

Report respecting the past and present state of Brislington House, near Bristol, a private asylum for the insane / by Francis and Charles Fox.

Contributors

Fox, Francis Ker.
Fox, Charles Joseph.
Royal College of Surgeons of England

Publication/Creation

Bristol : Leech & Taylor, [1865]

Persistent URL

<https://wellcomecollection.org/works/pg6s54ns>

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

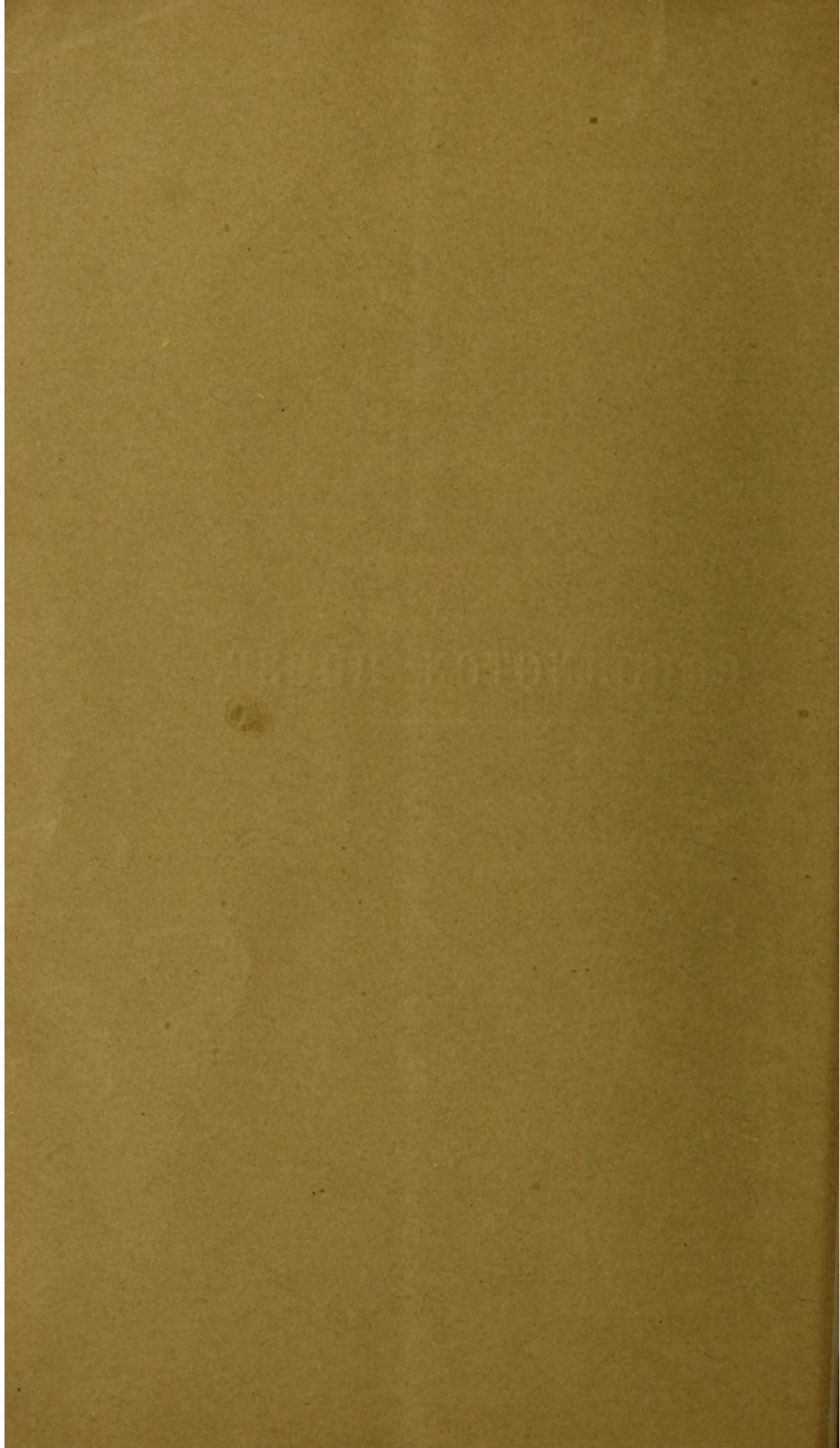
You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

17

BRISLINGTON HOUSE.



REPORT

17

RESPECTING THE PAST AND PRESENT STATE OF

BRISLINGTON HOUSE,

NEAR BRISTOL,

A PRIVATE ASYLUM FOR THE INSANE.

BY

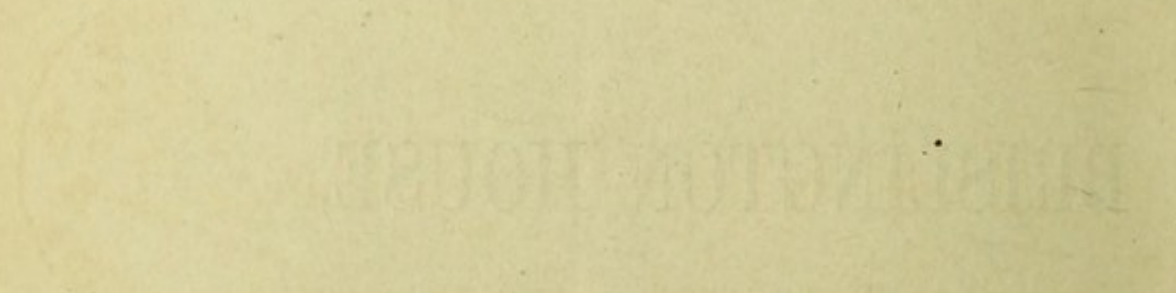
FRANCIS AND CHARLES FOX, M.DS., CANTAB.



BRISTOL :

LEECH & TAYLOR, PRINTERS, DAILY TIMES & MIRROR, SMALL STREET.

1850



WASHINGTON HOUSE

1850

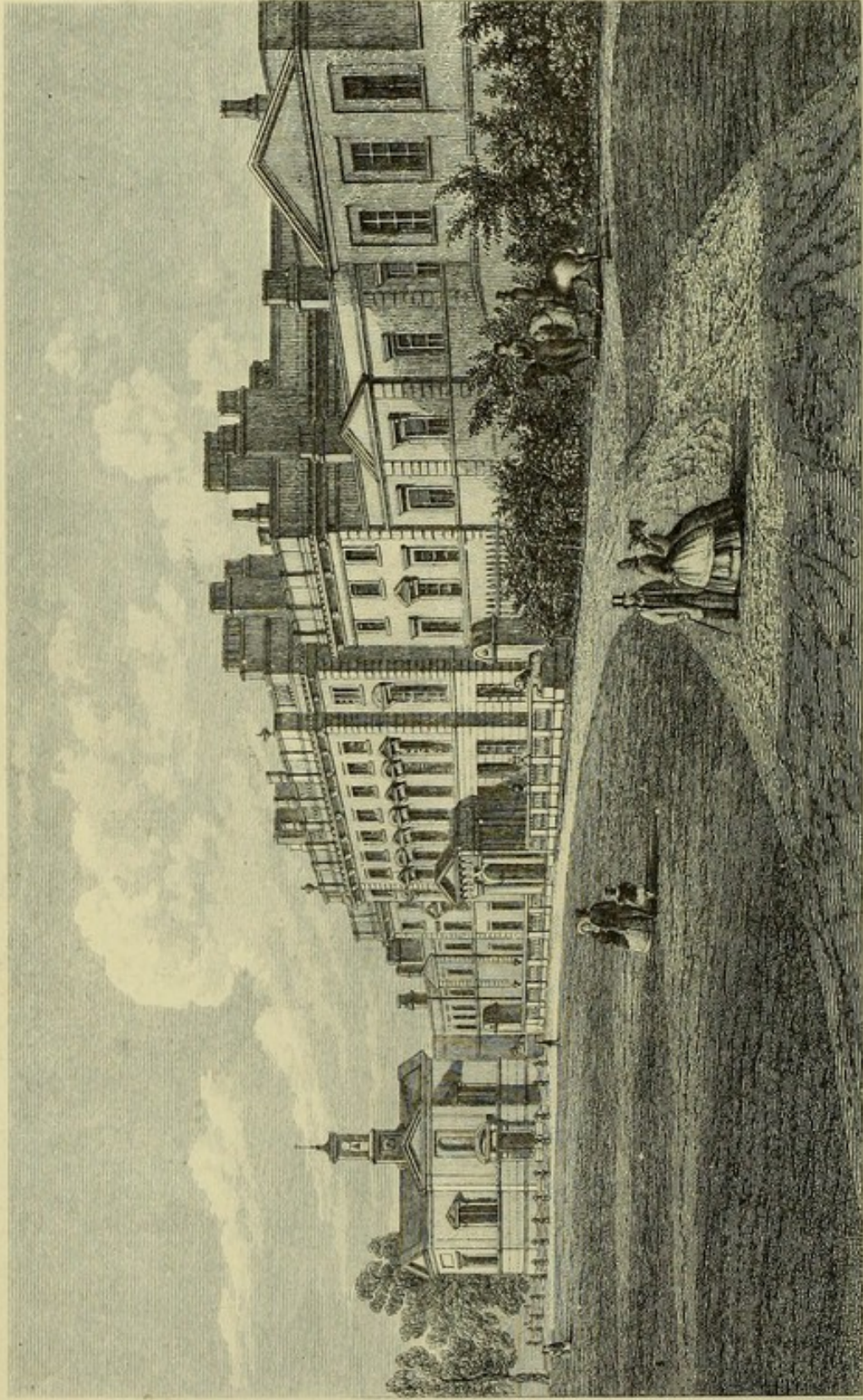
A DIVINE REVELATION FOR THE INSANE

BY JAMES M. HARRIS

1850

NEW YORK: PUBLISHED BY J. H. RICHMOND, 1850.





From a Drawing by S. C. Jones.

FRONT VIEW OF THE ASYLUM.

Lavers, Broad St Bristol.

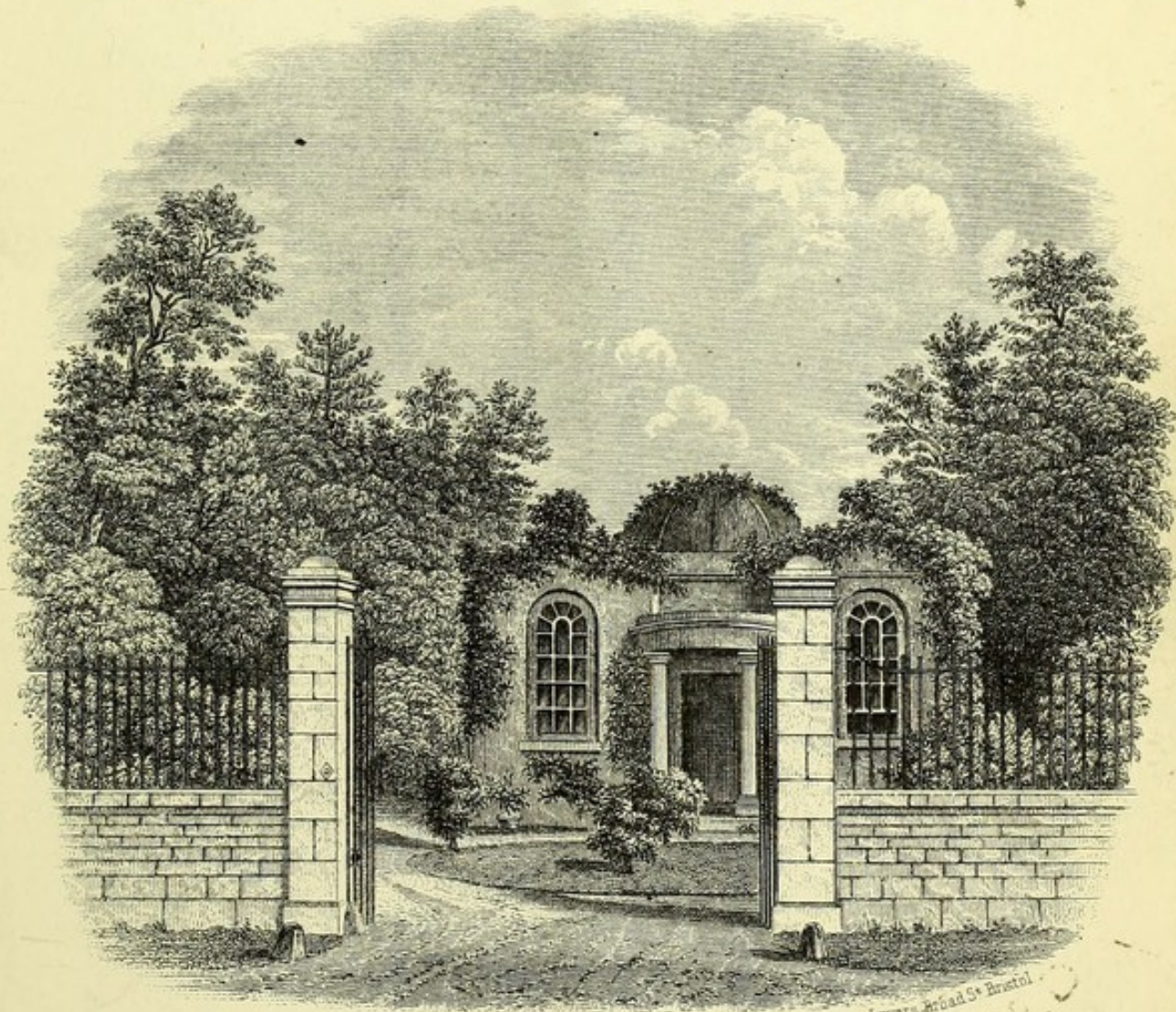
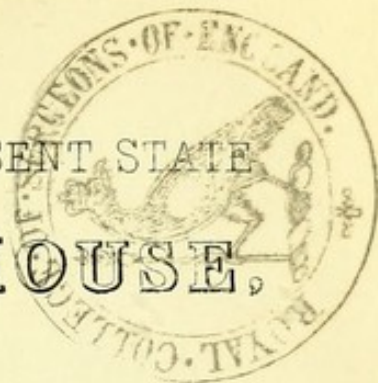
REPORT
RESPECTING THE PAST AND PRESENT STATE
OF
BRISLINGTON HOUSE,

NEAR BRISTOL,

A PRIVATE ASYLUM FOR THE INSANE

BY

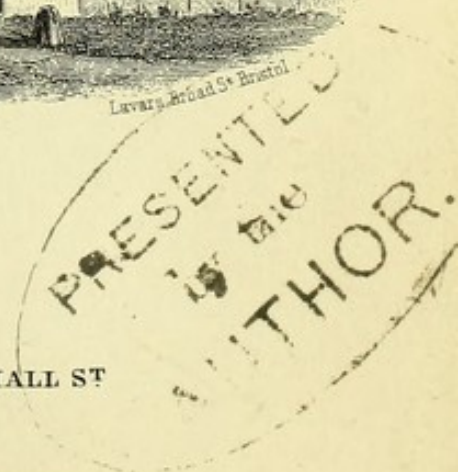
FRANCIS AND CHARLES FOX, MD. CANTAB.

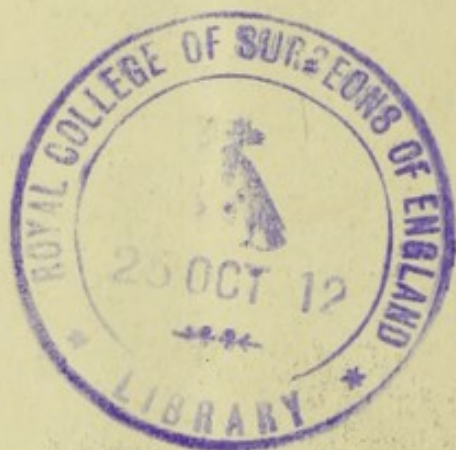


The Lodge.

BRISTOL.

LEECH & TAYLOR, PRINTERS, SMALL ST





OFFICERS OF THE INSTITUTION.

PROPRIETORS :

F. & C. FOX, M.DS.

HOUSE-SURGEON :

EDWIN F. FOX, M.R.C.S.

RESIDENT MEDICAL OFFICER :

CHARLES HENRY FOX, M.D.

CHAPLAIN :

REV. WILLIAM JOHNSTON.

LADY SUPERINTENDENT :

HOUSE-STEWARD :

REPORT.

NEARLY twenty years have now elapsed since the Lunacy Acts 8th and 9th Victoria, c. c. 100, 126, came into effect, and from that period the various Records and Books required by this Act to be kept in every Asylum for the insane have accumulated a mass of deeply interesting details, of which the medical officers who preside over the County and Borough Asylums, have not failed to avail themselves by publishing Annual Reports of such Institutions. These Reports are filled with valuable statistical data ; but we must be allowed to say, that since the writers have had to deal with, and to account for, public money, they have naturally been induced to devote more attention to tabulated statements respecting the domestic economy of these places than can be either interesting or instructive to the general reader. In this respect we do not propose to follow their example ; and we may add, that the comparatively limited number of admissions and discharges which occur in any private Asylum, would scarcely justify an attempt at a regular *Annual* Report, but this is no reason why the experience of thirty years should be altogether withheld, and why we should not lay before the public any such facts and inferences connected with the treatment of the Insane as can be substantiated by reference to the Journals and Records of the Asylum.

The Act requires that the result of every case admitted into a licensed house or hospital, shall be recorded under one of the four following heads, viz. :—

“ CURED—RELIEVED—NOT RELIEVED—DEAD ;”

And the Tables in the Appendix will set forth the results of our treatment since that Act came into operation. But as this Asylum had been in existence many years before this Act had passed, it will be right to give some account of the patients who were under our care at that period.

Table No. 1, then, contains a statement of those patients who were inmates of Brislington House when the new Act came into effect ; the majority of whom consisted of those chronic and incurable cases which had gradually accumulated therein since the foundation of this Asylum in 1806. But although it has seemed right to account for their ultimate fate, the absence of any regular Records before the date of the new Act prevents us from giving further details respecting them. The only observation therefore that we shall make upon this section of our patients is this : that, in opposition to the opinion expressed by a celebrated Physician, we think that the duration of an attack does not so materially affect the probability of its cure as Doctor Conolly believes, unless the disease has assumed the type of Dementia.

The Asylum Books contain no record of those cases which have come under our notice in unlicensed houses ; so that the number of persons to whom we are about to refer scarcely amounts to four hundred ; but although these figures may seem insignificant to those who are familiar with the colossal Institutions which exist in most of our Counties, this limited number of cases will still be sufficient to admit of that individual study and treatment required to deal with a malady, of which no two cases are generally identical.

The system of classification which has been adopted is certainly objectionable, but it is that which is required by the Act ; and if a more philosophical method had been pursued, the Reports could not have been verified by reference to the Asylum books. Those, however, who are familiar with insanity, know how often a case which, upon its first admission, may have appeared to be one of Mania, will, sometimes suddenly, sometimes gradually, assume a totally different type—Mania will alternate with Melancholia, or either will degenerate into Dementia. We do not, then, attach a very high degree of importance to the classification, the mere nomenclature of the disease ; but we *can* vouch for the accuracy of every statement respecting the result of these cases, the supposed causes of the disease, and of the death.

Upon reference to Table No. 2 it will be seen that the number of admissions has been 393 persons, of whom 211 were males and 182 females. We believe this considerable excess of the male over the female patients to have been accidental, and that the Reports of County Asylums would generally reverse the liability of the two sexes ; but it must not be forgotten that the female patients admitted into Brislington House generally belong to that position in society which enjoys an immunity from much of the anxiety, disappointment, and penury that are almost the natural birthright of the over-worked needle-woman or artizan ; and it is easy to believe that the pressure of such baneful agents upon the latter may thus swell the number of female lunatics in the public establishments.

The second Table also sets forth the number of patients discharged "cured," which amounts to 35 per cent. ; a proportion not unsatisfactory, when compared with the average age of the admissions and the average duration of the existing attack. We make no allusion to the persons discharged "relieved," except to state that many of them have been able to resume their natural position in their families ; but of those returned "cured," we may say that we seldom assume apparent convalescence to be a perfect cure, but that we generally dismiss such persons upon probation for one or two months, that their state may be tested by time and circumstance, before our final report is made.

The third Table contains an account of the supposed causes of insanity ; but we are bound to admit that after the closest investigation, the histories which we have received from the friends of our patients, and the causes to which the disease has been referred, have often been too vague to be quite satisfactory. The common opinion that the mental diseases of the middle and upper classes of society originate rather in moral than in physical causes, derives much confirmation from the returns of the above Table, for anxiety, grief, fright, pride, jealousy, disappointed affections, intense application, and religious and political excitement, figure as prominent causes of this malady ; while of the physical causes we may mention

hereditary tendency, scrofula, violent exertions, fever, coups de soleil, intoxication, and other vicious indulgences, as obvious but less frequent sources of insanity. Sensual indulgences destroy the mind while they corrupt the heart, and there is one habit in particular which leads to the most deplorable effects upon the intellect. With some this solitary propensity has been rather the result than the cause of insanity, and has entirely ceased when the mind has regained its equilibrium; but in most instances we have learnt either from the statements of the patients themselves, or from the revelations of their families, that such practices have commenced in early youth, and have gradually sapped the foundations of their intellect. It is a habit which is almost invariably acquired by example; and we may be allowed to direct the attention of parents and of those engaged in education, to the duty which is incumbent upon them of keeping a vigilant eye upon the personal habits of any enervated or effeminate child.

MEDICAL TREATMENT.

Since we first entered into practice, not only has a complete revolution occurred in the treatment of insanity, but this disease has in itself undergone some of that modification which might be expected from the improvement of human manners and of general education. Mania, in its most furious form, is now of rare occurrence; and, instead of raving madness, it is more usual to find mania displayed by irritability, exuberant spirits, great volubility, restlessness or activity, and enthusiastic and extravagant projects, the fulfilment of which appears to be certain, although common sense and logical deduction may not see the way to such a result; while the physical signs are sleeplessness, dilated pupil, a dry quivering tongue, a hot scalp, rapid pulse, thirst, and sometimes great voracity. Melancholia is often accompanied by suspicion, moroseness, and one or more personal delusions; but both these forms of

insanity have profited by the substitution of sympathetic and gentle influences for coercive measures, or for that assumption of mental superiority which would naturally render the intercourse of the attendant and the patient so humiliating and irritating to the latter. Even the poor idiot is no longer without the means of improvement; and the wonderful results which have been obtained at Earlswood and elsewhere, encourage the application of the same educational treatment to many cases of dementia. No better illustration of the general change which has occurred in the treatment of mental disease can be found than in the system which is now pursued towards a maniac. General bleeding, counter-irritants to the scalp, purging, douches, personal restraint, or, at best, confinement within four walls, are now exploded; and the object of the medical attendant is to allay the irritability of the nervous centres—to improve the condition of the blood—and to compensate, as much as possible, for the wear and tear inflicted by the disease upon the constitution of the patient. Among the remedies most in vogue may be mentioned the substitution of the tepid, or of the Roman bath, for the cold plunge, which was once so much recommended; manual friction of the scalp; phosphoric acid; tincture of *nox vomica*; chlorodyne; chloroform; digitalis, and bromide of potassium, in the various phases of the attack. A maniacal outbreak is sometimes cut short by heroic doses of opium; but the beneficial effect of this drug is always uncertain, while its mischief is too often unquestionable. Combined with some one or other of the means above alluded to, there should be a light nutritious diet, a warm airy room, a night light and a night nurse—as darkness and solitude at night are often the greatest trials to a maniac. We have already alluded to the voracious appetite which such persons possess, and we have found it beneficial to indulge this morbid desire for food, especially at night; and to allow them to pass their days in the open air, taking their meals *al fresco*, and expending their unnatural excitement in feats of strength or of activity. The first symptoms of mania are often shown rather by extravagance of *conduct* than by

incoherent language or irrational ideas; and it becomes a position of much responsibility to advise any proceeding which will interfere with the liberty of a person in whose conversation there is no tangible evidence of mental unsoundness. We have not hesitated to incur that responsibility whenever we have been satisfied that the *conduct* of the patient evinced insanity, although the language might still be plausible and convincing : and we could adduce some interesting cases in which the patient was grateful for the decided course which had been advised. People are too apt to recommend palliating measures on such occasions ; a change of scene, a walking tour, some athletic pursuit, or some scenic or musical entertainment ; forgetting that “post equitem sedet atra cura,” and that time is of such vital consequence in such cases, that the loss of a day is equivalent to the loss of a month in other diseases. The remedial measures to which we have just alluded are admirable in themselves, but should be reserved for that period when the cerebral excitement having somewhat subsided, reaction is sure to follow ; and then the patient will derive immediate benefit from resources which at the commencement of the disease would have been ill-timed and unsuitable.

The propriety of interfering with the liberty of such an individual will seem to be more than doubtful to those legal minds which still believe that the existence of Delusion is the only test of insanity ; but, to say nothing of the numerous suicides which occur without any such premonitory symptoms, and are yet referred to this cause, the sudden homicidal impulses which render a Criminal Lunatic Asylum only another name for a den of murderers, will afford the best evidence that the question of what is or is not insanity must depend upon a man's conduct far more than upon the existence of any specific delusion or of general incoherence of language.

It will naturally be asked if an Asylum be the best receptacle for such anomalous cases, and what advantages does it possess over the resources of a private family. The bolts and bars, the savage keepers, the unprincipled proprietors, certainly exist still in the fertile brain of a melodramatic author, but the

march of intellect, and the wise provisions of the Legislature, have now converted the Lunatic Asylum into an agreeable boarding-house, abounding in appliances to tranquillize the disturbed imagination, or to allow the impulses of the maniac to be expended without injury or *exposure*. The site of such a place is all important. Like Brislington House, it should be within reach of a city, and yet entirely withdrawn from its publicity. It should abound in trim lawns, attractive gardens, shady walks, woods and streams ; in all that is pleasing to man in his best estate, and so much the more gratifying to him when external impressions are all that is left to him.

The superiority of such a Retreat over any private abode is briefly summed up in this fact, that men will more readily acquiesce in some interference with their liberty of action, when they see that such conduct is part of a system applied to all alike, than if a similar degree of restraint be imposed upon one individual. It is also due to the future welfare of the patient that his family should adopt such means as will prevent the exposure of his vagaries or violence to the notice of an unfriendly world ; for it must be admitted that the existence of this disease still affixes a sort of stigma to a family, and that such an opprobrium is more easily concealed in an Asylum than in any private abode.

Although every species of mental excitement has been comprehended in our Tables under the head of Mania, we must observe that the limits of this paper will not admit of a specific notice of all of them. We cannot, however, take leave of the subject of Mania without making one observation respecting the prevalent mode of treating those instances of Dipsomania which terminate in delirium tremens. A blind adherence to the old remedies of stimulants and narcotics seems to be highly unphilosophical, and to be a class of remedies which neutralize each other's action ; but we have found that the substitution of a strong animal diet, and of very decided action upon the kidneys and the skin, seldom fail to produce quick relief. To the unprofessional reader, not familiar with the peculiar phenomena of delirium tremens, the disturbed relations of the ex-

ternal and internal senses which occur in this complaint are most interesting. The auditory nerve will convey to the Sensorium revilings, insults, and imprecations : while the optic nerve will torment the patient with visions of serpents crawling upon his pillow or writhing around his limbs.*

Our Tables comprehend under the term of Melancholia, all those forms of insanity which on the one hand have shown no symptoms of violence or of excitement, nor on the other hand of fatuity or mental decay. Numerous shades and varieties have thus come under our notice ; including those which have been complicated with Hysteria, or Hypochondriasis, and that class of patients who believe themselves to be beyond the pale of salvation. Most of these cases have been preceded by ill-health, by dyspepsia, gastro-enteritis, limosis, congestion of the liver, or amenorrhœa ; but they have given less evidence of distinct cerebral disease than any other form of insanity. The usual group of symptoms which attend melancholia are, loss of sleep and of appetite, impaired circulation, flatulence, constipation, and headache ; and they are accompanied with a variety of delusions which bear an intimate relation to one or more of the above symptoms. Thus headache and sleeplessness will be referred to mysterious voices in the wall, or to electrical machines beneath the floor ; while loss of appetite will be dignified into a Divine command to abstain from food. Any attempt at argument upon such impressions only serves to confirm them, but the right course to adopt is to neglect the mental symptom, and to treat the proximate cause. Relief of the venous congestion by leeches to the temples, to the region of the liver, to the stomach or to the perinæum, according to the circumstances of the case, is generally useful, and may be repeated at intervals with good effect. Cathartic medicines should be avoided, and their place should be supplied by daily enemata, and some form of anodyne may then safely be given.

* " He would have spoke,
 " But hiss for hiss returned with forked tongue,
 " To forked tongue, for now were all transformed
 " Alike, to serpents all, as accessories
 " To his bold riot."

Of these we have found that chlorodyne in full doses is both more certain and less objectionable in its effect than any other hypnotic ; but even this remedy fails if it be administered during the existence of constipation. The determined refusal of food is a fact which requires more tact, ingenuity, and patience to contend against than any other symptom which we may be called to treat. When every other means have failed the last remedy is the stomach-pump ; but almost any alternative is better than this ; and it often occurs that change of rooms, or of attendants (even of the sex of the attendant), the appointment of a taster when the suspicion of poison exists, or the administration of food under the guise of medicine, will meet the difficulty. There is a young lady under our care at present who willingly takes a pint of custard masked with cod liver oil every day, believing it to be medicine, while she firmly rejects food. The peculiar acid odour of the skin, and the clammy perspirations are often removed by tepid baths, by wet compresses over the abdomen or loins, or by packing in a wet sheet for two or three hours before the patient goes to sleep.

MORAL TREATMENT.

With the moral treatment of the Insane the real difficulties and labours of the proprietors of an Asylum begin ; for they have to contend with the *vis inertiae* with which their efforts will be met, not only by the patients, but also by the patient's attendants. The founder of this Asylum, the late Dr. Edward Long Fox, was the first to recognise the peculiar claims of the Insane to the consolations of religion, by appointing a Chaplain to perform Divine Service to the inmates. This humane practice has since been rendered obligatory in all Asylums, and with the advancing spirit of the age has been further developed. A spacious Chapel has now been added to the buildings at Brislington House ; the Chaplain's services are entirely dedicated to the patients, the officers, and servants of the Establishment ; every attention is paid to the Ritual, and

more especially to the musical part of the service, and no effort is spared to convey the impression that the Gospel promises and Gospel teaching are offered alike to all. In the week days the Chaplain reads morning prayer, and thence proceeds to the Asylum, where he holds a Scripture Class in one or other of the Wards. Thus in the course of the week most of the individuals of his congregation come under his immediate notice, and he becomes acquainted with their peculiar views. It is often his lot to find that the purest, brightest spirits, they who have throughout their previous lives walked closely with God, have now fallen under the blight of Melancholy, and in their despair believe themselves to be outcasts who have rejected the Holy Ghost, or committed the unpardonable sin. Let not the zealous and earnest Chaplain think that this is a state for which prayer, exhortation, or even the study of the Scriptures is the appropriate remedy ; for any such means will be found to be worse than useless. The patient should rather be induced to think and to live less for himself than for others, to forget his own sorrows in ministering to those of others, and to call into exercise those healthy sympathies which could enjoy a game with a child, could find pleasure in instructing a servant, in amusing an imbecile patient, in working for the poor, or even in ministering to the wants of tame animals. Some one of these pursuits would probably prove to be congenial to such a mind, and would soon develop that interest, and that hope of being useful, which insensibly imparts a more cheerful aspect to the world within. We throw out these suggestions as a specimen of the treatment which has been attended with much success in our own practice; but every enlightened physician will be prepared with similar or better resources to call into exercise those unselfish exertions which, when combined with cheerful accessories, and with due medical care, are most instrumental in removing these distressing impressions; and such patients often return to their families, ready to exclaim, in the words of the poet, though in a higher and better sense—

“Oh! welcome, pure-eyed Faith, white-handed Hope,
Those hovering angels girt with golden wings.”

Under the head of moral treatment, the first place has been assigned to religious influences; but if we regard them as mental therapeutics, their use should in every case be under the entire control of the medical attendant; and any display of zeal, or of exclusive attention to this solemn subject, should be carefully moderated. For, if it be proved that the most sane mind may suffer from the engrossing pursuit of one chain of ideas, it is still more certain that the unsound mind incurs infinite harm from such a habit. Among the moral treatment, then, a great variety of amusements should figure: classes, concerts, choral bands, croquet, cricket, hockey, skating, coursing, and hunting, are all useful and attractive resources; but, to invigorate the impaired mind, to bring order out of chaos, our experience has proved that neither the dulcet sounds of music, the pursuit of athletic exercises, nor of more frivolous and sedentary games, are such effectual agents as some form of education, or some safe and useful occupation. Drawing classes, the study of modern languages, literary composition, family correspondence, or working for a bazaar, as well as anything that will develop a display of taste and of contrivance, such as the laying out of a new walk, the improvement of a garden, the thinning of a plantation, or the construction of an arbour. These are resources which combine bodily and mental exertion; and, in the annals of this house, permanent cures can be distinctly attributed to the encouragement of such pursuits. The recreations of the Asylum are reserved for the evening, and involve some attention to dress and to the forms and usages of society; and at all times the patients are taught that their present position does not free them from their responsibility towards God and man. Some of the more tranquil, or who may be nearly convalescent, often obtain leave of absence for a day, a week, or a month, to visit their families, or to go to the sea-side; and, if this practice were attended with no other benefit, it breaks the monotony of their lives, and provides that variety which is the great desideratum in every Asylum; for even extreme cases of dementia derive pleasure from a pic-nic, an excursion to the sea, or a visit to the zoological gardens.

With regard to the considerable number of persons who in this, as in all other Asylums, are sunk into a state of dementia, there are not many rules peculiarly applicable to them. But, although their cure may be improbable, still much may be done to improve their condition. Minute attention to their bodily health becomes so much the more necessary, since they are generally unable to describe their own condition and sensations. Still more attention to their personal habits, and every effort should be used to call into exercise that faculty of imitation which in common with the congenital idiot such persons possess. Even the worst cases of dementia will sometimes display such unlooked for scintillations of intellect that it is well to give them credit for more than they possess. And when we see the effect of Divine service upon most of these patients, their remarkable decorum, and the general suspension of their usual symptoms of insanity, we must agree with Dr. W. A. F. Browne, the learned Commissioner for the insane in Scotland, in his belief that "May be there is a sense of supplication where there is no power of precise or articulate prayer ; and, it may be that independently of, and even in opposition to, external manifestations, there is an inner life 'hidden with God:' but it is certain that reverence and attention prevail; that tranquillity is greater than under other circumstances, and that the acknowledged effects are contentment and calm."

With regard to the Attendants we have generally found that it answers better to train up such persons to their duties rather than to engage them ready made. Intelligence, humanity, and temper are the principal qualifications which such persons ought to possess, and we must be satisfied by repeated trial that such virtues are theirs before we give credit for their existence. With the exception of the head Attendants, we entrust the other servants with little controlling power, but we engage them rather as valets, footmen, or ladies' maids, than as what used to be understood by the significant title of "keeper." The relation of the head Attendants to the more subordinate servants is that of the sergeant to the private; and the administration of all medicines, and of wine or other

stimulants—the superintendence of all forms of bathing—of exercise, or of amusements, are the duties of the former. But the position of an Attendant upon the insane is at best very harassing, and it is not surprising that the post is too often relinquished just when the individual has become most capable of fulfilling its duties.

In many respects there is a striking analogy between the treatment which is applicable to the insane, and that which is adopted in the education of the young ; and in no instance is this more evident than in the benefit which an insane person derives from attrition with those who are similarly affected. Here by force of example, there by ironical remarks ; at one time animated by *esprit de corps*, at another by active benevolence, patients act upon each other, assert their privileges, and even enforce such regulations for the welfare of the community as are equally beneficial to the individual. For these reasons we don't hesitate to express our preference of the plan of association over that which is called "The Cottage System ;" but, just as a public school is not found to be applicable to every boy, so the mixed society of an Asylum is not fit for every description of mental derangement. To prevent the weakly from being oppressed, the shy and effeminate from becoming a mope, or the patient, whose first faint symptoms of insanity consist in acoustic or visual illusions, from acquiring too much familiarity with more painful phenomena, it is desirable that a separate method of treating such persons shall be provided ; and yet, that they shall be within reach of the larger community, and able to participate in some of the social resources of an Asylum.

Brislington House is a fire-proof building, standing in the centre of a freehold estate of 160 acres, and about 100 additional acres of land are rented for farming purposes. Upon these two estates six cottages are situated, which are fitted up with every requisite comfort for the accommodation of such cases as those above alluded to, and more especially to afford a species of promotion, a test of approaching convalescence, a mark of increasing confidence in the returning sanity of a

patient ; and we may add that such a translation of an individual from the main building to one of these cottages is often attended with the happiest effect. Every such patient has a private servant, and each of these cottages is under the care of an experienced housekeeper, who receives her orders from us.

To those who are ignorant of the amount of protection and surveillance which the Legislature has wisely provided for the residents in these Institutions, it will be well to state that licensed houses for the reception of the insane are subject to the inspection of three controlling bodies, whose action is independent of each other. The visiting Magistrates, accompanied by a Medical visitor,* are required to pay at least eight visits per annum ; the Commissioners in Lunacy, two visits ; and the Chancellor's visitors, two. Thus the minimum number of inspections amounts to the proportion of once a month, and these visits involve such a minute inspection, such a careful analysis of the condition of the patients, — of their treatment, their occupations, and amusements ; and such copious reports upon these subjects, as must impart to the proprietors and officers of the house a wholesome stimulus. When blame is deserved, it is inflicted without fear or favour ; when praise is merited, it is not withheld ; and so many suggestions for the improvement of these Establishments have emanated from the Commissioners in Lunacy, that we should be as blind as ungrateful if we were insensible to their value.

FRANCIS & CHARLES FOX, M.DS.

* Doctor Symonds, of Clifton, fills this official position at Brislington House.

APPENDIX.

ALPHABET

TABLE No. 1.

Patients in Brislington House on August 4th, 1845, 93 :—Males, 56; Females, 37.

Average Age,	Mania,	Melancholia,	Dementia,	Idiocy,	Delusional Insanity,	Total,
46	36	23	28	4	2	93

Discharged, 28; Cured, 9; Relieved, 9; not Relieved, 10. Still Resident, 26. Died, 39.

ANALYSIS OF CAUSES OF DEATH.

Senile Decay ..	..	..	..	..	..	11
Paralysis of the Insane ..	..	..	..	..	..	2
Apoplexy ..	..	..	..	..	..	3
Epilepsy ..	..	..	..	..	..	1
Marasmus ..	..	..	..	..	..	5
Bronchitis ..	..	..	..	..	..	4
Pneumonia ..	..	..	..	..	..	3
Disease of Mitral Valves..	..	..	..	..	..	3
Cancer of Stomach ..	..	..	..	..	..	1
Uremia ..	..	..	..	..	..	2
Ascites ..	..	..	..	..	..	1
Caries of the Spine ..	..	..	..	..	..	2
Burning ..	..	..	..	..	..	1
						—
						39

Average Age of these Cases of Senile Decay, 79 years and 6 months.

Of the cases of Mania, there were—

Periodical Mania ..	..	5
Suicidal Mania ..	..	2
Homicidal Mania ..	..	1
Erotomania ..	..	1
Recurrent Mania ..	..	5

TABLE No. 3.

Supposed Causes of Insanity.

PHYSICAL.				MORAL.			
Hysteria	7	Anxiety	65				
Suppressed Lactation ..	3	Disappointed Affections ..	9				
Dyspepsia	1	Political Excitement ..	3				
Concussion of the Brain ..	7	Religious Excitement ..	12				
Congestion of the Brain ..	4	Grief	9				
Simple and Gastric Fever ..	7	Excessive Application ..	10				
Puerperal Fever	4	Fright	5				
Influenza	3	Jealousy	1				
Small Pox	2	Disposition to recurrent In-					
Amenorrhœa	3	sanity	45				
Apoplexy	4	Hereditary Tendency ..	54				
Epilepsy	6	Congenital Imbecility ..	4				
Senile Decay	1	Causes unknown	64				
Coup de Soleil	3		320				
Paralysis	2	Brought forward	73				
Scrofula	3		393				
Wounds in Battle	1						
Self-Pollution	10						
Organic Cerebral Disease ..	2						
	—						
	73						

TABLE No. 4.

Causes of Death.

Apoplexy	2	Brought forward	31
Epilepsy	5	Mortification of Bowels	1
General Paralysis	8	Erysipelas	1
Meuingitis	1	Fever	1
Phthisis	4	Caries of Spine	1
Pneumonia	2	Collapse after Mania	3
Bronchitis	2	Senile Decay	4
Marasmus	4	Refusal of Food	1
Peritonitis	1	Suicide	2
Diarrhoea	1	Accidental Death	2
Renal Disease	1		
	—		—
	31		47

TABLE No. 5.

FORM OF INSANITY OF THOSE WHO DIED.		FORM OF INSANITY OF THOSE WHO RECOVERED.	
Mania ..	..	Mania ..	..
Melancholia ..	..	Melancholia ..	..
Dementia ..	..	Moral Insanity ..	..
Delusional Insanity ..	..	Delusional ditto ..	..
General Paralysis ..	..	Partial Dementia ..	..
	8		86
	12		43
	14		1
	5		3
	8		1
	—		—
	47		134

LEECH & TAYLOR, PRINTERS, DAILY TIMES & MIRROR OFFICE, SMALL STREET.