

## **The sixty-fourth annual report of James Murray's Royal Asylum Perth.**

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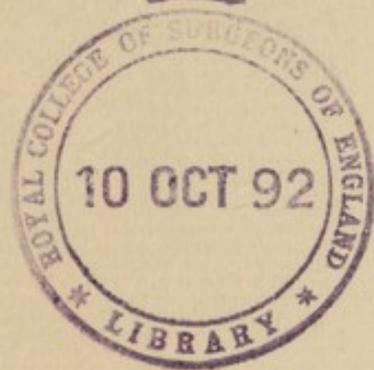
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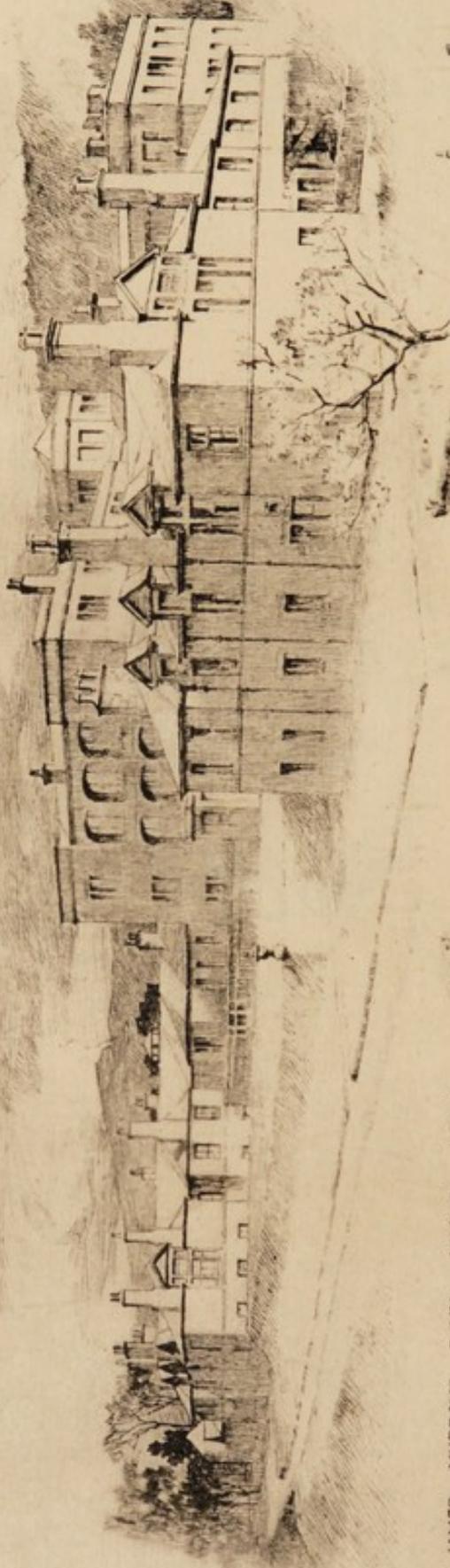
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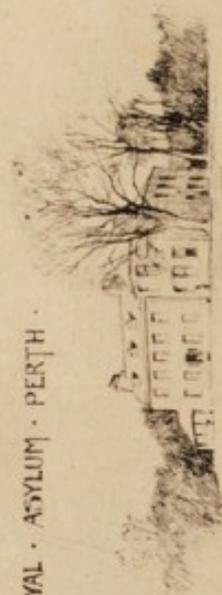


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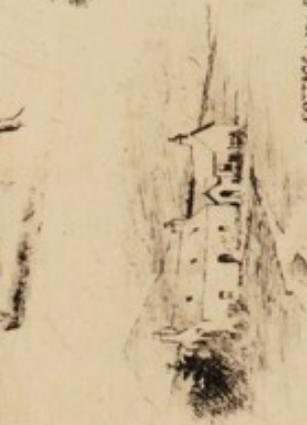




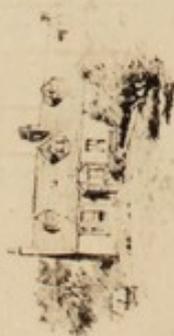
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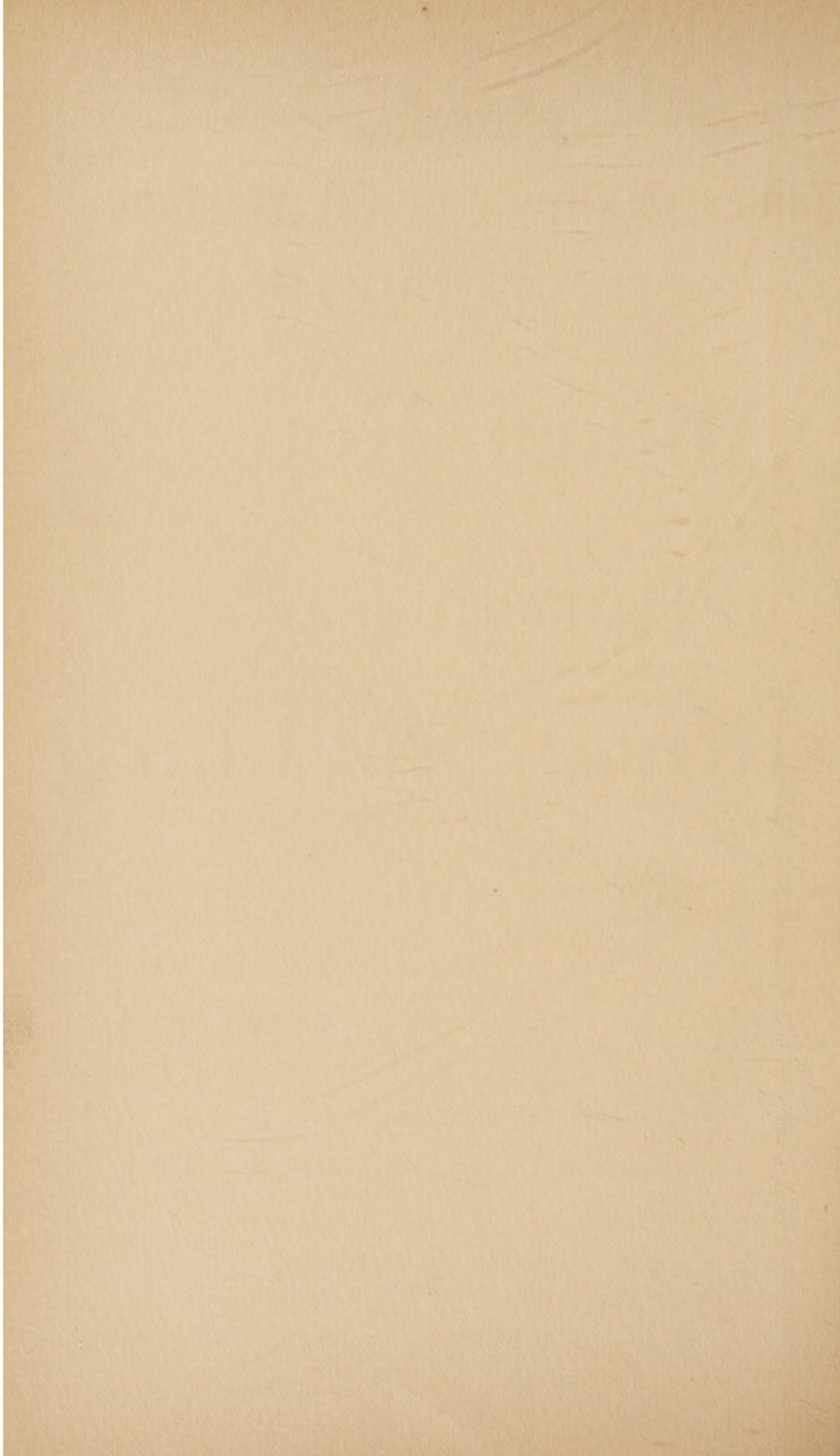


· COTTAGE · AT · CARNOUSIE ·

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



PERTH:  
PRINTED BY J. YOUNG & SONS, 66 WATERGATE.  
1891.





# 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.

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

George Wilson, Esq., Lord Provost of Perth.

J. P. Pirrie, Esq., Lord Dean of Guild, Perth.

David Jackson, Esq., First Bailie, Perth.

A. Bell, Esq., Convener of Trades, Perth.

The President of the Society of Solicitors of Perthshire.

Rev. A. Fleming, B.A., 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.

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

Andrew Coates, Esq., Pitcullen.

Albert Butter, Esq., Perth.

E. A. Stuart Gray, Esq. of Gray  
and Kinfauns.

Alex. Macduff, Esq. of Bonhard.

J. Bower, Esq., M.D., R.N.

James F. Pullar, Esq., Rosebank.

J. D. Lumsden, Esq. of Hunting-  
towerfield.

Allan Macpherson, Esq. of Blair-  
gowrie.

Capt. J. T. S. Black of Balgowan.

Robert Pullar, Esq., Tayside.

Jas. T. Sellar, Esq., W.S., Perth.

## Committee of Management.

The Viscount Stormont.

Andrew Coates, Esq.

Albert Butter, Esq.

Alex. Macduff, Esq.

J. Bower, Esq.

G. Wilson, Esq.

R. Pullar, Esq.

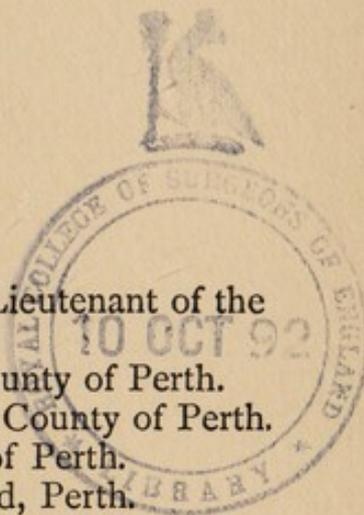
J. T. Sellar, Esq.

## 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.

Frank Hay, M.B., C.M.

Chaplain.

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

Matrons.

Miss Mountford, at the Asylum.

Miss Ball, at Kincarrathie.

Chief Attendant.

Mr. W. Henry.

Clerk and Storekeeper.

Mr. J. Chisholm.

At JAMES MURRAY'S ROYAL ASYLUM,  
the 8th day of June, 1891.

At the Annual General Meeting of Directors of the Asylum, held in terms of the Royal Charter,—Andrew Coates, Esq. of Pitcullen, presiding, in the unavoidable absence of Viscount Stormont, the Chairman.

*Inter alia* :—

HE Secretary read the Annual State of Accounts for the year ending 31st March, 1891, prepared by the Auditor, which was ordered to be engrossed.

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

The Chaplain read his Report.

Dr. Urquhart afterwards submitted his Annual Report as Physician Superintendent.

On the motion of the Chairman, 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 Dr. Urquhart and the Secretaries.

On the motion of Lord Dean of Guild Pirrie, it was agreed that the following be elected Annual Directors in room of those retiring, viz. :—

Allan Macpherson, Esq. of Blairgowrie ;  
Captain Black of Balgowan ;  
Robert Pullar, Esq., Tayside ;  
James T. Sellar, Esq., W.S., Perth ;

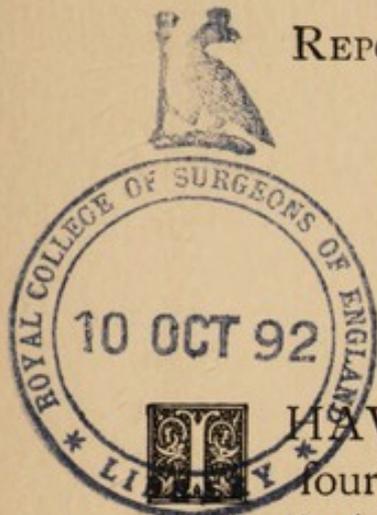
and that Mr. Pullar and Mr. Sellar be added to the Committee of Management.

The List of Directors accordingly now stands as printed on page 3.

Mr. J. F. Pullar moved, and it was unanimously agreed to, that Viscount Stormont be re-elected Chairman for the ensuing year.

It was thereafter moved by Mr. Mackinlay of Cordon, 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, and Matrons, be re-elected.





REPORT of the PHYSICIAN SUPERINTENDENT  
for the Year ending 31st May, 1891,  
presented at the ANNUAL GENERAL  
MEETING OF DIRECTORS, 8th June,  
1891.

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

General  
Statistics

On the 1st June, 1890, there were 100 persons on the Registers of the Asylum.

Forty-eight were admitted during the year, of whom 27 were men and 21 women.

Thirty were discharged, 18 men and 12 women.

The number of deaths was thirteen, 11 men and 2 women.

The total number of cases under treatment was 148, and the average daily number on the books 106.

There now remain 53 men and 52 women—total 105,—being an increase of 5 during the year.

Four men and two women reside voluntarily in the Institution; six are at Kincarrath e, five are at St. Andrews, and one is absent on pass visiting friends.

The average rate of the admissions for the last twenty-six years is 26 per annum. This year it is 48, twenty-three more than in 1890, and represents the highest number of admissions in any one

The Admissions.

year since the Institution was reserved for private patients.

Thirty-nine patients were admitted for the first time; eight returned after relapse or residence elsewhere, and one was transferred from the Register of voluntary patients when certified insane in consequence of deteriorating mental condition. Seven, one of whom returned after temporary change, were transferred from other Asylums.

Of the 48 admissions, only 17 were in good bodily health, and these were mostly chronic cases of mental disease—manifestly incurable under any treatment. Thirty-one were suffering from physical diseases more or less pronounced—either causative of insanity, or accompanying and aggravating the mental disorder. Eight were in very bad health, labouring under mortal diseases of a nature which demanded the special appliances of Asylum treatment. The hopeless character of these cases, which are sent to hospitals for the insane in yearly increasing numbers, reduces the recovery rate and raises the death rate in very appreciable degree, and vitiates comparisons with the results of treatment in the first half of this century. There have already been five deaths amongst these admissions, and the three who yet remain are in a very feeble condition owing to age and infirmities.

Health of the  
Insane.

It must also be clear that the "good health" of chronic lunatics is really a contradiction in terms. If the 17 cases above referred to be analysed, it will be found that a history of arrested development, vicious habits, previous attacks of

insanity, acquired diseases or accidents acting powerfully on the nervous system, can be definitely traced in every individual patient. In brief, a departure from healthy brain action, which we commonly designate insanity, is manifest in every case admitted. The nutrition, relations, or functions of the brain cells is interfered with by disease, accident, or such powerful causes as alcoholism. The difficulties in the way of a clear understanding of the facts of insanity are being surely, if slowly, removed. An important advance is recorded by Dr. Bevan Lewis, whose pathological investigations have brilliantly illuminated the facts of clinical experience, and have given fresh impetus to the medical treatment of mental maladies. They have also lent additional weight to the plea so frequently urged in these reports—the plea for the early and effective application of remedial measures.

The causes of insanity have been studied with care and attention, and it yearly becomes more manifest that some inherited constitutional tendency to the more obvious forms of mental disease, or a mere nervous instability, is a fundamental necessity in the evolution of these disorders. In one case only did a mental (moral) cause, without ascertainable physical cause, produce insanity. It would almost seem that the cares and troubles of mortal life are impotent to overturn a well-balanced brain. A certain inherited vice, or acquired pathological habit, is apparently the prime factor in producing mental disease. The heredity may be paternal or maternal, and may show itself in the insanity of collaterals or descendants. It may be

Causes of  
Insanity.

the heredity of alcoholism, or epilepsy, or less grave neurotic troubles. Or, again, the nervous instability may have been acquired by habits of intemperance or vicious excesses. In such cases calamity or other undue excitement merely gives the last impetus to an already over-burdened nervous system, and so it comes about that a bank failure or a wave of emotional religion leaves its mark on Asylum statistics.

The accompaniments or adjuvants of insanity claim our careful attention. It is rare to receive a patient who has been in India without "sun-stroke" being set forth as the cause of insanity; equally rare to admit a university student who is not suffering from "over-pressure." The truth, indeed, is not on the surface. Only by patient enquiry in the consulting room, in the ward, and in the mortuary are the facts of disease to be elucidated. We cannot state with exactness how far disease of organs remote from the brain may influence the character of insanity, its development, or its curability; but the regulation of these disorders must ever be a primary consideration. The far-reaching effects of irritation of periferal nerves is a matter of daily observation, and the limited view that insanity is a disease of the brain irrespective of the other parts of the nervous system shuts the door on important methods of treatment, and folds hands that should be active in aid.

Bodily Diseases.

It will be in accordance with the facts gleaned from these investigations, that in many, heredity and acquired diseases went hand in hand, and that gross bodily impairment was noted in nearly all

the cases admitted. The formidable catalogue of these diseases includes those arising from vitiated states of the system, such as gout, syphilis, anæmia; it includes diseases of the organs of circulation and respiration, of the organs of digestion, of the skin, of the uterus; it includes the degenerative effects of alcoholism and of senility, besides the special troubles of puberty, adolescence, and the climacteric; and the dangers of pregnancy, the puerperal state, and of lactation. In addition, we have had to deal with cases of arrested development—congenital or otherwise—and, as might be expected, with cases of coarse brain disease, such as general paralysis and apoplexy.

One case may be specially mentioned as interesting—a woman who had nursed two cases of insanity in private care, herself in advanced life, became insane, and was sent here after a brief term at the District Asylum. As she has been entirely silent since her attack began months ago, it is impossible to ascertain how far she was influenced by her *entourage*, and in what measure the insanity was communicated.

Those admitted came from the following localities:—9 from Perth, 7 from the County of Perth, 3 from Fife, 5 from Dundee, 10 from Edinburgh, 5 from Glasgow, 6 from other parts of Scotland, and 3 from England. No application for admission from the County or City of Perth was refused. There were four patients for whom application was made, and whose means would not permit of their being placed here at the minimum rate of board; but none of them had special claims to consideration, coming as they did from

Former  
Residences of  
Admissions.

Edinburgh, Glasgow, and Inverness. The rate for two patients was reduced to £30, and that for another to £50 inclusive of all charges, during the past year.

The Insane  
Private Poor.

There is urgent necessity to emphasise the claims of the indigent insane other than paupers; to make known what is accomplished by the Royal Asylums of Scotland in this sphere; and to restore that flow of benevolence that seems to have lessened in the course of the century. The heavy burden of insanity, its impoverishing effects when the bread-winner is attacked, and the struggles of the family to avoid indebtedness to the parish have often to be borne in silence, and remain unrecognised by the charitable public. So far as I can learn, the neighbouring County of Fife and the wide district around Inverness have no claim on the charitable action of any of the Royal Asylums. It would be an enduring and unequivocal benefit to many who uncomplainingly endure these afflictions were a number of beds endowed for their behoof in this Institution, and I venture to make this suggestion in the hope that it will lead to enquiry and action.

The Recoveries.

The general Recovery Rate of the Asylum during the years 1865 to 1890 inclusive is 33·26. This year it is 39·58 per cent. on the total number of admissions, 37 for men and 42·85 for women. Altogether 19 patients left the Institution restored to health.

These results are practically similar to those of similar Institutions, and probably show as favourable a state as can be attained under existing

circumstances. If the figures representing incurable cases be eliminated, and the recoveries calculated only on those admissions regarded as curable, the recoveries would stand at 68 per cent.

Of those discharged unrecovered, six were transferred to other Asylums in Scotland and England either permanently (3) or temporarily (3); one was placed in private care; one left to stand trial in London on a criminal charge; and two were returned to their friends as being capable of home life, although they could not be certified of sound mind. The Removals.

The three patients above referred to, who left, transferred permanently to other Asylums, were removed on account of their inability to pay the rate of board charged in this Institution. Two of them belonged to Fife and one to Stirling. The three who were temporarily transferred were unable, by reason of their insanity, otherwise to obtain change of scene and surroundings outside the strictest Asylum care and control.

The slow accumulation of chronic cases—those who have been unable to leave Asylum care—is therefore represented by the increase in our numbers and these transfers. That is to say, there are 11 more patients for whom recovery is very doubtful. Accumulation of Patients.

I cannot believe that it is possible to materially improve the present recovery rates in Asylums, so long as they are (rightly) asked to deal with the flotsam and jetsam of humanity, and so long as the outside world manages its affairs on present lines. It is no real reproach to us that we

“recoveries” rather than “cures ;” for we follow where Ambroise Paré led when he only claimed “Je le pansay, Dieu le guarist”—that he dressed the wound and God cured the patient.

The Deaths.

The percentage of deaths on the average number resident is 12·32. This is a very high mortality compared with former years, which show a general rate of 5·25, in accordance with the returns of other Asylums of this class. The actual number of deaths was 13, three having occurred among the voluntary patients. Thus, during the past year, the admissions, recoveries, and deaths have all increased to the maximum recorded since 1864. Nine were admitted labouring under the fatal maladies which inevitably ended in death. Four were patients long resident, worn out by age and wasting diseases. Four died of protracted disease of the heart at an advanced age; two died of apoplexy, the result of chronic brain disease; two old gentlemen, died of pneumonia; two died of general paralysis; one died of cancer of the liver; one of diabetes after an illness of a year; and one of acute alcoholic delirium. The average age at death was 65, although only three were younger than that age, and one had reached 82. Eleven were males and two were females. Ten *post-mortem* examinations were made, and accurate records preserved. In three cases objections were made to such investigations.

Average Daily Numbers

The average daily numbers on the books during the year were :—Certificated male patients,

49·94; female, 48·63. Voluntary males, 4·11; females, 2·98. Total, 105·67. This is an increase of seven on the average of last year, and a still greater increase over the average daily number since 1864, which is 82·07. The lowest number for any one day (98) occurred on the 7th June, 1890; and the highest (111) on the 1st January, 1891.

I report with thankfulness that the year has passed without any serious accident. There is but one entry in the Register, recording a sprained ankle in the case of an epileptic. There has been no necessity to employ restraint or seclusion. Only two patients escaped, and both were brought back within an hour or so.

No Serious  
Accident.

The general health of the establishment has been very good; but at no time for many years past have there been so many feeble, aged, and helpless patients. The new wings were ready none too soon for the accommodation of these cases. On the male side especially the amount of sick nursing and general work in connection with this class have been very heavy. I hardly know how it would have been possible to have managed in former circumstances. Consequently, we have had the working qualities of the new buildings thoroughly tested, and I am now able to report that they have proved efficient in every respect. And, furthermore, I take this opportunity of informing the Directors that many patients and many of their friends have expressed their appreciation of these arrangements, as set forth by the papers now laid on the table. These buildings have been inspected minutely and carefully by

General Health.

New Hospitals.

many visitors practically interested in Asylum management, and their verdict of approval has been hearty and unanimous. It seems fitting that the Directors should thus be made aware that their enlightened views and progressive policy have been approved and endorsed by those best fitted to judge.

Occupations.

The occupations and amusements of the patients have had their share of attention on the part of the staff. The stoker is steadily employed in the boiler-house, and supervises those in the patients' workshops. Without constant and daily attention this part of our treatment is apt to fall behind ; the flagging interest of patients necessitates unwearying stimulation ; and, as in many other circumstances of life, a fogleman is required to lead them on. The efficient employment of patients can only be carried out by a fully adequate staff, animated by a staunch belief in the importance of their duties.

Amusements.

Asylum amusements occupy a large place in our routine of life in the public estimation. That is easily accounted for by the presence of friends and their kind aid in this part of our duties. I quite agree with those who hold that amusements may be overdone and may even be pernicious in certain cases, but the necessity for a well-considered round of amusements is too well established to be questioned with effect by a few extremists.

Our returns show that, while on an average 60 patients were employed in useful work, not less than that number joined in the associated amusements.

The games and sports include those suitable for indoors and outdoors—only this year seems to be marked by a revival of golf and croquet alongside tennis, bowls, and cricket. The cricket matches excite much interest, and the new ground affords facilities for many patients looking on without danger. Matches were played with the Asylums at Cupar, Dundee, Murthly, and Montrose, besides others on our own ground.

The chief events of the year in this respect were the Annual Pic-nic, in which 87 patients joined; and the Fancy Dress Ball given at the New Year. The resuscitation of our Asylum Magazine, "Excelsior," is also a noteworthy event.

We are specially indebted to Dr. Tempest Anderson for coming to show his lantern slides of volcanoes; to Messrs. Richardson and Bryson for their concerts; and to many other friends—not least to those who gave so much time and study to the successful production of the old English comedy, "The Heir-at-Law."

Excursions were made to Edinburgh and other places of interest; there were 512 driving parties during the year; and the usual houses were rented at Carnoustie and Pitlochrie for the benefit of 40 patients. This year a change has been made to St. Andrews from Carnoustie, where we had gone for eleven years. Various reasons induced this alteration, which seems to meet the wishes of those concerned.

There have been several changes amongst the The Staff. Officers since last Annual Meeting. Dr. Hay

came here to succeed Dr. Liddell, and has worked hard to promote the welfare of the Institution.

Miss Sharp resigned the post of Matron; and has been replaced by Miss Mountford, who was trained in the West London Hospital, and afterwards served as Matron of the Grimsby Hospital. Before leaving, Miss Sharp was presented with addresses by the Ladies and Nurses resident in the Asylum. Her departure was much regretted by patients and staff.

Miss Crichton also resigned, and some re-arrangement of the kitchen service became necessary. The whole of the female department is now under the management of the Matron, assisted by a Cook Housekeeper. By the appointment of a Clerk and Storekeeper the clerical work, formerly falling to other officials, is concentrated, and valuable time set free for more important duties.

One Medical Companion and two Nurse Companions were engaged for special patients, in addition to the ordinary Nurses.

There have been many changes among the junior members of the staff. Fifteen Attendants and Nurses have left and 16 have entered the service of the Institution, besides kitchen and laundry servants. This unrest is to be deplored, the more so as it is rarely followed by real advancement or benefit. Two men were summarily dismissed on account of rough conduct towards a patient. Their dismissal led to important alterations in the form of declaration in use here and elsewhere, as formerly specially reported upon.

Fortunately the Charge Attendants and

Nurses maintain their reputation for trustworthy efficiency, and their years of service here has been acknowledged in various gratifying ways.

Attendant David Robertson gained the Morisonian Medal, in the gift of the Royal College of Physicians, for long and faithful service on the Insane. Five Charge Attendants and Nurses presented themselves for examination for the newly-instituted Certificate of the Medico-Psychological Association, and passed with credit to themselves and their instructor, Dr. Hay. This examination was conducted by Dr. Rorie, of the Dundee Royal Asylum, in addition to the paper set in London. Dr. Rorie expressed himself as being well satisfied with the appearance made by the candidates. Personally, I am very much gratified to find that the Attendants are not only accounted faithful to the trust committed to them; but have also proved able to answer questions on the facts of anatomy and physiology, on mental and sick nursing, and their general duties as charged with the care of the insane.

The alterations and improvements of the past year have been limited to the finishing of the New Wings, and certain unavoidable work in connection with the increased number of patients resident. At no previous time in the history of the Asylum have all the rooms for higher class patients been simultaneously in use. Every suite of rooms was occupied, both in the Asylum and at Kincarrathie. In order to accommodate the patients under care, certain structural alterations and a very considerable amount of furnishing were found necessary.

The following is a list of the more important now completed, at a cost of £713 :—

1. Painting and decorating private suites of rooms. Furnishing the same.
2. Painting and decorating New Wings—Galleries M. 6 and F. 5 and F. 6. Furnishing the same.
3. Making wardrobes and fitting stair rails, etc.—M. 6 and F. 6.
4. Painting and decorating music room at Kincarrathie, and furnishing the same.
5. Forming new room at Kincarrathie. Painting, decorating, and furnishing the same.
6. Painting, decorating, and furnishing Matron's room at Kincarrathie.
7. Erecting pavilion on West Terrace.
8. Additions to farm-steading cart-shed, etc.

One of the patients also presents a long list of furniture upholstered and renewed by him, while the Asylum artisans have been engaged in many ways that cannot find a place in this Report.

The Farm.

The Farm has been managed with a gratifying success, as shown by the accounts herewith published. Last autumn an addition to the belting south of the cricket field was made, to screen it from the road. The east plantation on that field has been thinned for the first time. The growth of the trees has been about 12 inches a year, and the estate has been materially improved by the shelter afforded.

Financial Details.

The sum received from patients' boards was £8672, which is more than last year's results by £900. The average of other years, 1864 to 1891 inclusive, is £5364. The expenditure was £10,767; the income £10,100,—thus leaving an

excess of expenditure of £667. This is, however, more than accounted for by the outlay on Improvements as detailed above. The Accounts show an excess of revenue of £46 if this extra expenditure is not included in the general statement.

The yearly income per patient was £95 5s 7d; the yearly cost on the ordinary expenditure £94 16s 11d. The weekly cost per patient calculated on the expenditure was £1 16s 6d. The 105 patients now on the Registers together pay £8801 per annum, being an average board rate of £83 16s 4d.

The ordinary minimum rate of board is £60 per annum; but during the past year 36 patients were maintained at rates varying from £30 to £52.

The Reports of the Visiting Commissioners in Lunacy will be found appended to this. Commissioners' Reports.

In conclusion, I beg to thank the Directors for their many acts of kindness, and for the support so readily and generously accorded to me in the past. Conclusion.

A. R. URQUHART, M.D.,

Physician Superintendent.



# TABLE

Showing Changes in the Population of the Asylum during the Year ending 31st May, 1891.

						Certificated		Voluntary.		TOTAL.
						M.	F.	M.	F.	
31st May, 1890.	{	Resident in the Asylum, ... ..	...	...	...	45	38	6	2	91
		Remaining on Pass, ... ..	...	...	...	...	...	...	1	1
		Remaining at Kincarrathie, ... ..	...	...	...	4	4	...	...	8
		Total number on Asylum Books, ... ..	...	...	...	49	42	6	3	100
						Certificated		Voluntary.		TOTAL.
						M.	F.	M.	F.	
Cases Admitted—										
First Admissions, ... ..			15	16	7	...	38			
Not First Admissions, ... ..			3	5	2	...	10			
Total Cases admitted during the year, ... ..						18	21	9	...	48
Total Cases under care during the year, ... ..						67	63	15	3	148
						Certificated		Voluntary.		TOTAL.
						M.	F.	M.	F.	
Cases discharged and died—										
Recovered, ... ..			5	8	5	1	19			
Relieved, ... ..			3	3	...	...	6			
Not Improved, ... ..			2	...	3	...	5			
Died, ... ..			8	2	3	...	13			
Total Cases Discharged and Died during the year, ... ..						18	13	11	1	43
31st May, 1891.	{	Total number on Asylum Books, ... ..	...	...	...	49	50	4	2	105
		Remaining on Pass, ... ..	...	...	...	...	...	...	1	1
		Remaining at St. Andrews, ... ..	...	...	...	...	5	...	...	5
		Remaining at Kincarrathie, ... ..	...	...	...	6	...	...	...	6
Resident in the Asylum, ... ..		...	...	...	43	45	4	1	93	

Officers, 5; Attendants, 14; Nurses, 17; Artisans, 15; Servants, 13.

	Certificated.		Voluntary.		TOTAL.
	M.	F.	M.	F.	
Average number on Books during the year, ... ..	49'94	48'63	4'11	2'98	105'67
Lowest number resident on 7th June, 1890, ... ..	49	42	4	3	98
Highest number resident on 1st January, 1891, ... ..	51	51	6	3	111
Persons under care during the year, ... ..	67	62	15	3	147
Persons admitted during the year, ... ..	18	20	9	...	47
Persons discharged recovered during the year, ... ..	5	8	5	1	19
Transferred from other Asylums, ... ..	4	3	...	...	7
Transferred to other Asylums, ... ..	3	2	1	...	6
Percentage of Recoveries on Admissions, ... ..	27'77	38'09	55'55	...	39'58
Percentage of Deaths on average numbers resident, ... ..	16'00	4'11	73'00	...	12'32

REPORT  
OF THE  
COMMISSIONERS IN LUNACY  
FOR THE YEAR.

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REPORT BY DR. JOHN SIBBALD.

JAMES MURRAY'S ROYAL ASYLUM,  
*2d January, 1891.*

THERE are 51 gentlemen and 51 ladies at present on the Register of the Asylum as certificated patients. Of these one lady is absent on statutory probation, and one lady is absent on pass. The following changes have taken place in this class of patients since last visit :—

	M.	F.	TOTALS.
Admissions, ... ..	12	17	29
Discharges Recovered, ...	2	5	7
Discharges Unrecovered,	5	1	6
Deaths, ... ..	3	1	4

There are six gentlemen and three ladies resident as voluntary inmates. The changes that have taken place in this class all refer to gentlemen. Of these eight have been admitted, four have left, and three have died.

The deaths among the certificated patients are registered as due to apoplexy in two cases, to disease of the heart in one case, and to disease of the liver in one case. *Post-mortem* examinations were made in all the cases.

There has been no use of restraint or seclusion in the treatment of the patients, no escape, and no accident of a serious character.

The impression produced by what was seen during the present visit was of the most pleasing kind. There was evidence everywhere that the requirements of each patient are carefully studied and well provided for. Frequent instances were observed, also, showing that unceasing efforts are made to add to the efficiency of the Institution by improvements either in the structure and furniture of the Asylum or in the details of administration. It is unnecessary, therefore, to repeat what has been stated in previous entries as to the excellence of the accommodation in the new Hospital Wings and in other parts of the Asylum. It is sufficient to say that the further experience which has been had of the new arrangements fully confirms the favourable view which had already been taken of this complete adaptation to their purpose.

It is proper, however, to record with satisfaction the addition to the staff of another Medical Assistant and two Lady Companions. The duty of the additional Medical Assistant is, like that of the Lady Companions, to associate with the patients and exercise a sane influence on their thoughts and conduct in ways which cannot be done by attendants of lower social grade. There can be no doubt that the association of such persons with the patients should prove of the utmost value, and confer great benefit on the patients.

It is recorded with regret that Miss Sharp, who has distinguished herself greatly by her ability and devotion to duty as Matron, has felt

obliged, from private reasons, to resign her position. The loss to the Asylum is one which it will not be easy to repair.

The Asylum continues to serve as a charitable institution, and thus to fulfil one of the principal objects for which it was established. During the past year 39 patients were maintained at rates varying from £30 to £52 per annum.

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

JOHN SIBBALD,

*Commissioner in Lunacy.*

REPORT BY SIR ARTHUR MITCHELL, K.C.B.

JAMES MURRAY'S ROYAL ASYLUM,  
*10th August, 1891.*

There are 49 gentlemen and 50 ladies at present on the Register of the Asylum as certificated patients. Two of the gentlemen are absent on pass.

There are also 4 gentlemen and 3 ladies at present in the Asylum as voluntary inmates.

The total number of persons now on the Registers is thus 106.

The changes among the certificated patients since last visit are as follows:—9 gentlemen and 11 ladies have been admitted; 3 gentlemen and 5 ladies have been discharged as recovered; 3 gentlemen and 5 ladies have been discharged as unrecovered; and 5 gentlemen and 2 ladies have died.

The changes among the voluntary inmates during the same period are as follows:—2 gentlemen and 1 lady have been admitted, and 4 gentlemen and 2 ladies have left.

Since last visit it has not been found necessary in any case to resort either to restraint or seclusion. No accident is recorded, and only one escape has taken place.

The causes of death were—General Paralysis in two instances; Pneumonia in two instances; and Diabetes, Heart Disease, and Cerebral Apoplexy in one instance each. The average age at death was 56—the range being from 46 to 79. In the cases of 6 of the 7 patients who died a *post mortem* examination was made. A careful record is kept of these examinations, and the Case Books contain a full history of every patient's condition and progress while under treatment.

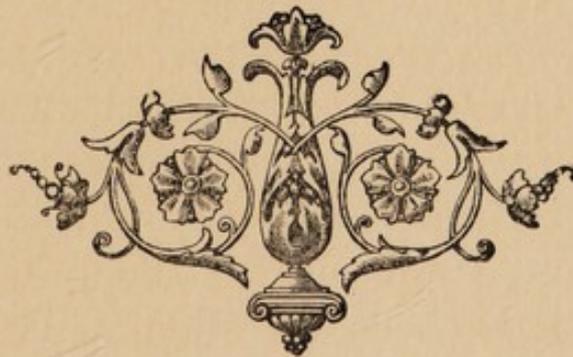
The Asylum is under a very enlightened direction. A great deal has of late years been done to increase its efficiency, and all that has been done is admirable in its character. It is believed that this will eventually result in such an increase of financial prosperity as will enable the Directors to go still further along the road on which they have been travelling. The comforts and wants of the patients are very liberally provided for, and the management has always in view the happiness and contentment of the incurable, as well as the cure of the curable. There is a good and sufficient staff of attendants. It includes two resident medical men and two lady attendants, who are in constant association with the patients. Great energy and ability are shown

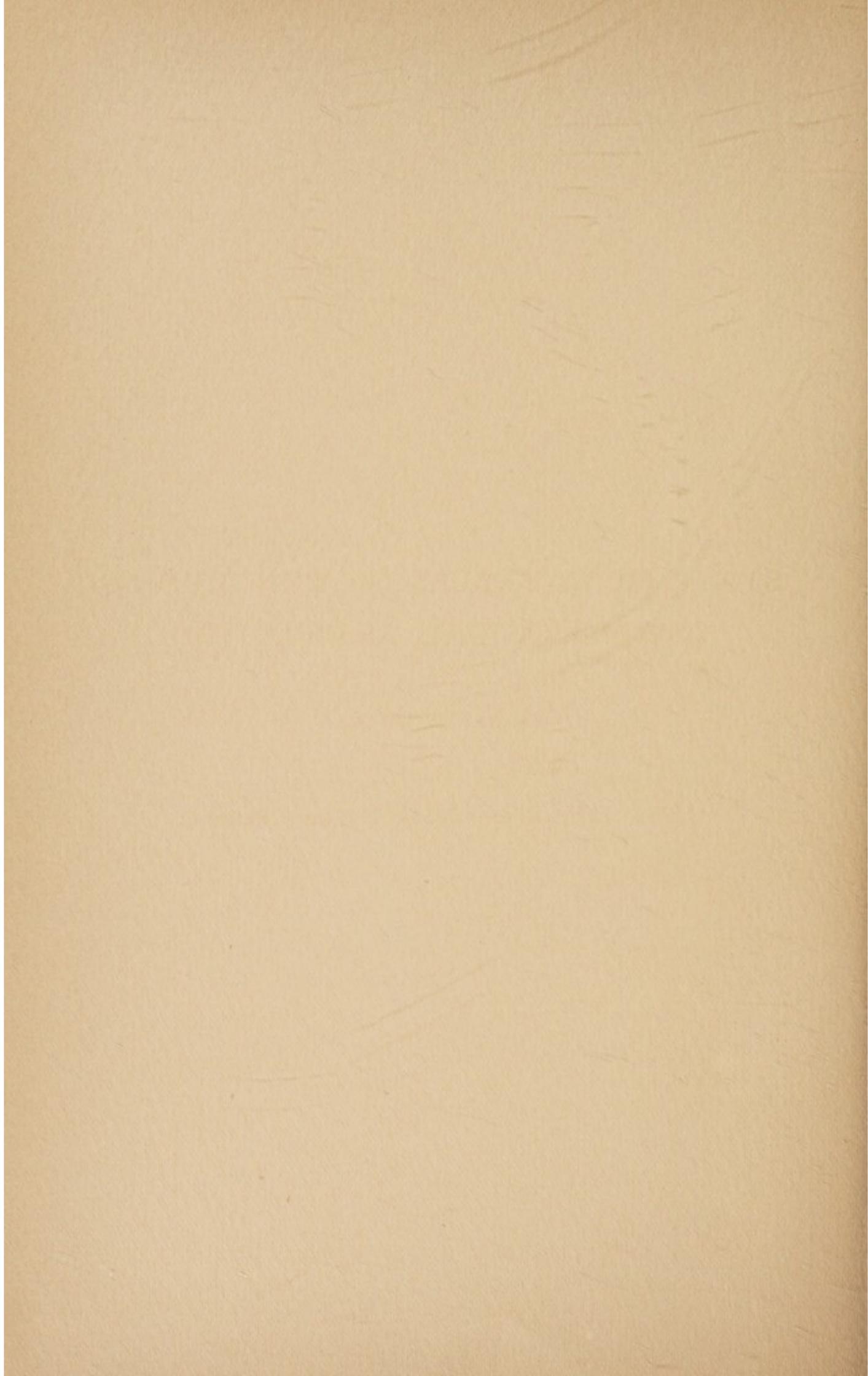
in the management, both general and medical, and the Institution is never visited without feeling that unceasing efforts are being made to increase its efficiency, and so—that is, in the best sense—to make it command the confidence of medical men and of the general public.

The Books and Registers were examined, and were found to be kept with care and accuracy.

ARTHUR MITCHELL,

*Commissioner in Lunacy.*





STATISTICAL TABLES OF THE MEDICO-  
PSYCHOLOGICAL ASSOCIATION.

PREPARED BY DR. HAY.

*(These Tables do not include Voluntary Patients).*

**TABLE 1,**

Showing the Admissions, Re-Admissions, Discharges, and Deaths during the Year ending 31st December, 1890.

	M.	F.	T.	M.	F.	T.
In the Asylum, 1st January, 1890, ...				50	43	93
Cases Admitted—						
First Admissions, ... ..	13	15	28			
Not First Admissions, ... ..	3	4	7			
Total Cases Admitted, ... ..				16	19	35
Total Cases under care during the year,				66	62	128
Cases Discharged and Died—						
Recovered, ... ..	2	6	8			
Relieved, ... ..	7	2	9			
Not Improved, ... ..	3	0	3			
Died, ... ..	4	3	7			
Total Cases Discharged and Died, ...				16	11	27
Remaining in the Asylum, 31st December, 1890, ... ..				50	51	101
Average resident during the year, ... ..				49·28	45·76	95·05
Persons* under care during the year,†				65	62	127
Persons admitted                   ,,				16	19	35
Persons recovered                   ,,				2	6	8
Transferred‡ to this Asylum, ... ..				3	2	5
Transferred from this Asylum, ... ..				6	0	6

\* 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 1890, 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	3	7
„ Two Attacks, ... ..	0	1	1
„ Three or more Attacks, ... ..	0	3	3

(2) Number of Times Patients Recovered.	In this Asylum.			In any Asylum.		
	M.	F.	T.	M.	F.	T.
Once, ... ..	1	2	3	1	3	4
Twice, ... ..	0	1	1	0	1	1
Thrice or more, ... ..	0	1	1	0	2	2

**TABLE 2,**

Showing the Admissions, Re-admissions, Discharges, and Deaths for the Twenty-six Years from the 1st of January, 1865, to the 31st December, 1890.

	M.	F.	T.	M.	F.	T.
Number resident, January 1st, 1865, ... ..				37	34	71
Persons Admitted during the period of 26 years,	262	270	532			
Re-admissions, ... ..	46	69	115			
Total Cases Admitted, ... ..				308	339	647
Total Cases under care during the 26 years, ...				345	373	718
Cases Discharged and Died—						
Recovered, ... ..	91	119	210			
Relieved, ... ..	93	94	187			
Not Improved, ... ..	49	58	107			
Died, ... ..	62	51	113			
Total Cases Discharged and Died, ... ..				295	322	617
Remaining 31st December, 1890, ... ..				50	51	101
				M.	F.	T.
Average resident during the 26 years, ... ..				40'98	39'16	80'14
Transferred to this Asylum, ... ..				45	41	86
Transferred from this Asylum, ... ..				71	62	133

TABLE 2a,

Showing the Admissions and Recoveries of Persons\* from 1st January, 1865, to 31st December, 1890 (a period of Twenty-six 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 26 years, ... ..	262	270	532	235	255	490
Of whom were Discharged Recovered during } the same period, being 32·89 per cent. of } Persons Admitted, ... ..	80	95	175	79	89	168
Of whom were Re-admitted Relapsed,† ...	15	22	37	15	20	35
Leaving Recovered Persons who have not } Relapsed, ... ..	65	73	138	64	69	133
Relapsed Persons Discharged Recovered,‡ ...	10	14	24	9	14	23
Net Recovered Persons, § being 30·45 per cent. } of Persons Admitted, ... ..	75	87	162	73	83	156

\* 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 4 (contd.)

Summary of Total Admissions.

						Male.	Female	Total.
Percentage of Cases Recovered,	...	...	...	...	...	33·69	42·16	38·05
,, Relieved,	...	...	...	...	...	18·01	19·25	18·65
,, Not Improved,	...	...	...	...	...	22·29	19·89	21·06
,, Died,	...	...	...	...	...	21·13	14·02	17·47
,, Remaining,	...	...	...	...	...	4·88	4·68	4·77
						100	100	100

**TABLE 5,**

Showing the Causes of Death, with the Ages at Death, during the Year 1890.

Cause of Death.	Between 55 & 60.			Between 65 & 70.			Between 70 & 75.			Between 75 & 80.			Totals.		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
	Fatty Heart, ...	...	...	...	0	1	1	0	1	1	...	...	...	0	2
Pneumonia, ...	...	...	...	0	1	1	...	...	...	...	...	...	0	1	1
Cancer of Liver, ...	...	...	...	...	...	...	1	0	1	...	...	...	1	0	1
Cerebral Apoplexy, ...	1	0	1	1	0	1	...	...	...	1	0	1	3	0	3
	1	0	1	1	2	3	1	1	2	1	0	1	4	3	7

TABLE 6,

Showing the Length of Residence in those Discharged Recovered  
and in those who have Died during the Year 1890.

Length of Residence.	Recovered.			Died.		
	M.	F.	T.	M.	F.	T.
Under 1 Month, ... ..	0	1	1	0	0	0
1 Month and under 3 Months, ... ..	1	3	4	0	1	1
3 " " 6 " " ... ..	0	2	2	1	0	1
6 " " 9 " " ... ..	0	0	0	0	0	0
9 " " 12 " " ... ..	1	0	1	0	1	1
4 Years " 5 Years, ... ..	...	...	...	1	0	1
5 " " 6 " " ... ..	...	...	...	1	0	1
18 " " 19 " " ... ..	...	...	...	0	1	1
24 " " 25 " " ... ..	...	...	...	1	0	1
Total, ... ..	2	6	8	4	3	7

**TABLE 7,**

Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths, during the Year 1890.

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,	1	5	6	2	3	5	2	0	2	...	...	...
SECOND CLASS.												
First attack above 3, and within 12 months on admission,	5	2	7	...	...	...	1	1	2	1	0	1
THIRD CLASS.												
Not first attack, and within 12 months on admission,	4	6	10	0	3	3	1	0	1	1	1	2
FOURTH CLASS.												
First attack or not, but of more than 12 months on admission,	6	6	12	...	...	...	5	1	6	2	2	4
FIFTH CLASS.												
Congenital,	...	...	...	...	...	...	1	0	1	...	...	...
Total,	16	19	35	2	6	8	10	2	12	4	3	7

TABLE 8,

Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died, during the Year 1890, and of those remaining on 31st December, 1890.

	Admissions.			Recovered.			Deaths.			Remaining.		
	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 "	1	0	1	...	...	...	...	...	...	...	...	...
25 "	3	3	6	1	0	1	...	...	...	7	4	11
30 "	2	2	4	...	...	2	...	...	...	9	3	12
35 "	1	2	3	1	1	2	...	...	...	4	4	8
40 "	0	2	2	0	2	2	...	...	...	4	5	9
45 "	1	0	1	0	1	1	...	...	...	3	2	5
50 "	3	3	6	0	1	1	...	...	...	4	8	12
55 "	1	1	2	...	...	...	1	0	1	5	8	13
60 "	0	1	1	0	1	1	...	...	...	3	4	7
65 "	2	2	4	...	...	...	1	2	3	6	4	10
70 "	0	2	2	...	...	...	1	1	2	3	4	7
75 "	1	0	1	...	...	...	1	0	1	1	1	2
80 "	0	1	1	...	...	...	...	...	...	0	4	4
Total,	16	19	35	2	6	8	4	3	7	50	51	101

**TABLE 9,**

Showing the condition as to Marriage in the Admissions, Recoveries, and Deaths, during 1890, and of Patients Resident 31st December, 1890.

Condition in reference to Marriage.	Admissions.			Recovered.			Deaths.			Patients Resident, Dec. 31st, 1890.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single, ...	10	11	21	1	4	5	2	2	4	41	36	77
Married, ...	6	8	14	1	2	3	2	1	3	8	11	19
Widowed,	0	0	0	0	0	0	0	0	0	1	4	5
Total,	16	19	35	2	6	8	4	3	7	50	51	101



TABLE 11,

Showing the Form of Mental Disorder on Admission in the Admissions, Recoveries, and Deaths of the Year 1890, and the Form of Mental Disorder of the Inmates, 31st December, 1890.

Form of Mental Disease.	Admissions.			Recovered.			Deaths.			Remaining * 31st Dec., 1890.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
CONGENITAL MENTAL DEFICIENCY,	...	...	...	...	...	...	...	...	...	...	...	...
MANIA.												
Recent, ...	2	3	5	0	4	4	...	...	...	2	0	2
Chronic, ...	3	2	5	...	...	...	...	...	...	4	11	15
Recurrent,	0	2	2	0	1	1	...	...	...	2	4	6
MELANCHOLIA.												
Recent, ...	1	5	6	2	1	3	...	...	...	0	4	4
Chronic, ...	0	1	1	...	...	...	0	1	1	0	6	6
Recurrent,	0	1	1	...	...	...	...	...	...	...	...	...
DELUSIONAL INSANITY, ...	4	1	5	...	...	...	...	...	...	9	9	18
DEMENTIA,												
FOLIE CIRCULAIRE,	...	...	...	...	...	...	4	2	6	31	16	47
	16	19	35	2	6	8	4	3	7	50	51	101

\* General Paralysis—M., 2.

Epilepsy—M., 2; F., 1.]

**TABLE 12,**

Showing the Station or Occupation of Patients admitted during the Year 1890.

MALES.				FEMALES.			
Bookkeeper, ... ..	1	Bookseller, Retired, ...	1				
Butcher, ... ..	1	Cab Proprietor's Wife, ...	1				
Clerks, ... ..	2	Dressmaker, ... ..	1				
Commercial Traveller, ...	1	Farmer's Daughter, ...	1				
Contractor, ... ..	1	Gentlewomen, ... ..	3				
Contractor, Retired, ... ..	1	Lodging-House Keeper, ...	1				
Farmer, ... ..	1	Merchants' Wives, ... ..	2				
Governor of Jail, Retired, ...	1	Printer's Wife, ... ..	1				
Journalist, ... ..	1	Schoolmistress, ... ..	1				
Minister, ... ..	1	Schoolmaster's Wife, ...	1				
Physician, ... ..	1	Servants, ... ..	2				
Pig Dealer, ... ..	1	Shoemaker's Wife, ... ..	1				
Revenue Officer, ... ..	1	Teacher, ... ..	1				
Ship-broker, ... ..	1	Waitress, ... ..	1				
Wine Merchant, ... ..	1	Watchmaker's Wife, ... ..	1				
<b>Total, ... ..</b>	<b>16</b>	<b>Total, ... ..</b>	<b>19</b>				

**TABLE 13,**

Showing Bodily Condition of Admissions.

	Male.	Female	Total.
Good Bodily Condition, ... ..	9	6	15
Fair ,, ,, ... ..	0	5	5
Bad ,, ,, ... ..	7	8	15
<b>Total, ... ..</b>	<b>16</b>	<b>19</b>	<b>35</b>

# REVENUE AND EXPENDITURE ACCOUNT

FOR YEAR ENDING 31st MARCH, 1891.

## REVENUE.

I. Board of Patients, ... ..	£8671 14 1
II. From Patients for use of Carriages, ...	404 2 0
III. Farm Receipts, ... ..	756 12 7
IV. Garden Receipts, ... ..	218 12 10
V. Discounts, ... ..	48 13 9
Total Revenue, ... ..	£10,099 15 3

## EXPENDITURE.

I. House Expenses, viz.—	
Provisions, £3421 9 11	
Fuel, ... .. 405 4 10	
Lighting, ... 147 0 5	
Furnishings, Fit- tings, &c., ... 689 16 4	
Amusements and Petty Outlays, 149 18 0	
Sum of House Expenses, ...	£4813 9 6
II. Salaries and Wages, ... ..	2856 12 10
III. Repairs to Property, &c., ...	674 12 6
IV. Rent, Taxes, and Insurance, ...	447 4 10
V. Stationery, Postages, and Ad- vertising, ... ..	106 17 5
VI. Rent Charges and Interest, &c.,	720 11 11
VII. Carriage Account, ... ..	330 13 3
VIII. Farm Payments, ... ..	556 1 7
IX. Garden Account, ... ..	260 19 10
Total Expenditure, ... ..	10,767 3 8
Excess of Expenditure, ... ..	£667 8 5

## FARM ACCOUNT.

Valuation of Stock, 31st March, 1890, ... ..	£308	6	0
Stock purchased during year, ... ..	290	10	6
Implements, Wages, Feeding Stuffs, and Accounts, ... ..	213	0	8
Repairs, Alterations, and Fencing, ... ..	52	10	5
Rent (31½ acres at 30/-), ... ..	47	5	0
	£911 12 7		
Sales of Produce, ... ..	£717	10	9
Rent of Fields, ... ..	21	10	10
Valuation of Stock, &c., 31st March, 1891, ... ..	300	6	0
	1039 7 7		
Balance in favour of Farm, ...	£127 15 0		

Incorporated by



Royal Charter.

## JAMES MURRAY'S ROYAL ASYLUM, PERTH.

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THIS Asylum is healthily situated, amidst picturesque surroundings, on the Hill of Kinnoull, in the immediate vicinity of Perth. It stands in the midst of extensive Pleasure-Grounds, surrounded by the fields of the Home Farm, and commands unrivalled views, extending over the valley of the Tay to the range of the Grampians. The central position of Perth, and the improved railway service, make it easily accessible from all parts of Scotland.

Being an Endowed Institution and a Chartered Corporation, under the management of a Statutory Board of Directors who have no pecuniary interest in its prosperity, the profits have been devoted to modernising and perfecting the original fabric of the Asylum, in order to 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. 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 five years as a Convalescent Home, and for Patients of the Higher Classes suffering from the milder forms of mental disease. Other Houses, at the Seaside and in the Perthshire Highlands, are also rented yearly.

The Distinctive Features of this Institution are—that it receives no Paupers; that it contains a limited number of Patients, permitting of Individualised Treatment; and that it is developed as a Central Hospital for the treatment of acute and difficult cases, with Succursal Houses for less serious maladies. Special attention is devoted to the Occupations of the Patients; there are ample means of Amusement; and the utmost liberty, with due regard to safety, is accorded. Carriages are kept for the use of those Patients for whom such exercise is desirable.

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