

The sixty-second annual report of James Murray's Royal Asylum Perth.

Contributors

James Murray's Royal Asylum for Lunatics.
Urquhart, A. R.
Sibbald, John.
Liddell, John.

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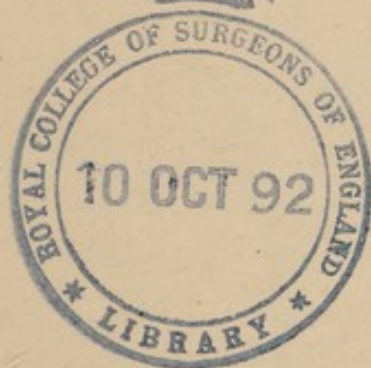
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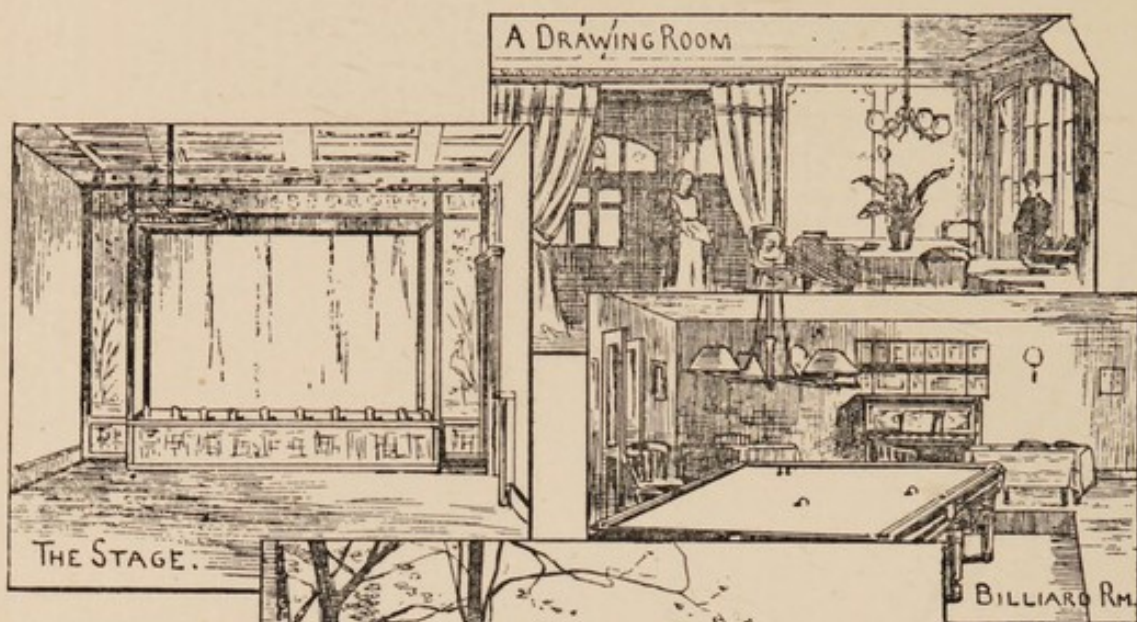
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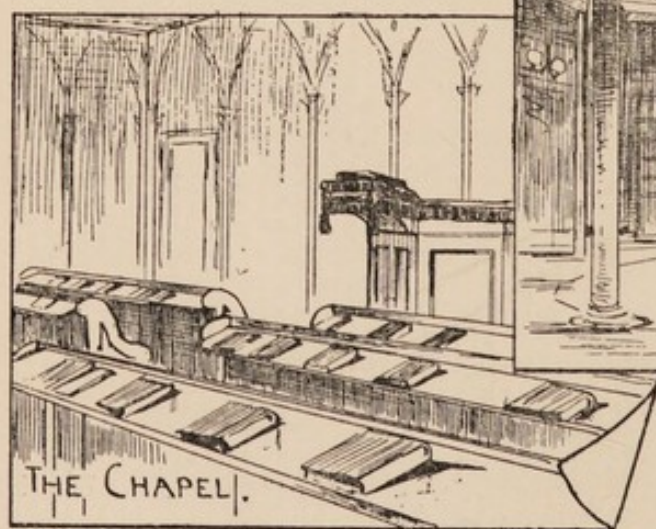
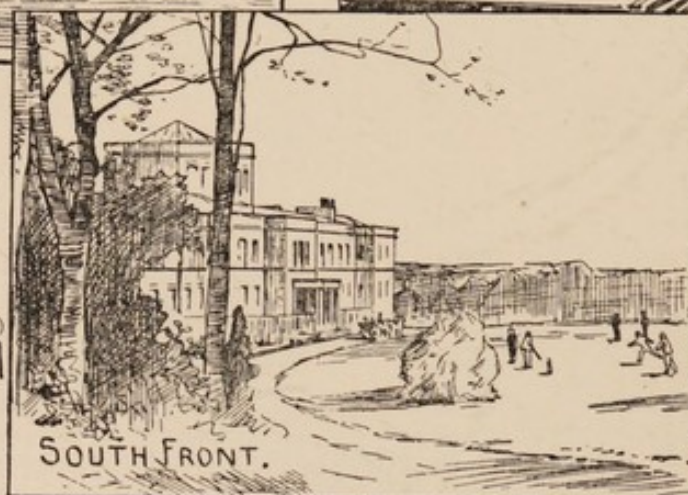


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London NW1 2BE UK
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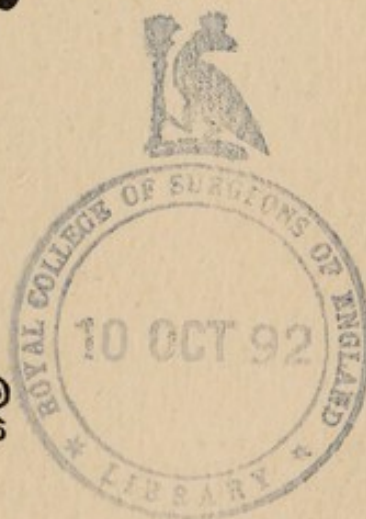


MURRAY'S
ROYAL
ASYLUM
PERTH,



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THE
SIXTY-SECOND
Annual Report
OF
JAMES MURRAY'S
Royal Asylum
Perth.



PERTH:
PRINTED BY J. YOUNG & SONS, 66 WATERGATE.
1889.



Kincarrathie.



James Murray's Royal Asylum, Perth.

Chairman.

The Viscount Stormont.

Directors Ex-Officio.

His Grace the Duke of Athole, K.T., Lord-Lieutenant of the
County of Perth.

W. E. Gloag, Esq., Sheriff of the County of Perth.

John Grahame, Esq., Sheriff-Substitute of the County of Perth.

J. P. Whittet, Esq., Lord Provost of Perth.

D. M'Kenzie, Esq., Dean of Guild, Perth.

J. Duncan, Esq., First Bailie, Perth.

J. Stewart, Esq., Convener of Trades of Perth.

A. G. Reid, Esq., President of the Society of Solicitors, Perthshire.

Rev. A. Fleming, Minister of St. Paul's Church, Perth.

Life Directors.

Wm. Smythe, Esq. of Methven.

H. C. R. Macduff-Duncan, Esq.
of Damside.

David Mackinlay, Esq. of Cor-
don.

The Viscount Stormont.

Annual Directors.

A. Macpherson, Esq., of Blair-
gowrie.

Capt. Black of Balgowan.

R. Pullar, Esq., Tayside.

Dr. Buchanan White, Annat
Lodge.

Lieut.-Col. E. R. Stewart Richard-
son of Ballathie.

Geo. Gray, Esq., Bowerswell.

John Steel, Esq., Blackpark.

John M. Miller, Esq., Mayfield.

Sir R. D. Moncreiffe of Mon-
creiffe, Bart.

Albert Butter, Esq., Perth.

Andrew Coates, Esq., Pitcullen.

Committee of Management.

The Viscount Stormont.

John M. Miller, Esq.

R. Pullar, Esq.

J. Steel, Esq.

J. P. Whittet, Esq.

Dr. Buchanan White.

A. Butter, Esq.

A. Coates, Esq.

Joint Secretaries and Treasurers.

Messrs. Mackenzie & Dickson, Solicitors, Perth.

Auditors.

Messrs. J. & R. Morison, Perth.

Asylum Staff.



Physician Superintendent.

A. R. Urquhart, M.D.

Assistant Medical Officer.

John Liddell, M.A., M.B., C.M.

Chaplain.

Rev. W. D. Knowles, B.A., Lond.

Matrons.

Miss Giddings, at Kincarrathie.

Miss Sharp, at the Asylum.

Housekeeper.

Miss Crichton.

Chief Attendant.

Mr. W. Henry.

At JAMES MURRAY'S ROYAL ASYLUM
FOR LUNATICS, the 10th day of June,
1889.

At the Annual General Meeting of Directors of
the Asylum, held in terms of the Royal
Charter,—The Lord Provost of Perth pre-
siding.

Inter alia:—

The Annual State of Accounts prepared by the
Auditors was read to the Meeting and ordered to be
engrossed.

The Secretary thereafter read the Report of the
Managing Committee on the affairs of the Institution
for the year.

The Chaplain's Report was submitted by the Secre-
tary in the unavoidable absence of the Rev. Mr. Knowles.

Dr. Urquhart next read his Report as Physician
Superintendent.

On the motion of the Lord Provost, seconded by
Alex. Macduff, Esq. of Bonhard, the Meeting resolved
That the Reports now read be approved of and recorded
in the Minute Book of the Corporation, and that the
same, or a suitable abstract thereof, be printed and
circulated under the direction of the Physician and
Secretaries; and that, in accordance with the Com-
mittee's recommendation, the Meeting accept of the
resignation of Miss Giddings as Honorary Matron,
and, in respect of her long service, grant her a retiring
allowance at the rate of £60 per annum, payable
quarterly. Further, instruct the Secretaries, in intima-
ting this resolution to Miss Giddings, to express to her
the Directors' high appreciation of her faithful discharge
of her duties.

On the motion of D. Mackinlay, Esq. of Cordon,
seconded by Bailie Duncan, it was agreed that the fol-

lowing be elected Annual Directors in room of those retiring, viz.:—

Sir Robert Drummond Moncreiffe of that Ilk, Bart.,
 Sir Alexander Muir Mackenzie of Delvine, Bart.,
 Andrew Coates, Esq., Pitcullen House,
 Albert Butter, Esq., Perth;

and that Mr. Coates and Mr. Butter be added to the Managing Committee to fill the vacancies there.

The Secretary intimated that Rev. Archibald Fleming, Minister of St. Paul's Parish, now becomes a Director for four years, in terms of the Charter, in place of Rev. Dr. Milne.

The List of Directors accordingly now stands as printed on page 5.

H. C. R. Macduff Duncan, Esq. of Damside, moved, and it was unanimously agreed to, that Viscount Stormont be re-elected Chairman for the ensuing year.

It was thereafter moved by Lord Dean of Guild M'Kenzie, and unanimously agreed to, that the Meeting re-appoint Messrs. Mackenzie & Dickson as Secretaries and Treasurers of the Institution, and also that the Chaplain, Auditors, Matron, and Housekeeper be re-elected.

On the motion of the Lord Dean of Guild, the special thanks of the Directors were accorded to Dr. Urquhart for his unwearied exertions on behalf of the Institution, which have conduced so materially to its prosperity, as testified by the Reports now submitted.

The Directors afterwards adjourned to inspect the new Hospital wings, which were formally declared open by the Lord Provost in presence of a number of the friends of the Institution, the Architect, and the Contractors.



REPORT
OF THE
PHYSICIAN SUPERINTENDENT

FOR THE YEAR ENDING 31st MAY, 1889.



HAVE the honour to submit the Sixty-
Second Annual Report, together with
Tables of Medical and General
Statistics.

General
Statistics

On the 1st June, 1888, there were 102 persons on the Registers of the Asylum.

Thirty-eight were admitted during the year, of whom 21 were men and 17 women.

Thirty were discharged, 15 men and 15 women.

The number of deaths was six, 4 men and 2 women.

The total number of cases under treatment was 140, and the average daily number on the books 104.

There now remain 53 men and 51 women—total, 104,—being an increase of two during the

year. Two men and three women reside voluntarily in the Institution, eleven are at Kincarrathie, and one is absent on pass.

The Admissions.

The average rate of the admissions for the last twenty-four years is 25 per annum. This year it is 38, indicating a satisfactory activity in the functions of the Hospital.

Lunacy an affair
of Medicine.

On reviewing the cases received we find, as usual, that the great majority were sent here in a state of physical as well as mental unsoundness. Thirty-two were suffering from bodily ailments more or less severe, and consequently more or less demanding medical treatment. It is this constant factor in the production of mental disease, this question of pathological significance, that will ever retain lunacy within the domain of medical skill. The intervention of complicated legal ceremonial between obvious disease and rational treatment is not the least of the misfortunes attending on insanity; and it is surely competent for Scotsmen to congratulate themselves upon the wisdom of the Scottish law and its discerning interpretation by a sufficient Board of Lunacy, while on the other side of the Tweed the air is heavy with the groans of an overweighted profession, threats of penal restrictions, and the ill-judged interposition of the magistrate "trying the lunatic." Some complacency may not ill beseem us when we reflect that, for a generation, the Asylums of Scotland have been encouraged to develop each its special features of excellence, that the difficult and extraordinary cases are personally well known to the visiting Commissioners, that the necessary magisterial authority has only been

exercised through the medical evidence, and that the treatment of mental disease has been rendered as easily accessible as is consistent with the public welfare.

Impending Lunacy legislation should deal with the three countries of the United Kingdom, so as to facilitate concerted action on the part of the authorities in England, Scotland, and Ireland. Commissioners or Inspectors in Lunacy should have reciprocal powers to permit patients to move from one country to another on trial or for the benefit of health ; and medical certificates of insanity granted in England, Scotland, or Ireland, should be declared valid for the United Kingdom. It should not be a legally doubtful procedure to permit a certified patient to travel from Scotland to England. Still less should it be requisite that the means of two Scottish ladies, resident in Scotland, and wards under the Scottish Courts, should be squandered in London on elaborate legal procedure, because they had—I had almost said the misfortune—to inherit property in Yorkshire!

The Physician, then, while relying on the strong arm of the law to aid him in his endeavours to promote the good of his patient and the common weal, is confronted with problems of life and mind that are surely becoming less difficult and less perplexing to our slowly widening knowledge. The innate tendency to insanity is to be the subject of his solicitude and study just as much as the overt symptoms that lead to active treatment. Nay, it is a question of vital import-

ance how disease may be prevented, when the whole organism is prone to disorder. Just as we should advise the careful nurture of one by heredity disposed to consumption, so we should care for the education, in the widest sense, of the mentally unstable. Will the time come when "the marriages made in heaven shall be revised in the consulting-room?" Surely the time has come when the sanitation of the mind well deserves a part of the attention that is devoted to the hygiene of the body. *Mens sana in corpore sano*. How long has it been repeated, how little acted upon! One scarcely cares to write it, so trite has it become. Yet we find the Imperial Parliament of to-day altogether busied with imposing hindrances, limitations, and disabilities on the work of the medical profession in this great cause.

Former
Residences of
Admissions.

Those admitted came from the following localities:—7 from Perth, 7 from the County of Perth, 5 from Fife, 5 from Forfarshire, 1 from Edinburgh, 2 from Glasgow, 8 from other parts of Scotland, 1 from England, 1 from Ireland, and 1 from New Zealand. No application for admission from the City of Perth was refused, and but one from the County. That refusal was not on the score of inability to pay the rate of board; but, in the interest of the patient, who has been twice treated to recovery here, a change of asylum was advised. The result amply justified the advice so given.

Causes of
Insanity.

The causes of insanity, as discovered on investigation, were of the usual nature. Fourteen were hereditarily predisposed and 12 had pre-

vious attacks. Alcoholism was the sole apparent cause of the insanity of three men. Three had taken narcotics to excess, and so brought about their mental derangement. Old age sent two cases, one of whom was re-admitted after forty years' useful and conscientious service in the world. Worry, mental strain, or prolonged religious excitement was set down as causing insanity in nine cases, but other influences prevailed in addition—influences of a well defined physical nature. By careful inquiry, the list of unknown causation was reduced to three. In these the roots of the malady were so concealed, or so elusive, that we could form no idea of its generation.

The origin of one case should not be over-Folie à Deux. looked in this brief *résumé* of the year's work. A young man was admitted in a state of acute mania, of transient form, but extremely violent while it lasted. His sister had been seized with puerperal mania; the mental malady had been communicated to her mother, who in turn communicated it to her son. The derangement happily proved short-lived. The daughter and mother recovered under home treatment, while the son, as above indicated, recovered here.

Twelve patients were admitted in very feeble Feeble Cases bodily condition. One was almost moribund from inflammation of the lungs, and another was on the verge of the grave owing to advanced disease of the heart. However undesirable such cases may be from a curative point of view, their proper care and treatment can only be secured in an Asylum. Skilled nursing and special appliances

may do but little to promote recovery or to prolong life, but at least the pillow may be smoothed and the painful way eased.

The Recoveries.

The general recovery rate of this Asylum during the years 1865 to 1888 inclusive is 33·33 per cent. on the number of admissions. The results for the year now ended are—for men, 33·33; for women, 35·29; total, 34·21. Altogether, 13 patients left the Institution restored to health, including several of strongly marked hereditary tendency, complicated with bodily disease. The figures of the recovery rate do not present as favourable an aspect as usual, for many of the curable cases still remain under treatment, while others have been prematurely removed.

Removals
Unrecovered.

It is to be regretted that so many patients' friends are to be found insisting on premature discharge from Asylum care. These efforts to promote recovery or to give gratification are usually ill-judged, and are most generally followed by disastrous consequences. Thirty-one patients were thus removed, against advice, during the past nine years. In only four cases could the result be considered satisfactory, while serious harm was done to eighteen.

Nine patients were transferred to other Asylums. Seven were sent out on trial to reside with relations. Three of these have since returned here.

Discharges on
Trial.

I have not favoured the use of the probation clauses of the Lunacy Acts, except in a few instances, where the future of the convalescent was

well assured. It has rather been my practice to discharge recovered patients on pass for twenty-eight days. This permits easy and inexpensive return of the patient if necessary, and does not hang up the actual discharge for months, as in the case of probation, which also requires the sanction of the General Board of Lunacy. I think, however, that the use of this method of discharge should be intimated on the statutory notice, so that the Board would have fuller information as to the liberation of patients on trial.

The percentage of deaths on the average The Deaths. numbers resident was 5.75. This is practically our normal death-rate since 1864, although it is somewhat higher than that of the last three years.

One of the deaths occurred in the case of a gentleman on whom it had been resolved to operate for cerebral tumour. Unfortunately, he was carried off by an apoplectic seizure, connected with the growth in his brain, before the arrangements were completed. Another death, of note- Suicidal Attempt. worthy importance, was that of a voluntary patient, who attempted suicide while labouring under a fatal inflammation of the lungs. He had resided here voluntarily, for five years, without showing the slightest tendency to self-destruction. On the evening before the occurrence he was, to all appearance, quite as well as usual in mind and body; but, in the night time, he so cut and gashed himself that his pallor betrayed him, as he lay on the drawing-room sofa before breakfast. His lungs were then found to be seriously and extensively diseased, and he died within forty-eight hours. Needless to say, the case was at once

Suicidal
Patients.

reported to the Fiscal, as the law directs, and a full investigation made. There is no reasonable doubt that a latent inflammation of the lungs caused the mental disorder, which provoked this deed in one who had always been regarded as among the safest and happiest of our patients. It is such incidents, occurring so unexpectedly, and so fraught with anxiety, that render the wear and tear of Asylum life so grievous. We have had twenty patients of obvious suicidal tendency under care during the year; but the necessity of ceaseless vigilance was evident in these twenty cases, and the necessity enforced its continuance. The patient whose death is above recorded, however, gave no sign of his purpose, even up to the time of his retiring to rest; although he wrote his will and letters referring to his intention with precise care, and placed them where found next morning.

As above noted, two of the deaths occurred in cases of patients recently admitted—patients who were, in fact, sent here to die: one was caused by carbuncle, followed by blood-poisoning, and another by decay of the vital powers from age and eczema. The average age at death was 60. Four were males, two were females. Five *post-mortem* examinations were made, and accurate records preserved.

Average
Numbers
Resident.

The average daily numbers on the books during the year were—certificated male patients, 51·57; female, 47·00. Voluntary male, 2·64; female, 3·00. Total, 104·22. This is the same number as last year, and shows an increase of 23 over the average daily number since 1864, which was 81·14. The lowest number for any one day

(98) during the past year occurred on the 5th September, and the highest (109) on the 29th January.

The suicidal attempt above described was the Accidents. most serious entry in the Accident Book. The other casualties recorded were of insignificant importance from a surgical point of view, except that of an epileptic lady, who fell in a fit, and broke her collar bone. It was extremely difficult to keep her under appropriate treatment until the bandages were covered with melted paraffin wax, in such a way as to form an inflexible coating. As this substance sets immediately, and is neither wet nor heavy, I commend it to the notice of those who have to treat similar cases.

Again I have the pleasure of reporting that a No Escape. year has gone by without an Escape. This result has not been achieved by increasing the number of locked doors, or by diminishing the number of parole patients. Of course there is, and always will be, a residuum for whom the intervention of a locked door or an attendant on guard is necessary; but any temporary return to locked doors in the south block is regarded, by the steady-going patients, as an unwarrantable interference with personal liberty.

More patients were confined to bed during General Health the winter months than at any time during the last twenty years. Many feeble cases have been received, and the old sick-rooms, together with the intermediate galleries of the new wings, have been taxed to contain the requisite beds. There

was no epidemic or preventible disease, but rather maladies of degeneration and serious organic change. The summer months have brought less anxious times, and the new Hospitals will now accommodate these cases with greater comfort and benefit to the sick, and less arduous labours on the part of the staff.

The Chapel.

A part of the Turkish Bath has been temporarily fitted as a Chapel. The more convenient hour on Sunday mornings now adopted has enabled a larger congregation to be present than in the past. The Chaplain has, as heretofore, endeavoured to give variety and interest to the Service and the social life of the Institution.

Occupations,

Much attention has been devoted to the Occupation of the patients, and on an average 58 have been usefully employed. Indeed, there is nothing in our routine of life that is more apt to slip behind the requirements of the day. The inert, uninterested listlessness of insane patients has to be combatted with vigour and watchfulness. Two new occupations have been introduced for gentlemen—the making of stained-glass screens for windows, and the manufacture of *repoussé* brasswork. It is extremely difficult to get suitable employment for gentlemen, something of interest, yet not surrounded by too many technical difficulties. Those above named seem to present sufficient reward for the labour, without being dully mechanical in their easy artistic processes. A great part of the upholstery work for the new wings is being done by a gentleman who lives alone in the Cottage, where he has his workshop

and materials at hand. No less likely workman could well have been found than he when, a few years ago, on account of deeply-seated delusions (which, indeed, he still retains in a modified form), he had to be carried all the way from the Asylum to our house at Carnoustie. Now, it would be hard to find a more excellent workman or a more easily managed patient.

The usual houses at Carnoustie and Pitlochrie Amusements were rented for the summer months. Twenty-nine patients were thus sent to the Seaside and fourteen to the Highlands.

The big outing of the year was a pic-nic party of a hundred to Dunsinane and Kinnaird Castle. It included, amongst those physically able for the long drive, nearly all the turbulent and excitable patients in the house. It is interesting, and still more instructive, to remark how patients of this class control themselves on such occasions, and spend a long summer day, or enjoy an evening dance, with every appearance of propriety and pleasure, only to return to degraded or violent habits when the stimulus to self-control has passed away.

Besides the entertainments of professional performers, we were favoured with a lecture on Norway by Dr. Stirling, and another on Tangiers by Mr. Maccall, both illustrated by very beautiful limelight views lent by Mr. Valentine of Dundee. Concerts organised by Mr. J. Coates, Mrs. Cox-Cox, Mr. H. H. Norie, the Perth Orchestral Society, and the Officers of the General Prison, were also given. Theatricals by the staff, and by a party of ladies and gentlemen who have

frequently favoured us in past years, have also to be acknowledged, with our best thanks.

Visitors.

Almost every day brings visitors to the patients. Some of these have been accommodated in the Asylum, or in neighbouring houses, for various periods of time, when such arrangements seemed desirable.

The New
Hospital
Wings.

The New Hospital Wings are now nearly completed, and have been very favourably criticised by those best competent to judge. It is only doing bare justice to the architect, Mr. Heiton, to thank him for the care and skill he has bestowed on these buildings. Early and late he toiled to bring the work to a successful issue. I would also acknowledge the labours of your old and tried servant, the engineer, T. Whyte, who acted as clerk of works. There is no need to prolong this Report by describing in detail these buildings, which will be the subject of a separate paper elsewhere. Just a word of congratulation may be allowed in respect of their being declared open to-day. This pleasing duty will be undertaken by Lord Provost Whittet, in the absence of the Chairman, The Viscount Stormont.

The necessity for modern means of treatment, conveniences, and comforts, unthought of when the original fabric of this Asylum was planned, has been adequately met by the Directors. Fourteen years ago they entered upon a policy of improvement that still had for its aim the welfare of the insane committed to their charge. The earliest Reports of this Asylum show that

the first Directors had no intention of making it a mere fortalice of unreason. The medical idea was ever prominent, and this latest development of its growth and activity keeps it well abreast of the front rank of Hospitals for the Insane. It is distinctively the beginning of a new era of usefulness for this Institution—a memorable day in the history of James Murray's Royal Asylum.

A few weeks ago the London County Council made a movement towards the establishment of an Hospital for the Insane on the lines of those general Hospitals that have been an outstanding feature of modern civilisation. It is proposed that it shall be a place for the treatment of acute cases of insanity and the study of the problems involved—that it shall be, in fact, an effort to gain a greater proportion of recoveries than the world has yet known. The advantages and disadvantages of such an establishment might be debated at great length. It is a question whether the aggregation of so many acute cases, without the quiet chronic patients who give a stability to the asylum microcosm, will be so beneficial as is hoped. The phalanx of failures, whose well-considered routine constitutes the *force majeure* of an ordinary asylum, and into whose orderly ways the newcomer of ill-regulated brain drops by sheer force of superior numbers—the chronic patients may be missed. Assuming that the difficulties of site and extent of grounds be overcome, so that these essentials of proper treatment—outdoor occupation and amusement—are duly secured; assuming that the costly working expenses be met; the legal responsibilities of the superin-

Treatment
of Acute
Cases.

tendent transferred to visiting physicians—granting that this plan is to arise phoenix-like from its discredited ashes, and to attain a success in the future that it never knew in the past; however it may succeed in the vast and wealthy metropolis, it is not adapted to the needs of such a locality as this. But it is very evident that it is for such institutions as this to adopt the principle in a modified form—to develop the medical idea, and to treat with individualisation acute cases in special wards. When is a patient to be classed as incurable? Certainly not by lapse of time. What is most likely to foster the *laissez aller* sentiment of apathetic officialism? Surely the crowded care of duly-labelled irrecoverables.

Medical
Treatment.

The medical treatment of insanity seems to me to find no proper place in such a Report as this. These matters are better dealt with, from time to time, in the appropriate publications of the profession. Such instruments of precision as may be required are duly supplied; our latest additions being a complete set of Electrical Apparatus, a Carter's Perimeter, and a recording Barometer and Thermometer.

Restraint and
Seclusion.

The Register of Restraint and Seclusion contains no entry for the past year, except the record of a series of shower baths given as a tonic in a case of melancholia. There seems to be an unanimous consensus of opinion that mechanical restraint is requisite and necessary in surgical cases. But difference arises when, on certain rare occasions, some physicians refuse to employ this means to prevent a case becoming an affair

of surgery. That such do occur, and that I should consider myself culpable in not taking this precaution, is very evident to me. The very stringent law on the matter, and the reluctance to use mechanical restraint, is the outcome of the dark ages of asylum management. To these days it is, happily, impossible to return; and it is inconceivable that any educated physician of the present time should apply restraints except in the most urgent circumstances. Indeed it requires much more strength of purpose to put gloves on a patient than to leave the case to the unaided care of the attendant.

As to Seclusion—the solitary confinement of a patient in a locked room,—I believe it to be perversive of proper treatment. If a furious, excited person requires to be segregated, let the separation be maintained by means of relays of attendants.

Dr. Findlay resigned his appointment in The Staff. August, in order to prosecute his studies in Vienna. The Directors made due recognition of their sense of his valuable services at their quarterly meeting in September; and he carried with him our best wishes when he left. He has been succeeded by Dr. Liddell, who had previously served as Clinical Clerk in the Fife District Asylum, and who has proved himself worthy of the recommendations on which he was appointed. Dr. Liddell has taken much interest in the training of the Attendants and Nurses, and the result of the examination held at the conclusion of his course of lectures to them will be duly made known.

Miss Giddings to-day resigns the post of Matron, to which she was appointed in 1853. Including her early training in Hanwell, under Dr. Conolly, she has faithfully served the insane for 39 years. Now this link with the past is to be broken, and Miss Giddings retires into private life on a well-earned pension.

The length of service of the Attendants and Nurses is still too brief in comparison with the importance of their duties. Eleven out of twenty-six have not yet completed a year's service. The comforts of the sitting-rooms, now exclusively devoted to their use, the further privileges and shortened hours of duty which will, I trust, soon be granted to them, should improve the service and retain worthy Attendants. Much remains to be done in this direction, and especially in the endeavour to minimise the daily tear and wear of those responsible for difficult cases. The continuous strain involved in night duty, and in the care of noisy, dangerous, and troublesome patients, should be mitigated by frequent change and ample leave of absence.

Every employé who could show a twelve-months' service here was sent to spend a day in the Glasgow Exhibition. These excursions took the place of the Attendants' pic-nic last year.

Alterations and
Improvements.

The alterations and improvements have been mostly undertaken in connection with the New Hospital Wings. The following is a list of the more important now completed :—

1. Sitting-Rooms for Attendants and Nurses respectively, formed off M. 3 and F. 3.

2. Steam Service improved by the introduction of Royle's patent apparatus for returning the condensed steam to the boilers. This has proved economical in working, not only by feeding the boiler with hot water condensed from the heating and cooking pipes, but also by abolishing the noises and straining of the apparatus throughout the house.
3. Kitchen Boilers re-fitted with improved apparatus for carrying off waste steam. Additional range introduced.
4. Heating of North Galleries by steam pipes placed in the recesses prepared in 1883.
5. Main Hot-Water Tank of north block removed to attic to improve the water supply and remove the noise of boiling water from Gallery 9.
6. Water-closets in Galleries 9 and 10 modernized, access thereto, and ventilation improved.
7. Sluice Chamber placed on Main Drain, and extension of the same to the north-west field for purposes of irrigation on the farm.
8. New Greenhouse erected in connection with the potting-shed.
9. Second Dining-Room formed in the old Chapel, with service-room and still-room connected therewith.
16. Temporary Chapel formed in the basement of the new wing on the male side.

In the foregoing statement work in progress is not included, such as the furnishing and fitting of the Hospitals and the alterations at the Farm. The cost of these will be separated from the Annual Accounts to-day presented, and details of each made out when the work is complete.

In the course of last summer a very complete Sanitary Report report on the sanitation of all the buildings of the Institution was obtained from the Dundee Sanitary Association. It showed that the recent

reconstruction of this important department has been thoroughly carried out, and that the few minor defects observed were easily remediable.

Farm and
Garden.

The importance of the Farm and Garden from a medical point of view is not to be estimated by financial results. The extent of the grounds of the Institution has kept the rapidly increasing suburbs of Perth at a sufficient distance, and the amenity of the situation perfectly secured. The new departure of the year has been the establishment of a Dairy, and the consequent retention of all the grass parks for Asylum purposes.

Financial
Details.

The income of the Asylum still continues progressive. The sum received from patients' boards amounted to £8136, which exceeds last year's results by £491. The average of other years, 1864 to 1888 inclusive, is £5024. The expenditure was £8377; the income, £8983—thus leaving an excess of income of £606. The expenditure of the year is unduly increased under the heads of Furnishings and Repairs, in consequence of the alterations in progress.

The rates of board for the admissions were—

1	at	...	£250	...	£250
4	"	...	200	...	800
3	"	...	150	...	450
7	"	...	84	...	588
1	"	...	80	...	80
16	"	...	60	...	960
4	"	...	52	...	208
2	"	...	30	...	60

38 at an average of £89 7s 4d—Total, £3396

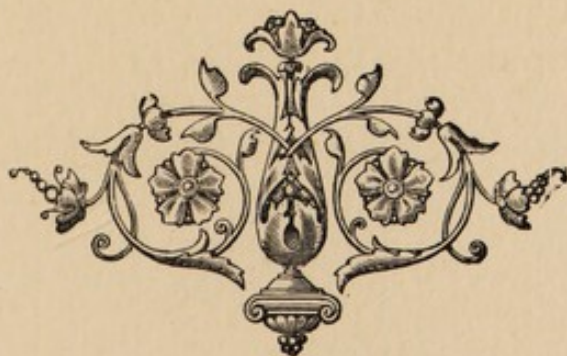
The yearly income per patient was £86 7s 6d, the yearly cost £80 10s 1d. The weekly cost per patient calculated on the expenditure was £1 10s 11d. The 104 patients on the Registers on 31st May, 1889, together pay £8272 per annum, being an average board rate of nearly £80.

The Report of the Visiting Commissioner in Lunacy will be found appended to this. Commissioner's Report.

Finally, I would once again express my sense of gratitude to the Directors for their many acts of kindness and sympathy during an eventful year of service. Conclusion.

A. R. URQUHART, M.D.,

Physician Superintendent.



TABLE

Showing Changes in the Population of the Asylum during the Year ending 31st May, 1889.

						Certificated		Voluntary.		Total.				
						M.	F.	M.	F.					
1st June, 1888.	{	Resident in the Asylum,	...	...	...	42	44	3	1	90	
		Remaining on Pass,	...	...	...	...	...	...	1	1
		Remaining at Kincarrathie,	...	...	...	5	4	1	1	11	
		Remaining on Probation,	...	...	...	...	...	...	...	...
		Total number on Asylum Books,	...	...	...	47	48	4	3	102	
						Certificated		Voluntary.		Total.				
						M.	F.	M.	F.					
Cases Admitted—														
		First Admissions,	...	13	11	3	0	27						
		Not First Admissions,	...	5	6	0	0	11						
Total Cases admitted during the year,						18	17	3	...	38
Total Cases under care during the year,						65	65	7	3	140
						Certificated		Voluntary.		Total.				
						M.	F.	M.	F.					
Cases discharged and died—														
		Recovered,	4	6	10					
		Relieved,	7	8	15					
		Not Improved,	1	1					
		Voluntary Patients left,	4	...	4					
		Died,	3	2	1	...	6					
Total Cases Discharged and Died during the year,						14	17	5	...	36
31st May, 1889.	{	Total number on Asylum Books,	...	...	...	51	48	2	3	104	
		Remaining on Probation,	...	...	...	...	...	...	...	...
		Remaining on Pass,	...	...	...	...	1	...	...	1
		Remaining at Kincarrathie,	...	...	...	6	3	...	2	11	
		Resident in the Asylum,	...	...	...	45	44	2	1	92	

						Certificated.		Voluntary.		Total.	
						M.	F.	M.	F.		
Average number on Books during the year,						...	51'57	47'00	2'64	3'00	104'22
Lowest number resident on 5th September, 1888,						...	48	43	4	3	98
Highest number resident on 29th January, 1889,						...	54	49	3	3	109
Transferred from other Asylums,						1	...	...	1
Transferred to other Asylums,						4	5	...	9
Percentage of Recoveries on Admissions,						...	29'77	35'29	100'0	...	34'21
Percentage of Deaths on average numbers resident,						...	2'87	1'91	0.95	...	5'75



REPORT
OF THE
COMMISSIONER IN LUNACY
FOR THE YEAR.

PERTH ROYAL ASYLUM,
8th January, 1889.

THERE are 53 gentlemen and 48 ladies at present on the Register of the Asylum as certificated patients, and they, along with 2 gentlemen and 3 ladies, who are voluntary inmates, are all resident in the Institution.

Since the date of last visit the following changes have taken place in the population :—

	M.	F.	TOTALS.
Certificated Patients—			
Admissions, - -	10	10	20
Discharges recovered,	3	4	7
Discharges unrecovered,	3	6	9
Voluntary Inmates—			
Admission, - -	1	0	1
Discharges, - -	2	0	2
Death, - - -	1	0	1

The Register of Restraint and Seclusion contains 6 entries. They only refer, however, to the use of the shower bath as a tonic in a case of

melancholia. There has been no accident of a serious character, and there has been no escape.

The Institution was found, as it usually is, in admirable order, and evidence was given that constant care and great ability is successfully devoted to the promotion of the welfare of the patients.

The past year has, like every year since Dr. Urquhart's appointment as superintendent, been distinguished by improvements in the Institution, and additions to its resources.

The hospital wings, the erection of which was begun in 1887, are now nearly completed, and will soon be opened for occupation by patients. They are handsomely and judiciously fitted up; the arrangements for heating and ventilation are very complete; provision for the efficient supervision and treatment of the patients has been very successfully made; and there can be no doubt that they will prove additions to the establishment of the utmost value.

Among the improvements that have been made, there has been an improvement of the mortuary, and the room formerly used as a chapel has been re-arranged so as to make a general second-class dining-room.

The arrangements for the disposal of the sewage by irrigation have also been completed, and the experience of the past year has shown that the increased productiveness of the irrigated land will be a source of considerable profit to the Institution. A useful addition has been made to steam-heating apparatus, by which the condensed steam will be returned to the boiler, and thus a saving in fuel will be effected.

The occupation of persons in the position of private patients is a problem of considerable difficulty, and it is one to which Dr. Urquhart has properly devoted great attention. It is therefore worthy of note that, in addition to the gardening and other occupations in which he had previously induced several of the gentlemen to engage, he has got others to employ themselves in the workshops, to the benefit both of their bodily and mental condition. In addition to joiner work and upholstery, in which some have done good work, he has induced two gentlemen to engage in stained glass work. This interesting and artistic occupation seems to be well adapted for persons of the cultured class, and the work which has already been accomplished has been made useful in beautifying portions of the Asylum.

The most obvious deficiencies of the Asylum at present are the absence of a suitable chapel and a sufficiently large amusement room. It is hoped that the Directors will see their way to provide these before long. The room used as a chapel at present is much too small for the purpose; and, until a proper chapel is provided, it is prevented from being devoted to its original purpose—the Turkish bath.

It is proper to call the attention of the Directors to the large amount of office work which devolves upon Dr. Urquhart. This, owing to the increase in the number of patients and the completeness with which the work is done, has become much more onerous than it used to be, and it occupies time which might be employed with advantage to the patients. It is therefore suggested that a clerk should be added to the staff of the

establishment. It is believed that the full time of such an official might be usefully occupied.

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

JOHN SIBBALD,

Commissioner in Lunacy.



STATISTICAL TABLES OF THE MEDICO-
PSYCHOLOGICAL ASSOCIATION.

PREPARED BY DR. LIDDELL.

(The following Tables do not include Voluntary Patients.)

TABLE 1,

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

	M.	F.	T.	M.	F.	T.
In the Asylum, 1st January, 1888, ...				48	48	96
Cases Admitted—						
First Admissions,	12	11	23			
Not First Admissions,	5	8	13			
Total Cases Admitted,				17	19	36
Total Cases under care during the year,				65	67	132
Cases Discharged—						
Recovered,	5	7	12			
Relieved,	6	7	13			
Not Improved,	0	2	2			
Died,	1	2	3			
Total Cases Discharged,				12	18	30
Remaining in the Asylum, 31st December, 1888,				53	49	102
Average resident during the year,				49.15	47.52	96.68
Persons* under care during the year,†				65	66	131
Persons admitted, ,,				17	18	35
Persons recovered, ,,				5	7	12
Transferred‡ to this Asylum,				1	2	3
Transferred from this Asylum,				2	5	7

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

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

‡ Patients transferred from one Asylum to another, even when re-certified, are to be regarded as transfers.

TABLE 1a,

Showing (1) the Previous Attacks among Persons admitted during 1888, and (2) the Number of Times they had previously Recovered in this or any Asylum.

(1) Number of Previous Attacks.							Persons.		
							Male.	Female.	Total.
Have had One Attack,	...	...	...	...	...	...	4	2	6
„ Two Attacks,	...	...	...	...	...	...	0	2	2
„ Three Attacks,	...	...	...	...	...	...	1	1	2
„ Many Attacks,	...	...	...	...	...	...	0	2	2

(2) Number of Times Patients Recovered.							In this Asylum.			In any Asylum.		
							M.	F.	T.	M.	F.	T.
Once,	...	...	...	...	...	...	3	2	5	1	1	2
Twice,	...	...	...	...	...	...	0	0	0	1	1	2
Four Times,	...	...	...	...	...	...	0	1	1	0	0	0

TABLE 2,

Showing the Admissions, Re-admissions, Discharges, and Deaths for the Twenty-four Years from the 1st of January, 1865, to the 31st December, 1888.

	M.	F.	T.	M.	F.	T.
Number resident, January 1st, 1865,				37	35	72
Persons Admitted during the period of 24 years,	247	260	507			
Re-admissions,	33	48	81			
Total Cases Admitted,				280	308	588
Total Cases under care during the 24 years, ...				317	343	660
Cases Discharged—						
Recovered,	86	107	193			
Relieved,	79	82	161			
Not Improved,	47	59	106			
Died,	52	46	98			
Total Cases Discharged and Died,				264	294	558
Remaining 31st December, 1888,				53	49	102
				M.	F.	T.
Average resident during the 24 years,				40'19	40'10	79'11
Transferred to this Asylum,				42	38	80
Transferred from this Asylum,				61	56	117

TABLE 2a,

Showing the Admissions and Recoveries of Persons* from 1st January, 1865, to 31st December, 1888 (a period of Twenty-four Years).

History of Recoveries of Persons.				The same, only omitting all Persons transferred from other Asylums.		
	M.	F.	T.	M.	F.	T.
Persons* Admitted during 24 years,	247	260	507	212	231	443
Of whom were Discharged Recovered during } the same period, being 31·3 per cent. of } Persons Admitted,	76	84	160	75	79	154
Of whom were Re-admitted Relapsed,† ...	15	22	37	15	20	35
Leaving Recovered Persons who have not } Relapsed,	61	62	123	60	59	119
Relapsed Persons Discharged Recovered,‡ ...	9	12	21	8	12	20
Net Recovered Persons, § being 28·1 per cent. } of Persons Admitted,	70	74	144	68	71	139

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

Re-admission applies only to re-admission into this Asylum.

† *i.e.*, Persons who have relapsed one or more times.

‡ *i.e.*, After last re-admission, if relapsed more than once.

§ *i.e.*, Recovered persons sane at the present time so far as the Asylum statistics show.

TABLE 3,

Showing the Admissions, Discharges, and Deaths, with the mean Annual Mortality and Proportion of Recoveries per cent. of the Admissions, for each Year since the opening of the Asylum, 30th of June, 1827.

Year.	DISCHARGED.						Died.			Remaining 31st December in each year.			Average Number Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Number Resident.																			
	Recovered.			Relieved.																		Not Improved.																
	Admitted.			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.																	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.														
1827-1864.	719	752	1471	255	341	596	92	116	208	180	159	339	155	102	257	37	34	71	73	13	62	30	135	4	36	72	45	34	40	52	5	66	4	36	5	05		
1865.....	13	9	22	4	3	7	5	1	6	2	8	10	1	0	1	38	31	69	39	60	34	00	73	60	3	21	30	77	33	33	31	82	3	21	...	1	36	
1866.....	12	6	18	4	6	10	5	4	9	2	1	3	2	2	4	37	21	61	37	09	24	80	61	89	5	39	33	33	100	00	55	55	8	02	6	46		
1867.....	15	7	22	3	3	6	5	2	7	0	0	0	5	1	6	39	25	64	39	67	25	46	65	13	20	12	60	00	42	85	27	27	3	92	9	21		
1868.....	12	14	26	4	3	7	2	0	2	1	2	3	1	3	4	43	31	74	38	08	30	09	68	17	38	46	15	38	26	92	2	62	9	97	5	87		
1869.....	22	18	40	4	4	8	7	2	9	2	2	4	4	0	3	49	41	90	45	77	40	56	86	33	18	18	22	22	20	00	6	55	...	...	3	47
1870.....	10	17	27	5	5	10	2	3	5	4	7	11	2	4	6	46	40	86	48	54	41	75	90	29	50	00	23	53	33	33	20	00	4	12	9	58	6	64
1871.....	9	25	34	3	6	9	4	4	10	4	4	8	2	6	8	42	43	85	45	65	41	87	87	52	33	33	24	00	26	47	4	38	14	27	9	13		
1872.....	13	9	22	4	4	8	2	2	3	3	4	7	1	2	3	45	41	86	42	92	41	10	84	02	30	77	44	44	36	36	2	32	4	86	3	57		
1873.....	8	9	17	3	3	6	2	3	5	5	5	10	2	2	4	41	38	79	42	70	40	64	83	34	37	50	33	33	35	29	4	68	4	92	4	79		
1874.....	6	13	19	3	2	5	3	6	9	2	2	4	2	3	5	37	37	74	37	39	41	23	78	62	50	00	15	38	26	31	5	35	7	27	6	35		
1875.....	5	8	13	2	3	5	1	2	3	1	0	1	4	3	7	34	37	71	36	36	34	19	70	55	40	00	37	50	38	46	11	00	8	77	9	92		
1876.....	10	7	17	2	5	7	0	1	1	0	3	3	3	3	6	39	32	71	36	87	37	16	74	03	20	00	71	42	41	17	8	14	8	10	8	10		
1877.....	8	6	14	2	0	2	5	3	8	6	1	7	0	0	0	35	34	69	36	83	34	41	71	24	25	00	...	...	...	14	28	...	...	...	...	...
1878.....	2	7	9	1	6	7	1	2	3	1	2	3	3	1	1	32	31	63	33	18	35	74	68	92	50	00	85	71	77	77	3	01	...	...	1	45
1879.....	9	10	19	2	3	5	0	1	1	1	0	1	2	2	4	36	35	71	34	13	33	79	67	73	22	22	30	00	26	31	5	83	5	92	5	88		
1880.....	10	16	26	2	6	8	2	1	3	0	0	0	4	1	5	38	44	82	37	80	38	93	76	73	20	00	37	50	30	76	15	82	2	56	6	43		
1881.....	10	7	17	5	5	10	2	2	9	1	0	1	3	1	4	37	38	75	38	12	40	58	78	70	50	00	71	42	58	82	7	87	2	46	6	43		
1882.....	6	10	16	1	0	1	3	2	7	2	3	5	4	4	5	33	40	73	31	58	40	95	72	54	16	66	...	...	6	25	12	60	2	44	6	89
1883.....	21	14	35	5	8	13	2	2	4	3	3	6	2	2	4	42	39	81	38	24	42	00	80	24	28	57	57	14	40	00	5	20	4	76	4	99		
1884.....	11	18	29	3	5	8	4	3	7	3	1	4	2	5	7	41	43	84	41	88	40	57	82	45	27	25	27	77	27	58	4	75	12	07	8	48		
1885.....	14	16	30	2	4	6	5	6	11	1	4	5	2	1	3	45	44	89	44	18	44	93	89	11	14	28	25	00	20	00	4	52	2	44	3	37		
1886.....	19	15	34	9	5	14	9	6	15	3	1	4	2	2	2	42	46	88	44	70	44	73	89	43	47	32	33	33	41	17	2	23	2	23	2	23		
1887.....	18	28	46	8	11	19	2	10	12	0	4	4	2	1	3	48	48	96	44	45	50	00	94	45	38	88	39	28	39	13	4	49	2	00	3	17		
1888.....	17	19	36	5	7	12	6	7	13	0	2	2	1	2	3	53	49	102	49	15	47	52	96	68	29	41	36	84	33	33	2	03	4	20	3	10		
For 24 yrs.	280	308	588	86	107	193	79	83	162	47	59	106	52	46	98	Average or Percentage.			40	19	40	10	79	11	32	11	37	38	33	95	...	5	76	4	60	5	28	
General Totals,	1000	1059	2059	342	446	788	171	199	370	227	218	445	207	148	355				34	20	42	11	38	27	5	70	4	62	5	13	

Showing the History of the Annual Admissions since 30th June, 1827, with the Discharges and Deaths, and the Numbers of each Year remaining on the 31st December of the Year reported on.

Year.	Admitted.			Of each Year's Admissions Discharged and Died in 1888.												Total Discharged and Died of each Year's Admissions to 31st December, 1888.												Remaining on 31st December, 1888.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	New Cases.		Relapsed Cases.	Recovered.			Relieved.			Not Improved.			Died.			Recovered.			Relieved.			Not Improved.			Died.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	M.	F.		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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TABLE 4 (contd.)

Summary of Total Admissions.									
							Male.	Female	Total.
Percentage of Cases Recovered,	34'20	42'11	38'27
„ „ Relieved,	...	...	...	...	...	...	17'20	18'79	18'06
„ „ Not Improved,	...	...	...	...	...	...	22'60	20'49	21'56
„ „ Died,	...	...	...	...	...	...	20'70	13'96	17'24
„ „ Remaining,	...	...	...	...	...	...	5'30	4'65	4'87
							100	100	100

TABLE 5,

Showing the Causes of Death, with the Ages at Death, during the Year 1888.

Cause of Death.	Between 65 & 70.			Between 80 & 85.			Totals.		
	M	F	T	M	F	T	M	F	T
Carbuncle, Septicamia, and Pneumonia,	0	1	1	...	...	...	0	1	1
Senile Decay, Degeneration of Brain, and Congestion of Lungs, ... ..	...	...	...	1	0	1	1	0	1
Fatty Degeneration of Heart, ... ..	...	...	...	0	1	1	0	1	1
	0	1	1	1	1	2	1	2	3

TABLE 6,

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

Length of Residence.	Recovered.			Died.		
	M.	F.	T.	M.	F.	T.
Under 1 Month,	1	0	1	...	...	...
1 Month and under 3 Months,	2	1	3	...	...	...
3 " " 6 " "	1	1	2	...	...	...
6 " " 9 " "	1	4	5	...	...	...
9 " " 12 " "	0	1	1	...	...	...
1 Year " 2 Years, ... ..	...	...	...	1	0	1
13 " " 14 " " ... ..	...	...	...	0	1	1
28 " " 29 " " ... ..	...	...	...	0	1	1
Total,	5	7	12	1	2	3

TABLE 7,

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

CLASS.	Admissions.			Discharges.						Deaths.			
				Recovered.			Removed Relieved or otherwise.						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
FIRST CLASS.													
First attack, and within 3 months on admission,	3	5	8	4	4	8	0	3	3	...	...	...
SECOND CLASS.													
First attack above 3, and within 12 months on admission,	2	1	3	...	..	...	...	...	...	...	...	...
THIRD CLASS.													
Not first attack, and within 12 months on admission,	4	5	9	1	1	2	1	0	1	...	...	...
FOURTH CLASS.													
First attack or not, but of more than 12 months on admission,	8	8	16	0	2	2	5	6	11	1	2	3	
FIFTH CLASS.													
Congenital,	...	...	...	...	...	...	...	...	...	...	...	...
Total,	17	19	36	5	7	12	6	9	15	1	2	3	

TABLE 8,

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

		Admissions.			Recovered.			Deaths.			Resident 31st Dec., 1888.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
15 years and under 20 years,	...	1	0	1	...	...	...	...	...	...	1	0	1
20 "	...	3	0	3	...	...	...	...	...	...	4	0	4
25 "	...	3	3	6	...	3	4	...	...	...	4	4	8
30 "	...	2	3	5	...	0	1	...	...	...	10	3	13
35 "	...	0	5	5	...	3	4	...	...	...	4	8	12
40 "	...	1	2	3	...	...	...	...	...	...	2	3	5
45 "	...	3	0	3	...	0	1	...	...	...	4	3	7
50 "	...	1	2	3	...	1	1	...	...	...	2	8	10
55 "	...	2	1	3	...	...	...	...	...	...	7	5	12
60 "	...	0	1	1	...	...	...	...	...	...	5	2	7
65 "	...	1	1	2	...	0	1	...	...	...	4	2	6
70 "	...	0	1	1	...	...	...	...	...	...	5	6	11
75 "	...	...	...	...	...	...	...	...	...	...	1	4	5
80 "	...	...	...	...	...	...	...	...	...	...	0	1	1
85 "	...	...	...	...	...	...	...	...	...	...	...	...	...
Total,	...	17	19	36	5	7	12	1	2	3	53	49	102

TABLE 9,

Showing the condition as to Marriage in the Admissions, Recoveries, and Deaths, during 1888, and of Patients Resident 31st December, 1888.

Condition in reference to Marriage.	Admissions.			Recovered.			Deaths.			Patients Resident, Dec. 31st, 1888.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single, ...	11	10	21	3	6	9	...	...	...	42	35	77
Married, ...	6	7	13	2	1	3	1	2	3	7	9	16
Widowed,	0	2	2	...	...	...	...	...	...	4	5	9
Total,	17	19	36	5	7	12	1	2	3	53	49	102

TABLE 10,

Showing the Probable Causes of Insanity in the Persons admitted during
the Year 1888.

M., 17; F., 19; T., 36.

Causes.				Predisposing Causes.								
				Previous Attacks.			Hereditary Predisposition.					
				M.	F.	T.	M.	F.	T.	M.	F.	T.
MORAL—												
Business Anxieties,	...	...	...	1	1	2	1	0	1	...	...	...
Domestic Trouble,	...	...	...	0	1	1	0	1	1	...	...	...
Mental Strain and Worry,	...	...	...	3	0	3	1	0	1	1	0	1
Religious Excitement,	...	...	...	1	0	1	...	...	...	1	0	1
Folie à Deux communicated,	...	...	...	1	0	1	...	...	...	1	0	1
PHYSICAL—												
Intracranial Tumour,	...	...	...	1	0	1	...	...	...	...	...	...
Surgical Operation,	...	...	...	0	1	1	...	...	...	...	...	...
Accident,	...	...	...	1	0	1	...	...	...	1	0	1
Cardiac Disease and Overwork,	...	...	...	1	0	1	...	...	...	...	...	...
Alcohol,	...	...	...	1	0	1	...	...	...	...	...	...
Alcohol and Narcotics,	...	...	...	1	0	1	...	...	...	...	...	...
Venereal Disease, Self-abuse, and Mental Strain,	...	...	...	1	0	1	...	...	...	1	0	1
Gout,	...	...	...	1	0	1	1	0	1	...	...	...
Anæmia,	...	...	...	0	1	1	...	...	...	0	1	1
Puerperal State,	...	...	...	0	1	1	0	1	1	...	...	...
Fever,	...	...	...	0	1	1	...	...	...	0	1	1
Previous Attacks,	...	...	...	0	3	3	0	3	3	...	...	...
Hereditary Predisposition,	...	...	...	4	5	9	2	1	3	4	5	9
Unascertained,	...	...	...	0	5	5	...	...	...	...	...	...

TABLE 11,

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

Form of Mental Disease.	Admissions.			Recovered.			Deaths.			Remaining 31st Dec., 1888.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
CONGENITAL MENTAL DEFICIENCY,	...	...	...	...	...	...	...	...	...	1	0	1
MANIA.												
Recent, ...	6	6	12	2	2	4	...	...	...	3	1	4
Chronic, ...	...	...	...	...	...	...	1	1	2	10	13	23
Recurrent, ...	0	1	1	0	1	1	...	...	...	2	4	6
MELANCHOLIA.												
Recent, ...	6	7	13	3	3	6	...	...	...	4	4	8
Chronic, ...	...	...	...	...	...	...	...	...	...	2	4	6
Recurrent, ...	0	2	2	0	1	1	...	...	...	0	2	2
DELUSIONAL INSANITY, ...	2	3	5	...	...	...	0	1	1	12	8	20
DEMENTIA,	3	0	3	...	..	...	...	...	...	19	13	32

TABLE 12,

Showing the Station or Occupation of Patients admitted during the
Year 1888.

MALES.				FEMALES.			
Baker,	I	Crofter,	I				
Civil Servant,	I	Domestic Servant,	I				
Clerk,	2	Dressmaker,	I				
Contractor,	I	Gentlewomen,	5				
Draper,	I	Restaurateur,	I				
Druggist,	I	Teacher,	I				
Exciseman,	I	Wives, Widows, or Daughters of Professional Men,	6				
Farmer,	I	Wives, Widows, or Daughters of Tradesmen,	3				
Joiner,	I						
Journalist,	I						
Land Steward,	I						
Manufacturer,	I						
Medical Student,	I						
Merchant,	2						
Pupil Teacher,	I						
Total,	17	Total,	19				

TABLE 13,

Showing Bodily Condition of Admissions.

						Male.	Female	Total.
Good Bodily Condition, ... ..	...	...	...	...	...	6	6	12
Fair „ „ ... ..	...	...	...	...	...	3	2	5
Bad „ „ ... ..	...	...	...	...	...	8	11	19
Total,						17	19	36

REVENUE AND EXPENDITURE ACCOUNT

FOR YEAR ENDING 31st MARCH, 1889.

REVENUE.

I. Board of Patients,	£8136	0	2
II. From Patients for use of Carriage, ...	241	14	0
III. Farm Receipts,	389	1	10
IV. Garden Receipts,	137	11	4
V. Bank Interest,	67	16	6
VI. Discounts allowed on Tradesmen's Accounts, ...	11	1	0
Total Revenue, ...	£8983	4	10

EXPENDITURE.

I. House Expenses, viz.—			
Provisions, £2709	8	8	
Fuel, ...	287	10	2
Lighting, ...	83	1	1
Furnishings, Fit- tings, &c.,	544	3	10
Amusements and Petty Outlays,	146	13	9
Sum of House Expenses,	£3770	17	6
II. Salaries and Wages,	2184	18	8
III. Repairs to Property, &c., ...	778	6	1
IV. Rent, Taxes, and Insurance, ...	422	1	0
V. Stationery, Postages, and Adver- tising,	27	3	2½
VI. Miscellaneous (Interest on Loan, &c.),	512	19	7
VII. Carriage Account,	168	13	5
VIII. Farm Payments,	232	18	6
IX. Garden Account,	278	13	0
Total Expenditure, ...	8376	10	11½
Excess of Revenue, ...	£606	13	10½

The amount expended on New Hospital Wings, &c.,
to 31st March, 1889, is £7366 5 9

Incorporated by



Royal Charter.

JAMES MURRAY'S ROYAL ASYLUM, PERTH.

THIS Asylum is healthily situated on the Hill of Kinnoull, in the immediate vicinity of Perth, and commands unrivalled views, extending over the valley of the Tay to the Range of the Grampians. The central position of Perth and its picturesque surroundings are well known.

Being a Chartered Corporation, under the management of a Statutory Board of Directors, who have no pecuniary interest in its prosperity, the profits on each year's transactions have been devoted to modernising and perfecting the original fabric of the Asylum, and to the addition of such buildings as render it an Efficient Hospital, as well as a Comfortable Home, for all classes of Private Patients.

The last important supplement to the resources of the Institution is the erection of two New Wings for the reception of Acute Cases. These have been fitted with every modern improvement in the means of treatment of the Insane.

The Directors have also taken on lease the beautifully situated Mansion-House of Kincarrathie, in the neighbourhood of, but distinctly separated from, the Asylum. It has now been in use for four years as a Convalescent Home, and for Patients of the Higher Classes suffering from the milder forms of Mental Disease.

Houses, both at the Seaside and in the Perthshire Highlands, are also rented yearly.

The various buildings of the Establishment are connected by Telephone. There are ample means of Occupation and Amusement, and the utmost liberty, with due regard to safety, is accorded.

No Publicity is implied in the proceedings connected with the admission of patients, nor in the term "Royal Asylum."

It is the only Royal Asylum in Scotland which contains no Paupers, and the arrangements throughout the entire Institution are of a Domestic Character.

The Directors have every confidence in referring the friends of those requiring treatment to the Reports of the Commissioners in Lunacy, copies of which, together with papers giving every information as to the admission of patients, may be had on application to the Physician-Superintendent.

POSTAL AND TELEGRAPH ADDRESS—"DR. URQUHART, PERTH."

NATIONAL TELEPHONE COMPANY, No. 104, PERTH.

