

Medical report to the managers of the Lunatic Asylum of Aberdeen for the year ending 30th April, 1848 : read at the general meeting held in the asylum, 7th July, 1847.

Contributors

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MEDICAL REPORT

TO THE

MANAGERS

OF THE

LUNATIC ASYLUM

OF ABERDEEN,

FOR THE YEAR ENDING 30TH APRIL, 1848.

READ AT THE

GENERAL MEETING HELD IN THE ASYLUM,

13th July, 1848.

ABERDEEN:

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LIST

OF THE

MANAGERS EX-OFFICIIS, AND MANAGERS FOR LIFE.

THE PROVOST OF ABERDEEN—*President.*

The Four BAILLIES.

„ DEAN of GUILD.

„ TREASURER.

„ PROVOST who immediately preceded
the present Provost.

The TOWN CLERK.

„ CONVENER of the Trades.

„ PROFESSOR of Medicine in Marischal
College.

„ MODERATOR of the Synod of Aberdeen.
All for the time being.

Henry Lumsden.
Alexander Webster.
Alexander Bannerman.
Sir Charles Forbes.
Dr. William Henderson.
Henry D. Forbes.
P. Farquharson.
Sir Charles Bannerman.
Thomas Burnett.
Alexander M^rKenzie.
Duncan Davidson.
Colonel Henderson.
Dr. Williamson.
Alexander Cadenhead.
John Raeburn.
Thomas Spark.
Alexander Simpson.
James Reid.
Clements Lumsden.
Gavin Hadden.
James Kilgour.
Robert Brown.
John Cadenhead.
Alexander Calder.
George Hogarth, Junior.
Major Hogarth.
William Hogarth.

James Allan.
Alexander Gibbon.
Patrick Pirie, Junior.
William Davidson.
William Allardyce.
Thomas Blaikie.
Alexander Ogston.
William Simpson.
Dr. Galen.
George Thomson.
Robert Catto.
Alexander Johnston.
Dr. Keith.
William Irvine.
Rev. J. Stewart.
John Webster.
Alexander Thomson.
Dr. Harvey.
Robert Smith.
Henry Shank.
Robert Low.
Robert Shand.
James Nicol.
Rt. Rev. Bishop Skinner.
Jas. Forbes, Argyllshire.
Charles Winchester.
James Brebner.

Sir Michael Bruce, Bart.
John Blaikie.
Frederick Holland.
William Elmslie.
Henry L. Holland.
William Innes.
Newell Burnett.
Charles Downie.
Alexander Innes of Cowie.
Alexander Pirie, Junior.
Thomas Sangster.
Henry Paterson.
Rev. Robert Forbes.
D R. Morice.
Thomas Hogarth.
Alex. Forbes, Blackford.
Francis Edmond.
Basil Fisher.
William Fisher.
Alexander Jopp.
William Annand, London.
Alexander Robertson, Bal-
gownie.
Henry C. Oswald.
Dr. Robert Daun.
Rev. W. R. Pirie, D.D.

MANAGERS ELECTED DECEMBER 6, 1847.

Rev. S. Mackintosh.
Thomas Best.
Dr. Will.
Dr. Robert Jamieson.
Rev. A. D. Davidson.

P. Williamson.
Alexander Hadden.
President of Shipmaster
Society.
Robert Catto, Junior.

James Forbes.
Alex. Nicol.
Arthur Thomson.
Deacon Sutherland.
David Chalmers.

OFFICERS OF THE ESTABLISHMENT.

PHYSICIAN, JOHN MACROBIN, M.D.
RESIDENT MEDICAL OFFICER AND SUPERINTENDENT, ... J. F. OGILVIE, M.D.
MATRON, MISS ELRICK.
CHAPLAIN, REV. ARCHD. STORIE.
TREASURER AND CLERK, MR. W. WALKER.
HOUSE STEWARD, WM. LESLIE.

The following LEGACIES and DONATION have been received, for behoof of the LUNATIC ASYLUM, betwixt 28th February, 1847, and 1st March, 1848 :—

LEGACIES.

Jane Anderson, Aberdeen, per Rev. Mr. Cheyne,	£5	0	0
Wm. Stratton, Esq., per Messrs. Jopp & Shand,	10	0	0
By a "Departed Friend," to Furnish Clothing for the Poorest of the Pauper Lunatics,	5	0	0
	<hr/>		
	£20	0	0

DONATION.

From a Lady, per Mr. Webster,	£0	5	0
	<hr/>		
	£20	5	0

ABSTRACT

OF THE

INCOME AND EXPENDITURE OF THE LUNATIC ASYLUM,

For the Year ending 30th April, 1848.

INCOME.

Legacies,	£20	0	0
Donations,	0	0	0
Bedlam Fund,	30	0	0
Legacy by Dr. Dun, (income from it,) ...	34	14	11
Ground under Crop,	170	15	8½
Houses and Ground, Barkmill, Rental, ...	60	0	3
Interest of Money,	71	7	0
Board for Patients during the year, ...	4,254	19	0
	<hr/>		
	£4,641	16	10½

EXPENDITURE.

Provisions,	£2,167	6	10½
Fire and Light,	233	10	11
Washing,	54	15	4
Medicines,	26	19	9
Wine, Spirits, and Porter,	22	1	0
Repairs,	183	13	9
Furniture and Bedding,	171	11	11
Salaries to Physician and Resident Medical Officer,	175	0	0
Salaries to Chaplain and Treasurer, ...	165	0	0
Salaries to House Steward and Matron, ...	90	0	0
Servants' Wages,	336	5	0
Incidents, Insurance, Printing, Stationery, and Annuities,	166	9	11
	<hr/>		
	£3,792	14	5½
Income above Expenditure,	849	2	5
	<hr/>		
	£4,641	16	10½

W.M. WALKER, Treasurer.

MEDICAL REPORT,

For the Year ending 30th April, 1848.

ANOTHER year having now expired, it again becomes our duty to lay before you our Annual Report on the state of the Institution. During that period, few events have occurred which call for special notice, and there is consequently little of novelty to vary the uniformity by which such reports are generally characterized.

We have to record, as on former occasions, a gradual and pretty uniform increase in the number of patients—the average number resident, during the year having been 222.27, viz. :—115.29 for the males, and 106.98 for the females, which gives an excess of about 9 over a similar average for the preceding year. The household, including also officers and servants, has consisted, on an average, of 254 persons. The average number of female patients resident has been considerably less than that of the male patients, although the number of the former actually admitted has been greater, and, on one occasion, (only however for a day or two at a time,) the sexes were equal in number. The greatest number of patients in the Asylum at any one time, was on the 25th of January last, when they amounted to 231, and the smallest number, viz. 212, was on the afternoon of the 1st of May, 1847.

The statistics are embodied as usual in a series of Tables which are appended.

From *Table I.* which exhibits the general results of the year, it will be seen that there remained, on the 1st of May, 1847, 213 patients, and that 93 have been admitted betwixt that date and the 1st May, 1848, making a total of 306 that have been subjected to treatment during the intervening year. Of that number, 40 have been dismissed recovered, 14 more or less improved, 4 without improvement, and 23 have died; leaving in the Asylum at the close of the year 225—viz. 113 males, and 112 females.

In *Table II.* the patients admitted are classified according to the localities from which they have been sent.

Table III. contains a statement of the ages of the patients admitted, and *Table IV.* of their condition as to marriage; and both present results similar to those noticed in former reports.

The same remark holds good in regard to *Table V.*, in which their previous occupations or stations in society have been made the basis of classification, the numbers falling under each head not varying materially in their relative amounts from year to year. From the results of any one year it would not be possible to form a correct estimate of the comparative frequency of insanity in the various walks of life, and even where much more extensive data are employed, such estimate can be at best but approximative, as it is difficult in the first instance to ascertain what are the proportions of each to be met with in the community at large, and to what extent such cases are treated at home, as they not unfrequently are among the middle and higher ranks.

In *Table VI.* are enumerated the various forms under which the malady has presented itself to our notice, classed according to the system now more generally adopted, which although, perhaps, less philosophically accurate than others that have been proposed, is found more convenient and useful in practice. Under the general head of Mania are embraced 55.9 per cent. of the whole admissions; Monomania includes 10.8 per cent.; Melancholia, 16.1; and Dementia, 15.05 per cent. There were besides, 2 instances (2.1 per cent.) of Amentia or congenital Idiocy. On any classification more minute than this, no great dependance can be placed, as the minor sub-divisions of the above mentioned forms of insanity are neither constant nor well defined, though frequently found useful in describing individual cases.

Table VII. exhibits the previous duration of the malady in the cases admitted, and the prognosis as inferred from that circumstance and from the occurrence of previous attacks. The number referable to the first or most favourable class as regards the prospect of recovery is rather smaller in proportion to the whole number admitted than was the case last year, and much smaller than we should wish to see it—one effect no doubt of the natural but ill-judged reluctance felt by the relatives of patients to send them for treatment at an early stage of the malady, before it has become confirmed by long continuance, so as to be no longer amenable to remedial measures. In the case of 7 of the patients admitted the duration of the malady could not be distinctly ascertained, but from their appearance we should judge that they were cases of long standing, and might without much risk of error be included in the preceding Class.

Table VIII. is a list of the various causes which are supposed to have been more immediately instrumental in inducing the attack, in so far as these could be ascertained from the accounts communicated to us in each case, of the patient's past history and of

his disposition and habits, although for reasons with which all must be familiar who have ever prosecuted such inquiries, and to which we have more than once alluded in previous reports, the results arrived at must not be regarded as absolutely correct. The physical causes assigned greatly predominate, but we have reason to believe that in several cases classed under this head moral agencies of various kinds—deficient early training, uncontrolled passions, or anxiety—must have contributed their share. In 22 instances predisposition, natural or acquired, was the sole ascertainable cause. In 17, (of which number nearly two-thirds were males,) intemperance was assigned as the cause, and probably was so also to a certain extent, in several others. Five seem to have been due to physical hardships, or to exposure resulting from poverty or irregular habits of life; 8 to various bodily maladies, and 8 to affections of the uterine system.

As is usually the case, several instances have come under our notice in which the malady appeared distinctly to have been the result not of one cause, but of a combination of two or more, of which the most powerful or that which more immediately preceded the attack has been assumed as the exciting one. In one patient in whose family insanity had previously shown itself, and in whom the predisposition was further increased by ill health resulting from an injury in the arm and head, the attack appears to have been induced by grief for the death of his master, and by the consequent necessity he was under of entirely changing his occupation and mode of life. His body had become incapacitated for active exertion, and his mind, equally unable to bear the anxiety and forethought required in his new situation, sunk under the effort. In another case, ill-judged indulgence in early youth, a hysterical diathesis, confirmed dyspepsia, and disappointment in love, seem to have acted conjointly in inducing the attack.

No combination of causes is more frequent than that of hereditary predisposition with intemperance, and it frequently in these cases becomes a question not easy of solution whether the craving for ardent spirits so frequently observed about the time when the first symptoms of a disordered intellect make their appearance is not rather an early symptom of the latent malady now beginning to develop itself than the exciting cause of it. In whichever light it is to be regarded, there can be no doubt that it has a powerful tendency to aggravate the attack and to accelerate the progress of any morbid action that may be going on in the brain, thus laying the foundation of permanent and incurable disease.

There are three pretty distinct forms of insanity which are observed to occur in connection with the abuse of intoxicating liquors.

The first is an attack of maniacal excitement, at first generally of short duration, immediately following a debauch more deep or prolonged than usual, and which is closely allied in character to delirium tremens, of which in fact we may almost regard it as a chronic form. Attacks of this nature are speedily recovered from, but rarely fail to be repeated sooner or later by a renewal of the exciting cause, producing by their frequent recurrence the same permanent bad effects on the mind, that follow long continued recurrent mania.

The second consists in an inordinate, and if we may so speak, instinctive craving for alcoholic stimulants, derived frequently from hereditary predisposition, and strengthened by indulgence, for which the only remedy, and that but a temporary one, is seclusion.

The third form, and that most destructive to life, occurs in those cases that are accompanied by general paralysis, high delusions, and occasional excitement, and terminating in utter prostration of the bodily and mental faculties. This form is generally regarded as being gradually induced by habitual and long-continued intemperance, and may occur either alone or preceded by either of the former. All three are most prevalent among males, who are for evident reasons most exposed to temptations to dissipation.

Table IX. enumerates the more common predisposing causes and complications. Hereditary predisposition was stated to exist in 35, and previous insanity, with or without hereditary predisposition in 21, out of the 93 cases admitted—being in the proportion of 37.6 and 22.6 per cent. respectively. Paralysis, Epilepsy, and other less prevalent complications were also met with as usual in a considerable number of instances, the number of complicated and unfavourable cases having been on the whole rather greater than last year. Of the paralytic cases, 2 were instances of general paralysis, both of which occurred in male patients of intemperate habits.

In *Table X.*, the recoveries are classified according to the system adopted in *Table VIII.* in regard to the admissions. The first class, in which are included no cases of a second attack or of more than three months' duration, shows the largest number of recoveries; while the fourth, including all cases of more than a year's duration, presents only one.

In *Table XI.*, there are exhibited in a tabular form some of the more important particulars connected with the history of the recovered cases. In more than one instance in which an unfavourable prognosis had been formed by us at the time of admission, we have had the satisfaction of seeing a complete recovery take place. One of these was admitted in a state of dementia of

five months' duration, and remained nearly two years under treatment. Another patient on admission laboured under a series of most unfavourable symptoms, including as was supposed those of the general paralysis of the insane—an affection from which we believe that no well-authenticated instance of recovery is on record. Subsequent information as to this patient's history convinced us that this was not the case, as we took occasion to mention in last report—a conviction which the issue of the case has fully confirmed.

Cases such as these, while they induce us to persevere in applying remedies even under the most discouraging circumstances, point out as it appears to us the inexpediency of making too rigid a separation between the curable cases and those supposed to be incurable, among which latter in all probability these two would have been classed. If such had been the case, recovery, had it taken place at all, might have been long overlooked.

Among the cases enumerated in the Table, is one which presents some interest from the fact of convalescence having occurred during a severe attack of pleurisy. The brother of this patient, who closely resembled her in personal appearance, was an inmate of the Institution about a year before, and recovered from an attack of chronic mania precisely similar in its nature to hers, while suffering from an attack of erysipelas of the scalp and face. Both cases on entering the Asylum presented an unfavourable and almost idiotic aspect, and in the case of the last admitted patient little hope would have been entertained of recovery, had not the history of her brother's malady been fresh in our memory.

The same curative influence that seems here to have been exerted by severe bodily disease, was in another instance the result of the puerperal state. The patient's delusions, which were in a great measure connected with her condition at the time of admission, entirely disappeared after parturition, so that both mother and child were discharged from the Institution, as soon as the former had fully regained her strength and was capable of undertaking the journey to her husband's place of residence. Nor were these beneficial effects confined to the patient herself, for it was both pleasing and amusing to observe the interest this occurrence had excited among the other patients, and the kindly feelings manifested by such of them as were allowed access to the infant. One or two of them, who before had scarcely ever been seen with a needle in their hands, set diligently about providing for its wants in the way of clothing.

On running the eye down the last two columns of the Table, one is again struck with the great preponderance of the physical over the moral causes. In only one instance, and that a rather

doubtful one, does it appear that the insanity was due to a moral cause alone, without any physical agency having lent its aid. We are inclined to regard this circumstance as confirming, in so far, the prevailing belief that cases of insanity resulting exclusively from moral agencies, especially where these are of a sudden and violent character, are little susceptible of cure.

The deaths, which are enumerated in *Table XII.*, have amounted this year to 23,—viz. 15 males and 8 females, being a per centage of 10.36 on the mean number resident, and of 24.73 on the admissions. Calculated in reference to the male patients separately considered, these proportions are 13.01 per cent. on the mean number resident, and 34.09 per cent. on the admissions; and for the females, 7.47 per cent., and 16.33 per cent. respectively, being, as is usually the case, a considerably higher rate of mortality for the former than for the latter. It will thus be perceived that the remarkable insalubrity of a portion of the bye-past year, which affected to such an extent the health and mortality of the general population, has not been without its effects on the inmates of this Institution, nor, so far as we have had the means of ascertaining, on those of most other similar establishments throughout the country. This result has not arisen in our case so much from the unusual prevalence of any specific malady, as from the gradual dying off of patients who were old or infirm, or affected with chronic diseases, in themselves fatal, but who in a more genial season would probably have survived for some little time longer. There has indeed been nothing that can strictly speaking be called an epidemic among the patients, for the influenza, from which the servants and attendants suffered rather severely, in very few instances extended to them. From the circumstance too of our year terminating with the month of April, the returns include the very unhealthy autumn of 1847, and the almost equally unhealthy spring of the present year. The diseases which have been the causes of death, though very various, have been for the most part those to which the insane are peculiarly exposed.

In the end of July there occurred an isolated case of spasmodic cholera presenting all the features of the epidemic of 1831-32, and which terminated fatally in about 30 hours. The subject of it was a patient who had been in all about 13 years resident in the Asylum, and who from his obliging disposition had become a general favourite among his fellow-patients, though his very singular delusions rendered him somewhat of a character even amongst them. In another instance death resulted from perforation of the coats of the stomach followed by intense peritonitis. There has been during the year an unusually large number of cases in which the suicidal propensity has been strongly develop-

ed, and repeated attempts have been made at self-destruction, one of which unfortunately proved successful, the patient having contrived to elude all the vigilance employed to prevent her from effecting her purpose.

Of the patients referred to in this Table one had been an inmate of the Institution for 24 years and another for 22. Five out of the 23 died within 6 months after admission from the effects of serious bodily disease previously existing. We have had frequent opportunities of observing how much the constitutions of the insane seem to be impaired by a long continuance of their malady, and how ill able they are to bear up against attacks of acute disease, which in other persons would be productive of less serious consequences, as well as less rapid in their progress.

The *post mortem* examinations have not afforded us any very marked results illustrative of the connection of mental derangement with particular lesions of the brain, nor tended to throw much additional light on this at present very obscure department of Pathology.

Table XIII. gives the general results for each of the last 18 years, and *Table XIV.* the numbers admitted during each of these years severally, along with the proportions of each recovered relieved or dead, up to 1st of May of the present year.

Table XV. contains a general statement of the admissions, dismissals, and deaths since the first opening of the Institution, from which it appears that of the 1502 patients that have passed under treatment, 681 or 45.35 per cent. have recovered, 475 or 31.63 per cent. have left relieved, &c., and 346 or 23.03 per cent. have died. The entire number of admissions having been 1727, there remain consequently in the Asylum 225 patients, whose condition as to age, form of insanity, occupation, &c. forms the subject of the *XVIIth*, and last of the Tables.

During the year there has been very little in the way of incident to vary the usual daily routine of the establishment. Perhaps the principal event has been the occupation by the patients, in the end of December, of the additional buildings, which, though completed for nearly ten months, could not be occupied till the portions subsequently added were finished. This delay, although productive of some inconvenience at the time, from the increased number of patients to be accommodated, was in the main no matter of regret, as it enabled us to ensure the perfect dryness and salubrity of the apartments by thorough heating and ventilation during the preceding summer and autumn. The removal was looked forward to with great glee by the patients, a portion of whom were busily occupied for several days in making the ne-

cessary preparations, and the event was celebrated by a dance and the exhibition of the magic lantern.

The means thus afforded us for the still further classification of the patients has added much to the general comfort and good order of the household. The accommodation for the males is now situated entirely to the westward of an imaginary line passing from the main entry backwards through the centre of the building, and that for the females on the other side—in place of our having as formerly a portion both of the old and of the new house appropriated to each sex. An additional day room and airing ground have now become available on each side of the house, the latter having been very much wanted on the female side, in order to admit of the noisy and mischievous patients being deprived of all access to the bleach-greens. The new airing-grounds are large and cheerful, and in a few years' time, when the trees and shrubs have had time to grow up, will probably be the best we have about the place. The larger of the two, which is occupied by the more excited patients, is wholly laid out in turf, and will form an excellent cricket ground, the other in part as a garden.

The ventilation in the wing has proved as we anticipated, very efficient, though some slight alteration will yet be required to render it perfect in the range of bed-rooms on the ground floor, so that these may be kept free from any offensive odour even in warm weather. The heating as effected by Perkins' apparatus, in so far as our experience of it has yet gone, has answered admirably.

The steam boiler for heating the older portions of the building having been of late found insufficient, in consequence of the increased extent of accommodation to be supplied by it, a new one of nearly double its power has been erected, in a house built for the purpose in a more central and convenient part of the premises, so that now the heating of even the most remote of the sleeping apartments is efficiently accomplished, and provision made for the farther extension of the portion of the Establishment heated by steam.

In conducting the medical treatment of the cases that have come under our notice during the year there is little which we need particularly allude to, save that the experience of each successive year tends to confirm us in the high opinion, now so generally entertained among medical men, of the beneficial effects of a tonic and sedative mode of treatment in promoting recovery among the curable, and in ameliorating the condition of the incurable. In many cases diet and regimen alone have seemed to exercise a more curative influence than any articles of the pharmacopœia, al-

though these have never been lost sight of. This is more especially the case in regard to the pauper patients, in many of whom the change from their former mode of life to well-ventilated apartments and a liberal diet partaken of at regular hours produces in a short time the most marked beneficial effects.

The use of chloroform was tried to a very limited extent, and with some temporary benefit, but on the whole its effects were not such as to encourage us to continue it, and until its therapeutic virtues have been put to the test of a more extended experience in general practice, we have not thought it expedient to make any farther experiments.

In following out our various plans having for their object the improved moral training of the insane, additional facilities are year by year afforded us by the gradual increase that has taken place in the number of patients, for there are many sources of occupation and amusement which become available for large numbers, more especially if drawn from various grades in society, and in an extended building, but which are unattainable when everything is on a smaller scale. Foremost among these rank farming and gardening, which with us have always been the favourite employments among male patients of all classes—the better educated engaging in them from choice, and the others from habit. It may give an idea of the diligence displayed in this department, to mention, that during the last 7 months 9 acres have been thoroughly trenched down to the subsoil, nearly all the box-wood borders have been relaid, and the walks gravelled, the materials having been dug up from the premises, and several large mounds of earth removed, in addition to the usual gardening operations required to keep the grounds, which are 10 acres in extent, under the most efficient spade husbandry. The airing grounds, now 13 in number, have also been kept in proper order, and one of them has been planted with shrubs and trees, some of the latter being of large growth, transferred from an adjacent yard. In these operations no hired labour has been employed, and in order to avoid inducing fatigue, the portion of the day allotted to work is limited to 4 hours, viz. two in the forenoon and two in the afternoon.

The workshops, though as yet not fully organised nor provided with a complete assortment of tools and materials, have furnished many useful articles, particularly in the carpenter's department, for the use of the household. These however, and other branches of in-door industry, we have always regarded chiefly in the light of amusements for a rainy day, and as quite secondary to field labour, so that we cannot shew so large nor varied a list of articles

manufactured in the house as some other Institutions. In regard, more especially, to those trades, the object of which is to supply articles of clothing, our capabilities have never yet been fully put to the test, such articles being furnished according to our regulations by the guardians of the patients.

Books and periodicals have as usual occupied much of the time of the reading portion of our inmates ; newspapers, especially during the last few months, having been in great request, and notwithstanding the recent stirring events on the Continent, which have occupied so large a share of their columns, no undue excitement has been observable. It is amusing but at the same time gratifying to hear the topics of the day discussed in our little political circles, and to observe that almost universally their members take part with the lovers of order and good government.

A large collection of magazines and periodicals of various dates was presented to us about two years ago by a Manager,* for the use of the patients, and have proved of great service by being distributed among those patients who could not ordinarily be entrusted with works of greater value, but among whom nevertheless it was desirable to create a taste for reading. The experiment has succeeded beyond our expectations, and has been attended with increased quietness and regularity in one or two of the day-rooms in which we did not anticipate that many readers would be found ; and the publications, though they are occasionally roughly handled by some of the patients when in an excited state, are yet eagerly sought after by them or by others in their more collected moments.

Short walking excursions into the country have been a source of much amusement and healthy recreation, and we think might be advantageously extended by entering into some arrangement for securing the occasional use of a carriage, more especially for the use of the female patients, as there is at present no accommodation about the Institution for keeping one. It has been cause of much satisfaction to us that, although these excursions have been frequently and habitually enjoyed by the patients during the last three or four years, no attempt has been made by any of them to abuse the privilege by endeavouring to escape—one proof among many others which daily present themselves, how much confidence may be placed in the insane, if treated with kindness, and placed in circumstances where their gratitude and sense of honour are appealed to. A good billiard-table is also a

* We have to acknowledge a second liberal donation of periodicals from the same source.

desideratum, as combining bodily exercise with amusement in a very pleasing manner.* With the same view also, we should wish by and bye to have a turning-lathe fitted up in one of the workshops.

Pet animals, such as cage birds, poultry, and on one occasion a pair of monkeys, have been found so useful in amusing some of the more gloomy and desponding patients and drawing out their kindly feelings, that we contemplate making additions to their number.

In providing for the amusement and general comfort of our patients by these and other means, fully as much regard is had to the incurable as to the curable; for while the latter require the most assiduous and active treatment, and occasion most anxiety to both officers and attendants, it must never be forgotten that our duties do not end there, but must extend, though in a somewhat different sphere, to the former also, very few of whom are not capable of being improved or otherwise, according as they are treated with attention or neglect. In contemplating too exclusively the more striking results of treatment among the curable class, the same error is committed that has been so justly censured and yet so prevalent in the education of youth, of bestowing the whole attention on the clever and talented for whom Nature has done most, to the neglect of the dull and inert for whom she has done least, and for whom therefore art requires to do the more.

In transmitting our Annual Reports to the Medical Superintendents of the various Public Asylums both in this country and in America, it has been our practice to solicit from them a regular interchange of such documents, and the request has been very generally and readily complied with on the part of those Asylums of Great Britain and Ireland which have adopted the custom of printing them for distribution. In consequence however of the difficulty and expense of transmission, a very small number of those published in America has hitherto reached us, which we much regret, as those which we have received contain a large amount of interesting and useful information, both statistical and general, on the subject of insanity and asylums for the insane. We have thus succeeded during the last three years in forming a pretty extensive collection of Reports for the benefit of the Institution, which cannot fail to prove useful to ourselves and our successors in office, by furnishing a record of the experience of other Asylums in novel or difficult points of practice which may not have fallen within the range of our own experience, and in which

* These suggestions have met with the approbation of the Managers, and have been adopted accordingly.

therefore that of others becomes our safest guide and rule of practice. Such a system of interchange, if regularly carried out, may in this way be attended with much benefit to all parties, and has already effected some measure of good, by promoting in this department of the medical profession a zeal and *esprit de corps* calculated to animate its members in the discharge of duties at all times monotonous, and frequently in no small degree fatiguing to both body and mind.

J. MACROBIN, M.D.

J. F. OGILVIE, M.D.

Lunatic Asylum,

13th July, 1848.

At a GENERAL MEETING of the MANAGERS of the LUNATIC ASYLUM held this day, the Medical Report, having been read by Dr. MACROBIN, was approved of and ordered to be printed and circulated, along with an Abstract of the Income and Expenditure.

(Signed)

GEO. THOMPSON, JUN.,

PROVOST, P.

TABLES.

TABLE I.

GENERAL RESULTS OF THE YEAR.

	Males.	Females.	Total.
Patients in the Asylum, 1st May, 1847,	116	97	213
Admitted during the year,	44	49	93
	<hr/>	<hr/>	<hr/>
Under treatment during the year,	160	146	306
	Males.	Females.	Total.
Removed during the year.			
Recovered, 20 20 40			
Improved, 9 5 14			
Unimproved, or Unfit, 3 1 4			
Dead, 15 8 23—	47	34	81
	<hr/>	<hr/>	<hr/>
Remaining in the Asylum, 1st May, 1848,	113	112	225

TABLE II.

CLASSIFICATION OF ADMISSIONS IN REFERENCE TO PARISHES.

	Males.	Females.	Total.
From the Town of Aberdeen and the Parish of Old Machar,	23	26	49
From other Parishes within the County,	10	14	24
From Parishes beyond the County,	11	9	20
	<hr/>	<hr/>	<hr/>
	44	49	93

TABLE III.

AGES OF PATIENTS ADMITTED.

	Males.	Females.	Total.
From 10 to 20,	2	2	4
" 20 " 30,	18	14	32
" 30 " 40,	8	13	21
" 40 " 50,	10	7	17
" 50 " 60,	4	7	11
" 60 " 70,	1	5	6
" 70 " 80,	1	1	2
	<hr/>	<hr/>	<hr/>
	44	49	93

TABLE IV.

SOCIAL CONDITION OF PATIENTS ADMITTED.

	Males.	Females.	Total.
Single,	27	28	55
Married,	15	18	33
Widowed,	2	3	5
	<hr/>	<hr/>	<hr/>
	44	49	93

TABLE V.

OCCUPATION OR STATION IN LIFE OF THOSE ADMITTED.

	Males.	Females.	Total.
Of independent means,	0	2	2
Clergyman,	1	0	1
Lawyer,	1	0	1
Student,	1	0	1
Schoolmasters,	2	0	2
Clerk,	1	0	1
Shipmaster, Wife of,	0	1	1
Postmaster,	1	0	1
Inn-keeper, Wife of,	0	1	1
Newspaper Agent,	1	0	1
Spirit Merchant, Broker, Wife of,	1	1	2
Shopkeepers, Tradesmen, and Wives of Do.,	19	6	25
Farmers, Farm Servants, and Wives of Do.,	3	9	12
Labourers, and Wives of Do.,	5	3	8
Domestic Servants,	1	11	12
Workers in Manufactories,	1	5	6
Dress-maker, Boot-binder,	0	2	2
Engineer, Miner, Wife of,	1	1	2
Sailor, Fishermen, Wives of,	1	2	3
Vagrant,	0	1	1
Uncertain, or of no occupation,	4	4	8
	—	—	—
	44	49	93

TABLE VI.

FORMS OF DISEASE IN THE CASES ADMITTED.

	Males.	Females.	Total.
Mania—			
acute,	6	9	15
chronic,	9	18	27
recurrent,	1	0	1
hysterical,	0	4	4
epileptic,	2	0	2
a potu,	2	1	3
	—	—	—
	20	32	52
Monomania—			
religious,	0	1	1
hypochondriacal,	0	1	1
of Pride or Vanity,	0	1	1
of Suspicion,	2	0	2
of Fancied Possession,	1	1	2
of Unseen Agency,	0	2	2
with various delusions,	1	0	1
	—	—	—
	4	6	10
Melancholia,	7	8	15
Dementia—			
Imbecility,	6	1	7
Fatuity,	5	2	7
	—	—	—
	11	3	14
Amentia,	2	0	2
	—	—	—
	44	49	93

TABLE VII.

DURATION OF THE MALADY IN THE CASES ADMITTED.

	Males.	Females.	Total.
Cases of the first attack, of not more than three months' duration,	10 . .	12 . .	22
Cases of the first attack, of more than three, but of not more than twelve months' duration,	7 . .	8 . .	15
Cases not of the first attack, and of not more than twelve months' duration,	7 . .	13 . .	20
Cases whether of the first attack or not, of more than twelve months' duration,	18 . .	11 . .	29
Cases of which the duration has not been ascertained, (all old cases,)	2 . .	5 . .	7
	—	—	—
	44	49	93

TABLE VIII.

SUPPOSED CAUSES OF THE DISEASE IN THE CASES ADMITTED.

	Males.	Fem.	Total.	
Physical Causes.	Hereditary predisposition,	5 . .	3 . .	8
	Predisposition from previous attacks,	5 . .	6 . .	11
	Natural Imbecility,	1 . .	2 . .	3
	Old age,	0 . .	1 . .	1
	Intemperance,	11 . .	6 . .	17
	Poverty and Destitution,	0 . .	3 . .	3
	Exposure to weather,	1 . .	0 . .	1
	Irregular habits of life,	0 . .	1 . .	1
	Injury of head,	0 . .	1 . .	1
	Phthisis,	1 . .	0 . .	1
	Fever,	2 . .	0 . .	2
	Meningitis,	1 . .	0 . .	1
	Paralysis,	1 . .	2 . .	3
	Epilepsy,	1 . .	0 . .	1
	Masturbation,	3 . .	0 . .	3
Child-birth—Abortion,	0 . .	3 . .	3	
Critical period of life,	0 . .	4 . .	4	
Amenorrhœa,	0 . .	1 . .	1	
	—	—	—	
			32 . . 33 . . 65	
Moral Causes.	Religious excitement,	1 . .	2 . .	3
	Grief—Anxiety,	4 . .	3 . .	7
	Disappointment in love,	0 . .	2 . .	2
	Disappointment in business,	4 . .	1 . .	5
	An affront,	0 . .	1 . .	1
	Excessive study,	1 . .	0 . .	1
	—	—	—	
			10 . . 9 . . 19	
Unknown,			2 . . 7 . . 9	
	—	—	—	
	44	49	93	

TABLE IX.

PRINCIPAL PREDISPOSING CAUSES AND COMPLICATIONS IN THE
CASES ADMITTED.

	Males.	Females.	Total.			
1. Hereditary Predisposition—						
on Father's side,	4	4	8			
on Mother's side,	6	7	13			
of unascertained origin,*	5	9	14			
	—	—	—	15	20	35
2. Previous Insanity—						
one previous attack,	4	6	10			
more than one,	3	8	11			
	—	—	—	7	14	21
3. Paralysis—						
Hemiplegia,	2	2	4			
General Paralysis,	2	0	2			
	—	—	—	4	2	6
4. Epilepsy—						
with Mania,	3	0	3			
with Dementia,	2	0	2			
with Amentia,	1	0	1			
	—	—	—	6	0	6
5. Hysteria, . . . . .	.	.	.	0	3	3
6. Scrofula, . . . . .	.	.	.	2	0	2
7. Phthisis, . . . . .	.	.	.	1	0	1
8. Illusions of sight and hearing, . . . . .	.	.	.	7	5	12
9. Insane Impulses—						
suicidal,	2	7	9			
homicidal,	0	1	1			
incendiary,	0	1	1			
	—	—	—	2	9	11

TABLE X.

DURATION OF THE MALADY (PREVIOUS TO ADMISSION,) IN THE CASES
DISCHARGED RECOVERED.

	Males.	Females.	Total.
Cases of the first attack, of not more than three months' duration,	9	5	14
Cases of the first attack, of more than three but of not more than twelve months' duration,	2	6	8
Cases not of the first attack, and of not more than twelve months' duration,	6	4	10
Cases whether of the first attack or not, of more than twelve months' duration,	1	0	1
Cases of which the duration has not been ascertained,	2	5	7
	—	—	—
	20	20	40

* Under this head are ranged those cases in which predisposition is assumed to exist from the occurrence of insanity in some other member or members of the family, but where it cannot be distinctly traced to either parent.

No.	Sex.	Form of Insanity.	Age.	Length of Residence.	Previous duration of Disease.	MORAL CAUSE.	PHYSICAL CAUSE.
1	Male	Acute Dementia	37	3 years	7 weeks	-----	Previous attacks
2	Female	Acute Mania	49	6 months	10 days	-----	Hereditary predisposition, previous attacks,
3	Male	Acute Mania	43	5 months	14 days	-----	Pregnancy
4	Female	Melancholia	35	4 months	10 months	A fright	-----
5	Male	Melancholia	31	2½ months	9 months	-----	Privations, intemperance
6	Male	Chronic Mania	35	3 months	3 weeks	Anxiety	Arsenical poisoning
7	Female	Chronic Mania	31	A year	6 months	Anxiety	Hereditary predisposition, intemperance
8	Male	Acute Mania	21	7 months	5 days	-----	Previous attack
9	Male	Acute Mania	34	5 months	3 months	-----	Parturition
10	Female	Melancholia	41	10 months	8 days	Religious excitement	Previous attack
11	Male	Melancholia	62	2 months	5 weeks	Anxiety	-----
12	Female	Acute Mania	25	6 months	4 days	Excitement from reading?	-----
13	Female	Acute Mania	34	2½ months	3 days	-----	Previous attacks, privations
14	Male	Chronic Mania	47	3½ months	3 months	-----	Hereditary predisposition, previous attack
15	Female	Melancholia	23	A year	3 weeks	-----	Hereditary predisposition, previous attacks
16	Female	Acute Dementia	70	5½ months	Uncertain	-----	-----
17	Male	Chronic Mania	50	3 months	Uncertain	-----	Intemperance
18	Female	Mania e Potu	36	3 months	A fortnight	-----	Intemperance
19	Female	Chronic Mania	42	2½ years	Uncertain	-----	Previous attacks, privations
20	Male	Acute Mania	31	9 months	3 weeks	-----	-----
21	Male	Chronic Mania	46	4½ months	A year	Disappointment and anxiety	-----
22	Female	Acute Mania	25	9 months	A week	Disappointment	Hereditary predisposition, previous attack
23	Female	Chronic Mania	22	3 months	4 months	-----	Parturition
24	Male	Acute Mania	20	8 months	9 weeks	-----	Exposure to cold
25	Male	Melancholia	30	3½ months	5 months	-----	Fever
26	Male	Acute Mania	35	2½ months	A week	Death of a relative	Exposure to weather
27	Female	Chronic Mania	40	4 months	Uncertain	-----	Fever
28	Male	Monomania	41	9½ months	A month	-----	Hereditary predisposition, intemperance
29	Male	Melancholia	55	5 months	7 months	Death of Master	Hereditary predisposition, sequela of a wound
30	Female	Chronic Mania	57	5 months	Uncertain	-----	Hereditary predisposition, previous attack
31	Female	Acute Mania	21	7 months	3½ months	An affront	Hereditary predisposition
32	Female	Melancholia	45	6 months	9 months	-----	Critical age
33	Male	Mania	20	2½ months	A few days	-----	Intemperance
34	Female	Acute Mania	17	7½ months	A month	-----	Hereditary predisposition, amenorrhœa
35	Female	Acute Dementia	36	20 months	5 months	Disappointment	Amenorrhœa
36	Female	Melancholia	22	2½ months	Uncertain	-----	Privations
37	Male	Mania e Potu	40	4½ months	A few days	-----	Intemperance, previous attacks
38	Male	Acute Dementia	20	3 months	Uncertain	-----	Excessive study
39	Female	Acute Mania	50	3 months	10 days	-----	-----
40	Male	Acute Mania	29	7 weeks	5 days	Religious excitement	Intemperance

TABLE XII.

CAUSES OF DEATH, WITH THE MORBID APPEARANCES MET WITH ON DISSECTION.

No.	Sex.	Form of Insanity.	Age.	Duration of Insanity.	Length of Residence.	Cause of Death.	MORBID APPEARANCES.
1	Male.	Mania with Epilepsy.	19	9½ years.	18 months.	Epilepsy.	Great congestion of cerebral vessels.
2	Fem.	Mania with Paralysis.	53	18 months.	3 weeks.	Paralysis.	Softening of white substance of brain—Lateral ventricles filled with serum.
3	Fem.	Monomania.	55	7 years.	7 years.	Cancer.	Carcinomatous deposits in right mamma and axilla—also in liver, pylorus, mesenteric glands and uterus. Crude tubercles in both lungs. Extensive adhesions of right pleura and pericardium.
4	Male.	Chronic Mania.	52	11 years.	14½ months.	Apoplexy.	Softening of white substance of brain. Much serum in lateral ventricles and sub-arachnoid spaces. Tubercles in both lungs—Pleura covered with adhesions, Peritoneum studded with miliary tubercles in some places, and adherent in others. Glands of small intestine, white and prominent.
5	Male.	Monomania.	59	26 years.	8 years.	Spasmodic Cholera.	Congestion of brain. Dura mater adherent. Lateral ventricles partially distended with serum. Lungs tuberculous at apex—right one adherent throughout. Intestines distended with coffee-coloured fluid, and the mucous membrane highly congested. Bile very fluid and coffee coloured.
6	Male.	Dementia.	29	7 years.	5 years.	Debility.	Crude tubercles in both lungs. Adhesions in right pleura.
7	Male.	Monomania.	46	3 years.	13 months.	General Paralysis.	Much effusion in ventricles, sub-arachnoid spaces and at base of brain. Milky opacity of arachnoid.
8	Male.	Monomania.	42	2 years.	2 years.	General Paralysis.	Effusion in ventricles of brain and sub-arachnoid spaces. Tubercles in both lungs.
9	Male.	Mania.	60	14 months.	10 months.	Dysentery.	Much effusion into ventricles and adhesion of dura mater. Small intestines much congested, and mucous membrane streaked with extravasated blood. Intus-susception in several portions. Great general emaciation.
10	Male.	Mania.	26	3 weeks.	3 weeks.	Phthisis.	Effusion into sub-arachnoid spaces and ventricles. Adhesion of dura mater. Tubercles and vomice in right lung, which was covered with adhesions. Tubercles in left lung. Effusion into right pleura.

TABLE XII.—CONTINUED.

No.	Sex.	Form of Insanity.	Age.	Duration of Insanity.	Length of Residence.	Cause of Death.	MORBID APPEARANCES.
11	Male.	Mania with Paralysis.	50	5 weeks.	A month.	Pleuro-pneumonia.	Brain and membranes much congested. Much serum in ventricles, &c. Adhesion of dura mater. Right lung adherent almost throughout, and the middle and lower lobes much congested and gorged with mucus.
12	Fem.	Dementia with Chorea.	37	10 years.	26 months.	Chorea.	There appeared to be softening of surface of cerebellum. Dura mater adherent.
13	Male.	Dementia.	31	3½ years.	2 years.	Exhaustion.	Opacity of arachnoid. Ventricles distended with serum. Tubercles and vomice in both lungs. Adhesions in both pleurae.
14	Male.	Dementia.	60	Uncertain.	22 years.	Debility.	Adhesion of dura mater. Slight opacity of arachnoid. Tubercles in both lungs. Several calculi in gall-bladder.
15	Male.	Mania.	58	15 years.	9 years.	Peritonitis.	Stomach preternaturally large—its coats much thickened, softened, and ulcerated towards the pyloric extremity, perforation—effusion of its contents—extensive peritonitis.
16	Male.	Mania.	38	Uncertain.	2 years.	Cynanche Tonsillaris.	Intense inflammation of tonsils, uvula, and pharynx. Peritoneal covering of bladder and adjacent viscera much injected and inflamed.
17	Fem.	Senile Dementia.	78	4 years.	3 years.	Old age and exhaustion.	Gray substance of brain very thin, and convolutions little developed. Coats of small intestine thickened and injected in several places.
18	Fem.	Dementia.	54	24½ years.	24 years.	Pleuro-pneumonia, with Pericarditis.	Dura mater adherent. Left lung much congested, filled with bloody mucus, and partially hepaticized. Pleura of same side adherent almost throughout. Cavity of pericardium nearly obliterated.
19	Fem.	Melancholia.	47	20 months.	16 months.	Suicide.	
20	Fem.	Melancholia.	45	2 years.	5 months.	Diarrhoea.	
21	Male.	Mania with Paralysis.	36	6 months.	3 months.	Paralysis.	
22	Fem.	Mania.	47	7 years.	3½ years.	Exhaustion.	
23	Male.	Dementia with Epilepsy.	34	14 years.	6½ years.	Erysipelas.	

No examination.

TABLE XIII.

GENERAL RESULTS FOR THE LAST 18 YEARS.

Year ending 1st May.	Mean number Resident.	Admitted.	Recovered.	Dead.	Recovered per cent. to Admissions.	Recovered per cent. to mean number Resi- dent.	Deaths per cent. to Admissions.	Deaths per cent. to mean number Resi- dent.
1831*	102	35	27	8	77·14	26·47	22·86	7·84
1832	100	32	14	12	43·75	14·00	37·50	12·00
1833	106	35	15	10	42·86	14·15	28·57	9·43
1834	107	41	23	14	56·09	21·49	34·15	13·08
1835	114	49	16	6	32·65	14·03	12·24	5·26
1836	116	37	20	11	54·05	17·24	29·73	9·48
1837	109	43	24	5	55·81	22·02	11·63	4·59
1838	113	43	16	8	37·71	14·16	18·60	7·08
1839	124	53	20	14	37·74	16·13	26·41	11·29
1840	140	73	26	10	35·62	18·57	13·70	7·14
1841	144	48	25	19	52·08	17·36	39·58	13·19
1842	150	56	22	10	39·29	14·67	17·86	6·67
1843	152	51	26	11	50·98	17·10	21·57	7·24
1844	167	71	28	12	39·44	16·77	16·90	7·19
1845	183	74	30	7	40·54	16·39	9·46	3·83
1846	200	93	41	13	44·09	20·50	13·98	6·50
1847	213†	67	29	12	43·28	13·62	17·91	5·63
1848	222†	93	40	23	43·01	18·02	24·73	10·36
Sum and Average of 18 Years.	2562 142·33	994 55·22	442 24·56	205 11·39		44·47 17·25	20·62	8·00

* 10 months only.

† Decimals omitted.

TABLE XIV.

ADMISSIONS OF EACH YEAR INCLUDED IN THE PRECEDING TABLE, WITH THE
NUMBERS DISCHARGED &c., UP TO THE 1ST MAY, 1848.

Year ending 1st May.	Admitted	Recover- ed.	Relieved, &c.	Dead.	Remain.
1831	35	18	7	7	3
1832	32	13	5	10	4
1833	35	15	8	11	1
1834	41	19	13	9	0
1835	49	19	21	4	5
1836	37	19	6	8	4
1837	43	17	14	3	9
1838	43	17	10	12	4
1839	53	22	10	14	7
1840	73	31	16	16	10
1841	48	25	9	6	8
1842	56	21	15	12	8
1843	51	19	12	6	14
1844	71	34	13	7	17
1845	74	30	18	9	17
1846	93	45	18	12	18
1847	67	27	16	7	17
1848	93	25	7	5	56

TABLE XV.

ADMISSIONS, &c., SINCE THE YEAR 1800.

Patients admitted since the opening of the Institution, in 1800,	1727
Dismissed, Recovered, 681	} 1502
„ Relieved, &c. 475	
Dead, 346	
Remaining under treatment,	225

TABLE XVI.

CONDITION OF PATIENTS REMAINING IN THE ASYLUM.

				Males.	Females.	Total.
Social Condition.						
Single,	...	...	...	87	75	162
Married,	...	...	...	24	24	48
Widowed,	...	...	...	2	13	15
Age.						
From 10 to 20,	...	...	...	1	2	3
„ 20 „ 30,	...	...	...	28	17	45
„ 30 „ 40,	...	...	...	26	26	52
„ 40 „ 50,	...	...	...	31	29	60
„ 50 „ 60,	...	...	...	16	26	42
„ 60 „ 70,	...	...	...	7	8	15
„ 70 „ 80,	...	...	...	3	4	7
„ 80 „ 90,	...	...	...	1	0	1
Form of Insanity.						
Mania,	...	...	...	31	47	78
Monomania,	...	...	...	20	22	42
Melancholia,	...	...	...	6	3	9
Dementia,	...	...	...	52	39	91
Amentia,	...	...	...	2	1	3
Moral Insanity,	...	...	...	2	0	2
Complications.						
Epilepsy,	...	...	...	11	6	17
Paralysis,	...	...	...	5	0	5
Hysteria,	...	...	...	0	7	7
Bronchocele,	...	...	...	2	0	2
Occupation.						
Employed,	...	...	...	73	64	137
Unemployed,	...	...	...	40	48	88
Attend Chapel,	...	...	...	82	74	156
Total number in the Asylum, 1st May 1848,				113	112	225