which has increased by nearly £240. When it is mentioned that the cost of feeding the rate-paid patients in the West House is less by £1. 16s. 1d. per head than the cost of feeding these patients at Bangour, it will be realised that the increase in the cost of provisions is not the result of extravagant administration, but of force of circumstances alone. In fact, the West House officials must be congratulated on the careful supervision which has prevented the increase under this head from being considerably greater than it is.

Of legislation directly affecting Asylum administration, reference may be made (1) to the National Insurance Act, which has added over  $\pounds 60$  per annum to the West House expenditure, and (2) to the Bill to limit the hours of employment of officers and servants in the Asylum and to provide more offduty time for them. The provisions of this latter measure, although they have not become law, have been more or less adopted in all Asylums, and by necessitating a considerable increase in the staff have cost the Royal Edinburgh Asylum an addition of at least  $\pounds 200$  in wages and food for the West House alone. That this sum is not considerably greater is due to Dr Robertson's careful re-arrangement of the work of the staff, for when the Bill was before Parliament the additional cost of the proposals was estimated at over £350.

Looking to the fact that so many of the patients in the West House are rate-paid and chargeable to various parishes, it may not be out of place to refer to the cost of those rate-paid patients who are treated in District Asylums. On page 91 of the Fifty-Fifth Annual Report of the General Board of Commissioners in Lunacy for Scotland will be found a table setting forth the total cost per head of rate-paid patients

in each of the District Asylums in Scotland for both maintenance and providing expenditure. This total cost ranges from £64. 2s. 3d. for each patient at Bangour to £26. 16s. for each patient in the Banff District Asylum, the average cost being £41. 4s. 3d. It is, however, unfair to judge of the cost of maintenance in all these District Asylums on the same basis, for it is obvious that a recently built asylum cannot be compared with one built more than thirty years ago, as the former has to include in its expenses the large contribution towards the Sinking Fund of its heavy initial outlay, which the latter has liquidated. The West House can hardly be included under either group, for, although it liquidated many years ago its initial expenditure, it incurred heavy liabilities since in modernising and improving its buildings, and these expenses it has not yet paid off. In spite of this fact, however, the total cost of each rate-paid patient in the West House amounted to £40. 2s. 7d., which is £1. 1s. 8d. less than the average cost of patients in the District Asylums.

It has also to be borne in mind in comparing the figures of Royal and District Asylums that as yet the latter have practically no expense to meet in the way of pensions, although they will shortly have to do so, while several of the Royal Asylums have at this time a heavy pension roll. The proportion falling on each West House patient of the expense of the pensions payable by the Royal Edinburgh Asylum amounts to about £1. 6s. 8d. per annum, and this item is included in the above-mentioned sum of £40. 2s. 7d.

The foregoing figures are evidence that the cost of maintenance at the West House is far from being excessive, and the Managers are afraid that it will be found necessary to increase the rates of board paid for parochial patients and patients at the lowest rate of board by something like £1. 10s., and for intermediate patients by £3. The result of changes on these lines would be to increase the amount of boards to be received for the former classes of patients by £564, and for the latter by £528, making in all an increase of £1,092. This, with the addition of a few more patients to the population, would allow of the instalment to the Sinking Fund being paid in full. The Managers feel, however, that their position would be greatly strengthened if they were acting in this matter in consort with the other Royal Asylums, and they would suggest that the Corporation at the Annual General Meeting should empower them to raise the rates of board to such an extent as may seem to them to be necessary after consultation with these bodies. The great advantage of such joint action has been clearly demonstrated during the last few years.

Before leaving the question of rates of board, the Managers would remind their constituents that although the current Sinking Fund comes to an end at 31st December next, there will be still a debt of over £20,000 due by the West House at that date, and that it will be necessary to commence a new Sinking Fund. Seeing, however, that the debt to be thereby wiped out will be less by about £25,000 than the debt being liquidated at present, it follows that the annual instalment to the new Sinking Fund will be considerably less than the present instalment, and this may permit of a reduction in the rate of board at an early date.

Turning from the finances of the West House to the buildings themselves, the Managers have to report that during the year the kitchen department has been remodelled, the area having been increased and entirely new plant provided. The improvement thus effected has not only simplified and improved the culinary arrangements and added greatly to the comfort of those employed in the kitchen, but has, through the introduction of additional hot plates and hot chambers, facilitated and improved the service of the food.

In order to bring the West House fully up-to-date, two improvements are still necessary, viz.: (1) the installation of electric light in the buildings, and (2) the renovation of the heating system. In connection with these improvements Dr Macpherson, one of His Majesty's Commissioners in Lunacy, writes as follows in his Report of December 1913:— "It is learned with approval that the Managers have under "their favourable consideration proposals for lighting the "West House with electricity, and for heating the wards and "dormitories with hot water."

The Managers hope to be able to undertake one or other of these improvements during the current year, and are already making inquiries in regard to them. When they have been executed the West House will be fully abreast of the times, and not likely to require any heavy capital outlay for many years to come.

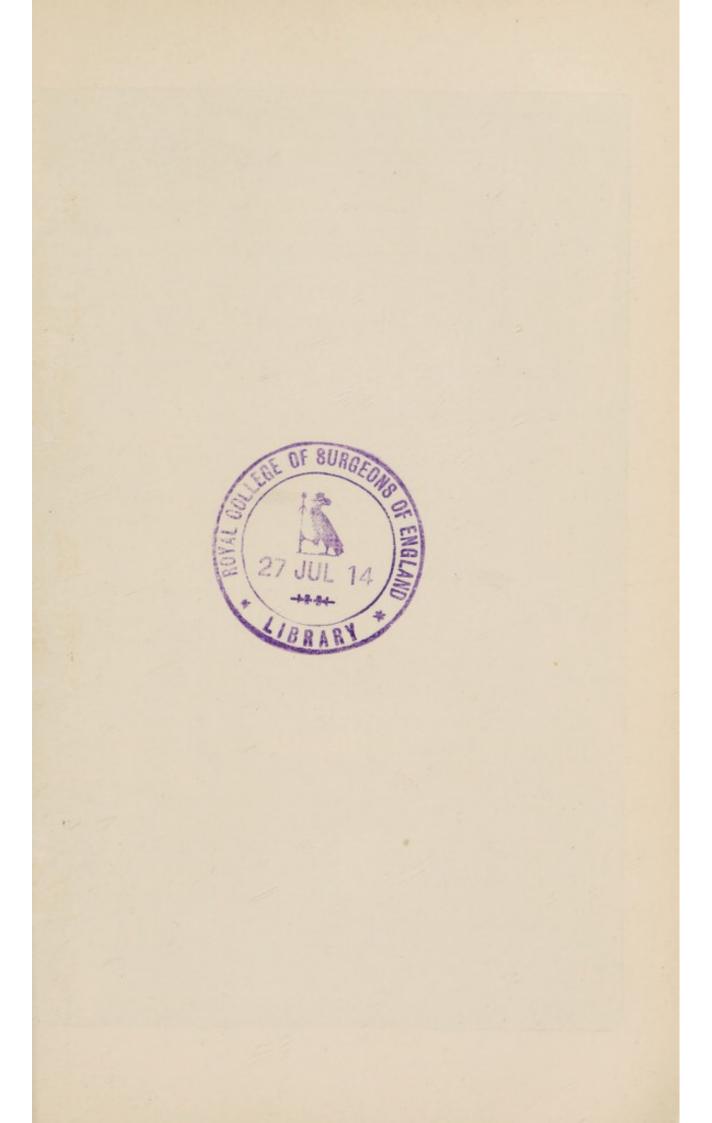
During the year the Board, with the assistance of a grant from the Carnegie Trust, has made an entirely new departure in asylum work in this country by the appointment of what is termed in America a "Field Worker." The duty of this official, who is a medical man, is to inquire into the genesis and social surroundings of cases admitted to the Asylum. In many cases the cause of the attack of insanity is directly attributable to environment, and to send back to the same environment a cured case is but to invite the recurrence of the disease. It is hoped that through the investigations of this new official individual causes of insanity, of which the doctors in the Asylum are necessarily ignorant, will be brought to light, and where possible will be removed.

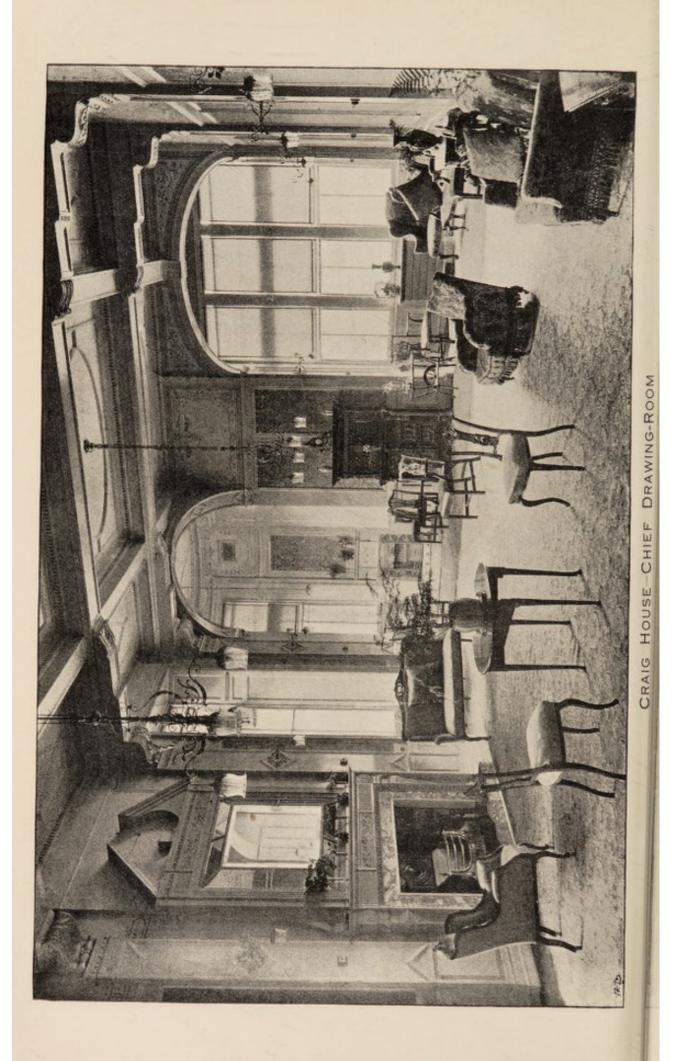
The Asylum was visited by Dr Marr on 17th, 18th, and 19th June 1913, and by Dr John Macpherson on 8th, 9th, and 10th December 1913. As copies of their Reports will be found on pages 46-50, it is unnecessary for the Managers to refer to them more than by giving the following two short extracts. Dr Marr, writing of the administration in general, says: "The attention given to the patients in the "hospitals in particular, and generally throughout the Insti-"tution, by the Medical Officers fully maintains the high "traditions of the past, and is most commendable.

"The management continues to be most active and able, "and is characterised by much courage and earnestness."

Dr Macpherson, referring to the alterations in the West House kitchen, writes: "Among the many changes and "alterations in the internal construction of the Asylum, the "renovation and reconstruction of the kitchen at the West "House is the most important. The department has been "beautifully tiled and fitted with the latest type of cooking "apparatus, including a complete system of hot plates and "hot chambers for keeping the food warm before it is served."

In conclusion, the Managers have, as on former occasions, the pleasure of recording their high appreciation of the





services of Dr Robertson, and of the Assistant Physicians, Chaplain, Matrons, and others who have so loyally and ably furthered his efforts, and done so much to promote the interests of the Institution.

The Reports of the Charity Committee and the Bevan Fund Committee 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.

In name of the Managers,

JAMES ADAM, Chairman.

# REPORT

OF

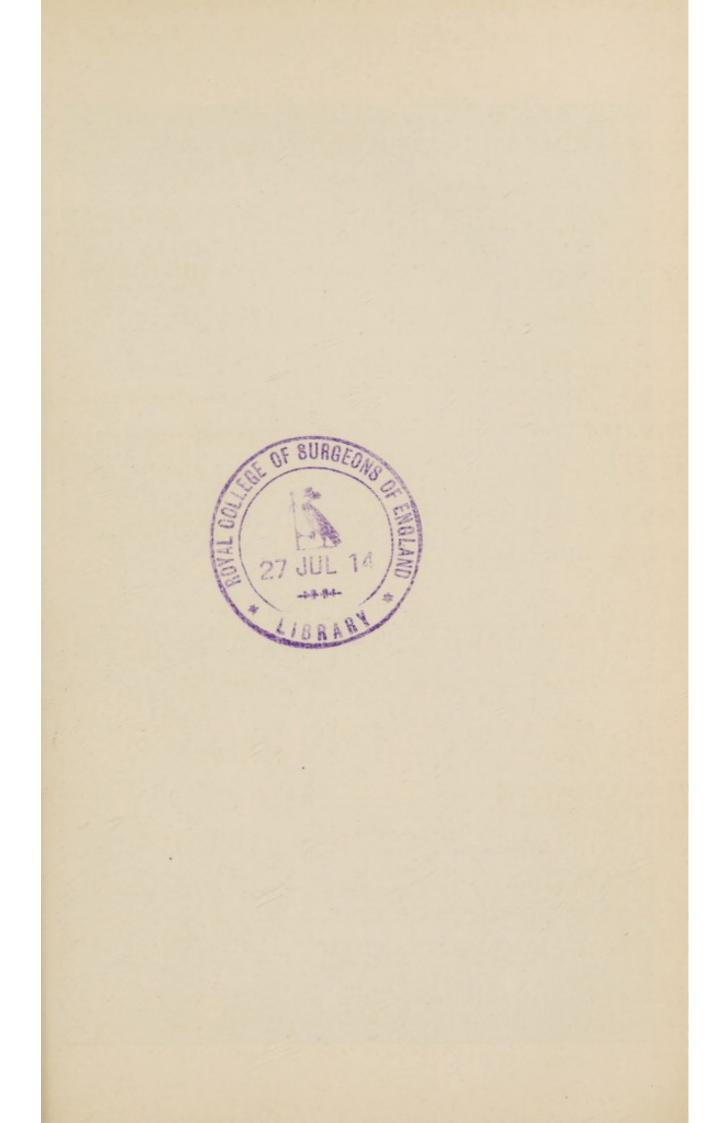
## THE CHARITY COMMITTEE OF MANAGERS

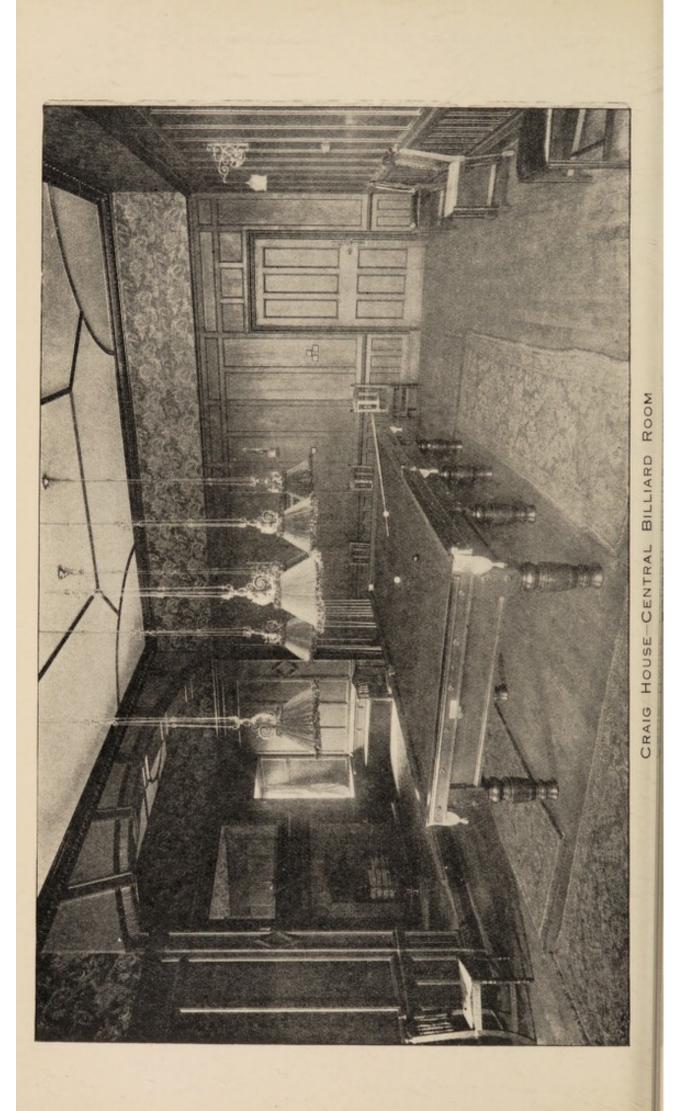
### OF THE

## ROYAL EDINBURGH ASYLUM FOR THE INSANE

For the Year ending 30th September 1913.

The Account of the Treasurers' Intromissions
with the Charity Fund is herewith sub-
mitted :-
The Fund amounted at 30th September
1912 to £10,301 1 7
To which falls to be added the share of
residue falling to the Asylum from the
estates of Mr William Mason and his
Sisters 347 15 0
The Ordinary Income from In-
vestments for the year
amounted to £367 14 10
Return of Income Tax for last
three years to 59 2 2
Subscriptions received from
the public to 38 12 9
Thus raising the gross In-
come to £465 9 9
The Ordinary Expenditure dur-
ing the year for the benefit
of patients was £292 1 3
And the Expense
of Management
was 12 0 7
Making the Total Expenditure 304 1 10
making the rotar Expenditure 504 1 10
Sumlus of Income over Energy 14 101 F 11
Surplus of Income over Expenditure 161 7 11
Amount of Fund at 20th Castan 1
Amount of Fund at 30th September
1913 $\pm 10,810$ 4 6





The total number of patients relieved during the year was 29, and the number on the roll at the close of the year was 28.

Along with the Account of the Charity Fund, the Committee beg leave to submit the Account of the Treasurers' Intromissions with the Bevan Trust Fund.

At 30th September 1912 the Fu	nd am	ount	ed		
to	-	-	-	£12,658 11	8
The Ordinary Income during the					
year amounted to -	£449	2	4		
Return of Income Tax for last			-		
three years	78	3	9		
m. II	0505	0	1		
Total Income -	£527	0	1		
The Ordinary Expenditure for					
the benefit of					
patients was £396 5 9					
Expense of					
Management 16 1 11	419	7	8		
		1			
Surplus of Income over Expendi	iture	-	-	114 18	5
Amount of Fund at 30	th Sen	tem	ber		
1913	-	-		£12,773 10	1

The number of patients relieved during the year was 31, and the number on the roll at the close of the year was 26.

It will be observed that the surplus income in both cases is largely due to the recovery during the year of the Income Tax paid during the last three years.

> JAMES A. RUSSELL, Convener.

# Physician-Superintendent's Annual Report for the Year 1913.

My Lord Provost and Gentlemen,

I have the honour to submit the Physician-Superintendent's Report for the year 1913.

On the 1st day of January the total number of patients on the Register was 784; and on the last day of the year, 796. There was thus an increase of 12 patients.

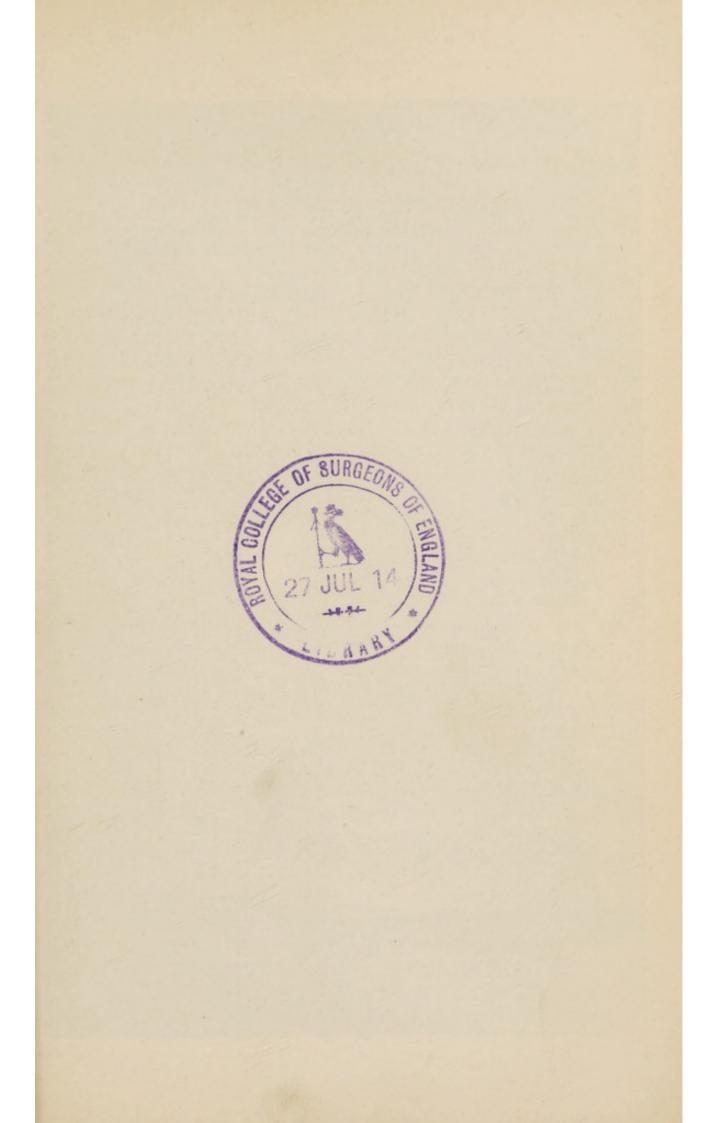
The number of Admissions was 238, of Discharges 142, and of Deaths 82; and a summary of these changes in the population is given in the following table :—

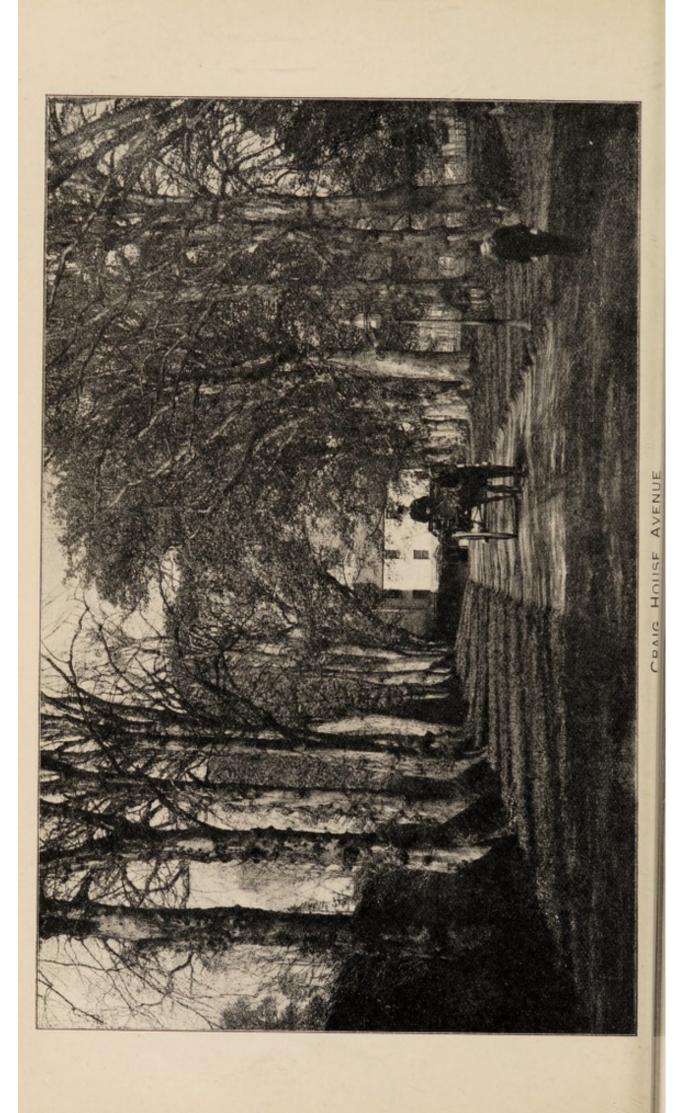
			М.	F.	Total.
On the General Regi	ster, 1st	Jan.			
1913	-	-	373	411	784
Admitted	-	-	125	113	238
Under Treatment during the Year			498	524	1,022
Discharged-Recovered	ed -	-	29	30	59
Discharged-Unrecov	ered	-	41	44	85
Died	-	-	45	37	82
Removed during the Y	Year	-	115	111	226
Remaining on General Register,					
31st Dec. 1913 -	-	-	383	413	796

## THE ADMISSIONS.

The total number of admissions was 238, or 16 more than in the previous year, and 59 more than in the year 1911.

No deductions can be drawn from these figures as to the amount of Mental Disease that exists, or whether there is an increase in the proportion of the insane to the total population or not. Since the removal of the Edinburgh parochial patients to Bangour, the Royal Mental Hospital has become every year more appropriated to the care and treatment of private patients.





Of nearly eight hundred patients (796) resident at the two separate establishments—Craig House and the West House nearly five hundred (495) are private patients. These are drawn from all parts of Scotland and from England, and no estimate of the amount or proportion of insanity can therefore be made.

Sir Arthur Mitchell thirty years ago, quoting from early documents, pointed out that this Mental Hospital "although intended more immediately for Edinburgh and its neighbourhood, is also to be regarded as a National Institution in the widest sense of that term," admitting patients "from whatever quarter they may be sent," and that on this ground subscriptions for its erection had been received, "even from the most distant parts of the British Empire." It is interesting to note, as a result of the reputation it has acquired by its management in the past, how well it is now fulfilling this object of the original contributors.

#### THE CAUSES OF INSANITY.

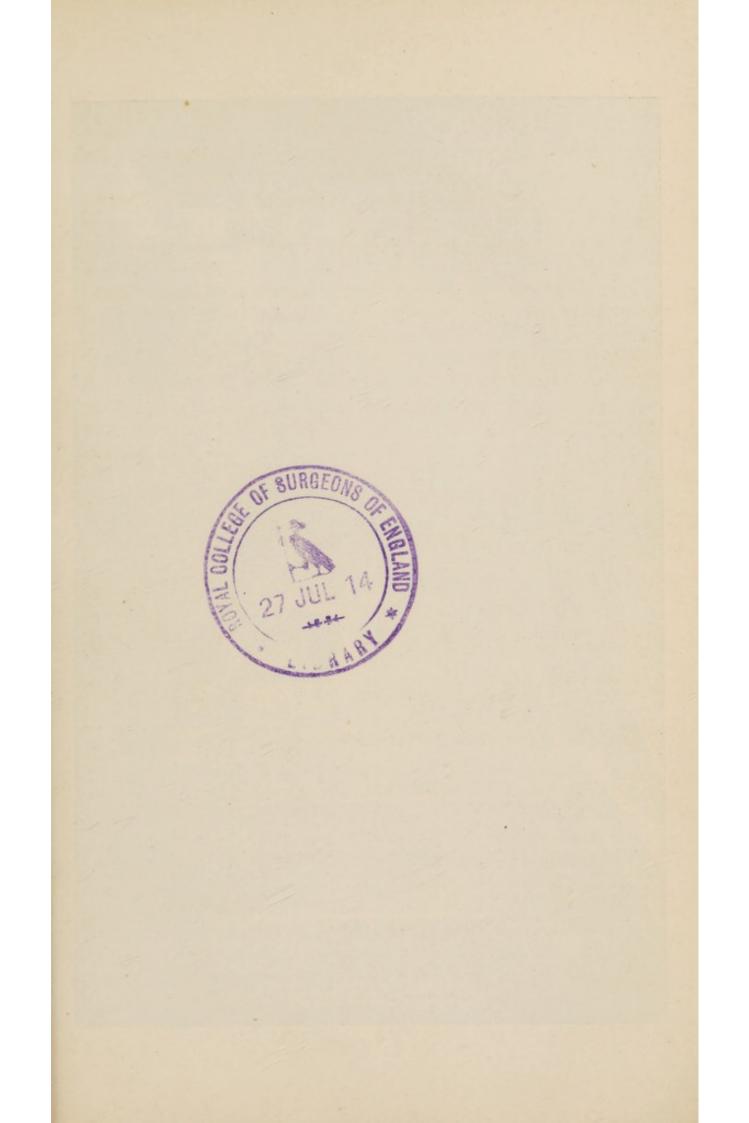
Among the causes of Insanity, hereditary influences occupied the most important place, and were found to be present in 40 per cent. of the cases.

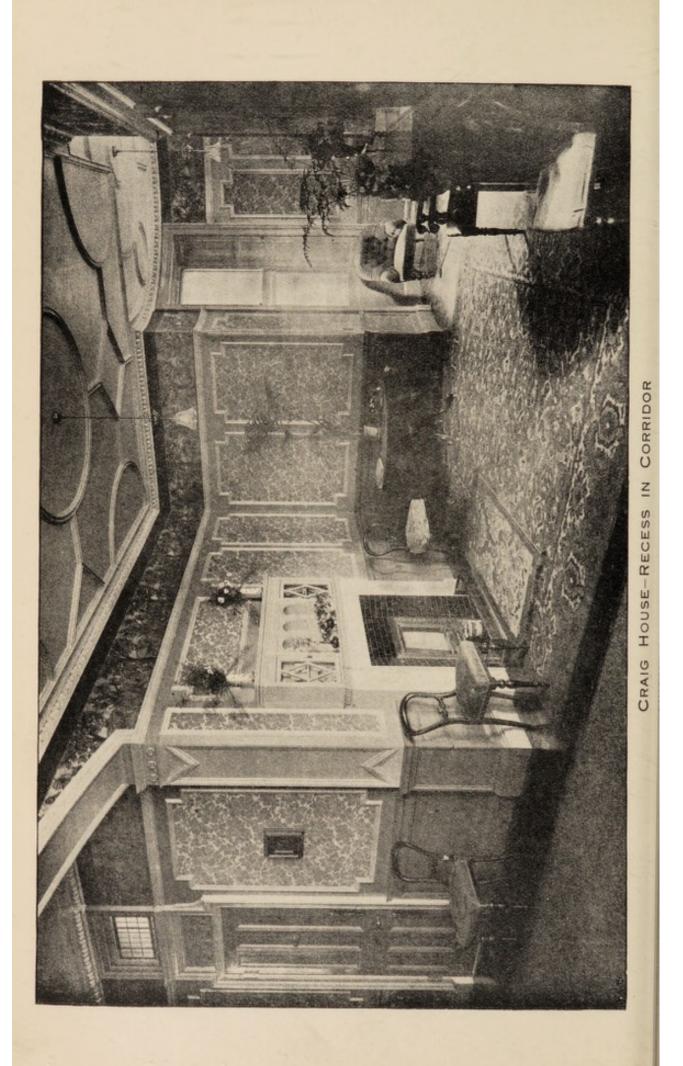
Senile decay was also a very noticeable feature last year. Of 238 admissions there were 40 persons above 65, and no less than 26 of these were above 70 years of age, or nearly one in every nine admitted. The conclusion, of course, cannot be drawn from these figures that insanity is occurring more frequently among aged persons than was formerly the case. The Census of 1911 has, however, shown us that there is a decided increase in the population above 55 years of age, and the ratio of insane persons to the population living at each age period rises steadily with the increase of age, and stands very high at 65 and above. The true explanation of the large number of aged admissions is the recognition of marked senile confusion and deterioration as a form of certifiable insanity, and the knowledge that in no other Institution is the nursing and care of these feeble and helpless, but often troublesome, patients better provided for than in our Mental Hospitals.

The commonest cause was again alcohol. It was believed to have excited the attack in 12.5 per cent. of the male cases, in

11.5 per cent. of the female, and 12.1 of the total number. The percentage for men is less, while that for women is greater than it has been during the last six years, and the percentage for the two sexes approximate more closely to one another than before. In addition to the above, in 12 per cent. of the male admissions excessive indulgence in alcohol was believed to have been a contributory or predisposing factor, though not the most important or exciting cause. It would thus appear that one fourth of the male patients drank to excess. Whatever views may be held as to the exact part alcohol plays in the causation of insanity, and there is room for much difference of opinion on this point, everyone must admit that it is a deplorable medical and sociological fact, that one fourth of the men, all of whom were liable to insanity, as events proved to be the case, were taking alcohol to excess. In only two women, apart from those already mentioned as suffering from obvious alcoholic insanity, was information obtained of over-indulgence. This must have been very short of the true number.

The fourth most frequent cause of insanity in our records is syphilitic infection, which in the case of men occupies a position second only to hereditary influences and equal in importance to alcoholic excess. Seven years ago a complicated reaction was devised, by which the presence of this disease could be discovered, and this test has been extensively applied to children and adults seeking treatment in hospitals, and also to the admissions in certain mental hospitals. Evidence has thus been obtained that among the sick and the weakly attending hospital the disease exists in latent and unsuspected form in a considerable percentage. It is, however, in nervous and mental diseases that the most surprising information has been obtained. At the Glasgow Mental Hospital at Gartloch, where such researches have been systematically carried out, it was found that a fourth of the women admitted there suffered from this disease, and considerably more than a third of the men. Dr Kate Fraser and Dr Watson also examined 200 cases of mental deficiency in young subjects, and found that more than a half of these, of every grade of severity, also suffered from it. The astounding nature of this revelation can be judged by the fact that if any standard work on mental deficiency be consulted, the statement is made that this disease is not an important cause of idiocy or imbecility, and that 5 per cent. would more





than cover the cases to be attributed to it. In this group of defectives the disease is, of course, an innocently acquired infection, and for their sakes, if not for the sake of all sufferers, it is hoped that adequate measures will be recommended by the Royal Commission, as has been done for other infectious diseases. The Mental Deficiency Act will be most useful and is much needed; but, pressing as the proper care of defectives is, prevention is still more important, and I feel certain before very long steps will be initiated by which in the end this disease will be abolished from the land. When this is done, some of the most fatal forms of preventible insanity, and a large percentage of cases of mental deficiency will cease to occur.

### THE INSANITIES OF THE EARLY, MIDDLE, AND LATER PERIODS OF LIFE.

It is important to note that these four causes of insanity which have been mentioned operate at different age periods. Insanity in which the hereditary factor is most prominent usually develops during adolescence and early adult life, and almost always appears before the age of 35. Insanity which is mainly the result of senile or premature decadence develops after 55 years of age, and is most marked after 65. The other two preventible factors mentioned operate during the middle period of life, and it is at this time also that the pressure of modern civilisation and the struggle for existence make most demands upon the nervous system. The first period is that of the hereditary insanities, and the last that of the insanities of decay. The middle period is that of the acquired insanities, and it is important for this reason, that measures taken for the prevention of insanity are then most likely to prove successful. One half of the insanity that occurs in men between the ages of 35 and 55 is largely preventible, and is mainly due to the two causes which have been mentioned, and from the report of the last census it appears that insanity at this period is becoming less frequent.

#### THE DISCHARGES.

Fifty-nine patients were discharged as recovered, and 81 as unrecovered. The recovery rate was thus 25 per cent. of the total number of admissions. In the previous year it was only 1 per cent. more, and it was pointed out that the lowness of the rate was partly due to the large number of senile patients among the admissions in 1912. There were then only 18 persons admitted over 70 years of age, and 28 over 65, whereas last year these numbers had swelled to 26 over 70, and 40 over 65 years of age, an increase of over 40 per cent.

The number of cases discharged as unrecovered, which includes the relieved and the not improved, is very high, and there is little doubt that some of them might have been placed among the recovered, had the test of recovery employed been a less severe one.

#### DEATHS.

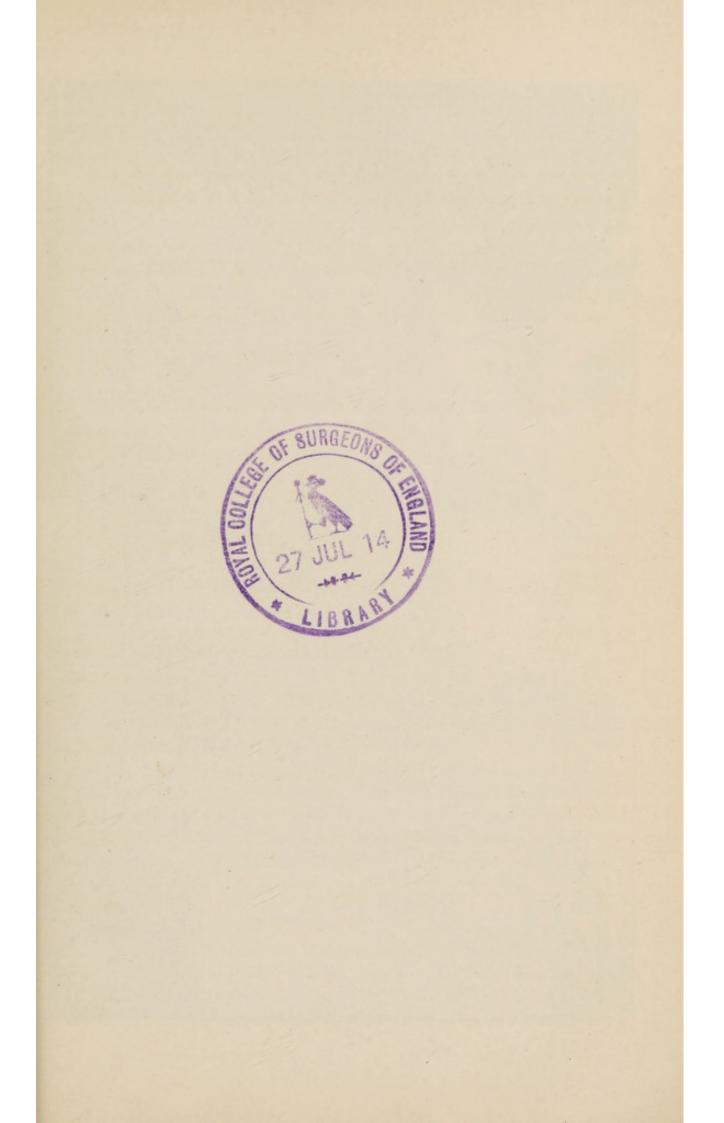
The total number of deaths was 82. This is in the proportion of 10.6 on the average number resident, and it is higher than it has been for 5 years. Twenty-two of these deaths were due to general paralysis, 7 to consumption, and 4 to cancer, and 33 of those who died were over 60 years of age.

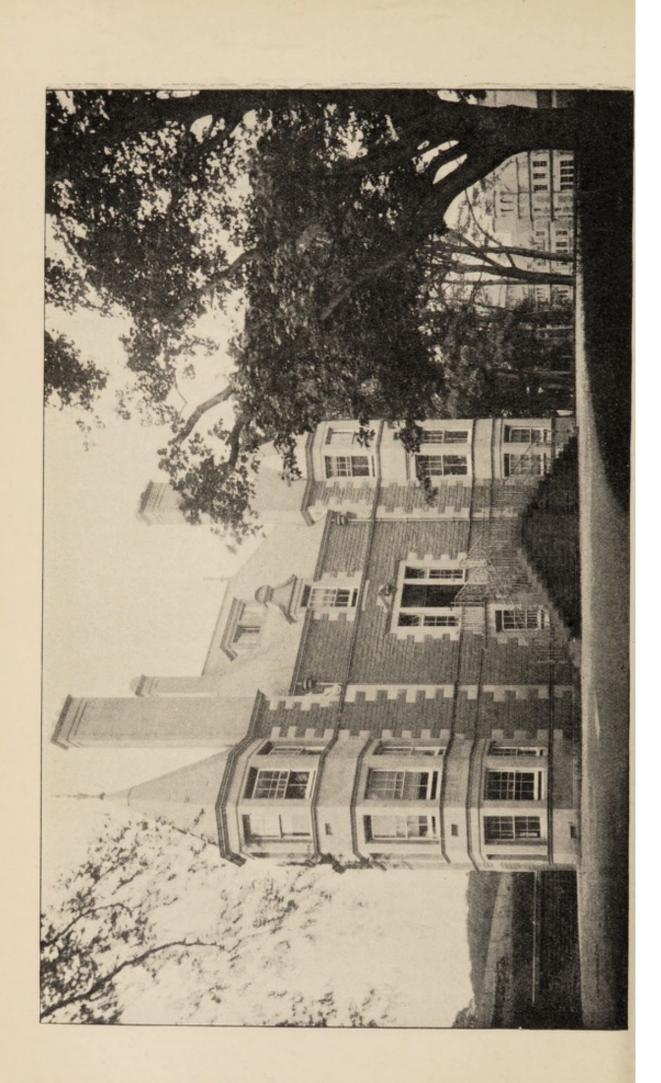
#### THE NATION'S SANITY.

Having reviewed the statistics of the institution, I pass this year, with the help of the reports of the 1911 census, to attempt to answer the question—Is insanity increasing?

It is known to everyone that the actual number of the insane has increased during the last decade. There were 15,719 persons returned as lunatics at the last census, an increase of 2,051, or 15 per cent. above the number registered at the previous census. As the general population had only increased 6.5 per cent. during the interval, the increase in the number of the insane was more than could be accounted for by the growth of the population. As a matter of fact, the frequency of insanity per 1000 of the population had increased from 3.056 in 1901, to 3.302 in 1911. These figures are, however, far from being a conclusive answer to the question under consideration.

The first objection that is taken to this calculation of relative frequency is the inclusion of the population living from birth to 15 years of age. This numbers well over a million and a half, or nearly a third of the total population, but it produces only 17 insane persons. For practical purposes it is not an insanity producing age, and the best procedure is to





exclude it altogether from our calculations. The error that its inclusion introduces is this, that if the proportion of the population living under 15 to the total population goes up, it reduces the frequency of insanity in the total population; and if it goes down, it increases the frequency, without in either case removing or adding one person to the number of the insane. Owing to the fall in the birth-rate in recent years the population under 15 years at the last census decreased in proportion to the total, and under the age of 5 it decreased in actual numbers, which has had the effect of sending up the calculated frequency of insanity in the total population.

In the next place, it is not sufficiently realised to what an extent insanity is a mere question of age, and this is brought out in the following table, which is adapted from the census report.

Relative .	Frequency of Insanity per 10,000 of the Population	
	Living at each Age Group.	

Age.			Frequenc	y. Age.			Fre	equency.
0-4	-	-	- 0	25-34	-	-	-	33
5-9	-	-	$-\frac{1}{10}$	35-44	-	-	-	57
10-14	-	-	- 15	45-54	-	-	-	82
15-19	-	-	- 4	55-64	-	-	-	99
20-24	-	-	- 15	65-74	-	-	-	97

From this table it will be seen that the number of insane persons in proportion to the population living of the same age between the ages of 55 and 74 is about three times greater than it is between 25 and 34, six times greater than between 20 and 24, twenty-five times greater than between 15 and 19, and a thousand times greater than between the years of 5 and 9. I may add that the figures relating to the age when the first attack of insanity occurs also show that the liability to breakdown mentally tends to increase with increasing years, so that the frequency rate in the table is not a mere question of accumulation.

#### STATISTICAL FALLACIES.

It is obvious from these considerations that, if there be an alteration in the proportionate number at the different age groups in two census years, a calculation of the frequency of insanity in the whole population will be very misleading for

purposes of comparison. This is exactly what has happened in Scotland, and the changes are such as make it appear that there is an increase in the amount of insanity. Owing to emigration, the population between the years of 15 and 34 has decreased in number proportionately to the whole,-between 15 and 30, the numbers are actually less than they were at the previous census. These are the years that produce least insanity, and the effect of this movement of the population is therefore to create an apparent increase of insanity in the total population. On the other hand, there is an actual and proportionate increase of the population above 54 years of age, the period of life at which persons are most liable to insanity, and the effect of this also is to add to the apparent increase of insanity. These and others factors in the calculation are well known to experts, but the general public has not grasped the fact that a diminishing marriage-rate, birth-rate, and death-rate, and a great emigration of young adults, have a most disturbing effect on the apparent amount of insanity in the total population.

When asking the question "Is insanity increasing?" what the public want to know is whether the liability to insanity is greater than it formerly was. It cannot be answered in a simple way by dealing with the population as a whole or as a homogeneous unit. I shall, however, give as direct an answer as possible, but I shall divide the population in four groups.

# I. Children's Group.-0-14 years (1,536,637 persons).

The first group, comprising over a million and a half of persons under 15 years of age or a little less than a third of the total population, need not be considered at all, as the amount of insanity at this age is negligible. There were eleven insane persons enumerated in the previous, and seventeen in the last census, of whom three at least were really imbeciles or idiots, and erroneously recorded. The increase of population at this period at the last census only amounted to 41,247.

## II. Early Adult Group.-15-34 years (1,623,494 persons).

The second group, consisting of persons between 15 and 34 years of age, comprises rather more than a third of the total population. There is a slight increase of insanity at this period from a frequency of 1.878 at the previous census to 2.008per 1,000 now. Allowing for the increase of the population, which only amounted to 39,989, this is estimated to correspond to an increase of 149 insane persons. It is at this period that the hereditary insanities chiefly appear, but no conclusions can be drawn, because, owing to the amount of emigration, the population from 15 to 29 years of age, instead of increasing 90,000 or more, actually decreased in number. As strict immigration laws are now in force, it may be assumed that almost all those who emigrated were in good health and of sound mind, whereas those mentally affected have stayed with us, and this residuum may account for the slight increase in the proportion of the insane. If 80,000 sane emigrants of this age period had remained at home, there would have been no increase of insanity.

#### III.—Middle Age Group.—35-54 years (1,047,100 persons).

The third group comprises the middle period of life, subject to the acquired or preventible insanities, and includes more than a million persons. The frequency of insanity during this important period is less than it was at the previous census, and has fallen from 7.06 per 1,000 to 6.776. Allowing for the increase of the population, which is very considerable and amounts to 138,432, there is an estimated decrease of 303 insane persons. As it is during this period that the nervous stresses of modern civilisation are chiefly borne, and the penalties for alcoholic and other excesses are usually paid, the fears of those who regard the race as becoming decadent and succumbing to these conditions are found to be groundless. There is no clear proof that the exactions of a strenuous life tend to increase the amount of insanity, and there is evidence to the contrary. Insanity is most prevalent, not in busy cities, but in rural districts with a stationary or falling population, but the reason for this greater prevalence may be the emigration of the young and the fit.

#### IV. Old Age Group.-55 and upwards (553,294 persons).

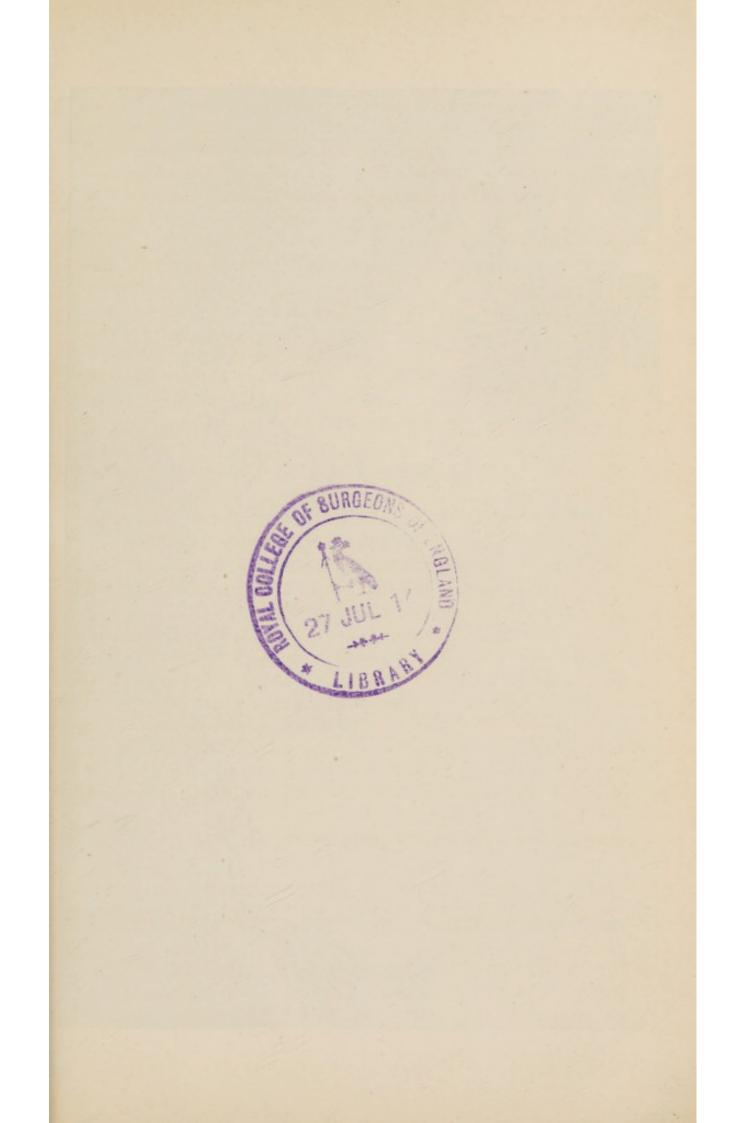
The fourth group consists of those who are 55 years of age and upwards. It contains a population of over half a million, and at this period the insanities due to either premature or natural decay are those most frequently met with. It was found at the last census that insanity at this period had become decidedly more prevalent, and its frequency had risen from 8.786 to 9.640 per 1,000. Allowing for the increase of population, which was very considerable (68,466), it is estimated that there were 467 more persons who were insane at this period than at the previous census.

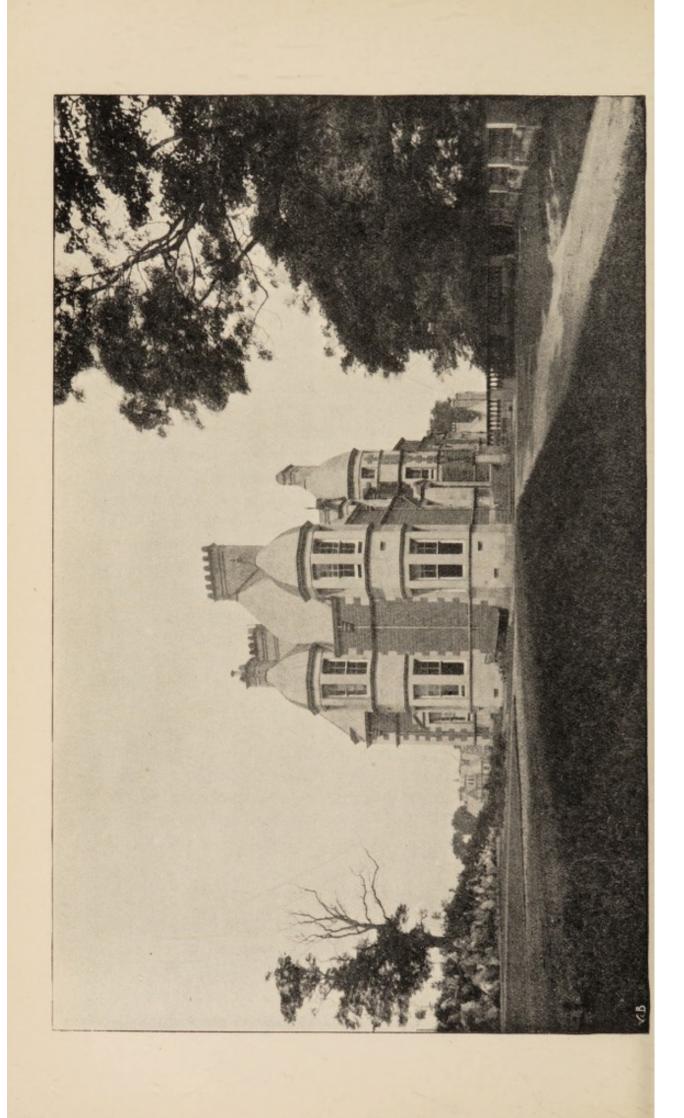
The reduction of the death-rate and the prolongation of life may have been the means of intensifying the invalidism of this period, but it is probable that there is a wholly different explanation of the apparent increase of senile insanity. The children of these aged patients no longer marry and settle down beside them, but, thanks to modern facilities and the spirit that is abroad, scatter over the country or emigrate. The duty of caring for their aged parents, therefore, in many cases falls in time on the authorities, and they have found that if certifiable, they are better cared for in the infirm wards of mental hospitals than anywhere else. The increase of insanity at this period probably means little more than a different method of caring for the aged, in its nature an acknowledgement of the improvements in our mental hospitals, and an indication of social changes but not of mental disease. Our own admissions last year appear to confirm these deductions.

In conclusion, it is found that there has been during the last decade a proportionate increase in the number of insane persons living during the early adult and late period of life, but a decrease during the middle period. There is reason to believe that the liability to suffer from mental disease may not have increased at the early and late periods, and may have diminished during the period of middle age. It is at this middle period that the acquired or preventible insanities chiefly occur and the effects of temperance, self-control, adequate nourishment, and healthier surroundings would first appear.

### "FIELD WORK" IN MENTAL DISEASE.

It is known that the Royal Mental Hospital maintains a laboratory of its own, and expends about £750 a year on clinical and pathological researches, for the purpose of investigating the nature of insanity. Last year I had the honour for, the second time, to deliver the Morison Lectures on Insanity,





which were mainly based upon our laboratory work on the nature of general paralysis. A new departure has been made this year, and the Institution is paying for the working expenses of a physician, who receives a grant from the Carnegie Trust, whose sole duty it is to visit the homes and families of the parochial patients sent to the Institution. For the first time in this country, a detailed investigation by the personal inspection and inquiries of a medical man is being made into the possible hereditary and environmental causes of the insanity of the cases admitted. Such an investigation, while extending and making for the accuracy of our information, cannot fail to throw light on the causation of insanity in general, and of acquired insanity in particular, and, in the event of our patients being discharged, may be the means of suggesting such measures as will prevent many from relapsing into insanity again.

#### THE ROYAL MENTAL HOSPITAL.

It is surprising how ignorant many of the inhabitants of Edinburgh, well informed in other matters relating to their city, are of the Mental Hospital in their midst. This is probably due to the fact that extreme privacy is maintained for the sake of the patients. The original establishment was built by voluntary subscriptions, and during the 100 years the Institution has been serving the public, it has succeeded so well that it is now of great size and importance and quite self-supporting. It is managed by an independent Board, many of whom are members in virtue of high official position. The President of the Royal College of Physicians, for example, is a member, and it was a former President who originally proposed the establishment of a mental hospital. The Annual Meeting is presided over by the Lord Provost, and a former Lord Provost was Chairman of the original Committee which advocated the scheme. The Principal of the University is on the Board, and is the successor of a former Principal who penned one of the first appeals to the public for subscriptions. The Institution is therefore most closely bound up in origin and in government with the other great corporations of the city.

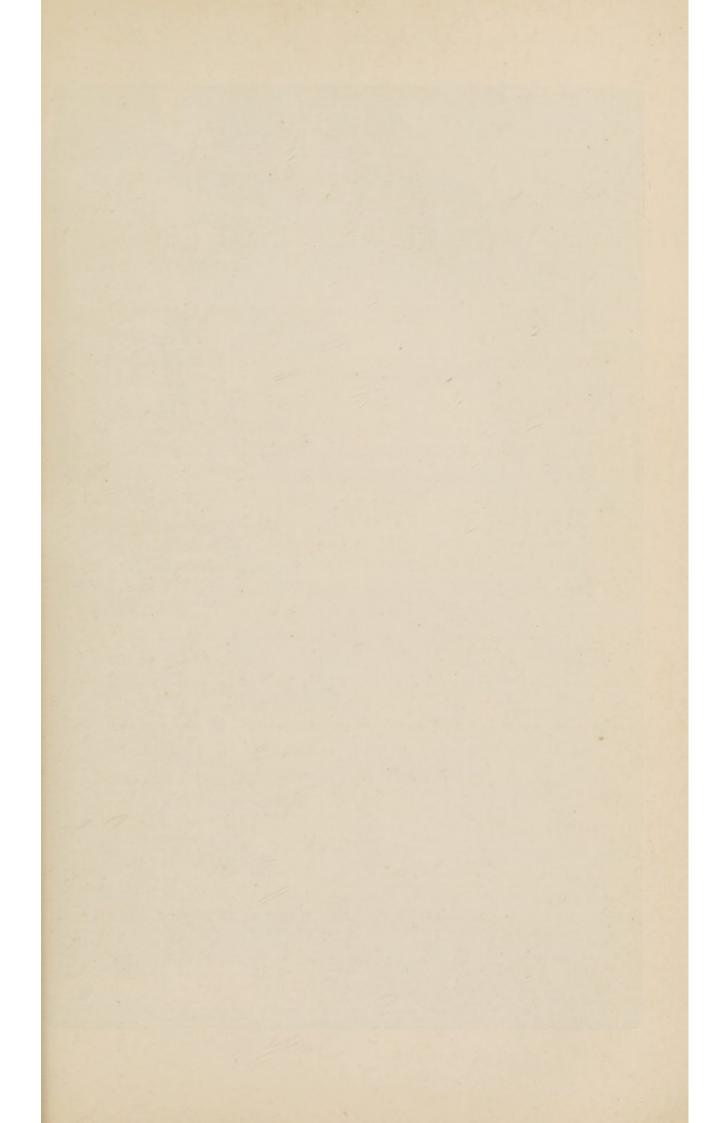
#### CRAIG HOUSE.

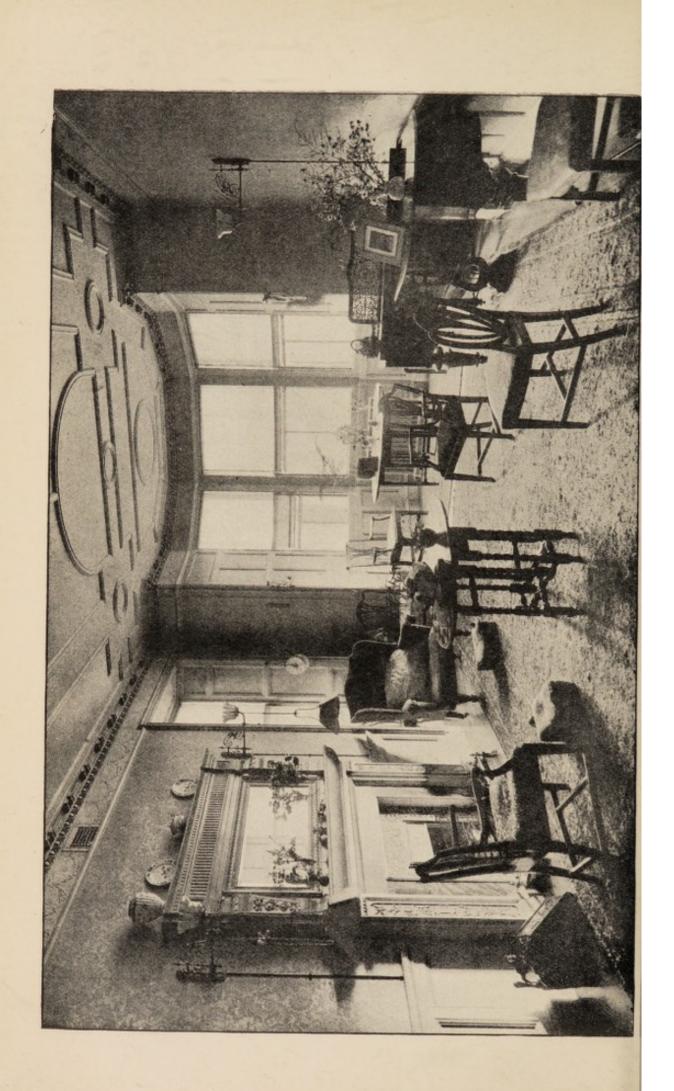
Craig House and the West House are quite distinct establishments in separate grounds. The former is entirely devoted to private patients paying the higher rates of board ( $\pounds 2$  a week and upwards) and every form of accommodation is provided. The number of admissions last year was greatly in excess of the average, and the number of patients treated was higher than it has ever been.

An interesting event last year was a luncheon given by the managers to a deputation of thirty Russian physicians engaged in the care of the insane, who had attended the International Medical Congress. Some observations made to me by the two leaders of this party may be recorded. Professor Serbsky informed me that the system and the accommodation for the treatment of mental disease at Craig House were the most impressive things he had seen in this country. Professor Bagenoff begged to amend this statement. He said he was very glad his pupils had been fortunate in seeing in actual form what would serve as an ideal to them ever after. What impressed him most, however, was the degree of culture that must exist in a country in which such things were rendered possible, for the treatment accorded to the insane was a reliable test of a country's civilisation. In my own opinion this applies with greater accuracy to the care of the rate-paid insane, and Scotland has every reason to be satisfied with the reputation it has gained by the treatment given to this class in the District Asylums of the country.

#### THE WEST HOUSE.

The West House provides accommodation for private patients paying low rates of board, and for the parochial patients of Edinburgh, Leith, and Orkney. The Managers have every year lately spent considerable sums in improving this establishment, and last year a new kitchen was fitted up and hot plates were placed in all the dining-rooms at a cost of £1,600. In the coming year it is expected that electric lighting and a system of hot-water heating will be installed. A very great deal has been done for the patients in this department in recent years, and the benefits conferred on them have had the result of adding to their quietude and contentment as well as to their health.





#### THE STAFF.

Dr Dods Brown, the senior Assistant Physician, received last year the promotion which he had earned by his good work, and was appointed Physician-Superintendent of the James Murray's Royal Asylum, Perth. He is succeeded by Dr Alexander Neill, who has been an Assistant Physician here for over six years.

Dr Winifred Muirhead (Mrs Montgomery) also resigned last year on her marriage. For five years she had been Pathologist to the Institution, and organised on very satisfactory lines the new laboratories, &c., provided by the Managers. Her work was most methodical and accurate, and was of the greatest help in the treatment of the patients. She is succeeded by Dr Williamina Abel, who has had a great deal of laboratory experience, and has done some valuable researches.

Dr Donald Ross, the third Assistant, was deservedly promoted senior Assistant of the Glasgow Royal Mental Hospital. Dr Bedford, for a short time, the junior Assistant, received an appointment in the Lancaster County Asylum. To these vacant posts Dr Henry Yellowlees and Dr Bell Emslie, who have both had previous hospital and asylum experience, and are highly recommended, have been appointed.

#### THANKS.

I desire to express my thanks to all the senior officials for their very valuable assistance to me last year. No one acknowledges more freely than I do this great indebtedness, and I am certain that to the sense of responsibility they must feel, under the system I have introduced, is largely due the excellence of their work. The nurses and attendants have also done their duty in a most creditable manner, though every year more is expected of them, and their conduct has been satisfactory.

I have again to record my grateful feelings towards the Managers for their unfailing consideration and to express the pleasure, as well as the interest, I have in my responsible duties, when working under such auspices. I have also to thank my colleague, Mr R. Scott Moncrieff, for his kind help at all times.

> GEORGE M. ROBERTSON, M.D., F.R.C.P. ED.

23rd February 1914, TIPPERLINN HOUSE, MORNINGSIDE PLACE.



# STATISTICAL TABLES

OF THE

# MEDICO-PSYCHOLOGICAL ASSOCIATION,

PREPARED BY THE

# ASSISTANT PHYSICIANS.

	М.	F.	т.	M.	F.	т.
In the Asylum, January 1, 1913	369	401	770			
Absent on Probation, January 1, 1913	4	10	14	1	-	
Total				373	411	784
Cases Admitted-	1					
First Admissions	97	92	189			
Not First Admissions	28	21	49			
Total Cases Admitted during the year				125	113	238
Cases Discharged-						1 222
,, Recovered	29	30	59			
" Relieved …	31	36	67			
,, Not Improved	10	8	18			
Died	45	37	82			-
Total Cases Discharged and Died				1		
during the Year				115	111	226
Absent on Probation, Dec. 31, 1913	4	9	13			
Remaining in the Asylum, Dec. 31		0	10	1		
1913	379	404	783	-		
Total				383	413	796
Average number Resident during the						
vear 1913				374.9	397.8	772.7
Persons * under care during the year				484	519	1003
Persons Admitted ,, ,,				119	111	230
Transferred to this Aarlum	***			29	29	58
,, from ,, ,, ,,				4	5	9
			***	6	7	13
Private Patients at close of 1913-						
Craig House West House—Intermediate†	101	127	228			
West House-Intermediatet	92	100	192			
,, Lowest Board	30	45	75			
Sumber of Parochial Patients charge-			1	223	272	495
able to Districts at close of 1913+-			2.00			
Edinburgh	53	49	102			
Leith	90	65	155			
Orkney	20	31	51			
arishes beyond District at close of					-	
1913	2	3	5	165	149	919
	-		0	105	148	313

# TABLE I.—Showing the Admissions, Re-Admissions, Discharges, and Deaths during the Year ending 31st December 1913.

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

<sup>+</sup>Nore.—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 five 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 1913, distinguishing those Attacks that have been treated to Recovery in this and other Asylums or elsewhere.

						Att	acks.		
Number of Previous Attacks.	I	'erson	8.		vered is Asy		in oth	vered ier As ilsewh	ylums
	М.	F.	т.	М.	F.	т.	М.	F.	т.
Have had 1 previous Attack	18	24	42	9	12	21	9	12	21
,, 2 ,, Attacks	6	3	9	9	3	12	3	3	6
,, 3 ,, ,,	1	1	2	3	3	6	0	0	0
,, 4 ,, ,,	0	1	1	0	4	4	0	0	0
" 5 " "	1	0	1	0	0	0	5	0	5
" 6 " "	1	1	2	6	6	12	0	0	0
Total	27	30	57	27	28	55	17	15	32

## TABLE II.

Showing the Admissions, Re-Admissions, Discharges, and Deaths for the Forty-one Years from 31st December 1872 to 31st December 1913.

	м.	F.	т.	м.	F.	т.
Persons admitted during the period of Forty-one years Re-admissions Total Cases admitted	5536 1419	5816 1703	$11,352 \\ 3122$	6955	7519	14,474
Discharged Cases— Recovered Relieved Not Improved Died *Total Cases Discharged and Died since	$2410 \\ 1823 \\ 699 \\ 1645$	$2888 \\ 2058 \\ 609 \\ 1558$				
31st December 1872				6577	7113	13,690
Remaining 31st December 1913				378	406	784
Transferred to this Asylum				$\begin{array}{c} 315\\1136\end{array}$	286 1211	601 2347

\* 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.

Admitted. M. F. T 49 31 7 6 49 31 7 7 49 31 7 7 49 31 7 7 104 108 104 108 133 100 134 107 136 110 136 127 138 110 138 110	and the state					I	Discharged.	ged.			4	-		Rema	vining		Per Ce	Per Centage of		Per Centage of Deathson Total Nos	Per Centage of	Jo lo
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	YEARS.	AG	mitted		Rec	overed.		Not Re	overed		-	Teu.		Decem	iber 31.		Adm	Admissions.		under Treatment.	Preatm	tent
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		M.	F.	T.	M.	F.	T.	M.	-		-			_		E.	M.	F.	T.	M.	F.	T.
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	rom Oct. 17, 1813, to Dec. 31, 1831,	:	:	265	:	:	102	1	:	118	:	:				36	:	:	38-4	:	:	1
	m January 1, 1832,	40		00	16	19	00	16	t	93		1-							36-2	34-1	24-6	29.
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Jecember 31, 1530, 1837,	D L-	9	13 0	2 61	2 01 1	9 - 4	2 00 1		1-0						01 4 02 0	28.5 3	\$33.5 8.00	30-7	12.5	3.7	8.4
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1838,	12	H S	81 a	90	- 01	4	51 <del>4</del>	er 01	0 0		2 -							P-14	- 89	* 00 **	p in
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	1840,	+ +	000	12	1011	-;	00 9		01 0	00 -		00 0						12-5	32	12	9.11	1
	1841,	81	13	141	10 0	11	16 89	- 07	01-	4 01		D 00			-	-			20-7	100		
83         79         102         38         52         90         21         12         33         11         9         90         107         90         117         201         184         117         201         184         117         201         184         117         201         184         117         201         184         117         201         184         117         201         184         117         201         184         117         201         184         114         202         203         203         201         189         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203         203 <th< td=""><td>1843.</td><td>104</td><td>108</td><td>512</td><td>56</td><td>54</td><td>193</td><td>00</td><td>12</td><td>20</td><td></td><td>10</td><td></td><td>-</td><td></td><td>284 2</td><td></td><td></td><td>23.5</td><td>91 I 10</td><td>5.4</td><td>10.</td></th<>	1843.	104	108	512	56	54	193	00	12	20		10		-		284 2			23.5	91 I 10	5.4	10.
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	1844,	88	62	162	88.9	22.4	85	21	21	888		6 g		-		-			20.00		9.2	4 9
	1846,	107	130	202	88	66	101	11	1 81	1.68	_	19							51-2	6.2	9-9	-1
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	1847.	134	117	261	19	47	98	- 63	14	120	_	32	_						39	10.4	8.6	10
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1848,	126	120	246	89	51	129	000	61 61 61 61	42	-	t 100						49.5	8.44	12.4	0 01	10
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1950	196	100	596	11-	:9	112	31	24	12		38			-			-	44-9	7.1-	10	00
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1851.	132	116	248	55	67	119	35	26	19	-	19	-						47-9	q1 1 20 1	5-1	80
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1852,	129	118	247	88	43	101	26	88	99	-	34	-			-		_	40.8		0.01	90 G
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1863,	103	133	236	88	00	108	5	200	64 L		14				_			44-3	6.6	8.9	5.00
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1804,	100	114	212	10	90	15	14	49	86		1 83	-			-		-	42-6	6.4	1.6	
178         130         308         49         61         110         32         21         53         33         23         56         347           118         117         235         47         44         91         29         33         55         34         342           118         117         235         47         44         91         29         33         56         347           118         98         216         28         40         68         34         23         56         347           108         150         258         36         67         48         26         74         342           108         150         258         36         45         50         95         45         26         74         342           120         121         246         27         43         70         357         44         45         70         357           125         121         246         27         43         70         357         34         357         34           125         121         246         27         43         37         358	1856	1177	141	958	10	88	108	66	47	16		23		1.1		-		-	8.11	5.3	5-7	
118         117         235         47         44         91         29         38         67         48         26         74         342           118         98         216         28         40         68         34         23         57         43         17         342           108         150         258         36         60         98         45         50         96         45         26         74         342           108         150         258         36         60         98         45         50         96         45         26         70         355           120         121         241         39         40         79         37         49         86         37         28         65         344           125         121         246         27         43         70         43         51         94         42         32         65         344           125         121         246         27         43         70         43         51         94         42         32         65         344	1857.	178	130	308	49	61	110	32	21	22		23	_			-		46-9	35.7	1-1	2-1-9	9
118         98         216         28         40         68         34         23         57         43         17         00         355           108         150         258         36         62         98         45         50         95         45         26         70         357           108         150         258         36         62         98         45         50         95         45         25         70         357           120         121         241         39         40         79         37         49         86         37         28         65         344           125         121         246         27         43         70         43         51         94         42         32         65         344           125         121         246         27         43         70         43         51         94         42         32         65         344	1858.	118	117	235	47	44	16	66	88	67		26				7			1.80	10.3	0.9	00 1
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1859,	118	98	216	28	40	8	34	83	19		II	_						5.12	201	1 4 4	
120         121         241         39         40         79         37         49         50         51         29         50         51         33         51         34         357         43         37         43         70         43         51         94         42         32         74         357           125         121         246         27         43         70         43         51         94         42         32         74         357	1860,	108	150	258	36	62	88	42	00	66		51 8			-			-	50.10	- 0	0.0	
	1861,	120	121	241	68	40	61	12	12	00		38						_	1.86	0.0		- 0
, 104 116 220 26 51 77 44 46 90 44 24 28 534	1862, 1863,	125	121	246	828	5 <del>7</del>	315	4 4	46	58		24					-	43-9	35	9.9	- 5.3	
Totals and Averages ords ords of 1141 9000 603 600 1323 700 561 1261	Fotals and Averages	9849	1736	6810	058	1141	0006						961				36-1	4.6.4	39-4	8.1	6.1	

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 Fifty Years, 1864-1913.

ge of on os. r	T.	71.5 6.5 6.5 6.5 6.5 6.5 6.5 6.5 6	1.1
ercentage of Deaths on Total Nos. under Treatment.	E.	986656666666666666666666666666666666666	6.4
8	M.	8:5 8:5 8:5 8:5 8:5 8:5 8:5 8:5	8. 4
of s.	E	10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0	10-2
ercentage Deaths on verage No Resident.	E.		9.6
Percentage o Deaths on Average Nos Resident.	M.		1-11
	E		39-4 1
ercentage o lecoveries o Admissions.	F.		41.4 8
Percentage of Recoveries on Admissions.	M.	855 4 852 4 855 4 85	37-4 4
	÷.	Al.	808-2 3
Average Numbers Resident.		1 m 0 m 1	
rage Nun Resident		1	407-5
Ave	М.	346.3 346.3 347 348.6 338.6 338.6 3352.3 341.26 352.3 352.3 352.3 354.26 355.3 426.5 426.5 420.9 414.6 414.6 414.6 414.6 414.6 416.9 414.6 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 416.9 417.9 417.9 416.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9 417.9	400.7
bo	T.	711-5 713-5 713-5 713-5 713-5 713-5 713-5 713-5 713-5 713-5 713-5 713-5 713-5 713-5 713-5 713-5 713-5 713-5 822-7 824-5 824-5 824-5 824-5 824-5 824-5 824-5 824-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5 945-5	6-808
Remaining Dec. 31.	E.		8.605
Bei	M.		1.662
	Ę.		
Died.	E.	885 55 55 55 55 55 55 55 55 55 55 55 55	1559 3336
П	M.	564 28 28 28 28 28 28 28 28 28 28 28 28 28	17771
ed.	Ë	443 31 31 32 32 32 32 32 32 32 32 32 32 32 32 32	202 1
Improve	F.	000000000000000000000000000000000000000	693 1
Iml	W.	2000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	809
d.	Ŧ.	318 52 54 55 55 55 55 55 55 55 55 55 55 55 55	2 650
Discharged Relieved.	F.	813888888881384848484848484888888888888	2000
Re	M.	148 158 158 158 158 158 158 158 158 158 15	044 1
ed.	Ĥ	941 1455 1553 1553 170 170 170 170 1724 1733 1733 1733 1733 1733 1733 1733 173	1 970
Recovered	F.	532 84 85 85 85 85 85 85 85 85 85 85 85 85 85	2028 2868 2028 1044 1400 2948
Rec	M.	409 61 64 64 64 64 65 65 77 77 77 77 77 77 77 77 88 55 55 55 55 55 55 55 55 55 55 55 55	RZO
	Τ.	2447 260 308 308 345 345 345 345 345 345 332 334 333 334 333 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 334 335 336 336 336 336 336 336 336 336 336	
Admitted.	F.	1284 157 157 157 168 168 177 177 177 189 189 189 189 187 187 187 187 187 187 187 187 187 187	
Ad	M.	1163 151 151 151 151 155 155 174 205 164 164 164 164 163 163 173 164 163 173 164 164 173 164 164 173 164 173 166 173 166 173 173 166 173 173 173 173 173 173 173 173 173 173	
SHVE	LA		Averages,

TABLE 111. (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 Fifty Years, 1864-1913.

	t+ 1	E S	N = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1.2
Deaths on Total Nos.	Treatment.			9.9
Dea	Trea		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	6.1
			00001-40000	10.1
theo	Average Nos. Resident.	E.	9 9 4 5 9 90 1 5 5 9 9 4 5 9 90 1 5 5 9 9 9 1 6 9 90 1 5 5	2.6
ercel	Resi	W.		10-9
Percentage of Percentage of	18. A	E	2 26:536 932 0 3 4 16 8 18 2 25:5 5 23 0 13 4 16 8 18 2 35:8 27 38 7 30 7 31 8 11 3 11 4 11 2 35:8 27 38 7 38 7 31 8 11 3 11 4 11 2 35:9 38 0 35 9 1 29 6 9 6 7 7 1 8 7 7 7 7 8 2 3 2 2 2 2 6 6 2 5 0 1 2 9 6 8 8 8 2 3 2 2 2 2 6 6 2 5 0 1 2 9 6 9 7 7 7 7 8 2 3 2 2 2 6 6 2 5 0 1 2 9 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	38-3 36-6 10-9
ntage	Admissions.	E	5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	38.3
ercet	Admi	M.	ରୁ ରାଗରେ ଅନ୍ତାର କରା ଜନ୍ମ କରା କରା ଅନ୍ତାର କରା କରା	34.8
			8883 0 2 8883 0 2 1 2 2 1 2 2 1 2 2 1 2 2 2 3 2 2 3 2 1 2 1	802.5
e Numl	Resident.	-	8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	409-0
Average Numbers	Re	W.	4 112 - 2 3 255 - 2 3 255 - 2 3 256 - 2	393.5
		Ĩ.	8881 8821 1262 1262 1262 1262 1262	8.908
Remaining	Dec. 31.	F.	465 3396 3396 411 413	410-2
Be	9	M.	419 356 383 383 383 383 383	6 304.4
		E	82 83 64 65 66 66 82 82 82 82 82 82	6 406
	Died.	F.	33 33 38 38 39 39 39 39 39 39 39 39 39 39 39 39 39	195
	-	M.	82 9 8 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9	1 211
1	od.	E H	14 48 28 28 28 28 13 28 13 28 13 28 13 28 13 28 28 28 28 28 28 28 28 28 28 28 28 28	850 1791 2114 1955 4069
		F.	8 100118 8 1001 8 100 10 10 10 10 10 10 10 10 10 10 10 10	
	Improv	M.	5285128 × 10	941
od.		E	01106 1156 551 551 551 551 551 551 551 551 5	428
Discharged.	Relieved.	F.	888888888888888888888888888888888888888	227
Disc	Rel	M.	88 11 11 12 12 12 12 12 12 12 12 12 12 12	200
	.pc	E H	122 222 222 222 222 222 222 222 222 222	6220
	Recovered.	F.	233525242828	340
	Rec	W.	222222333333	2811
-	,	E	428 335 239 200 200 2209 2338 2338 200 200	
	Admitted	F.	228 216 112 116 116 116 116 113 116	8804
	ΡY	M.	200 169 779 779 1105 1105 1105	8118
-	.SAAS.	IX	1905 1906 1908 1909 1911 1913 1913	Totals and

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 fifty years, remaining on 31st December 1913.

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Remaining each Year' Admission	2 F. : - 2000 0
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YEARS.	555 555
	20.00

Discharges and Deaths, and the numbers of each Year, for the last fifty years, remaining on 31st December 1913.

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	Cerebral Hæmorrhage										1.1									
	Organic Brain Disease																	]]		
	Exhaustion from Man								1.											
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	Epilepsy	••		77	••	•••		••		•••		••	•••			-	•••	-	-	
	DISEASES OF THE R	RSFIR	ATORY	SYSTEM															13	
										-				1			1	1.		
	Pulmonary Phthisis Acute Bronchitis													.					. 11	1
	Pneumonia				1												1	1.		
	DISEASE OF THE CH	RCULA	TORY															1	E	
	Cardiac Disease	**		* *	•••															
	Pulmonary Embolism																		1	
	DISEASES OF THE G	ENITO	URIN	ARY SYS	TRM.															
3	Nephritis								+.+	1.1										
3	Cancer of Uterus		• •	••	**	• •	11	•••	4.4		+ +	**	••	**	**	•••	**			
	DISEASES OF THE A	LIMES	TARY	SYSTEM.						F.										
	Carcinoma of Pancres	18														24				-
5																				
6	Carcinoma of Stomac	h		••	•••	•••		199				••	* *		~	**				1
	GENERAL DISEASES.																			
7	Senile Decay																			
3	Septicæmia									+ +										
9	Carcinoma of Palate																			
	Addison's Disease						• •													
1	Pernicious Anæmia	• •	• •		• •	• •				4.3										
2	Pyæmia	* *		**					44							-			1	
				TOTAL						1	1	2				2	3	5	4 .	
				a or a n	1	1000		1000				100				100	18			

TABLE V.-Showing the Causes of Death during the

Post-mortem examination in 38 cases, or 46.3 per cent.

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Year 1913, together with the Ages at Death.

LENGTH OF RESI	В	lecovered	1.	Died.				
LENGTH OF ICES	М.	F.	Т.	М.	F.	T.		
Under 1 Mon	th	1	0	1	5	8	13	
From 1 to 3	Months	7	8	15	4	2	6	
,, 3 to 6	,,	6	7	13	6	4	10	
"6 to 9	,,	5	4	9	4	1	5	
" 9 to 12	,,	2	0	2	4	1	5	
,, 1 to 2	Years	6	7	13	8	1	9	
" 2 to 3	,,	1	1	,2	1	5	6	
" 3 to 5	,,	0	2	2	1	4	5	
"5 to 7	,,	1	0	1	0	4	4	
,, 7 to 9	,,	0	0	0	0	1	1	
" 9 to 11	,,	0	1	1	1	1	2	
" 11 to 13	,,	0	0	0	1	3	4	
,, 13 to 15	,,	0	0	0	1	1	2	
,, 15 to 17	,,	0	0	0	1	0	1	
" 17 to 19	,,	0	0	0	2	0	2	
,, 21 to 23	,,	0	0	0	2	0	2	
" 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	1	0	1	
" 37 to 39	" …	0	0	0	1	0	1	
Tot	al	29	30	59	45	37	82	

TABLE VI.—Showing the Length of Residence in those Discharged Recovered, and in those who have Died, during the Year 1913.

Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths during the Year 1913.

TABLE VII.

				T	THE DISCHARGES.	CHARGE	S.		1		
CLASS.	CHE AD	THE ADMISSIONS.	R	Recovered.	d.	Remo or (	Removed Relieved or otherwise.	lieved ise.	HI.	Тне Deaths.	THS.
V	M. F	F. T.	M.	F.	T.	Μ.	F.	Τ.	M.	F.	T.
FIRST CLASS. First Attack, and within Three Months on Admission 2	23 31	1 54	=	13	24	13	13	26	œ	11	19
SECOND CLASS. First Attack, above Three, and within Twelve Months on Admission 3	31 1	18 49	9	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6	1	8	15	16	60	19
THIRD CLASS. Not First Attack, and within Twelve Months on Admission 1	18 21	1 39	9	• 6	15	10	=	2]	-	15	13
FOURTH CLASS. First Attack or not, but of more than Twelve Months on Admission 55	51 42	2 93	9	ũ	=	П	12	33	20	10	30
Firrh Class. Congenital	61	1 3	0	0	0	0	0	0	0	1	-
Тотаг 125	25 113	3 238	29	30	59	41	44	85	45	37	82

TABLE VIII.—Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died during the Year 1913.

## TABLE IX.

Showing the Condition as to Marriage, on Admission, in the Admissions, Recoveries, and Deaths, during the Year 1913, and of Patients Resident, 31st December 1913.

Condition in Reference to Marriage.	The Admissions.		The Discharges. Recovered.			The Deaths.			Patients Resident Dec. 31, 1913.			
	М.	F.	Т.	М.	F.	Т.	М.	F.	Т.	M.	F.	Т.
Single	58	50	108	12	12	24	19	18	37	274	254	528
Married	58	41	99	12	14	26	22	13	35	93	114	207
Widowed	9	21	30	5	3	8	4	4	8	15	45	60
Unknown	0	1	1	0	1	1	0	2	2	1	0	1
Total	125	113	238	29	30	59	45	37	82	383	413	796

CAUSES OF INSANITY.	admis as pre ca		CAUS Malosing T 0 0 0 0 0	SE W. Numbe es, 12 As	r of C 5; Fer exciti cause. F 6 4 1	ases nales,	113;	Total, Fotal. F	238.
MENTAL and MORAL : Mental anxiety and worry	MI 0 0 0 0	F 0 0 0 0 0	Mal psing T 0 0 0 0 0	8 0 0	5; Fei exciti cause. F 6 4 1	T 14 4	113; M 8	F	T
MENTAL and MORAL : Mental anxiety and worry	MI 0 0 0 0	F 0 0 0 0 0	Desing T 0 0 0 0 0	As M 8 0 0	exciticause. F	Ing T 14 4	M 8	F	T
MENTAL and MORAL : Mental anxiety and worry Mental shock Ill treatment by husband Spiritualism	0 0 0 0 0	F 0 0 0 0	T 0 0 0 0	M 8 0 0	E 6 4 1	T 14 4	M 8	F 6	T
MENTAL and MORAL : Mental anxiety and worry ( Mental shock ( Ill treatment by husband ( Spiritualism (	0 0 0 0 0	0 0 0 0	0 0 0 0	8 0 0	6 4 1	14 4	8	6	
Mental anxiety and worry Mental shock Ill treatment by husband Spiritualism	0 0 0	0 0 0	0 0 0	0 0	4 1	4			14
Mental anxiety and worry Mental shock Ill treatment by husband Spiritualism	0 0 0	0 0 0	0 0 0	0 0	4 1	4			14
Mental shock Ill treatment by husband Spiritualism	0 0 0	0 0 0	0 0 0	0 0	4 1	4			14
Ill treatment by husband	0 0	0 0	0	0	1		0		
Spiritualism	0	0	0			1	0.000	4	4
Oronwood				0			0	1	1
Overwork	0	4			1	1	0	1	1
			4	1	1	2	1	5	6
PHYSICAL :		-	_						
Cambilia	0	0	0	18	4	22	18		22
Unilanau	ŏ	2	2	3	2	5	3	4	7
Intermenance in Drink	15	2	17	16	13	29.	31	15	46
Samility	10	5	19	4	4	8.	14	13	27
Puberty and Adolessense	0	0	0	9	7	16	9	7	16
Climastoria	ŏ	ő	ŏ	0	3	3	0	3	3
Childhinth	õ	0	0	ő	6	6	0	6	6
Moningitie	õ	0	Ő	ĭ	õ	1	i	0	1
Phthicia	ŏ	1	i	Ô	1	î	0	2	2
Dnoumonia	õ	ô	0	õ	1	i	0	ĩ	ĩ
Dhonimatia Foren	õ	õ	0	õ	î	î	ő	i	i
Scarlet Feyer	0	õ	ŏ	Ő	î	î	õ	i	1
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Surgical Operation	1	Ő	i	Ô	ŏ	Ô	i	Ő	î
Traumatism	õ	0	Ô	ŏ	ĩ	1	Ô	1	i
Pernicious Anæmia	0	0	Õ	Õ	î	i	Ő	î	i
	0	0	0	2	0	2	2	Ô	2
	1	0	1	0	0	0	1	0	$\frac{2}{1}$
Privation	0	0	0	0	1	1	0	1	i
	0	0	0	1	0	1	1	0	1
	12	7	19	0	0	0	12	7	19
	29	27	56	0	0	0	29	27	56
	12	8	20	0	0	0	12	8	20
	2	0	2	0	0	0	2	0	2
	29	42	71	0	0	0	29	42	71
Unknown 4	40	28	68	51	40	91	51	40	91

TABLE X.—Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1913.

\* 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.

t The figures in the Total column represent the entire number of instances in which the several sauses (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 combina tions of causes.

TABLE XI.—Showing the form of Mental Disorder on Admission, in the Admissions, Recoveries and Deaths of the Year 1913.

FORM OF MENTAL DISORDER, Melancholia Manic-Depressive Insanity Infective Exhaustive Insanity	M. 16 18 18 95	F.		TOONT	Recoveries.	so.	-	Deaths.	
: : :	16 8 18 95		T.	M.	E.	E	M.	F.	T.
	18 18 95		0,	ac.	1	10	67	10	
	18	00	43 21	. 9	+ 1-	13	• 4	13	16
	95		44	11	6	20	00	6	-
	21		32	57	0	¢1	-	0	
Systematised Delusional Insanity	13		30	¢1	0	<b>c</b> 1 (	9	c1 :	~ ?
	18	-	61 J	0	0	0 0	19	<b>.</b> .	51 -
Epileptic Insanity	+	-	-	0,	0 0	0 -	- <	0 0	
Korsakoff's Psychosis	•••	-		- 0	0 0	- 0	0 -		
Insanity of Gross Brain Disease	-		- 0	0 0	0 0	0 9	- <	0 0	
Morphiomania	;			-1 0	0 0	51 6	2 1	> 10	0 0
Senile Insanity	CI	-	17	0 <	0 0	> <	- 0		-
Congenital Defect	<b>C</b> 1	0	77	0	0	>	>	-	
Total	125	113 2	238	29	30	59	45	37	82

### TABLE XII.

### Showing the Station or Occupation of Patients admitted during the Year 1913.

MALES.			MALES—Continued.	
Accountants		3	Brought Forward	94
Acrobat		1	Picture-frame Maker	1
Actor		1	Planter	1
Agents		2	Plasterer	1
Architect		1	Plumber	1
Army Pensioner		1	Rag Store Worker	1
Artist		1	Railway Car Builder	1
Bank Manager		1	Sailors	4
Brassfinisher		1	Schoolboy	1
Cashier		1	Secretary	1
Chemists		2	Shipwright	1
Clergymen		. 1	Shoemaker	1
Clerks		10	Signalman	i
Clothier		1	Stevedore	1
Coach-painter		1	Stockbroker	1
Coal-trimmers		2	Tailor	1
Commercial Travellers		2 3	Telegraphist	î
Contractors' Foremen		2	Veterinary Surgeon	i
Crofters		2	No Occupation	11
Drapers		2	no occupation	
Der Weeler		ĩ	Total	125
Ender Duimous		2	10tal	120
D M		ĩ		
		3	FEMALES.	
Engineers	***	1	EISMERTIES.	
Evangelist Farmers		5		
The house and		4	Book-sewer	1
		4	C11 35 1 1	1
Gentlemen	**	1	Clankaga	1
Hotel Boots		1	Domostio Dutios	2
Insurance Agent				
Iron Broker		1	Domestic Servants	52
Ironmonger	***	1	Housekeepers	and the second se
Journalist		1	Housewives	58
Labourers		17	Ladies	15
Lawyers		2	Mill-worker	1
Manufacturers		0	Nurse	1
Marine Firemen		2	Out-workers	2
Medical Student		1	Prostitute	1
Miners		2	Teachers	5
Packing Case Maker		1	Waitress	1
Physicians		2	No Occupation	17
Carry forward		94	Total	113

### TABLE XIII.

## State of Bodily Health and Condition of those Admitted.

requirement and an electronic control	Males.	Females.	TOTAL.
In Average Health and Condition In Indifferent Health and Reduced Condi-	30	18	48
tion In Bad Health and very Exhausted Condi-	87	77	164
tion	8	18	26
TOTAL	125	113	238

### TABLE XIV.

Admissions, Discharges, and Deaths of each Month.

	Ad	missio	ons.	Dis	scharg	ges.	1	Deaths	3.
	М.	F.	Т.	M.	F.	Т.	М.	F.	т.
January	 9	10	19	5	6	11	3	2	5
February	 10	9	19	3	6	9	5	3	8
March	 11	9	20	5	9	14	3	8	11
April	 12	3	15	9	7	16	3	5	8
May	 11	8	19	9	3	12	2	3	5
June	 14	13	27	7	8	15	5	1	6
July	 8	10	18	2	3	5	3	1	4
August	 8	12	20	8	8	16	1	3	4
September	 11	6	17	3	2	5	3	2	5
October	 9	9	18	9	6	15	4	2	6
November	 13	12	25	6	7	13	5	4	9
December	 9	12	21	4	9	13	8	3	11
TOTAL	 125	113	238	70	74	144	45	37	82

T	R	LE	X	V
1.4	1D	LL	12	

## Illustrations of Suicidal Tendency in those Admitted.

N N N				Males.	Females.	TOTAL.
Have attempted Su Have meditated Su				16 10	7 17	23 27
r	Cotal Suicio	lal		26	24	50
Forms of Insanity i attempted—	n which Su	icide was				
Manic-Depress Infective-Exha Dementia Præd Systematised I Senile Dement	ustive Insa cox Delusional I	inity Insanity	···· ··· ···	8 1 2 1 4 16	7 0 0 0 0	$     \begin{array}{r}       15 \\       1 \\       2 \\       1 \\       4 \\       23     \end{array} $
	101	al			7	
Forms of Insanity i meditated—	n which Su	icide was				
Manic-Depress Infective-Exha Dementia Præ General Paraly Systematised I Senile Dement	cox vsis of the l Delusional	anity  Insane		3 2 3 1 0 1	$     \begin{array}{c}       14 \\       1 \\       0 \\       0 \\       2 \\       0     \end{array} $	$     \begin{array}{c}       17 \\       3 \\       1 \\       2 \\       1     \end{array} $
	Tot	al		10	17	27
Nature of attempts						
Cut-Throat Drowning Strangulation Poison Precipitation	···· ··· ··· ···				$     \begin{array}{c}       1 \\       2 \\       1 \\       1 \\       2 \\       2 \\       0     \end{array} $	$5 \\ 6 \\ 4 \\ 3 \\ 4 \\ 2 \\ 1$
Hanging Suffocation Cut Wrists				î	0	1

TABLE	XVI/	Persons	Recovered	in 1913.
-------	------	---------	-----------	----------

	Males.	Females	TOTAL
A. Recovered for the first time	19	20	39
(a) Re-admitted, and again Dis- charged Recovered	0	0	0
(b) Re-admitted, but not again Discharged Recovered	3	0	3
B.* Had made one or more Recoveries in previous years	10	9	19
(a) Re-admitted, and again Dis- charged Recovered	0	1	1
(b) Re-admitted, but not again Discharged Recovered	1	1	2
Number of Persons Recovered	29	29	58
Number of Cases of Recovery	29	30	59

\* Of these Persons, 4 Males and 5 Females had made one Previous Recovery; 2 Males and 3 Females, two Previous Recoveries; 1 Male, three Previous Recoveries; 2 Males, four Previous Recoveries; 1 Male, five Previous Recoveries; 1 Female, six Previous Recoveries.

## REPORTS

OF THE

## COMMISSIONERS IN LUNACY.

ROYAL EDINBURGH ASYLUM, 8th, 9th, and 10th December 1913.

THERE were 795 patients on the register of the Asylum on the 8th instant, of whom 770 were detained under Sheriffs' orders, and 25 were voluntary inmates. Of the 770 certified inmates, 453 were private patients. 14 persons were absent on statutory probation, and 1 was absent on pass. With these exceptions all the patients on the register were seen during the visit.

114 patients have been admitted, 64 have been discharged, and 34 have died since the Asylum was last visited on the 17th June of this year.

The causes of death (including the causes of the death of 4 voluntary inmates) are as follows: General paralysis of the insane, 10 cases; disease of the heart and of arteries, 10 cases; senile decay and gross disease of the brain, 6 cases; and the following diseases in 1 case each: Pernicious anæmia, phthisis, enteritis, epilepsy, cancer, exhaustion from acute mania, pneumonia, and pulmonary embolism. *Post-mortem* examinations were made in 17 instances.

Two of the deaths in the preceding list require special mention. A lady, an inmate of Craig House, labouring under acute melancholia with agitation, was, with much benefit, treated by means of the wet pack on three separate occasions, at intervals of several days. On the third application of this treatment, when she was being taken out of the pack, she suddenly developed an attack of heart failure and died in a short time afterwards. On the 20th November last a gentleman patient impulsively jumped through a window before his attendant could prevent him, and fell a distance of 20 feet. He sustained a fracture of the collar-bone and of three ribs, but beyond general bruising there were no other external symptoms. He appeared to be making an uninterrupted recovery, when he suddenly died on the 6th instant from pulmonary embolism. The connection between his injuries and the immediate cause of his death is not clear, but they are probably related. Both deaths were duly reported to the proper authorities. The only other entry in the Register of Accidents refers to a compound fracture of the leg caused by an accidental fall.

5 patients escaped and were each absent for at least one night before being brought back. There has been no recourse to mechanical restraint or to seclusion in the treatment of any patient in the interval covered by this report.

Including the 15 patients absent on probation or on pass, there are 226 patients in Craig House and 569 in the West House, of which latter number 252 are private patients. There are therefore 478 private and 317 pauper patients in the Asylum, at present.

10 patients asked for special interviews, which were given. They all considered themselves unnecessarily detained, but none of them made any complaint regarding their treatment. With one exception, that of a lady whose mental disturbance had been brought on by alcohol and whose case is being specially considered, it was not thought advisable to interfere with the detention of any of these patients.

The information available from the records, from the Assistant Medical Officers, and from the nursing staff regarding the history, progress, and symptoms of all the patients, is one of the many features of the excellent medical management of the Institution, which embraces all details, however trivial, which bear upon the welfare, comfort, and treatment of the patients.

Among the many changes and alterations in the internal construction of the Asylum, the renovation and reconstruction of the kitchen at the West House is the most important. The department has been beautifully tiled and fitted with the latest type of cooking apparatus, including a complete system of hot plates and hot chambers for keeping the food warm before it is served.

The quieter, more trustworthy patients in the West House have been removed to the separate villas on each side (male and female respectively), the doors of which are open during the daytime. This permits these patients to enjoy an increased degree of freedom, and a quieter and more agreeable mode of life. This commendable change has had the effect of setting free space on the ground floor of the main building which is to be used as additional hospitals, a form of accommodation which the increasing number of sick and infirm patients and the requirements of better classification renders necessary.

It is learned with approval that the Managers have under their favourable consideration proposals for lighting the West House with electricity and for heating the wards and dormitories with hot water.

The official registers were examined and found to be carefully and accurately kept.

> JOHN MACPHERSON, Commissioner in Lunacy.

ROYAL EDINBURGH ASYLUM, 17th, 18th, and 19th June 1913.

SINCE the previous visit of 18th November, 1912, the number of registered patients has decreased by 8. This is mainly due to an active discharge of patients either as recovered or not recovered.

Of 758 patients on the register on the first day of the visit 446 were of the private class, and 312 were chargeable to parish authorities; the number of voluntary inmates—a number not included in the above figures—is 21, all of whom are private patients.

One hundred and twenty-one patients have been admitted, 32 have been discharged as recovered, 48 have been discharged as not recovered, and 49 have died. Of the 48 patients discharged as not recovered, 34 were sent to the care of friends, 12 were transferred to other institutions, 1 was discharged on expiry of an Emergency Certificate, and 1 was boarded out with a private guardian.

The causes of death may be described as follows:—12 died from general paralysis of the insane, 11 from senile decay, 4 of cerebral hæmorrhage, 4 of pulmonary tuberculosis, 3 of heart disease, 2 of epilepsy, 2 of acute bronchitis, 2 of acute pneumonia, 2 of chronic nephritis, 2 of enteritis, 1 of septicæmia, 1 of pleurisy, 1 of carcinoma of the pancreas, 1 of carcinoma of the uterus, and 1 from the exhaustion of acute mania. In 23 instances the cause of death was verified by *post mortem* examination. The results of these examinations are carefully and elaborately recorded. The work of the laboratory not only takes cognisance of these *post mortem* findings; it amplifies and renders more exact the clinical work of the medical officers by means of complex chemical and bacteriological investigations, which are of prime importance in the care and treatment of all the patients.

Seventy-seven patients were confined to bed for treatment of mental symptoms, bodily illness, senility or infirmity. The nursing of these patients is capable and skilled. The attention given to the patients in the hospitals in particular, and generally throughout the Institution, by the Medical Officers fully maintains the high traditions of the past, and is most commendable.

There has not been any use of restraint, or of seclusion, in the treatment of the patients.

One patient escaped and was absent for one night before he was brought back.

The only serious accident to be noted, was a simple fracture of the left humerus, caused by the patient concerned slipping on wet pavement.

The large majority of the patients were found to be out of doors enjoying beneficial exercise in the open air, or engaging in some suitable or useful occupation.

The patients in the West House were, on one of the days of the visit, seen enjoying a good and sufficient dinner.

The sitting-rooms, dormitories, and sleeping accommodation of the whole Institution were all in excellent condition, and scrupulously clean. The material welfare of the patients received ample attention in all respects. The patients generally were free from excitement, and enjoyed good health.

The changes in the nursing staff are as follows:—28 attendants and 36 nurses were engaged, 22 attendants and 26 nurses resigned for other situations, and 7 attendants and 1 nurse were dismissed. Each department of the Institution is in charge of an assistant matron, who has, in addition to her mental training, the qualifications of a nurse who has passed through general hospital experience. This arrangement allows of active and efficient supervision of all the departments at all times, and is in the best interests of the patients.

The management continues to be most active and able, and is characterised by much courage and earnestness.

The statutory registers were examined, they were correct, and kept with neatness and care.

> HAMILTON C. MARR, H.M. Commissioner in Lunacy.

# ABSTRACT

### OF THE

## TREASURER'S ACCOUNTS OF INTROMISSIONS

For the Year ending 30th September 1913.

### CHARGE.

1. Arrears of Board, &c., given up in last Account $\pm 1,003 \ 7 \ 9$ Less—Written off as irrecoverable $\pm 11,003 \ 7 \ 9$ 11. Patients' Boards, per Board-books—       Males.       Females.         Quarter ending 31st Dec. 1912 $\pm 6,522 \ 15 \ 0 \ \pm 6,480 \ 7 \ 0$ $\pm 94111 \ 9$ 10. do. 31st March 1913       6,511 10 10 \ 6,513 \ 15 \ 1 $\pm 6,574 \ 113 \ 8 \ 6,474 \ 111 \ 6$ $\pm 6,574 \ 113 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 8 \ 6,474 \ 111 \ 111 \ 9 \ 1111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111 \ 111$				
II. Patients' Boards, per Board-books—       Males.       Females.         Quarter ending 31st Dec. 1912       £6,822 15 0 £6,480 7 0         Do. do. 30th June .,       6,871 13 8 6,474 11 6         Do. do. 30th Sept,       6,874 13 8 6,474 11 6         Do. do. 30th Sept,       6,942 2 2 6,717 8 1 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 1 $£28$ 8 8	I. IIII CHILD OF BOUNTAL COTL BUTCH OF	£1,003 18	7 16	
II. Patients' Boards, per Board-books—       Males.       Females.         Quarter ending 31st Dec. 1912       £6,822 15 0 £6,480 7 0         Do. do. 30th June .,       6,871 13 8 6,474 11 6         Do. do. 30th Sept,       6,874 13 8 6,474 11 6         Do. do. 30th Sept,       6,942 2 2 6,717 8 1 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 8 $£27,451$ 1 8 £26,186 1 1 $£28$ 8 8		£984	11	9
$\begin{array}{c} \begin{array}{c} & 27,451 & 1 & 8 \\ \pm 53,637 & 3 & 4 \end{array}$	Quarter ending 31st Dec. 1912 $\pounds 6,822$ 15 $0$ $\pounds 6,480$ 7 $0$ Do.do.31st March 1913 $6,811$ 1010 $6,513$ 151Do.do.30th June,, $6,874$ 138 $6,474$ 116			
Deduct -Repayments of Board for Patients who left the Asylum prior to 30th Sept. 1912	Heller			
Deduct -Repayments of Board for Patients who left the Asylum prior to 30th Sept. 1912	£53,637 3 4	page 1		
Repayments of Board for Patients who left the Asylum prior to 30th Sept. 1912				
ings of various kinds supplied through the Steward and Matrons at the expense of the Institution, and charged against the recipients— Quarter ending 31st Dec. 1912 £329 13 0 £377 11 3 Do. do. 31st March 1913 609 18 10 705 0 6 Do. do. 30th June , 341 9 2 386 11 7 Do. do. 30th Sept. , 496 16 11 688 7 3	Repayments of Board for Patients who left the	53,487	4	3
Males.Females.Quarter ending 31st Dec. 1912£329 13 0£377 11 3Do. do. 31st March 1913609 18 10705 0 6Do. do. 30th June ,341 9 2386 11 7Do. do. 30th Sept. ,496 16 11688 7 3 $f1,777$ 17 11 $f2,157$ 10 7 $f1,777$ 17 11 $f17$ 11 9 $f1,777$ 17 11 $f64$ 16 9 $f1$ 15 0 $f15$ 0Do. for Pigs' meat, old iron, &c., sold $f147$ 11 9 $f164$ 16 9 $f16$ 15 0VI. Claims under Fire Insurance Policies $f7$ 8 6VII. Clothing supplied by the Steward to Private and Pauper Patients leaving the Institution $f7$ 8 6VIII. Clothing supplied by the Steward to Private and Pauper Patients leaving the Institution $f7$ 8 6VIII. Clothing supplied by University of rebuilding of Boundary Wall between Craig House and University Field $f12$ 6XI. Balance of Account at 30th September 1913 $f12$ 6XI. Balance of Account at 30th September 1913 $f12$ 6	ings of various kinds supplied through the Steward and	1		
Quarter ending 31st Dec. 1912       £329 13 0       £377 11 3         Do.       do. 31st March 1913       609 18 10       705 0 6         Do.       do. 30th June       ,,       341 9 2       386 11 7         Do.       do. 30th Sept.       ,,       496 16 11       688 7 3 $£1,777 17 11$ $£2,157 10 7$ 1,777 17 11 $£1,777 17 11$ $£2,157 10 7$ 1,777 17 11 $IV.$ Price of Pigs and Sundries disposed of—       8617 5 0         Do.       for Pigs' meat, old iron, &c., sold       147 11 9         V.       Rents of Grass Parks, &c.       61 15 0         VI.       Claims under Fire Insurance Policies       014 6         VII.       Clothing supplied by the Steward to Private and Pauper       0 9 7         Patients leaving the Institution	against the recipients—			
100. dot work out out out out it, if it is a set of it is it is a set of it is it is it is a set of it is it is it is a set of it is	Quarter ending 31st Dec. 1912         £329 13 0         £377 11 5           Do.         do. 31st March 1913         609 18 10         705 0         6           Do.         do. 30th June          341 9 2         386 11 7	5		
IV. Price of Pigs and Sundries disposed of— Received for Pigs sold       £617 5 0 147 11 9         Do. for Pigs' meat, old iron, &c., sold       147 11 9         V. Rents of Grass Parks, &c.       61 15 0         VI. Claims under Fire Insurance Policies       0 14 6         VII. Seat Rents in St Cuthbert's Church       7 8 6         VIII. Clothing supplied by the Steward to Private and Pauper Patients leaving the Institution       0 9 7         IX. Additional Loan from Charity Fund       350 0 0         X. Share of cost payable by University of rebuilding of Boundary Wall between Craig House and University Field       81 12 6         XI. Balance of Account at 30th September 1913       1,016 17 5	£1,777 17 11 £2,157 10 7	1	8	6
V. Rents of Grass Parks, &c.       764 16 9         VI. Claims under Fire Insurance Policies       0 14 6         VII. Seat Rents in St Cuthbert's Church       7 8 6         VIII. Clothing supplied by the Steward to Private and Pauper       0 9 7         Patients leaving the Institution       350 0 0         X. Additional Loan from Charity Fund       350 0 0         X. Share of cost payable by University of rebuilding of Boundary       81 12 6         XI. Balance of Account at 30th September 1913       1,046 17 5	Received for Pigs sold £617 5	)		
VI. Claims under Fire Insurance Policies       0 14 6         VII. Seat Rents in St Cuthbert's Church       7 8 6         VIII. Clothing supplied by the Steward to Private and Pauper       7 8 6         Patients leaving the Institution       350 0 0         IX. Additional Loan from Charity Fund       350 0 0         X. Share of cost payable by University of rebuilding of Boundary       81 12 6         XI. Balance of Account at 30th September 1913       1,016 17 5	the second second second stands to be a second s			
VII. Claims under File Institution Fonctes       7 8 6         VIII. Clothing supplied by the Steward to Private and Pauper Patients leaving the Institution       7 8 6         IX. Additional Loan from Charity Fund.       350 0 0         X. Share of cost payable by University of rebuilding of Boundary Wall between Craig House and University Field       81 12 6         XI. Balance of Account at 30th September 1913       1,046 17 5	V. Rents of Grass Parks, &c.			
VII. Seat Kents in St Cuthoert's Church .       Patients in St Cuthoert's Church .       0       9       7         VIII. Clothing supplied by the Steward to Private and Pauper Patients leaving the Institution .       0       9       7         IX. Additional Loan from Charity Fund .       350       0       0       0         X. Share of cost payable by University of rebuilding of Boundary Wall between Craig House and University Field .       81       12       6         XI. Balance of Account at 30th September 1913       1,046       17       5	VI. Claims under Fire Insurance Policies			
IX. Additional Loan from Charity Fund .       350 0 0         X. Share of cost payable by University of rebuilding of Boundary       81 12 6         Wall between Craig House and University Field .       1,046 17 5         XI. Balance of Account at 30th September 1913       1000 1000 1000 1000 1000 1000 1000 100	VII. Seat Rents in St Cuthbert's Unurch .		~	
X. Share of cost payable by University of rebuilding of Boundary Wall between Craig House and University Field       81 12 6         XI. Balance of Account at 30th September 1913       1,046 17 5	Patients leaving the Institution			$ \begin{array}{c} 7\\ 0 \end{array} $
Wall between Craig House and University Field .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       <	X. Share of cost payable by University of rebuilding of Boundary	1	10	0
Amount of the Charge . £60,690 18 9	Wall between Craig House and University Field .	. 01		
	Amount of the Charge .	£60,690	18	9

### DISCHARGE.

			Craig I	Ious	se.	West I	Ious	ie.	Тота	.L	
			£.	2	d	£	8.	d.	£	8.	d.
I.	Expense of	Provisions	9,157			6,462		7	15,620		3
II.		Clothing, Bedding,	0,101	10	~	0,102	~		10,010		
	201	Napery, &c.	697	13	11	974	14	3	1,672	8	2
III.	Do.	Fuel	1,546			1,169		9	2,715		8
IV.	Do.	Gas Lighting .	187			346		3	533		Ő
V.	Do.	Water and Wash-									
		ing material .	648	15	11	345	15	6	994	11	5
VI.	Do.	Medicines, Surgical						-			
		Instruments, Dis-									
		infectants, &c.	301	2	8	324	4	11	625	7	7
VII.	Do.	Books and Stationery	341	14	9	284	5	10	626	0	7
VIII.		Tobacco and Snuff				117	9	6	117	9	6
IX.	Do.	Buildings, Furnish-				1					
		ings, and Repairs	2,214		2	3,202		4	5,417	0	6
Χ.		Garden and Grounds	469		10	286		8	756	1	6
		Parochial Burdens	1,295		5	514		4	1,810		9
XII.	Interest on	Loans paid	1,613			698		8	2,312	4	79
XIII.	Feu-duties	and Stipend	757			436		4	1,194		
		Premiums	82			50		4	133		0
		d Wages	10,018				11	7	17,296	7	1
		ous Payments .	482	10	1	300	19	7	783	9	8
XVII.		aid on behalf of Pa-					-				-
	tients and	charged against them	3,006	11	6	464	1	n	3,470	13	5
	Ordinary	Expenditure .	32,824	4	1	23,256	3	4	56,080	7	5
XVIII.	Loans Repa	aid							2,500	0	0
	Arrears of	aid . Board, &c., at 30th Se	ptember	r 19	13				965		11
	Balance of	Account at 30th Septe	ember 1	912					1,144		5
	А	mount of the Dischar	ge equal	to	Cha	arge			60,690	18	9

EDINBURGH, 20th February 1914. — I have examined the foregoing Account of Charge and Discharge of the Intromissions of the Treasurer of the Royal Edinburgh Asylum for the Insane, for the year to 30th September 1913, 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 year to 30th September 1913.

### ORDINARY RECEIPTS.

1. Boards £32,55	6	1	1
2. Extra Accounts	8	16	4
3. Produce and Sundries sold	5	19	4
4. Rents of Grass Parks	1	14	0
5. Seat Rents in St Cuthbert's Church	4	10	6
6. Repayment of share of cost of rebuilding Boundary Wall between			
Craig House and University Field	1	12	6
£36,55	8	13	9
ORDINARY PAYMENTS.			
<ol> <li>Amount thereof, as stated in foregoing Discharge £32,824 4 1</li> <li>Value of labour performed by tradesmen, assisted by West House patients, for New Craig House, &amp;c. 543 18 10</li> <li>Proportion of £300 additional, as the estimated value of pauper labour in keeping the grounds, in terms of Report by Mr Haldane, C.A</li></ol>	60	18	4
Surplus Ordinary Receipts for New Craig House, &c £3,0	7	15	5
EXTRAORDINARY RECEIPT. Additional Loan from Charity Fund £3	50	0	0
EXTRAORDINARY PAYMENT. Repaid Free Church of Scotland to account of Loan £2,5	00	0	0

## ABSTRACT of ORDINARY and EXTRAORDINARY RECEIPTS and PAYMENTS of the WEST HOUSE.—For year to 30th September 1913.

### ORDINARY RECEIPTS.

1	Boards									£20,901	3	2
	Extra Accounts									526	12	2
3	Produce and Sund	ries sold								298	17	5
4	Rent of Railway S	iding, &	e								1	0
5	Seat Rents in St C	uthbert'	s Church	1 .						2	18	0
6	Claim under Fire I	nsurance	e Policie	s .						0	14	6
7	Price of Clothing	upplied	to Patie	nts lea	ving t	he In	stitut	ion		0	9	7
8	Value of patients'	labour 1	performe	d for ]	New C	raig	Hous	ie, &c	.,			
0	as before (see Ne	w Craig	House P	aymen	ts 2 a	nd 3)				726	14	3
										£22,467	10	1
		0	RDINA	RY P.	AYM	ENTS	5.					
3	Amount thereof, a	s stated	in forego	oing Di	schar	ge	£23	,256	3	4		
3	. Twenty-ninth ins Fund				2,701	15	1					
	Less-Interest included in 1	on $\pm 19$ ,	034. 9s.	Id.,	698	9	8					
	included in 1	NO. 1 nei	eor .					,003	5		~	0
							-			- 25,259	8	9
	Excess of Ordi	nary Pay	ments o	ver Or	dinary	y Rec	eipts			£2,791	18	8
						22				-		COLUMN .

### 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, 176. Patients at the lowest rate of Board, 76; and Paupers, 300.

	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	42 0 2	14 19 9.5	10 3 5
held to be covered by cost of Gardens and	12 0 2	14 10 00	10 0 0
Grounds No. 13			
3. Clothing			2 3 2.2
3. Clothing . 4. Bedding and Napery	3 4 0	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
5. Fuel (including fuel for electric lighting).	$\begin{array}{cccc} 7 & 1 & 11 \\ 0 & 17 & 2 \end{array}$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	0 12 6.5
6. Gas Lighting	2 19 6	0 12 6.3	0 12 6.3
8. Medicines and Surgical Apparatus .	1 7 7	0 11 9	0 11 9
9. Books and Stationery	1 11 4	0 10 3.6	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
10. Tobacco and Snuff	10 3 2	6 17 9.7	5 5 10
12. Public and Parochial Burdens	5 18 10	0 18 7.9	0 18 7.9
13. Expenditure on Gardens and Grounds .		0 10 4.5	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
14. Feu-Duties and Stipend	$     \begin{array}{ccccccccccccccccccccccccccccccccc$	$\begin{array}{cccc} 0 & 15 & 9.6 \\ 0 & 1 & 10.1 \end{array}$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
16. Salaries and Wages	45 19 1	14 17 5.4	12 7 10.5
17. Miscellaneous Payments	2 4 3	0 10 10.8	0 10 10.8
18. Value of labour performed by tradesmen		the second second	
and patients for New Craig House and Intermediates		1 3 0	
19. Instalment to Sinking Fund, as sanctioned			
by the Court	- ° i	4 17 10.6	
20. Interest on New Craig House Debt Deduct—	7 8 1		
1. From New Craig House, &c	136 15 3	50 14 9.9	43 3 4
(1.) Price of Pigs and Sundries sold .)			
<ul> <li>(2.) Rents of Grass Parks</li></ul>	2 15 5		
2. From Paupers—		a transier	
(1.) Price of Pigs, &c., sold, in-		and the sea	
cluding Rent of Siding . £0 11 4.1	1000	the starting	
(2.) Value of labour performed by paupers for New Craig House			
and Intermediate patients. 2 9 5			3 0 9.1
3. From Intermediates—		St. Columnian C	
Price of Pigs, &c., sold, including Rent, as above		0 11 4.1	
Cost per head during 1913	133 19 10	50 3 5.8	40 2 6.9
The average number of Patients, Officers, and D	omestics dur	ing the Year	ending
30th September 1912 was			. 1,015
Do. do. do.	30th Septe	ember 1913	. 1,041
Increase in 1913			. 26
The Cost of Provisions per head during the Year e	ending 30th S	ept. 1912 was	£13 8 4
Do, do. do.	30th Septem	ber 1913 was	15 0 1
Increase in 1913			£1 11 9

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STATE OF DEBT due by CRAIG HOUSE DIVISION, of the ROYAL EDIN-BURGH ASYLUM FOR THE INSANE, as at 30th September 1913.

Amount thereof			17	5
Deduct-Proportion of Debt West House .	on Craig House	10 190	9	0
		£46,180	8	5

## STATE of FINANCES of NEW CRAIG HOUSE for year to 30th September 1913.

Balance from 1912									£901	17	11
Surplus Receipts, as before									3,047	15	5
Deduct-Loss on Interme	ediate	18							£3,949 687		4 10
									£3,262	9	6
Decrease on Debt-											
At 30th September 1	1912					£48,560	10	4			
At 30th September	1913	•	•	•	•	46,180	8	5	2,380	1	11
									£882	7	7
Arrears of Board, &c., at c	lose o	f this	s Acc	ount		£965	11	11			
Less Balance of do. at											
when the indebtedness o											
fixed by the Court, und	er de	ducti	on of	arrea	ars						
of Board written off						83	4	4			
									882	7	7
									And the second second		-

STATE OF DEBT due by the WEST HOUSE of the ROYAL EDINBURGH ASYLUM FOR THE INSANE, as at 30th September 1913.

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Amount thereof

. £19,136 9 0

STATE showing the Operation of the SINKING FUND during 1912-13, 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. 5,095 15 2 203 16 7	Amount of Debt at 30th September 1912	£ s. d. 19,034 9 1
5,299 11 9	ate	2,803 15 0 21,838 4 1
2,701 15 1 2,597 16 8	Deduct— (1) Twenty-ninth Instalment to Sinking Fund	2,701 15 1 19,136 9 0

# ABSTRACT

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### OF THE

## TREASURER'S INTROMISSIONS

### WITH THE

## FUNDS ADMINISTERED BY THE CHARITY COMMITTEE

For the year to 30th September 1913.

### CHARGE.

	D. L				£51 1 7
1.	Balance at close of last Account	1			347 15 0
11.	Legacy received				367 14 10
III.	Revenue received	•			59 2 2
IV.	Revenue received			•	00 2 2
V.	Donations received :	00		0	
	Mrs Cumming Craig, 9 Learmonth Terrace .	±0	2	0	
	Wm. C. M'Ewen, W.S., 9 Douglas Crescent	0	9	0	
	Mrs Tod, Clerwood, Corstorphine	1	1 -	0	
	Mrs Ritchie 6 St Margaret's Road	0	ā	0	
	Mr and Mrs Stark, 14 Suffolk Road .	0	2	6	
	Miss Saunders, 56 N. Castle Street	0	5	0	
	Donations received : Mrs Cumming Craig, 9 Learmonth Terrace Wm. C. M'Ewen, W.S., 9 Douglas Crescent Mrs Tod, Clerwood, Corstorphine Mrs Ritchie 6 St Margaret's Road Mr and Mrs Stark, 14 Suffolk Road Miss Saunders, 56 N. Castle Street Alexander Davidson, Esq., 173 Colinton Road Miss Leslie, 1 Lansdowne Crescent	0 0	2	6	
	Miss Leslie, 1 Lansdowne Crescent Jas. M. Logan White, Esq., Kellerstain, Corstorph	0	5	0	
	Jas M Logan White, Esq., Kellerstain, Corstorph	nine 0	10	0	
	A. J. Alison Advocate, 46 Heriot Row .	0	10	0	
	I R Norrie 25 Dick Place	0	5	0	
	Sin T S Clouston M D 26 Heriot Row	1	1	0	
	Miss Payburgh 4 Abbotsford Crescent	0	5	0	
	Laba D. Findlag, 97 Deumshaugh Gardens	3	0	0	
	Mine Show 14 Deepperk Crossent	0	2	6	
	Jas. M. Logan White, Esq., Kellerstain, Corstorph A. J. Alison, Advocate, 46 Heriot Row J. R. Norrie, 25 Dick Place Sir T. S. Clouston, M.D., 26 Heriot Row Miss Roxburgh, 4 Abbotsford Crescent John R. Findlay, 27 Drumsheugh Gardens Misses Shaw, 14 Deanpark Crescent Anonymous. Two Friends Sheriff Lees, K.C., 4 Darnaway Street Miss Laidlay, 7 Newbattle Terrace Miss Lorimer, 7 Gillsland Road Mrs Turnbull, 2 Corrennie Gardens Mrs Macdonald, 8 Gillsland Road Mrs Mathewson, 25 Cluny Gardens Mrs Wilson, 3 Corrennie Gardens.	ő	ĩ	õ	
	Anonymous.	ő	5	ŏ	
	Two Friends	0	0	6	
	Sheriff Lees, K.C., 4 Darnaway Street	1	õ	ň	
	Miss Laidlay, 7 Newbattle Terrace	1	5	ň	
	Miss Lorimer, 7 Gillsland Road	0	5	Ň	
	Mrs Turnbull, 2 Corrennie Gardens	0	0	0	
	Mrs Macdonald, 8 Gillsland Road	0	ð	0	
	Mrs Mathewson, 25 Cluny Gardens .	0	9	0	
	Mrs Wilson, 3 Corrennie Gardens.	0	.2	0	
	MI and miss ringic, The Drumshough Garden			6	
	F. C. Thomson, Advocate, 5 Northumberland		-	~	
			5	0	
	Miss E. C. Wright, 24 Napier Road	0	5	0	
	F. C. Thomson, Advocate, 5 Northumberland Street . Miss E. C. Wright, 24 Napier Road Mrs Anderson, 9 Great King Street	0	2	6	
	The Right Hon. The Earl of Stair, Lochinch,				
	Castle Kennedy, Wigtownshire	1	0	0	
	Thomas Barelay Advocate, 1 Ainslie Place	1	0	0	
	Street Miss E. C. Wright, 24 Napier Road Mrs Anderson, 9 Great King Street The Right Hon. The Earl of Stair, Lochinch, Castle Kennedy, Wigtownshire Thomas Barclay, Advocate, 1 Ainslie Place Mrs Jessie C. Currie, Trinity Cottage Anonymous.	0	10	0	
	Anonymous.	1	0	0	
	Rev. W. M. M Gregor, D.D., 28 Walker Street .	0	2	6	
	nov. w. m. m oregor, D.D., 20 tranter bullet		100		
	Carry forward	£15	6	6	£825 13 7

5

Brought forward	£10	5 6	6	£825	12	7
Mr and Mrs A. H. Turnbull			0	2020	10	'
Miss M. Nairn, 29 Abercromby Place		5	0			
Mrs Joseph Smith, 46 Cluny Gardens .	Ì		Ő			
Thomas Steuart, 48 Palmerston Place	Ì		ŏ			
J. Stewart Clark, Dundas Castle, S. Queensferry	ì		0			
Edwin Adam, K.C., 11 Hillside Crescent.	č		0			
Miss E. Walker Arnott, 24 St Bernard's Crescent						
H B Finlay 15 Strathoan Place			0			
H. B. Finlay, 15 Strathearn Place	(		0			
Miss Wishart, Thornton, Dalkeith	(		6			
John Thomson, M.D., 14 Coates Crescent	(	) 5	0			
Miss Marcia Dods, 28 Greenhill Gardens	0	2	6			
Miss Margaret Thomson, 28 Greenhill Gardens .	0	2	6			
Miss J. M. Ritchie, 22 Charlotte Square	0	2	6			
Alexander Melvin, 4 Savile Terrace	0	5	0			
Mrs Russel, 25 Cluny Drive	0		6			
J. R. M. Wedderburn, W.S., 3 Glencairn Cres	0	10	0			
Sir James A. Russell, M.D., Woodville, Canaan I	lane 1	1	0			
Miss J. L. C. Wilson, 74 Polwarth Terrace	0	2	6			
Colonel Leven, 26 Saxe-Coburg Place		5	Ő			
Findlay B. Anderson, 24 St Andrew Square	2	0	õ			
Mrs Lee, 16 St Albans Road	0 2 0	0	6			
Misses Fleming, 24 Magdala Crescent	2	$     \begin{array}{c}       1 \\       2 \\       5 \\       0 \\       2 \\       0     \end{array} $	ŏ			-
Arthur Allison, Advocate, 3 Moray Place		10	0			A
Mrs James Heron, 3 Merchiston Avenue.		10	0		al	1
Misses Rutherford, 14 Albany Street	0	10			N	
Francis Kemp, 22 Colinton Road	0	7 2 2	6		4	
Alexander Middleton, 12 Succoth Gardens	2	2	0			
Alexander Stiduleton, 12 Succoth Gardens .	0	2	6			
		0	_			
Add - From unannuonvistad Fred Cl 1	£34	3	0			
Add:-From unappropriated Fund, Charity		-				
Organisation	5	0	0			
Deducto Constato 1 1 1 cm in	£39	3	0			
Deduct :- Commission charged by Charity						
Organisation Society for collection at 11% .	0	10	3			
			-	38	12	9
						-
DISCOULD AND				£864	6	4
DISCHARGE.						-
I. Sums paid to Royal Edinburgh Asylum in relief	f of Pa	tient	s'			
Boards .			~	£292	1	3
II. Additional Loan to Royal Edinburgh Asylum for th	e Insan	e	•	350	ô	0
III. Expense of Management, &c.	ie instri			12	0	0 7
IV. Balance due by Treasurer at 30th September 1913.	•		•	210		
and y around at both september 1915.	•			210	4	6
				0001	e	-
STATE OF FUNDS AT SS.				£864	6	4
STATE OF FUNDS AT 30TH SEPTEM	ABER	1913.	1			
I. Sum in Bond and Disposition in Security over Asylu	um pror	erty		£9,600	0	0
11. Additional sum lent to Koval Edinburgh Asylum				500	0	õ
111. Deposit with Edinburgh Corporation on Temporary	Loan			500	0	0
IV. Balance due by Treasurer, as above			•	210	4	6
				210	4	0
			e	10,810	.1	e
			2	10,010	4	6
Providence and the						
EDINBURGH, 20th February 1914 I have examined	the for	omin		A	1 ·····	1

EDINBURGH, 20th February 1914 .- 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 1913 being £210. 4s. 6d.

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

## ABSTRACT

### OF THE

### TREASURER'S INTROMISSIONS

#### WITH THE

### FUNDS BEQUEATHED BY THE LATE MRS BEVAN

For Year to 30th September 1913.

### CHARGE.

I. Balance of uninvested funds at close of last Account .	. £15	13	8
II. Revenue received	. 449	2	4
III. Income Tax reclaimed	. 78	3	9
	£542	2 19	9
DISCHARGE.			
I. Balance due to Treasurer at close of last Account .	. £57	2	0
II. Payments made to Royal Edinburgh Asylum for the Insane	in		
relief of Patients' Boards	. 396	5	9
III. Expense of Management	. 16	1	11
	£469	9	8
Add :-Balance due by Treasurer at 30th September 1913	. 73	3 10	1
	£542	2 19	9
STATE OF FUNDS AT 30TH SEPTEMBER 1913	3.		
I. Amount lent to Royal Edinburgh Asylum for the Insane .	£12,700	0 (	0
II. Balance due by Treasurer as above	. 73	8 10	1
	£12,773	3 10	1
			-

(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-PSYCHO-LOGICAL ASSOCIATION OF GREAT BRITIAN AND IRELAND in 1913 :-

CRAIG HOUSE. NURSE L. E. M'CUTCHEN. ., E. MURRAY.

### WEST HOUSE.

NURSE H. G. S. RICHARDSON.

- J. L. CAMERON. ...
  - A. R. BRUCE.
  - A. SIM.
- F. STONE.

MISS ARROWSMITH

(with distinction).

FORBES (with distinction).

DE LAPPE.

The undernoted have passed the Junior Examination :-

NURSE K. MANSON. M. E. RANKEN. ,, M. D. M'INNES. ,, ATTENDANT P. FLYNN. J. M'LEAN. ..

NURSE J. B. KIRKLAND.

J. M. THOMSON. .,

- G. SHARPE. ..
- E. SIMPSON. ...
- J. MILNE. ,,
- R. FRASER. 22
- M. M. ROSS. 22
- J. M'PHAIL. ...
- A. CROALL. ..
  - L. A. S. FORSYTH.
  - J. REITH.
- C. M. ROSS. ...
- J. C. M'ARTHUR.
- M. N. B. REITH.
- L. CROSS.

,,

- E. M'NAUGHTON.
- H. A. EATON.
- ATTENDANT A. BALLIE. J. MORGAN.

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