Statement of cases treated at Abington Abbey, near Northampton, during 1853 / with a few observations by Thomas Prichard.

STATEMENT OF CASES

TREATED AT

ABINGTON ABBEY, NEAR NORTHAMPTON,

DURING 1853;

WITH

A FEW OBSERVATIONS

BY

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STATEMENT OF CASES, &c.

THE Medical Officers of Public Asylums have long been in the habit of publishing annual Reports of their transactions, and much good has resulted from the practice. In the first instance, they were intended principally for the Directors, and those locally interested in these Institutions. They, consequently, dwelt more upon economical details than purely professional topics. The custom, however, which has gradually arisen of exchanging reports, and distributing them throughout the profession, has tended much to enlarge our views and increase our knowledge of this branch of medical practice, while at the same time the condition of the lunatic has been improved, and his cure rendered more certain.

A still further advance has also been made in the shape of a Journal* devoted to Psychological Medicine, which is published quarterly, and embodies the experience of many who labour among the insane. It already concentrates to a great extent the facts and opinions which are to be found in the annual statements before alluded to, and meets with deserved support.

The Medical Superintendents of what are called private asylums have not followed the example of their brethren in the public hospitals; and consequently a most interesting

* The Journal of Psychological Medicine, edited by Forbes Winslow, M.D.

and valuable subject of enquiry—the manifestations of disordered mind in the higher and educated classes—is to a great extent closed to the student of psychology. Certainly private patients, as they are termed, are received into some of the public asylums; but in the statistical returns, no distinctions as to class are made, and the pauper and the gentleman are reduced to units, from the sum total of which the deductions are framed without reference to social position.

The treatment required by the educated classes must differ from that adopted amongst labourers and mechanics. The more highly cultivated the mind, and the more refined and sensitive the feelings of the patient, the more difficult and arduous is the task of those who undertake his restoration. The labouring classes are amenable to rule and discipline; but those who, by birth and position, have been in the habit of controlling and commanding others, require nice management to induce them to acquiesce in measures, which, however beneficial they may prove to themselves, are not only distasteful, but, owing to their mental obliquity, are frequently resisted from sheer love of opposition and dislike to anything in the shape of control. Much time and attention is necessary in the treatment of such cases.

It is to be regretted that some record of the practice in proprietory asylums and its results, should not have been laid before the profession. The small number treated in each establishment, when compared with the public hospitals, may be one reason; but this need not prevent its being done at longer intervals than a year. The scheme of providing for the educated classes, hospitals erected specially for their accommodation, is received

favourably; and it would be interesting to compare the results of a management exclusively public, where the emoluments of the officers are fixed and certain, with those produced by private enterprise. Competition, within reasonable limits, has been found beneficial in ordinary affairs, and, possibly, it may be equally so here.

Again, a periodical statement of the results of treatment in the proprietory establishments, might also tend to rectify an impression frequently entertained, that houses of this description are rather houses of detention than of cure. Both public and private asylums are necessary for the wants and prejudices of society; and it would be well, if the latter are unjustly condemned, that those who conduct them should court enquiry and publish results, if only for the sake of truth and science, without reference to other considerations, equally weighty.

In the succeeding pages, the nature of the cases admitted and dismissed, during the year 1853, will be detailed. At some future period, a statement of cases treated from the opening of the establishment in 1845, to the end of 1852, will be published.

	Males.	*Females.*	*Totals.*
In the House, January 1, 1853	17 ...	19 ...	36
Admitted during 1853	2 ...	7 ...	9
Total	19 ...	26 ...	45
Dismissed, Recovered	4 ...	6 ...	10
" Relieved	0 ...	2 ...	2
Died	1 ...	2 ...	3
Total	5 ...	10 ...	15
Remaining January 1, 1854	14 ...	16 ...	30

Average Daily No. of Patients, 1853	34
" " Officers "	4
" " Servants "	22

The following TABLE *exhibits the* RESULTS *in reference to the* DURABILITY *of the* CASES, *and the* STATE *of those remaining in the House.*

STATE.	PATIENTS REMAINING JAN. 1, 1853.												PATIENTS ADMITTED IN 1853.												PATIENTS REMAINING JAN. 1, 1854.		
	SEX.			RESULT OF TREATMENT.									SEX.			RESULT OF TREATMENT.									SEX.		
				Males.				*Females.*								*Males.*				*Females.*							
	Males.	Females.	Both Sexes.	Cured.	Relieved.	Died.	Remaining	Cured.	Relieved.	Died.	Remaining		Males.	Females.	Both Sexes.	Cured.	Relieved.	Died.	Remaining	Cured.	Relieved.	Died.	Remaining		Males.	Females.	Total.
CURABLE	4	7	11	2	0	0	2	2	0	0	5		2	6	8	2	0	0	0	4	0	0	2		2	7	9
DOUBTFUL	7	5	12	0	0	1	6	0	2	1	2		0	1	1	0	0	0	0	0	0	0	1		6	3	9
INCURABLE	6	7	13	0	1	0	5	0	0	1	6		0	0	0	0	0	0	0	0	0	0	0		6	6	12
TOTALS	17	19	36	2	1	1	13	2	2	2	13		2	7	9	2	0	0	0	4	0	0	3		14	16	30
								17			19					2				7							
									36								9										
										45																	

TOTAL Number Treated.

Of the eleven curable cases left from 1852, four have been discharged, cured, and none have died; while of those admitted in a curable state during 1853,—eight in number,—six were dismissed, recovered, before the expiration of the year. Two deaths have occurred in the doubtful cases, and one amongst the incurables. No death has taken place in those patients admitted during 1853.

The age of those admitted is next given, as follows :—

Age.	*Males.*	*Females.*	Total.
Under 25 years.....	0	3	3
" 30 "	0	1	1
" 35 "	0	1	1
" 40 "	0	1	1
" 45 "	2	0	2
" 55 "	0	1	1
Total.....	2	7	9

The above table requires no special notice: the same may also be said of the succeeding one, which gives the social condition of those admitted :—

	Males.	*Females.*	Total.
Married	2	4	6
Single.....	0	3	3
Total	2	7	9

The condition of life of the patients referred to in the preceding tables was as follows:—

	Males.	*Females.*
Merchants	2	0
Merchants' Wives	0	1
" Daughters	0	2
Military Officer's Wife	0	1
Surgeon's Wife	0	1
Clergyman's Wife	0	1
Housekeeper	0	1
	2	7

The bodily condition of the patients, at the time of their admission, was tolerably good in three instances.

In the remaining six, the general health was evidently impaired, particularly in one case, that of a lady, who was so exhausted and emaciated, in consequence of protracted maniacal excitement and refusal of food, that for some time, fears were entertained of her sinking. Her health has since improved, and she is now likely to recover. In two cases, the health had suffered from irregularities in living, but not to an extent to cause anxiety. These patients soon recovered, and were discharged.

Form of mental disorder, as it appeared in the nine cases admitted:—

	Males.	*Females.*	TOTAL.
Mania	2	2	4
Melancholia	0	4	4
Dementia	0	1	1
Total	2	7	9

A suicidal propensity was known to exist in three of these cases, as they had made most determined attempts to destroy themselves, prior to admission. In two other cases, the same complication was inferred, from their having threatened to injure themselves; they had not, however, made any actual attempt to carry out their purpose.

The management of individuals labouring under the suicidal impulse, is perhaps the most difficult and arduous duty required from the officers of an asylum. The greatest tact and delicacy must be exercised in their intercourse with the patient; and, although the most complete surveillance should be kept up, it ought to be enforced without unnecessarily wounding the feelings, or attracting the notice of the patient.

A suicidal case is never safe when left alone—not even in a padded room;—and the only effectual way to prevent such accidents is by constant supervision, to be obtained only where a full staff of attendants is kept. The tax

upon the energy of the attendant is very great, and his responsibility equally so; but they are usually found ready enough to encounter the duty, if they are well rewarded and frequently relieved. Associated sleeping rooms are advisable in these cases, if no maniacal excitement exists; and, indeed, in all cases of Melancholia they are preferable. It is not at all uncommon for patients labouring under despondency to request that they should not be left alone during the night; and the presence of a companion or an attendant has rather a tranquillizing effect than otherwise. Some suicidal patients, as they recover, do not hesitate to describe the whole circumstances of the attempt, and express the greatest remorse and horror at what they have done. Others never refer to it; and in these cases it is difficult to ascertain whether the propensity has actually subsided, or that the patient, knowing his actual position, conceals his feelings, and waits only for a relaxation, on the part of his guardians, of their care and watchfulness, to carry out his determination. It is here that the medical attendant finds his responsibility most painfully burthensome; yet, fortunately, it is only in few instances that a marked alteration in the health, appearance, and habits of the patient does not appear sufficiently distinct to enable him to form a tolerably correct judgment upon the case. Reference to suicide should never be made within the hearing of the patients; and, indeed, any discussion involving the subject of insanity should be avoided as much as possible before them. I make this observation in reference to visitors generally, who, with the best intentions, are sometimes apt to err in this respect, and, by their injudicious remarks and questions, cause unnecessary pain and annoyance to the subjects of them.

One word with regard to the circulation of newspapers amongst the insane. Nothing can be better for the patients than furnishing them with intelligence of the current events of the day. They take the greatest interest in what is going on in the world; but the advantage of the newspaper is sometimes counterbalanced by its containing long and highly coloured accounts of suicides, murders, and executions. We know how strongly the faculty of imitation exists even among the healthy; it is equally, if not more strongly developed amongst the insane; and rarely does a suicide occur in an asylum, but attempts of the same kind by other patients are sure to follow, and sometimes with success. This is a fact so well understood, that the first object of the Superintendent when such an accident happens is to take the most rigorous measures for preventing a recurrence of the calamity. The propensity might almost be said to become epidemic, although the term is perhaps incorrect. It is known, however, sometimes, not only to prevail in an asylum, but likewise in regiments, and wherever large numbers of men are brought into close contact. The necessity that has been found for railing-in the galleries of monuments and other instances, will occur to the reader, proving that the publication of these occurrences in the daily papers sometimes leads to disastrous consequences.

At the Glasgow Royal Asylum, it was the custom, some few years ago, to cut out the paragraphs describing events of this nature, but it was found not to answer the purpose intended. The curiosity of the patients became excited, for many could readily surmise the reason of the mutilation, and managed to obtain a sight of the papers from friends and visitors. Con-

valescents, when they went beyond bounds, or visited the city, brought back a note of what the censor's scissors had removed, and the consequence was, that attention was more particularly directed to what we endeavoured to avoid. The practice was eventually abandoned, and the papers were circulated entire, demonstrating that even in a lunatic asylum the liberty of the press was not to be infringed upon with impunity, and that it was more discreet to abolish the censorship. It would be well, however, if these objectionable paragraphs had a less prominent space and position allotted to them. Of course it is now the rule in all asylums to furnish the patients with newspapers, magazines, &c.; and in most of these establishments, a good library is provided. Under an all-wise and merciful Providence, we have been enabled to pass through the year without the occurrence of a suicide, or even an attempt, although several under treatment were labouring under this additional complication of their malady.

The cause of the disease in those admitted is exemplified in the succeeding table:—

	Males.	*Females.*
Hereditary Predisposition with Intemperance	2 ...	0
" " and Mental Anxiety	0 ...	2
" " Fever	0 ...	1
Intemperance and Refusal of Food	0 ...	2
Mental Anxiety	0 ...	1
Puerperal Fever	0 ...	1
Total	2	7

The causes producing insanity are usually divided into physical and moral; but in numerous instances it is difficult to decide under which of these heads we are to array them. In all cases a disturbance of the functions of the brain

must be understood to exist. Hereditary predisposition is found to prevail very largely, and this, with irregular habits of living, intemperance, and faulty training, are fruitful sources of the disorder.

Intemperance may sometimes be the result of diseased brain, and present itself as one of the symptoms, and not the cause of insanity. How often have unfortunates been blamed and condemned by those, who, if they were aware of the true circumstances, would rather pity and protect them.

The education of children descended from parents in whom insanity has been unequivocally manifested, and where an hereditary tendency to the malady is known to exist, is a subject one would imagine of the first importance, yet how much is it neglected. The children of such parents differ, generally, even in early life, from those of healthy stock. They are more sensitive and perverse, often eccentric and wayward, either very slow or very precocious, and require management accordingly. They are not amenable to ordinary rule, and to force them onwards in their studies, without due regard being paid to their capacity and physical condition, is only to nourish the latent seeds of future derangement.

It would be well if this subject commanded as much attention as that bestowed on the education of Idiots. It is certainly entitled to it, when we consider how much it affects the interest and happiness of society. In no disease, perhaps, is the text more applicable that the sins of the father shall be visited upon the children to the third and fourth generation, than in insanity. It is a sin of great magnitude, when parents who know that their progeny is liable to a disease, transmitted through them, do

not strive by proper measures to avert in their children what they themselves have had to endure; and when it is known that many cases of mental derangement involving misery for life, not only to the individual, but to whole families, might possibly have been prevented by early and judicious training, it appears unaccountable that a matter of such moment has been to a great extent overlooked. Let us hope that the time is not far distant when individuals will be found competent and willing to undertake the duty of educating this class.

Duration of the Attack prior to Admission.	*Males.*	*Females.*	Total.
Under 1 month.....	1	4	5
" 3 "	1	1	2
" 6 "	0	1	1
Above 1 year.....	0	1	1
Total	2	7	9

Of these there were four females, who were brought in labouring under a first attack, and one who had been treated for a former attack. The remaining four had been subject to repeated paroxysms of insanity.

Of the nine patients admitted during the year, six were discharged, recovered, during the year. Three of these were admitted within a fortnight from the time the disease manifested itself—two within nine weeks, and one within thirteen weeks. There are still two curable cases left, and one whose recovery is doubtful, the disease being of long standing. In all the above cases, the insanity appears to

have occurred at an early age; the table below will exemplify this:—

Age on First Attack.	21	23	28	30	31	34	39
Males.....	0	0	0	2	0	0	0
Females.....	2	1	1	0	1	1	1

The advantage to be obtained by placing the patient as early as possible under treatment, is now too well known to require remark here. The table immediately preceding the last, however, corroborates all that has been written upon this subject; and proves how curable insanity in its early stage is found to be. As a mere question of economy, therefore, and apart from its importance in other respects, it merits consideration; and, perhaps, it is well to keep this constantly before the public, as, even now, a strong disinclination is often evinced by relatives to part with a patient, let the insanity be ever so obvious.

The removal from home and familiar scenes, however hard and extreme a measure it may appear to be, is often the first step towards a cure. The patient will, from a feeling of self-respect, often exercise before strangers the little self-control he may possess; whereas, with his own near friends and servants, he will be less scrupulous. The instant he succeeds in controlling himself, the cure may almost be said to commence—he is assisting at his own restoration, although, perhaps, unconsciously; protesting frequently against the slight restrictions imposed upon him, and denying the necessity for them.

The circumstances influencing the results of treatment in those patients who have been dismissed during the year must now be considered. They are presented, as in

the admissions, in a tabular form. The following table, giving the age of 15 patients, shews that nearly 50 per cent. were attacked before the age of 30. The two females discharged, relieved, were cases of long standing, and had been insane at least six or seven years before admission. Ten, out of fifteen, were discharged, cured, or 66·6 per cent. This is by no means an unfavourable average.

Age on Admission.	*Recovered.*			*Relieved.*			*Died.*			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 25	0	2	2	0	0	0	0	2	2	0	4	4
" 30	1	2	3	0	0	0	0	0	0	1	2	3
" 35	0	0	0	0	1	1	0	0	0	0	1	1
" 40	0	1	1	0	0	0	0	0	0	0	1	1
" 45	2	0	2	0	0	0	1	0	1	3	0	3
" 50	1	1	2	0	1	1	0	0	0	1	2	3
Total	4	6	10	0	2	2	1	2	3	5	10	15

The form of the disease, as it appeared on admission, is shewn in the next table.

Form of Disease.	*Recovered.*			*Relieved.*			*Died.*			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Mania.....	4	5	9	0	0	0	1	1	2	5	6	11
Melancholia	0	1	1	0	0	0	0	0	0	0	1	1
Dementia	0	0	0	0	2	2	0	1	1	0	3	3
Total	4	6	10	0	2	2	1	2	3	5	10	15

Nine of these were maniacal, and only one melancholic. The suicidal propensity was well marked in several of these cases, and also in one that died. One case of mania deserves notice — that of a gentleman. He was suffering under mania, which took an intermittent form. The paroxysms occurred at uncertain intervals, and with scarcely any premonitory symptoms. He had

several attacks of a most violent character, whilst he resided here, but, during the intervals, he was quite rational. This patient studiously observed the rules laid down for his treatment. He appeared quite to comprehend the nature of his illness, and remained voluntarily for nearly two years after his last paroxysm, in order to ensure a cure. He was rewarded for his self-denial; he has now been away for upwards of twelve months, and has continued well.

The intermittent form of mania is most difficult of cure; the causes are generally obscure; and frequently the most violent paroxysms supervene without any apparent derangement of the physical health. In this case, however, there was evident disturbance of the functions of the liver and kidneys, at least on the outset of the attack; and, attention having been directed to these organs, we were enabled at last to ward off the paroxysms.

In all recent cases received here, there is a marked disturbance of the bodily functions. This, indeed, is so obvious, that in some instances we attribute the mental derangement to this cause alone, the more especially as we frequently find the delusions and excitement subside as the bodily health improves.

The two succeeding tables give the number of the attack in those discharged, and the causes of the disease.

No. of the Attack.	*Recovered.*			*Relieved.*			*Died.*			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First	0	2	2	0	2	2	0	2	2	0	6	6
Second	2	2	4	0	0	0	0	0	0	2	2	4
Third	0	0	0	0	0	0	1	0	1	1	0	1
Frequent	2	2	4	0	0	0	0	0	0	2	2	4
Total	4	6	10	0	2	2	1	2	3	5	10	15

Causes of the Disease.	*Males.*	*Females.*
Hereditary Predisposition and Disappointed Expectations	1	0
Hereditary Predisposition and Intemperance	2	0
Intemperance	1	0
Pecuniary Losses	1	0
Puerperal Fever	0	1
Hereditary Predisposition	0	3
" " with Irregular Living	0	2
Disappointment in Love	0	1
Mental Anxiety	0	2
Bad Health	0	1
Total	5	10

The next table shows the proportion of single to those married—the former somewhat preponderating. In most returns, the proportion attacked of those unmarried is considerably greater.

Social Condition.	*Males.*	*Females.*	Total.
Single	2	6	8
Married	3	3	6
Widowed	0	1	1
Total	5	10	15

In the next table, the previous occupation of the fifteen patients dismissed is given, as showing the position in

society held by them before their illness. This table calls for no particular remark.

Previous Occupation.	*Males.*	*Females.*
Merchants	3	0
Government Clerk	1	0
Chemist	1	0
Clergyman's Wife	0	1
Surgeon's Wife	0	1
Merchant's Wife	0	1
" Daughters	0	4
Clerk's Widow	0	1
Housekeeper	0	1
Landed Proprietor's Sister	0	1
Total	5	10

The duration of the disease previous to the admission of the patients, is given in the following table :—

Duration of the Disease.	*Cured.*			*Relieved.*			*Died.*			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 4 months ...	1	1	2	0	0	0	0	0	0	1	1	2
" 5 " ...	0	1	1	0	0	0	0	0	0	0	1	1
" 7 " ...	2	1	3	0	0	0	0	0	0	2	1	3
" 1 year.....	0	1	1	0	0	0	0	0	0	0	1	1
" 2 "	0	1	1	0	0	0	1	1	2	1	2	3
" 4 "	0	1	1	0	0	0	0	0	0	0	1	1
Above 4 "	1	0	1	0	2	2	0	1	1	1	3	4
Total	4	6	10	0	2	2	1	2	3	5	10	15

Seven out of the ten discharged recovered, were brought in before the disease had existed twelve months, and in six of them insanity had been manifested only for about six or seven months. By referring to the next table, it will be seen that these seven patients recovered and were discharged within eight months of their admission—two after three months', two after five months',

and three after eight months' treatment. One recovered after the disease had continued for nearly two years, and two, after four years and upwards had elapsed before the patients were removed from home.

The next table gives the duration of residence in the asylum, or the period of treatment, and is referred to in the preceding observations :—

Duration of Residence in Asylum.	*Cured.*			*Relieved.*			*Died.*			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 2 months ...	0	1	1	0	0	0	0	0	0	0	1	1
" 3 " ...	1	0	1	0	0	0	0	0	0	1	0	1
" 5 " ...	1	1	2	0	0	0	0	0	0	1	1	2
" 6 " ...	1	0	1	0	0	0	0	1	1	1	1	2
" 7 " ...	0	1	1	0	0	0	0	0	0	0	1	1
" 8 " ...	0	1	1	0	0	0	0	0	0	0	1	1
" 9 " ...	0	0	0	0	0	0	1	0	1	1	0	1
" 2 years	0	2	2	0	0	0	0	0	0	0	2	2
" 4 "	1	0	1	0	0	0	0	1	1	1	1	2
Above 4 "	0	0	0	0	2	2	0	0	0	0	2	2
Total.....	4	6	10	0	2	2	1	2	3	5	10	15

The last table subjoined gives the ages of the patients dismissed when first attacked :—

Ages of the Patients when First Attacked.	*Cured.*			*Relieved.*			*Died.*			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
At 14 years of Age	0	1	1	0	0	0	0	0	0	0	1	1
" 20 "	0	0	0	0	0	0	0	1	1	0	1	1
" 21 "	1	1	2	0	0	0	0	1	1	1	2	3
" 23 "	0	1	1	0	0	0	0	0	0	0	1	1
" 27 "	0	0	0	0	1	1	0	0	0	0	1	1
" 28 "	0	2	2	0	0	0	0	0	0	0	2	2
" 30 "	2	0	2	0	0	0	0	0	0	2	0	2
" 34 "	0	1	1	0	0	0	0	0	0	0	1	1
" 35 "	0	0	0	0	0	0	1	0	1	1	0	1
" 39 "	0	0	0	0	1	1	0	0	0	0	1	1
" 47 "	1	0	1	0	0	0	0	0	0	1	0	1
Total	4	6	10	0	2	2	1	2	3	5	10	15

It appears that in one-third of the above cases insanity appeared before the age of 21 years, and in more than two-thirds before the age of 30. Eight out of eleven of the latter were cured. Two died, and one was discharged, relieved. When we consider the important changes that take place in the system at the time of puberty, need we be surprised to find how prevalent insanity is at that epoch? These alone will be sufficient to account for derangement of mind occurring so early; but when to these are added the wear and tear of brain and nervous energy in the pursuit of a profession or calling,—and if the individual desires to succeed, this is necessary,—then affections disappointed, hopes unfulfilled, and desires ungratified, the only wonder is that so few comparatively are crushed, or are obliged to succumb.

The cases terminating fatally are three in number. The first, a male, died from chronic disease of the liver, consequent upon long-continued intemperate habits. He had suffered from attacks before. The second and third were females. One died of phthisis, and the other from chronic gastritis and ulceration of the intestines. The latter was in a state of imbecility for some years before she died.

The question of Restraint and Non-restraint, which has occasioned such long and acrimonious discussions, has not been adverted to in the preceding pages. It is sufficient to state that mechanical restraint is not recognised as forming any part of the treatment here. Seclusion is rarely employed, and only where the presence of others tends to irritate and disturb the patient. Employed in this manner, it is a curable agent, and may be used. It is, however, liable to be abused.

Such is a brief statement of operations for the past year, submitted, not without hesitation, by the writer to his professional brethren. Should time and circumstances permit of it, the cases treated here during the last seven years shall be prepared for publication and laid before them on some future occasion.

ABINGTON ABBEY,

June, 1854.

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