

**Wandsworth asylum : a letter to the committee of visitors of the Surrey Lunatic Asylum / by Charles Snape, Medical Superintendent, (Male Department), in reference to the case of Daniel Dolley.**

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A LETTER,

ETC.

WILLIAM WATSON WATSON

A LETTER

TO THE MEMBERS OF THE HOUSE OF COMMONS

A LETTER

TO THE MEMBERS OF THE HOUSE OF COMMONS

LONDON

JOHN BURNETT AND BENJAMIN BURNETT

PRINTERS

WANDSWORTH ASYLUM.



A LETTER

TO THE

COMMITTEE OF VISITORS

OF

The Surrey Lunatic Asylum.

BY CHARLES SNAPE,

*Medical Superintendent, (Male Department),*

IN REFERENCE TO

THE CASE OF DANIEL DOLLEY,

(DECEASED.)

LONDON:

JOHN CHURCHILL, NEW BURLINGTON STREET.

M DCCCLVI.

“IN some Asylums the whole system of management appears to have been constituted less with regard to the cure of insanity, and to the restoration of lunatics to health and society, than to their seclusion and safe custody. Occasional doses of medicine are administered when incidental deviations from bodily health, or any contingency, calls for their use; but the application of medicine and OTHER *restorative means* on any determined plan, with a view to promote recovery, and to restore the mental faculties to a sound state, appears, in some Asylums, never to have been contemplated”—(*Report of the Commissioners in Lunacy to the Lord-Chancellor. 1844. p. 114.*)

SURREY COUNTY LUNATIC ASYLUM,

WANDSWORTH.

*October 31, 1856.*

MY LORD AND GENTLEMEN,

In accordance with your desire, I now beg to lay before you a statement of the circumstances connected with the death of Daniel Dolley, in your Asylum, on the 9th of April last, and a particular of the treatment which he received by my direction.

To justify that treatment, as being wise and judicious, I have felt it necessary to trouble you with a history of my general mode of treating the patients, with the view to a cure of their disease, and which, after an experience of five years, without one single instance of evil result, will, I trust, be considered as thoroughly justifying my directions of the 9th of April.

Whilst laying before you the case of Dolley, I have deemed it incumbent on me to notice certain allegations in Dr. Diamond's evidence, taken in my absence before the Commissioners of Lunacy, which question the judiciousness of my mode of

treatment, as well as tend to show a difference of practice in the two departments, much to my prejudice.

I am compelled, therefore, to refer in my statement to the practice pursued by Dr. Diamond in the establishment; and though, from a fear of the appearance of acrimony on my part towards a fellow-officer, I have refrained from commenting upon some of the observations and statements in his evidence, yet I trust it will be kindly understood that I am quite prepared to meet *every* point affecting me contained in that gentleman's evidence.

If I had been either present or represented at the inquiry of the 17th of April, I might, by cross-examination or explanation, have satisfied the Commissioners that no blame was attributable to me; but they conducted that inquiry in their own way, and to the evidence there taken I had no opportunity to present the slightest protest, suggestion, or reply.

The proceedings instituted against me for manslaughter by the Commissioners exposed me to a mass of charges and abuse, almost as overwhelming as they were untrue, for a period of six months;

yet, on the other hand, the anticipation of a public trial precluded me from offering either reply or explanation, and my legal advisers peremptorily insisted upon my observing the most unvarying silence. The fact that the Bill was ignored by the Grand Jury doubtless was testimony in my favour of the most unequivocal nature, as they declared my innocence even upon the case of the Prosecution alone; yet, on the other hand, the non-publication of the case of the Defence has left me under all the imputations and charges previously heaped upon me, and as yet those charges remain unanswered and uncontradicted.

Under these circumstances I rejoice at being enabled to lay before you the real facts relative to Dolley's treatment and death, being confident that you will enter upon the investigation fully prepared to do no less justice to myself and family, than to those unfortunate beings whose interests are entrusted to your care.

The statement I submit to you, while it wholly denies, and as far as is possible disproves, the charge of vindictive motive, and desire to punish Dolley, corrects various mis-statements as to the treatment administered, explains and justifies by long-



past very successful practice the treatment actually given, and shows what was the real cause of the death, at the same time incidentally laying before you circumstances in connexion with the origin and progress of the Prosecution itself, which will, I feel assured, secure to me your sympathy and best consideration; while I further venture to trust, after perusing and considering my statement, you will not hesitate to rescind your resolution of the 10th, May last, suspending me "from the performance of the duties of my office in the Asylum, until the result of the criminal charge against me had been ascertained."

It only remains that I should express the deep regret I feel at the delay which has occurred in the preparation of this communication, but involving as it does in its consequences the welfare of a wife and family of eight children, I could not trust to my own unaided judgment, or venture to lay it before you until it had been sanctioned and settled by my solicitor, who, unfortunately, was at the onset absent from London.

I have the honour to be,

My Lord and Gentlemen,

Your most obedient humble Servant,

CHARLES SNAPE.

## STATEMENT.

IT appears desirable to preface the statement I am called upon to lay before you with a particular of the points I am required to establish in rebuttal of the charges which have been made against me, *directly or indirectly*, in reference to the death of Daniel Dolley, in the Wandsworth Lunatic Asylum, on the 9th of April last, after being under treatment, by my directions, as Medical Superintendent of the Male Department, in which he was placed.

The following propositions, will, I believe, meet all the charges thus made against me :— Points to be established.

- I. That the treatment administered, by my direction was justifiable in itself.
  - II. That the treatment was administered, not as a punishment, but solely as a remedial agent.
  - III. That in ordering such treatment I was not influenced by vindictive motives against the deceased.
- Added to which, I am further prepared to show—
- IV. That the treatment administered was certainly not the primary, and probably not even the secondary, cause of death.

As my statement is of a twofold character,—viz., explanation and justification of my principles of treatment on the one hand, and an explanation of the real facts preceding the decease of Daniel Dolley on the other,—it will save time if I first explain what have been my principles of treatment of mania since my appointment to your Insti-

tution in 1848, and afterwards state the real events of the 9th April, concluding with a sketch of the subsequent events.

The non-restraint system never departed from.

The cure of the disease even a higher duty.

As Medical Officer in your Asylum, I have, from my first appointment, invariably practised the "non-restraint system" in the largest sense of that phrase, and which system existed only to a modified extent when I was first elected; but though adopting this principle, I do so in subordination to, and as an essential part of my higher duty as Medical Superintendent, the "restoration to reason of the patients entrusted to my care." Merely to establish a comfortable home for these afflicted beings, and to create an asylum where they may remain at rest and peace, and be protected, not only *from* others, but also from a liability and possibility of injury *to* others, is far short of the main object of these asylums. The patients are sent to an Asylum *to be cured if possible*; that is the main purpose of these institutions, and *that* the first duty of your Superintendents; but no treatment will be remedial unless accompanied by the greatest forbearance, gentleness, and consideration for the patient himself, and the constant recollection that all acts of violence, which are inconsistent with the ordinary conduct of a sane person in the social position of the patient, are almost wholly to be traced to and accounted for by disease of the brain. Thus, the only sound principle of treatment of lunatics is to regard every fresh act of violence, not as a crime, but as evidence of the disease itself being unusually rampant, and having at the moment more than usual influence over the patient, and, consequently, requiring a course of treatment proportionate to the excitement to be overcome, especially in dangerous patients. Such has been my principle of treatment of the patients in your Asylum; and while I unreservedly assent to modern views in favour of the non-restraint system, and have ever endeavoured to carry forward

that system, yet have I at the same time attempted progress in the treatment of the disease itself, which still baffles the ablest practitioners in this country.

It is now eight years since I had the honour of being elected Medical Superintendent of the Female Department of your Asylum. On that occasion, Dr. Diamond was an unsuccessful competitor with me. Upon the retirement of Mr. Holland, I was at my own request transferred to the Male Department, and thereupon (January, 1850) Dr. Diamond was elected as my successor on the Female side.

From the date of my first election, never, until now, has there been the slightest charge against me of introducing any species of restraint, or of inattention, harshness, or unkindness to a single patient; though none but those who have passed years in such asylums know the watchfulness, tact, and forbearance which must be unweariedly exercised by those placed over the patients, to protect themselves against such charges, and not even to give apparent ground for them. On the contrary, I have carried *onward* the principles of the non-restraint system. The dress, so much in use for dirty and destructive patients, which was a constant source of annoyance, has been exchanged by me for a quilted, and much more secure, but equally strong, character of dress; and padlocks to the dresses have been got rid of, and a different but equally effective fastening, consisting of a screw button, introduced in their stead,—feeling, as I did, that even the sight of the padlocks was objectionable, and that they should, if possible, be removed. During my residence, how greatly have the amusements of the patients been considered and promoted! and how largely, at my instance, have the garden and farming operations been extended, and other attempts made by me for their greater comfort! amongst which may be specially named, the *formation of a band of music* from the attendants which has largely

contributed to the happiness of all the patients in the Institution. These and other like instances of changes for the comfort and welfare of the patients, though trifling in themselves, show that the one governing object I have studiously kept in view has been the advance of the non-restraint system, and the happiness of the inmates.

Questions to attendants.

If you will interrogate any of the attendants, they will, I have no doubt, speak in the strongest manner of my stringent requirements, that they report to me the slightest scratch or contusion they discover, and any complaint which may be made by the patients; and the following extract from a letter to my Solicitors from Edward Rouse, who had been an attendant in the Asylum upwards of nine years, will speak for itself, and with the greater force when I add, that when first asked to give evidence on my behalf, he refused to do so, from a feeling which he openly avowed, that I did not sufficiently shield him in May, 1855, when he was dismissed from your Asylum for alleged neglect of a patient:—

“Mr. Snape is undoubtedly sincere, very humane, and well-disposed towards the patients. His minute inquiries into their health, their habits, and their past history,—his apparent determination to become acquainted with everything that related to them, whether as to their different habits for self-improvement or recreation—although very irksome to the attendants in increasing their duties, yet nevertheless convinced me that he had the welfare of the patients at heart.”

Annual Reports.

In addressing you, it is of course needless to quote from your own Annual Reports, bearing favourable testimony to the conduct of your Medical Officers, beyond referring you especially to that for 1853, page 11; for 1854, page 10; for 1855, page 13; and for the present year, page 8: though I cannot refrain from referring you to the entry in the Visitors' Book by Mr. Powell of the Mauritius,—who was in the year 1854 specially appointed by the

Governor of the Mauritius to visit the different lunatic asylums of England and France, for the purpose of observing all improvements in the treatment of the insane,—wherein he states—

Visitors' Book.

“That in no asylum that he had visited had he found the results of judicious and effective management more forcibly exemplified than in this Asylum; that he had been through the wards both during the day and night with the Medical Officers, and had in no other asylum seen patients so tranquil.”

But to *stop short* here, to content myself with gentleness, kindness, and a continued endeavour to promote only the occupation and amusements of the patients, though it might contribute greatly to my personal ease, would be to betray the first interests of the Asylum. For if the medical treatment of the disease itself is not your first object, why require such high medical testimonials from candidates for the appointment of Medical Superintendent? If, on the contrary, it is expedient, as doubtless it is, to obtain for the office of Medical Superintendent men competent to restore, and, as it were, to recreate, God's highest gift to man, why visit with the utmost denunciation of the law, and subject to the obloquy and ruinous consequences of a public prosecution as a felon, a medical man elected on account of his past experience and medical attainments to such a post, because he has the courage to carry onward remedial measures which for a period of four or five years he has been gradually applying, and with unvarying success; although to other institutions even the treatment so long practised by him may be unknown, and, therefore, may be too hastily and most erroneously regarded, *speaking from THEORY only*, as dangerous and bad?

Remedial measures required.

Medical men required for Superintendents.

The science of medicine in all its branches will ever be a science of unusual difficulty and doubt, from the necessity of treatment being based upon “surmise;” and, after all, he is the ablest practitioner who guesses most correctly, and

Medicine a science of surmise.

assumes most justly, the real seat and nature of the disease to be grappled with. But it is still "surmise;" and if in the treatment of bodily ailments there be so much doubt, how much greater is the doubt in reference to mental disease!

Dr. Conolly's  
remark on the  
ignorance of  
remedial  
treatment.

"The obscurity of pathology of mental disorders" is specially adverted to in Dr. Conolly's recent work, and he expressly ascribes "our limited knowledge of remedial means applicable to mental disorders to the extreme obscurity in which the origin of cerebral disturbance is involved, and to the narrowness of our knowledge of the mental functions of the brain." "But," he observes, "there is still no reason to abandon *the hope that fresh resources will some day be possessed by the practitioner*, and that the real nature of the changes taking place in the brain may be better understood, and greater success attend medical treatment."

The objection  
to continuous  
baths. Theory  
against  
practice.

When, then, it is admitted by the most noted practitioner in insanity of the present day that so little is known, and so much yet remains to be discovered and even hoped for, why am I to be denounced as a barbarous practitioner for advocating a treatment which I have practically proved to be so good and valuable in itself, (I am at present speaking of twenty minutes' continuous shower-baths,) because others who have *not tried* this treatment *consider* it dangerous and unsafe? Thus to condemn me, would be to make theory preferable to practice, and would sweep away the result of my last four or five years' most valuable experience, during which time I have been in the frequent habit of administering continuous cold shower-baths to insane patients for periods of fifteen and twenty minutes, with and without intermissions of a few seconds, with the greatest success. I NEVER KNEW THE SLIGHTEST ILL RESULT, and instances can be given of *entire restoration to reason by one single fifteen or twenty minutes' continuous bath*: added

No ill result  
for five years.

to which, there are cases, which I should have proved had my case gone to trial, in which discharged patients have imputed their restoration solely to these long baths.

Lunatics impute their recovery to the baths.

When the late Mr. George Stephenson was asked by a Commons railway committee, in the year 1836, whether a railway train could travel at the rate of a mile a minute without danger, his sagacious reply was, "Yes, *but the public mind is not yet prepared to receive that truth as a fact.*" Such is precisely the present state of the "shower-bath" question. These continuous shower-baths, if the weight and fall of water be of moderate height, are not distressing; whereas intermittent baths, which are not nearly so beneficial, are distressing; for while the continuous bath after the first burst and shock is only an equable flow of water over the body, the intermittent bath, being a series of fresh and separated falls of cold water on the body when it is wet from the previous shocks, and the patient is shivering, produces a much more chilling and disagreeable sensation, than a continuous and unbroken stream. In fact, intermission or non-intermission of the stream, rather than the length of duration of the bath, is the principal point of difference between myself and others. What is the purpose for which shower-baths are recommended? "The prostration of the system"—"the overpowering of the patient." Thus, Dr. Conolly, in his last work, recommends the use of intermittent shower-baths at short intervals, "*until decided prostration ensues;*" adding that, "employed in the ordinary manner, its effects are rather exciting than depressing" (page 67); and Dr. Elliotson, who tried the bath in question and was retained to give evidence against me, in his work on "The Principles and Practice of Medicine," says, when adverting to the treatment of mania (page 365),

Continuous baths less distressing than intermittent baths.

Purpose of shower-baths as modes of treatment.

Dr. Conolly.

Dr. Elliotson.

"Warm and cold baths are found very useful, but it is in



melancholia that warm baths answer best. The cold bath, in most cases of insanity where patients glow after it, is an exceedingly useful measure; and in violent paroxysms, *a cold shower-bath, continued till the patient is nearly overpowered*, has often beneficial influence. As a means of remedy in chronic cases, also, *the shower-bath is one of the best things that can be employed.*"

Dr. Davey.

Another practitioner of high note, Dr. Davey—described by Dr. Conolly (page 298), "as having been one of the medical officers at Hanwell during Dr. Conolly's residence, and as having subsequently practised the non-restraint system with signal success among the insane at Ceylon, even in the miserable places allotted to them by the local government in that colony in 1844, and afterwards introduced the same system in the Female side of the Asylum at Colney Hatch"—thus speaks of the shower-bath:—

"The shower-bath is among the most valuable of remedial means in mania. I have employed it extensively, and with the most satisfactory results, since 1840 (*i. e.*, when at Hanwell), and in many hundreds of cases. My patients have often asked to have a shower-bath, because of their own knowledge of its efficacy. I have a lady at this moment under treatment for mania; she asks now and then to be permitted to take a shower-bath. This relieves her more than anything else, but *only when the remedy produces faintness and sickness*; and of this fact she is perfectly conscious. I have always been in the habit of ordering the shower-bath in mania, *not for any given time, but to be continued until the patient feels its full effect, and manifests some faintness and sickness*. A very bad case of mania in a young woman at Colney Hatch was relieved almost directly by a single shower-bath, but it was given *efficiently*. The symptoms were so urgent, and the relief so great and permanent, that the facts of the case were impressed on my mind. So efficacious are shower-baths when given discriminately, that patients have more than once said to me on recovery, 'I could not have thought so simple a proceeding could ever have relieved my sufferings as the shower-bath did.' The same is within the experience of most medical men experienced in insanity.

“ The primary effect of a shower-bath is to excite rather than depress a patient; and thus an ordinary shower-bath is prescribed as a stimulant, to act as an excitement on the brain, in cases of dementia—*i. e.*, cerebral inaction: *it acts as a sedative only when continuous.*”

Thus, these three writers seek to attain an uniformity of result from the shower-bath—“a sufficient depression of the system”—and the question of time or duration of the bath is wholly subordinate to the end to be attained; but the exact time when that end has been attained, can only be discovered by observing and watching the patient. If for that end there *must* be a suspension of the bath, then I admit the intermission to be not only good, but necessary; but if such suspension be not necessary, either because the patient continues singing and uproarious, as is sometimes the case, and thus shows that the required depression has not ensued, or if he can be seen and his state ascertained without suspending the bath, then I am most distinctly of opinion that to suspend or intermit the bath is not only unnecessary, but unadvisable, and considerably less beneficial than an unbroken and continuous bath.

I will now proceed to explain what my practice has been as to continuous shower-baths.

On most occasions I have superintended their administration, and determined their duration by personal observation; and I was *always* present when a patient took a shower-bath for the *first* time, that I might the better watch and ascertain its effects, looking at him from time to time, precisely as I directed the attendant Barnett to do with Dolley, unless the patient continued noisy and riotous, when it was, of course, not only unnecessary to see whether he was overpowered by the water, but undesirable to suspend its allaying effect by opening the door. Sometimes the bath was stopped when I looked in, and sometimes not. On many occasions I released the patient

Depression of the system the object sought regardless of duration of bath.

Baths—how administered by me.

at his request, before the time of its originally intended duration; and though I have now for nearly five years adopted, as a not unfrequent duration, baths of fifteen or twenty minutes, yet I began with baths of five minutes, until, by gradual extensions and repeated experiments, I ascertained that fifteen or twenty minutes might generally be given to excited patients with entire impunity, and almost always with marked success. The expressions of the attendants as to the effect of these bath are, "*I could often trace a decided turn in the cases from one long bath;*" "*The patients were different men from the moment they took such a bath.*" Two cases I should have given in evidence, in which the patients said, "*But for that bath, I should have been there now.*" Can it, then, be wonderful that I should have placed, and should continue to place, such great confidence in these long baths? Moreover, it must be remembered that doses and treatment which would be adopted in treating a sane patient, would be idle and utterly unproductive of the slightest good results in cases of mania. In some instances doses of opium and other opiates are constantly prescribed, and with great benefit, for lunatics, which would be at once fatal to the sane patient. The fact is, that there is a principle of resistance in the physical and nervous condition of the lunatic which would often require three times the counter-application requisite for the same patient if sane; but, though I cannot withhold these remarks, as necessary to complete this part of my statement, yet the public will hear with surprise, not only that the shower-bath in question has been administered continuously for *half an hour* to three sane persons (who, in fact, wished to have had it continued for an hour), and without the slightest subsequent inconvenience to them, but I myself have made two experiments with the bath, in one of which I was in it for *three-quarters of an hour*, and in the other

The extension  
of the baths  
gradual.

Effect of  
continuous  
baths.

Mania  
requires pecu-  
liar medical  
treatment.

The shower-  
bath admin-  
istered to  
sane persons  
for half an  
hour.

of which I was in it for *a whole hour*;—in both instances with a continuous stream of water, and in the later instance in the same manner as it was administered to Dolley, with the exception only, that there was less opening of the door when the bath was taken by me than when it was administered to him. Your attendants also mention several instances in which Dr. Diamond has ordered baths in the Male Department of fifteen or twenty minutes' duration, and in the Female Department (where the bath is much stronger than on the Male side), for twice ten minutes, and also for *twenty minutes*, notwithstanding his evidence before the Commissioners on the 17th April.\*

Here it may not be inopportune to explain precisely <sup>The bath.</sup> what is the nature, and what the capability of the bath in the Male Department, and the cistern whence it is supplied. In the inquiry before the Commissioners, it is described by Dr. Diamond thus:—

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\* The following is an extract from Dr. Diamond's evidence in reference to the length of shower-baths allowed by him:—

Q. What is the duration of time you generally allow for a shower-bath?

*What is the longest time?*

A. About three minutes is a long time. The other day, one of my nurses came to me, and I told her to imagine a patient was in the shower-bath, and to give an extra good one; and I watched with my watch in my hand, and found it was ninety seconds.

Q. When you order a shower-bath, do you direct the time for which it is to be imposed?

A. *No.* I never conclude they will give more than a moderate shower-bath, and I have never had a complaint.

Q. Is it a matter of experience with you that baths of more than a quarter of an hour are ordinarily given?

A. *Since this occurrence* I have heard so, but my opinion is that the baths ought to be locked up.

Q. Did you ever order a shower-bath in the Male Ward when that department has been under your care?

A. Yes. I have once, and that has been in Mr. Snape's absence. One of his patients knocked out a tooth of one of my patients, and was guilty of violence.

Q. Did you direct how long that person was to be kept in the bath?

A. *I did not.*

Dr. Diamond's  
evidence.

"I have seen the man upon the subject of the Bath, and I find it will take 400 gallons of water, and that it is supplied by a *two-and-a-half inch* pipe, so that the shock would be tremendous.

Q. "What would be the effect of it?"

A. "There would be a great rush to begin with; and as soon as that was over, it would be kept up by the feed of a *two-and-a-half inch* pipe, that comes upon a sort of a perforated plate—a plate with holes in it about as large as my pencil-case.

Q. "Would not that come down with a rush upon the head of a person?"

A. "*Yes, it is wonderful what it would be; it is only wonderful how the man could stand under it, and the keepers swore he stood upright—so (describing it).*"

Mr. Shields'  
evidence.

At the examination at Bow-street, Mr. Shields, the engineer, after describing the character of the bath, said, "the depth of the water in the cistern, when full, is eleven inches and a half; and, from a calculation he had made, 618 gallons would fall through the perforated plate at the top in twenty-eight minutes,—that when the door is closed, there is no aperture except by the way the water comes in; and that there is no other opening of any kind except the perforated plate and the perforations in the floor;—that, judging from the outside, the supply-pipe was *one inch and a quarter* in diameter; and that, after the bath had been in action *one minute and three-quarters, its contents diminished* from eleven and a half inches depth to four inches depth, at which it remained; and that, in ascertaining the gross amount of water that would fall in the bath during the twenty-eight minutes, the witness did not let it run for that whole time; but, having allowed it to run for seven or eight minutes, he calculated the total quantity that would pass through in the twenty-eight minutes."

Measurement  
of the bath.

In anticipation of the trial I had the bath examined by two very competent civil engineers; and, that there might

be no mistake or objection as to the time of its examination, it was examined on the same day of the week—Wednesday—and as nearly as possible at the same hour of the day—half-past ten to eleven—as the day and hour when the bath was administered to Dolley on the 9th April last. The result of such examination proved the *extreme* inaccuracy of Dr. Diamond's account, and also important, but I am satisfied unintentional inaccuracies, in Mr. Shields' evidence, as the following results show.

The total contents of the cistern when full are *not* 400 gallons, as stated by Dr. Diamond, but 91 gallons; and the total quantity discharged during twenty-eight minutes, by actual test for that period, and not by estimate—was not 618 gallons, as stated by Mr. Shields, but 477 gallons; of which *not more than* 119 gallons could have passed over the body of Dolley *during the twenty-eight minutes*, the remainder not touching him; while even of the 119 gallons, it is evident that the larger portion must have been wholly turned off from his body by his two hands, which he placed over his head.

Inaccuracies  
in other state-  
ments.

Again, the depth of the water above the valve through which it escapes, and which is two inches *above* the level of the bottom of the cistern, is at the highest eleven and a half inches, and *only one inch and three-quarters in depth after the first two minutes*. Further, measuring the fall of water by *weight*, the total pressure upon Dolley would, after the first two minutes, be *less than eleven ounces per second*, which, as the weight was not cumulative, properly represents the pressure which he was called upon to resist during the last twenty-six minutes. What is there so wonderful in his being able to bear this?

The gauge of the supply-pipe is *not two inches and a half*, as stated by Dr. Diamond, but *one inch and a quarter* only; *while*, owing to the nearness of the ball-cock to the top of the water, the supply-pipe cannot be opened even

to the full width of *one* inch. The error as to the minimum depth of the water on the part of Mr. Shields arises, doubtless, from his taking his measurement not from the level of the opening of the valve into the bath, which is the *only* test, but from the bottom of the bath, which is quite two inches *below* that opening; and, in the next place, the experiments on behalf of the prosecution were made at a time when, there being little or no demand for water for washing and culinary purposes, there was the *greatest* supply of water; whereas at the hour when Dolley took the bath there was the *lowest* average amount of water in the cisterns, all the culinary and *cleansing* operations being at that hour in the morning going on in the Asylum to the greatest extent; so much so, that on some occasions the cisterns are so low and so nearly emptied in the morning, that the engineer is obliged to pump into them from the well.

Not a heavy  
bath on male  
side.

I am, however, quite aware that it has been said—"Say what you like, the bath is a heavy bath; no one can stand by and hear it without knowing that to be a fact." To this I must very respectfully and unhesitatingly say—"No; it is *not* a heavy bath in the true sense of that expression. I grant that the noise of the falling water, when the string is first pulled, is very great; so is the noise of the ordinary shower-bath; but that noise is no criterion; for it is the sound of the water falling a height of eight feet two inches upon the perforated floor in the empty bath, and during the first minute and three-quarters there is a larger and much heavier fall of water than afterwards, whereas the fall upon the patient is not eight feet two inches, but only *two feet six*, or thereabouts, and less if a tall man; and the body of water falling after the first two minutes is *less than one-fifth* of the quantity which is heard rushing down at the first pull of the string.

The correctness of this is best proved by the remark

made by Dr. Bence Jones, on his trying it on behalf of the prosecution, and who, on coming out of it on its first trial, said—"I don't understand that bath; I have a much more powerful one," or words to that effect, evidently meaning that he thought it a very ordinary, and by no means a heavy, one.

"But," says Mr. Shields, "when the door was shut there were no means for the entry of any air." Opening for air.

Whether or not such means exist depends not upon a passing look at the bath, but actual and close inspection; and my witnesses would have proved distinctly that there are apertures at the bottom, side, and top of the door, *equal altogether to seventeen and a half square inches*, which would be more than sufficient to let in all required air; and those who consider the question scientifically, well know that not only does a considerable amount of air enter with the falling water, but the falling water actually purifies, and therefore lightens and invigorates, the atmosphere in the closet, by carrying away with it the air and vapour emitted by the patient, either in breathing or from his body.

It has been represented, or rather insinuated, with an announcement that proof would be afterwards given, that the 9th of April was a frosty morning, thereby meaning to infer, if anything, that the water on that day was inclemently cold; and I am justified in this conclusion, because I am told that Dr. Bence Jones, in his experiments to establish this point, *actually had ice put into the cistern* to reduce the temperature of the water. Temperature of bath.

In reply, I may observe, that the engineers referred to by me would have given satisfactory evidence that the temperature of the water in the supply-pipe and cistern on the 9th April last *could not have been less than 55 degs., or "temperate,"* and probably higher.

But, whether this bath be or be not of an objectionable construction, *it has existed during the whole of my residence*



as your officer, and, *if objectionable, why did not the Commissioners require its alteration?* I did suggest to Dr. Diamond the propriety of inserting in the door a square of thick glass, with a view of admitting light; but he told me that he agreed with Dr. Conolly, with whom he had had a conversation on the very same subject a short time previously, in considering that such a change would lessen its value as a remedial agent.\*

Appended to this statement will be found a Selection from Table of Cases. Cases, in which continuous shower-baths, with and without the tartar emetic, have been given, and the results, with extracts from the Case Books, in which the cases themselves recording this treatment are entered, showing that I have again and again openly recorded my opinion as to the value of these conjoint applications. The following are instances:—

Extracts from Case Book. “No. 16. Shower-bath twice a day, and tartar emetic mixture 2 oz. (2 grs. ant.) occasionally. Has become quiet and tranquil. The shower-bath with the tartar emetic are remedies which appear most efficacious in subduing cerebral excitement.

\* The following is a comparative statement of the relative admeasurement of the two baths in the Male and Female Departments:—

	Male ward.	Female ward.
Maximum depth of water to top of valve . . . . .	11½ in. . . . .	21¼ in.
Minimum ditto . . . . .	2 in. . . . .	11¼ in.
Maximum contents . . . . .	91 gals. . . . .	147 gals.
Minimum contents . . . . .	16 gals. . . . .	79 gals.
Fall of water to footboard . . . . .	9 ft. 4¼ in. . . . .	9 ft. 7¼ in.

*The total quantity of water discharged.*

	Male side.	Female side.
Total in <sup>28</sup> <del>37</del> minutes . . . . .	477 gals. . . . .	620 gals.
Amount discharged till the flow became uniform—namely, 2 minutes in male bath, 2½ minutes in female bath . . . . .	91 gals. . . . .	126 gals.
Relative subsequent flow per minute. . . . .	14½ gals. . . . .	19½ gals.

“No. 13. He has had two or three paroxysms of maniacal excitement since last report, for which shower-baths and a draught containing two grains of tartar emetic have been administered with most beneficial effect.”

And in reference to the very case of Daniel Dolley, the following entry will be found in the Case Book, under date June, 1853:—

“Has been labouring under maniacal excitement for several weeks past, and is occasionally disposed to be very violent and abusive.—*Shower-baths and aperients, with an occasional dose of tartrate of antimony,* have been employed with apparent good effect.”

See also Nos. 1, 2, 4, 9, 12, 17, 18, and 28, in which special allusion is made to these remedies of a bath and tartar emetic.

The tartar emetic dose consists of from one to two grains Tartar emetic. of tartarized antimony in water—one tablespoonful of water to half a grain. The administration of such doses is repeatedly recorded in the Case Books, as also shown by the annexed tabular statement. It is in frequent use in most other asylums; is recommended in almost every medical work treating upon insanity; and Dr. Conolly, after deprecating bleeding and purgatives, and remarking that there are many recent cases in which sedatives pushed to any extent are generally useless, adds, “*a combination of antimony with a sedative is sometimes more efficacious.*”

The tartarized antimony is administered to act *internally* in combination with the *external* and sedative application of the shower-bath, so as to overpower effectually the unnatural and unhealthy excitement of the moment, and is in perfect accordance in its *aim* with the principle of practice adopted by Dr. Davey, who requires the presence of nausea to *perfect* the desired remedial result of the shower-bath.

Dr. Diamond, it is true, deprecates the practice of

entrusting to the attendants the tartar emetic for administration, and stated to the Commissioners, that when he went to the Asylum "he stopped that practice."\* I do not for one moment seek to urge the continuance of the practice; but, in self-defence, I must be permitted to state, not only do the attendants in the male department state that Dr. Diamond in my absence *replenished their bottles from time to time as a matter of course*, with a mixture considerably stronger than my own, but witnesses would also have been produced at my trial, who state distinctly that Dr. Diamond entrusted the attendants of the No. 1 Ward of the female department with bottles of "white-coloured mixture" for occasional use.

Having thus explained the general principles of treatment which I have been acting upon in your Asylum, and the authorities for my so doing, with the result of *eight* years' experience as your officer, I will proceed to the case of Dolley, and the events of the 9th April.

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\* (Extract from Dr. Diamond's evidence before the Commissioners.)

Q. Do you keep in the wards, in the custody of the attendants, the medicine and the tartar emetic?

A. *No*; it was a plan which, when I went to the Asylum, I would not adopt, because I thought abuse might arise from it, and I stopped it entirely.

Q. Then now they cannot give any emetic without your knowledge?

A. *No*; they cannot get at a single draught without coming to me.

Q. Then, on the female side, there are no bottles of medicine left in the charge of the attendants?

A. *No*.

Q. How much tartar emetic do you think a spoonful of the mixture would contain?

A. Mr. Snape told me he had given a grain and a half, and in his then state two grains. Barnett's words were, he gave him a good emetic.

Q. Do you know the strength of the mixture that is kept in the male wards?

A. *No*; Mr. Snape told me he had given a grain and a half.

Q. Do you consider two grains to be a strong dose?

A. I do; but I think they would bear two grains.

Daniel Dolley was a mole-catcher, a native of Ash, in the county of Surrey. Before his insanity, he was a remarkably hale man, and in the frequent habit of walking fifty miles a day. Insanity, which was in Dolley's family, first exhibited itself in him about twenty years ago: he was kept at home a few years by his friends, and then placed in a lunatic asylum at Hoxton, whence, in 1850, he was brought to Wandsworth, having, according to the entry in the Case Book, been then a lunatic about ten years, and being described as "of very good bodily health," "imbecile," but "*dangerous to others.*" Shower-baths were used as part of his treatment, and are mentioned in the Case Book to have been given, in conjunction with tartrate of antimony, "with apparent good effect," in June, 1853, as already alluded to. In August, 1855, he was discharged cured.

Case of Dolley.

His first admission.

Discharged cured.

On quitting the Asylum he soon relapsed, and was again admitted on the 13th of the following month, September, 1855, and a special communication made—"That he had seriously threatened several persons in the parish of Ash, and had forcibly entered some houses, to the great alarm of the people in the neighbourhood." This entry is also in strict accordance with his conduct when previously in the Asylum, when, *on two occasions, he had wounded the attendants,—viz., the attendant Davies, whom he stabbed behind the ear with a nail, and the attendant Stocks, whose arm he attempted to tear up with a piece of glass or iron.*

Second admission. Special note.

Attacks the attendants.

From the entries in the Case Book respecting Dolley since his second admission,—the whole of which I do not set out, as they are accessible to you,—it appears that, being noisy, excited, and very annoying in his conduct to the other patients, he had a shower-bath and an emetic on the 6th October last (1855). That bath was of fifteen minutes duration. Again, in March (four weeks before his death),

Shower-bath and emetic administered, Oct. 1855.

The like, March 1856.

Shower-bath,  
2nd April,  
1856.

he had a shower bath, which was of *fifteen minutes' duration*, accompanied by a dose of the emetic; and on the 2nd April (*one week before his death*) he had another shower-bath, which was of *twenty minutes' duration*, but unaccompanied by a dose. Dolley had, in fact, frequent baths, though not always recorded, the administration of a bath being of ordinary occurrence when any excessive cerebral excitement existed. From the time of giving the bath of the 13th March to the day of his death Dolley had been in a continuous state of maniacal excitement, and the bath of the 2nd April only partially relieved him, for the excitement again came on, and on the morning of the 9th had considerably increased, accompanied by acts of violence. On entering the wards at ten o'clock that morning to go my rounds, the attendant Barnett reported to me, that Dolley had been *very excited since he got up; that he had kicked one patient named Copeland, had been abusive to others, and was very noisy*. Thereupon I called Dolley to me, when he became very abusive and threatening; I then said to him, "Come this way, Dolley," and proceeded to unlock a door leading into the ward adjoining the shower-bath room, for the purpose of administering to him a bath. While I was in the act of opening the door, and *after* I had used the expression, "Come this way, Dolley," he hit me a very violent blow on the back of my head and ran away; the attendant Barnett ran after him, and Dolley turned round and *kicked him in a dangerous part*. Thus, on that morning, he had committed three assaults, and had been threatening and abusive to every one,—after having been for a period of four weeks in a state of unusual excitement. Davis, another attendant, then came in and closed in upon him, and Barnett having blown his whistle, the attendant Ibberson came up, and Dolley was brought *after* me into the bath-room.

9th April.

Originally, it was asserted that I ordered a shower bath The bath ordered before the blow. because I had been struck. Nothing can be clearer, however, than that the blow was given AFTER I had shown by my expression, "Come this way, Dolley," coupled with the action of proceeding to unlock the door leading towards the bath-room, that I was about to administer a treatment which he had frequently, and only a week before, received. Why did I proceed to open that door, and tell Dolley to come after me, if it were not that I was going with him to the bath? and why did I wish him to accompany me thither if I did not purpose administering it to him? The counsel for the prosecution at the inquiry at Bow-street, at once *abandoned the notion that the intention to give the bath was posterior to the blow*, and accounted for the blow by Dolley's dislike of the bath, and his knowledge that I was about to put him into one.

The attendants having assisted Dolley to undress, he said, "D—— you, let me go to the farm to work." I replied, "Go into the bath quietly;" he then walked into the bath, whereupon the bar was put down, and the door thereby fastened. The other attendants quitted the room, leaving Barnett alone with me. I then said, "Pull the string," meaning the pulley which let down the water. The string having been pulled, and the bath commenced, I made the remark, "I never was struck by a patient before since I have been in the Institution;" and then, *after a pause of about a minute*, I said, "Keep him in half-an-hour;" to which Barnett replied, "I have not my watch in my pocket—if you will tell Davies when the time expires I will thank you." I then said to Barnett, "*Look in upon him several times.*" I remained in the bath-room very nearly five minutes, which would be some time after the cistern was emptied to its lowest contents, of one inch and three-quarters in depth, and then left, having directed Barnett to give Dolley "a good dose of the light-

coloured mixture," by which expression he would know I meant four table-spoonsfull (or two grains of the tartar-  
emetic.)

I believe the foregoing to be substantially an accurate description of all that passed between Barnett and myself in directing the treatment to be administered, except only that I am not certain whether the observation as to the blow was made before or after I had ordered the half-hour; certainly, I was most astounded to find how unjustifiably and cruelly my language had been misused against me—at whose suggestion I know not—on the inquiry by the Commissioners of Lunacy.

Of course I can give no demonstrative and conclusive *proof* on the subject; but I pledge my word as a Christian and a gentleman, that the remark, "that I never was struck by a patient before," (but which, it turns out, was not an actual fact, though I at the time thought so) was uttered only as an exclamation, implying that the patient must have been most unusually excited to act so insubordinately, inasmuch as the patients, being all paupers, are usually most respectful; and I therefore, after deliberating, considered it necessary to meet such unusual excitement, in a man whom I knew to be *dangerous when excited*, by stronger treatment than I had previously applied. It is a most unfounded insinuation, and most untrue statement, to say that I in the slightest degree prescribed the treatment ordered even as a punishment, still less that I was influenced by a spirit of retaliation or revenge in so prescribing.

As a remedial treatment—and a remedial treatment alone—I ordered the extension of the bath (which he had had on previous occasions for twenty minutes) to thirty minutes, accompanying this direction with a special injunction to Barnett "to look at him several times," *of course to watch* the effect of the bath, and to guard against any ill results.

That treatment not vindictive.

Nor as a punishment.

Solely remedial.

For what other motive could I have had for giving the injunction thus to look at him ?

Every attendant present at any portion of the scene of the 9th of April, who was interrogated on the subject, as well as the attendant Davies, who has not been examined in public, bears the strongest expressible testimony that I showed no anger and betrayed no ill feeling against Dolley on account of the blow. Evidence as to my freedom from anger.

Barnett's language on this point at Bow-street was as follows:—

“I was asked by the Commissioners, ‘Now, *don't you believe* that this bath was administered as a punishment, and not for the purpose of allaying excitement?’ To which I replied, ‘*I do not believe it was administered as a punishment.*’

“When Mr. Snape said he had not been struck by a patient before, it was said in a very mild tone, and not with any appearance of anger.

“There was no appearance in Mr. Snape to show that he was in any way acting towards Dolley revengefully.”

The attendant, Ibberson, when interrogated by the Commissioners, says, “he thinks the long baths were not administered as punishments;” and, in reply to questions, says, that “I was *not* excited in my manner,”—“that I did *not* appear angry.”

The other attendant, Davies, would speak to the like effect.

Is it, therefore, matter of surprise that the Grand Jury ignored the bill, and wholly acquitted me of the slightest vindictive motive, without which there was no pretence for the prosecution ?

To continue the narrative.

Pending the administering of the bath, Barnett *opened the door five times to look at Dolley*, and each time opened it at least eighteen inches wide, being otherwise unable to look round it at the patient, without loosening the string, and thus stopping the bath, on each occasion. *Dolley might,*



*had he chosen, have easily walked out of the bath ; but he NEVER tried or asked to come out, but stood upright with his face towards the side of the bath, so as to receive the smallest amount of water, and with his two hands over his head, so as to turn off the greater portion of the stream which even fell upon him. Barnett says distinctly, that "if he had appeared distressed he should have let him out of the bath before the thirty minutes had expired ;"* and that he understood my directions to him, "to look at him several times," were for that very purpose. At the end of twenty-eight minutes Davies came in, and the door being then open, Dolley was *told* to come out, which he did *unassisted* ; the attendants then gave him a towel, and *after he had partially dried himself*, they further wiped and rubbed him, and helped him to dress himself. Barnett, in reply to the Commissioners' inquiry, "Was it your opinion that the duration of the bath was too long?" said,—

Dolley's acts  
after the bath.

"He did not show any symptoms of distress. I had given him a bath on that day week, and he walked out *just the same* on this occasion as he did on that. I did not see any difference when he walked out and I rubbed him dry."

And, at Bow-street, the same witness says,—

"I did not observe anything unusual in Dolley when he came out of the bath ; he did not shiver more than is usually the case."

Dolley then walked into the adjoining room, to complete his dressing, and warm himself by the fire. He seated himself in a chair near the fire ; and the attendant Barnett, when asked whether he shivered very much, replied, "Yes, they all appear to shiver, if it is only for five minutes ; *he only appeared as they all usually do.*" Barnett then proceeded to pour out the dose, four table-spoonfuls, in a small tin vessel used for that purpose, and presented it to Dolley to drink. Dolley took it without

any hesitation, and, immediately after emptying the tin, spat out the *contents of his mouth* into the fireplace. Barnett says, he spat out a considerable portion of the whole—probably the whole, *for he squirted out the whole contents of his mouth into the fire.* Up to this time Dolley presented the usual appearance, and had *spoken both to the attendant Pinneger, and also to a patient* who offered him a piece of bread to eat, thanking him, but declining it.

He then got up close to the fire, but the attendant removed him further back, and helped him to put his socks on.

On the attendant Pinneger re-entering the room, which His death. he had left for a minute or so, Barnett having gone to fetch a pair of shoes for Dolley, he saw Dolley drawn up, sitting in the chair, with his head right back, his mouth and eyes open, and his cheeks tight; he was not at all convulsed in his limbs. He and the attendant Ibberson say, it seemed more like a fit than anything else. He was then taken to a bed, and there died before I could arrive.

I mentioned what had occurred to Dr. Diamond shortly after the death, when he replied, "Depend upon it, he died of a diseased heart." The next day, Thursday, the 10th, Dr. Diamond and his son, with myself, had a *post-mortem* examination of the body, the report upon Post-mortem examination. which is in the Case Book. Upon examining the heart, it appeared to me a flabby heart, the general accompaniment of fatty degeneration; and there was a thickening of the valves of the aorta, and of the mitral valve. Being satisfied myself that the heart was diseased, further examination seemed to me needless; and no inspection of the abdomen and lower parts of the body was made by Dr. Diamond or his son. After quitting the dead-house Dr. Diamond said to me, in reply to my inquiry as to the cause of death, "I should say to the Coroner there was a large flabby heart, exhibiting strong evidence of a languid

circulation ; that the valves were diseased, and that, in fact, the man had just such a heart where you would expect sudden death to arise ;” adding, that his opinion was that such death was accelerated by the bath. In reply, I admitted that it might be so, *or it might have been produced by the previous long and extreme cerebral excitement*. I then returned the key of the dead-house to Sandey, who prepared the body for interment, by putting it into a shroud ; and on Tuesday, the 15th, it was taken away and buried.

His actions during and after the bath inconsistent with its causing death

Had the trial proceeded, I was prepared with medical evidence to show that all these acts of Dolley, during and subsequently to the bath,—his original upright position in the bath with both arms up, and his hands upon his head, *a remarkably trying position*—his quitting the bath without assistance—his using the towel in the first instance alone—his helping to dress himself—his walking into the adjoining room—his speaking to the attendant and to the patient—and his getting up to go closer to the fire,—were conclusive evidences against the notion that the bath produced suffocation or prostration and syncope. Had such been the operation of the bath, decided symptoms would have exhibited themselves in the bath itself, and he could not possibly have performed those acts of vitality and energy which he thus did unaided and unassisted.

The tartar emetic not the cause of death.

High medical evidence also would have been given that the dose of tartar-emetic, even had it been all swallowed, assuming it to be two grains of tartar-emetic, was not sufficient to explain his death ; whereas it is perfectly clear that he certainly did not take all the dose, and that very probably he swallowed none, or, at the most, only a very small portion.

The question which presents itself therefore is, What was the cause of his death, if the acts of Dolley after the bath are inconsistent with the assertion that *that* fatally over-

powered him, and if the dose of tartar-*emetic* taken was insufficient to cause his death? The answer is, *fatty degeneration of the heart*. Such, at least, was the deliberate opinion of ~~Dr. Babington~~, Dr. Quain, and Dr. Ormerod, ~~three of the first physicians of the day, and all of whom~~ were prepared to express that opinion at the trial.

Fatty degeneration of the heart the cause of death.

On Friday, the 11th, the anonymous letter which, as you are aware, led to the subsequent proceedings against me, was written to the Commissioners; on Saturday, the 12th, the Inquest was held; and on Monday, the 14th, Mr. Forster, the Secretary of the Commissioners, wrote to me for particulars of Dolley's case. Such letter was received by me on the 15th, when I immediately sent a copy of the case as entered in the Case Book.

Proceedings by Commissioners.

On Thursday, the 17th, Dr. Diamond had his interview with Mr. Paget and Mr. Hancock, and afterwards the Commissioners held their inquiry upon the case; and on Saturday, the 19th, Mr. Forster forwarded to you minutes of the evidence taken on such inquiry, with the letter of that day's date, to which I need not advert.

17th April

The result of the whole was, that criminal proceedings were instituted against me. I was (I admit, necessarily and properly, under such a state of circumstances) suspended from my office, and thus put upon my defence to meet a prosecution for manslaughter, with my own most slender purse, against the Commissioners of Lunacy and the exhaustless purse of the public.

Prosecution instituted.

Early in the proceedings consequent upon the decision of the Commissioners, my Solicitors, Messrs. Few and Co., applied to their Solicitor, Mr. Law, to consent to an application to the Secretary of State for an authority to exhume the body; in reply to which, Mr. Law forwarded Messrs. Few a copy of a letter the Commissioners had received from Dr. Diamond, which was as follows:—

Dr. Diamond removes the heart without my knowledge.

“SURREY COUNTY LUNATIC ASYLUM,  
NEAR WANDSWORTH,  
May 17th, 1856.

“GENTLEMEN,—In compliance with Mr. Law’s wish, I beg to inform you that the circumstances ~~connected with~~ the removal of Dolley’s heart are as follows:—

“On Monday morning, the 14th of April, my son, by my direction, brought me the heart, which I was anxious, for my own satisfaction, and with a view to form a correct judgment, to examine with more minuteness than I had previously had an opportunity of doing. I did examine it on that day, and kept it until the Thursday, on which day I met the Reverend J. B. Reade, Vicar of Stone, near Aylesbury, and Chaplain to the Bucks Asylum, in company with Mr. Waterhouse, one of the Visiting Justices of the York Asylum, to whom I communicated what I had done. Mr. Reade advised me to show it to Mr. Paget, which I did: I also showed it to Mr. Hancock.

“In consequence of a suggestion of Mr. Paget, I on the following day submitted portions of it to the microscope, which portions I have retained. The heart itself having become very offensive, I on Saturday evening, the 19th instant, covered it with ashes and burnt it in my surgery fire.

“It did not at the time occur to me that I was violating any rule, and I regret extremely if I have done so.

“I am, &c.,  
“HUGH W. DIAMOND.”

(Signed)

Comment upon such a proceeding by a member of my own profession, and my fellow-officer in your Asylum, is superfluous. Why did not Dr. Diamond mention to me at the time his desire to further examine the heart? Why did he never mention to me or to the Commissioners, on the 17th of April, what he had done, and whom he had consulted—particularly when they asked him, “Have you anything more that you wish to communicate?” His answer to which was, “*No, I am not aware that I have.*”

Dolley’s heart,  
its condition.

Mr. Paget and Mr. Hancock both gave evidence at Bowstreet; but on examining the evidence, it will be found, as must of necessity have been the case, that those gentlemen

merely expressed an opinion upon the condition of the valves of the heart and the tendinous chords. Indeed, Mr. Paget's suggestion that the residue of the heart should be subjected to examination by the microscope—the only practical mode of determining whether or not fatty degeneration existed—proves that he assumed such *might* have existed, and that without such an examination it was impossible to pronounce whether or not the heart was fatally diseased.

Dr. Diamond says he examined it with a microscope on the following day (the 18th April); and it is admitted by that gentleman, in his evidence at Bow-street, that on the next evening (Saturday, the 19th) the heart was in such a putrid state as to be detected by its stench on entering his surgery, and he accordingly then burnt it. Thus, the examination of the heart could only have taken place thirty-six hours before it was perfectly putrid; and both Dr. Ormerod and Dr. Quain were prepared to state distinctly that an examination of the heart a week after death is "*utterly valueless*;" and instances would have been adduced by those gentlemen establishing the fact that the lapse of sixty hours, and even thirty-six hours after death, has been found too much to determine the state of the heart, as its texture is peculiarly open to change by decomposition. Moreover, it requires a "well-practised" eye to detect the existence of fatty degeneration.

Too decomposed to be examined on the 18th April.

Yet, on the other hand, both those last-named physicians state equally distinctly and positively, proving their assertions by cases in the books, that fatty degeneration often exists *without betraying the slightest detectable external symptoms during life, and without in the least diminishing the full powers of action and energy of the patient until the very moment of death.*

Fatty degeneration not discoverable during life.

From the principles laid down in Mr. Paget's well-known treatise on Nutrition, Hypertrophy, and Atrophy, I am

perfectly satisfied that he would upon examination have entirely concurred with Dr. Quain and Dr. Ormerod; and probably these three names are the names most intimately associated with the disease of "fatty degeneration of the heart" in modern times.

Dolley's long state of excitement.

It will be remembered that Dolley had been in an increasing state of maniacal excitement for a month previously to the 9th, and that on that morning he had from first getting up at six o'clock till half-past ten been in a *very* and unusually excited state, extending to three distinct acts of violence. Death by "prostration," as it is called, after fits of excitement, is the frequent end of mania. In one of the best modern asylums,—Dr. Bucknill's, of Exminster,—these sudden deaths have been investigated, and I should have proved by Dr. Quain, who inspected and reported upon them, *that in every such case subjected to his investigation fatty degeneration of the heart decidedly existed, and was the primary cause of death,* though the moving and secondary cause was most probably, in the generality of the cases, CEREBRAL EXCITEMENT.

Sudden deaths of lunatics from fatty degeneration of the heart.

"Death by prostration" I regard as a most inaccurate and unscientific phrase, and I doubt not that, on further investigation, death from "fatty degeneration of the heart" will be found and accepted as the only explanation of sudden death of lunatics so frequently occurring in asylums after violent fits of excitement; and Mr. Paget expressly remarks in his Lectures, that "mania" is primarily and powerfully conducive in bringing on and maturing this disease.

Reference to Dr. Todd and Mr. C. Hawkins by the Commissioners.

After the discovery of this dealing with the heart, or shortly before, the Commissioners referred the whole subject to Dr. Todd and Mr. Cæsar Hawkins to advise them on the case, and on the course they should pursue; whereupon, *both those gentlemen,* after considering the materials placed before them by the Commissioners, made a Report

*entirely adverse to all proceedings against me*, and expressed an unhesitating opinion that there was no ground for the threatened prosecution. Such, I am assured, was the tenor of the reference and its result; but the actual Report I have never seen.

Their Report  
in my favour.

Yet, strange as it may appear, the Commissioners of Lunacy wholly ignored this Report of their own selected referees, instead of doing, as I submit they ought to have done—viz., transmit it to you, leaving it to you to carry on, as Visitors, an investigation into the general question of continuous shower-baths, and retire from further adverse proceedings against me, completely acquitted, as they would have been, from all personal responsibility to the public by the joint opinion of such men as Dr. Todd and Mr. C. Hawkins.

Its repudiation  
by Commis-  
sioners.

How can such a proceeding be in accordance with a sense of justice, and what chance could so humble an individual as myself have against such prosecutors—armed, too, with the public purse? Why did they ask the advice of these two highly-gifted gentlemen, if they did not mean to follow it? and how can they justify its disregard and the further proceedings against me?

Not justifiable.

The sequel is known to all. As there were only seven days between my committal at Bow-street and the July Sessions, it was evidently impossible that either party could prepare for trial in so short a time. It was, therefore, mutually agreed that the trial should be postponed to the August Sessions; but when August arrived, because their leading Counsel was absent—not from the absence of an important witness—the Commissioners refused to proceed until his return, and thus subjected me to another month's suspense. When September arrived, the Grand Jury concluded the legal proceedings by ignoring the Bill—an act of simple justice to myself. Yet, though thus acquitted from even a *primâ facie* case, I am left to defray expenses

Further  
delays.

Bill thrown  
out.



almost ruinous in amount, but which were unavoidably incurred to prove my innocence, and to defend myself against an attack which, from the beginning to the end, has been originated and conducted, so far as the acts of the prosecutors themselves are concerned, with a spirit and in a manner which it is most difficult to reconcile with a mere dry performance of a public but painful act of duty.

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Results of fore-  
going.

I trust it will be acknowledged that, by the foregoing statement, I have established the following positions:—

That the evidence adduced justifies as perfectly safe practice continuous shower-baths of fifteen or twenty minutes to lunatic patients, if otherwise of sound health.

That the extension of the duration of the bath—from twenty to thirty minutes—was, under the state of the patient, justified by my previous practice, taking into consideration the facts, that the patient was a dangerous patient, and that the attendant was specially instructed to look in upon him several times during the bath; and, therefore, that the treatment of Dolley in this respect was justifiable in itself.

That it is clear that the order for the bath was given before I received the blow, and that there is no evidence whatever to infer that the duration of the bath was extended as a punishment, or from vindictive motives.

That, on the contrary, all the evidence presented acquits me of any such unworthy and improper motives, and that my previous career in your Asylum is wholly inconsistent with harshness or irritability.

That the acts of the deceased during and subsequent to the bath negative the belief that the bath was the primary cause of his death.

That, so far as the evidence goes, the great probability is that Dolley swallowed only a very small portion, if any, of the dose of tartar emetic administered.

That there is no evidence, or even reason, to believe that such dose was the cause of his death.

That there is every reason to believe that his death arose from fatty degeneration of the heart as the *primary* cause, of the existence of which I could have had no necessary or even attainable knowledge previously to his decease, and from his previous extreme cerebral excitement as the *secondary* cause.

To conclude. If I have not wearied you by the various details and remarks I have been compelled to crowd into so short a compass,—though, I fear, in itself too long,—I trust I may be permitted to call for that protection from you as Visitors of the Asylum, on which alone I must now rest. Though your great duty is to protect the inmates of your Asylum from all injury, positive or negative, on the part of the Officers of the Institution, yet, on the other hand, those Officers look to you for protection if they are unfairly and oppressively assailed.

Reliance on  
the Visitors for  
protection.

In this latter category surely I now stand.

Reasons for so  
doing.

Acting upon a successful practice of several years, I proceeded, in a case of extreme excitement, to extend the principle of a practice, the soundness of which principle had been proved by unexceptional success, but at the same time gave special precautions to guard against any evil consequences to arise from such extension. My directions were obeyed; and both to the eye of the experienced attendant, and, in the opinion of medical men of high standing no evil result betrayed itself, or exhibited any symptoms of existence from such extension of an established practice.

Yet, because death ensues in a case subjected to treatment (which has *never* failed before) with only a slight increase, I am summoned to defend myself upon the accusation of an *anonymous* writer, and, instead of the investigation taking place at once—instead of my having an opportunity of saying one word in self-defence or explanation—an order is issued by the Commissioners of Lunacy to prosecute me for manslaughter; and I am obliged either to forego all defence to the charge, and be thus ruined, as a medical man, or to defend myself against the charge with the like certain result that the expenses to be incurred must be to me equally ruinous. Six weary months are dragged on in bringing matters to a conclusion: in the midst I am encouraged by the information that the two Referees named by the Commissioners to investigate the transaction have, even upon the case submitted by the Commissioners, exonerated me from the charge brought against me—but my hope that at last I shall receive justice is dissipated by the announcement that the prosecution is, nevertheless, to go forward—and when prepared, to bring before the public evidence upon oath in rebuttal of the charges made, in every particular, the Grand Jury, like the Commissioners' Referees, again pronounce my acquittal and throw out the Bill.

Thus I come before you—*twice acquitted*, yet required to prove again—but without the means of enforcing the attendance of witnesses, and of examining them upon oath—that I was wholly free from the serious charges made or implied against me; while the long delay of six months, which has taken place since the inquiry of the Commissioners, and during which I have been forbidden to offer the slightest denial to, or explanation of, the charges made, but compelled by the expectation of a public trial to be tongue-tied, has given an opportunity to the fabrication and reiteration throughout the journals of the day—and

through society at large—of the gravest perversion of the facts and unmeasured condemnation of the alleged ill-treatment on my part, coupled with the assumption that I was unable to meet the charges, and thus had had through the act of the Grand Jury an unexpected and most unmerited escape.

If on the 8th April I had announced to the public my practice of the previous five years, I should have probably received from my colleagues—not condemnation, but high approval; and “continuous baths” would then have been recognised as one of the “fresh resources” so desired to be possessed by the practitioner for the cure of disease of the brain; in the same manner as Dr. Elliotson has, during the late summer, advocated doses of antimony for the cure of croup, which previously would have been treated as monstrous and absurd. But because a patient recorded in your books as a “dangerous patient,” dies on the 9th of April from fatty degeneration of the heart, brought to a fatal crisis by a month’s unusual cerebral excitement, and because I, induced by this extraordinary excitement, had increased his ordinary bath by ten minutes, it is insisted by an anonymous accuser that the treatment alone, and not the previous state of the heart, killed the patient; and the Commissioners accordingly adopt that view, notwithstanding the fact that, upon the *post-mortem* examination, *no direct cause of death could be detected*, unless I am right in asserting that the heart *was* diseased.

With you the verdict rests—and I venture to submit to you that in such an investigation, throwing aside the popular outcry which the one-sided version has not unnaturally raised, if it be only fairly probable that Dolley did die from fatty degeneration of the heart, and the long previous state of cerebral excitement, I am fully entitled to receive at your hands that protection and that acquittal which I ask. But if, on the other hand, the opinions of

such men as Dr. Babington, Dr. Quain, and Dr. Ormerod, are to be disregarded, and the death of Dolley is to be, *per force*, attributed to the treatment administered, what Medical Superintendent possessed of ordinary caution will hereafter attempt to promote the knowledge of remedial treatment of mania, or venture to depart from the beaten track of past experience, knowing that, at all events, such a system has been proved to be safe, though *it may not cure?*

CHARLES SNAPE.

## POSTSCRIPT.

SINCE the preparation of the foregoing, my attention has been directed to circumstances which have occurred in the Asylum during the residence of Dr. French, who has acted as Superintendent of the Male Department since my suspension in May last, and which corroborate in a remarkable degree the soundness of the principle of treatment I have so long acted upon, and which I have in the foregoing statement attempted to justify and maintain. It appears that Dr. French, when first appointed, alarmed very naturally by my then position before the public, wholly refrained from using the shower-bath from the date of his appointment to the 14th of August last, a period of three months, but used the plunge-bath in its stead. Subsequently to that time he has reverted to the use of continuous shower-baths, for periods ranging from ten to twenty-one minutes, in cases of violent excitement; which have been followed by the most marked beneficial results. In proof whereof, it can be shown that while in the three months prior to the 14th August, when the shower-bath was not in use, there were five deaths from cerebral excitement, there has not, during the subsequent three months, in which the shower-bath has been in use, been one death from that cause — a result which Dr. French wholly attributes to the soothing effects of continuous shower-baths.

The following extract from the Case Book, of the treatment of a patient, by Dr. French, further supports the correctness of the opinions entertained, not by myself only, but by Dr. Conolly and Dr. Davey, that the shower-bath when administered in cases of extreme excitement for

ordinary or short periods positively *increases* the excitement, while the longer bath is *most* beneficial, it having been in that case found that the bath of *eight* minutes greatly increased the excitement, though a subsequent bath of twenty-one minutes entirely calmed the patient, and was followed by five hours' refreshing sleep, since which he has been perfectly tranquil up to this date.

“J. R.—No. 456 in Case Book.

“Aug. 15, 1856.—Profuse state of excitement; ordered a shower-bath of fourteen minutes, well dried, and put to bed; he seemed to bear it very well; pulse 75.

“Oct. 27.—Has again become very violent. Having seen the effects of the former bath, gave him another one for twenty minutes, which did not appear to distress him. Aperient mixture.

“Oct. 29.—Still continues much excited and violent; a shower-bath for eight minutes.

“Nov. 1.—Still continues fearfully excited and violent; gave him a shower-bath for twenty-one minutes, which did not distress him in the slightest, but produced a most refreshing sleep for the space of five hours. I took a particular interest in this case, and he was constantly visited.

“Nov. 5.—The most beneficial effects have resulted from the last bath up to *the present period.*”

C. S.

Nov. 11, 1856.

## SELECTION FROM CASES

*In which Shower Baths and Tartrate of Antimony have been administered to Patients under Mr. SNARE'S care, and Extracts from Medical Case Books in support of the Treatment and its Effects.*

No.	Age of Patient on Entry.	Length of Bath administered, in Minutes.	When followed by Tartrate of Antimony, the Quantity.	Extracts from Case Book of Special Notes in reference to Treatment.	Result to Patient, 1856.
1	About 60	15 or 20	1½ and 2 grains	29th Sept., 1841. Admitted. 22nd Dec., 1854. Remains unchanged; suffers occasionally from attacks of maniacal excitement, during which he is disposed to be mischievous and violent to others. <i>Shower-bath and tartar emetic are the remedies which have been employed.</i>	In Asylum.
2	57	15 or 20	1½ and 2 grains	1st March, 1856. Admitted. 14th June, 1854. He is subject to occasional attacks of maniacal excitement, with a disposition to be violent to others. <i>Shower-baths and tartar emetic mixture have been found beneficial.</i>	In Asylum.
3	51	20		16th Dec., 1848. Re-admitted.	



No.	Age of Patient on Entry.	Length of Bath administered, in Minutes.	When followed by Tartrate of Antimony, the Quantity.	Extracts from Case Book of Special Notes in reference to Treatment.	Result to Patient, 1856.
4	61	15 or 20	1½ and 2 grains	6th June, 1853. Occasional shower-baths have been given with good effect. 17th March, 1849. Admitted. 9th Jan., 1854. He continues to have paroxysms of maniacal excitement, with a disposition to violence. <i>An occasional shower-bath and tartar emetic mixture have been prescribed with advantage.</i>	
5	40	15 or 20	1½ every 3 hours	20th Dec., 1855. He continues to have periodical attacks of excitement, during which he is disposed to be violent in his conduct. <i>Shower-baths, with the mix. ant. tart., are sometimes found beneficial.</i> 4th Dec., 1851. Admitted. 5th " " Mix. tar. ant. 3 table-spoonfuls every 3 hours. 7th " " Broke windows; excited; shower-bath; continue ant. potass. tart. Admitted.	
6	26	20	2 grains		Cured.

No.	Age of Patient on Entry.	Length of Bath administered, in Minutes.	When followed by Tartrate of Antimony, the Quantity.	Extracts from Case Book of Special Notes in reference to Treatment.	Result to Patient, 1856.
				<p>4th Feb., 1852. Conducted himself in a violent and noisy manner; shower-bath and a large dose of tart. emetic; promised better behaviour for the future.</p> <p>21st " " Made attacks upon those around him with a knife. A shower-bath and a grain and half of tart. emetic every six hours; gruel diet; to be kept under strict surveillance in No. 3 Day-room.</p> <p>23rd Feb., 1855. Is perfectly rational in his conduct and conversation, and, at his urgent request, the medicine and shower-bath have been ordered to be discontinued.</p>	
7	57	15 or 20	2 grains	<p>28th Oct., 1853. Broke windows. Admitted.</p> <p>3rd April, 1852. Ant. tart. Shower-bath.</p> <p>7th " " To have shower-bath every morning.</p> <p>9th " " "</p> <p>12th " " "</p>	Cured.

No.	Age of Patient on Entry.	Length of Bath administered, in Minutes.	When followed by Tartrate of Antimony, the Quantity.	Extracts from Case Book of Special Notes in reference to Treatment.	Result to Patient, 1856.
8	40	20	2 grains	<p>9th Jan., 1854. Re-admitted.  20th Feb., " Abusive and destructive of his clothing, when an occasional shower-bath is given.  3rd May, 1852. Admitted.  5th May, " Shower-bath and tart. emetic.  7th " " Shower-bath. [<i>N.B. This patient imputed his recovery to the shower-bath.</i>]  Admitted.  He continues to labour under periodical attacks of maniacal excitement, at which times he is very noisy, abusive, threatening, and violent. <i>A shower-bath and dose of mixture and tart. have been employed with advantage on two or three occasions.</i>  19th June, 1855. No alteration; baths occasionally.  30th July, 1852. Admitted.  31st " " Tart. Anty.</p>	Cured.
9	58	15	1½ or 2 grains	<p>19th June, 1855. No alteration; baths occasionally.  30th July, 1852. Admitted.  31st " " Tart. Anty.</p>	In Asylum.
10	28	20	1 grain		Cured.

No.	Age of Patient on Entry.	Length of Bath administered, in Minutes.	When followed by Tartrate of Antimony, the Quantity.	Extracts from Case Book of Special Notes in reference to Treatment.	Result to Patient, 1856.
11	58	Not known	Nil	<p>31st Oct., 1852. Threw down an attendant; shower-bath twice a day and seclusion; 1 grain of anty. 3 times a day.</p> <p>27th Nov., 1852. Admitted.</p> <p>5th April, 1853. <i>A shower-bath has been given on two or three occasions with apparent benefit.</i></p>	Cured.
12	41	20	2 grains	<p>29th Nov., 1852. Admitted.</p> <p>29th March, 1854. Has been labouring under maniacal excitement, with a disposition to be violent to others, for several weeks past. <i>The shower-bath, with an occasional dose of .mic. tart. ant., together with purgatives, have been employed with the greatest advantage.</i></p> <p>26th Dec., "</p> <p>Excitement; the same remedies have been employed with marked benefit.</p> <p>Dec., 1855. He continues to have</p>	In the Asylum.

No.	Age of Patient on Entry.	Length of Bath administered, in Minutes.	When followed by Tartrate of Antimony, the Quantity.	Extracts from Case Book of Special Notes in reference to Treatment.	Result to Patient, 1856.
13	21	20	2 grains	occasional attacks of periodical excitement, which have been treated as heretofore. Admitted. Bath and emetic. He has had two or three paroxysms of maniacal excitement since last report (22nd Dec.), for which <i>shower-baths and a draught containing two grains of tartar emetic have been administered with most beneficial effect.</i>	In the Asylum.
14	64			16th July, 1853. 29th Nov., " 10th June, 1854. Admitted. Shower-bath every morning.	Cured.
15	26	20	Not stated	7th Feb., 1854. 14th March, " Admitted. Shower-bath ordered to be given occasionally. Ditto ditto.	Cured.
16	37	20	4 grains	10th June, " 23rd March, 1854. 25th May, " 29th June, " Admitted. Shower-bath and emetic. Slightly excited and violent. Shower-bath twice a day, with emetic.	Cured.

No.	Age of Patient on Entry.	Length of Bath administered, in Minutes.	When followed by Tartrate of Antimony, the Quantity.	Extracts from Case reference to Treatment.	Result to Patient, 1856.
				<p>10th Aug., 1854. Repeat bath and mixture.</p> <p>14th June, " Excitement. Shower-bath twice a day, and tartar emetic mixture, 2oz. (2 grains anty.) occasionally.</p> <p>20th June, 1854. Has become quiet and tranquil. <i>The shower-bath, with the tartar emetic, are remedies which appear most efficacious in subduing cerebral excitement. He is now employed in his trade.</i></p>	
				<p>15th July, 1855. Relapse. Shower-bath morning; warm bath night. Tartar emetic mixture (2 grains to a dose) occasionally.</p>	
				<p>29th " " Shower-bath, warm-bath continued, with morphia.</p>	
17	34	20	1½ and 2 grains	<p>12th Dec., " Remedies repeated.</p> <p>19th April, 1854. Admitted.</p> <p>2nd Oct., " Shower-bath every morning; warm bath every night.</p> <p>5th Dec., " <i>Shower-bath and warm</i></p>	Still in Asylum.

No.	Age of Patient on Entry.	Length of Bath administered, in Minutes.	When followed by Tartrate of Antimony, the Quantity.	Extracts from Case Book of Special Notes in reference to Treatment.	Result to Patient, 1856.
18				<p data-bbox="384 477 496 875"><i>bath, with tartar emetic, are prescribed with advantage.</i></p> <p data-bbox="501 909 539 1173">25th Jan., 1855.</p> <p data-bbox="501 477 644 875">Occasionally labours under great maniacal excitement. Shower-bath; occasionally blistering liquid to the back of neck.</p> <p data-bbox="692 949 730 1155">5th Jan., "</p> <p data-bbox="692 477 804 875">Highly excited. Tartar emetic 2 oz. occasionally, and shower-bath.</p> <p data-bbox="809 949 847 1173">10th July, "</p> <p data-bbox="809 477 1145 875">He continues to labour under a good deal of cerebral excitement, <i>which appears to be much subdued by a good strong shower-bath</i> and warm bath, and morphia at bedtime. Castor-oil occasionally.</p> <p data-bbox="1150 949 1189 1155">1st Aug., "</p> <p data-bbox="1150 477 1225 875">Much more tranquil and composed.</p> <p data-bbox="1230 949 1268 1173">25th Sept., "</p> <p data-bbox="1230 477 1305 875">Excited and violent; shower-bath &amp; tart. ant.</p> <p data-bbox="1310 949 1348 1155">10th Oct., "</p> <p data-bbox="1310 477 1385 875">Remedies continued.</p> <p data-bbox="1342 949 1380 1155">16th Jan., "</p> <p data-bbox="1342 703 1380 875">Admitted.</p>	In the Asylum.

No.	Age of Patient on Entry.	Length of Bath administered, in Minutes.	When followed by Tartrate of Antimony, the Quantity.	Extracts from Case Book of Special Notes in reference to Treatment.	Result to Patient, 1856.
19	19	15	Nil	<p>29th March, 1855. Shower-bath and tart. ant. occasionally.</p> <p>29th May, " " Shower-bath every morning, and tart. ant. mix. 2 oz. (2 grs. a dose) occasionally; warm bath at night.</p> <p>21st June, " Repeat.</p> <p>16th " " Repeat shower-bath and tart. emetic.</p> <p>25th " " Continue.</p> <p>23rd Jan., 1854. Admitted.</p> <p>24th " " Shower-bath occasionally.</p> <p>26th " " Warm bath every night in addition.</p>	Cured.
20	45	20	2 grains	<p>10th Feb., 1855. Admitted.</p> <p>4th Oct., " Excited; shower-bath and tart. emetic (2 grs.).</p> <p>2nd Feb., 1856. Bath and mixture continued.</p>	In the Asylum.
21	46	20	1½ grains	<p>31st July, 1852. Admitted.</p> <p>31st " " 1 gr. tart. ant. powder.</p> <p>2nd Aug., " Repeat powder &amp; shower-bath.</p> <p>5th Oct., " Castor-oil and bath.</p> <p>27th Jan., 1849. Admitted.</p> <p>15th Sept., 1850. Is excited. Struck the</p>	Cured.
22	About 28	20	2 grains		



No.	Age of Patient on Entry.	Length of Bath administered, in Minutes.	When followed by Tartrate of Antimony, the Quantity.	Extracts from Case Book of Special Notes in reference to Treatment.	Result to Patient, 1856.
23	19	15 or 20		<p>attendant this afternoon. Shower-bath every morning. Mix. ant. 2 oz. (2 gr. dose). Occasionally violent.— Sometimes has a shower-bath.</p> <p>June, 1851.</p> <p>14th June, 1855.</p> <p>Occasionally excited and violent. <i>Shower-baths, with the tartar emetic mixture, are the remedies employed.</i></p> <p>Admitted.</p> <p>Shower-bath every morning.</p> <p>7th July, " " " " " " " " " " " "</p> <p>31st " " " " " " " " " " " "</p> <p>30th " " " " " " " " " " " "</p> <p>1st Aug, " " " " " " " " " " " "</p> <p>8th " " " " " " " " " " " "</p> <p>24th Aug, " " " " " " " " " " " "</p> <p>8th Sept., " " " " " " " " " " " "</p> <p>22nd " " " " " " " " " " " "</p>	Cured.
24	37	15 or 20	Not stated.	<p>Excited, and violent to others; shower-bath and morphia.</p> <p>Repeat bath; emetic occasionally.</p> <p>Admitted.</p> <p>Tart. ant.</p> <p>Shower-bath every morning, and morphia every night.</p>	Dead.
25	33	20	Ditto		Cured.

No.	Age of Patient on Entry.	Length of Bath administered, in Minutes.	When followed by Tartrate of Antimony, the Quantity.	Extracts from Case Book of Special Notes in reference to Treatment.	Result to Patient, 1856.
26	58	20	2 grains	8th Oct., 1855. Shower-bath, tart. emetic, and blister. [N.B. This patient imputed his recovery to the shower-bath.] Admitted. 29th Aug., 1855. Shower-bath. 12th Sept., " Shower-bath, mix. tart. 20th " " antimony occasionally, and blister.	
27	39	20	2 grains	3rd Nov., 1855. Repeat shower-bath, and hot bath at night. Admitted. 27th Oct., 1855. He continues very excited, and is disposed to be very violent to others. 4th Nov., " Shower-bath, liquid blister, & tart. emetic mixt. 12th " " Shower-bath, with 4 t. s. of mixture occasionally. 15th " " Continue the shower-bath, with the mixture. 29th " " Shower-bath and ant. tart. 20th Dec., " Ditto with morphia and ant. tart.	In house.
28	44	11	2 grains, and a 2nd Dose.	30th Nov., 1855. Admitted.	Cured.

No.	Age of Patient on Entry.	Length of Bath administered, in Minutes.	When followed by Tartrate of Antimony, the Quantity.	Extracts from Case Book of Special Notes in reference to Treatment.	Result to Patient, 1856.
29	25	20	Nil	30th Dec., 1855. Made savage attacks upon his attendants. <i>A shower-bath and a draught containing 2 grains of tartar emetic were ordered, when he became perfectly calm and tranquil.</i> Admitted. Very violent. Shower-bath. 22nd " " Shower-bath occasionally. 21st Jan., 1856. Admitted 22nd " " Very excited. Shower-bath and acetate of morphia. <i>Improved from this day; was discharged cured on 1st March, 1856.</i> [ <i>N.B. This patient imputed his recovery to the shower-bath.</i> ]	Cured.
30	39	20	2 grains	16th April, 1852. Admitted. 6th Oct., " Struck the medical officer a few weeks ago for keeping him in confinement; he is sometimes abusive	Cured.
31	28	15 or 20	Nil		In Asylum.

No.	Age of Patient on Entry.	Length of Bath administered, in Minutes.	When followed by Tartrate of Antimony, the Quantity.	Extracts from Case Book of Special Notes in reference to Treatment.	Result to Patient, 1856.
32	about 40	20	2 grains	<p>and excited, thereby causing a great deal of discomfort in the place. Shower-bath.</p> <p>3rd Sept., 1852. Admitted.</p> <p>2nd Oct., " Shower-bath.</p> <p>10th March, 1853. Is in a state of lively mania, being much excited, with a disposition to mischief and violence. Shower-bath.</p> <p>19th " " Continues much excited; shower-bath. Mix. ant. 2 oz. (2 gr. dose).</p>	

N.B.—The ages given, it will be observed, were those upon the Patients *entering* the Asylum. In many instances, therefore, an addition of several years must be made in order to show the age at date of treatment.

THE

JOURNAL OF THE

PROCEEDINGS OF THE

GENERAL ASSEMBLY OF THE

STATE OF NEW YORK

1832

NAME	RESIDENCE	DATE	AMOUNT	REMARKS
John A. King	Albany	1832	100	For services rendered
James M. Smith	Albany	1832	50	For services rendered
John B. Jones	Albany	1832	75	For services rendered
William C. Lee	Albany	1832	125	For services rendered
Robert D. White	Albany	1832	150	For services rendered
Thomas E. Green	Albany	1832	175	For services rendered
Charles F. Brown	Albany	1832	200	For services rendered
Henry G. Black	Albany	1832	225	For services rendered
John H. Gray	Albany	1832	250	For services rendered
William I. White	Albany	1832	275	For services rendered
Robert J. Black	Albany	1832	300	For services rendered
Thomas K. Gray	Albany	1832	325	For services rendered
Charles L. White	Albany	1832	350	For services rendered
Henry M. Black	Albany	1832	375	For services rendered
John N. Gray	Albany	1832	400	For services rendered
William O. White	Albany	1832	425	For services rendered
Robert P. Black	Albany	1832	450	For services rendered
Thomas Q. Gray	Albany	1832	475	For services rendered
Charles R. White	Albany	1832	500	For services rendered
Henry S. Black	Albany	1832	525	For services rendered
John T. Gray	Albany	1832	550	For services rendered
William U. White	Albany	1832	575	For services rendered
Robert V. Black	Albany	1832	600	For services rendered
Thomas W. Gray	Albany	1832	625	For services rendered
Charles X. White	Albany	1832	650	For services rendered
Henry Y. Black	Albany	1832	675	For services rendered
John Z. Gray	Albany	1832	700	For services rendered
William AA. White	Albany	1832	725	For services rendered
Robert AB. Black	Albany	1832	750	For services rendered
Thomas AC. Gray	Albany	1832	775	For services rendered
Charles AD. White	Albany	1832	800	For services rendered
Henry AE. Black	Albany	1832	825	For services rendered
John AF. Gray	Albany	1832	850	For services rendered
William AG. White	Albany	1832	875	For services rendered
Robert AH. Black	Albany	1832	900	For services rendered
Thomas AI. Gray	Albany	1832	925	For services rendered
Charles AJ. White	Albany	1832	950	For services rendered
Henry AK. Black	Albany	1832	975	For services rendered
John AL. Gray	Albany	1832	1000	For services rendered

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