Statistics of The Retreat near York from its Establishment in 1796 to 1840 (York 1841)

Publication/Creation

1841

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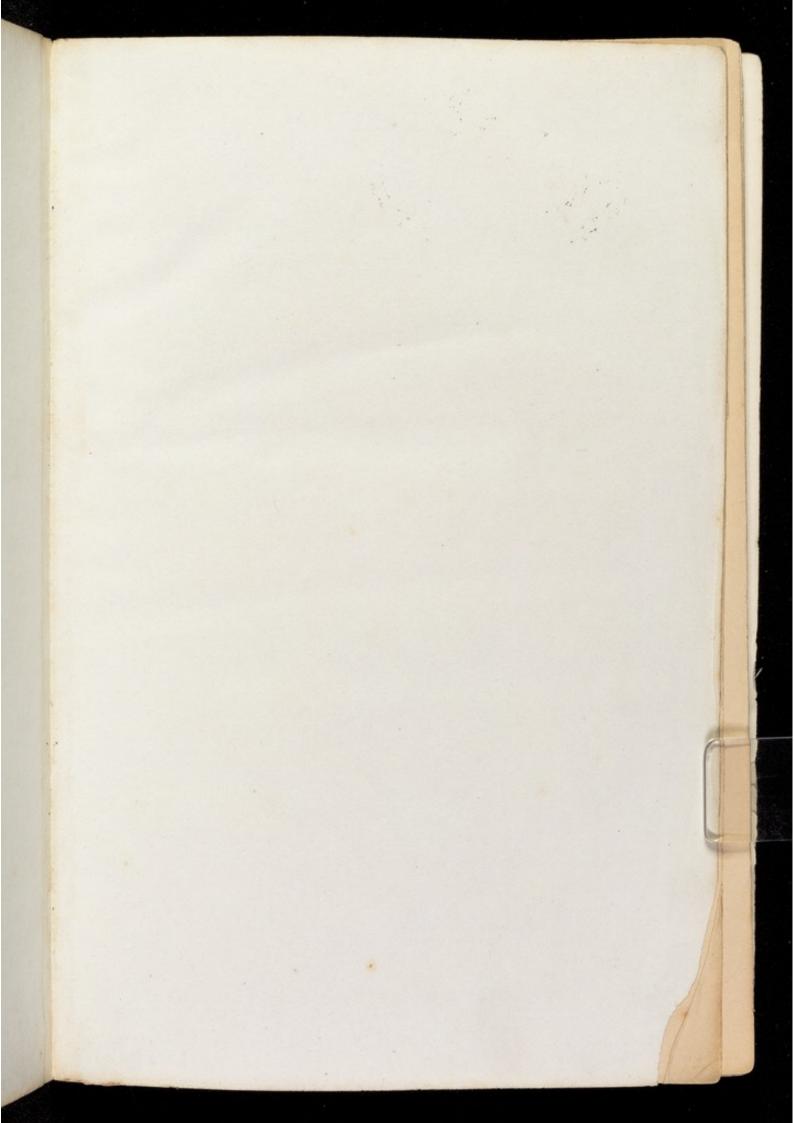
OF

THE RETREAT,

NEAR YORK,

FROM ITS ESTABLISHMENT IN 1796, TO 1840.







STATISTICS OF THE RETREAT;

CONSISTING OF

A Report and Tables,

EXHIBITING

THE EXPERIENCE OF THAT INSTITUTION

FOR

THE INSANE;

FROM ITS ESTABLISHMENT IN 1796, TO 1840.

YORK:

PRINTED BY JOHN LEWIS LINNEY, 15, LOW OUSEGATE.

1841.

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The following Statistical Tables, exhibiting the results of the experience of the Retreat during the forty-four years of its existence, having been prepared by the Resident-Surgeon of the institution, John Thurnam, were by the Committee directed to be presented to the General Meeting of Directors, in 1840; which authorised their being printed, with such elucidatory matter as might be found necessary, under the care and revision of the Committee.

The results exhibited in these Tables and in the Report prefixed to them have been drawn up, with much care and labour, from the records of the Retreat and from other authentic sources; and the Committee trusts that the information which they convey may add a little to the knowledge of the history and treatment of insanity; and likewise that the circulation of them may tend to promote the free communication of the results obtained by similar institutions.

By direction of the Committee,

SAMUEL TUKE.

York, 6th mo. 22nd, 1841.

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STATISTICAL REPORT.

The statistical tables, fifty-one in number, now presented to the directors and friends of the Retreat, exhibit the results obtained at that institution, during the fortyfour years that it has been in operation, from Midsummer 1796, to Midsummer 1840. They have been compiled with considerable labour, after a very close examination and correction of the records of the institution; an opportunity for which has been found, in consequence of the earlier and more defective cases being, to a great extent, within the recollection of different friends and officers of the institution, whose assistance the compiler particularly acknowledges.* Although, from the nature of the case, the precise accuracy of every detail cannot be asserted; yet it is believed that no important error exists in these tables, and that their general accuracy may be relied on; and it is supposed that they contain much information upon the subject of mental disorders, which may be both interesting and valuable to the friends of the institution, and likewise to the public more generally.

It will be observed, that in most of the tables, the cases occurring in persons belonging to, and connected with, the Society of Friends are distinguished from those not so connected; it being thought desirable to exhibit, as much as possible, the peculiar characters, if any, of the

^{*} The kind and varied assistance of the Treasurer, Samuel Tuke, requires particular acknowledgement in this place.

causes, forms, and terminations of mental disorders in a separate religious community, such as the Society of Friends. In some instances, likewise, it may be interesting to compare the different results obtained in the two classes of patients. The number, however, of persons of other religious persuasions who have been admitted, is too small to allow of confidence in the results of such a comparison in all cases.

Independently of the peculiar interests belonging to the statistics of the Retreat for the reasons now alluded to, a more general one is attached to them, from the cases being derived from a much more definite portion of the general population than is the case in most other institutions. There is, indeed, every reason for concluding, that of those in this community who require care on account of insanity, a very large majority has, during the last thirty years, been admitted, and, in case of relapse or subsequent attack of disorder, readmitted into the Retreat. And it may be also remarked, that, from the free intercourse so generally prevailing between the members of the Society of Friends throughout the kingdom, much more information, and that of a more accurate character, is generally to be collected, respecting the history of the cases admitted. And hence it appears just to conclude that, after deducting what may be peculiar to the circumstances of the society, the experience of the Retreat is well calculated for the attainment of sound conclusions relative to mental disorders; and for correcting inferences from the statistics of much larger institutions, not possessed of such facilities for enquiry.

History and objects of the Institution.—Previously to entering into any explanatory remarks as to the inferences to be drawn from the following statistical tables, it will be

desirable to put the reader in possession of a brief sketch of the history and objects of the institution, the experience of which they exhibit; since, for the purpose of any just comparison of the results obtained at different hospitals for the insane, it is essential to be acquainted with the several points by which, in their general character, their particular appropriation, and in their rules and practice as to the admission and discharge of patients, they are respectively distinguished.

The Retreat, near York, was established by the Society of Friends, for the use of the insane members of their own community, and of those in profession with them.

It may perhaps be thought almost superfluous to remind the reader that the Society of Friends, or Quakers, consists of persons chiefly in the middle ranks of life, and for the most part engaged in trade, commerce, manufactures, and agriculture. In a statistical point of view, however, it is important that this should be borne in mind; as it would be desirable that the statistical results which this community presents should be compared, not with those afforded by the population at large, but with those of the middle classes, could these be separately obtained. There are several respects in which the vital statistics of the Society of Friends differ from those of the general population; and in none more so, perhaps, than the greater average longevity: in what degree, however, they differ from those of the middle classes of this country is a question which, in many cases, we have at present no means of determining.

The first steps towards the establishment of the Retreat were taken in the year 1792. From prospectuses published in that and the following year, it appears that the following were the motives which chiefly influenced its

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original promoters in the formation of the new institution. "It was conceived, that peculiar advantages would be derived to the Society of Friends, by an institution of this kind under their own care, in which a milder and more appropriate system of treatment, than that usually practised, might be adopted; and where, during lucid intervals, or the state of convalescence, the patient might enjoy the society of those who were of similar habits and opinions. It was thought, that the indiscriminate mixture, in large public establishments, of persons of opposite religious sentiments and practices; of the profane and serious; the profligate and virtuous; was calculated to check the progress of returning reason, and to fix still deeper the melancholy and misanthropic train of ideas, which, in some descriptions of insanity, impresses the mind."*

The institution when opened for the reception of patients, in the summer of 1796, was designed for thirty persons; but, by successive additions to the building, it has been gradually enlarged, so as to be capable of affording accommodation to about one hundred.† It is seated on an elevated ground, half a mile from the walls of the city, commanding an extensive and diversified prospect, and affording excellent air and water. When first erected, it was surrounded by about eleven acres of land; but, by subsequent purchases, this has been increased to about twenty-eight acres; nearly one-fourth of which is occupied by gardens and pleasure-grounds.

The rules of the institution provide for the admission of all classes of persons in regard to wealth, on terms adapted to their several circumstances. The poorer class

^{*} Description of the Retreat, 1813. p. 23.

[†] The Retreat cannot, from the circumstances under which it has been erected, be looked upon as a model for institutions of this description in an architectural point of view.

of patients are admitted at 8s. per week; or at 4s. under the recommendation of a privileged subscriber; and, with a view of removing every obstacle to the placing of patients under proper care at an early period of the disease, those of this class who are sent to the institution within six months of the attack, have, since the year 1799, been admitted for one year, either gratuitously, or at 4s. per week. For the information of those unconnected with the Society of Friends, it must be here observed, that its internal economy provides for the payment of these weekly charges, where they cannot be met by the friends of the patient; and thus it is to be supposed, that pecuniary considerations in no case either retard admission into, or hasten discharge from, the institution. Persons in more easy circumstances pay from 10s. to 21s. per week; whilst the more affluent are admitted at the rate of from one to three, four, or five guineas, according to the circumstances of the patient, and the extent of accommodation afforded. (See Table 48.)

It may be here stated, that about three-fourths of the income of the institution has been derived from the payments on behalf of patients; and that the remainder has arisen from annual subscriptions, donations, legacies, and annuities. (Table 50.)

Except during short periods of time, the establishment has always been able to receive all patients, connected with the Society of Friends, whose admission has been applied for; and during any temporary interruptions, in consequence of alterations in the buildings being in progress, or from other causes, the more recent cases have never been excluded.

According to the original scheme of the institution, idiots were not admissible, but this distinction has only been imperfectly observed; and no insane person is refused

admission on account of the long duration of the disorder, of its being complicated with paralysis or epilepsy, or of its supposed incurability from any other reason. As there is no distinct establishment for incurable and imbecile patients supported by the Society of Friends, those who do not recover generally remain in the Retreat during the remaining period of their lives.

In the year 1818, in consequence of the provision for the higher class of patients being found greater than the wants of the society required, it was agreed to admit into this part of the institution a few patients wholly unconnected with the Society of Friends, who could afford to pay for the accommodation and advantages which this department of the Retreat affords. Since the year 1820, when the first admission of this kind took place, there has been, on an average, ten or eleven patients (10.70) of this class under its care.

In order to guard against misapprehension, and to place the general results which have been obtained clearly before the reader, the following explanatory notes to, and brief observations upon, the several tables, are here introduced.

§ 1.—General view of the experience of the Retreat since its opening in 1796.

Annual reports and general results during forty-four years.—Tables 1 and 2 are republished from the annual report of the institution for 1840. They exhibit the gross results obtained during the year 1839-40; and also during the whole period of forty-four years, 1796-1840, that the institution has been in operation. The average numbers resident during both these periods, which, in such tables are so often omitted, are likewise given.

The number of admissions during the forty-four years was 615, of which 282 occurred in males, and 333 in females. As 146 of these cases were readmitted ones (Table 24), the number of persons treated, was 469; or, 223 men, and 246 women. The distinction between the number of cases admitted into any institution, and the number of persons in whom those cases occurred, is an important one, in a statistical point of view; and, in the construction of these tables, has always been kept in sight.

Out of every 100 cases, of all descriptions, admitted during the forty-four years, the proportions discharged, under the several heads, and remaining under care, at the end of that period, are shewn in the following table:—

To be the state of	Males.	Females.	Mean.
Recovered	42.9	51.1	47.3
Improved	14.5	7.2	10.6
Unimproved	3.9	5.4	4.7
Died	24.8	20.7	22.6
Remaining	13.9	15.6	14.8
Total	100.	100.	100.

The reader is referred to a future page, under the heads of recoveries and deaths, for some remarks upon these aggregate results; which are of little value unless accompanied by a discriminating statement of the character of the cases admitted. It will be seen that, had the small proportion of cases, in persons unconnected with the Society of Friends, been omitted, the proportion of recoveries in the above statement would have been 50.18 instead of 47.31 per cent. The 22.6 per cent. of the whole number admitted, who have died, it need scarcely be stated, does not express the actual mortality. This, however, may be calculated from Table 2, and will be found to have been at the annual rate of 4.70, or exclud-

ing persons unconnected with the Society of Friends, 4.59

per cent. those constantly resident.

Results of experience at different periods.—Tables 3 and 4. These tables exhibit the experience of the institution during the forty-four years since its opening in 1796, the numbers, admitted and discharged, the average numbers annually resident, and the proportions of recoveries and deaths, being shewn for each of the four successive periods of ten years each, extending from 1796 to 1836, and for that of four years, from 1836 to 1840.

The average numbers resident during the several periods have been calculated from a quarterly register of the numbers in the house, which has been regularly kept since the establishment of the Retreat.* The average number of 67.15 persons, thus obtained for the whole period of forty-four years, differed by only a few fractions from that deduced by adding together the duration of residence of every case admitted, and dividing by 44, the number of years over which the cases extended. This latter plan was the only one, that could be resorted to, for determining the average numbers resident, connected and unconnected with the Society of Friends (Table 5); the average numbers resident at the different ages (Table 9); and the average numbers of persons in the different forms, and various durations, of the disorder when admitted (Tables 16 and 17). It will be seen that the average number progressively increased, from 37.53 during the first ten years, 1796-1806, to 95.70 in the fourth, 1826-1836. In consequence, however, of many applications for admission in 1837, having been refused, on account of extensive

^{*} During the last three years the average number resident has been calculated from a monthly register; which has been found to afford results as accurate as those from daily enumerations.

alterations in the buildings, the average number for the four years, 1836-40, has been temporarily reduced to 89. At the date of this report there were 91 patients remaining in the house.

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In comparing the average proportions of recoveries and deaths per cent. of the admissions during the several decennial periods (Table 4), it is to be recollected, that excepting the first decennium 1796-1806, and the entire period 1796-1840, the numbers given do not precisely express the actual proportions of recoveries and deaths, but are above the true proportions. This arises from the cases remaining under treatment at the beginning of each of the periods alluded to, not being taken into the account. On the other hand, had the latter plan been adopted, the same cases would have been counted again and again, and the proportions of recoveries and deaths would have appeared much below the actual ones. This is a consideration which should not be forgotten, in estimating the results obtained during a series of years only, and not during the whole period of existence of any institution. No such fallacy, however, attaches to the proportions of recoveries and the mean mortality, given for the different decennial periods, as calculated per cent. the average numbers resident.

As regards the results obtained in the several periods of the institution's existence, it will be seen that the proportion of recoveries was greater and the mean mortality considerably less in the second decennium, 1806-1816, than in any of the others. This is a difference in the results which, to a great extent, at least as regards the recoveries, is explained by the fact, as shewn in the subjoined table, of a larger proportion of recent, and a less of very old cases, having been admitted during that period.

There may, however, be some consideration due to the increased experience of the officers of the institution in that period, as compared with the previous one.

Table—Shewing the numbers of cases of shorter and longer duration, admitted during the decennial periods, 1796—1840. An appendix to Table 3.

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PERIODS OF TEN YEARS.				second class. First attack, above 3, within 12 months.			THIRD CLASS. Not first attack, within 12 months.			FOURTH CLASS. First or not first attack, more than 12 months.		
of Phase	Male.	Fem.	Total	Male.	Fem.	Total	Male.	Fem.	Total	Male.	Fem.	Total
1796—1806	3	15	18	6	10	16	10	15	25	29	30	59
1806-1816	10	11	21	10	9	19	6	23	29	19	20	39
1816-1826	18	7	25	13	9	22	27	27	54	19	30	49
1826-1836	9	13	22	17	12	29	32	42	74	30	26	56
Period of four years.					THE REAL	Synt				1000		
1836-1840	5	5	10	2	3	5	11	18	29	6	8	14
Period of forty four years.	07/6				1000	9000		100	arto (T	OH F
1796—1840	45	51	96	48	43	91	86	125	211	103	114	217

The relative proportions of each class admitted during the respective periods, as deduced from the foregoing table, were as follow:—

	Class 1.	Class 2.	Class 3.	Class 4.	Total.
1796-1806	15.2	13.6	21.2	50.0	= 100.
1806-1816	19.4	17.6	26.9	36.1	= 100.
1816-1826	16.7	14.6	36.0	32.7	= 100.
1826—1836	12.1	16.0	40.9	31.0	= 100.
1836-1840	17.3	8.6	50.0	24.1	= 100.
Average. 1796—1840	15.6	14.8	34.3	35.3	= 100.

The largest proportions of the more recent cases, Class 1 and 2, it will be seen were admitted in the second period, 1806—1816: that of very old cases, Class 4, in the first period, 1796—1806. The number of cases in Class 4 has decreased during the successive periods, in nearly

the same proportion as those in Class 3, containing cases of relapse and second or subsequent attacks, have increased.

A more correct method, at least as regards the recoveries, of shewing the varying character of the results obtained at different periods in the institution, than that of giving them for separate decennial periods, as in Table 4, would have been to have given them for periods successively increasing by ten years; i.e. first for ten, then twenty, then thirty, then forty, and, lastly, for forty-four years, as follows; also deduced from Table 3.

ura gong samus baa.		ge of Rec per cent. e Admis:	2000	Mean Mortality per cent. Annually Resident.			
d How rokket auritary	Male.	Fem.	Mean.	Male.	Fem.	Mean.	
10 years 1796—1806	27.08	38.57	33.90	8.47	2.14	4.52	
20 years 1796—1816	35.48	53.38	46.01	5.50	2.55	3.71	
30 years 1796—1826	42.94	49.02	46.27	5.39	3.54	4.31	
40 years 1796—1836	42.24	50.16	46.50	5.38	3.98	4.57	
44 years 1796—1840	42.91	51.05	47 31	5.58	4.05	4.70	

No fallacy whatever exists in this method; which shews as was to have been expected from the previous statement, a very great increase in the proportion of the recoveries in the first twenty, as compared with the first ten, years; and, after that, only a trifling increase. The mean mortality is also remarkably low for the first twenty years, as compared both with the more extended periods, and with the shorter one of ten years. At the end of thirty years the proportions of recoveries and the mean mortality would appear to have become nearly stationary; as during the subsequent fourteen years they have undergone but little alteration.

§ 2.—Of the condition and previous history of the patients; so far as these may be supposed to predispose to, or influence the character of, the mental disorder.

It must here be observed that, in estimating the influence of the various circumstances in the previous history of the cases, and that of the probable causes of the disorder, as has been attempted in this and the following sections, the same person has only been enumerated once in these tables. No satisfactory results can be obtained when, as appears customary in tables of this kind, the same circumstance is counted again and again, upon each readmission of the same individual.

A reference to the numbers in the various tables will be sufficient to shew, although not always so stated, that many of the following observations have, for reasons already given, been confined to the cases connected with the Society of Friends; it not being always thought important to direct particular attention to the comparatively small number not of that community, which have been admitted. In several other instances however, where no particular advantage was anticipated from such a division of the cases, the two classes have been united without distinction in the same tables; as in those of the last section (§ 1), and in Tables 16, 17, 19, 20, 25, 27, 28, 29, 37, 38, 39, 41, and 43.

Connexion with the Society of Friends.—Table 5.—Of the 469 persons admitted, there were 415 who were members of, or connected with, the Society of Friends, and 54 not so connected. Of the mean number of 67.15 constantly resident, there were, taking the average of the whole period, 4.80 not connected, thus leaving 62.35 as the average number of persons connected, with this com-

munity. Of these, however, 58.90 only, or possibly even a rather less number, were actually members of the society.

Previous attacks.—Table 6.—Of those connected with the Society of Friends, 91, or 22 per cent., and of others, 20, or 37 per cent., had suffered from more than one attack of mental disorder when first admitted into the institution. This table, and that which shews the number of persons readmitted after recovery from first attacks (Table 25), will enable us to ascertain the proportion of relapses and second attacks of insanity which have occurred in persons who have been under the care of the Retreat.

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Town or Country Life.—Table 7.—Of 415 patients, 228, or about 55 per cent., have been admitted from cities and large towns; including even in this class all places having a population much exceeding 5000: 101, or 24 per cent., were from small towns and villages; and 86, or 21 per cent., from more completely rural districts.

Rank or Profession.—Table 8.—With a few exceptions, there does not appear to be any marked disproportion between the numbers admitted of the different professions and ranks in life, and what may be presumed to be the numbers of the Society of Friends at large, belonging to such ranks and professions. There may, however, be some ground for concluding, that the number of persons engaged in agriculture, 63, as compared with that of persons in trade, 94, is above the proportion existing in the society at large. The relative proportion of females in the stations of housekeepers, seamstresses, shopwomen, and especially in that of domestic servants, amounting altogether to 66, or 30 per cent. of the whole number of females admitted, may also perhaps be above the average. But this rather large proportion may yet

be chiefly, if not altogether due on the one hand, to the great facilities which the rules of the Retreat and the economy of the society afford for the admission of persons of these classes; and, on the other, to a larger proportion of patients of the more opulent classes being, as is probably the case, under private care.

Sex.—Tables 5-10, &c.—The number of cases occurring among females at the Retreat, has exceeded that among males by 20 per cent.; or, in other words, only 45 men have been received to 55 women. This is not to be accounted for by any greater facility for the admission of women; and the fact appears to be, that, in this particular community, there is at least a corresponding disproportion in the numbers of the two sexes; and in all probability a much greater one, when persons of adult age only are considered. The excess, on the side of females, in the average numbers of the two sexes resident during the forty-four years was still greater, and amounted to 35 per cent.; there having been a mean number of 26.55 men to 35.80 women. The reason for the average proportion of females in the house, as compared with males, having been still greater than that of females admitted, is to be found in the much higher rate of mortality among males. (Table 35.)

It is an old opinion, and one that is, at least, not contradicted by the experience of the Retreat, that women are somewhat less subject to insanity than men. When attacked with the disorder, they have likewise an advantage over the other sex; for, in them, the probability of recovery is greater, and that of death considerably less.

Age.—Table 9.—The mean age at the origin of the disorder appears to have been 34 years; the males, on an average, being attacked two years earlier than the

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females. A similar difference appears in the mean age of males and females upon admission, which, for the two sexes, was 39 years. For obvious reasons, the specified age upon admission, may be relied on with greater confidence than that at the first attack; though it must be stated, that much doubt respecting the latter did not apply to more than twenty cases of the whole number admitted. The average age of the cases constantly resident during the whole period, has been nearly 49 (48.9) years; that of the females exceeding that of the males by more than half a-year. It is interesting to observe, that the average age at admission corresponds, within a slight fraction, with that observed, during 25 years, at the York Lunatic Asylum (Appendix 1, Table A); where a similar difference was also noticed between the ages of the males and females. Owing, however, to the greater mortality at the asylum, the average age of those constantly resident was little more than 47½ years (Appendix 1, Table C), or less, by nearly eighteen months, than that of persons connected with the Society of Friends at the Retreat.

As regards the origin of the disorder, by far the largest proportion, amounting to one-third of the whole, is found to be attacked from 20 to 30 years of age, and the proportions gradually decrease for each subsequent decennial period of life; as follows, deduced from Table 9.

Of 100 cases, at the origin of the disorder, there were at										
0-1	10 1	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	years of age.
0.9	96 1	12.77	32.53	20.00	15.90	10.60	6.03	0.97	0.24	= 100

In order to ascertain the actual liability, at the several ages, to insanity, the proportions attacked at each age should be compared with the mean numbers living at the same age in this particular community, did the means for doing this exist.

As regards the proportions for the different ages, at the time of first admission, these will be seen, from the following statement, to have been much less for the ages below, and greater for all the ages above, 20-30, as compared with the proportions for the same ages at the origin of the disorder.

Of 100 cases, at first admission, there were at										
0-10	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	years of	age
	0.97	32.77	20.72	18.56	13.25	10.36	2.89	0.48	= 100	

The mean numbers resident in the house, as shewn below, gradually increased for every decennial period of life, up to 40-50 and 50-60, when they attain their maximum. They then decrease, but still more gradually than they had increased, for each subsequent period.

Supposing 100 cases constantly resident, there would have been at											
0-10	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-100	yrs. of age	
	1.44	11.31	19.48	21.11	20.75	15.48	7.91	2.31	0.21	= 100	

Condition in reference to Marriage.—Table 10.—Of the whole number admitted, two-thirds, or 66 per cent., (64 per cent. for the men, and 68 per cent. for the women), had never been married. It is scarcely necessary to say, that this is out of all proportion to the number of unmarried persons of adult age existing in the Society of Friends. Of those who were, or had been married, one-fifth had never had offspring.

§ 3.—Of the probable causes of the mental disorder.

In a very small proportion of the cases, or 43 only, was no probable cause for the disorder either stated or ascertained (Table 12). In more than a third of the whole number, there appeared to have been two causes in operation in the same case. One of these had more frequently been of long standing, and appeared to have predisposed to the malady; whilst the other more often immediately preceded the attack, of which it was regarded as the immediate or exciting cause. The causes have, therefore, been classified under the two heads of predisposing (Table 13), and exciting causes (Table 14). Great difficulty attaches, in practice, to the determination of the causes of insanity; and with the exciting causes in particular, early symptoms of the disorder may very readily be confounded. Hence the results which have been arrived at, though very carefully scrutinized, are only to be regarded as approximations to truth. It will be seen that the same circumstance is, in several instances, introduced into the table of predisposing, and also into that of exciting causes; but it need scarcely be remarked, that in no case is one and the same circumstance regarded as having operated in both ways, in the same individual. The causes are further divided, into the physical and moral; the physical predominating, to a great extent, amongst the predisposing, and the moral exceeding the physical amongst the exciting, causes. Where two causes were assigned, one was generally of a physical, and the other of a psychical or moral character.

The causes of the recurrence of the disorder in cases of readmission, were very seldom assigned; and, where they were so, frequently consisted of the same circum-

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stance as that alleged on the first admission. For the reasons already stated, they have not been given in this table; and they did not appear numerous nor important enough to be made the subject of a separate one. In a few instances, however, when no cause was ascertained for the first attack, that which was alleged on readmission has been given in these tables.

Although all the alleged causes are deserving of very serious attention; bearing, as they do, upon the highest department of the healing art,—preventive medicine or hygiene;—yet, in this place, attention need only be directed to such of them as, from one circumstance or another, appear to call for particular comment.

The predisposing causes have generally attracted less attention than the exciting; and, from their frequently insidious character, are often altogether overlooked; though there is every reason for believing that, of the two, they are frequently the more important; whilst it is certain that they are also, in many instances, more easily guarded against.

Predisposing Causes.—Table 13.—In 232, of the 415 persons the predisposing causes were of a physical character. Of these, there were 70 in whom hereditary predisposition was the only predisposing cause known. In 72 other cases, however, in which there were other predisposing causes assigned, the same kind of predisposition also existed; so that 142, or about one-third of the whole number of persons admitted, laboured under an hereditary predisposition to insanity (Table 11). This, though a large proportion, when compared with results obtained at the large pauper institutions, where so much less is known of the history of the cases, is by no means so as compared with other observations. It is, however, only proper to

observe that in the above estimate, cases are not considered of an hereditary character, the history of which had only been characterized by the existence of insanity in collateral blood relatives; it being obvious that cases of this description do not necessarily establish any direct hereditary transmission. There were 71 known cases of this kind, and had they been included, the proportion would have been raised to about 51 per cent., or one half. On the other hand, many cases not stated to have been hereditary by the relatives and friends have, in this estimate, been considered as such, in consequence of more private information, or of the fact being well known.

There were 50 persons in whom congenital weakness of mind, in different degrees, appears to have acted as the predisposing cause of the insanity which supervened upon it. In a few of the cases the deficiency was considerable, and amounted nearly, if not quite, to imbecility, or partial idiotcy; but by far the greater number were not of that class, but consisted of persons decidedly below mediocrity of understanding, and of that sensitive and fragile mental constitution which is ill calculated for coping with the ills and difficulties of life. A still larger number might perhaps have been properly included under this head.

There were likewise 33 individuals who, though not of particularly weak mind, yet from early life had evinced very decided mental peculiarity, which, after the development of actual insanity, could hardly be be looked upon but as having constituted an original predisposition. The 8 persons who had been marked by extreme degrees of the melancholic and nervous temperaments, might perhaps have been included in the same group.

In 3 persons, a predisposition has been attributed to lactation by a parent strongly predisposed to insanity.

They consisted of a brother and two sisters, who laboured under different forms of mental derangement; and who all died in the institution. It was stated that, the only member of the family who did not manifest more or less decided symptoms of insanity, was also the only one who had not, during his infancy, been nourished by his mother. There may, however, have been more of coincidence than cause in this circumstance.*

Two blind persons were admitted, in whom the loss of vision, acting in one case upon a suspicious temper, was thought to have predisposed to the disorder.

Dyspeptic and other disorders of the stomach and organs of digestion appear to have acted as predisposing causes in 18; and, more doubtfully, as exciting causes in 11, cases.

Moral Causes.—The uncertainty, which must nearly always more or less apply to the assigned causes of insanity, may be observed, to do so with still greater force to those of a moral, than to those of a physical character; it being amongst the former, that the danger of mistaking early symptoms of the disorder for causes is more particularly found.

In 4 cases a neglected or perverted education, which in three instances was extremely indulgent, and in one

^{*} Though not given in the table, it may be stated as a curious fact that three persons, consisting also of a brother and two sisters, were supposed, by their friends, to have been predisposed to insanity, by being the offspring of first cousins. The parents were respectable, well educated persons, considered more than usually intelligent, and without any known hereditary tendency to insanity. They had a family of one son and seven daughters; and it appeared that, with but one or two exceptions, more or less singularity or weakness existed in such of them as did not actually become insane. The case may be worthy of notice in connexion with the somewhat popular opinion of the undesirableness of such connexions. The marriage of first cousins being of unfrequent occurrence in, and being forbidden by the rules of, the Society of Friends may account, if the opinion be correct, for these being the only cases of the kind that have occurred at the Retreat.

very rigid, appears more or less decidedly to have acted as a predisposing cause; confirming the remark, "that in several instances the foundation of the disease appears to have been laid in an injudicious indulgence in early life; by which the ill-trained man has been brought into contact with the oppositions and difficulties of the world, without the habits of endurance or self-government.."*

Various degrees of ill-regulated temper and disposition had been noticed before the supposed origin of the disorder, in eleven cases; but it is extremely doubtful whether, in some of these, the characteristics alluded to were not really indicative of an incipient or obscure form of mental disorder, such as is now generally recognised under the name of Moral Insanity. The predisposition in ten persons appeared to be laid in the long-continued operation of mental disquietude from various causes. Under this head, perhaps, might also have been included one case connected with political enthusiasm; and nine with excitement connected with religious hopes, fears, and speculations. Upon the latter subject some remarks will be made under the same head in the table of exciting causes.

Exciting Causes.—Table 14.—Of 121 persons in whom the exciting cause was of a physical description, there were 16 in whom it might be traced to fevers and febrile diseases; 10 to mechanical injuries of the head; and 6 to inflammation of the brain. In 5 persons the exciting cause consisted in apoplexy or paralysis; and in 12 cases, in epilepsy. In one case each, apoplexy and paralysis, and in 4 other cases, epilepsy appear to have acted as predisposing causes. Of the 16 cases in which epilepsy had preceded the development of

^{*} Sketch, &c , of the Retreat, 1828, p. 36.

insanity, one only was discharged recovered, and he has since had a recurrence of the disorder, which, after the lapse of about eight years, has only been very partially recovered from. It must be stated, however, that none of these cases were of recent occurrence when admitted.* Of the 5 cases which were connected with apoplexy, either as an exciting or predisposing cause, two were discharged recovered. Both the cases connected with paralysis were discharged recovered, and the individuals have for a long period been filling useful positions in the world. In these two persons a state either of excitement, or one of incoherence, which bordered upon dementia, had supervened upon a palsied (hemiplegic) condition, which had existed from infancy. Cases then which are connected with diseases of the nervous system of these descriptions should not, in every instance, be regarded as hopeless.

Excepting in reference to the intemperate use of alcoholic and fermented liquors, no particular remark, as to the various exciting causes of a physical character, which follow in the table, appears to be called for.

The number of persons connected with the Society of Friends, in whom this was supposed to have acted as an exciting causes of mental disorder, was 21. Of this number five were females, two of whom were also addicted to the use of opium. There were likewise seven persons in whom intemperance and free living were thought to have acted as a predisposing cause. Of the

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^{*} It may also be mentioned that, in one of the recent cases, in which the mania was complicated with, but had not been preceded by, epileptic seizures, the patient recovered from both, after a short residence at the Retreat. At the date of this report he had remained quite well for a period of fourteen years; but he has since been readmitted with a second attack of mental disorder, without epilepsy; and, in the course of a few weeks, was again discharged recovered.

whole number of twenty-eight, not more than twelve were members of the society. This is a somewhat larger proportion of cases than has previously been computed as connected with this cause, the difference being attributable to further information respecting some of the old cases, having been subsequently obtained.

But it must be observed that in several of the cases, it was doubtful whether the intemperance which had preceded the attack of insanity could really be regarded as its cause; in some of these instances the amount of intemperance was so small as justly to lead to doubt in this respect; and in a few others it appeared fully as probable that it was one of the modes in which the disorder had manifested itself. Indeed this was so evidently the fact in the instance of two of the women, whose cases ought perhaps not to have been included in this table, that the mental disorder under which they laboured has been classed under the head of monomania of drunkenness. (Table 15.)

It may perhaps be worth observing, that the proportion of cases ascribed to intemperance, in persons unconnected with the Society of Friends, was considerably more than double that above ascertained; for out of the fifty-four persons of this class, and who were generally from the more opulent ranks of society, there were nine in whom this cause was assigned.

Moral Causes.—Of the 135 persons in whom the exciting cause appears to have been of a moral or psychical character, there were 112 in whom this might be referred to sorrow, anxiety, and disappointment from various causes. The most prominent of these were anxiety respecting a livelihood, and pecuniary losses, in 31 cases; sorrow from the death of near relatives, in 18; distress from other domestic trials, in 14; and disappointed affections, in 22

cases. The proportion of men was greater under the first of these heads; that of women under the three others.

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None of the 4 cases under the head of anxiety as to the success of business, were connected with large mercantile speculations. It may also be observed, that of the 7 persons in whom unhappy conjugal connexions appear to have operated as an exciting cause, three were women, who had married persons not of the Society of Friends.

Excitement connected with religious hopes, fears, and speculations was supposed to have acted as an exciting cause in the case of 5, and as a predisposing one in that of 9 individuals. It is right to observe, that several of these were persons of rather weak minds; and that 2 of them had only recently joined the society, in which they were not educated. Another case, that of a youth, was attributed, somewhat improbably, to his having attended the singing at a Methodist chapel, where the disorder was first manifested. In one of the females the mental disorder had supervened upon religious unsettlement, connected with becoming a follower of Joanna Southcote. In two other younger women a state of religious excitement had originated during the progress of a religious controversy in the place where they resided.*

Great confusion has arisen from not distinguishing cause and effect in relation to the influence of the religious feelings upon the development of mental disorders; and the history of the cases at the Retreat fully confirms the truth of Dr. Prichard's remark, that "the circumstance

^{*} In connexion with this subject, it may be stated, that during the forty-four years, there have only been four persons in the station of religious ministers in the Society of Friends admitted into the institution; and that in all these there were causes for the mental disorder, wholly unconnected with the religious habits or opinions of the individuals.

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of the mind of a lunatic being occupied during the period of his disease with ideas and feelings connected with an invisible world, is no proof whatever that the derangement of his understanding was produced in the first instance, by impressions related to the same subject."*

§ 4.—OF THE FORMS OF MENTAL DISORDER, AND THE GENERAL RESULTS OF TREATMENT, AS MODIFIED BY FORM OF DISORDER, DURATION, SEX, AND AGE.

Forms of Disorder.—Tables 15 and 16.—The classification of the cases according to the form of mental disorder which has been adopted, is that usually recognised of Mania, Melancholia, Monomania, Dementia, and Idiotcy or Amentia. The separate head of Delirium has been added, in order to embrace three or four cases of delirium tremens and of delirium of fever, not properly belonging to the province of the institution. Various subdivisions of the foregoing primary forms of disorder have been employed, for the sake of more clearly exhibiting the character of the cases admitted; but not as offering a systematic classification of mental disorders.

Of the 615 cases, or whole number admitted, including readmissions (Table 14), there were 277, or more than 45 per cent. of mania; 215, or nearly 35 per cent., of melancholia; 64, or somewhat more than 10 per cent., of monomania; and 41, or about 8 per cent., of dementia. Of congenital idiotcy and imbecility, five cases only have been admitted, in which further mental disorder had not supervened.† This small proportion can only, in a very slight degree, be attributed to the original rule of the

^{*} Treatise on Insanity, 1835, p. 187.

[†] Two men and five women, in whom mania, and one woman in whom monomania, was superadded to a state of original imbecility bordering upon partial idiotcy, have been admitted.

institution against the admission of such cases, which was for a very short period, if at all, acted upon.

The relative proportion of cases of mania and monomania was the same for the two sexes; melancholia was 10 per cent. more frequent in females; and dementia was more than twice as frequent in males as in the other sex.

In consequence, however, of the changes which mental disorders undergo during their progress, the above estimate does not represent the the exact proportions of the different forms of disorder treated in the institution. Even in the earlier stages, and in the more acute cases, a state of mental excitement is often followed by one of depression; and, on the contrary, melancholy often passes into mania, before complete recovery takes place. When the disorder has become chronic, and especially if it have assumed a recurrent form, these alternations perhaps still more frequently occur. (Tables 28 and 39.) In cases, likewise, of incurable insanity, the violence of the original disorder for the most part gradually abates, and leaves, in general, a weakened condition of the memory, judgment, and other mental powers, with a consequent state of imbecility or incoherence. These are the first stages of dementia; which not unfrequently terminate in a completely fatuous condition, or in confirmed dementia; which, except by attention to the history, can scarcely be distinguished from, and, especially in parliamentary and other statistical returns, is often confounded with, original idiotcy. In all institutions, therefore, which combine the two objects of the recovery and the care of the insane, a large number of cases of more or less confirmed dementia will always be found. And thus, although only 48 cases have been admitted, and there has, on the average, been less than 11 (10.71), who were admitted in that state, constantly resident

(Table 16), yet as many as 44 have died (Table 39); and, at the date of this report, there are as many as 41, or 45 per cent. of the whole number resident, who are in a more or less confirmed state of dementia (Table 43). Melancholia and monomania, when they have become incurable, appear to have less tendency than mania to pass into a demented condition. For of 87 cases of mania there are 27, or nearly one-third, and of 97 cases of melancholia and monomania 17 only, or somewhat more than one-sixth, which have merged into dementia. (Tables 39 and 43.)

A marked disposition to, or attempt at, suicide, was noticed in sixty-two persons connected with the Society of Friends, who, for the most part, laboured under melancholia (Table 15). In 14 of these, the disorder was chiefly marked by religious apprehensions and fears. Of the whole number of persons admitted belonging to, and connected with, this community, there have been about fifteen per cent. marked by a suicidal tendency.

Although the hopes and fears connected with religion and a future state do not, in many cases, appear to have operated as a cause; they have perhaps had their full share in modifying the form which the mental disorder has assumed. Thus, out of 162 persons, who laboured under melancholy, the disorder in 42 was chiefly marked by fears and solicitude connected with a future state. In 9 persons, likewise, out of 52, admitted with monomania, the hallucinations assumed a decidedly religious character.

Six cases are inserted under the head of apathetic insanity; a form of mental disorder characterized by great mental inaction and apparent loss of voluntary power. It should be carefully distinguished from simple melancholy; with which it is, perhaps, often confounded; though it is

probably more nearly allied to dementia, into which it

often quickly passes.

Moral insanity, of which there have not been more than 4 marked cases, has, for the sake of convenience, been made a subdivision of monomania; to which, indeed, it appears to be often closely related.

DURATION OF RESIDENCE.

The average duration of residence in the Retreat has been very high; and for the whole number admitted, has hitherto been nearly five (4.80) years. For the whole number discharged it has been three and a half (3.52) years; viz.: for those discharged recovered, a year and a third (1.32); improved, two years and a quarter (2.25); unimproved, three years (3.06); and for those who have died, nearly nine (8.83) years. For those remaining in the house, Midsummer 1840, the average period of residence had been twelve and a half (12.49) years. It is worth remarking, that more than a third of the cases that recovered were discharged within six months of admission; whilst of those that died, little short of a third resided from ten to forty-four years in the institution. (Tables 19 and 20.)

At the York Lunatic Asylum, the average period of residence during the last 25 years, has been little more than half that at the Retreat; or, for the whole number admitted, two and a half (2.52) years; and a difference, for the most part nearly as great, is to be noticed in the length of residence of those who have been discharged recovered or otherwise, and of those who have died in that institution; it having been barely two-thirds (.65) of a year for those who recovered, and only four (4.03) years for those who died. (Appendix 1, Table B.)

The long period of residence of patients in the Retreat

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should be borne in mind, in comparing its statistics with those of other institutions. For not only is the average number in the house materially increased by it, but it may also, to a slight extent, account for the low rate of mortality. It is to be attributed to the circumstance of the period of the discharge seldom or never being hastened by pecuniary considerations; and to the caution exercised in removing patients before the apparent convalescence has been tested by a sufficient duration. During this period of probation, which is sometimes as much desired by the patient himself as by the officers of the institution, a relapse has in many instances occurred. The stay of the patient is consequently still further prolonged, on the one hand; and, on the other, one recovery only appears, where, had the patient been discharged more speedily, and readmitted upon relapse, two recoveries would, in many cases at least, have been reported.

§ 5.—OF THE RECOVERIES, AND THEIR AVERAGE PROPORTIONS, &C.

It must be stated that the term recovered, has been applied only to those cases where the patient has been so far restored as to appear fully capable of performing, with propriety, the duties belonging to his station in the world; though it is not pretended but that sometimes, perhaps, upon a minute examination, traces of mental disorder might still be detected. In the few cases, likewise, where a state of mania had supervened upon one of original imbecility, the patient has been considered recovered, when restored to the care of his friends in the state he was in before the attack. In a small number of cases likewise, which have been removed in an advanced stage of convalescence, from the desire of their friends, or from its

being supposed in the particular case desirable, the patients have been considered recovered if the convalescence have been confirmed. In cases which, upon discharge, still required the particular care of their friends, though so far benefitted by treatment, that further residence in the institution was thought unnecessary, patients have been considered as discharged *improved*.

Proportion of Recoveries.—Of the whole number of 615 cases admitted into the Retreat, 291, or 47.31 per cent., were discharged recovered. (Tables 16, 21, &c.) But it is, perhaps, fairer to limit this calculation to the cases for which the institution is particularly designed; and we then find, that of 550 cases in persons belonging to, or connected with, the Society of Friends, 276, or 50.18 per cent., were discharged recovered. (Tables 18, 23.)

The recoveries, when calculated upon the average population or upon the mean number constantly in the Retreat, were at the annual rate of 9.84 per cent. resident (Table 21). In this estimate time, or the duration of treatment, is taken into consideration. Thus 9.84 when multiplied by the average length of residence, or by 4.80 years, gives 47.23, which is only a fraction less than 47.31, the average rate of recoveries per cent. of the admissions. If the average duration of residence in different hospitals were the same, the rates of recovery, as calculated upon these two plans, would observe a certain proportion; and it would be indifferent which of the methods was selected for comparison. But as the object in the treatment of the insane is not merely to produce a speedy recovery, but should combine that of fortifying the system against a relapse, it becomes obvious that the time in which the recovery is effected is a question of secondary importance; and that the proper and only

method of estimating the relative proportions of recoveries, is that calculated upon the number admitted or treated, and not upon the average number resident.

Influence of the Duration and Form of the Disorder, of Age and Sex upon the Proportion of Recoveries.—An undiscriminating comparison, however, of the proportion of recoveries out of the aggregate number of cases admitted is extremely fallacious, and open to much objection; from the results being so greatly modified by the character of the cases in several respects, but especially as regards the duration of disorder when admitted.

The greater probability of recovery in the more recent cases has always been recognized at the Retreat,* and the cases have, from time to time, been distributed into classes according to the duration of disorder when admitted and the results in each class then noted (Table 17). The relative proportions of cases admitted in these several stages of the disorder has already been shewn (page 10).

Of cases in Class 1, admitted within 3 months of the first attack, 80 per cent. within a fraction (79.16) have been discharged recovered. The expectation of recovery in such cases is, therefore, as 4 to 1.† Of cases in Class 2 of the first attack, and of 3 to 12 months duration when admitted, 46.15 per cent. recovered. Of cases in Class 3, not of the first attack and of less than twelve months duration when admitted, and which, consequently, embraced many recent cases of recurrent insanity, as many

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^{*} See Annual Reports, 1803, 1810, and 1820,

[†] Were the cases in this class excluded, which, upon admission, were complicated with diseases in themselves fatal to life, such as pulmonary consumption and apoplexy, as well as those which had previously been marked by so much eccentricity as, perhaps, properly to constitute them old cases, though not so regarded by their friends, the experience of the Retreat would shew that, when brought under care at this early stage of the disorder, the probability of recovery is as great as 9 to 1. Of 20 cases in this class admitted in ten years, 1798—1808, as many as 19 were discharged recovered.

as 62.08 per cent. recovered. In Class 4, embracing the cases whether of the first or subsequent attack, of more than twelve months' duration, the proportion of recoveries was not more than 19.35 per cent.: the expectation of recovery in such cases being less than 1 in 5.*

Recovery, however, is not only more frequent, but is also effected in a period which is shorter in proportion to the recency of the attack. (Table 20.) Thus the average length of residence in the institution, of those who recovered who had been admitted within 3 months of the first attack, Class 1, was three quarters (.78) of a year; of those admitted from 3 to 12 months after the first attack, Class 2, one and a quarter (1.23) year; of those admitted within 12 months of a second or any subsequent attack, Class 3, one and a half (1.47) year; and in those admitted more than 12 months after the attack, Class 4, two (1.97) years. That appropriate moral and medical treatment are, to a very great extent, more available in the early stages of the disorder, and that, consequently, patients should be placed under proper care at an early period after the attack, are thus on all hands evident.

The probability of recovery it will be seen is greater where the mental powers are more generally affected, whether by excitement, as in mania, or by depression, as in melancholia, than when the mind is affected by partial insanity, or monomania. In dementia recovery is very rare. (Table 21.)

^{*} The smaller proportion of cases of all descriptions dismissed recovered at the York Lunatic Asylum, or 33.88 per cent., is probably partly due to the smaller proportion of recent cases admitted; but it must be principally attributed to the circumstance (alluded to in the Appendix) of patients being so often prematurely removed from the institution, by their friends. A comparison of the numbers under the heads "discharged, improved, and unimproved," in Table B, referring to the Asylum, with the corresponding numbers in Table 18, referring to the Retreat, will, I think, establish this.

Age exerts a marked influence upon the number of recoveries. The probability of recovery is greatest in the young, and undergoes a gradual and very regular diminution as age advances. Thus the recoveries at 10-20 years of age when admitted were 55.55 per cent., and at 70-80 years, only 20 per cent., of the admissions (Table 23). Similar, but less regular results have been obtained at the York Lunatic Asylum. (Appendix 1, Table D.)

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The number of recoveries amongst women have been more numerous than amongst men, under nearly all circumstances of form and duration of disorder and of age. (Tables 21, 22, 23, and Appendix 1, D.)

§ 6.—Of the readmissions and history subsequent to discharge.

Readmissions.—Tables 24 to 28.—The cases of readmitted were 146 in number, and occurred in 97 persons. Of these, 135 occurred in 86 individuals connected with the Society of Friends. (Table 24.)

Of the whole number of 146, 119 had been previously discharged recovered; and of these 72, or 60.5 per cent., were again discharged recovered. This is a large proportion, which is partly attributable to the tendency of recurrent insanity to assume a remittent form. For example, of these 72 recoveries, 17 occurred in two females who, during periods of fifteen and twenty-four years respectively have each been ten times admitted, with intervals of sanity, of from one to two years (Table 24). Nineteen, or one-fifth of the whole number remaining in the house, at the date of this report, were readmitted cases. (Table 27.)

The date of readmission only imperfectly represents that of the second or subsequent attack; and the history of the cases readmitted is not sufficiently precise to enable us to

distinguish relapses from distinct recurrences, or second attacks of the disorder. Thirty-six cases, however, were readmitted within six months of discharge; and it is probable that at least this proportion, or one-fourth of the whole, consisted of relapses; to be attributed either to a too speedy removal, to the strength of the constitutional predisposition, or to subsequent injudicious treatment; rather than to the influence of any fresh exciting cause. After the period in which a true relapse may occur has passed by, the liability to a recurrence of the disorder remains, but diminishes with the lapse of time. The majority of readmissions, however, occurred within the fifth year; though a large proportion, 28 per cent., occurred between the fifth and the twentieth; and there were five cases readmitted from 20 to 25 years after the previous discharge; (Table 26).*

Liability to relapse or recurrence.—What is the proportion of relapses and second attacks, after recovery from a first attack of insanity, according to the experience of the Retreat?

Of the total number of 291 recoveries, 149 occurred in cases of the first attack (Table 17); and of this number, 47 persons (Table 25) were readmitted on account either of a relapse or subsequent attack of the disorder. These numbers would give 31.5 per cent., (27.3 per cent. for men, and 35. per cent. for women,) or about one in every three cases, as the proportion of relapses and recurrences after recovery from the first attack. This, however, must

[•] This table (26) does not shew, as would have been desirable, the length of time which clapsed before readmission, in the cases which had been discharged recovered, distinguished from the others. As shewing, therefore, how far the interval between discharge and readmission is to be regarded as one of sanity, it may be stated that, of the 36 cases readmitted within 6 months, 28 had been discharged recovered; that of the 38 from 5 to 20 years, 32 had been discharged recovered; and that the 5 readmitted from 20 to 25 years, after discharge, had all been discharged recovered.

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be regarded as much less than the actual proportion; for many, particularly of those who have been more recently discharged, and have hitherto escaped, are yet liable to, and will in all probability experience, a second attack. In support of this statement it may be observed that since the date of this report, and consequently not entering into the above calculation, four men labouring under second attacks have been readmitted.* In these cases intervals of four, eight, fourteen, and nineteen years had elapsed after their respective recoveries from the first attack. There have likewise been 17 persons who have experienced subsequent attacks, but have not been readmitted; and 6 of these, three of each sex, had recovered at the Retreat from the first attack of mental disorder (Table 29). According to this experience, the liability to a relapse or a recurrence of insanity, after recovery from a first attack, all things considered, cannot be estimated as at all less than 50 per cent.; or as one in every two cases dis_ charged recovered.+

In a large proportion of cases of recurrent insanity, as has been already stated (page 33), the patient again recovers; though the liability to a future recurrence of the disorder must be regarded as increasing with every such recovery in the same individual.

HISTORY SUBSEQUENT TO DISCHARGE.

The statistics of hospitals for the insane in general, lose much of their value, in consequence of its not being known

^{*} Three of these cases were readmitted in the course of a single month.

⁺ From a more precise method of investigating this question, which this would not be the place to enter into, I have found that the proportion of relapses and recurrences of insanity after recovery from a first attack, in cases that have come under the notice of the Retreat, has been as high as 65.6 per cent.; or as two in every three cases which have recovered from the first attack. This calculation, however, includes cases of recurrence in persons, who had not recovered from the first attack of the disorder at the Retreat.

how far the reported recoveries have been permanent or otherwise. And it is therefore an important, as well as remarkable, circumstance; that but little difficulty has been experienced in tracing, with scarcely an exception, by particular enquiry or otherwise, the history of every person who has been under the care of the Retreat, either to the time of death, or nearly to the date of this report. And thus, when the information which is here given, is taken in connexion with that relative to readmissions, the exact value of the recoveries which have occurred in this institution may be ascertained. (Table 29.)

There have been admitted into the institution 469 persons; and by deducting from this number those who have died in the house, 139, and those who remained in the house 91, there will be left 239;* who after one or more admissions have hitherto been finally discharged, and whose general history has been traced. Of the whole number, 172 were recovered, 44 improved, and 23 unimproved, at the time of their last discharge. Seventy-two of those who were discharged recovered, have since died; and of these, 54 remained well, (in nearly half the cases, after the lapse of from ten to forty-three years); 10 presented traces of disorder; and 8 had sustained fresh attacks at the time of their respective deaths.+ Of the remaining 100 who were discharged recovered and are yet living, 78 are believed to have remained well, (in more than half the cases, after the lapse of from ten to forty-three years); 13 present traces of disorder; and 9 had sustained

^{*} Twenty-five of these were unconnected with the Society of Friends.

[†] In two of these cases the return of the disorder was characterized by a suicidal disposition, and the individuals died by their own hands, after intervals in one case of five, and in the other of fifteen, years. In a third case, that of a female, death was the result, either of an intentional and suicidal, or of an accidental, fall from a window during a state of delirious excitement. (Table 37,)

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fresh attacks previous to the date of this report. Of the 44 persons discharged improved, 9 have subsequently recovered. Of the 23 discharged unimproved, none have recovered. The proportion of cases in which the permanence of recovery has either been established by its continuance to the time of death, or is rendered probable by the long period that has elapsed since discharge, is thus seen to be very considerable. Several cases of a recurrence of the disorder have, however, occurred after intervals of ten, twenty, and even thirty years of continued sanity.

It may be proper to observe that of those who have been discharged recovered, the history of a few has since been characterized by more or less of intemperate and irregular conduct; that of one or two by fraudulent transactions; and that of a few others by a somewhat enthusiastic and roving disposition. Cases of this kind form however quite the exception; and a large proportion, or even the majority, have become respectable and useful members of domestic and civil society; many have succeeded in business and otherwise; and at least twenty-five, fifteen men and ten women, have formed matrimonial connexions.

§ 7.—OF THE DEATHS AND AVERAGE MORTALITY.

There were 139 deaths during the forty-four years at the Retreat; and of these, 126 were in those connected, and 13 in those unconnected, with the Society of Friends.

Duration of Residence, Disorder, and age at the time of Death.—Of the 126 there were 23, or 18.2 per cent., who had resided from twenty to forty-four years in the institution, at the time of death. The average duration of residence in those connected with the Society of Friends who died at the Retreat, was nine and a half (9.44); that of the others, three (2.94) years. (Table 30.)

Of the 126 persons connected with the Society of Friends who died, as many as 48, or 38 per cent., had suffered from the disorder, though in many cases with intervals of sanity for periods of from twenty to sixty years. The average duration of the disorder, as nearly as it could be ascertained, was in those of this class who died 17.31 years; whilst in the few unconnected with the Society of Friends, it was only 9.34 years. (Table 31.)

Of the 126 deaths, 57, or 45 per cent., were in persons upwards of 60; and of these 14, or 11 per cent. of the whole, were from 80 to 97 years of age. This is a proportion of old persons, which is probably unequalled in the annals of such institutions. The average age at death, in persons connected with the Society of Friends at the Retreat, was 56.5 years; in persons unconnected with the Society of Friends, it was 47.7 years. At the York Asylum it was 49.5 years. In both the institutions the average age of females exceeded that of males by about three years. (Table 32, and Appendix 1, Table C.)

Mean Mortality.—As there were 615 admissions at the Retreat during the forty-four years, and as the deaths were 139, the proportion of deaths to the admissions was 22.60 per cent. This computation, however, affords no index to the actual mortality as compared with that of other institutions. Were, indeed, the average period of residence the same in different institutions, such a comparison would hold good; though even then the proportion of deaths so calculated could not be compared with the mortality in the general population, nor with that of other communities. The uncertainty which has hitherto so generally prevailed as to the actual rate of mortality in the insane, may be attributed partly to the calculation having nearly always been

made upon this erroneous method. (Tables 33, 34, and 35.)

As is now well known the mortality of any class of people is only correctly expressed by the proportion of deaths out of a given population, or number living a given time: in other words, we have to ascertain the average annual mortality per cent. of those constantly living. Calculated in this way, as the average number resident during the forty-four years was 67.15, the annual mortality was at the rate of 4.70, or exclusive of those unconnected with the Society of Friends, 4.59 per cent. resident. This is a very low rate of mortality; and indeed the lowest that has been published for any institution which has been in operation during so extended a period. (See Table, Appendix No. 2.) At the York Lunatic Asylum during the twenty-five years, 1814-1840, the mean annual mortality has been at the rate of 7.35 per cent.; which is still a very favourable result, as compared with that in similar institutions.

Influence of Insanity on the duration of life.—With the data now before us (Tables 31 and 32), the average age at which the 139 who died, were attacked with the disorder, may be ascertained; and will be found to have been, for those connected with the Society of Friends, 39.19 years; and for the others, 38.36 years. (56.5 — 17.31 = 39.19; and 47.7 — 9.34 = 38.36.) Now the expectation of life at thirty-eight and thirty-nine years of age, according to the most recent researches, is not less than twenty-eight years;* so that the mean ages attained should have been sixty-seven and sixty-six instead of fifty-six and forty-

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See Finlaison's Tables of Expectation of Life; "Macculloch's Statistical Account of the British Empire," 1837, vol. 1, p. 419. Also Table for the Society of Friends; "Rules of the Friends' Provident Institution," 1836, p. 45.

seven respectively (Table 32.) In those connected with the Society of Friends, less than two-thirds, and in the others, not more than a third of the expectation of life at the time of attack was realized. This is one way in which the prejudicial influence of insanity upon the duration of life may be shewn.

The average age at death of those who recovered and were discharged, differed but slightly from that observed in the institution itself; and the average age at attack was also very similar (Table 38). The experience out of the institution, as to the influence of insanity upon the duration of life, even in those who had recovered, is thus seen to confirm that in the Retreat itself.

The mortality in England and Wales for the seventeen years, 1813—1830, was, according to Edmonds, 2.12 per cent. at all ages;* and that of persons of adult age, with which the mortality of hospitals for the insane should be compared, can only be estimated a few fractions higher. The mortality then at the Retreat was double, and that at the York Asylum treble, that of the general population. As, however, there can be no doubt but that the mortality of the Society of Friends as a body is considerably less than that of the community at large, the lower rate of mortality at the Retreat must, to a certain extent, be ascribed to the general lower mortality in the Society of Friends.†

The mortality in England and Wales, according to the Registrar-General, during two years, 1837—1839, was 2.17 per cent.

[•] The details of this interesting question would be unsuited to a report of this kind; and I have, therefore, entered into it more at length, in a separate series of "Observations on the Statistics of Insanity."

Notwithstanding the lower mortality in the Society of Friends as a body, the very low rate of mortality at the Retreat still satisfactorily accounts for the comparatively large number of existing cases of insanity in that institution. On this subject the reader is also referred to the "Introduction," by Samuel Tuke, to the English edition of Dr. Jacobi's work "On the Construction and Management of Hospitals for the Insane," p. lv.

The Sex and Age, the Form and Duration of the Disorder exert as marked an Influence over the Mortality of the insane as they do over the proportion of recoveries; and it is interesting to observe that for the most part, it is under the same circumstances that the recoveries are most numerous, that the mortality is the lowest.

The mortality amongst men at the Retreat exceeded that amongst women by 35 per cent.; that of the former being at the annual rate of 5.39, and that of the latter 3.99 per cent. the population. (Table 35.)

The rate of mortality in those admitted in a state of mania, has been 3.99; in melancholia, 6.96; in monomania, 3.46; and in dementia, 4.45 per cent. It must be stated that in this calculation the changes which had taken place, in the form of disorder before death (Table 39), have not been taken into the account: had this been done, the mortality in dementia would have been found to be at least double what has been stated. The mortality in idiotcy appears to have been at the rate of 2.87per cent.; but the number of cases under care have been too few to place much reliance on this result. (Table 33.)

Of cases in Class 1, admitted within three months of the first attack, the mortality was 6.19 per cent.; of those in Class 2, admitted from three to twelve months of the first attack, 3.90 per cent.; and of cases in Class 4, of more than twelve months' duration, 4.48 per cent. This is sufficient to shew that the mortality of the insane is greatest in the recent cases. And thus we find that of cases in Class 3, not of the first attack but of less than twelve months' duration, consequently embracing many recent cases, the mortality was as high as 5.78 per cent. Had the influence of the duration of disorder upon the mortality been judged of by the proportion of deaths per

cent. of the admissions, what an erroneous and completely opposite conclusion would have been formed, may be seen by an inspection of the table. This difference in the results is to be explained by the very different proportions of recoveries, and by the consequent difference in the average duration of residence in these four classes. (Table 34.)

The influence exerted by age upon the rate of mortality in the insane was very decided both at the Retreat and in the Asylum. (Table 35 and Appendix 1, Table E.)*

Fatal Diseases.—Table 36.—There was very little doubt as to the cause of death, in any of the cases in which it was not ascertained by post mortem examination. The fatal diseases have been arranged upon the same plan as that adopted under the sanction of the Registrar-General; and they thus admit of comparison with the causes of death, either in the kingdom generally, or in any part of it.

Excepting the Influenza of 1836 and 1837, of which there were five fatal cases, no disease has at any time prevailed epidemically in the institution. The few cases of diarrhæa, dysentery, erysipelas, and fever which occurred, in no instance affected more than one person at once: all of these, but particularly the three former, being diseases which have often proved extremely fatal in hospitals for the insane. Of the three cases of fever, only one was attacked with the disorder in the house: the other two died a few days after admission in a state of febrile delirium, which had been mistaken for mania, and brought as such to the institution. Only two cases of death from (general) paralysis, are given in the table; but it must be

^{*} The reader should have been previously referred to the table given in Appendix No. 2, for the annual rate of mortality, as well as the proportions of recoveries, in different Asylums in this and other countries,

stated, that there were at least three or four other instances in which more or less marked general or local paralysis existed, but which ultimately proved fatal from other diseases; as for instance inflammation of the lungs,* and mortification of the extremities.

The five deaths from mortification, chiefly of the extremities, occurred in persons whose ages averaged 65 years. In none of these was the mortification the result of exposure to cold; nor unless this could be said to have been the case in a female who had been bed-ridden from paralysis, for a considerable period, was it at all connected with confinement or the want of exercise. In one instance the disorder existed at the time of admission, three weeks after which the patient died; and in two others, decided symptoms of a diseased state of the heart and circulating organs, had for a long period been observed.

Two or three of the six fatal cases attributed to atrophy, a form of death to which the insane have been considered very liable, were most likely instances of pulmonary consumption in a latent form. That this, however, was not so in all these cases, was proved by examination after death.

Exhaustion, from a state of long-continued maniacal excitement, has not been a frequent cause of death at the Retreat; and in two of the three instances of this description, the fatal event was at least hastened by the fatigue of travelling. The patients had been brought in the one case, 220, and in the other 270, miles, without being allowed sufficient rest by the way; and they both died within about a week of arriving at the institution.

^{*} In cases of this description particularly, the pulmonary affection has often been detected with great difficulty during life; and sometimes has appeared to manifest itself chiefly in disturbance of the nervous system, often of an apoplectic character.

There were five deaths from suicide; all of which were in males, and were effected by hanging. Three of the number occurred in the infancy of the institution, when the officers must have been less experienced in the care of persons with this unhappy propensity. The two other cases occurred since the year 1829.*

The information given in the table (37) relative to the diseases which have proved fatal since discharge, may be regarded as supplementary to that in the preceding one; as Table 38, is supplementary to Table 32: both of them referring to the deaths which have occurred subsequent to discharge from the institution.

Changes in the character of mental disorder before death. Table 39.—The changes in the form of mental disorder exhibited in this table have already been pointed out (page 26). It is, however, also intended to shew that, during the progress of fatal diseases and the advancing bodily infirmity of the insane, the mental disorder has in several cases undergone a marked degree of alleviation, and in some instances even a decided remission. This circumstance, called by the poets, "a lightning before death," appears to take place oftener in mania than in other forms of mental disorder. Thus of thirty-three cases of mania, 8; of forty-five of melancholia, 8; and of fourteen cases of monomania, 2 had decidedly improved before death occurred: but of these there were two or three cases in which the patient was considered convalescent, and was suddenly taken off by such disorders as apoplexy and epilepsy. Much less often the mental disorder assumes a more severe form on the approach of

^{*} The four deaths which have occurred during the year 1840—41, which has elapsed since the date of this report, have been from Biliary Calculi, and Apoplexy, in two men; and from Cancer of the Æsophagus and latent Inflammation of the Lungs in two women.

death, and there were two cases of melancholia at the Retreat in which this was the case.

§ 8.—OF THE CASES REMAINING UNDER CARE.

Of the 91 cases remaining in the institution at the date of this report, 13 have been in the house from twenty to forty, and 4 from forty to forty-three years (Table 40). Not more than 28, or less than a third of the whole, offer the least prospect of recovery; but this result cannot be regarded as at all probable in more than half that number, or in 6 men and 8 women (Table 41). The average age of those remaining is one year and a half less than that observed during the whole period (see Table 9); 19 being from sixty to seventy, and 4 from seventy to eighty years of age (Table 42). The cases may be distributed into 27 of mania, the majority of which are in a chronic form; 9 of melancholia; 12 of monomania; 41 of different grades of dementia; and 2 of partial idiotcy. (Table 43.)

§ 9.—OF THE INTERNAL ECONOMY AND GENERAL MANAGEMENT OF THE INSTITUTION.

The foregoing statistical history of the Retreat would, no doubt, be justly regarded as incomplete, without some account of the internal economy and methods of treatment pursued in the institution. Some tables illustrative of these points have therefore been added; and a brief sketch of the subject will be here introduced.

Moral Treatment.—It is not intended to enter into a detailed description of the moral treatment pursued in the institution; as this is now generally known, and as to do so would extend this report to an undue length. It is now generally admitted that the Retreat was the first insti-

tution in this kingdom, the officers of which, decidedly recognised the principle that it was not, speaking generally, by means of fear and intimidation, but by judicious and persuasive kindness, tempered by firmness, that the insane were most efficiently managed and governed; and consequently, that this was the plan of moral treatment most favourable to recovery. All implements of punishment, chains, and all severe means of coercion were, if not from the very first, very speedily discarded; and, in the course of a very short time, a conviction of the inefficiency of the old method, and of the evils connected with it, was established in the mind of the original superintendent, the late George Jepson; under whose administration, the superior efficacy of the mild system of treatment, both as respects cure and security, was soon apparent.*

The primary object which the officers of the Retreat have endeavoured, however imperfectly, to keep before their view in the moral treatment of the insane, modified according to the character of the individual and of the disorder he labours under, has been that of cultivating in the patient the moral sense of right and wrong, the power of self-restraint, and the remaining mental faculties as much as practicable. This has been effected in numerous instances, by appealing to, and encouraging the natural feelings of love of approbation, and self-respect; which, under different forms, and in various degrees, appear to be common to mankind under all circumstances; and

^{*} By a singular and interesting coincidence, it was in 1792, the very year in which the celebrated Pinel commenced the amelioration in the treatment of the insane in France, by the truly courageous act of unchaining nearly fifty supposed incurable and dangerous lunatics at the Bicêtre, that the establishment of the Retreat was proposed to a meeting of the Society of Friends at York, by the late William Tuke. The proceedings of Pinel, however, were not known either to the directors or superintendent of the Retreat, and it is thus evident that the reformation in the treatment of the insane had an independent origin in the two countries at the same period.

which are seldom altogether obliterated even in a state of insanity; unless, indeed, in very old and confirmed cases of the disorder, chiefly of the fatuous kind. An uniformly kind manner, and considerate conduct towards the insane; a strict attention to their often morbidly sensitive feelings; treating them, in fine, as much as possible as though they were sane and as responsible beings, are the means which have been, and still are, found most successful in winning their confidence.

The effects of a patient, sympathizing, and hopeful demeanour towards the depressed and melancholy appear fully to warrant the statement, that "in the treatment of nervous cases, he is the best physician, who is the most ingenious inspirer of hope."*

Notwithstanding what has been said of the abuse of the passion of fear in the treatment of the insane, there has been sufficient evidence at the Retreat, that, particularly in cases of violent and perverse insanity, its influence is not to be altogether disregarded. Indeed the use, which has been alluded to, of the feeling of hope, almost necessarily implies that of its opposite, fear; and it is no doubt true that on the one hand the hope of acquiring, and on the other the fear of losing, those greater degrees of liberty and comfort which are granted upon the appearance of amendment, have a beneficial action and reaction, both on the patients as a body, and even on the same individual.

The practice which has long prevailed at the Retreat of not reasoning with patients on the subject of their several hallucinations, and the substitution, for this generally worse than futile practice, of various indirect means adapted to "seduce the mind from its favourite but unhappy mu-

sings," is now generally recognised as coreect; and has, perhaps, in some hospitals for the insane, both in Great Britain and on the Continent, been of late years carried to a still further extent than in this institution. On the other hand, however, it is also found important, especially in curable cases, to avoid even the slightest approach to a deviation from truth, or to the practice of deceiving patients; as although it is not uncommon for the insane person to be temporarily gratified and pleased by the assent of those around him to some favourite but erroneous view or hallucination; yet, upon the return of a more rational state of mind, he is generally found to resent having been treated like a child, and so far to have lost his confidence in the person who has so conducted himself towards him. Although great patience in listening, and prudence or even reserve in replying, to the conversation of the insane, has appeared to be the best general rule of conduct; yet an occasional serious expression of dissent from the patient's erroneous judgments has, in some instances, been thought useful.

A due regard to the exercise and cultivation of the religious feelings has always been recognised at the Retreat as an important element in the treatment of the patients. On an average, an eighth of the whole number are accustomed, twice a week, to attend, accompanied by their attendants, the usual meetings of the Society of Friends in the city; whilst such as belong to other religious denominations, are, when suitable, taken to their respective places of worship. Excepting in two rooms, one for each sex, devoted to the fatuous and worst cases, a portion of the Scriptures is daily read after breakfast by the attendant to each company of patients. On the afternoon of the first day of the week, as many as are able and can

be induced to attend, generally amounting to nearly half the number, are collected in a room specially appropriated to this object, whilst the superintendent, or one of the officers of the institution, reads several chapters of the New Testament, and a portion of the Psalms; after which, a period of silence is observed; and the whole occupies somewhat more than half an hour. Several attend who are disposed to various irregular actions, and the self-restraint which, under these circumstances, is often exercised, is no doubt frequently productive of great advantage. And, independently of the higher moral and religious considerations connected with the subject, the general effect is, no doubt, from old associations, often soothing and beneficial in other cases.

It may be remarked, that after twenty-seven years further experience but little can be added to the following summary of the general principles of the moral treatment of the insane. "The attendant on the insane, ought sedulously to endeavour to gain their confidence and esteem; to arrest their attention, and fix it on objects opposite to their allusions; to call into action, as much as possible, every remaining power and principle of the mind; and to remember that, in the wreck of the intellect, the affections not unfrequently survive."*

As this report may fall into the hands of persons, not professionally interested in the subject, but who, nevertheless, may be brought into contact with persons suffering under an attack of insanity; it is to be hoped that what has been said respecting the moral treatment of the

^{*} For further information upon the moral and general management of the insane, the reader is referred to the works of Haslam, Esquirol, and Prichard; to the "Description of the Retreat," p. 162, &c.; and the English edition of Jacobi "On the Construction and Management of Hospitals for the Insane;" and also to the admirable reports of Dr. Conolly, the Resident Physician at the Middlesex Lunatic Asylum, Hanwell.

insane may be the means of preventing some of that injudicious and even harsh conduct, which has occasionally been found to exert an injurious effect upon the progress of cases brought to the Retreat. The injudicious conduct which has been alluded to is, no doubt, generally the result of misapprehension, which can only be removed by further knowledge of the subject; and hence it cannot be too generally known that, in a large proportion of cases of insanity, it is the moral department of mind,—the temper and social feelings—which are the first to be affected. And thus, as has been truly stated, "a thousand occasions of painful and offensive intercourse have generally arisen between the insane person and his relations, before he has obtained the excuse which admitted insanity affords."*

There are three subjects connected with the moral management of disorders of the mind, which, from their importance, cannot be passed over without a specific notice. These are, first, the question as to the personal restraint of the insane; secondly, the number of officers and attendants; and thirdly, the means for employment, amusement, and exercise.

Personal restraint.—The subject of the coercion during a refractory or violent state, or, in other words, the personal or membral restraint of the insane, has of late attracted much attention. At the Retreat, from a very early period, it has been regarded more or less in the light of a necessary evil; and it has been one of the objects of the managers of the institution, to resort to it as seldom as practicable. The Treasurer of the institution, writing so early as 1813, observes "with regard to the necessity of coercion, I have no hesitation in saying, that it will diminish or increase, as the moral treatment of the

^{* &}quot;Pathology of the Human Mind," by T. Mayo, M.D., 1838, p. 98.

patient is more or less judicious." But he immediately adds, "we cannot, however, anticipate the most enlightened and ingenious humanity will ever be able entirely to supersede the necessity for personal restraint."

Within the last two years, however, the officers of some institutions have attempted, and, in some instances, apparently with considerable success, to conduct the management of even large hospitals for insane paupers, without resorting to such means of restraint. The important experiment of this description, which Dr. Conolly is conducting at Hanwell, must on all hands be regarded with extreme interest; as even if it fail in establishing that personal restraint can in all cases be abolished, it has already fully shewn that it may be much more frequently dispensed with, both with safety and advantage to the patient, than has hitherto been generally, if at all, suspected.*

The officers of the Retreat have not hitherto thought it right to dispense altogether with the use of all mild and protecting means of personal restraint; believing that, independently of consideration for the safety of the attendant, they may, in some cases, be regarded as the least irritating, and, therefore, the kindest method of controul. But though this is the case, they readily admit that they have derived advantage from the full consideration of the subject which the attempts at Hanwell, Lincoln and

^{*} Under this plan of management, various protective and ingenious measures, as regards clothing and furniture, and the occasional seclusion of the more violent, are substituted for direct personal restraint, by the strait-waistcoat and other means of that description. But there can be no doubt that the success which has hitherto attended the introduction of this system at Hanwell, is, in a great measure, to be attributed to the excellence of the general superintendence, by which "constant attention and gentleness" are, perhaps as far as practicable, secured to the patients. "Fifty-fifth Report of the Visiting Justices of the County Lunatic Asylum, at Hanwell," 1840, p. 3. See also "Fifty-first Report."

elsewhere have induced; and that they remain open to further evidence on the subject.

Number of Officers and Attendants .- Table 44 .- Omitting any reference to the officers and domestic servants at the Retreat, the number and description of whom, at the present and previous periods, may be seen in the table; a few remarks will be made upon the proportion which the number of actual "attendants" bears to that of patients. At the date of this report there were in the different galleries and day rooms of the house, four male, and nine female, attendants upon seventy-nine patients of the general class. Of the female attendants, however, four consist of young persons who act as assistants to the responsible attendants. Including these, the proportion for both sexes, is nearly that of one attendant to every six patients. For the men, considered separately, the proportion is less, and does not exceed one to eight. There is, however, an additional upper male attendant, who assists and superintends those who are engaged in agricultural pursuits, during the day; and, in the evening, has the care of such as have access to the library and reading room; so that, if he be included, the proportion of attendants on the men is nearly as large as that on the women, or as one to every six or seven cases.

The proportion of attendants has increased considerably during the last twenty-five or thirty years. In 1813 the proportion was not more than one to twelve, and in 1828 not more than one to ten patients. The proportion now existing is a very respectable one; and if all that is practicable in the treatment of the insane be accomplished, it may be questioned whether in any institution, it should ever be materially less; if we except indeed such as strictly for paupers.

With respect to patients of the more opulent class, who pay for superior accommodation, there are three male attendants upon six or seven gentlemen; and six female attendants upon five gentlewomen; one of the latter being provided with two; one of whom acts as a companion and upper attendant, the other as a servant.

The importance of the duties performed by attendants on the insane renders their selection and superintendence a task of peculiar difficulty. For the moral and intellectual qualities to be desired, though not always to be attained, in all who come in contact with the insane are of no ordinary kind. In their general character they most nearly resemble those required in an instructor and guardian of youth; though they are perhaps of a still more peculiar description, and require the union of great kindness of heart and of manners, with decision of character and firmness of conduct. It may, at all events, be said with as much propriety to the one as to the other,

"Love, Hope, and Patience, these must be thy graces, And in thine own heart let them first keep school."*

It has also been found at the Retreat, as in other institutions, that unless the attendant, to a great extent, both comprehends and enters into the spirit of the moral treatment by which the officers of the institution are actuated, the efforts of the latter will be too often imperfectly carried out; and, in some cases, even altogether defeated. It may be stated that three or four of the most efficient and trustworthy attendants have been females, who had recovered from attacks of mental disorder in the institution, and who were engaged in this capacity at their own particular request.

^{*} Coleridge's "Love, Hope, and Patience in Education."

Modes of Employment and Amusement.—Table 45.—The employment of the patients has been considered an object of great importance at the Retreat, from its first institution; as the following passage will shew-"Of all the modes by which the patients may be induced to restrain themselves, regular employment is perhaps the most generally efficacious; and those kinds of employment are doubtless to be preferred, both on a moral and physical account, which are accompanied by considerable bodily action; which are most agreeable to the patient, and which are most opposite to the illusions of his disease."* In accordance with these views, the female patients have always been employed, as much as possible, in sewing, knitting, or domestic affairs; and, when convalescent, in assisting the attendants. Although a considerable number of men have also been engaged in gardening, agricultural, and other pursuits, and that with great advantage; yet the proportion more or less regularly, actually employed, was always, until a recent period, much less than that of women. This arose from the circumstance of only a small proportion having been accustomed to any mechanical or agricultural pursuit; and from many being of the more opulent and educated class, who would not willingly engage in labour, and might feel degraded if compelled to do so.

The managers of several hospitals for the insane, both in Great Britain, and Ireland, and on the Continent, have, within the last ten years, directed their attention particularly to the provision of suitable occupation for the patients, and have succeeded, especially in institutions for paupers, in organizing a more general system of labour and employment than had at that time been accomplished,

^{* &}quot;Description of the Retreat," p. 156.

at least as regards the men, at the Retreat. The effects of this system, in the asylums at Wakefield and Hanwell, where it was introduced by the late Sir William Ellis, in the Scotch chartered, and in the Irish District asylums, have been most happy both as regards the comfort and general health of the patients, if not also as promoting the probability of recovery. Various mechanical and handicraft employments have been introduced; but agricultural occupations are those which have been most uniformly found beneficial; and which have justified the high opinion which had always been entertained of them, when used on a smaller scale, at the Retreat.

Encouraged by the success of these institutions, the committee and managers of the Retreat determined, two or three years since, to make an effort to introduce the systematic employment of the the male patients in gardening and other agricultural pursuits. For this purpose, an attendant was engaged to take the more immediate charge of those who should go out to work. The number of men who have been induced to engage in out of doors employment, and the quantity of work done during the two seasons have, perhaps, both fully equalled previous expectation. In the spring of the year, 1839, a grass field of about two acres was dug out, and has since produced two very abundant crops of potatoes and other produce. During the past year, twenty of the men have been employed in agricultural and out-of-doors' pursuits (Table 45); and on an average the daily number, more or less, so occupied has been about fourteen. When the small proportion of the patients who, prior to admission, have been accustomed to agricultural pursuits, and the consequent greater difficulty in inducing them to engage in them, are considered, the proportion so employed,

though not equal to that in several of the large pauper institutions, must still be regarded as considerable. The employment has evidently conduced to the comfort and health of those who have engaged in it; and it has appeared to promote the recovery of some. It may be stated that some of the imbecile and nearly fatuous patients, who had been in that state for many years, and had never been known to employ themselves in anything, have been induced to assist very materially in these engagements. A workshop has also been provided, and when the weather will not permit employment in the open air, some of the men are occupied in simple mechanical pursuits, such as the making of wooden hay-rakes, &c. It is satisfactory to observe that no accident has resulted from placing agricultural and other tools in the hands of the patients.

A reading room, with a select library, consisting of travels, natural history, biography, history, and moral and religious writings has been opened for the men; the more orderly of whom have access to it, under certain regulations as to conduct and behaviour. The books in this collection are also allowed to circulate amongst the women; and patients of more extensive acquirements and literary tastes have the opportunity of procuring the works of nearly all standard authors, from two excellent subscription libraries in the city.

Various games of skill, such as drafts, chess, &c.; and the more active ones of cricket and quoits, form favourite amusements with many of the men; whilst walks in the grounds of the institution, and into the city and country in the company of an attendant, and carriage exercise for the higher class of patients, are frequently resorted to with great apparent benefit, by those of both sexes.

Dietary.—Table 46.—The diet of the patients at the Retreat, has from its first establishment been liberal; and has always included a fair, and of late years, perhaps, a rather full allowance of animal food. If it is recollected that at the time when the Retreat was established, the very erroneous notion was much more prevalent than at present, that insanity, at least when attended by much excitement, was always to be treated by a spare diet and other reducing measures; the more credit will appear due to the discernment of the first superintendent and apothecary, the late George Jepson, who acted so decidedly in this respect, upon what, speaking generally, has now been fully proved to be the correct view of this subject.

The description of food at the Retreat does not differ from that generally in use by the middle class of society in this country. With the exception of some of the demented and fatuous patients, chiefly of the poorer class, who have only three, the patients partake of four, meals daily. Home-brewed beer, to the extent of a pint, or a pint and a half, is allowed to such as desire it, when it is not considered unsuitable in a medical point of view.*

It would be difficult to institute an accurate comparison between the diet at the Retreat and that of other institutions for the insane; in consequence of the peculiar domestic arrangements of the former establishment. It has always been one of the distinguishing features of the economy of the Retreat, to endeavour to make the patients feel, as much as possible, at home; and with this view the diet has never been limited by weight and measure.

The meals are served much as in a private family; and

^{*} It may be interesting information to some, that several of the patients as well as attendants at the Retreat have both signed and adhered to the pledge of total abstinence from fermented and alcoholic liquors.

the attendant takes the head of the table, carves, and helps all those whose diet has not been particularly prescribed. No material restriction is placed upon the quantity of food partaken of by each individual, unless for medical reasons connected with the health of the patient.

The most important feature in the diet at the Retreat, consists in the large proportion of animal food which it The dinner consists principally of meat; contains. although vegetables and bread always, and puddings generally, form part of the meal. Taking the average of patients, officers and servants for the year 1839-40, the mean weekly consumption of uncooked animal food was not less than four and a half pounds for each individual.* This may be estimated as equivalent to at least 56 ounces Av. of cooked meat, including bone; and this it must be recollected is exclusive of cheese, which, in many dietaries, is reckoned with the meat. This is a quantity of solid animal food which appears to be at least double or treble that which is generally allowed in the large county asylums of this kingdom. The average consumption by the higher class of patients, by the attendants, and the servants, is probally somewhat more, and that by the general class of patients somewhat less, than 56 ounces per week. The quantity of butter, cheese, and milk consumed by the patients is likewise large.

It may perhaps be fairly questioned whether the quantity of solid animal food in the diet at the Retreat does not,

^{*} The fresh butcher's meat, consisting of prime joints, purchased during the year, weighed 24,499lbs.; the poultry, game, and fish were estimated at not less than 1,795lbs.; and the pork killed on the premises at 2,660lbs.; making a total of 28,924lbs. The average loss of weight in the cooking appears to be about 29 per cent. for roast, and 16 per cent. for boiled, meat; and it may be estimated at from 20 to 25 per cent. for all kinds of meat. The average number of inmates of all descriptions, during the year, including occasional visitors, does not appear to have exceeded 123. (Tables 1 and 44.)

in many cases, somewhat exceed the desirable amount; and whether a larger proportion of pudding and other farinaceous articles, and of vegetables, might not advantageously be substituted for a portion of the meat now allowed at dinner. Some such a change in the provision for the table, it may be stated, is at present under the consideration of the officers and committee of the institution.

Medical Treatment—Table 47.—Although this would not be the appropriate place to enter into any lengthened or particular details relative to the more strictly medical or therapeutic means employed at the Retreat; yet, for the purposes of medical statistics, this report would be decidedly defective, did it contain no allusion to them. It is perhaps scarcely necessary to observe, that no uniform system of medical treatment is considered applicable to the various cases that come under care; but that a discriminating selection of remedies, according to the physical indications, is the plan which the medical officers of the institution endeavour to keep before their view, in the treatment of each case.

It may be stated, that severe antiphlogistic or reducing measures are seldom resorted to; and that it has been found that where venesection and other means of the same kind have been carried to a great extent before admission, the recovery has generally been more tedious, and, perhaps, in some cases prevented. In cases, however, of various forms in the recent stage, the cautious employment of local bleeding either by leeches or cupping, the use of brisk purgatives and aperients, of evaporating lotions to the head and stimulating pediluvia, followed sometimes by blisters to the nape, has been very frequently attended by decided advantage. Where the physical signs of cerebral disturbance have been more

marked, a mild mercurial course with or without opiates, and carried only to incipient ptyalism has, in some cases at least, been speedily followed by convalescence. In cases of mania attended by much excitement, where the general means first mentioned either appeared inapplicable, or when tried, have not been followed by decided relief, the tartarized antimony, in full or nauscating doses, has not unfrequently appeared efficacious in removing the excitement. Preparations of opium, and particularly morphia and Dover's powder, hyosciamus and other sedatives, are likewise frequently and successfully resorted to, in some cases of excitement, with the view of tranquillizing the patient and producing sleep, without being followed by those unpleasant symptoms which were formerly thought to arise from their employment.

In cases of melancholia the warm bath continues to be frequently found of great service; and when combined with cold affusion or evaporating lotions to the head, has likewise sometimes been thought of use in tranquillizing the patient in some forms of excitement. The shower bath, both as a sedative and as a tonic, and either tepid or cold, is also frequently used, and with beneficial results.

In a large proportion of cases, however, the medical treatment is necessarily limited to the removal of symptoms, in other parts of the system, which have only an indirect relation to the cerebral derangement. With these views, bitters, aperients, diaphoretics, emmenagogues and other appropriate remedies are frequently found of service by acting upon, or restoring, the functions of the stomach, bowels, skin, and uterine organs. There have been a few cases, in which, from the first, it has been found necessary to invigorate the tone, or support the

power of the system by the use of a generous diet, quinine, chalybeates, or other tonics; and even by that of wine, porter, ammonia, and other stimulants or cordials; and in which convalescence has speedily followed.

In conclusion it may be remarked, that on the whole, the experience of the present medical officers favours the conclusion that more is to be effected by the judicious use of pharmaceutic means, than was thought practicable by the earlier medical officers of the Retreat. At all events, the following remark of Dr. Burrows, that "insanity was formerly in that asylum (the Retreat) scarcely considered to be a remedial complaint; and, consequently, medical aid was resorted to only when the patients were afflicted with other disorders,"* has, if ever applicable, long ceased to be so to this institution. It is, however, not improbable that the notion of a greater abandonment of pharmaceutic treatment at the Retreat than actually took place, may have arisen from the protest which was made against all nostrums for insanity; and against that empirical treatment which prevailed, under high medical authority, of bleeding and administering aperients and emetics, at stated periods, and to patients of all classes indiscriminately. Apart indeed from these empirical practices, it may well be doubted whether, in any public institution, more discriminating medical attention prevailed than at the Retreat, during the first ten or fifteen years of its existence; the period to which Dr. Burrows refers.+

^{* &}quot;Commentaries on Insanity," 1828, p. 558.

⁺ It must be observed that I have the authority of my respected colleagues, the visiting medical officers of the institution, Dr. H. S. Belcombe, and C. Williams, for stating that this portion of the report has been submitted to their perusal; and that it meets with their concurrence.

§ 10.—of the finances of the institution.

Those interested in the financial portion of the statistics of Hospitals for the Insane, will find tables which exhibit the weekly rates of payment on account of patients (Table 48); the progressive increase in the value of the property (Table 49), at intervals of ten years; and the sources of income (Table 50), and heads of expenditure (Table 51), for decennial periods since the establishment of the institution.

JOHN THURNAM,

RESIDENT SURGEON.

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long council to be so to this institution. It is, however, not improbable that the notion of a greater abundanment of pharmacourio treatment at the lietrest than actually took place, may have arisen from the protest which was made against all nostrums for insanity; and against that empirical treatment which prevailed, under high medical authority, of bleading and administering sperients and authority, of bleading and to nations of all classes emotions, at stated periods, and to nations of all classes

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STATISTICAL TABLES.

§ 1 .- General view of the experience of the Retreat since its opening, in 1796.

Table 1.—Shewing the admissions, discharges, and deaths, for the Year 1839—1840.

(% (= / (e (e (e	Male.	Fem.	Total	Male.	Fem.	Total
Remaining in the Institution, Midsummer, 1839	36		83 17	45	55	100
Discharged Recovered Improved. Died.	3 2	No i	H	March ale		BORNES OF STREET
Total discharged during the year				6	3	9
Remaining in the Institution, Midsummer 1	840	100	187	39	52	91

Table 2.—Shewing the admissions, discharges, and deaths, for the forty-four years, 1796—1840.

Admitted during the forty-four years				282	333	615
	Male.	Fem.	Total			BB
Discharged	121	170	291			2 1
Recovered	17	24	65			
Unimproved	. 11	18	29			-
Died	. 70	1	139	040	001	F0.
Total discharged during the forty-four ye	ars			243	281	524
Remaining Midsummer, 1840				39	52	91

This patient was 76 years of age, and had resided in the Institution 43 years; having been admitted in 1796, the year it was opened.

Table 3.—Shewing the numbers admitted and discharged since the opening of the Institution, and THE AVERAGE NUMBERS RESIDENT, WITH THE RESULTS OF TREATMENT; ARRANGED IN DECENNIAL PERIODS FROM MIDSUMMER, 1796, TO MIDSUMMER, 1840.

,															
	MEAN NUMBERS	EACH PERIOD.	Male, Fem.	14.18 23.35	87.53	23.95 35.35	59.30	30.42 37.25	67.67	40.95 54.75	95.70	40.50 48.50	89	28.50 38.65	61.70
The state of the s	1,5	REMAINING.	M. F.	20 34	} 40	27 36	} 88	87 49	}%	47 49	}98	89 52	91	39 52	91
100		Total.	M. F.	28 36	} - 64	38 61	66	09 29	127	78 93	}=	32 31	63	243 281	17.0
100		Died.	M. F.	12 5	17	9 10	19	16 19	35	22 26	} ₄₈	11 9	20	02 03	139
8	DISCHARGED.	Not Improved.	M. F.	-	} .	1 3	} 44	5 4	}	4 111	}=	1 .	}-	11 18	67.
		Recovered, Improved Improved	M. F.	3 4	}-	- 8	15	6 7	===	16 7	23	8 .	10	41 24	69
100	7.45		M. F.	13 27	40	20 44	64	40 30	202	36 49	}%	12 20	32	121 170	291
10000	ADMITTED,	Under treatment.	M. F.	48 70	118	26 69	162	104 109	213	125 142	267	71 83	154	282 333	619
	IMUA	Admitted.	M. F.	48 70	118	45 63	108	77 73	150	88 93	181	24 34	68	282 333	010
The same of the sa		TEN YEARS.		80	1796—1806	435	1806—1816	ghol 0	1816—1826	gnit Jeni	1826—1836	Period of four	1836—1840	Period of forty-four years.	1/30-10#0

1700 - 1840 | 616 | 616 | 201 | 66 | 29 | 130 | 624 | 81 | 82 | 130 | 62 | 81 | 62 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 81.00 | 8

Table 4.—Shewing the average proportions of the recoveries and deaths, during the decennial periods, 1796-1840; DEDUCED FROM TABLE 3.

1			-					
	aths lent.	Mean.	4.52	3.20	20.9	5.01	5.61	4.70
ESTDES.	Average of Deaths per cent. Annually resident.	Females.	2.14	2.82	5.10	4.74	4.64	4.05
MORTALITY.	Aver	Males.	8.47	3.76	5.26	5.37	6.79	5.58
MORT	aths	Mean.	14.40	17.59	23.33	26.51	34.48	22.60
13 34 7	Average of Deaths per cent. of the Admissions.	Females.	7.14	15.87	26.02	27.95	26.47	20.72
1 21	Aver of th	Males.	25.00	20.00	20.77	25.00	45.83	24.82
	eries ent.	Mean.	10.65	10.79	10.34	8.88	9.26	9.84
2 38	Average of Recoveries per cent. Annually resident.	Females.	11.56	12.44	8.05	8.94	10.55	9.99
RIES.	Avera	Males.	9.16	8.35	13.14	8.79.	8.02	9.64
RECOVERIES.	eries ns.	Mean.	33.90	59.26	46.66	46.96	56.90	47.31
ARON MARYS!	Average of Recoveries per cent. of the Admissions.	Females.	38.57	69.84	41.09	52.69	58.22	51.05
agialson	Averag of th	Males.	27.08	44.44	51.95	40.91	54.17	42.91
7 01	PERIODS OF TEN YEARS.	81	1796—1806	1806—1816	1816—1826	1826-1836	1836—1840	years. 1796—1840

TABLE 5.—SHEWING THE NUMBERS ADMITTED AND ANNUALLY RESIDENT, CONNECTED AND UNCONNECTED WITH THE SOCIETY OF FRIENDS.

PROFESSION OF RELIGION.		umber dmitte		Mean annuall	numbe y resid	
	Male.	Fem.	Total	Male.	Fem.	Total.
Society of Friends and connected with it. Members of the Society of Friends by birth-right	9	190 14 13	350 23 42	} 24.13 2.42	34.77 1.03	3
Total	198	217	415	26.55	35.80	62.35
Unconnected with the Society of Friends. Persons attending their places of worship, but not otherwise connected with the Society of Friends	4	7 22	11 43	} 1.95	2.85	4.80
Total	25	29	54	1.95	2.85	4.80
Total	223	246	469	28.50	38.65	67.15

TABLE 6.—Shewing the numbers who had suffered from more than one attack of disorder, when first admitted into the Retreat.

	DURATION OF DISORDER.		and	riends ith it.	V	connection the connection of Fr	e
		Male.	Fem.	Total	Male.	Fem.	Total
Class 3.	Within 12 months, not first attack	33	39	72	7	8	15
attack	More than 12 months, not first	8	11	19	3	2	5.
	Total	41	50	91	10	10	20

Table 7.—Shewing the description of district from which the patients have been received.

DESCRIPTION OF DISTRICT.	18 23	and		Und W Societ	connectith the	e
	Male.	Fem.	Total	Male.	Fem.	Tota
Cities and large towns		131 49 37	228 101 86	14 3 8	17 4 8	31 7 16
Total	198	217	415	25	29	54

TABLE 8.—SHEWING THE RANK OR PROFESSION OF THE PATIENTS.

RANK OR PROFESSION.		and	Friends with it.		connection that	e
	Male.	Fem.	Total	Male.	Fem.	Tota
Gentlemen and gentlewomen	7	31	38	7	19	26
Clergyman of the church of England				1		1
Military officers				2		2
Physician and surgeons	6		6	1		1
Solicitor	1		1	1		
Architects and artists	3	-	3	1		1
Literary persons	1	1	2	1	. 00	1
School masters, teachers, and governesses		18	24			
Merchants, &c	4		4	3		3
Manufacturers	13		13	2		2
Tanners and curriers	6		6	:		1.
Farmers, &c	35		\$ 63	2	:	1 3
Wives and daughters of farmers		28)	1	1),
Agents, commercial travellers, and clerks	11	9.	11	1	* 15	1
Chemists and druggists	10		10	1	2	7
Persons in various descriptions of trade	44	4	5 94	2	4	1 8
Wives and daughters of persons in trade,&c		46) .	1	4	,
Ship captains and sailors		1:	12	1		18
House-keepers		12	The second second	1 5.		2.
Seamstresses		13	13	3.		-
Shopmen and shopwomen		4	10	10.	. 3	
Domestic servants (one of the men an attend		0.4	39		3	3
ant at the Retreat)		37	26	10.	0	0
Mechanics and artizans		1.0	19	1 2.		18.
Wives and daughters of mechanics, &c		19	5			
Shoemakers			3		.00	
Tailors	-		6			
Weavers		4	4			
Exact rank unknown		4	*	11 .		
Total		1000	415	25	29	54

TABLE 9.—SHEWING THE ACTUAL AND AVERAGE AGES OF THE PATIENTS AT THE ORIGIN OF THE MENTAL DISORDER, AND AT THEIR FIRST ADMISSION; AND LIKEWISE THE MEAN NUMBERS ANNUALLY RESIDENT AT DECENNIAL PERIODS OF LIFE.

ENNIAL	All cases admitted.	Fem. Total.			38.65 67.15	Fem. Mean	48.6 48.1
MEAN NUMBERS RESIDENT AT DECENNIAL PERIODS OF LIFE.	All cases	Male. Fe	6.20 6.20 6.20 6.20 7.65 6.30 7.65 6.30	SEE SEE STORY	28.50 38	Male. F	47.6
ERS RESIDENT AT PERIODS OF LIPE.	nds 1 if.	Total.	.90 7.05 12.15 13.16	9.65 4,93 1.44 .13	62.35	Mean	48.9
AN NUMBI	Society of Friends and connected with it.	Fem.	.42 3.75 6.59 7.95	6.08	35.80	Fem.	49.1
ME	Socie	Male.	\$.48 3.30 5.56 5.21 5.16	3.57 2.37 .77 .13	26.55	Male.	48.5
- 100B	ted	Total	% 25 6 6 9	₩	54	Mean	87.8
AĠES AT PIRST ADMISSION.	Unconnected with the Society of Friends	Fem. Total	1 8 1 9 9		29	Fem.	41.0
r ADMI	Unc w Societ	Male.	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		25	Male.	34.1
r FIRS	iends ith it.	Total	111 117 86 77	8422	415	Mean	39.2
ĠES A	Society of Friends and connected with it.	Fem.	. 1 . 8 . 8 . 4 . 6 . 4 . 6 . 4 . 5 . 3 . 4 . 5 . 3 . 3 . 3 . 3 . 3 . 3 . 3 . 3 . 3	10000	21.7	Fem.	39.9
2	Societ	Male.	11 58 40 35 35	200	198	Male.	38.3
ė	e e iends.	Total	.12222	д	54	Mean	32.8
OF DISORDER.	Unconnected with the Society of Friends.	Fem.	11 11 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		29	Fem.	36.6
or D	Un	Male.	100.		25	Male.	28.3
AGES AT ORIGIN	Society of Friends and connected with it.	Total	45 83 83 66	25 4 1 1 1	415	Mean	34.4
ES AT	and and	Male. Fem.	23.471	1753	217	Fem.	35.1
, v	Socia	Male.	24.25	220	198	Male.	33.5
	8.		10 years 15 " 20 " 40 " 60 " 60 " 60 " 60 " 60 " 60 " 6	80 80 100 100			
25	AGES		rom 0 to 10 15 20 30 50	2 2 2 2 2	Total		AVERAGE AGES.

* These were cases of congenital idiotcy and imbecility.

TABLE 10.—SHEWING THE CONDITION IN REFERENCE TO MARRIAGE.

CONDITION IN REFERENCE TO MARRIAGE.	-	and			connection to the connection of the connection o	e
	Male.	Fem.	Total	Male.	Fem.	Total
Unmarried Married, but having had no offspring Married, with offspring Widowed, but having had no offspring Widowed, with offspring	49	149 13 33 6 16	277 20 82 8 28	16 1 5 1 2	15 1 8	31 2 13 1 7
Total	198	217	415	25	29	54

§ 3.—Of the probable causes of the mental disorder.

TABLE 11.—SHEWING THE NUMBERS OF PERSONS IN WHOM A HEREDITARY TEN-DENCY TO INSANITY WAS KNOWN TO EXIST.

MEREDITARY PREDISPOSITION.	+ 4 4 4 4	and		Unconnected with the Society of Friends.			
	Male.	Fem.	Total	Male.	Fem.	Total	
Hereditary on the paternal side	17	18	35	2	2	4	
Hereditary on the maternal side Hereditary on both paternal and maternal	16	22	38	1	1	2	
sides	3	2	5	no em	1	1	
side not known		35	64	3	1	4	
Known to be hereditary	65	77	142	6	5	11	
Not known or stated to be hereditary	133	140	273	19	24	43	
Total	198	217	415	25	29	54	

Table 12.—Shewing the numbers of persons in whom causes of the mental disorder were, and were not, known or assigned.

DESCRIPTION OF ASSIGNED CAUSES.	N. W. SHIELD	and	riends ith it.	v	nconnected with the ty of Friend	
1 6 9 1 2 0	Male.	Fem.	Total	Male.	Fem.	Total
Predisposing and exciting causes both assigned Predisposing causes only assigned Exciting causes only assigned	66 58 56	86 58 48	152 116 104	11 5 7	16 5 7	27 10 14
Neither predisposing nor exciting causes known	18	25	43	2	1	3
Total	198	217	415	25	29	54

Table 13.—Shewing the predisposing causes of the disorder, so far as these were stated or could be ascertained.

HARRINGS. CONSCRET with it, Sectory of Friends.	100.000	and	riends	Un V Societ	connection to the connection of the connection o	e
PREDISPOSING CAUSES.	Male.	Fem.	Total	Male.	Fem.	Total
PHYSICAL CAUSES. Hereditary tendency, the only predisposing cause known	31	39	70	1	1	2
Fright to the mother, followed or not by premature birth	2	1	3		1	1
Decided congenital peculiarity of mind	24 17	26 16	50 33	2 2	4	2 6
Extreme degrees of melancholic, or nervous temperament	1	4 2	8 3	1 .	1	2
years)	2	4 i	6 2 3	112-		
Rickets Apoplexy and paralysis Epilepsy	1 4	1 1 :	1 2 4 2			
Blindness Chorea Hysteria Hypochondriacal tendency	1 1 2	1 1 4 1	1 5 3	- 11	1 2	1 2
Dyspepsia and other disorders of the stomach, &c	6	12 2	18 2	1	1 1	2 1
Injudicious blood letting	1	7	1 7 7	5	· · · · · · · · · · · · · · · · · · ·	6
13 92 22 314 W 10 Total	108	124	232	12	13	25
Moral causes. Neglected or perverted education; in three cases very indulgent, in one very rigid Ill-regulated temper and disposition	4	7	4 11	i	1 2	1 3
Solitary mode of life	1	7	1 10 1	i 1 1	3	4
fears, or speculations	4	5	9	1	2	3
Total	-	20	36	4	8	12
No predisposing causes known	74	73	147	9	8	17
Total	198	217	415	25	29	54

Table 14.—Shewing the exciting causes of the disorder, so far as these were stated or could be ascertained.

EXCITING CAUSES.	1	and	riends ith it.	V	connection the	10
	Male.	Fem.	Total	Male.	Fem.	Tota
Physical causes.						
Fevers and febrile diseases		8	16	1	1100	1
Mechanical injuries of the head		. 3	10	1		1
Inflammation of the brain		2	6	:		1
Apoplexy and paralysis	100	6	5 12	1	-	1
Epilepsy		0	2			
Neuralgia and cephalalgia		3	3	101.00		
Hysteria		9	11	i	i	2
Masturbation			4	2		2
Irregular or suppressed catamenia		9	9		1	1
Puerperal disorders		5	5		4	4
Protracted, or suddenly subsiding lactation		2	2			
Checked perspiration		2	3			
Suppressed eruptive disorders		3	3			
Suddenly subsiding diarrhœa			1			
Long continued ill health		2	2			
Loss of sleep from fractured arm	:	1	1			
Severe scald in infancy			1	20.00	1000	
Injudicious use of mercury			2			
Intemperate use of alcoholic and fermented	10	0	10	0	1	0
liquors	16	3	19	2	1	3
Intemperate use of opium with spirits	2	2	2		10.00	
Generally dissolute and dissipated conduc-			4			
Total	59	62	121	8	7	15
	-	THE REAL PROPERTY.	7770	0,000	750	-
MORAL CAUSES.	2		2	1	mt	1
Joy from elated anticipations	6	2	8	1	WIE	
Fear or terror		13	18		2	2
Unhappy conjugal connexions		6	7		3	3
Distress from other domestic trials		12	14			
Anxiety respecting a livelihood, or pecu-				103		-
niary losses		12	31	9.0	2	2
Anxiety as to the success of business	3	1	4	7		7
Anxiety from perplexing trusteeships and	1			1118		
other affairs	6		5			
Disappointed plans and hopes		2	4		1	1
Disappointed affections		14	22	1	7	8
Disappointed matrimonial plans	4	3	7		Marin S	
Great changes in the mode of life		2	2 2 3			
Excessive mental exertion	2		2 0		i	i
Long and anxious nursing of sick relatives		3	1	i	1	i
Remorse		-	1	1	1000	
Excitement connected with religious hopes fears, or speculations	3	- 2	5		12.0	
Total	63	72	135	10	16	26
No exciting causes known	-	83	1 59	7	6	13
	-	_				-
Total	1198	217	415	25	29	54

8

§ 4.—Of the forms of mental disorder, and the general results of treatment, as modified by form of disorder, duration, and age.

Table 15 .- Shewing the forms of mental disorder on first admission.

FORMS OF DISORDER.	-	and	iends		connec rith th y of Fr	e
TORRE OF DISORDER.	Male.	Fem.	Total	Male.	Fem.	Total
Mania Remittent and intermittent mania Hysterical mania Mania alternating with melancholy; (mania		58 9 5	120 16 5	11 3	8 1 1	19 4 1
predominating)	11	8	19	2111	4	4
Total	80	80	160	14	14	28
Melancholy. Suicidal melancholy*. Religious melancholy. Religious and suicidal melancholy*. Hypochondriacal melancholy. Melancholy alternating with mania; (melancholy predominating). Apathetic insanity.	13 14 5 3	37 24 14 9 2	59 37 28 14 5	2 i	5 3	7 3 1
Total	66	96	162	3	9	12
Monomania, or partial insanity. Monomania of suspicion and fear Monomania of religion Monomania of drunkenness Monomania of various forms—pride, vanity	6	9 3 3	17 9 3		1 1 .	1 1 .
imagination, &c		11 2	19	:	:	:
Total	24	28	52		2	2
DEMENTIA. Incoherence and imbecility Confirmed dementia, or fatuity		8 3	17 16	6 2	4	10 2
Total	22	11	33	8	4	12
IDIOTCY, &c. Congenital idiotcy	1 2	1 1	2 3			
Total	3	2	5			
Delirium, simulating insanity. Delirium tremens Delirium of fever	1 2	:	1 2	:		:
Total	. 3		3			-
Total	198	217	415	25	29	54

^{* *} There were eight cases of Melancholy and Mania alternating with each other, three of Mania, one of Monomania, and one of Dementia, making thirteen additional persons, in whom a suicidal propensity also existed.

RESIDENT; ARRANGED ACCORDING TO THE FORM OF MENTAL DISORDER, AS EXISTING UPON ADMISSION; SO AS TO EXHIBIT THE INFLUENCE OF THIS UPON THE PROPORTION OF RECOVERIES, DEATHS, AND OTHER RESULTS. TABLE 16.—SHEWING THE NUMBERS OF CASES ADMITTED, DISCHARGED, AND REMAINING, WITH THE MEAN NUMBERS ANNUALLY

t, as

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REMAINING MEAN NUMBERS	1840. RESIDENT.	F. Male, Fem.	22 11.43 17.04	38 28.47	9 4.75 10.59	16 15.34	6 9 6.07 5.75	11.82	9 11 6.87 4.84	10.71	0.36 0.43	0)	0.03	52 28.50 38.65
BEMA	Total, 18-	. M. F. M.	112 127 16	239	77 122 7	199	23 26 6	} ₆₄	23 5 9	}82	1 }	9	9	524 39
DISCHARGED.	Improved. Died.	M. F. M. F.	3 10 22 28	13 2	8 6 19 28	9 47	1 2 9 9	3 {	3 . 17 4	} {		[2]	-2	11 18 70 69
Id	Recovered. Improved.	M. F. M. F.	66 82 21 7	148 28	43 75 12 13	118 25	7 13 6 2	20 8	1 . 2 1	}	- -}-	4	4	291 65
ADMITTED.		M. F.	128 149	277	84 131 4	215	29 35	}==	32 16	}**		9	} 9	282 333
	FORM OF DISORDER.		grap granging or broke de	Mania	designed trees to the death to see	Melancholia	gardina triougue, gimanas	Monomania	משל התופים להיות למורם בתפוונה למו	Dementia	Taloton Sea	······································	Delirium	Report of the Potal

ARRANGED IN CLASSES; SO AS TO EXHIBIT THE INFLUENCE OF DURATION OF DISORDER UPON THE PROPORTION OF RECOVERIES, Table 17 .- Shewing the numbers of cases admitted, dischanged, and remaining, with the mean numbers annually resident; DEATHS, AND OTHER RESULTS.

	MEAN NUMBERS	ANNOALLY RESIDENT.	Male, Fem.	1.55 2.12	2.93 8.12	11.05	4.85 6.54	11,39	19.17 21.87	41.04	28.50 38.65	67.15
	REMAINING	1840.	M. F.	67	7 10	}=	8 11	19	22 28	209	39 52	}16
		Total.	M. F.	43 48	41 33	} =====================================	78 114	192	81 86	167	243 281	524
	0	Died.	M. F.	0 0	7 12	}62	15 14	29	43 38	81	69 04	139
Second Second	DISCHARGED.	Not improved.	M. F.	-}	1 1	}~	2 6	} ∞	7 11	18	11 18) 62 29
	Я	Recovered. Improved.	M. F.	61	10 1	}=	12 12	24	17 9	26	41 24	65
		Recovered.	M. F.	35 41	23 19	}======================================	49 82	131	14 28	45+	121 170	291
The second second second	(+	ADMITTED.	M. F.	45 51	48 43	}16	86 125	211	103 114	217	282 333	615
The state of the s		DURATION OF DISORDER WHEN ADMITTED.		FIRST CLASS.—Cases of the first attack, of	Second class.—Cases of the first attack,	of more than three, but of not more than twelve months' duration	THIRD CLASS.—Cases not of the first attack,	and of not more than twelve months duration	FOURTH CLASS.—Cases of the first or not	first attack, and of more than twelve months' duration		Total

. Of these five cases, two (one of each sex,) are decidedly incurable: the other three promise recovery.

+ Of these recoveries, 31, (11 males and 20 females,) occurred in cases of the first attack.

. Of these five cases, two (one of each sex,) are decidedly incurable ; the other three promise recovery. 1 Of these recoveries, 31, (11 males and 20 females,) occurred in cases of the first attack.

Total.

TABLE 18 .- SHEWING THE NUMBERS OF CASES ADMITTED, DISCHARGED, AND REMAINING; ARRANGED IN DECENNIAL PERIODS OF LIFE, UPON ADMISSION; SO AS TO EXHIBIT THE INFLUENCE OF AGE UPON THE PROPORTION OF RECOVERIES, DEATHS, AND OTHER RESULTS.

18	TH	tal	# C1 C C C C C C		1	-
NING	0.	. Total	0 22 22 20 4	91	16	75
REMAINING	1840.	Fem.		52	6	43
R		Male.	271011011011111111111111111111111111111	39	1	32
1		Total	22 111 111 98 82 69 69 15	524	49	475
8	Total.	Fem.	55 62 62 61 61 60 62 62 62 63 63 63 63 63 63 63 63 63 63 63 63 63	281	24	257
		Male.	15 65 49 43 29 29 29 29	243	25	218
8		Total	119 28 28 26 27 8	139	13	126
9.10	Died.	Fem.	. 10 10 11 15 15 15 23	69	9	63
100		Male.	12 12 12 12 12 12 12 12 12 12 12 12 12 1	70	7	63
.D.	.ed.	Total	1.5000070	29	111	18
DISCHARGED.	Unimproved.	Fem.	.0000044.	18	00	10
DISC	Uni	Male.	. 1	11	00	00
100	d.	Total	2 4 1 1 4 1 1 0 1 1 0 1 0 0 0 0 0 0 0 0 0	65	10	55
0	Improved.	Fem. Total		24	4	20
1 21	II	Male.	1132 133 14 15 15 15 15 15 15 15 15 15 15 15 15 15	41	9	35
	d.	Total	15 83 67 67 39 26 3	291	15	276
188	ecovered	Fem.	238 34 239 118 1	170	9	164
	Re	Male	10 23 10 10 10 10	121	6	112
		Male, Fem. Total Male	27 155 134 120 87 73 15	615	65	929
	ADMILIED.	Fem.	10 75 75 70 70 84 83 6	333	60	300
	AD	Male.	17 82 59 50 83 80 80 2	282	32	250
	AGE.	T T T T T T T T T T T T T T T T T T T	From 10 to 20 years 20 to 30 ,, 30 to 40 ,, 40 to 50 ,, 50 to 60 ,, 60 to 70 ,, 70 to 80 ,, 80 to 90 ,,	Total	UNCONNECTED WITH THE 80-	SOCIETY OF PRIENDS AND CON-

^{*} The numbers given as admitted at the respective ages consist of the ages at first admission, (see table 9) with the ages of the re-admitted added.

TABLE 19.—SHEWING THE ACTUAL AND AVERAGE DURATION OF RESIDENCE IN ALL CASES ADMITTED INTO THE INSTITUTION.

di Etodimin ed T o	017, 418, 4	delite	10.10	O X68 P	or its					DISC	DISCHARGED.	.ds	lid s	and the	12.7	1	AT OF		IVMAR	DEWATTER 1840	840
DUBATION OF RESIDENCE.	AD.	ADMITTED.	D.	Red	Recovered	-1	Im	Improved.		Unit	Unimproved.	jg.		Died.	1/2		Total	18	-		
CHEST OF BUILDING VA	Male, Fem.	Fem.	Total	Male.	Fem.	Total	Male.	Fem.	Total	Male. F	-	Total	-	-	7 1	ei 1		PH 1	1	. 1	Total
iding under 3 mon from 3 to 6	33	27	60	30	16	34	8 9	.01	00 00	00 03	said .	00 03	200	1-01	14	31		54 89	ભ ભ	401	9 4
,, 6 to 9	32	28	4.50	19	23	48	41	400	8	c7 .	0101	40	9 4	9 1	12	31		53	- 61	7	01 01
,, 1 to 2 y		56	92	21	36	57	. t~ 00	1-00	14 6	H .	4.8	,0 to	10	10 63	12	34	17	35	ব্যাল	44	9 2
350	22	23	44	00 10	9 6	13	9 4	00 01	6 9	.01	0110	011-	10	9	14 21	19		88 8	11.2	41-	18
,, 10 to	20	31	51	H .	67 .	· co	٦.		п.	н.		٦.	00 1~	13	21	17		26	940	16	25
to 40 to 44	401	00	13										1.2	4 .	1 6	7.5		9 1	21 -	000	-4
Total	282	333	615	121	170	291	41	24	65	11	18	29	02	69	139	243	281	524	39	52	91
10.00	Male.	Fem.	Mean	Male.	Fem.	Mean	Male.	Fem.	Mean	Male.	Fem.	Mean	Male.	Fem.	Mean	Male.	Fem.	Mean	Male.	Fem.	Mean
AVERAGE DURATION OF RESI- DENCEIN YEARS.	4.44	5.10	4.80	1.27	1.36	1.32	2.37	2.05	2.25	2.83	3.19	3.06	7.67	10.01	8.83	3.37	3.66	3.52	11.16	12.88	12.49

§ 5.—Of the recoveries, and their average proportions, &c.

TABLE 20.—SHEWING THE ACTUAL AND AVERAGE DURATION OF RESIDENCE IN CASES DISCHARGED, RECOVERED, AND ADMITTED AT DIFFERENT PERIODS OF DISORDER.

Table 21.—Shewing the average proportion of recoveries in the different forms of mental disorder. Deduced from table 16.

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FORM OF DISORDER WHEN	1	e of Rec er cent. ally resi			re of Rec per cent. e Admis	
日 世 日 ・ ・ ・	Male.	Fem.	Mean	Male.	Fem.	Mean
Mania Melancholia Monomania Dementia	13.12 20.57 2.62 0.38	10.93 16.09 5.13	11.81 17.48 3.84 0.21	51.56 51.19 24.14 3.12	55.03 57.24 37.14	53.43 54.88 31.25 2.08
Average	9.64	9.99	9.84	42.91	51.05	47.31

Table 22.—Shewing the average proportion of recoveries in cases of recent and longer duration when admitted: deduced from table 17.

DURATION OF DISORDER WHEN	7 FO CO.	per cent.	- ROSE		ge of Rec per cent. e Admis	
8 1 2 · · · · · · · ·	Male.	Fem.	Mean	Male.	Fem.	Mean
FIRST CLASS.—First attack and within 3 months SECOND CLASS.—First attack,	50.96	43.91	46.86	77.77	80.39	79.16
above 3, within 12 months	17.74	5.30	8.63	47.91	44.18	46.15
Third class.—Not first attack, and within 12 months FOURTH CLASS.—First or not	22.88.	28.44	26.07	56.97	65.60	62.08
first attack, and more than 12 months	1.65	2.90	2.32	13.59	24.56	19.35
Average	9.64	9.99	9.84	42.91	51.05	47.31

Table 23.—Shewing the average proportion of recoveries at decennial periods of life. Deduced from tables 9 and 18.

AGE.	200000	age of Rec per cent ually Res			ge of Rec per cent e Admis	
	Male.	Fem.	Mean	Male.	Fem.	Mean
,, 20 to 30 ,, ,, 30 to 40 ,, ,, 40 to 50 ,, ,, 50 to 60 ,, ,, 60 to 70 ,,	41.31 21.11 10.63 9.52 4.38 5.00 1.84	24.86 11.51 8.83 7.74 6.71	33.75 23.00 11.11 9.09 6.47 6.07 1.35	58.82 46.34 49.15 46.00 30.30 26.66 22.22	50.00 61.64 50.66 48.57 53.70 41.86 16.66	55.55 53.55 50.00 47.50 44.83 35.61 20.00
00 4- 00	3.95		9.84	50.00 42.91	51.05	25.00 47.31

THE MI.

Mem 52.43 54.88 31.25 2.08

7.31

TABLE 24 .- SHEWING THE NUMBERS OF Persons AND Cases READMITTED.

READMISSIONS.	i to	and			connection that connection connec	10
0 . D. H. S	Male.	Fem.	Total	Male.	Fem.	Total
Admitted twice	31	29	60	7	4	11
Ditto three times	9	8	17			
Ditto four times	1	4	5			
Ditto five times	1	2	2			
Ditto ten times		2	2			
Total number of persons readmitted	41	45	86	7	4	11
Total number of cases readmitted	52	83	135	7	4	11

Table 25.—Shewing the numbers of persons readmitted, with the duration of disorder when first admitted, distinguishing those who had been discharged recovered.

DURATION OF ATTACK WHEN FIRST ADMITTED.	di	ad bee scharg covere	red	Had been discharged not recovered.		
	Male.	Fem.	Total	Male.	Fem.	Total
FIRST CLASS.—First attack, and within three months	11	16	27		1	1
SECOND CLASS.—First attack, above three and within twelve months	6	8	14	5		5
THIRD CLASS.—Not first attack, and within twelve months.	15	10	25	Ä.	6	6
FOURTH CLASS.— First attack, and more than twelve months Not first attack, and more	2	4	6	7.	2 *	9
than twelve months	1	2	3	1		1
Total	35	40	75	13	9	22

Table 26.—Shewing the length of time after previous discharge, which had elapsed when the Cases were readmitted.

		Society of Friends and connected with it.			with the		
	Male.	Fem.	Total	Male	Fem.	Total	
Under 3 months	. 10	10	20	1	1	2	
From 3 to 6 months	. 6:	8	14				
,, 6 to 12 ,,		8	12	4	2	6	
" 1 to 2 years	. 4	15	19		1	1	
,, 2 to 5 ,,	. 10:	17	27	2	1	2	
,, 5 to 10 ,,	. 8	12	20				
,, 10 to 20 ,,	. 8	10	18				
,, 20 to 25 ,,	. 2	3	5				
Total	. 52	83	135	7	4	11	

TABLE 27 .- SHEWING THE NUMBERS OF Cases READMITTED, REDISCHARGED, AND REMAINING; WITH THE RESULTS OF TREATMENT; DISTIN-GUISHING THE STATE AS TO RECOVERY OR OTHERWISE WHEN PREVIOUSLY DISCHARGED.

REMAINING 1840.	Unimproved. Died.	Male, Fem Total Male, Fem. Total Male, Fem. Total Male Fem. Total Male, Fem. Total Male, Fem. Total	1 11 9 20 4 8 12	1 2 2 4 2 2 4 1 1 1 1 2 1 2 3	0.	77	
REDISCHARGED.	Qu	1 Male			-	-	
REDIS	ved.	a. Tota	1.4		-	13	
	Improved.	le. Fen	10		1	4 5	-
	1000	al Ma	1			14	
	red.	Tot:	10		-	62	
	Recovered.	Fen	5.5	-	1	99	-
		Male	,	4.		23	
	TIED.	Total	011	21 21 6		87 146	
	DMO	Fem	1	07-4		87	
	REA	Male.	1	143		69	
	STATE WHEN PREVIOUSLY DISCHARGED.			Recovered	Unimproved	Total	

Table 28.—Shewing the forms of mental disorder upon readmission, with the changes that had taken place in them since PREVIOUS ADMISSION.

-	00 1	71	100001	-
	men	Tota	00	00
	un tro	Fem.		
	Delirium tremens	Fem Total Male, Fem. Total Male, Fem. Total Male, Fem Total Male, Fem. Total Male, Fem. Total		00
	а.	Total	. 5. 1.	00
LED.	Dementia.	Fem.	.н	1
TIMUY	ñ	Male.		52
FORM OF DISORDER WHEN READMITTED	ila.	Fotal	. 1 6	10
ER WH	Monomania.	Fem	4	5
ISORD	Mo	Male.	10	9
M OF D	ia.	Total	8 22	41
FORT	Youn Melancholia.		22 22	26
	Mel	Male.	100	15
		Total	100 100	89
	Mania.	Fem.	50	55
	1	Male.	28	34
	TIED.	Total	86 44 111 2 2 3	87 146
	DMITT	Fem	53	87
	REA	Male.	33 15 6 8 3	69
	FORM OF DISORDER WHEN PREVIOUSLY ADMITTED.		Mania Melancholia Monomania Dementia Delirium tremens	Total

Of the history subsequent to discharge.

TABLE 29 .- SHEWING THE HISTORY OF Cases SUBSEQUENT TO THEIR LAST DISCHARGE FROM THE RETREAT, AS REGARDS PERMANENCY OF RECOVERY OR OTHERWISE; BROUGHT DOWN, EITHER TO MIDSUMMER, 1840, OR TO THE TIME OF THEIR RESPECTIVE DEATHS.

	Not recovered or relapsed.	Fem. Total	. 1242	6	4	6	22
	recovere relapsed.		67	5	Cd	9	12
	Not 1	Male	67	4	c1	4	10
340.	races er.	Total	H014000 .	13	15	67	30
LIVING, 1840.	Retaining traces of disorder.	The second secon		5	52	1	00
LIVI	Retai	Male. Fem		00	13	1	22
	y it.	Total	17 16 20 20 14 9	18	4		82
	Recovery permanent.	Male, Fem. Total	127 127 127 127	41	2		43
	per per	Male.	1 5 14 6 6 2	37	2		39
	ed or	Total	. 100001 .	00	00	00	19
WAR.	Not recovered or relapsed.	Male. Fem. Total		4	1	7	12
	Not r	Male.		4	2	1	1-
1840.	aces	Total		10	13	4	27
VING,	Retaining traces of disorder.	Fem. Total	65 6	9	1	1	14
NOT LIVING, 1840.	Retain of o	Male.		4	9	00	13
1	A-4		22 8 10 8 8	54	5		69
1	Recovery permanent,	Fem.	13.	333	. 00		36
	Ber	Male.	100001	21	63		23
	e e	Male, Fem. Total Male, Fem. Total	43 43 30 16	172	44	23	239
	DISCHARGED.	Fem.	12 19 17 17 12	94	17	14	125
	DISC	Male.	15 16 16 26 13 4	18	27	6	114
N. C. S.	CONDITION AT, AND LENGTH OF TIME SINCE,		(Recovered under 1 year* from 1 to 5 years ", ", 5 to 10 ", ", 10 to 20 ", ", 20 to 30 ", ", 30 to 44 ",	Тота	IMPROVED, from 1 to 26 years	Unimproved, from 1 to 23 years	Total 114 125

[.] The length of time since discharge, is calculated to Midsummer, 1840, if living; or otherwise to the period of death.

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TABLE 30.—Shewing the actual and average duration of residence in the institution at the time of death.

DURATION OF RESIDENCE.	00 20 19	ety of Fr and nected wi		Unconnected with the Society of Frien		
the state of the	Male.	Fem.	Total.	Male.	Fem.	Total
Under 3 months	6	7	13	1		1
From 3 to 12 months	14	7	21	1	2	3
" 1 to 2 years	4	4	8	1	1	2
" 2 to 5 "	12	9	21	3	2	5
" 5 to 10 "	9	10	19	1	1	2
" 10 to 20 "	8	13	21			
" 20 to 30 "	7	9	16			
" 30 to 40 "	2	4	6			
,, 40 to 44 ,,	1	0111	1			
Total	63	63	126	7	6	13
5 0 0 0 0 .	Male.	Fem.	Mean	Male.	Fem.	Mean
AVERAGE DURATION OF RESIDENCE.	8.22	10.65	9.44	2.69	3.23	2.94

Table 31.—Shewing the duration of disorder at the time of death.

DURATION OF DISORDER.	Society of Friends and connected with it.			Unconnected with the Society of Friends.		
	Male.	Fem.	Total	Male.	Fem	Total
Under 3 months	. 2	944	2		100	
From 3 to 12 months	5	3	8			1
" 1 to 2 years	3	. 4	7			
" 2 to 5 "	9	6	15	3	3	6
" 5 to 10 "	11	7	18	3 2	1	3
" 10 to 20 "	11	17	28	1	2	3
" 20 to 30 "	8	13	21	-		0
" 30 to 40 "	6	11	17			
" 40 to 50 "	4	2	6	i		1
,, 50 to 60 ,,	4		4	1		1
Total	63	63	126	7	6	13
	Male.	Fem.	Mean	Male.	Fem.	Mear
AVERAGE DURATION OF DISORDER.	16.74	17.89	17.31	11.5	6.83	9.34

Table 32.—Shewing the actual and average ages of those who have died in the institution. 1796—1840.

AGE.	Society of Friends and connected with it.			Unconnected with the Society of Friends.		
	Male.	Fem.	Total	Male	Fem.] Tota
From 20 to 30 years	7	4	11	1	1	2
" 30 to 40 "	9	5	14	1	2	3
,, 40 to 50 ,,	7	12	19	2	3 5	2
" 50 to 60 "	14	11	25	1	1	2
" 60 to 70 "	10	14	24	1	2	3
,, 70 to 80 ,,	9	10	19			
" 80 to 90 "	6	7	13	1		1
" 90 to 97 "	1		1			
Total	63	63	126	7	6	13
	Male.	Fem.	Mean	Male.	Fem.	Mean
AVERAGE AGE AT DEATH	54.8	58.1	56.5	49.0	46.3	47.7

Table 33.—Shewing the average mortality in the different forms of mental disorder. Deduced from table 16.

DENCE IN

DEATH.

ends. Total

633.1.

FORM OF DISORDER WHEN ADMITTED.	Average of Deaths per cent. of the Admissions.			Mean Mortality per cent. annually resident.			
	Male.	Fem.	Mean	Male.	Fem.	Mean	
Mania Melancholia Monomania' Dementia Idiotcy	17.18 22.61 31.03 53.12 33.33	18.79 21.37 25.71 25.00	18.05 21.86 28.12 43.75 20.00	4.37 9.09 3.37 6.58 6.31	3.73 6.11 3.55 1.87	3.99 6.96 3.46 4.45 2.87	
Average	24.82	20.72	22.60	5.58	4.05	4.70	

Table 34.—Shewing the average mortality in cases of recent and longer duration when admitted. Deduced from table 17.

DURATION OF DISORDER WHEN ADMITTED.	175310	per cent te Admis	Set a series	Mean Mortality per cent. annually Resident.			
	Male.	Fem.	Mean	Male.	Fem.	Mean	
FIRST CLASS.—First attack, and within three months SECOND CLASS.—First attack,	11.11	9.80	10.41	7.33	5.36	6.19	
above three, within twelve months	14.58	27.90	20.87	5.43	3.35	3.90	
within twelve months FOURTH CLASS.—First or not	17.44	11.20	13.74	7.02	4.86	5.78	
first attack, more than twelve months	41.74	33.33	37.33	5.09	3.94	4.48	
Average	24.82	20.72	22.60	5.58	4.05	4.70	

Table 35.—Shewing the average mortality at decennial periods of life. deduced from tables 9, 18, and 32.

AGE.		rage of I per cent ie Admis		Mean Mortality per cent. annually resident.			
	Male.	Fem.	Mean	Male.	Fem.	Mean	
From 10 to 20 years	11.76	20.00	14.81				
,, 20 to 30 ,,	10.97	13.69	12.25	4.44	2.76	3.60	
,, 30 to 40 ,,	23.72	13.33	17.91	3.66	2.12	2.82	
" 40 to 50 "	24.00	22.85	23.33	3.72	3.11	3.35	
,, 50 to 60 ,,	45.45	20.37	29.88	2.19	3.20	4.48	
" 60 to 70 "	40.00	34.88	36.98	6.88	5.97	6.33	
,, 70 to 80 ,,	55.55	50.00	53.33	8.31	8.87	8.60	
,, 80 to 90 ;:	50.00	100.00	75.00	20.66	23.74	22.09	
" 90 to 97 "	oto if			17.48		17.48	
Average	24.82	20.72	22.60	5.58	4.05	4,70	
MEAN MORTALITY IN THOSE ONLY W.				5.39	3.99	4.59	

		and	iends ith it.	Und W Societ	onnec ith th y of Fr	e
CAUSES OF DEATH.				Male.		
or I and the second second	1		1	1		1
Diarrhœa Dysentery		1	1			
Influenza, of 1836-7		1).			
with pneumonia		1 2 2	25			
with diseased heart		2) .			
Fovor	3	i	3			
Erysipelas	*					-
EPIDEMIC AND CONTAGIOUS DISEASES. Total	4	7	11	1		1
Apoplexy	5	6	11	4	1	5
Danalysais	1	2	5	1	i	1
Enilensy	3 2	1	3			
Disease of brain		-	-	-	-	
DISEASES OF THE BRAIN AND NERVOUS SYSTEM. Total	11	9	20	5	2	7
Pleurisy	1		1			
Pneumonia	0		6			
Hydrothorax	1	1	2		;	i
Asthma	0	1 11	17	i	1 2	3
Consumption	-	- 11	11	1		-
DISEASES OF THE LUNGS AND OTHER ORGANS Total	17	13	30	1	3	4
OF RESPIRATION.	7	2	9	-	-	-
DISEASES OF THE HEART.						-
Gastritis	1 2	1	3			1
Enteritis		1	1	1.	1:	1:
Peritonitis	1	Î	2	1	1 :	1 .
Hernia	. 1	1	2			
Hæmorrhage from stomach	. 1		1			
Cancer of stomach		1	1 2		1	1
Cancer of colon, with fæcal abscess		1		1	1	
Jaundice	. 2	1	3			
Abscess of liver AND OTHE	n		-		<u> </u>	-
DISEASES OF THE STOMACH AND OTHE ORGANS OF DIGESTION. Total		12	20			
DISEASE OF THE KIDNEYS. Chronic nephrit	is .				1	
DISEASE OF THE UTERUS. Menorrhagia		1	1			
Dropsy	. 2				1 .	-
Abscess					1.	
Mortification			601			
Atrophy from travellir	The second	3 3	, ,			21
Exhaustion (in two cases from travelling to the Retreat)		1 5	2 8	3 .		
DISEASES OF VARIOUS SEATS. Total	1	8 1	1 19			
OLD AGE, OR NATURAL DECAY (average age 79	$\frac{3}{4}$)	3	8 1			
DEATHS BY VIOLENCE. Suicidal suspension		5		5		
		3 6	3 12		7	6

Table 37.—Shewing some of the diseases which have proved fatal to those who have died since their discharge.

CAUSES OF DEATH.	mon	maining re or le sordere	ess		lecover	
CAUSE OF PRANT	Male.	Fem.	Total	Male.	Fem.	Tota
Diarrhœa Spasmodic cholera Fever Apoplexy Paralysis Inflammation of lungs Consumption Diseased heart Diabetes Parturition Paramenia Cancer of the mammary gland Dropsy Suicide Homicide by an insane person Drowned accidentally	2 1 1	1 1 2 1 1 1	2 1 2 2 1 3 1 1	1 2		1 2 3 4 1 1 1 1
Causes of death known	10	8	18	6	9	15
Causes of death unknown	10	18	28	17	27	44
Total	20	26	46	23	36	59

Table 38.—Shewing the actual and average ages of those who have died since their discharge from the institution; and likewise the average age at the first attack of disorder.

			mo	maini re or le ordere	ess		ecover	
	AGE.		Male.	Fem.	Total	Male.	Fem.	Tota
From 20 to 30 , 30 to 40 , 40 to 50 , 50 to 60 , 60 to 70 , 70 to 80 , 80 to 89	,, ,,	Total	2 3 4 3 3 3 2	1 1 5 5 5 7 2	3 4 9 8 8 10 4	1 3 4 8 2 3 2	1 4 8 3 8 10 2	2 7 12 11 10 13 4
AVERAGE AGE	AT DEATH		-		Mean 57.6	Male. 55.		-
	AT FIRST ATTACK				Mean 35.8	-	-	-

TABLE 39.—SHEWING THE FORMS OF MENTAL DISORDER UPON ADMISSION, WITH THE CHANGES THAT HAD TAKEN PLACE IN THEM AT THE TIME OF DEATH.

	112	- (40)		4/4		11.44					
	HOMA		ja.	Total	16	4	60	7484			23
			Dementia.	Fem.	10	00	67			•	15
-	la fo	into	Ã	Male. Fem. Total	9	1	-			-	80
	TH.	Mental disorder changed into	ia.		00		1			•	4
	P DEA	rder cl	Melancholia.	Fem.							
	TIMB O	osip l	Mel	Male.	00		1				4
	THE 1	Menta		Male. Fem. Total Male. Fem. Total		00					00
	ER AT		Mania,	Fem.		6.1					67
	ISORD		N	Male.		-					1
	TAL D		orse.	Fotal		63		П	•		00
	P MEN	1 8	dly we	Fem.				1			1
1	FORM AND CONDITION OF MENTAL DISORDER AT THE TIME OF DEATH.	, and	Decidedly worse.	Male. Fem. Total Male. Fem. Total Male. Fem. Total Male. Fem. Total		C1			•	·	61
	CONDI	Mental disorder unchanged, and		[otal]	22	31	12	20	г	63	88
	(AND	er unc	Unimproved.	Fem.	12	18	9	00			839
	FORM	disord	Unit	Male.	10	13	9	17	П	63	49
		fental		rotal 1	00	00	67				18
-		-	Decidedly improved.	Fem.	50	9	Н				12
			De	Male.	00	63	П	•			9
11				Cotal	49	48	18	21	1	63	681
		DIED.		Fem.	27	53	6	4		1.	70 69 139
		А		Male.	22	19	6	17	П	67	02
			ER		1:	:	:	:	:	:	:
			FORM OF MENTAL DISORDER WHEN ADMITTED.		1	:	:	:	:	-	
			OF MENTAL DISO WHEN ADMITTED,		1:	:	:	:	:	Delirium of fever	1
			NTAI		1:	ia	13	:	:	of fe	Total
			NE NE		1:	chol	nan	tia	:	m	-
			WHA		Mania	Melancholia	Monomania.	Dementia.	Idiotcy	liriu	
			ORM		Ma	Me	Mo	De	Idi	De	
1			F		1		1.7.7.4		7900	44 - 49	Hun ?

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TABLE

TABL PRO SUN

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*Rec

\S 8.—Of the cases remaining under care.

Table 40.—Shewing the duration of residence of those remaining in the institution, midsummer, 1840.

DURATION OF RESIDENCE.		ety of Fr and ected wi	13		with the	
	Male.	Fem.	Total.	Male.	Fem.	1 Total
Under 3 months		3	3	2	1	0
From 3 to 12 months	4	2	6	1	1	0
" 1 to 2 years	2	3	5	1	1	1
,, 2 to 5 ,,	1	7	- 8	2	1	2
,, 5 to 10 ,,	10	5	15	1	9	9
" 10 to 20 "	8	13	21	1	3	1
" 20 to 30 "	4	2	6			*
" 30 to 40 " ·	2	5	7			
" 40 to 43 "	1	3	4			
Total	32	43	75	7	9	16

Table 41.—Shewing the duration of disorder when admitted, and the probability of recovery of those remaining in the institution, midsummer, 1840.

DURATION OF DISORDER WHEN ADMITTED.		or less h recovery.			or no h	
	Male.	Fem.	Total	Male.	Fem.	Total
FIRST CLASS.—First attack, and within three months	1	2	3	1	1	2
SECOND CLASS.—First attack, above three, within twelve months	. 3	2	5	4	8	12
THIRD CLASS.—Not first attack within twelve months	5	8	13	3	3	6
FOURTH CLASS.—First or not first attack, more than twelve					Ton I	
months	4	3	7	18	25	43
Total	13	15	28*	26	37	63

^{*}Recovery does not appear probable in more than half this number, or in 6 males and 8 females.

Table 42.—Shewing the actual and average ages of those remaining in the institution, midsummer, 1840.

AGE, 1840.		ety of Fr and nected wi			nconnec with the ety of Fr	9.
	Male.	Fem.	Total	Male	Fem.	Total
From 10 to 20 years			2%	1.	1	1
" 20 to 30 "	5	6	11	1	1	1
" 30 to 40 "	6	8	14	4	1	5
,, 40 to 50 ,,	9	8	17	2	4	6
,, 50 to 60 ,,	6	6	12		1	1
,, 60 to 70 ,,	6	11	17		2	2
" 70 to 80 "		4	4			
Total	32	43	75	7	9	16
	Male.	Fem.	Mean	Male.	Fem.	Mean
AVERAGE AGE, 1840	45.2	49.0	47.4	35.5	44.3	40.4

TABLE 43.-SHEWING THE FORMS OF MENTAL DISORDER, AS THEY EXISTED UPON ADMISSION, IN THE CASES REMAINING IN THE INSTITUTION, WITH THE CHANGES THAT HAVE TAKEN PLACE IN THEM, UP TO MIDSUMMER, 1840.

Mania		-	-	=								-	O CARAGO	LOSASA	1840				
Male Fem Total								FOR	M OF	MENTA	L DISC	RDEK,	MIDS	Country	4				1
Male. Fem. Total Male. Fem. Total Male. Fem. Total Male. Fem. Total 16 22 38 12 15 27		REMAI	NING	1840.	-	fania.		Mel	nehol	ia.	Mon	omani	a.	Der	nentia		Id	Idiotcy.	
Male. Fem. 10tal Annuel. Fem. 11tal Annuel. F			-	13	Molol	Pom	Total	Male.	Fem.	Potal	Male.	Fem.	Fotal	Male.	Fem.	Cotal	Male.	Fem.	Fotal
Total		Male.	Fem.	Toran	Marc			1	1	1	1	1	1	A	1	11	1		
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Mania	16	22	38	12	15	27					.00		4		,		200	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Melancholia	1-	6	16				4	5	6				00	4	-			
Total. 39 52 91 12 15 27 4 5 9 4 8 12 18 23 41 1		8	6	15		1		3.			4	00	12	67	-	00			
Total	Monomania		,	6	1					Equition 1				6	11	20			
Total 39 52 91 12 15 27 4 5 9 4 8 12 18 23	Dementia	6	=	20		-				W 1/2		1)13	[-				1	7	53
39 52 91 12 15 27 4 5 9 4 8 12 18 23	Idiotey	1	-	67						.			-	1	1	1	1	1	1
1 20 00	Trotal	30	59	16	12	15	27	4	5	6	4	00	12	18	23	41	1	-	22
	TOTAL	00 .	70	5									-	0	0	0	100		

Table 44.—Shewing the numbers of officers and servants to the institution at four different periods since its establishment.

	NUMI	BER OF			FFICEI PERIOI		D SERV	ANTS
OFFICE AND DESIGNATION.	17: 15 pat		63 pat	13. ients, 12 of class	82 pat and higher	ients.	79 pat	40. tients 12 of clas
An in the same of the same.	Male.	Fem.	Male.	Fem.	Male.	Fem.	Male.	Fem
Physician	1*	06,00	1*		1*		1*	
Surgeon					1*		1*	
Resident surgeon							1	
Superintendent	1	1100	1		1		1	1
Matron		1		1		1		1
Superintendent's pupil & assistant					1	- 0		
Matron's assistant				1		1		1
Attendant on patients employed in labour		ar.	1.9	E FOR	G .		1	
Attendants on patients in the galleries, &c	1	1	2	3	3	5	4	5
Junior assistants to female at-		1	Tana Y	ra fac	and a	4.5-1	200	la ne
tendants								4
Attendants on patients of the			1	1	3	3	3	6
higher class	12 500		1	-	0		0	
Housemaid, cook, and assistants		2		3 2		5		5
Laundry-maids		2*	i	2	1*	3	1*	3
Gardener			1*	-	10		1*	
Lodge-keeper, baker, &c Farming servant			1*		1*	SER!	1*	10
Tarming servano	4	6	8	11	13	18	15	25
	*	0	l c	-11	10	10	10	20
Total officers and servants	1	0	1	9	3	1	40	0
	3	4	5	11	8	18	10	25
Total residing in the house	7		1	6	2	6	3	5

The non-resident officers and servants are distinguished by asterisks.

Table 45.—Shewing the numbers employed, and the principal kinds of employment, during the year 1839-40.

Amoreo pila pozena prisongani do minigios dice patino	Male.	Fem.	Tota
Agricultural employments of the harder kinds+	14		14
Agricultural employments of the lighter kinds†	6		6
House-work	1	6	7
House-work occasionally		2	2
Needle-work		13	13
Needle-work occasionally	1	18	18
Reading, &c	8		8
Drawing, &c.	1	1	2
More or less employed	30	40	70
For the most part unemployed, except in taking exercise	15	15	30
Total under care during the year	45	55	100

⁺ These patients were generally in the open air the greater part of the day; and were actually employed from two to seven hours out of the twenty-four.

TABLE 46.—SHEWING THE ORDINARY DIET OF THE INSTITUTION.

CLASS OF CASES AND AVERAGE NUMBER. 1839-40.	BREAKFAST.	DINNER.	TEA.	SUPPER.
1. Cases paying for superior ac- commodation, No. 17.	and butter, toast, &c.	Roast or boiled joints, potatoes, &c. Plain, fruit, or rice puddings. Fish, game, or poultry, when in season. Beer or water.	Tea; bread and butter, toast, &c.	bread and cheese, beer or water.
2. More orderly and curable cases of the general class. No. 45.	The same,	The same; excepting game and poultry; with occasional hashes, &c.	The same.	Stee granutation
3. Less orderly, and mostly fatu- ous cases. No. 23.	milk.	The same.		Men the same women none.

Average weight of cooked animal food, (including bone,) per week, consumed by each inmate; patients, officers, and servants, for 1839-40. 56oz. Av.

TABLE 47.—SHEWING THE PRINCIPAL MEANS OF MEDICAL TREATMENT USED IN THE INSTITUTION.

CLASS OF REMEDIES.	PARTICULAR REMEDIES.
Depletory and derivative measures.	Leeches behind the ears, to the temples, epigastrium, &c. cupping to the nape; general bleeding very rarely. Evaporating lotions to the head. Blisters. Setons and issues occasionally.
Sedatives, &c.	Digitalis; tartarized antimony, in full or nauscating doses; mercurials to incipient ptyalism.
Opiates and other nar- cotics.	Tincture and pills of opium; Dover's powder; Battley's liquor; salts of morphia; hyosciamus; camphor.
Aperients.	Senna, with sulphate of magnesia; castor oil; calomel, with rhubarb, jalap, or extract of colocynth; pills of aloes and myrrh; compound decoction of aloes, &c.
Diaphoretics.	Acetate of ammonia and nitric ether; nitrate of potass and antimonial wine; effervescing draughts.
Tonics and stimulants.	Bitter infusions and tiuctures, with or without alkaline salts; quinine; Griffith's mixture, and other chalybeates; porter; wine; alcohol; ammonia; aromatic confection &c.
Baths, &c.	Warm, cold, shower, hip, and foot baths. Dry frictions.

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Table 48.—Shewing the rates of payment on account of the cases admitted during the forty-four years, 1796—1840.

RATES OF PAYMENT.	I DIRA	and	riends ith it.	V	conne vith th y of F	ie
1 250 1 0 1101 11 0 1002 1	Male	Fem.	Total	Male.	Fem.	Total
Gratuitously for a period not exceeding one year in each case	15	19	34	100	1	2
4 shillings per week	59	92	151	1	2	3
8 " "	48	76	124	1	2	3
8 to 16 shillings per week	64	69	133	1		1
16 to 21 " " "	10	12	22		2	2
1 to 2 guineas "	29	23	52	1	3	4
2 to 3 " "	11	6	17	1	5	5
3 to 4 " "	10	3	13	20	12	32
4 to 5 ,, ,,	3		3	5	6	11
5 guineas per week	1	-	1	2		2
Total all cases admitted	250	300	550	32	33	65

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Table 49.—Shewing the value of the property of the institution at six periods since its establishment.

YEAR ENDING	110	DES	CRI	PTION	OF	PRO	PERTY						27		
SPRING QUARTER.	Lan			Fur	nitu line		Far stock, from 1 &c.		due		EBTS		TOTAL PROI		
1797	£ 5425	s. 9	d. 10	135 12	s. 12	d. 10		s. 16	d. 0			d. 11		s. 1	d. 10
1806	7213	2	10	900	19	11	433	8	5	3172	15	8	5374	15	5
1816	9469	0	11	1792	0	10	1168	14	4	1777	13	10	10664	14	8
1826	14622	2	3	1828	3	8	2144	11	4	2499	6	7	16094	10	7
1836	13510	11	9	1312	14	3	8155	5	9	1395	16	1	21582	15	8
1840	18231	4	3	1279	13	0	4600	11	11	2085	2	5	22026	6	9

Table 50.—Shewing the income of the Institution for the forty-four years since its establishment.

ETUD 1	OLOGE-			1	HEA:	DS OF	INCOM	E.		OR OR	EKU EKU	CLA	BUBLE		
PERIODS OF TEN YEARS.	From pa (including est from	g in	ter-	Leg a anni	nd		An	nual		Dona	ation	s.	TOTAL I	rcor	ME.
100000000000000000000000000000000000000	£	8.	\overline{d} .	£	8.	d.	£	8.	d	£	8.	d.	£	8.	d.
1796—1806	8953	1	7	2921	11	0	466	4	0	4181	14	0	16522	10	7
1806—1816	16591	19	9	4194	10	10	696	19	0	3865	9	0	25348	18	7
1816—1826	24318	11	3	3962	12	6	3901	14	6	2100	2	1	34283	0	4
1826—1836 Period of four	41388	4	6	4751	10	6	1109	3	0	391	11	0	47640	9	0
years 1836—1840	16773	9	. 5	877	19	0	0	0	0‡	36	0	0	17687	8	5
Period of forty- four years. 1796—1840	108025	6	6	16708	3	10+	6174	0	6	10574	16	1	141482	6	11

+ Of this sum of £16708 3s. 10d., £6635 7s. was raised upon annuities of 5 per cent., payable during the lives of the insurers.

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during the lives of the insurers.

‡ In consequence of the improved state of the funds, annual subscriptions on behalf of the institution have not been requested since the year 1830.

TABLE 51.—Shewing the expenditure of the Institution for the forty-four years since its establishment.

1000	288			HEAD	s of	EXP	ENDITU	RE.							
PERIODS OF TEN YEARS.	House repa		and	Salar	ies a ges.		Di	ugs.	v	Interest up to 1 to annu	834,	and	EXPEND	-	RE
1796—1806	£ 7255	s. 17	d. 7	£. 1879	s. 16	d. 8	£. 85	s. 3	d. 9		s. 14	d. 6	£. 11061	s. 12	d. 6
1806—1816	14446	5	3	3374	2	8	129	10	3	2121	10	6	20071	8	8
1816—1826	19115	4	3	5246	2	7	214	2	6	3256	8	4	27831	17	8
1826—1836	36733 3700		9 }	8450	17	2	371	16	0	2895	14	0	52152	3	11
Period of four years. 1836—1840	11361 1930		6 }	4221	5	6	147	0	6	633	10	0	18293	15	10
Period of forty- four years. 1796—1840	94543	3	8	23172	4	7	947	13	0	10747	17	4	129410	18	7

† Under the head of house expenses have been included the sums of £3700 and of £1930 19s. 4d. which, from 1835 to 1840, have been sunk in alterations and additions to the buildings; and which it was thought could not fairly be added to the value of the property.

APPENDIX.

No. 1.

STATISTICS OF THE YORK LUNATIC ASYLUM.

The five following tables, A, B, C, D, E, which exhibit the experience of the York Lunatic Asylum for a period of twenty-five years and eight months, 1814—1840, were calculated from data, kindly furnished by the resident medical officer; and are published

with the permission of the committee of that institution.

COME

It is thought that the results obtained at the York Lunatic Asylum since 1814, may be more fairly compared with those at the Retreat, than those of almost any other institution, and this for the following reasons:—First, the patients are derived from nearly the same ranks in society in both establishments. Secondly, from their proximity to each other, and from some of the more active members of the Retreat committee being also governors of the Asylum, the practices and modes of treatment in the two institutions have, no doubt, a certain reciprocal influence. And thirdly, and in particular the diet table at the Asylum, though less so for the paupers, is, on the whole, a very liberal one; and far more than average domestic comforts are afforded to the patients.

In the comparison, however, of the results obtained at the two institutions, it should be borne in mind that, in three circumstances, the Retreat appears to have a very decided advantage over the Asylum. In the first place, the site of the former is considerably elevated, and on a dry, gravelly soil, which requires little artificial drainage; whilst the latter, though not to be considered in an unhealthy situation, is raised but a few feet above the level of the river Foss, and is situated in a flat district, which has, till of late, been but imperfectly drained. Secondly, at the Retreat, the previous habits of the patients must, on the whole, be regarded as much more favourable to longevity and, perhaps, also to recovery, than are those of the patients at the Asylum. Thirdly, it appears that, from pecuniary and other considerations, patients are frequently removed from the Asylum, by their friends or by the parish officers, to other institutions, before sufficient time for recovery has been afforded: this is a circumstance which seldom occurs at the Retreat.

The following sketch of the history and present state of this Asylum has been compiled from the printed rules and reports,

and other authentic sources.

The York Lunatic Asylum was established by voluntary subscriptions, in the year 1777; at a period when there existed but two public institutions for the insane in the metropolis—the hospitals of Bethlem and St. Luke's; and but two in the provinces, viz., one at Newcastle and one at Manchester. It was designed chiefly for

the relief of indigent lunatics, whether parish paupers or otherwise; and, also for those who, in consequence of limited circumstances, cannot otherwise be supported without occasioning pressure to their families. A certain number of affluent patients is also admitted, at rates of payment proportioned to their abilities, with the view of making up for the deficiency in the payments of the more necessitous and parochial patients. Of the whole number of patients in the asylum at the present time, about one-third consists of paupers; and, judging from the rates of payment, another third may be regarded as belonging to the class of persons in limited circumstances, and another to that of those from the more affluent ranks of society. No patients are refused admission in consequence of the form of mental disorder or its supposed incurability.

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TABLE A.—SHEWING THE NUMBER OF CASES TREATED AT THE YORK LUNATIO ASSISTED IN INTEREST. THE INTLUMENCE OF STREET, UPON ADMISSION; SO AS TO SKILLING THE INTLUMENCE OF ASSISTED IN DECENNIAL PRINCIPS OF LIFE, CONFARE WITH TABLES 9, 18, AND GYLER RESULTS. CONFARE WITH TABLES 9, 18, AND GYLER RESULTS.

For many years after its institution, the York Lunatic Asylum maintained a high character; but, perhaps in consequence of several defects in its original constitution, it subsequently sank materially in public estimation. Soon after the publication of the "Description of the Retreat," in 1813, the then physician thought proper to make a severe attack upon the author of that work, as having, by his representations respecting the Retreat, cast reflections upon other establishments. A long controversy in the newspapers took place, which excited much interest; and which ended in the complete revision of the rules for the government of the institution, in the dismissal of every servant engaged in the care of the patients; and in the reorganization of the Asylum, and in the assimilation of

its management to that of the Retreat.

During the thirty-seven (36.9) years that the institution had existed from its establishment, in 1777, to 1814, when the reform which has been alluded to, took place, 2635 patients were admitted; of whom 2133 were discharged, and 399 died; and there remained in the house, October 10th, 1814, 103; viz., 60 men, and 43 women. The state of those discharged, as regards recovery or otherwise, in consequence of the imperfect state of the registers, cannot be ascertained. The average number resident during that period was 98.1; and the mean duration of residence for each patient admitted was 1.37 year; for those discharged, 1.06 year; and for those remaining 1814, 9.94 years.

Since its reorganization in 1814, the York Lunatic Asylum has fully redeemed its character; a system of labour, as a means of promoting the comfort and cure of the patients, has recently been introduced; and it is now to be regarded as a well conducted institution. As a striking proof of which, it may be mentioned, that the mean mortality has been reduced from 11.00 (1777—1814) to

7.35 (1814—1840) per cent. annually resident.*

[•] Those acquainted with the history of the Asylum will be interested in knowing that, from evidence taken before a committee of the House of Commons in 1815, it appears that during the first thirty-one years, 1777—1809, under the superintendence of the first physician to the institution, the mortality was at the rate of 9.5 per cent.; and that it rose during the succeeding six years, 1809—1814, to 14.8 per cent. annually resident.

TABLE A .- SHEWING THE NUMBER OF CASES TREATED AT THE YORK LUNATIC ASYLUM, DURING THE 25 YEARS AND 8 MONTHS, 1814-1840; ARRANGED IN DECENNIAL PERIODS OF LIFE, UPON ADMISSION; SO AS TO EXHIBIT THE INFLUENCE OF AGE UPON THE PROPORTION OF RE COVERIES, DEATHS, AND OTHER RESULTS .--- COMPARE WITH TABLES 9, 18, AND 42.

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AGE.		881	18	Re	Recovered.	d.	In	Improved.	-	Uni	Unimproved.	ed.		Died.			Total.		KE	1840.	Ď.
n n co too ca	Male.	Fem.	Total	Male.	Fem. Tal	Janes - Committee	Male	Fem. Total	-	Male, Fem. Total	Fem.	Total	Male. Fem. To al	Fem.	Fo al	Male.	Male. Fem. Total		Male.	Fem. Total	Total
From 10 to 20 years	31	22	53	15	13	28	9 .	-	1-	9 .	0	10	62	-	00	28	20	48	00	63	5
" 20 to 30 "	153	134	287	41	19	108	37	27	64	48	18	99	10	1	17	136	119	255	17	15	32
" 30 to 40 "	232	154	386	69	52	111	60	44	22	09	25	85	48	13	61	200	134	334	35	20	52
" 40 to 50 "	193	132	325	58	44	102	24	18	42	31	32	63	99	20	92	169	114	283	24	18	42
" 50 to 60 "	16	107	204	27	29	99	18	16	34	17	26	43	31	23	54	93	94	187	4	13	17
" 60 to 70 "	49	49	98	10	12	22	5	50	10	1-	12	19	22	11	600	44	40	84	5	6	14
" 70 to 80 "	13	6	22	60	1	4		61	. 67	00	1	4	9	10	11	12	6	21	, ,		1
Total	768	209	1375*	213	218	431	123	113	236	171	119	290	175	80	255	682	530	1212	86	11	163
	Male.	Fem.	Mean																Male.	11 -	Mean
AVERAGE AGE AT ADMISSION 38.3	38.3	39.4	38.8	1						AVER	AGE A	AVERAGE AGE OF THOSE REMAINING, 1840	THOSE	REMA	NING,	1840.		:	44.7	50.4 47.4	17.4

[•] The 1375 given under this head, include 103 who remained in the Asylum, at its reorganization, in 1814, and whose ages are given as they existed at that period.

TABLE B.—SHEWING THE ACTUAL AND AVERAGE DURATION OF RESIDENCE IN ALL CASES TREATED IN THE YORK LUNATIC ASYLUM, 1814—1840.

	REMAINING	10101	Fem. Total		77 163	Fem. Mean	9.91 8.65
	RE		Male.	0 8 4 4 6 7 6 1 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9	98	Male.	7.52
			Total	264 278 166 71 77 77 77 77 72 72 73 8	1212	Mean	1.84
		Total.	Fem.	117 121 88 29 49 49 36, 28 20 20 6 6	530	Fem.	1.25
			Male.	147 157 78 42 443 443 441 27 8	682	Male.	2.00
			Total	48 24 23 24 26 26 27 27 24 3 3	255	Mean	4.03
		Died.	Fem.	21 22 22 22 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25	80	Fem.	3.96
		•	Male.	27 18 16 16 20 20 20 14 16 16 16 18 18 18 18 18 18 18 18 18 18 18 18 18	175	Male.	4.06
	D.	ed.	Total	56 28 20 20 31 34 17 17 17 17	290	Mean.	2.22
	DISCHARGED.	Unimproved.	Fem.	25 21 13 8 8 13 14 11 11 11 11 11 11 11 11 11 11 11 11	119	Fem.	2.20
	DISCE	Uni	Male.	31 36 115 111 112 118 120 100 100 110 110 110	171	Male.	2.24
		1	Total	44 116 118 111 114 113 0	236	Mean	1.18
		Improved	Fem.	221 18 10 10 10 10 10 10 10 10 10 10 10 10 10	113	Fem.	1.04
1		Im	Male.	14 113 10 10 10 10 10 2 2 2 3 3	123	Male.	1.30
		4	Total	1116 126 84 32 45 11 10 10 6	431	Mean	0.65
1		Recovered	Fem.	44 64 64 64 65 65 65 65 65 65 65 65 65 65 65 65 65	218	Fem.	0.77
		Re	Male.	25,248,248,248,248,248,248,248,248,248,248	213	Male.	0.53
		· i	Total	275 282 172 73 134 90 105 107 85 25 20	1375	Fem. Mean	2.52
		ADMITTED.	Fem.	1119 122 190 29 29 52 42 42 42 42 77	209	Fem.	2.40 2.67
THE PERSON		QV	Male.	156 160 82 82 82 63 63 64 44 43 13 13	768	Male.	2.40
		DURATION OF RESIDENCE.		from 3 to 6 months from 3 to 6 months 6 to 9 " 9 to 12 " 1 to 2 years 2 to 3 " 3 to 5 " 5 to 10 " 5 to 10 " 40 to 48 " 40 to 48 "	Total.		AVERAGE DURATION OF RESTDENCE—IN YEARS

TABLE PERL FROM

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Table C.—Shewing the mean numbers constantly resident at decennial periods of life, and likewise the ages of those who have died in the York Lunatic Asylum, 1814—1840.—Compare with Tables 9 and 32.

		an numb			eaths at	
AGE.	Male.	Fem.	Total	Male.	Fem	Total
From 10 to 20 years	0.72	1.09	1.81			
20 to 30	9.19	6.34	15.53	11	8	19
" 20 to 10		11.53	27.55	37	11	48
" 40 to 50		16.04	29.06	55	15	70
" E0 to C0		14.77	30.36	28	22	50
60 to 70		9.71	22.48	25	15	40
70 to 80	4.44	3.27	7.71	19	5	24
,, 80 to 86 ,,		0.50	0.50	4.	4	4
Total	71.75	63.25	135.0	175	80	255
	Male.	Fem.	Mean	Male.	Fem.	Mea
WERAGE AGE OF THOSE CONSTANTLY RESIDENT, AND AT THE TIME OF	47.4	47.8	47.6	48.6	51.5	49.5

Table D.—Shewing the average proportion of recoveries, at decennial periods of life, at the York Lunatic Asylum, 1814—1840. Deduced from tables A and C.—Compare with Table 23.

AGE.	8 8 8 8 8	ge of Rec per cent ually resi			ge of Rec per cent e cases tr	· red
	Male	Fem.	Mean	Male.	Fem.	Mean
,, 30 to 40 ,, ,, 40 to 50 ,, ,, 50 to 60 ,, ,, 60 to 70 ,, ,, 70 to 80 ,,	80.55 17.30 14.29 17.35 6.73 2.97 2.47 11.56	45.87 41.16 17.51 10.66 7.65 4.73 0.91	60.22 27.04 15.68 13.66 7.18 3.82 1.94	48.38 26.79 25.43 30.05 27.83 20.40 23.07	54.50 50.00 33.76 33.33 27.10 24.49 11.11 35.91	52.83 37.63 28.75 31.38 27.45 22.44 18.18
VERAGE OF RECOVERIES P. EXCLUSIVE OF THOSE R	ER CENT. OF THE A	MISSION	s, 1814-40	30.08	38.65	33.88

Table E.—Shewing the average mortality at decennial periods of life, at the York Lunatic Asylum, 1814—1840. Deduced from tables A and C.—Compare with Table 35.

AGE.		rage of d per cent. e cases to	A	1	an morta per cent. ially resi	
	Male.	Fem.	Mean	Male.	Fem.	Mear
,, 70 to 80 ,,	6.45 6.53 26.89 29.01 31.95 44.89 46.15	4,54 5,22 8,44 15,15 21,49 22,44 55,55	5.66 5.92 15.80 23.38 26.47 33.67 50.0	4.57 8.98 16.43 6.99 7.59 16.66	4.90 3.64 3.61 5.75 5.97 5.81 30.00	4.76 6.78 9.35 6.38 6.89 12.06 30.00
Average	22.78	13.17	18.54	9.49	4.91	7.35
MEAN MORTALITY FOR 37 (36.9) YEAR		1814				11.00

APPENDIX.

No. 2.

STATISTICS OF RECOVERY AND MORTALITY IN HOSPITALS FOR THE INSANE.

from data taken from the printed reports of the several institutions. I should, however, have been unable to have given the mean mortality in the asylums at Lancaster, Nottingham, Stafford, Wakefield, and Aberdeen, had I not been kindly favoured The following table, which exhibits the average proportion of recoveries and the mean mortality, for extended periods, in several of the principal hospitals for the insane in this and other countries, has been calculated, where not otherwise stated, with private information from the medical officers of those institutions.

It is thought that the publication of the rates of recovery and mortality in different asylums may be useful, not only as shewing the average general results; but also, that it may have the effect of drawing attention to those peculiar circumstances in different institutions, which may sufficiently account for such great variations in the results of treatment, and which may, in some

instances, be capable of remedy.

the hospitals of Perth, Carlow, Clonmell, Maryborough, Waterford, and Worcester, U.S., cannot be fairly compared with the mortality is almost always much lower during the first ten years of the experience of these institutions, than it is afterwards, when the proportion of recent cases admitted usually increases, and when the old cases begin to die off. The reverse is still more generally the case with the recoveries, the proportion of which, for similar reasons, is It must be stated, that the average numbers resident in the institutions thus distinguished *, are only to be regarded as approximations, as they have been ascertained from simply annual enumerations: they are, however, perhaps accurate enough for the purpose of calculating the mortality. It must also be observed, that the low rates of mortality thus distinguished †, in nearly always found to increase after the first few years.

It may be as well to remark, in connexion with the following table, that great caution should be observed in drawing decidedly favourable or unfavourable conclusions, as to the management of any hospital for the insane, from a mere comparison of the results obtained. However, when institutions of the same description, having similar rules as to the admission and discharge of patients, who are persons of similar habits and from the same rank in society, (as such of the English County Asylums as receive paupers only, and the Irish District Asylums,) are compared with each other, for considerable and nearly equal periods of time; there can be no doubt that a certain degree of confidence may be felt in the inferences to be drawn from the respective proportions of recoveries and from the mean mortality, though particularly from the latter. But in order to draw any positive conclusions, even in cases such as these, it would be necessary to be informed, whether, in the institutions compared with each other, there had been similar proportions of recent cases and of such as promised recovery admitted. This is information which, it is to be hoped, will in future be given.

TABLE -SHEWING THE AVERAGE PROPORTIONS OF RECOVERIES AND THE MEAN MORTALITY IN SEVERAL OF THE FRINCIPAL HOSPITALS FOR THE INSANE, IN GREAT BRITAIN, HELAND, THE UNITED STATES OF NORTH AMERICA, AND ON THE CONTINENT OF EUROPE.

who are persons of suith District Aryyes of confidence may be left in the inference of grawn from the Irish District Aryyes of confidence may be informed, whether, in the institutions compared with each mortality, though particularly from the latter. But in order to draw any positive confidence and from the men worldity, though be informed, whether, in the institutions compared with each cach as these, it would be necessary to be informed, whether, in the institutions compared with each cach cach as these, it would be necessary to be information of record cases and of such as promised recovery admitted. This is information of recent cases and of such as promised recovery admitted.

TABLE -SHEWING THE AVERAGE PROPORTIONS OF RECOVERIES AND THE MEAN MORTALITY IN SEVERAL OF THE PRINCIPAL HOSPITALS FOR THE INSANE, IN GREAT BRITAIN, IRELAND, THE UNITED STATES OF NORTH AMERICA, AND ON THE CONTINENT OF EUROPE.

1	1: 500				2
REMARKS,	Paupers and others. Prichard "On Insanity," p. 144. Paupers only, 24 idiots. A very small number not paupers. "94 died of cholera, in 1833: 46 after influenza, in 1837." All paupers.	About two-thirds paupers. About three-fourths paupers. All paupers,	or, 6.49. If no deaths occurred in 21 "out or, 8.81. the 13 years.	Cases selected as at Bethlem. Only 3 per cent. "incurables." Parliamentary Return. Paupers and others. Before reorganization, 1814. See App ^X ·No. 1 After ditto—One-third paupers.	the endemic pellagra, or which the partents either recover or die.
Mean mortality per cent. annually resident.	$ \begin{array}{c} 7.19 \\ 12.44 \\ 18.01 \\ 11.69 \\ 15.66 \\ 8.74 \end{array} $	13.53 12.32 16.16	7.08 10.50 4.67 3.49	9.76	
Average of recoveries per cent. of the ad- missions.	44.94 20.68 40.17 22.12 22.24 43.09	43.08 40.53 44.18	50.96 52.38 12.50 32.39	39.71 38.50 33.88	_
Numbers died.	83 1261 656 374 282	451 236 909	209 144 39 26	1539 401 399 255	
Average numbers resident.	$\begin{cases} 83.36* \\ 133.40 \\ 291.5 \\ 601.3 \\ 255.9 \\ 345.4 \\ \end{cases}$	158.6 159.5* 255.5	226.9 105.4 64.2 57.3	189.9 98.1 135.	
Numbers recovered.	$ \begin{array}{c} 231 \\ 73 \\ 1302 \\ 449 \\ 223 \\ 226 \\ 618 \end{array} $	1060 379 1272	1538 1506 9 23	6117 1125 431	
Number Numbers of years admitted.	514 353 3241 2029) 1013 1016 J	2460 935 2879	3018 2875 72 71	15402 2922 2635 1272	
Number of years	24 93 93 283 283	21, 12, 22	133	83 74 37 25 2	
NAME AND DESCRIPTION OF ASYLUM.	ENGLISH COUNTY ASYLUMS Gloucestershire, 1823—1832 Kent, Maidstone, 1833—1838 Lancaster, 1816—1840 Middlesex, Hanwell, 1831—1840 ,,, Males ,,, Females Nottingham, 1812—1840	Staffordshire, Stafford, 1818—1840 Suffolk, Woodbridge, 1829—1841 Yorkshire, W.R. Wakefield, 1818—41	VOLUNTARY OR ENDOWED BENEVOLENT INSTITUTIONS. Bethlem Hospital, 1827—1839 "curables" "incurables"	St. Luke's Hospital, 1751—1834 Manchester Lunc. Hosp!, 1766—1840 York Lunatic Asylum, 1777—1814	

of time; tuere can be no uous that a ceram negree or commenced by proportions of recoveries and from the mean mortality, though particularly from the latter. But in order to draw any positive proportions of recoveries and from the mean mortality, though be informed, whether, in the institutions compared with each other, there had been similar proportions of recent cases and of such as promised recovery admitted. This is information which, it is to be hoped, will in future be given.

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TABLE -SHEWING T	THE INSANE, IN GREA

MEMARKS.	Paupers and others. Prichard "On Insanity," Plant 14 (19), 28 diolos, A very small number not paupers. "94 died of cholers, in 1835; 46 after infacenza, in 1837; All paupers. Pour-fulls paupers, 1840. About tree-durths paupers. All nonverse.	or, 6.49. If no deaths occurred in 21 "out or, 8.81. I no leave of absence," during the 13 years. Chaes selected as at Bethler. Finger and of lefers. Propers and of lefers. Reder reorganization, 1814. See App ^{X.} No. 1 Arte ditto-One-bird paupers. Excharts of Freeds. Sector of Freeds. Nearly dree-fourths paupers. Nearly three-fourths paupers, or the paupers and others, and paupers, or the paupers. For persons in reduced circumstances, not paupers.	Col. Spars; "Journal Statistical Society", vol. 3, p. 143. "Journal Statistical Society", vol. 3, p. 143. Six houses for paupers and others. Thirty-six for others only. Opened 1860. Fungers and others. Paupers and others. Paupers and others. Paupers and others. "Purpers and others." "Purpers and others." "Purpers and others." "Purpers and others." "Profoc." Montrose Asylum," &c., 1841.	From the parliamentsy returns from the parliamentsy returns from the District Junatic Avylums, Ireland, 1889 and Established before 1798. Established 1815.	1840.—Population of the eleven Asylums, 2322. For all classes of the Society of Friends and a few others.	For all classes of the Society of Friends, and some others. Special classes of the Society of Friends, and For the poor. Burrows, "On Insanity," p. 519. Bentinol
Mean mortality per cent, annually resident.	7.19 12.44 18.01 11.69 16.66 8.74 7.34 13.53 12.32 16.16	7.08 10.50 4.67 9.76 11.00 7.35 4.59	15.54 20.68 10.94 9.02 8.55 4.034 5 9.09 8.16 years	9.89 12.05 4.58+ 9.61+ 13.38 12. 7.31 13.35 7.84+ 8.54 8.54	9.81	9.45 5.67+ 14.96 4.71 7.40 25.61
Average of recoveries per cent. of the ad- missions.	44.94 20.68 40.017 22.01 22.24 43.09 43.08 40.53 44.18	50.96 52.38 12.50 32.39 39.71 38.50 33.88 50.18 50.18	46.12 44.65 42.36 42.36 53.53 53.53 53.50	45.27 48.37 44.53 44.53 83.83 46.54 46.41 41.43 49.01 82.73	45.91	45.11 39.38 39.45 33.26 29.51 30.73 58.54
Numbers died.	57 83 1261 556 374 282 168 451 236 909	209 144 26 26 401 255 255 113 113 113 128	1504 947 557 102 278 90 34 90 34 95 1824-40.}	151 195 46 46 37 149 314 200 200 64 64 17	1595	90 37 546 104 161 2580
Average numbers resident.	$\begin{cases} 83.36 * \\ 133.40 \\ 291.5 \\ 601.3 \\ 255.9 \\ 345.4 \\ 80.79 \\ 158.6 \\ 159.5 * \\ 255.5 \end{cases}$	226.9 105.4 64.2 57.3 189.9 135. 62.35		101.66 147. 111.5 77. 159. 373.25 210.33 141.6 116. 277.33	1806. 13.28*	44.* 130.4* 456.* 147.* 145.* 402.88*
Numbers recovered.	231 1302 149 223 226 226 618 1060 379	1538 1506 23 23 6117 1125 431 276 679 310	199 11112 344 1111 281	493 490 129 129 225 714 691 436 167 91	4122	286 267 4968 518 166 347 3516
Numbers admitted.	514 353 3241 2029 1013 1016 1434 2460 935 2879	2815 2875 71 71 72 2922 2635 11272 650 1295 773	6821 3572 3249 441 2490 812 331 706	1089 1013 1013 104 291 665 1534 (resubed. 1032 960 403 1016 278	8978	634 678 12592 1567 566 1129 6006
Number of years	20 4 4 2 5 2 5 2 5 2 5 5 5 5 5 5 5 5 5 5 5	8 8 4 1-73 4 8 8 1 8 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8	0 · · · 6 · · · 6 · · · 6 · · · 6 · · · 6 · · · · 6 · · · · 6 · · · · 6 · · · · · 6 ·	511 60 77 811 80 80 80 80 80 80 80 80 80 80 80 80 80	988	213 6 20 8 15 15 25
NAME AND DESCRIPTION OF ASTLUM.	ENGLISH COUNTY ASTLUMS Gloucesteslifer, 1823—1832 Kent, Maldstone, 1833—1838 Lancaster, 1816—1840 Middlesex, Hanwell, 1831—1840. "Permales Notingham, 1812—1840 Sudfordshire, Stafford, 1818—1840 Sudfordshire, Stafford, 1818—1841 Vavelerie, W. Wakefield, 1818—1841 Vavelerie, W. Wakefield, 1818—1841	NOLUNTARY OR EXPONEND BENEVOLENT Bethlem Hospital, 1827—1839 " "errarbles" " "e		Armen, 1826–1840 Armen, 1826–1840 Graine, 1821–1840 Commell, 1835–1840 Commell, 1835–1840 Commell, 1835–1840 Commell, 1835–1840 Commell, 1837–1840 Londonderry, 1829–1840 Londonderry, 1829–1840 Maryboough, 1835–1840 Richmond, Dublin, 1831–1840 Waterford, 1835–1840	Total and average, cleven asylums Retreat (Friends'), Dublin, 1812—40	POREIGN HOSPITALS POR THE INSANE. PERIOGICAL U.S., (Friends.) 1817—38 Worcester, Mass. U.S., 1833—1838 Salpétrière and Biedere, 1891—1821. Charenton, 1826—1833 Schlewng, 1826—1836 Siegburg, 1826—1840 Senavta, Milan, 1802—1827

