




CRAIG HOUSE.

ANNUAL REPORT
OF THE
ROYAL EDINBURGH ASYLUM
FOR
THE INSANE.



1881.

MORNINGSIDE:
PRINTED AT THE ROYAL EDINBURGH ASYLUM.



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ROYAL EDINBURGH ASYLUM.

Patroness—The Queen.

OFFICE-BEARERS FOR 1882.

GOVERNOR—
THE DUKE OF BUCCLEUCH AND QUEENSBERRY.

DEPUTY-GOVERNORS.

THE EARL OF STAIR.
CHAS. COWAN, ESQ.
DUNCAN M'LAREN, ESQ.

THE EARL OF ROSEBERY.
SIR JOHN DON-WAUCHOPE, BART.

EXTRAORDINARY MANAGERS.

Lord Provost of the City of Edinburgh.
Lord President of the Court of Session.
Lord Justice-Clerk of the Court of Justiciary.
Lord Advocate of Scotland.
Solicitor-General of Scotland.
Dean of the Faculty of Advocates.
Deputy-Keeper of Her Majesty's Signet.
Members of Parliament for the City.
Member of Parliament for the County.

Sheriff of the County of Edinburgh.
Principal of the University of Edinburgh.
President of the Royal College of Physicians.
President of the Royal College of Surgeons.
Senior Minister of Edinburgh.
Master of the Merchant Company.
Preses of the Society of Solicitors.
Dean of Guild of the City.
Deacon Convener of the Trades.

ORDINARY MANAGERS.

The Lord Provost (*ex-off.*)
Peter Miller, Esq.
Hugh Rose, Esq.
Henry Duncan Littlejohn, Esq.,
M.D.
Professor Alexander Dickson.
David Dickson, Esq.
Robert Bryson, Esq.
Alexander Peddie, Esq., M.D.

David Simson, Esq.
J. A. Crichton, Esq.
John R. Findlay, Esq.
Francis Brodie Imlach, Esq.,
Pres. R.C.S.E.
James Lewis, Esq.
John Pringle, Esq., M.D.
William Officer, Esq., S.S.C.

Chairman of the Board of Ordinary Managers—THE LORD PROVOST.

MEDICAL BOARD.

President of the Royal College of Physicians—
President of the Royal College of Surgeons—Professor Maclagan—
Dr Alexander Wood—Dr Haldane.

David Scott Moncrieff, W.S., *Clerk and Treasurer.*

Officers of the Institution.

PHYSICIAN-SUPERINTENDENT.

T. S. CLOUSTON, M.D., F.R.C.P.E.

ASSISTANT PHYSICIANS.

J. CARLYLE JOHNSTONE, M.B., C.M.

JAMES HYSLOP, M.B., C.M.

DAVID LENNOX, M.B., C.M.

CHAPLAIN.

THE REV. A. B. M'CUCCLOCH.

HOUSE SUPERINTENDENT.

MR ANDREW LESLIE.

MATRONS.

MISS BROWN.

MRS MACDOUGALL.

MISS NORTON.

R E P O R T
 OF THE
ORDINARY MANAGERS
 OF THE
ROYAL EDINBURGH ASYLUM FOR THE INSANE
 FOR THE YEAR ENDING 31ST DECEMBER 1881.

Presented to the Statutory Meeting of the Corporation held in the City Chambers, Edinburgh, on Monday, 27th February 1882.

The daily average number of patients in the East House, Myreside Cottage, and Craig House, during the year 1881, was 121, being a decrease of 2 on the number in the preceding year.

The daily average number in the West House was 712, being a decrease of 4 from the number of the preceding year.

The gross daily average number of inmates in all departments of the institution was 833, being a decrease of 6 on the number for the year 1880.

The Accounts of the Treasurer's intromissions for the past year are herewith submitted.

The Charge amounts to.....	L.45,775	5	6
The Discharge amounts to.....	46,869	17	0
<hr/>			
The Balance against the Corporation at 31st December being.....	L.1,094	11	6
<hr/>			
The Ordinary Income for the year was.....	L.42,330	12	9
The Ordinary Expenditure (including instal- ment to the Sinking Fund) was.....	37,306	19	8
<hr/>			
And the Surplus Revenue was.....	L.5,023	13	1

The Extraordinary Expenditure during the year was as follows:—

(1.) Balance of the cost of additions to the Washing-house and Laundry, and of the requisite machinery, and payments to account of the cost of the reconstruction of part of the detached building on the female side of the West House, amounting in all to.....	L.4,645	19	2
(2.) The purchase price of a small piece of ground lying between the East House and the Sub-urban Railway.....	2,440	8	2
		<hr/>	
Total.....	L.7,086	7	4

The indebtedness of the Corporation at 31st December 1880 was.....	L.46,271	11	6
At 31st December 1881 it amounted to.....	46,844	11	6
		<hr/>	

Shewing an increase of Debt of L.573 0 0

While the indebtedness of the Corporation has thus been slightly increased, the value of their estate has been considerably enhanced by the extraordinary expenditure above referred to.

In their Report for the year ending 31st December 1880 the Managers entered very fully into the reasons which had led them to advance the rate of board for the Metropolitan paupers from L.27 to L.30. This increased rate has been paid throughout the past year, and has contributed to the advance upon the surplus revenue, without which it would have been impossible for the Managers to meet the extraordinary expenditure, while the costly structural alterations which rendered that expenditure necessary could no longer be deferred. These alterations are not yet completed; and when they are done, other portions of the female wing of the West House require to be remodelled, involving additional extraordinary expenditure. In particular, it is in contemplation, as soon as possible, to adapt part of the existing wards in the West House for the accommodation of thirty-five laundry women and twenty-five convalescent patients.

In their Report for the year 1880 the Managers referred to the alterations on the Washing-house and Laundry which were in

progress at the close of that year. They are glad to be able to state that these works have now been completed, and that the Washing-house and Laundry, as reconstructed and enlarged, have been in use for some months, and are found admirably to fulfil the objects for which they were designed.

Reference has been made above to the alterations on the female detached building at the West House. These were necessary to render it suitable for the proper treatment of sick patients. The alterations are now well advanced towards completion, and it is expected that the wards will soon be ready for occupation. On this subject the Managers have much pleasure in referring to the remarks hereinafter quoted contained in the Report of Dr Mitchell, Commissioner in Lunacy, on the occasion of his last official visit to the Asylum on 16th, 17th, and 18th inst.

In consequence of the very strong representations made by the Commissioners in Lunacy regarding the inadequacy of the accommodation provided for pauper patients of the District, the Managers, on 27th January 1881, unanimously appointed a Committee, of which Dr Littlejohn was Convener, to consider and report upon this important subject. The Committee had various meetings in the early part of the year; and with the assistance of the Physician-Superintendent and Treasurer, they on 2nd June 1881 presented a full report on the subject particularly with reference to the obligations undertaken by the Corporation for the accommodation of patients from the Metropolitan parishes. From this report it appears that the Corporation had, in or about the year 1844, undertaken to receive and maintain at the lowest rate of board the whole pauper lunatics from the parishes of the City, St Cuthberts, South Leith, North Leith, Canongate, and Duddingston, without any limit or restriction, in consideration of contributions received from these parishes towards the Building Fund amounting to a cumulo sum of L.4430. It further appeared, that the maximum number of patients from these parishes for whom it was then expected that accommodation would be required was 125, and that the above contributions had been accepted in the belief that the number would not be exceeded. It was shown how, owing to a variety of causes, this estimate had been greatly below

the mark, and how the number of patients had progressively and constantly increased, particularly since the passing of the Lunacy Act, whereby more humane provision was made for the oversight of pauper lunatics, and more recently since the Government allowance was made towards the cost of their maintenance, until the number in the Asylum at the date of the Report had risen to 566. Reference in the Report is made to the various suggestions on this subject received from the Commissioners in Lunacy, and it concludes as follows:—"The Committee have carefully considered
 " the various suggestions that have been made, and more especially
 " those by Dr Arthur Mitchell in his Report of June 1880, and
 " after consulting with Dr Clouston, they would respectfully
 " recommend that the claims for accommodation in Morning-
 " side Asylum for paupers by the District Board of Lunacy
 " should be restricted to 400 in future, leaving it to the General
 " Board to apportion this number of beds among the different
 " parishes as they think most expedient according to circum-
 " stances; and, second, although it is more a question for the
 " General Board of Lunacy to determine than for the Committee,
 " they would respectfully suggest that additional accommodation
 " for the incurable and harmless patients who would be displaced
 " by restricting the number of pauper lunatics to 400 in the Asy-
 " lum, should be provided for by the District Board of Lunacy by
 " the erection of an auxiliary District Asylum, as indicated by Dr
 " Arthur Mitchell."

The Report of this Committee, after being printed and circulated amongst the Managers, was approved of by them, and transmitted to the General Board of Lunacy.

In reference to the inadequacy of the pauper accommodation, Dr Sibbald on 21st October 1881 reported as follows:—

"It is not regarded as desirable that the over-crowding should
 " be remedied by adding to the size of the West House; and it
 " would be difficult to do this, even if it were desirable. The
 " accommodation for patients is as large as it can be made, without
 " throwing it out of proportion to the other parts of the buildings.
 " The only course, therefore, which seems open to the Managers
 " of the Asylum, is to take steps to restrict the number of patients

“ to what the establishment can properly accommodate. Nothing
 “ very effective, however, can be done in this direction so long as
 “ the Asylum is held liable to receive all the pauper lunatics
 “ belonging to the Urban District of Edinburgh. It will be
 “ necessary to determine what number of such patients the insti-
 “ tution ought in future to engage to provide for ; but the Man-
 “ agers are at present in as good a position to determine this
 “ question as they will probably ever be. It may not be easy, in
 “ the interests of the public, to determine how much of the Asylum
 “ should be reserved for the accommodation of paupers ; but it
 “ would probably be injudicious to undertake to accommodate
 “ more than 400 or 450, as has been previously suggested.

“ At present, it is true, the number of such patients resident in
 “ the Asylum is 569. But it must be borne in mind that these
 “ patients are only accommodated by subjecting them to a very
 “ undesirable degree of crowding, and that they could not have
 “ been accommodated even in that way, if most of the private
 “ patients of the poorer class whom it was wished to place in the
 “ Asylum had not been refused admission during the last few years.

“ As soon as the Managers have fixed the number of pauper
 “ lunatics they will be prepared in the future to receive intima-
 “ tion of their resolution should be given to the District Board of
 “ Lunacy, and to the General Board, so that no time may be lost
 “ in making adequate provision for the wants of the District.”

On 1st December 1881 Dr Sibbald's Report, which had been printed and circulated, was taken into consideration ; and at a subsequent meeting held on 5th ult., it was unanimously resolved
 “ to restrict the number of pauper patients from the Metropolitan
 “ District to 400.” This resolution has been communicated to the Commissioners in Lunacy, and also to the District Lunacy Board, on whom the responsibility rests to provide accommodation for the patients in excess of the restricted number of 400.

In connection with this subject, with the structural alterations before referred to, and with the general condition of the Asylum, the Managers beg leave to make the following quotations from the Report of Commissioner Mitchell before alluded to, made on the occasion of his last visit to the Institution :—

“ The new female infirmary arrangements for 32 patients are
 “ nearly complete, and they are of a highly satisfactory character.
 “ It is not believed that any Asylum in the kingdom possesses
 “ hospital arrangements for both sexes which are so good as those
 “ now possessed by this Asylum ; and the result is a full reward
 “ for the trouble, thought, and money which they have cost.

“ No special reference is made in this entry to the relations of
 “ the Asylum to the District, because it is known that the Direc-
 “ tors are giving this matter a very careful consideration, and that
 “ they are actuated by a desire to make the institution serve the
 “ interests of the public in the best and fullest way possible. It
 “ has already been resolved to raise the rate of board for pauper
 “ patients to L.30, to reduce the lowest rate charged for private
 “ patients to the same sum, and to restrict the number of pauper
 “ patients received into the establishment to 400. It can scarcely
 “ be doubted that these are steps taken in a right direction, and
 “ that they are calculated to increase the usefulness of the Asylum.

“ There are 279 private patients at present in the Asylum.
 “ This is, no doubt, a large number ; but it could be very con-
 “ siderably increased, if it were possible to receive all private
 “ patients who apply for admission. It is a matter of regret that
 “ it should be necessary to refuse admission to such patients for
 “ no other reason than that the Asylum is so largely discharging
 “ its secondary function as a District Asylum. It is a matter of
 “ special regret when it becomes necessary to refuse admission to
 “ private patients who are only able to pay low rates of board, who
 “ have a difficulty in finding accommodation in Public Asylums,
 “ and who ought not to be in Private Asylums. Such persons
 “ constitute by far the most unfortunate class of the insane ; and
 “ it is an important service rendered to the public of Scotland as
 “ a whole, when the Directors of the Royal Asylums, recognising
 “ the charitable and higher function of the institutions which they
 “ control, do all in their power to prevent the exclusion of any
 “ poor private patient. It has often been recorded with much
 “ satisfaction, that the Directors of this Asylum act on these views
 “ to a large extent, and in a most liberal and charitable manner.

“ The state of the wards and the condition of the patients were

“ highly satisfactory. The merit of this, of course, falls chiefly on
 “ the able and energetic Superintendent, whose devotion to the
 “ duties of his position is so well known ; but it seems desirable
 “ here to refer also with commendation to the manner in which
 “ Dr Clouston’s efforts to administer efficiently this great institu-
 “ tion, and treat successfully the large number of patients in it,
 “ are seconded by the subordinate officers, both medical and non-
 “ medical.

“ The Books and Registers were, as usual, found in excellent
 “ order. They are most accurately and carefully kept.”

The Report of the Charity Committee for the past year is here-
 with submitted. The Managers, in exercise of their statutory
 powers, have contributed L.100 to the Charity Fund for the year,
 and they again take leave to recommend its claims to the conside-
 ration of benevolent persons.

The Managers regret having to record the loss sustained by the
 institution through the death of Sir Robert Christison, Bart., who
 forty years ago acted as an Ordinary Manager, for the last twelve
 years was a most efficient member of the Medical Board, and for
 two years had acted as one of the Deputy-Governors. They have
 also to lament the death of Mr Thomas Swanston and Mr John
 Smith, both of whom had acted for several years as Ordinary
 Managers.

THOMAS J. BOYD, LORD PROVOST,
Chairman.

R E P O R T
 OF THE
CHARITY COMMITTEE OF MANAGERS
 OF THE
ROYAL EDINBURGH ASYLUM FOR THE INSANE
 FOR THE YEAR ENDING 31ST DECEMBER 1881.

The Account of the Treasurer's Intromissions with the Charity Fund is herewith submitted.

The Charge (including Donations amounting to L.110 16s. 2d.)	L.648 18 9
The Discharge to.....	396 7 9

And the Balance in hand to	L.252 7 9
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The Fund (including the above Balance) amounts to.....	L.9502 7 9
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For the Year ending 31 st December 1880 the Fund amounted to.....	9399 18 1
--	-----------

Shewing an Increase for 1881 of.....	L.102 9 8
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The Ordinary Income during the year was.....	L.388 4 6
--	-----------

The Ordinary Expenditure amounted to.....	396 11 0
---	----------

Showing a Balance of Expenditure over Income of	L.8 7 6
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The number of patients relieved during the year was 43, and the number on the roll at the close of the year was 32.

PHYSICIAN-SUPERINTENDENT'S
 A N N U A L R E P O R T
 FOR THE YEAR 1881.

I have the honour to submit the following Report of the Royal Edinburgh Asylum for the Insane for the year 1881.

In the beginning of the year there were 821 patients, and on the 31st December there were 822. General Statistics of the Year.

There were 339 admitted during the year, of whom 162 were men, and 177 women.

The total number of patients under treatment was therefore 1160.

There were discharged during the year 273 patients, of whom 118 were men, and 155 were women.

There were 67 deaths, of whom 40 were men, and 27 women.

The average number of patients resident during the year was 833, viz., 421 men, and 412 women.

ADMISSIONS.

The total number of patients admitted during the year (339) was 13 less than the average of the five preceding years, the private patients (80) being 19 less than that average, and the rate-paid patients 6 more, but the latter (259) were 14 fewer than last year. The diminished number of private patients admitted for the past two years has been entirely owing to our beds being so taken up with pauper patients, that we could scarcely admit any cases at L.30 and L.45. Indeed, I have practically been able to admit no private patients at the L.30 rate of board during the year. As I have so often said before, I do not think Classes of the Admissions.
No room for Patients at low rates.

Hardship and impropriety of this.

Effect of resolution of Managers to limit the Pauper Patients to 400.

Proper composition of the Institution in the future.

Provision for unrecovered but improved harmless cases.

the institution fulfils the intention of its founders, or its duty to the public fully, if it does not provide for our District sufficient accommodation for that most deserving class of society with small means, but much self-respect, who would wish to pay such small rates of board as they could afford for their afflicted relatives without going to the public rates, or to any charity to assist them. Coming into personal contact, as I do, with these persons, having to say that we cannot help them, and not being able to point out any institution near us that can, I realise this great social want more probably than any other person in the City. The resolution to which the Managers have come, to limit the number of rate-paid patients here to 400, and the necessary result of this resolution, that the District Board of Lunacy for the City portion of Midlothian will have to provide an Auxiliary Asylum to this for the pauper patients of the District, will relieve us in due time and enable us to admit a sufficient number of the patients I have referred to. In the meantime, I suppose nothing can be done. My present idea of the proper composition of the institution, to be really well-balanced, and to serve every class of society in the best possible way, is this. Its total capacity may be reckoned at 800 patients. Of these, I think, 400 should be rate-paid or pauper, 250 private patients at low rates of board, and 150 private patients at higher and more remunerative rates of board in special departments consisting largely of villas, cottages, and small pavilion wings. In the case of nearly all the private patients, relations are quite willing to take them out of the Asylum and provide for them suitably, when the acute symptoms of their diseases have passed away, and when it is thought for their advantage to leave the Asylum. Mental disease is of that nature in a large number of instances, that when it does not recover, it after a time assumes a chronic harmless form, with perhaps occasional aggravations in some cases. During the quiescent periods, which are often for years, the patients scarcely need the medical and general supervision of a fully equipped hospital for the insane, and can be at home, or boarded as members of private houses, or placed in less expensive accommodation than ours, being sent back during the exacerbations of their malady. The great difficulty is what to do

with the poorer class of patients under these circumstances. Many of them can be boarded out, and are so placed in cottages in the country with decent people, to whom the five or six shillings a week received for each is a great consideration. The Scotch law and system of local and general inspection enables this to be well carried out. But there are many others, incurable too, and in the main quiet, who can employ themselves to some extent, but who need a supervision and treatment less medical and expensive than a fully equipped Asylum, but more medical than the ordinary wards of a poorhouse or a private house. If we had such a provision in our District, we should be able to admit all the recent cases from the City and Leith and Portobello for many years. Such an auxiliary institution could be put up for half the cost of an Asylum suitable for recent cases, and could be managed much more cheaply.

Necessity for a local Auxiliary Asylum.

The great practical difficulty is, that the two institutions will be under two totally distinct managements, and might clash in their working. Anything like a feeling of antagonism or rivalry between them would be most irrational, for their ends and aims ought to be quite distinct from each other, and yet it might arise, if not carefully guarded against beforehand. To show the sort of questions that would arise—Who would select the cases suitable for the Auxiliary Asylum? When selected, would they be received without question? When received, would they get a fair trial there? Who is to determine the question as to whether they ought to be sent back, if unsuitable? These and many more such questions will have to be arranged for by a most careful agreement between our Managers and the City District Board.

Necessity for providing that the two Institutions work harmoniously.

The number of re-admissions for the year, that is, of cases who had fallen ill again after having recovered formerly, or who had been previously removed on my advice, though they were not quite well, or who had been removed by relatives contrary to my advice, was 92. This is a large number, but is not beyond our average for the past five years. All old Asylums must have a large number of re-admissions, for mental disease is unquestionably in many cases liable to recur after it has been recovered from, especially if the same causes are put in operation. The man who, with an inherited predisposition to mental disease, drinks himself

Re-admissions.

into an attack of insanity, is only too apt to do the same again after he is cured. As a matter of fact, of the 92 relapses, 11 were sent here by drink. Altogether 49 cases of the whole 339 admissions are put down as being caused by drink. This is the usual tale of drunkards, the average 15 per cent. that is about as fixed a proportion as the rainfall or the number of days of east wind in the year. Apart from causes altogether, mental disease, from its very nature, recurs in many cases. Like very many other diseases of the

Nos. of Drink cases.

The tendency to periodicity and relapse of mental disease.

nervous system, it follows certain laws of periodic aggravation and quiescence, of ebb and flow. In this it merely obeys in a morbid way those physiological laws of periodic rest and activity, and of action and reaction, which pervade all animal life. Many cases of mental disease have diurnal aggravations at certain periods of each day, just as the brains of all animals are at rest asleep one part of the day and active at another, and as the pulse and the temperature of all men differ at different periods of each day. Certain other cases are worse every other day, with the intervening twenty-four hours of calm and betterness. Other cases show a monthly periodicity of aggravation, and others a seasonal periodicity. The cases with regularly alternating intervals of mental elevation, of mental depression, and of sanity, each period lasting for many months, have long ago attracted attention, and have been called by the French "circular insanity." It might be better called "alternating insanity." Such men have three distinct lives, each of which is characterised by its own tastes, habits, dispositions, and modes of intellectual activity. One such case we have who for many months is joyous, confident, active, irritable, fond of music, drawing, and of certain persons, then he becomes depressed, miserable, diffident, slow, and can't abide the sight of his friends of the exalted period, and takes to other company. This lasts some months. Then he gets quite sane and well as he was in his former life, leaves the Asylum, and takes to a third set of persons. His bodily habits change as decidedly as do his mental moods. While exalted he can eat anything in any quantity and digest it, is passionately fond of tobacco, and likes the cold. When depressed he is most particular as to the little he eats, and tobacco smoke and cold draughts he cannot abide. I am sorry to say

"Circular" or "alternating insanity."

A case of this.

the religion and morals of such persons usually follow the same laws of periodic exaltation, depression, and alteration, as their likings for tobacco, &c. Such cases as this are very striking, and when rightly studied, teach us much about the nature of mental disease generally, for we can study the same brain under different conditions; but such cases merely illustrate in an extreme way the law of periodic ebb and flow that prevails in vast numbers of other cases in less regular or obvious forms than the case I have referred to. Since my attention has been strongly directed to this aspect of mental disease, I have been astonished by observing how extensively periodic, or alternating, or relapsing conditions prevail. Among the cases admitted this year, for instance, 67 men and 81 women showed, or had formerly exhibited, more or less of this tendency, being 40 per cent. of the men, and 46 per cent. of the women. I find one very definite rule to prevail, and that is, that the longer the periodic recurrences of morbid mental states prevail, the longer do the periods of each state tend to become. A man, who began by getting through the round of his three mental conditions in six months at 40 years of age, will take sometimes four years to complete it at 60: the periods of mental exaltation and depression and sanity being all pretty equally prolonged; and between the ages of 70 and 85 the power of the brain to rise and fall in its mental action seems to cease, and we have a condition of quiet senile lethargy left. Another law is found to prevail, and that is, that the younger the age of the patient, the greater is the tendency towards a temporary relapse and periodicity of symptoms; but the tendency is far more likely to be recovered from at the earlier ages. Another fact I found in regard to this circular insanity, and that is, that educated brains are much more subject to it than those which are uneducated. But we need not go to hospitals for mental disease to find illustrations of periodicity of mental action. The whole sane world shows it more or less in some form. Our cases are merely exaggerated, morbid instances of the law.

Periodicity, relapse, and alternation prevails in most cases of insanity.

Per centage of alternation in this year's admissions.

Prolongation of the circles as age advances, and ceasing between 70 and 85.

Young Patients relapse more, but more curable.

Educated brains more subject to alternating insanity.

Sane periodicity.

With such a tendency as this, as well as the action of the causes of the disease, voluntarily and involuntarily brought into operation on the part of the patient, of course many cases come in and

Many "recoveries" of one Patient.

Dr Earle's views.

go out of Asylums with much regularity, and count as recoveries many times in the course of the life of one patient. My friend Dr Pliny Earle, a man greatly honoured in New England, his home, has very properly directed attention to this matter in his Reports of the Asylum at Northampton, Massachusetts, and has specially referred to our number of re-admissions. His tone is a little that of a man who thinks it unfair that any single patient should count in an Asylum Report as having recovered more than once in his lifetime. But why should not a man with mental disease recover many times any more than a man with rheumatism? We know, as a matter of fact, that many persons do good work in all fields in the intervals between their attacks. We all know the good mental work of Tasso, Cowper, and Comte after their attacks. But to bring out the facts as to re-admissions and re-recoveries absolutely correctly, Dr Johnstone has drawn up a new Table (XXI.) exhibiting them clearly, and this will be continued in each Report. From it I see that there were 158 *persons* recovered, and four of them having recovered twice, makes the 162 cases of recovery, and 93 recovered for the first time this year.

Table XXI., showing previous recoveries.

Causes of the disease largely moral and mental this year.

As regards the causes of the disease in the patients admitted, they were the usual causes, and only the usual causes. I have never had in any year so many of the cases assigned to moral and mental causes, such as domestic and business troubles, disappointments and frights as in this, 85 of the total of 339 cases being said to have been caused in this way. This is 25 per cent., and we have never had more than 68 cases, or 18 per cent., before, the usual average being below 15 per cent. from moral and mental causes.

Patients sent here earlier.

I have before pointed out the tendency that there has been of late for the poor to send their relatives here at earlier periods of their disease than formerly. This has never before been so marked, for this year 184 of the 339 admissions, or more than a half, were sent within a month of the onset of the disease. To this I largely attribute our high recovery rate.

Large number of admissions to numbers resident, and large "turn over" of Patients therefore.

We have always had in this Asylum a very large proportion of admissions each year to our average numbers resident, as compared with the other Asylums of Scotland. This year the propor-

tion with us was 40 per cent. as compared with 24 per cent. for all the Royal and District Asylums taken together for 1880. This enormous number of admissions makes more medical and other work, more risk of accidents, implies a large staff, more expense, and a larger death-rate. It also implies increasing strenuous efforts to discharge suitable cases to make room for those daily coming in. Without such efforts we should have been unable to admit anything like the number of pauper cases that were sent to us. The Inspectors of Poor have, at my recommendation, boarded out many cases that I selected as being suitable. Some have been taken, on my recommendation, to the lunatic wards of Craiglockhart Poorhouse, many have been handed over to the care of their relatives and guardians, and many have been transferred to the Asylums of the parishes to which they were found to be chargeable.

Constant efforts
to discharge
quiet cases

We never had so many cases sent in a year in a weak, reduced, or exhausted condition as this year. Altogether 260 of the 339, or 77 per cent., were recorded as being in that category. Every one of these, private or pauper, required and got some food or stimulant extra to the ordinary dietary during the first part of their treatment. We have an admirable supply of milk, and our yearly increasing bill for it shows how freely the medical officers order this most useful of all foods and restoratives for sick people. The greater my experience becomes, I tend more to substitute milk for stimulants. I don't undervalue the latter in suitable cases; but in the very acute cases, both of depression and maniacal exaltation, where the disordered working of the brain tends rapidly to exhaust the strength, I rely more and more on milk and eggs made into liquid custards. One such case this year got eight pints of milk and sixteen eggs every day for three months, and under this treatment recovered. I question whether he would have done so under any other. He was almost dead on admission, acutely delirious, absolutely sleepless, and very nearly pulseless. It was a hand to hand fight between the acute disease in his brain and his general vitality. If his stomach could not have digested, and his body assimilated enough suitable nourishment, or if he could not have been taken out freely into the open air, he must have

Many weak and
reduced cases.

Quantities of
milk and eggs
used.

A case.

died. But to-day he is fulfilling the duties of his position as well as he ever did in his life. All acute mental diseases, like most nervous diseases, tend to thinness of body, and therefore all foods, and all medicines, and all treatment that fatten, are good. To my assistants, and nurses, and patients, I preach the gospel of fatness as the great antidote to the exhausting tendencies of the disease we have to treat, and it would be well if all people of nervous constitution would obey this gospel. It would often prevent them coming here at all. It is not the mere fat, of course, but the significance to the system of keeping up and improving the general body-weight, which means the general nutrition and vital energy of the system, in a disease which diminishes the one and exhausts the other. We pay more for cod-liver oil than for all the other medicines used in our surgery, and quinine takes the next place. A woman who came in through the year lost two stone in the first month of her disease in spite of all we could do, but the moment she turned the corner and began to get better, we fed her up largely with milk and eggs to such good purpose, that she gained a stone in fourteen days, and is now well. If patients don't pick up quickly after the acute stage of the disease is past, there is apt to follow, instead of restoration to the natural mental condition, a chronic and incurable mental enfeeblement, which we dread even more than death. Hence the importance of suitable nourishment, of not allowing the body to go too far down, and of quickly fattening the patient when the acute symptoms have passed. I always have more confidence in the permanence of the recovery of a patient who fattens well up during convalescence.

The gospel of fatness.

Meaning of fatness.

Cod-liver oil and quinine largely used.

A case.

Large number of old patients.

Senile insanity: its difficulties of treatment.

An unusually large number of old persons was sent to us this year, twenty-two of them being between 60 and 70 years of age, thirteen between 70 and 80, and two between 80 and 90. It might seem to those unacquainted with disease practically, that it should never be necessary to send a man away from his home for any kind of disease whatsoever after he is 75 or 80 years of age. Undoubtedly at those advanced ages great efforts are, and always ought to be, made by family doctors to treat cases of mental disease without sending them to asylums; but, on the other hand,

no class of cases needs more constant and more skilful attendance, more nursing, or causes more disturbance in a private house. The combination of bodily weakness, and mental excitement, and restlessness tries even our resources in the Asylum in certain cases. Among the poor, where attendance, nursing, suitable food, and means of taking fresh air cannot be got, I do not wonder that such cases are sent to us. Among the better off even I have seen cases where home treatment under the most favourable circumstances entirely failed, and the patients have immensely benefited by being sent here.

DISCHARGES.

Of the 273 patients discharged, 162 were recovered, this being Recovery rate. 48 per cent. on the admissions. Our average rate for the previous seventeen years had been 43 per cent., and for the 40 years preceding that $39\frac{1}{2}$ per cent. For the whole of Scotland the average recovery rate for 1880 was in Royal and District Asylums 41 per cent., in Parochial Asylums $40\frac{1}{2}$ per cent., in Private Asylums 37 per cent.

By far the majority of the patients (80 per cent.) recovered Periods of recovery. within the first year of their disease, but a great number of the usual exceptional cases occurred this year. Six patients recovered after having been mentally affected for over five years, one of them being over seven, one over eleven, and one over twenty-one Case recovered after 21 years. years. The last was, of course, most exceptional. He had been in another Asylum for nineteen years, and here for two years, and I attributed his recovery largely to the beneficial influences of Craig House, and the mode of life and treatment there. I often try the effect of the homelike surroundings, the absolute freedom from irksome restraint, the domestic air and management of the place on patients in the East House without any regard to the rate of board they pay, and have often found the change do good. I use it largely, in fact, as a half-way-home place for convalescent patients of the Eastern Department. The patient who had been twenty-one years insane certainly improved there immensely, and is now enjoying his entire freedom, and is as happy and well-conducted as any subject of her Majesty.

DEATHS.

Low death-rate.

The sixty-seven deaths were all from natural causes, I am thankful to say, no suicide, or homicide, or fatal accident having happened during the year. The death-rate was low, amounting on the average numbers resident to 8 per cent., and on the total numbers under treatment to 5·7 per cent., the average rates for the previous seventeen years having been 9·2 and 6·5 per cent. on the average numbers resident and total numbers under treatment respectively. The mortality rate for Scotland for 1880 was in Royal and District Asylums 7·7 on the average numbers resident, and 5·8 on the total numbers under treatment.

General numbers referring to those who died.

Two of the patients who died had been over thirty-eight years in the house. Twenty-one patients, making thirty-one per cent. of the mortality, were persons of over sixty years of age. There was nothing very special in any of the causes of death. Thirty-six patients, or 52 per cent. of the whole, died of disease of the brain, which in nearly all of them had been the cause of the mental disease, general paralysis standing at the head of these as the cause of death in thirteen cases.

GENERAL HISTORY OF THE INSTITUTION.

One female ward short.

On the whole, we have been freer than usual this year from the administrative disturbances that are caused by alterations and reconstructions in the buildings, though we have been one ward short on the female side, West House. The laundry was completed and brought into use in March. It is vastly improved as compared with its old condition, and does its work well, the arrangements being good, and the machinery admirable.

Cleanliness before godliness.

Some people might be inclined to criticise the order in which we have gone to work to renovate the female side of the West House, and say we put cleanliness before godliness. We did not begin by providing a chapel, but a good kitchen, then a dining hall, then bath-rooms, then the laundry, and then a sick ward. But the old chapel room was painted and papered, and answers its purpose very well, and a new chapel is not forgotten when the proper time comes.

The new sick ward for females of the pauper and intermediate classes, West House, that has been in progress as a reconstruction of one-half of the old separate building, is now almost completed. I believe it is quite unequalled for its purpose in Great Britain. It is, in fact, a cottage hospital specially adapted for the special needs of those who are both insane and also very weak or sick in body. It is varied in its accommodation, containing rooms of all sorts for persons in various states of bodily and mental disease, including dining-room, dormitory-day-room, dormitories of various sizes, two day-rooms, single bed-rooms, store-room, kitchen, &c. It is most airy, and yet well heated. It is made cheerful by abundance of sunshine admitted everywhere, by open fireplaces, by roof-lighting of all the corridors and several of the rooms, and by the use of the most cheerful, varied, and tasteful painting. No two rooms are painted alike, and no dark colours are used. Stencillings and dadoes and mirrors have been used, as some might consider lavishly, to produce a cheerful, bright effect. I am a great believer in the good effects of bright colours on the mentally depressed in this dull Scotch climate of ours, and look on the present high-art craze for dull olive greens as being a simple device of the Evil One, who loves darkness rather than light. All this is for the purpose of having a cheering and healing influence on the minds of those who are depressed, irritable, or discontented. Another purpose I have had in view all along in getting it up. In future it is to be the probationary ward and training school for all the new female attendants. They are to be sent there for a time at first to begin their work by learning to nurse the sick, and to look on all mentally affected patients as really sick. If anything will produce a habit of kindness and forbearance, this will be likely to do so, and I anticipate much good to result to the patients from this training and initiation of the attendants into their duties. To complete my idea of the proper working of a combined sick and probationary ward, we need annexed to it and worked along with it, and under the charge of the head nurse, a small ward for a few newly admitted, actively excited patients, not sick in the ordinary bodily sense, but from a medical point of view brain-sick, and needing exactly the same nursing, feeding,

New Sick Female ward.

Cheerfulness and light.

Bright colours.

Good effects of colour.

To be the probationary and training ward for female attendants.

A few curable excited patients to be treated with the sick.

and attention. Those patients will need single sleeping rooms and a small corridor for a day-room near but apart from the bodily sick. We shall have a large staff to look after such patients, who will be individually responsible for each patient. Most such cases have quiet intervals, and then they will be sent to the sick ward proper. When they would disturb the patients there, they will be placed in this supplementary annexe. To have many such together, they would irritate each other, and I could not carry out the principle of individualization. Therefore six is the most I would wish provision made for, and I anticipate only to have two or three very actively excited recent cases. It fortunately happens that on the north side of the same building we can get exactly the thing I want with small and inexpensive structural change. The feeling, above all others, I would like to instil into our attendants, is that feeling of professional interest in their work and pride in it, which a doctor has, and which an educated trained nurse has.

Importance of attendants having a feeling of professional pride and interest in their work.

The other part of the north side of the same building I propose to use as a ward for laundry working patients. This will be a great gain to us.

New Laundry ward.

The other provision I wish to make, and of which, as well as of the previous suggestions, the Commissioner and Visiting Committee have generally approved, is that of setting aside the old sick-room as a ward for convalescents. It will only need a few alterations to adapt it for this purpose. It will be a cheerful airy ward, and free of access to the grounds. I want to make it a half-way-home ward, to which the patients will go when they are convalescent, and before their final discharge.

Convalescent ward.

There is no reason why all these changes should not be in operation by the end of this summer. I am satisfied that the renovated accommodation for these three classes, the sick, the laundry workers, and the convalescent patients, providing for 100 in all, will be a great boon to the female patients of the West House, and enable the institution and its responsible officers to carry out the humane ends of its existence much more thoroughly than before.

Importance of those changes.

The new American bowling-alley for the gentlemen patients

New American bowling-alley.

of the East House, now almost completed, I expect to be a very favourite haunt of some of them, supplying an opportunity of muscular exercise and amusement indoors in bad weather that we much needed. If it is as successful in its way as cricket, lawn tennis, croquet, bowling, and curling are in theirs, it will be a distinct addition to our means of treatment.

The institution has been visited this year by many distinguished foreigners, French, German, and American, who had come to the International Medical Congress in London in August. One section of that Congress was devoted to mental diseases, and in Babel tongues we read papers, discussed them, got information about the provision for the treatment of mental diseases and about the lunacy laws of various countries, visited the Asylums in and near London, became acquainted in the flesh with men who were formerly names only to us, dined and enjoyed the munificent hospitality that was so lavishly extended to us by private persons and public bodies. So far as the treatment of the insane is concerned, that Congress, I consider, will do much good. We in Scotland have no reason to be ashamed, for our system of treating insane patients and managing Asylums has attracted attention all over the world. Some think we are in advance, others that we run needless risks to make our patients as free and happy as possible without good reason, while others think that our Scotch lunatics must be of a milder type than theirs, enabling us to dispense with many restraints that they have to use, to grant many indulgences which they cannot grant, and to employ patients that they cannot risk. The last supposition I most emphatically dissent from. If those who make it had seen the refractory wards in Morningside, when I was an assistant Doctor there twenty-two years ago, they would not say so. If they had seen one man we have, "Joe" the tin-smith, when he was cooped up in a high-walled airing-court for 13 years with nothing to do but fight with his fellow patients and the attendants, and could see him now for the past five years hammering away, the most useful man in the place, and doing more work in the same time than any man in Edinburgh, they would better realize the good results of a system of trust, work, and running reasonable risks for the good of the patients. He

Institution visited by distinguished foreigners.

International Medical Congress of 1881, and Mental Diseases Section.

Scotch system of treating the insane.

"Joe" the tin-smith.

has exactly the same delusions he ever had, and he will have them all his life, but he is now too busy to think of them, or allow them to influence his conduct. Sunday is his only bad day. It is not exactly what insane people (or sane people, for that matter) believe, but how they believe it, and whether they think much about it, that influences their conduct practically.

The Continental physicians are in some respects ahead of us in the scientific study of morbid psychology, and the pathological changes to be found in the brains of those who have died insane, but some of their views are perhaps ahead of the facts. One distinguished Viennese professor, who has done good work in many fields, showed us a series of the brains of Austrian criminals, which proved, he said, that the real criminal has a brain peculiar to himself, and recognisable after death, just as you can recognise a pointer from his nose, or a greyhound from his build. Those views did not find acceptance with us generally. We thought that Professor Benedekt was generalizing from imperfect data; and that if the brains of small-minded persons of a poor development, but of irreproachable morals, were carefully scanned, they would not differ essentially from the criminals' brains which he showed us. There would be as much difference of opinion among the most skilled of us as to whether a particular brain was that of a criminal, as there was in America as to whether Guiteau was insane or not.

All the numbers of the Section, British and Foreign, agreed that the subject of mental diseases should be taught to all those studying for the medical profession, which is not done now.

We have had lately two young American physicians, Drs Goldsmith and Stedman, staying, one after the other, in the institution, and taking duty as extra assistant medical officers. We found them as useful as they were agreeable. Dr Goldsmith was appointed superintendent of one of the newest and most important Asylums in America immediately after his return, and he at once sent Dr Stedman over here. We hope he too will be as fortunate as Dr Goldsmith, and send us over a successor. Such visits do good all round in every way.

The seaside villa at Cockenzie was in full operation for the six

Professor Benedekt on the brains of criminals.

Two American Physicians here.

summer months, and was as successful in all respects as it was last year. One cannot imagine the place without it now. Some of the patients would miss it terribly. Forty-five of the East House patients stayed there periods from a week to three months, while thirty-one others drove down frequently, having bathing, fish-teas, and seaside rambles. At the end of the season, 45 of the intermediate and poorer class patients, West House, stayed there periods from a fortnight to a few days, while four more of them got drives down. Altogether 125 patients had the benefit of the house one way or the other.

The seaside villa at Cockenzie, and its good results.

Nos. there.

Two of our medical staff have got well-deserved promotion, Dr Turnbull to the District Asylum at Cupar, and Dr Clark to the new Asylum for the County of Lanark at Bothwell. Both had the good wishes of all here, for both had done their duty well. We hope that what was perhaps too complaisantly said by some one at the social meeting to speed the parting guests, "A man with the Morningside stamp on him seldom turns out bad metal" will always be true. The only regret was at our losing their services, and at the sad accident to Dr Brown, a former member of our staff, which had caused the vacancy at Cupar. I never saw more sincere grief than was manifested by many of Dr Brown's former patients the morning after his death. In many cases it lighted up emotion in minds that I had thought were blank, and elicited tears and tender expressions of sorrow from women who had never been known to weep for years.

Promotion of Drs Turnbull and Clark.

Death of Dr Brown, and how his former patients felt it.

I have the usual good report to make and the usual thanks to offer to the medical staff, and to the lay officers for loyal personal support and official diligence.

I should fail in expressing my feelings if I omitted to thank the Managers and Visiting Committee for their never-failing backing and courtesy.

T. S. CLOUSTON, M.D., F.R.C.P.E.
Physician-Superintendent.

STATISTICAL TABLES

OF THE

MEDICO-PSYCHOLOGICAL ASSOCIATION.

TABLE I.

General Results of the Year 1881.

			Males.	Females	TOTAL.			
Number of Patients, January 1, 1881	...	...	416	405	821	
Absent on Probation, January 1, 1881	...	...	4	4	8	
			420	409	829			
	M.	F.	T.					
Admitted for the first time during the year	...	...	126	121	247	
Re-admitted during the year	...	...	36	56	92	
Total admitted	—————			162	177	339		
Total number under treatment	...	...	582	586	1168	
Number of Patients discharged or removed	...	...	118	155	273	
	M.	F.	T.					
Of whom were Recovered	...	...	76	86	162	
„ Relieved	...	...	32	62	94	
„ Not Improved	...	...	9	7	16	
„ Not Insane	...	...	1	0	1	
Died	...	...	40	27	67	
Total Discharged and Died during the year	—————			158	182	340
	M.	F.	T.					
Absent on Probation Jan. 1, 1882	...	...	3	3	6	
Number of Patients at the close of 1881 (not including those on Probation),	...	...	421	401	822	
Average daily number resident during 1881	...	...	420·8	411·8	832·7	
Number of Patients chargeable to District (the five City Parishes and Orkney) at close of 1881	...	...	266	279	545	
Number of Patients chargeable to Parishes be- yond District at close of 1881	...	...	8	1	9	
Private Patients do.	...	...	147	121	268	
			421	401	822			

TABLE II.

Admissions, Re-Admissions, Discharges, and Deaths from January 1, 1872, to December 31, 1881.

		Males.	Females	TOTAL.
Number of Patients, January 1, 1872 (including those on Probation),		367	383	750
Admitted for the first time during the ten years		1197	1187	2384
Re-Admissions		393	451	844
Total Admissions		1590	1638	3228
	M. F. T.			
Discharged Recovered ...	707 814 1521			
„ Relieved ...	321 370 691			
„ Not Improved ...	155 110 265			
„ Not Insane ...	1 0 1			
Died		349	323	672
Total Discharged and Died during the ten years		1533	1617	3150
Remaining December 31, 1881 (including those on Probation)... ..		424	404	828
Average number resident during the ten years ...		372.93	396.99	769.93

TABLE III.—The Admissions, Discharges, and Deaths, with the mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions for each Year since the Opening of the Asylum.

YEARS.	Admitted.			Discharged.						Died.			Remaining December 31.			Per Centage of Recoveries on Admissions.			Per Centage of Deaths on all under Treatment.		
	M.	F.	T.	Recovered.			Not Recovered.			M.	F.	T.	M.	F.	T.	M.	F.	T.			
				M.	F.	T.	M.	F.	T.												
From Oct. 17, 1813, to Dec. 31, 1831,	265	102	118	9	36	38.4	1
From January 1, 1832, to December 31, 1836,	49	31	80	16	13	29	16	7	23	11	18	25	21	46	32.6	41.9	36.2	34.1	24.6	29.6	
1837,	7	6	13	2	2	4	3	4	7	4	5	23	20	43	28.5	33.3	30.7	12.5	3.7	8.4	
1838,	12	11	23	6	7	13	2	4	6	2	4	25	18	43	50	63.6	56.5	5.7	6.4	6	
1839,	4	5	9	2	2	4	4	2	6	2	3	21	18	39	50	40	44.4	6.8	4.3	5.7	
1840,	4	8	12	2	1	3	1	2	3	3	6	19	20	39	50	12.5	25	12	11.5	11.7	
1841,	28	13	41	5	11	16	1	3	4	4	1	40	19	59	17.8	84.6	39	2.1	0	1.2	
1842,	73	81	154	19	13	32	3	7	10	6	9	85	77	162	26	16	20.7	5.3	3	4.2	
1843,	104	108	212	26	24	50	8	12	20	10	20	146	138	284	25	22.2	23.5	5.2	5.4	5.3	
1844,	83	79	162	38	52	90	21	12	33	11	20	159	144	303	45.7	65.8	55.5	4.7	4.1	4.4	
1845,	123	130	253	36	45	81	18	14	32	20	38	208	197	405	29.2	34.6	32	7	6.5	6.8	
1846,	107	90	197	62	39	101	17	22	39	25	44	211	207	418	57.9	43.3	51.2	7.9	6.6	7.3	
1847,	134	117	251	51	47	98	23	14	37	36	68	235	231	466	38	40.1	39	10.4	9.8	10.1	
1848,	126	120	246	68	61	129	20	22	42	44	68	228	245	473	53.9	50.8	52.4	12.1	6.8	9.5	
1849,	109	156	265	42	77	119	29	35	64	42	79	224	252	476	38.5	49.3	44.8	12.4	9.2	10.7	
1850,	126	127	253	47	65	112	31	24	55	26	64	246	252	498	37.3	51.1	44.2	7.4	10	8.7	
1851,	132	116	248	52	67	119	35	26	61	31	50	260	256	516	39.3	55	47.9	8.2	5.1	6.7	
1852,	129	118	247	58	43	101	26	29	55	30	64	275	268	543	44.9	36.4	40.8	7.7	9	8.3	
1853,	103	133	236	58	50	108	21	28	49	36	77	263	282	545	56.3	37.5	45.7	9.5	10.2	9.8	
1854,	98	114	212	28	66	94	47	26	73	24	51	262	277	539	28.5	57.8	44.3	6.6	6.8	6.7	
1855,	109	114	223	46	49	95	44	42	86	24	62	257	262	519	42.2	42.9	42.6	6.4	9.7	8.1	
1856,	117	141	258	42	66	108	29	47	76	20	43	283	267	550	35.8	46.8	41.8	5.3	5.7	5.5	
1857,	178	130	308	49	61	110	32	21	53	33	56	347	292	639	27.5	46.9	35.7	7.1	5.7	6.5	
1858,	118	117	235	47	44	91	29	38	67	48	74	342	300	642	39.8	37.6	38.7	10.3	6.3	8.4	
1859,	118	98	216	28	40	68	34	23	57	43	60	355	318	673	23.7	40.8	31.4	9.3	4.2	6.9	
1860,	108	150	258	36	62	98	45	50	95	45	70	337	331	668	33.3	41.3	37.9	9.7	5.3	7.5	
1861,	120	121	241	39	40	79	37	49	86	42	65	344	335	679	32.5	33.5	32.7	8	6.1	7.1	
1862,	125	121	246	27	43	70	43	51	94	42	74	357	330	687	21.6	35.5	28.4	8.9	7	8	
1863,	104	116	220	26	51	77	44	46	90	44	68	347	325	672	25	43.9	35	9.5	5.3	7.4	
Totals and Averages from 1832 to 1864,	2648	2671	5319	958	1141	2099	663	660	1323	700	561	1261	36.1	42.7	39.4	7.8	6.1	7

TABLE III. (Continued).—The Admissions, Discharges, and Deaths, with the mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions for each Year during the Eighteen Years 1864-81.

YEARS	Admitted.			Discharged.						Died.			Remaining Dec. 31.			Average Numbers Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Nos. Resident.			Percentage of Deaths on Total Nos. under Treatment.					
	M.	F.	T.	Recovered.			Relieved.			Not Improved.			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
				M.	F.	T.	M.	F.	T.	M.	F.	T.																		
1864	109	115	224	47	58	105	18	21	39	26	20	46	43	19	62	322	322	644	325.9	321.7	647.6	43.2	50.4	46.8	13.2	5.9	9.5	9.4	4.3	6.9
1865	122	144	266	37	54	91	26	20	46	17	14	31	28	25	53	333	343	676	317.3	330.9	648.7	30.3	37.5	34.2	8.8	7.5	8.1	6.3	5.3	5.8
1866	155	175	330	48	63	111	21	37	58	44	41	85	37	26	63	342	351	693	341.3	343.9	685	30.9	36	33.6	10.8	7.5	9.1	7.5	5	6.2
1867	129	146	275	39	65	104	20	8	28	16	30	46	44	27	71	348	368	716	348.8	376.1	718.9	30.2	44.5	37.8	12.8	7.1	9.1	9.3	5.4	7.3
1868	133	146	279	43	78	121	14	15	29	22	41	41	45	30	75	355	365	720	345.1	366.5	711.7	32.3	53.4	43.3	13	8.2	10.5	9.3	5.8	7.5
1869	140	147	287	55	65	120	9	19	28	13	14	27	53	40	93	364	375	739	361.8	370.8	732.6	39.2	44.2	41.8	14.6	10.7	12.6	10.7	7.8	9.2
1870	121	144	265	58	60	118	13	20	33	32	46	78	37	30	67	353	367	720	346	370	716	47.9	41.6	44.5	10.6	8.1	9.3	7.6	5.7	6.6
1871	124	145	269	37	43	80	13	14	27	25	34	59	37	39	76	365	377	742	360.7	373.4	734.1	29.8	29.6	29.7	10.2	10.4	10.3	7.7	7.6	7.6
1872	130	122	252	45	46	91	14	16	30	21	9	30	47	30	77	363	391	754	370	383	753	34.6	37.7	36.1	12.7	7.5	10.2	9.4	6	7.7
1873	107	153	260	61	84	145	22	30	52	18	13	31	40	25	65	335	404	739	347	400	747	57	54.9	55.7	11.5	6.2	8.7	8.5	4.5	6.4
1874	151	157	308	64	85	149	29	55	84	25	18	43	27	30	57	340	374	714	348.6	389.6	738.2	42.3	54.1	48.3	7.7	7.7	7.7	5.5	5.3	5.4
1875	148	162	310	68	85	153	37	37	74	10	8	18	36	29	65	335	374	709	338.6	384.3	722.9	45.9	52.4	49.3	10.6	7.5	9	7.3	5.4	6.3
1876	180	180	360	82	78	160	46	29	75	18	7	25	39	43	82	333	393	726	352.3	388	740.3	45.5	43.3	44.4	11	11	11.1	7.5	7.7	7.6
1877	174	168	342	85	85	170	34	54	88	11	9	20	28	35	63	349	384	733	341.26	395.56	736.82	48.8	50.5	49.7	8.2	8.8	8.5	5.5	6.1	5.8
1878	205	160	365	82	71	153	33	32	65	16	8	24	32	31	63	389	401	790	383.2	393	776.2	40	44.3	41.9	8.3	7.8	8.1	5.7	5.6	5.7
1879	173	172	345	73	100	173	27	20	47	13	19	32	34	27	61	414	407	821	405.3	407.3	812.7	42.1	58.1	50.1	8.3	6.6	7.5	6	4.6	5.3
1880	160	187	347	71	94	165	47	35	82	14	12	26	26	46	72	416	405	821	423.2	416.6	839.8	44.3	50.2	47.5	6.1	11.0	8.5	4.4	7.7	6.1
1881	162	177	339	77	86	163	32	62	94	9	7	16	40	27	67	421	401	822	420.8	411.8	832.7	47.5	48.5	48	9.5	6.5	8	6.8	4.6	5.7
Totals and Averages,	2623	2800	5423	1072	1300	2372	455	524	979	347	331	678	673	559	1232	..	..	..	359.6	378.7	738.4	40.8	46.4	43.7	10.3	8	9.1	7.2	5.6	6.4

TABLE IV.—Showing the History of the Annual Admissions since the Opening of the Asylum, with the Discharges and Deaths, and the Numbers of each Year, for the last Eighteen Years, remaining on the 31st December 1881.

YEARS.	Admitted.				Of each Year's Admissions Discharged and Died in 1881.								Total Discharged and Died of each Year's Admissions.								Remaining of each Year's Admissions 31st Dec. 1881.										
	New Cases.		Relapsed Cases.		Recovered.		Relieved.		Not Improved.		Died.		Recovered.		Relieved.		Not Improved.		Died.		M.	F.	T.								
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.								
1813 to 1832	..	..	..	..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
1832 to 1864	..	..	..	..	0	0	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	1519				
1864	66	68	43	47	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0								
1865	88	95	34	49	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	58								
1866	116	115	39	60	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	54								
1867	104	95	25	51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1868	105	96	28	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1869	106	108	34	39	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1870	84	106	37	38	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1871	89	100	35	45	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1872	102	93	28	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1873	74	106	33	47	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1874	98	96	53	61	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1875	89	100	59	62	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1876	113	109	67	71	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1877	104	96	70	72	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1878	125	98	80	62	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1879	116	94	57	78	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1880	111	128	49	59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
1881	108	100	54	77	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2								
Totals*	1798	1803	825	997	477	86	163	30	61	91	9	7	16	37	27	64	1041	1244	2285	414	475	889	275	276	551	523	459	982	370	846	716
Totals†	77	86	163	32	62	94	9	7	16	40	27	67	4572	424	404	828	

Summary of the Total Admissions 1864-81.			
	M.	F.	T.
Per Centage of Cases Recovered	39.6	44.4	42.1
" Relieved	15.7	16.9	16.3
" Not Improved	10.4	9.8	10.1
" Died	19.9	16.3	18.1
" Remaining	14.1	12.3	13.2

* Numbers for Eighteen Years.
 † Since Opening of Asylum.
 ‡ Including 1 Not Insane.

TABLE V.—*Causes of Death.**

	Males.	Females.	Total.
<i>Cerebral Disease.</i>			
Apoplexy	2	0	2
Brain Atrophy	1	0	1
Brain Disease	1	1	2
Brain Softening	3	4	7
Chorea	0	1	1
Exhaustion from Epilepsy	1	1	2
Exhaustion from Melancholia	1	3	4
General Paralysis	13	0	13
Meningitis	1	1	2
Tumour of Brain	1	0	1
<i>Thoracic Disease.</i>			
Morbus Cordis	4	1	5
Phthisis Pulmonalis	4	5	9
Pneumonia	2	0	2
<i>Abdominal Disease.</i>			
Cancer of Bladder... ..	1	0	1
Cancer of Uterus	0	1	1
Cirrhosis of Liver and Ascites	1	0	1
Dysenteric Diarrhoea	0	1	1
Nephritis	0	1	1
Ovarian Tumour	0	1	1
<i>General Disease.</i>			
Blood Poisoning and Kidney Disease	1	0	1
Caries	1	0	1
Mammary Cancer	0	1	1
Senile Decay	1	3	4
Senile Decay and Brain Atrophy	0	1	1
Senile Decay and Brain Softening	0	1	1
Strumous Ulcers	1	0	1
Total	40	27	67

TABLE VI.—*Period of Residence of those Discharged Recovered, Not Recovered, and Died.*

	Recovered.			Not Recovered.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 Month	9	16	25	8	4	12	5	3	8
From 1 to 3 Months	29	20	49	9	17	26	1	2	3
„ 3 to 6 „	19	25	44	6	8	14	2	3	5
„ 6 to 9 „	6	10	16	4	6	10	5	1	6
„ 9 to 12 „	3	5	8	0	6	6	1	1	2
„ 1 to 2 Years	6	5	11	5	5	10	6	2	8
„ 2 to 3 „	2	1	3	1	3	4	3	1	4
„ 3 to 5 „	1	1	2	5	4	9	7	5	12
„ 5 to 7 „	1	2	3	1	3	4	3	0	3
„ 7 to 9 „	1	0	1	0	4	4	0	2	2
„ 9 to 11 „	0	0	0	0	6	6	0	4	4
„ 11 to 13 „	0	1	1	0	0	0	3	2	5
„ 13 to 15 „	0	0	0	0	2	2	1	0	1
„ 17 to 19 „	0	0	0	0	0	0	1	1	2
„ 25 to 27 „	0	0	0	0	1	1	0	0	0
„ 27 to 29 „	0	0	0	2	0	2	0	0	0
„ 37 to 39 „	0	0	0	0	0	0	1	0	1
„ 39 to 41 „	0	0	0	0	0	0	1	0	1
Total	77†	86	163	41	69	110	40	27	67

* Ascertained in 58 cases by *Post-mortem* examination.

† Including 1 Not Insane.

TABLE VII.—Duration of Insanity on Admission in the Admissions, Discharges, and Deaths.

CLASS.	Duration of Disease on Admission in Four Classes.											
	Admissions.			Recoveries.			Removed not Recovered.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
FIRST CLASS:												
<i>First Attack—</i>												
Under 1 Week	8	31	39	8	17	25	0	12	12	1	6	7
1 Month	33	24	57	13	12	25	5	9	14	12	6	18
2 "	4	10	14	3	4	7	0	5	5	3	0	3
3 "	12	7	19	3	3	6	0	2	2	0	2	2
	(57)	(72)	(129)	(27)	(36)	(63)	(5)	(28)	(33)	(16)	(14)	(30)
SECOND CLASS:												
<i>First Attack—</i>												
Above 3 and under 6 months	12	9	21	7	5	12	6	3	9	4	0	4
6 "	14	9	23	5	2	7	3	0	3	6	2	8
Unknown... "	0	0	0	0	0	0	1	2	3	0	0	0
	(26)	(18)	(44)	(12)	(7)	(19)	(10)	(5)	(15)	(10)	(2)	(12)
THIRD CLASS:												
<i>Not First Attack—</i>												
Under 1 Month	33	55	88	19	28	47	7	14	21	4	1	5
6 "	12	15	27	13	10	23	4	4	8	1	3	4
12 "	2	1	3	0	0	0	0	0	0	1	0	1
Unknown ...	0	0	0	0	0	0	0	0	0	0	0	0
	(47)	(71)	(118)	(32)	(38)	(70)	(11)	(18)	(29)	(6)	(4)	(10)
FOURTH CLASS:												
<i>First Attack or Not—</i>												
But over 12 Months...	32	16	48	6	5	11	15	18	33	8	7	15
TOTAL	162	177	339	77*	86	163	41	69	110	40	27	67

* Including 1 Not Insane.

TABLE VIII.—*Ages of those Admitted, Discharged, and Dead.*

YEARS.	Admitted.			Discharged Recovered.			Removed.			Dead.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 5 to 10	0	0	0	0	0	0	0	0	0	0	0	0
„ 10 to 15	3	0	3	2	0	2	0	0	0	0	0	0
„ 15 to 20	5	3	8	2	2	4	3	1	4	0	0	0
„ 20 to 30	42	45	87	26	22	48	12	16	28	5	1	6
„ 30 to 40	36	40	76	14	20	34	11	17	28	5	1	6
„ 40 to 50	39	44	83	20	24	44	7	17	24	11	3	14
„ 50 to 60	18	27	45	7	14	21	5	11	16	9	11	20
„ 60 to 70	10	12	22	2	3	5	3	5	8	6	5	11
„ 70 to 80	7	6	13	4	1	5	0	2	2	4	4	8
„ 80 to 90	2	0	2	0	0	0	0	0	0	0	2	2
TOTAL ...	162	177	339	77*	86	163	41	69	110	40	27	67
Mean Age ...	39·6	40·1	39·9	36·8	38·6	37·7	36·4	41	39·3	49·6	58·3	53·1

* Including 1 Not Insane.

TABLE IX.

Condition as to Marriage in the Admissions, Discharges, and Deaths.

Condition as to Marriage.	Admissions.			Discharges.						Deaths.		
	M.	F.	T.	Recovered.			Not Recovered.			M.	F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single ...	87	83	170	46	37	83	25	45	70	21	13	34
Married ...	67	68	135	29	40	69	15	14	29	15	8	23
Widowed ...	8	26	34	2	9	11	1	10	11	4	6	10
TOTAL ...	162	177	339	77*	86	163	41	69	110	40	27	67

* Including 1 Not Insane.

TABLE X.

Assigned Causes of Insanity.

					Males.	Fem.	TOTAL.
Physical.	{	Intemperance	28	21	49		
		Congenital Defect	0	1	1		
		Epilepsy	13	3	16		
		Brain Disease	10	7	17		
		Syphilis	2	0	2		
		Insolation	4	0	4		
		Injuries to Head	3	0	3		
		Phthisis	6	2	8		
		Gout	2	0	2		
		Puberty	2	1	3		
		Old Age	14	10	24		
		Chorea	0	2	2		
		Cancer	0	1	1		
		Exophthalmic Goitre	0	1	1		
		Bodily Weakness and Privation	0	5	5		
		Pregnancy	0	5	5		
		Childbirth	0	11	11		
Lactation	0	5	5				
Climacteric Period	5	19	24				
Moral.	{	Domestic Anxiety, Bereavement, &c.	9	34	43		
		Business Anxiety, Overwork, &c.	24	3	27		
		Disappointment in Love	1	4	5		
		Irregular Life	0	5	5		
		Fright	0	2	2		
Religious Excitement	1	2	3				
Predis- posing.	{	Previous Attacks	54	77	131		
		Hereditary Predisposition	33	47	80		
		Unknown	41	30	71		

ADDITIONAL MEDICAL TABLES.

TABLE XI.

Forms of Insanity in those Admitted—Skae's Classification.

	Males.	Females.	TOTAL.
Epileptic Idiocy	0	1	1
Epileptic Insanity	13	3	16
Insanity of Puberty	2	0	2
Insanity of Adolescence	19	12	31
Puerperal Insanity	0	11	11
Insanity of Lactation	0	5	5
Insanity of Pregnancy	0	3	3
Amenorrhœal Insanity	0	2	2
Climacteric Insanity	5	19	24
Senile Insanity	14	10	24
Phthisical Insanity	6	2	8
Insanity of Alcoholism	17	18	35
General Paralysis	16	1	17
Idiopathic Insanity	11	25	36
Insanity from Brain Disease	10	7	17
Syphilitic Insanity	1	0	1
Choreic Insanity	0	1	1
Hysterical Insanity	0	1	1
Exophthalmic Insanity	0	1	1
Unknown	47	55	102
Not found Insane	1	0	1
TOTAL	162	177	339

TABLE XII.

Form of Mental Disease in those Admitted.

	Males.	Females.	TOTAL.
Acute Mania	7	22	29
Mania	73	73	146
Epileptic Mania	13	3	16
Melancholia	52	77	129
General Paralysis	16	1	17
Epileptic Idiocy	0	1	1
TOTAL	161	177	338

TABLE XIII.

Number of Previous Attacks in those Admitted.

				Males.	Females	TOTAL.
Cases of First Attack	...	...		108	99	207
„ Second Attack	...	...		32	46	78
„ Third Attack	...	...		10	12	22
Had several Attacks	...	...		12	19	31
Congenital	...	...	...	0	1	1
Unknown	...	...	...	0	0	0
			TOTAL	162	177	339

TABLE XIV.

State of Bodily Health and Condition of those Admitted.

				Males.	Females	TOTAL.
In Average Health and Condition	...			29	50	79
In Indifferent Health and Reduced Condition	...	...	...	114	110	224
In Bad Health and very Exhausted Condition	...	...	...	19	17	36
			TOTAL	162	177	339

TABLE XVI.
Religious Persuasion of those Admitted.

				Males.	Females	TOTAL.
“Protestants”	...	...	...	102	109	211
Roman Catholic	...	...	...	20	12	32
Free Church	...	...	...	7	11	18
Established Church	...	...	...	5	10	15
“Presbyterian”	...	...	...	5	8	13
United Presbyterian	...	...	...	5	7	12
Church of England	...	...	...	7	5	12
“Episcopalian”	...	...	...	3	5	8
Baptist	...	...	...	2	0	2
Wesleyan Methodist	...	...	...	1	0	1
Original Seceder	...	...	...	0	1	1
Evangelical Union	...	...	...	1	0	1
“Evangelical”	...	...	...	0	1	1
Apostolic Church	...	...	...	1	0	1
Not Known	...	...	...	3	8	11
TOTAL	...	...	...	162	177	339

TABLE XVII.
Admissions, Discharges, and Deaths each Month.

	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
January	14	11	25	4	4	8	5	1	6
February	12	12	24	6	10	16	3	1	4
March	17	19	36	12	8	20	3	2	5
April	12	16	28	12	16	28	1	7	8
May	17	13	30	9	7	16	3	2	5
June	13	28	41	12	26	38	3	3	6
July	6	17	23	11	15	26	4	5	9
August	12	16	28	13	10	23	5	1	6
September	15	13	28	7	13	20	5	1	6
October	12	5	17	4	14	18	6	3	9
November	14	11	25	5	11	16	1	0	1
December	18	16	34	23	21	44	1	1	2
TOTAL	162	177	339	118	155	273	40	27	67

TABLE XVIII.

Illustrations of Suicidal Tendency in those Admitted.

	Males.	Females	TOTAL.
Have attempted Suicide	14	20	34
Have meditated Suicide	32	26	58
Total Suicidal	46	46	92
<i>Forms of Insanity in which Suicide was attempted—</i>			
Mania	1	2	3
Epileptic Mania	1	0	1
Senile Mania	1	0	1
Melancholia	11	17	28
Puerperal Melancholia	0	1	1
Total	14	20	34
<i>Forms of Insanity in which Suicide was meditated—</i>			
Mania	8	6	14
Acute Mania	2	2	4
Epileptic Mania	4	0	4
Melancholia	16	18	34
General Paralysis	2	0	2
Total	32	26	58
<i>Nature of the attempt—</i>			
Precipitation	2	8	10
Poison	4	3	7
Cut-Throat	3	3	6
Drowning	1	4	5
Strangulation	1	2	3
Hanging	1	1	2
Suffocation	1	0	1
Wounding	1	0	1
Precipitation before Locomotive	0	1	1
Cutting	0	1	1
Cutting Wrist with Scissors ...	0	1	1
Not Stated	2	1	3

TABLE XIX.

Forms of Insanity in those Discharged Recovered, Relieved, and Not Improved.

	Recovered.			Relieved.			Not Improved.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Mania	35	36	71	16	24	40	5	2	7
Acute Mania	7	19	26	0	6	6	1	2	3
Epileptic Mania	4	1	5	3	2	5	0	0	0
Chronic Mania	0	0	0	0	0	0	0	1	1
Melancholia	30	30	60	8	21	29	0	1	1
Dementia	0	0	0	2	9	11	0	0	0
General Paralysis	0	0	0	2	0	2	3	0	3
Idiocy	0	0	0	1	0	1	0	0	0
Epileptic Idiocy	0	0	0	0	0	0	0	1	1
Total	76	86	162	32	62	94	9	7	16

TABLE XX.

Forms of Insanity in those Deceased.

	Males.	Females	TOTAL.
Mania	12	10	22
Acute Mania	2	0	2
Epileptic Mania	1	1	2
Senile Mania	0	1	1
Chronic Mania	2	0	2
Melancholia	5	13	18
Dementia	5	2	7
General Paralysis	13	0	13
TOTAL	40	27	67

TABLE XXI.—*Persons Recovered in 1881.*

	Males.	Females	TOTAL.
A. Recovered for the first time ...	45	48	93
(a) Re-admitted, and again Discharged Recovered ...	0	4	4
(b) Re-admitted, but not again Discharged Recovered ...	6	3	9
B. Had made one or more Recoveries in previous years ...	31	34	65
(a) Re-admitted, and again Discharged Recovered ...	0	0	0
(b) Re-admitted, but not again Discharged Recovered ...	7	4	11
Number of Persons Recovered... ..	76	82	158
Number of Cases of Recovery	76	86	162

TABLE XXII.

The Number of Pauper Lunatics chargeable to Parishes having Rights of Presentation to the Royal Edinburgh Asylum, that were not in that Asylum on the 1st January 1882.

PARISHES, &c.	Number of Patients.
City Parish, Edinburgh	123
St Cuthbert's and Canongate ...	34
South Leith	3
North Leith	2
Duddingston	2
County of Orkney	33
TOTAL	197

REPORTS

OF THE

COMMISSIONERS IN LUNACY.

28 Feb., 1 and 3 March 1881,
ROYAL EDINBURGH ASYLUM.

The number and position of the present population are shown in the following statement :—

	Private Patients.		Pauper Patients.		Totals.
	M.	F.	M.	F.	
I. Certificated Patients—					
Resident	150	116	272	293	831
Absent on Probation.....	2	4	0	0	6
Absent on Pass	0	0	1	0	1
On the Register.....	152	120	273	293	838
II. Voluntary Inmates	3	3	0	0	6

These figures show a decrease of the number of private patients and an increase of the number of pauper patients. This change is the necessary result of the increased demand for accommodation for pauper lunatics. As the establishment is full to overflowing, it is clear that a larger number of paupers can only be accommodated in it by giving up to them the beds occupied by private patients at low rates of board as these become vacant, and by refusing new applications for the admission of private patients of that class. Such refusals have been very numerous—so numerous, indeed, that, if it had been possible to receive all who applied, the number of private patients in the Asylum would be almost certainly a still increasing instead of a decreasing number.

The present position of the Asylum, which makes it necessary to refuse to admit private patients at low rates of board, cannot be otherwise regarded than as a public calamity. The higher

function of the Asylum is incompletely discharged in the effort to discharge fully its lower function. The injury thus done to the public is correctly appreciated and greatly regretted by the Managers of the Asylum, who are anxious that additional accommodation for pauper lunatics should be provided in the District, and that they should thus be enabled to administer their Asylum in a way which would secure excellent care and treatment for the insane who belong to the middle and lower middle class of society. To secure the efficient doing of this, it is suggested that, in arranging any new contract with the District Board, care should be taken not to bind the Asylum to receive too large a number of pauper lunatics. There are 566 paupers at present in the establishment, but it is doubtful if the Asylum should come under an obligation to receive more than 400 or 450. Such a limitation would not prevent the full occupation of the Asylum by pauper lunatics, so long as the accommodation was not required for private patients.

The following statement shows the movement of the population since last visit :—

	Private Patients.		Pauper Patients.		Totals.
	M.	F.	M.	F.	
I. Certificated Patients—					
Admitted	16	16	69	78	179
Discharged recovered...	13	9	31	51	104
Discharged unrecovered	13	4	18	25	60
Died	4	3	12	12	31
II. Voluntary Inmates—					
Admitted	2	0	0	0	2
Left.....	2	1	0	0	3
Died	0	0	0	0	0

These figures exhibit a very active movement of the population, and show that great efforts are made to keep down its growth through an accumulation of chronic cases. The results show how much can be done by earnest efforts in this direction ; but it is admittedly a question whether, under the force of circumstances, these efforts are not being carried too far, and whether injury is not sometimes done by the too early discharge of patients.

Notwithstanding the activity in the movement of the popula-

tion, the rate of mortality has been low, and the present health-condition of the inmates is excellent, though among them there are many aged and feeble persons. Of the 31 deaths general paralysis caused 8, brain disease 10, heart disease 4, exhaustion from mania or melancholia 5, and phthisis 2. The other 2 deaths were caused by cancer of the liver and scrofulous abscesses. It is evident, from these facts, that many patients are admitted into the Asylum in a very grave state of disease. In the cases of 27 of the 31 patients who died a *post mortem* examination was made, and the results are recorded with great care. The state of the Case Books shows that the condition of each patient is minutely studied, and many other things were observed which showed that great attention is given to the medical treatment of the patients, and to the study of insanity.

There are 60 entries in the Register of Restraint and Seclusion referring to the restraint of 1 person and the seclusion of 14. Six accidents are recorded, and they include a dislocation of the elbow, fractures of the radius, ulna, and clavicle, and a self-inflicted wound of the throat with suicidal intent.

The new laundry is approaching completion, and gives promise of being all that could be wished. It will give an opportunity of employing a larger number of women in active work, and will thus prove a useful means of treatment, corresponding in its effects to the active employment of men in outdoor work, which in this institution is now carried to a large extent, and with marked advantages.

The improvement of the female side of the West House is about to be commenced, and, with great propriety, the first thing to be done is the creation of a suitable infirmary. There is every reason to believe that this will be done in a very satisfactory manner, and the Asylum will then possess infirmary wards for both sexes superior to any in the country.

The rate of board for pauper patients of the District has been raised from £27 to £30, and at the same time the rates for middle and low class private patients have been reduced from £50 and £32 to £45 and £30. That these changes are in a proper direction scarcely admits of question.

The general impression left by the visit was, as usual, most pleasing. The affairs of the Asylum are administered by the Superintendent in a healthy, energetic, and successful manner, and in the treatment of the patients there is seen a combination of high professional skill, good common sense, and great kindness of heart. He is well supported by the subordinate officers, whose interest in the prosperity of the institution he has made to correspond with his own.

The Books and Registers were examined, and were, as usual, found to be kept with very great accuracy and care.

ARTHUR MITCHELL, *Commissioner in Lunacy.*

ROYAL EDINBURGH ASYLUM,
19th, 20th, and 21st October 1881.

The following statement shows the number and position of the persons at present on the Register of the Asylum :—

	Private Patients.		Pauper Patients.		Totals.
	M.	F.	M.	F.	
I. Certificated Patients—					
Resident.....	145	118	276	283	822
Absent on Probation	2	5	0	0	7
Absent by Escape ...	0	0	0	2	2
Absent on Pass	0	1	0	1	2
On the Register.....	147	124	276	286	833
II. Voluntary Inmates...	2	2	0	0	4

The changes that have taken place since last visit are as follows :—

	Private Patients.		Pauper Patients.		Totals.
	M.	F.	M.	F.	
I. Certificated Patients—					
Admitted	24	27	79	97	227
Discharged Recovered...	15	7	34	57	113
Discharged Unrecovered	7	9	21	31	68
Died	8	5	20	18	51
II. Voluntary Inmates—					
Left.....	1	1	0	0	2

Of the 51 deaths, 10 were due to general paralysis of the insane, and 18 to other diseases of the brain and nervous system ; 5 were due to phthisis pulmonalis, and 4 to other diseases of the chest ; 6 were due to diseases of the abdominal organs, 1 to mammary cancer, 4 to senile decay, and 3 were consequent on general exhaustion from melancholia. The average ages at death were 50 for men and 58 for women. The rate of mortality cannot be regarded as high when the large number of cases of acute and dangerous disease among the admissions is considered. Fourteen of the deaths occurred in cases where the patients had been admitted to the Asylum since the 1st of January.

The Books and Registers of the Asylum were examined and found, as usual, accurately kept, and in excellent order.

There are 13 entries in the Register of Accidents ; but only 7 refer to accidents where serious injury, such as fractured bones, was sustained. Out of 276 male pauper patients, 228 are recorded as industrially employed, and 52 are stated to be on parole ; out of 283 female pauper patients, 193 are recorded as industrially employed, and 52 are stated to be on parole. Thirty-nine patients are at present confined to bed.

The number of entries in the Register of Restraint and Seclusion since last visit is 248, which represents an average of rather more than 1 entry per diem. The entries refer to the use of restraint in the treatment of 3 patients, and the use of seclusion for 41 patients. A large proportion of the entries refer, however, to the case of a male patient suffering from general paralysis, whose legs had become much swollen and ulcerated owing to his maintaining the erect posture almost constantly both day and night. All the modes of treatment resorted to failed to overcome this injurious habit until he was placed in a modified form of what has been called the conservative or box-bed, in which the patient is compelled to submit to the recumbent position. The adoption of this form of restraint was so far justified by the swelling and ulceration of the legs having been cured, and the patient's general health having improved during the time it was employed. It is, however, worthy of consideration whether the same result might not have been obtained by the adoption of means less suggestive of a re-

turn to modes of treatment which have gone out of use ; and it is recorded with approval, that the exceptional nature of the case was so fully recognised by Dr Clouston, that the bed was broken up as soon as it ceased to be used for the special purpose for which it had been constructed.

The condition of the Asylum continues to bear evidence of the great care and ability with which it is administered. The state of the East House, of Craig House, of the Cottages, and of the reconstructed portion of the West House, was highly satisfactory. Every day's experience goes to show that the improvements that have been carried out in all these sections of the institution were planned with great judgment and knowledge ; and the patients who are resident there receive all the benefits that attention, energy, and professional experience can confer.

The additions to the Laundry have now been completed, and are in occupation. The new arrangements, besides affording the means of doing an increased amount of work, will facilitate the doing of the work in an orderly and systematic manner.

A beginning has been made with the alterations intended to be carried out on the female side of the West House. The portion of the Separate Building which it is proposed to use as the infirmary is now in process of reconstruction, and may be expected to be in occupation early in the ensuing year. The new arrangements seem likely to prove extremely satisfactory. The rooms will be cheerful, and well adapted to their various purposes ; and every facility for efficient administration seems to be provided for.

The disuse of the wards now in course of reconstruction has necessarily diminished the amount of accommodation at present available for patients, and has intensified the overcrowding from which the female side of the West House has for some time suffered. In several of the dormitories the accommodation is supplemented by the use of shake-downs on the floors, and in the day-rooms a deficiency of elbow-room is frequently to be observed. There is thus a want of proper comfort at night, and an injurious degree of crowding during the day, both of which conditions are specially prejudicial to the insane. It is therefore hoped that steps will be taken as soon as possible to diminish the number of patients resident in this section of the Asylum.

It is important, when dealing with this matter, to recognise that the difficulty is not one that can be regarded as only transient. It is proposed, when the section now being reconstructed is ready for occupation, to withdraw another section of the building from use, and to proceed in a similar manner till all the portions requiring alteration have been completed. This process cannot be expected to come to an end for some years. It is not regarded as desirable that the overcrowding should be remedied by adding to the size of the West House; and it would be difficult to do this, even if it were desirable. The accommodation for patients is as large as it can be made, without throwing it out of proportion to the other parts of the buildings. The only course, therefore, which seems open to the Managers of the Asylum, is to take steps to restrict the number of patients to what the establishment can properly accommodate. Nothing very effective, however, can be done in this direction as long as the Asylum is held liable to receive all the pauper lunatics belonging to the Urban District of Edinburgh. It will be necessary to determine what number of such patients the institution ought in future to engage to provide for; but the Managers are at present in as good a position to determine this question as they will probably ever be. It may not be easy, in the interests of the public, to determine how much of the Asylum should be reserved for the accommodation of paupers; but it would probably be injudicious to undertake to accommodate more than 400 or 450, as has been previously suggested.

At present, it is true, the number of such patients resident in the Asylum is 569. But it must be borne in mind, that these patients are only accommodated by subjecting them to a very undesirable degree of crowding, and that they could not have been accommodated even in that way if most of the private patients of the poorer class, whom it was wished to place in the Asylum, had not been refused admission during the last few years.

As soon as the Managers have fixed the number of pauper lunatics they will be prepared in the future to receive, intimation of their resolution should be given to the District Board of Lunacy, and to the General Board, so that no time may be lost in making adequate provision for the wants of the District.

JOHN SIBBALD, *Commissioner in Lunacy.*

ROYAL EDINBURGH ASYLUM,
16, 17, and 18 February, 1882.

The number and character of the present population of the Asylum are shown in the following statement :—

	Private Patients.		Pauper Patients.		Totals.
	M.	F.	M.	F.	
I. Certificated Patients—					
Resident.....	144	119	266	283	812
Absent on Probation...	3	3	0	0	6
On the Register.....	147	122	266	283	818
II. Voluntary Inmates.....	2	2	0	0	4

The movement of the population since the date of last visit is shown in the statement which follows :—

	Private Patients.		Pauper Patients.		Totals.
	M.	F.	M.	F.	
I. Certificated Patients—					
Admitted	11	10	35	36	102
Discharged.....	6	8	37	49	100
Dead	5	1	8	3	17

No change occurred among the Voluntary inmates.

Seven of the deaths were caused by general paralysis, eight by brain disease, with heart disease or other complications, one by phthisis, and one by carbuncle and pyæmia. In the cases of all the patients who died except one a *post mortem* examination was made.

There are 215 entries in the Register of Restraint and Seclusion referring to the restraint of 2 persons and the seclusion of 27. The number of patients who have escaped since last visit, and have been absent for at least one night, before being brought back, is 5. Four accidents are recorded, some of them being more or less serious, but in all of them recovery followed. The number of attendants who have left the service of the establishment is 19, and of these 1 was dismissed for drunkenness, 1 for roughly treating a patient, and one for insubordination.

Much importance is attached to the industrial occupation of the inmates, and a gratifying success has attended Dr Clouston's efforts to employ the patients in ways which are good for them, and good also for the institution. No less than 74 per cent of

the pauper patients are regularly engaged in useful work ; but it is observed, that while only 5 of the men are unemployed in consequence of their mental condition, there are 47 women in that position. Probably this difference will be somewhat reduced now that the new laundry is in full operation. It is scarcely possible to over-estimate the value of work as a means of treatment, and in no Asylum of the country is this more fully and judiciously recognised.

The new female infirmary arrangements for 32 patients are nearly complete, and they are of a highly satisfactory character. It is not believed that any Asylum in the kingdom possesses hospital arrangements for both sexes which are so good as those now possessed by this Asylum ; and the result is a full reward for the trouble, thought, and money, which they have cost. In the new section of the Infirmary—that for females—it is proposed to place a staff of 1 head nurse and 3 ordinary nurses ; but it is also proposed that all female attendants entering the service of the Asylum shall pass through a short period of training under the hospital nurse, occupation for them being found both in the hospital itself, and in the wards more or less directly connected with it, which will be created by some of the changes about to be made on the female side of the main block of the West House. These changes are to be commenced immediately, and they appear to be of a very judicious character, and likely to increase the efficiency of the medical treatment of the patients. The present female infirmary is to be converted into accommodation for convalescents ; and No. 7 female ward is to accommodate 35 of the patients engaged in the laundry, and is also to accommodate a small number of patients who are regarded as under constant medical treatment in consequence solely of their mental state, and who will be under the care of the hospital nurse and her assistants. In this way the hospital arrangements are rendered complete—all classes of patients who require special nursing being brought together. The structural alterations which these arrangements will involve are simple in their character, and will everywhere add to the brightness and comfort of the wards. When the work now in progress or in contemplation is completed, it will afford

thoroughly improved and satisfactory accommodation on the female side of the West House for about 100 patients. The most important part of the improvements so much needed in this section of the Asylum is thus to be first done, that, namely, which gives accommodation to special invalids, convalescents, and workers. The rest of the work connected with the improvement of this part of the Asylum buildings will be taken up next year, and will, it is hoped, be finished in 1884.

No special reference is made in this entry to the relations of the Asylum to the District, because it is known that the Directors are giving this matter a very careful consideration, and that they are actuated by a desire to make the institution serve the interests of the public in the best and fullest way possible. It has already been resolved to raise the rate of board for pauper patients to £30, to reduce the lowest rate charged for private patients to the same sum, and to restrict the number of pauper patients received into the establishment to 400. It can scarcely be doubted that these are steps taken in a right direction, and that they are calculated to increase the usefulness of the Asylum. Some doubts as to the relation of the institution to the urban parishes have to be removed before arrangements can be made for the accommodation of the number of pauper lunatics chargeable to the parishes of the District in excess of the 400 to be provided for in this Asylum; but it is hoped that ere long these doubts will be cleared up, and that there will then be no delay in doing what is necessary. It falls to the District Board under the Statutes to secure an ample provision for the pauper lunatics of the District, and it therefore appears to rest with that Board to inquire into the value of the doubts and difficulties referred to, and to take such action generally as shall result in obtaining adequate accommodation for the pauper lunatics of the District.

There are 279 private patients at present in the Asylum. This is, no doubt, a large number, but it could be very considerably increased, if it were possible to receive all private patients who apply for admission. It is a matter of regret that it should be necessary to refuse admission to such patients for no other reason than that the Asylum is so largely discharging its secon-

dary function as a District Asylum. It is a matter of special regret, when it becomes necessary to refuse admission to private patients who are only able to pay low rates of board, who have a difficulty in finding accommodation in Public Asylums, and who ought not to be in Private Asylums. Such persons constitute by far the most unfortunate class of the insane ; and it is an important service rendered to the public of Scotland as a whole, when the Directors of the Royal Asylums, recognising the charitable and higher function of the institutions which they control, do all in their power to prevent the exclusion of any poor private patient. It has often been recorded with much satisfaction that the Directors of this Asylum act on these views to a large extent, and in a most liberal and charitable manner.

The state of the wards and the condition of the patients were highly satisfactory. The merit of this, of course, falls chiefly on the able and energetic Superintendent, whose devotion to the duties of his position is so well known ; but it seems desirable here to refer also with commendation to the manner in which Dr Clouston's efforts to administer efficiently this great institution, and treat successfully the large number of patients in it, are seconded by the subordinate officers, both medical and non-medical.

The Books and Registers were, as usual, found in excellent order. They are most accurately and carefully kept.

ARTHUR MITCHELL, *Commissioner in Lunacy.*

A B S T R A C T
OF THE
T R E A S U R E R ' S A C C O U N T S
FOR THE YEAR 1881.

C H A R G E.

I. Arrears of Board given up in last Account . . .	£139	7	3	
<i>Less</i> written off		24	14	6
			6	£114 12 9
II. Patients Boards, per Board-books—				
	<i>Males.</i>		<i>Females.</i>	
Quarter ending 31st March 1881	£4,820	9	8	£4,636 15 4
Do. do. 30th June ,,	4,976	7	0	4,610 11 3
Do. do. 30th Sept. ,,	4,833	0	1	4,662 13 10
Do. do. 31st Dec. ,,	4,948	15	1	4,825 19 6
	£19,578	11	10	£18,735 19 11
				19,578 11 10
				£38,314 11 9
<i>Add</i> —Received from St Cuthbert's Parish amount recovered by them from other Parishes liable for a higher rate of Board as formerly £4 16 2				
Received from City Parish do.		2	6	11
		7	3	1
				£38,321 14 10
<i>Deduct</i> —Sum paid to Charity Committee in terms of Minute of Managers of 24th February 1881 £87 16 2				
Do. Repaid for Patients last year.		32	8	10
		120	5	0
				38,201 9 10
III. Accounts due by Patients for Clothes and extraordinary furnishings of various kinds supplied through the House Superintendent and Matron at the expense of the Institution, and charged against the recipients—				
				£38,316 2 7
				Carry forward, . . .

Brought forward, £38,316 2 7

	<i>Males.</i>			<i>Females.</i>			
Quarter ending 31st March 1881	£426	18	5	£573	15	7	
Do. do. 30th June ,,	372	3	6	337	4	0	
Do. do. 30th Sept. ,,	377	1	5	370	4	10	
Do. do. 31st Dec. ,,	414	8	5	351	12	7	
	<hr/>			<hr/>			
	£1,590	11	9	£1,632	17	0	
				1,590	11	9	
				<hr/>			3,223 8 9

IV. Price of Crop, Pigs, and Sundries disposed of—

1. Price received for Pigs sold	£501	8	5			
Less paid for do. purchased		6	0	0		
		<hr/>				
		495	8	5		
2. Price received for Oats, &c.		69	10	0		
3. Do. received for Rags and Sundries		136	11	3		
		<hr/>				
					701	9 8

V. Rents of Craig House Grass Parks, Season 1881 204 4 6

VI. Claim under Fire Insurance Policy in respect of damage by fire 5 0 0

VII. Sums borrowed to meet (1) the cost of new laundry and infirmary wards, (2) price of ground acquired in Maxwell Street, and (3) to replace loans called up £8,000 0 0

Deduct—Debt paid off or transferred 4,675 0 0

3,325 0 0

VIII. Balance of this Account at 31st December 1881 1,094 11 6

Amount of the Charge £46,869 17 0

DISCHARGE.

	East House.			West House			TOTAL.		
	£	s.	d.	£	s.	d.	£	s.	d.
I. Expense of Provisions	4,444	7	3	9,469	9	4	13,913	16	7
II. Do. Clothing, Bedding, Napery, &c.	187	12	1	1,903	13	0	2,091	5	1
III. Do. Fuel	327	7	8	824	1	10	1,151	9	6
IV. Do. Lighting	191	15	9	344	19	11	536	15	8
V. Do. Water and Washing materials	330	11	6	436	15	7	767	7	1
VI. Do. Medicines and Surgical Instruments	86	4	7	224	2	6	310	7	1
VII. Do. Books and Stationery	109	9	2	160	11	1	270	0	3
VIII. Do. Tobacco and Snuff	18	15	2	207	17	1	226	12	3
IX. Do. Sundry Furnishings and Repairs	789	19	7	1,592	2	7	2,382	2	2
X. Do. Garden and Grounds	192	8	7	283	10	5	475	19	0
XI. Public and Parochial Burdens	158	19	2	155	11	11	314	11	1
XII. Interests on Loans paid	430	16	8	1,500	14	1	1,931	10	9
XIII. Feu-duties and Stipend	559	1	5	442	1	10	1,001	3	3
XIV. Insurance Premiums	24	14	7	35	18	0	60	12	7
XV. Salaries and Wages	2,934	10	1	4,379	2	0	7,313	12	1
XVI. Miscellaneous Payments	177	19	5	260	15	10	438	15	3
XVII. Accounts paid on behalf of Patients and charged against them	2,055	0	6	513	15	1	2,568	15	7
Ordinary Expenditure	13,019	13	2	22,735	2	1	35,754	15	3

Carry forward, £35,754 15 3

	Brought forward,	£35,754	15	3
XVIII.	Special Expenditure on Laundry, Infirmary Wards, &c.	4,645	19	2
XIX.	Purchase Price of subjects in Maxwell Street	2,440	8	2
XX.	Arrears of Board and Extras at 31st December 1881	183	8	5
XXI.	Balance of this Account at 31st December 1880	£3,846	11	6
	<i>Less—Abated from Business Account</i>		1	5
			6	
		<u>3,845</u>	6	0

Amount of Discharge equal to Charge . . . £46,869 17 0

ABSTRACT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDING 31ST DECEMBER 1881.

INCOME—		
I. Boards		£38,201 9 10
II. Extra Accounts due by Patients		3,223 8 9
III. Produce and Sundries sold		701 9 8
IV. Rents of Craig House Grass Parks		204 4 6
		£42,330 12 9
EXPENDITURE—		
I. Amount of Ordinary Disbursements as stated in Discharge of preceding Account	£35,754 15 3	
II. Instalment to Sinking Fund	£1,810 0 0	
Less—Interest on Debt under Special Statute 1851	257 15 7	
	1,552 4 5	
		37,306 19 8
Surplus Ordinary Income		£5,023 13 1

TABULAR VIEW of the Cost per Head per Annum of the undernoted items allocated upon Patients, of whom 121 represent the Daily Average of the East House, and 712 the Daily Average of the West House.

	East House.	West House.
I. Provisions (including share of Attendants' Provisions, but exclusive of value of Vegetables supplied from Garden held to be covered by cost of Garden, No. X.)	£36 14 6	£13 5 11
II. Clothing, Bedding, Napery, &c.	1 11 0	2 13 6
III. Fuel	2 14 1	1 3 2
IV. Lighting	1 11 8	0 9 9
V. Water and Washing materials	2 14 8	0 12 3
VI. Medicines and Surgical Apparatus	0 14 2	0 6 3
VII. Books, Stationery, &c.	0 18 0	0 4 6
VIII. Tobacco and Snuff	0 3 2	0 5 10
IX. Furnishings and Repairs	6 10 7	2 4 8
X. Garden and Grounds	1 11 8	0 7 11
XI. Public and Parochial Burdens	1 6 3	0 4 5
XII. Interest on Debt	3 11 2	2 2 2
XIII. Feu-Duties and Stipend	4 12 4	0 12 5
XIV. Insurance Premiums	0 4 1	0 1 0
XV. Salaries and Wages	24 5 1	6 3 0
XVI. Miscellaneous Payments	1 9 5	0 7 4
Total Cost of Maintenance of each Patient during the Year, exclusive of Instalment to Sinking Fund	£90 11 10	£31 4 1

The average number of Patients, Officers, and Domestics during the Year ending 31st December 1880 was	999
Do. ending 31st December 1881	993
Decrease in 1881	6

The average Cost of Provisions per head during the Year ending 31st December 1880 was	£14 7 6
Do. ending 31st December 1881	14 0 3
Decrease in 1881	£0 7 3

CONTRAST OF ORDINARY INCOME AND EXPENDITURE for the Year 1881
with the previous Year.

1880.	INCOME.	1881.
£ s. d.		£ s. d.
37,472 5 2	I. Boards	38,201 9 10
3,227 0 5	II. Extra Accounts due by Patients	3,223 8 9
	III. Produce and Sundries sold—	
285 6 9	1. Price received for Pigs	495 8 5
48 2 9	2. Do. for Wheat, Oats, &c.	69 10 0
160 16 8	3. Do. for Sundries	136 11 3
213 5 6	IV. Rent of Craighouse Grass Parks	204 4 6
41,406 17 3		42,330 12 9
		41,406 17 3
	Total Increase for 1881	923 15 6
1880.	EXPENDITURE.	1881.
£ s. d.	I. PROVISIONS.	£ s. d.
1,827 15 6	Loaves	1,749 10 4
126 2 8	Rolls	122 11 9
27 1 10	Biscuits	30 4 6
91 3 6	Shortbread and Currant Loaves	107 15 5
3,629 9 10	Butcher Meat	3,398 13 5
201 18 0	Extract of Meat	210 15 6
335 13 5	Preserved Meat	234 6 8
174 12 11	Fish	170 0 9
257 11 1	Game and Fowl	202 12 9
1,185 13 10	Milk and Cream	1,292 2 3
82 3 4	Fresh Butter	84 0 1
464 1 5	Tea	599 18 10
186 15 3	Coffee and Chicory	165 14 2
5 17 10	Cocoa	5 0 7
413 15 3	Raw Sugar	405 8 0
50 6 1	Loaf Sugar	46 3 8
953 17 9	Salt Butter	1,047 6 2
...	Lard	11 1 10
46 5 11	Rice	47 1 1
295 9 3	Cheese	276 12 9
14 6 11	Currants	26 14 2
28 14 1	Arrowroot	25 4 6
5 0 0	Sago	3 18 0
1 8 4	Pepper	6 17 2
55 5 6	Herrings	52 12 4
89 19 4	Ham and Bacon	200 8 9
26 0 10	Mustard	22 8 6
34 11 0	Ketchup	32 4 0
2 4 11	Treacle	2 13 0
66 0 0	Fruit and Sundries	90 10 0
285 4 0	Oatmeal	342 18 2
10,964 9 7	Carry forward	9,393 11 4

CONTRAST of INCOME AND EXPENDITURE—*Continued.*

1880.			EXPENDITURE— <i>Continued.</i>	1881.		
£	s.	d.		£	s.	d.
10,964	9	7	Brought forward	9,393	11	4
101	9	3	Barley	88	18	9
52	2	5	Pease	17	18	9
479	15	7	Eggs	527	19	9
25	17	8	Salt	26	9	8
960	2	7	Potatoes	513	2	9
25	3	0	Carrots	22	15	0
466	13	9	Beer	454	6	0
216	16	6	Porter	187	0	0
113	8	0	Ale	105	6	0
99	13	4	Potash, Lemonade, &c.	76	19	9
443	13	0	Wine	448	2	0
158	3	11	Whisky	180	15	6
55	18	9	Brandy	47	19	6
11	16	3	Gin	15	11	6
4	9	5	Rum	7	19	10
12	10	0	Vinegar	11	5	0
169	9	7	Sundries (being petty disbursements by House Superintendent and Matron)	166	17	9
14,361	12	7		13,913	16	7
			II. CLOTHING, BEDDING, NAPERY, &c.			
141	10	7	Wincey	125	15	6
36	16	9	Flannel	57	19	7
140	14	1	Cotton	136	8	4
13	1	9	Muslin	14	14	11
37	3	10	Shawls	15	4	6
53	13	5	Dowlas	47	19	11
28	4	6	Corduroy	9	18	4
15	13	2	Shirting	59	12	8
155	16	10	Tweeds	165	0	10
52	3	9	Worsted	64	12	9
54	15	0	Socks and Stockings	25	6	6
101	0	1	Plaiding	58	18	10
208	15	0	Blankets	213	15	4
154	9	4	Sheeting	177	15	2
21	16	0	Quilts	27	8	0
47	2	9	Bed Tick	51	5	1
46	15	10	Linen	124	16	5
31	9	4	Towelling	27	1	4
49	5	3	Canvas	41	18	4
11	6	6	Table Damask	1	18	0
45	0	0	Bed Covers	50	0	1
...	...	...	Toileting	6	7	0
7	8	0	Toilet Covers	8	4	0
0	11	0	Tray Cloth . . . . .	...	...	...
4	13	9	Handkerchiefs and Table Napkins	14	17	0
1	18	0	Glass Cloths	1	16	0
2	1	9	Glazed Lining . . . . .	...	...	...
4	17	6	Black Lasting	4	17	6
1	5	8	Chintz . . . . .	...	...	...
6	4	3	Wool Scarfs . . . . .	...	...	...
1,375	19	8	Carry forward	1,522	0	4

CONTRAST of INCOME and EXPENDITURE—*Continued.*

1880.			EXPENDITURE— <i>Continued.</i>	1881.		
£	s.	d.		£	s.	d.
1,375	19	8	Brought forward	1,522	0	4
8	12	0	Stays	17	2	8
10	13	9	Ribbons	9	19	7
0	2	3	Lace	0	2	1
0	13	6	Frilling	0	5	3
1	17	0	Straw Bonnets	0	18	6
7	13	0	Hats	7	13	0
152	1	7	Boots, Shoes, and Slippers	196	5	8
122	17	10	Leather for Shoes and Sundries	125	10	10
78	14	6	Hair and Feathers	52	4	0
...	...	...	Waterproof Sheeting	18	0	0
85	17	0	Cost of Making	28	10	6
145	17	5	Thread, Buttons, Needles, Trimming, &c.	101	1	1
2,090	13	6		2,091	5	1
III. FUEL.						
1,064	9	0	Coal	1,151	9	6
IV. LIGHTING.						
545	3	8	Gas	533	10	2
4	17	4	Candles	3	5	6
550	1	0		536	15	8
V. WASHING MATERIALS.						
221	14	0	Water	189	8	0
295	11	9	Soap	276	2	10
26	5	0	Soda	18	18	1
24	3	2	Starch	20	1	2
...	...	...	A. & J. M'Nab for Washing during alterations on Laundry	262	17	0
567	13	11		767	7	1
VI. MEDICAL AND SURGICAL EXPENSES.						
260	10	2	Drugs	304	0	2
11	10	2	Surgical Instruments	5	6	7
21	0	0	Medical Fees	1	0	4
293	0	4		310	7	1
VII. BOOKS AND STATIONERY.						
50	5	3	Books	50	12	4
93	5	1	Stationery	100	6	10
14	4	4	Bookbinding	6	14	3
124	19	6	Newspapers, Periodicals, and Amusements	112	6	10
282	14	2		270	0	3
VIII. TOBACCO AND SNUFF.						
175	9	0		226	12	3

CONTRAST of INCOME and EXPENDITURE—*Continued.*

1880.			EXPENDITURE— <i>Continued.</i>	1881.		
£	s.	d.		£	s.	d.
IX. FURNISHINGS FOR HOUSE AND REPAIRS.						
268	18	11	Ironmongery	249	1	2
434	16	7	Furniture	17	3	9
407	4	8	Crockery	286	5	2
280	7	1	Carpets, Matting, &c.	158	11	4
93	17	4	Brushes and Door Mats	81	8	7
72	12	7	Cutlery, Combs, &c.	115	9	4
71	17	0	Glass	200	19	10
116	6	7	Oils and Varnish	121	14	3
37	13	0	Corks	34	0	0
103	19	11	Metal Castings	31	15	10
115	1	7	Wood for Repairs	101	7	11
314	18	4	Painter Work	210	10	5
95	4	4	Plumber do.	55	15	0
92	7	2	Tinplate, Wire, &c.	62	4	0
20	3	10	Rope and Twine	22	1	0
45	13	2	Tiles, Bricks, and Lime	29	6	9
45	7	1	Baskets, Barrels, &c.	33	5	6
...	...	...	Types	5	15	0
47	1	11	Indiarubber Goods	22	4	10
...	...	...	Telephones and Electric Bells	132	17	2
106	4	0	Musical Instruments	...	...	...
31	4	10	Paving and Road Metal	...	...	...
18	9	6	Venetian Blinds	20	16	0
21	15	0	Wheelbarrows	...	...	...
16	6	2	Lawn Mower	...	...	...
2	0	3	Repairing Fire Apparatus	...	...	...
441	18	5	Sundries disbursed by House Superintendent	389	9	4
3,301	9	3		2,382	2	2
X. GARDEN AND GROUNDS.						
303	14	1	Plants, Seeds, &c.	200	8	11
48	4	0	Manure	26	6	9
10	11	0	Pigs' Meat	...	...	...
228	17	7	Garden Implements, and Repairs to Do.	249	3	4
591	6	8		475	19	0
XI. PUBLIC AND PAROCHIAL BURDENS.						
18	19	5	County Rates	22	9	7
47	10	1	Property Tax	58	12	2
0	4	4	Land Tax	0	4	4
27	0	0	House Duty	29	12	6
51	5	0	Burgh Rates	53	15	0
121	3	11	Poor and School Rates	117	5	0
25	0	0	Road Assessment	28	2	6
2	5	0	Assessed Taxes	2	5	0
2	5	0	Statute Labour Assessment	2	5	0
18	5	0	Public Water Rate	...	...	...
313	17	9		314	11	1
XII. INTEREST ON DEBT.						
1,997	6	11		1,931	10	9

CONTRAST of INCOME and EXPENDITURE—*Continued.*

1880.			EXPENDITURE— <i>Continued.</i>			1881.		
£	s.	d.	XIII. FEU DUTIES AND STIPEND.			£	s.	d.
956	14	2	Feu Duties	.	.	969	4	3
40	10	9	Stipend	.	.	31	19	0
<hr/>						<hr/>		
997	4	11				1,001	3	3
<hr/>						<hr/>		
35	17	9	XIV. INSURANCE.			60	12	7
<hr/>						<hr/>		
			XV. SALARIES AND WAGES.					
1,000	0	0	Physician-Superintendent	.	.	1,000	0	0
320	0	0	Three Assistant Physicians	.	.	320	12	1
130	0	0	Chaplain	.	.	167	10	0
200	0	0	House Superintendent	.	.	200	0	0
102	10	0	Gardener	.	.	105	0	0
140	0	0	Storekeeper	.	.	140	0	0
500	0	0	Treasurer and Clerk	.	.	500	0	0
50	0	0	Auditor	.	.	50	0	0
100	0	0	Matron of East House	.	.	100	0	0
80	0	0	Do. West House	.	.	80	0	0
55	0	0	Do. Craig House	.	.	60	0	0
4,469	18	0	Attendants' Wages	.	.	4,590	10	0
<hr/>						<hr/>		
7,147	8	0				7,313	12	1
<hr/>			XVI. MISCELLANEOUS.			<hr/>		
21	14	8	Advertising	.	.	14	1	5
56	16	11	Cab Hires	.	.	69	15	4
3	16	4	Freight of Tea	.	.	5	7	7
147	13	6	Law Expenses	.	.	150	9	6
104	16	9	Postages, Porters, Telegrams, Bank Exchanges, &c.	.	.	101	7	2
54	4	1	Rewards to Patients, Attendants, &c.	.	.	48	11	2
44	11	6	Sundries	.	.	24	9	9
120	0	9	Expenses connected with opposition to Suburban Railway Bill	.	.	24	13	4
<hr/>						<hr/>		
553	14	6				438	15	3
<hr/>			XVII. ACCOUNTS PAID and MONEYS ADVANCED on behalf of individual Patients, against whom same are charged			<hr/>		
2,672	12	5				2,568	15	7
<hr/>						<hr/>		

CONTRAST of TOTAL PROVISIONS, &c., supplied from Store for the
Year 1881 with the previous year.

1880.	PROVISIONS, &c.	1881.	INCREASE.	DECREASE.
124,609 lbs.	Butcher Meat	120,946 lbs.	...	3,663 lbs.
12,594 ,,	Australian Meat	11,526 ,,	...	1,068 ,,
22,397 ,,	Oxheads	23,320 ,,	923 lbs.	...
4,135 ,,	Ham	4,360 ,,	225 ,,	...
1,445 doz.	Biscuits	1,612 doz.	167 doz.	...
77,985 ,,	Loaves	74,646 loaves	...	3,339 loaves
80,726 ,,	Rolls	78,456 rolls	...	2,270 rolls
43,522 lbs.	Oatmeal	51,222 lbs.	7,700 lbs.	...
10,256 ,,	Flour	11,103 ,,	847 ,,	...
18,871 ,,	Barley	19,466 ,,	595 ,,	...
11,326 ,,	Pease	11,946 ,,	620 ,,	...
5,267 ,,	Whole Rice	5,241 ,,	...	26 lbs.
4,336 ,,	Tea	4,401 ,,	65 lbs.	...
3,950 ,,	Coffee	3,690 ,,	...	260 lbs.
31,508 ,,	Raw Sugar	31,121 ,,	...	387 ,,
4,186 ,,	Loaf Sugar	5,025 ,,	839 lbs.	...
1,075 ,,	Fresh Butter	1,088 ,,	13 ,,	...
17,543 ,,	Salt Butter	17,266 ,,	...	277 lbs.
19,569 gals.	Sweet Milk	20,563 gals.	994 gals.	...
10,201 ,,	Skimmed Milk	12,202 ,,	2,001 ,,	...
16,969 lbs.	Cheese	16,248 lbs.	...	721 lbs.
9,796 doz.	Eggs	10,195 doz.	399 doz.	...
20,384 lbs.	Salt	22,476 lbs.	2,092 lbs.	...
1,798 ,,	Currants	1,580 ,,	...	218 lbs.
996 ,,	Starch	1,104 ,,	108 lbs.	...
14,324 ,,	Soda	8,414 ,,	...	5,910 lbs.
25,535 ,,	Soap	28,610 ,,	3,075 lbs.	...
23,937 gals.	Beer	22,194 gals.	...	1,743 galls.
751 bolls	Potatoes	890 bolls	139 bolls	...

CONTRAST of VALUE of STOCK on hand in Store at 31st December
1881 with the previous Year.

1880.		1881.	INCREASE.	DECREASE.
£ s. d.	Provisions—	£ s. d.	£ s. d.	£ s. d.
928 0 2	Groceries and Stimulants (including Baker's Stock)	962 7 2	34 7 0	...
533 17 10	House Furnishings	533 12 7	...	0 5 3
256 8 3	Male Clothing	199 4 0	...	57 4 3
170 7 6	Female do.	209 0 8	38 13 2	...
247 10 3	Ironmongery	276 12 3	29 2 0	...
150 0 0	Pigs, as per valuation	180 0 0	30 0 0	...
120 0 0	Wheat, Oats, and Hay	100 0 0	...	20 0 0
<u>2,406 4 0</u>	Total for 1881	<u>2,460 16 8</u>	<u>132 2 2</u>	<u>77 9 6</u>
	Total for 1880	<u>2,406 4 0</u>	<u>77 9 6</u>	
	Increase	<u>54 12 8</u>	<u>54 12 8</u>	

STATE OF DEBT due by the ROYAL EDINBURGH ASYLUM FOR THE
INSANE, as at 31st December 1881.

I. DEBT under SPECIAL STATUTE 1851.

Colonel Henry Yule's Marriage Contract Trustees.	£3,700	0	0
The Trustees of Colonel Peter Christie	2,000	0	0
	<hr/>		
	£5,700	0	0

II. DEBT ON SECURITY of the ASYLUM PROPERTY, borrowed under
powers conferred by LUNACY (SCOTLAND) ACT 1866.

Charity Committee	£2,400	0	0
Do.	6,450	0	0
Do.	400	0	0
Trinity House of Leith Trustees	1,500	0	0
Mr and Mrs Syms' Marriage Contract Trustees	750	0	0
Mr and Mrs Shepherds' Marriage Contract Trustees	750	0	0
Charles E. Robertson, Esq.	1,100	0	0
Mrs William Carstairs	500	0	0
Miss E. R. Carmichael's Executors	600	0	0
Miss C. A. Cadell's Trustees	700	0	0
James G. Bell's Curator Bonis	500	0	0
Dr James Andrew's Trustees	1,400	0	0
Surgeons' Widows' Fund Trustees of Edinburgh	2,000	0	0
Do. Do. Do. Do.	2,000	0	0
Misses Yule	1,000	0	0
Misses Chambers' Curator	1,000	0	0
General David Simpson	1,000	0	0
Sir George Udny Yule, C.B.	1,000	0	0
Colonel R. A. Yule's Trustees	2,000	0	0
Mrs L. Barry's Trustees	1,000	0	0
Andrew Snody's Trustees	1,000	0	0
	<hr/>		
	£29,050	0	0
Trinity House of Leith Trustees—Craig House	£2,000	0	0
Miss C. Pringle's Trustees	Do.	2,550	0
Francis C. Seton's Trustees	Do.	1,900	0
Dr James Andrew's Trustees	Do.	1,350	0
Captain Robert Thomson	Do.	700	0
Wm. John Scott's Trustees	Do.	2,500	0
	<hr/>		
	11,000	0	0
	<hr/>		
		40,050	0
		<hr/>	
		£45,750	0
Add Balance on the foregoing Account		1,094	11
		<hr/>	
		£46,844	11
		<hr/>	
		6	

ABSTRACT of the ACCOUNTS of the ROYAL EDINBURGH ASYLUM FOR THE INSANE, separating the Capital from the Revenue, and showing the operation of the Sinking Fund under the Statute, from 31st December 1880 to 31st December 1881.

REVENUE ACCOUNT.

CHARGE.

Balance due to Revenue at 31st December 1880	£34,195	0	5½	
Add Amount taxed off Business Account		1	5	6
				£34,196 5 11½
Arrears of Boards, etc., at 31st December 1880				139 7 3
Patients' Boards during 1881				38,201 9 10
Extra Accounts Do.				3,223 8 9
Produce Sold Do.				701 9 8
Rents of Craig House Parks for 1881				204 4 6
				£76,666 5 11½

DISCHARGE.

Ordinary Disbursements during 1881 (exclusive of Interest)	£33,823	4	6	
Instalment to Sinking Fund	1,810	0	0	
Interest on Debt borrowed under powers conferred by Lunacy (Scotland) Act 1866	1,673	15	2	
Arrears at 31st December 1881	183	8	5	
Do. wiped off since 31st December 1880	24	14	6	
				37,515 2 7
Balance due to Revenue at 31st December 1881	£39,151	3	4½	

CAPITAL ACCOUNT.

CHARGE.

Loans received on security of Asylum Property during 1881	£4,950	0	0	
Sums received on account of Capital Do.		5	0	0
				£4,955 0 0

DISCHARGE.

Balance due by Capital at 31st December 1880	£39,503	4	4½	
Sums expended on new Buildings (including purchase of subjects in Maxwell Street) during 1881	7,086	7	4	
				46,589 11 8½
Balance due by Capital at 31st December 1881	£41,634	11	8½	

SINKING FUND ACCOUNT.

CHARGE.

Balance due to Sinking Fund at 31st December 1880	£1,461	12	5	
One Year's Instalment	1,810	0	0	
				£3,271 12 5
Carry forward,	£3,271	12	5	

Brought forward, . £3,271 12 5

DISCHARGE.

Interest paid on Debt secured under Special Statute during 1881	£257 15 7	
Statutory Debt paid off during 1881	1,625 0 0	
	<u> </u>	1,882 15 7
Balance due to Sinking Fund at 31st December 1881		<u>£1,388 16 10</u>

Note.—In regard to the above Balance apparently due to the Sinking Fund, it is necessary to explain, that the annual instalments of £1,810 were fixed on the assumption that the rate of interest would be 4½ per cent., while in reality 4 per cent. has mostly been the rate paid during the subsistence of the Fund; the result being, that no balance of instalments is due to the Fund at 31st December 1881.

CONDENSED VIEW OF FOREGOING ACCOUNT.

Balance due by Capital		£41,634 11 8½
Balance at credit of Sinking Fund.	£1,388 16 10	
Do. Do. of Revenue	39,151 3 4½	
	<u> </u>	40,540 0 2½
Balance at 31st December 1881, as brought out in foregoing Account,		<u>£1,094 11 6</u>

A B S T R A C T
OF THE
TREASURER'S INTROMISSIONS
WITH THE
FUNDS OF THE CHARITY COMMITTEE
FOR THE YEAR 1881.

CHARGE.

I. Balance of last Account, rendered 31st December 1880,	£149	18	1
II. One year's Interest of £9,250 (including Interest on Balance in Treasurer's hands), less tax		388	4 6
III. Donations received from the following—			
Royal Edinburgh Asylum Managers	£87	16	2
Mrs Nichol		10	10 0
Mrs Barrett		11	5 0
Mrs Seton		0	5 0
Sir John Don Wauchope, Bart.		1	0 0
		110	16 2
Amount of the Charge.		£648	18 9

DISCHARGE.

I. Sum paid to Royal Edinburgh Asylum for the Insane to supplement Patients' Boards during the year	£396	11	0
II. Balance due by Treasurer at 31st December 1881		252	7 9
		£648	18 9
Amount of the Discharge		£648	18 9

STATE OF FUNDS AT 31ST DECEMBER 1881.

I. Amount held in Loan by Managers of Asylum	£9,250	0	0
II. Balance in Treasurer's hands, as above		252	7 9
		£9,502	7 9
		£9,502	7 9

STATEMENT OF WORK

DONE AT

THE ROYAL EDINBURGH ASYLUM

During the Year ending 31st December 1881.

 The Work is estimated by charging Journeymen's Wages only.

I. TAILORS.

Making	5 jackets, at 3s. 6d.,	£0 17 6	
,,	11 vests, at 1s. 6d.,	0 16 6	
,,	13 pairs cord trousers, at 1s. 6d.,	0 19 6	
,,	299 flannels, at 1s.,	14 19 0	
,,	353 pairs drawers, at 1s.,	17 13 0	
,,	290 bonnets, at 5d.,	6 0 10	
,,	249 stocks at 5d.,	5 3 9	
,,	1 tweed suit,	0 16 0	
,,	3 bed quilts, at 3s. 6d.,	0 10 6	
Repairs (including carpets making),		116 10 9	
		<hr/>	£164 7 4

II. SHOEMAKERS.

Making	160 pairs men's boots, at 5s. 6d.,	£44 0 0	
,,	155 ,, women's shoes, at 3s.,	23 5 0	
,,	22 ,, locked boots, at 3s. 6d.,	3 17 0	
,,	150 ,, braces at 4d.,	2 10 0	
,,	24 key belts, at 3d.,	0 6 0	
Repairing men and women's boots and shoes,		78 5 4	
		<hr/>	152 3 4

III. ENGINEERS AND BLACKSMITHS.

Amount of engineer and blacksmith work for Western Department,		£184 7 8	
Do. do. for Eastern Department,		37 7 7	
Do. do. for workshops and garden,		31 15 2	
Do. do. for miscellaneous buildings,		6 10 3	
		<hr/>	260 0 8
	Carry forward,		£576 11 4

Brought forward, £576 11 4

IV. UPHOLSTERERS.

Making new hair mattresses and feather pillows, straw palliases, covering chairs, canvas frames, strapping, &c.; also remaking, altering, stuffing, twilting, and repairing old ditto for Western Department,	£105 12 0		
Do. do. for Eastern Department,	34 7 6		
	<hr/>		139 19 6

V. PRINTERS.

Receipt book for wages, contracts for provisions, butcher meat, milk, &c.; inventories, attendants' pass cards, night attendants' returns, laundry lists, daily record, cards and bills for concerts, warrants, annual report, etc.,			121 9 0
--	--	--	---------

VI. PLUMBERS, GASFITTERS, AND TINSMITHS.

Plumber, gasfitter, and tinsmith work for Western Department,	£123 11 3		
Do. do. for Eastern Department,	71 8 7		
Tin goods made for store,	13 5 0		
	<hr/>		208 4 10

VII. CARPENTERS.

Making and fitting up tables, dining and drawing-room chairs, wardrobes, presses with shelving, &c., boxes, wash-hand stands, mantelpieces, glass doors, pailings, shelving, laying new flooring, linings, fitting up theatre, &c.; also cleaning, altering, and repairing furniture, &c., in Western Department,	£177 1 8		
Do. do. for workshops and garden implements,	18 2 0		
Do. do. for Eastern Department,	81 2 0		
Do. do. for miscellaneous buildings,	18 16 10		
Amount for Coffins,	3 0 6		
	<hr/>		298 3 0

VIII. MASONS, GLAZIERS, PLASTERERS, AND SLATERS.

Mason, glazier, plasterer, and slater work in Western Department,	£68 0 1		
Do. do. in Eastern Department,	20 1 0		
Do. do. in miscellaneous buildings,	10 0 0		
	<hr/>		98 1 0
			<hr/>
			£1442 8 8

Articles Made by Females in Western Department.

	£	s.	d.		£	s.	d.
579 Gingham, print, and wincey dresses at 3s 6d	101	6	6	Brought forward,	263	17	7
54 Linen check dresses 2s 0d	5	8	0	557 Pairs stockings knit. at 0s 9d	24	12	9
27 Muslin dresses ... 5s 0d	6	15	0	252 Pairs stockings refooted 0s 6d	6	6	0
40 Stuff dresses 6s 6d	13	0	0	102 Pairs socks knit. 0s 6d	2	11	0
562 Cotton chemises 0s 8d	18	14	8	67 Pairs do. refooted 0s 4d	1	2	4
233 Bed-gowns 0s 6d	5	16	6	367 Pairs blankets 0s 4d	6	2	4
43 Long bed-gowns 1s 0d	2	3	0	182 Bed-covers 0s 1d	0	15	2
331 Flannel chemises 0s 6d	8	5	6	67 Counterpanes 0s 1d	0	5	7
52 Caps 0s 5d	1	1	8	16 Table covers 0s 2d	0	2	8
24 Dress caps 0s 5d	0	10	0	84 Window blinds 0s 3d	1	1	0
192 Bonnets and hats trimmed 0s 9d	7	4	0	80 Muslin screens 0s ½d	0	3	4
462 Plaidg. petticoats 0s 4d	7	14	0	16 Set window curtains 1s 6d	1	4	0
372 Coloured do. 0s 4d	6	4	0	6 Vallances 1s 0d	0	6	0
45 Flannel do. 0s 4d	0	15	0	4 Sofa covers 1s 0d	0	4	0
20 Cotton do. 0s 5d	0	8	4	4 Ottoman do. 1s 6d	0	6	0
32 Pairs drawers 0s 6d	0	16	0	6 Couch do. 1s 6d	0	9	0
34 Slip bodices 0s 4d	0	11	4	10 Easy-chair do. 1s 0d	0	10	0
879 Striped shirts 0s 10d	37	2	6	44 Toilet do. 0s 1d	0	3	8
4 White do. 1s 3d	0	5	0	40 Chair do. 0s 1½d	0	5	0
8 Night do. 0s 10d	0	6	8	179 Pillow cases 0s 3d	2	4	9
44 Men's flan. jackets 0s 4d	0	14	8	34 Bolster do. 0s 4d	0	11	4
84 Men's do. drawers 0s 4d	1	8	0	160 Mattresses 1s 0d	8	0	0
1740 Linen sheets 0s 2d	14	10	0	92 Palliasses 0s 10d	3	16	8
127 Cotton do. 0s 2d	1	1	2	155 Pairs shoes bound 0s 2d	1	5	10
1021 Pillow slips 0s 2d	8	10	2	164 Handkerchiefs 0s 0½d	0	6	10
43 Bolster do. 0s 3d	0	10	9	60 Tea bags 0s 0½d	0	2	6
408 Roller towels 0s 0½d	0	17	0	38 Straw bags 0s 4d	0	12	4
472 Hand do. 0s 0½d	0	19	8	14 Pincushion covers 0s 4d	0	4	8
269 Men's dowlas aprons 0s 6d	6	14	6	64 Socks marked 0s 0½d	0	2	8
64 Women's aprons 0s 5d	1	6	8	1 Billiard cover 1s 6d	0	1	6
398 Check aprons 0s 1d	1	13	2	22 Chair cushions 0s 4d	0	7	4
24 Pinafores 0s 3d	0	6	0	1000 Dusters 0s 0¼d	1	0	10
109 Table cloths 0s 2d	0	18	2				
					£329	4	8
Carry forward,	£263	17	7				

Articles Repaired by Females in Western Department.

	£	s.	d.		£	s.	d.
2176 White & regatta shirts at 1d	9	1	4	Brought forward,	89	13	1
6151 Striped shirts 1d	25	12	7	1,193 Gowns at 2d	9	18	10
1054 Woollen do. 1d	4	7	10	3,402 Sheets 1d	14	3	6
97 Night do. 1d	0	8	1	688 Pillow slips 1d	2	17	4
2945 Pairs flannel drawers 1d	12	5	5	68 Table cloths 1d	0	5	8
2582 Flannel jackets 1d	10	15	0	642 Dowlas aprons 1d	2	13	6
2246 Cotton chemises 1d	9	7	2	874 Pairs blankets 1d	3	12	10
978 Flannel do. 1d	4	1	6	3,432 Pairs stockings 0½d	7	3	0
1143 Plaiding petticoats 1d	4	15	3	15,678 Socks 0½d	32	13	3
351 Flannel do. 1d	1	9	3	348 Check aprons 0½d	0	14	6
840 Coloured do. 1d	3	11	0	228 Counterpanes 0½d	0	9	6
674 Bedgowns 1d	2	16	2	108 Bed covers 0½d	0	4	6
96 Slip bodices 1d	0	8	0	154 Collars 0½d	0	5	5
174 Pairs cotton drawers 1d	0	14	6	100 Roller towels 0½d	0	4	2
Carry forward,	£89	13	1		£164	19	1

MRS MACDOUGAL *Matron.*

Articles Made by Females in Eastern Department.

12 Night gowns.	6 Pairs cotton stockings.	8 Knitted shawls.
18 Chemises.	150 Aprons.	90 Quilts.
10 Pairs drawers.	2 Pairs slippers sewed.	200 Dusters.
20 Coloured petticoats.	2 Pairs do. embroid.	45 Table cloths.
20 Flannel do.	20 Worsted work.	50 Table napkins.
16 Flannel underdresses.	14 Knitting.	250 Sundries.
14 Pairs worsted stockings.	18 Trimming sewed.	

Articles Repaired by Females in Eastern Department.

60 Gowns.	2090 Pairs worsted stockgs	80 Quilts.
20 Shawls.	100 Pairs cotton do.	130 Pillow slips.
100 Night gowns.	110 Aprons.	90 Towels.
40 Night caps.	14 Pocket handkerchiefs	12 Sofa covers.
108 Chemises.	60 Slip bodices.	20 Chair do.
60 Pairs drawers.	12 Pairs stays.	60 Toilet do.
80 Coloured petticoats.	24 Habit shirts.	60 Table cloths.
50 Flannel do.	286 Shirts.	80 Table napkins.
200 Flannel underdresses.		

C. F. BROWN, *Matron.*