

Second report of the Derbyshire County Pauper Lunatic Asylum.

Contributors

Derbyshire County Pauper Lunatic Asylum.
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Second Report

OF

THE DERBYSHIRE COUNTY PAUPER LUNATIC ASYLUM.

Committee of Visitors.

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CHAPLAIN.....The Rev. GEORGE FRITCHE.

CLERK AND STEWARD.....MR. JOHN LANGLEY.

JOHN BARBER,

CLERK OF THE PEACE.

DERBY :

W. AND W. PIKE, PRINTERS, CORN MARKET.

[1854]

Second Report

THE DERBYSHIRE

COUNTY PAUPER LUNATIC

ASYLUM

Committee of Managers

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SIR HENRY RICHMOND BART. M.P. Vice-Chairman

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JAMES WATSON ESQ. Member

JOHN STURGEON ESQ. Member

*To the Justices of the Peace of the County of Derby
assembled at their General Quarter Sessions of the
Peace at Derby, on the 3rd of January, 1854.*

We, the Committee of Visitors of the County Lunatic Asylum,
beg to report as follows, viz. :—

Some of the work required for the completion of the Boundary Wall has been suspended until the weather is more favourable, and the balance to the Contractor therefore remains unsettled.

The Rev. Mr. Sowter has resigned his office of Chaplain ; and the Rev. George Fritche has been appointed to succeed him at the same salary.

The Asylum has been regularly visited by the Committee, and every Patient seen once in each Quarter by three or more members of the Committee.

The proportion of cures has exceeded our expectation, and reflects the highest credit upon Dr. Hitchman's skilful and humane management of the Patients. The Asylum is amply sufficient for the proper accommodation of the number of Lunatics, and the general conduct of the Asylum, and the condition, comfort and treatment of the Patients are most satisfactory.

We refer with much pleasure to the instructive and valuable Report of the Superintendent Physician.

H. SEYMOUR BLANE,

Chairman.

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TO THE CHAIRMAN AND VISITORS OF THE DERBY COUNTY ASYLUM.

GENTLEMEN,

The following statement is respectfully placed before you in accordance with the rule that enacts that the Superintendent Physician shall make a Yearly Report of the number of admissions, removals, and discharges during the year, with such other matters as may appear expedient for the purpose of showing the state and management of the Asylum.

It is a remarkable coincidence that the admissions during the past year, are almost numerically the same as those of the year 1852. From January 1851 to January 1852, there were admitted into this Asylum, seventy-three Male, and fifty-seven Female Patients; and during the year that has just passed, there were admitted

| | | |
|--------------|----|-------|
| Males..... | 74 | } 131 |
| Females..... | 57 | |

being the precise number of Females, and only one in excess of the number of Males, admitted during the corresponding period of 1852.

There were more Patients admitted in the month of June, than in any other month of the past year—the largest number of admissions being seventeen in June, sixteen in April, and thirteen in September. As, however, only four out of the seventeen were of recent origin, this fact does not throw much light upon the influence of seasons in the production of the malady. The largest number of recent cases were brought to the Asylum during the month of January; whether an equal number of cases sprung up in any other month of the year, it is not possible to state, as there is much reason to fear that Patients are still kept back from the Institution by financial and other considerations.

In those countries where Cretinism and Idiotism are endemic it has been found that the greater number of Cretins were resident on the declivity of the Mountains towards the North. This fact has been proved by the Sardinian Commission, and by the private researches of scientific Men, but has been most specially enforced by Dr. J. C. Hubertz, of Copenhagen. This observer has also found that Insanity in Denmark is more prevalent in the Northern "Herreds," or divisions of the Kingdom, than in the Southern portions. All the facts which have hitherto fallen under the observation of your Physician, would appear to substantiate this conclusion, as far as Idiocy is involved in this County, but it does not appear to hold good in reference to the number of the Insane in the two divisions of Derbyshire. Of two hundred and fifty-eight Patients sent from this County since 1851, ninety-two were from the Northern Division, and one hundred and sixty-six from the Southern portion, in which the Town of Derby is included. The population of the two Divisions being—

Northern Division 130,067

Southern Division 166,017

the proportion of the Insane to their respective populations will be

Northern Division...1 in every 1413 $\frac{71}{92}$

Southern Ditto1 in every 1000 $\frac{17}{166}$

Or, leaving Derby out of the calculation, which in common with all large Towns has special influences in operation upon the human mind, and feelings—the Statistics would be as follow:—Ninety-six from the Southern Division, containing a population of 125,408, making a proportion of one in every 1,306 $\frac{1}{3}$. This would give a slight preponderance in favour of the mental salubrity of the Northern Division; as the Parliamentary division has been taken in this calculation, some Villages are included in the Southern Division which are in truth, more northerly in their geographical position, than those which are enumerated as Northern—for instance Matlock in contrast with Alfreton, or Pinxton; but the population is not sufficiently large to effect in any essential degree, the above conclusions. From the Town of Derby seventy Patients were sent, which in a population of 40,609 give a proportion of 1 in every 580 $\frac{9}{70}$

Even if the whole Island be taken into calculation, we observe no especial exemption in favour of the Southern Counties. Dorset, one of the most southerly, abounds in Lunatics, and Idiots, ranging as high as 1 in 640 of the population, while Derbyshire, Durham, and Lancashire, according to the Poor Law Returns, have not above one Lunatic or Idiot in a thousand of the Population. Thus teaching us, that there are other causes as potent in the production or prevention of nervous diseases as geographical position.

The social condition, and occupations of the Patients admitted during the year were various, as shown by the following Tables:—

| MALES. | | FEMALES. | |
|---------------|-------|---------------|-------|
| Single | 31 | Single | 30 |
| Married | 38 | Married | 21 |
| Widowed | 4 | Widowed | 6 |
| Unknown | 1 | | |
| | <hr/> | | <hr/> |
| | 74 | | 57 |

Social position and occupation of the one hundred and fifty-one Patients admitted in 1853:—

MALES.

| | | | |
|-------------------------|---|--------------------------|-------|
| Surgeon | 1 | Railway Clerk | 1 |
| Farmers | 6 | Bookkeeper | 1 |
| Jeweller | 1 | Framework-knitters | 6 |
| Drapers | 3 | Cotton Dyer..... | 1 |
| Grocers..... | 4 | Cloth Piecer..... | 1 |
| Saddler..... | 1 | Lace Worker | 1 |
| Beer-house Keepers..... | 2 | Nailer | 1 |
| Tailors | 3 | Miners | 4 |
| Shoemakers | 5 | Boatman | 1 |
| Butchers | 2 | Soldier | 1 |
| Tallow Chandler | 1 | Gamekeeper | 1 |
| Brushmaker | 1 | Groom | 1 |
| Painter | 1 | Waggoner | 1 |
| Hawker..... | 1 | Labourers..... | 12 |
| Joiners | 2 | No occupation | 5 |
| Lath Cleaver | 1 | | <hr/> |
| Station Master..... | 1 | | 74 |

FEMALES.

| | | | |
|-----------------------------|---|-------------------------|----|
| Living on a small income... | 1 | Domestic Servants | 8 |
| Schoolmistresses | 2 | Wives of Labourers and | |
| Dressmakers | 4 | Mechanics | 81 |
| Shopkeeper | 1 | Nailmaker | 1 |
| Sempstresses..... | 4 | No occupation | 5 |
| Nurse | 1 | | — |
| Mill Hands | 8 | | 57 |
| Lace Runner | 1 | | |

The Patients were stated to belong to the following Religious Communities :—

| | |
|--|----|
| Church of England | 36 |
| Roman Catholic | 1 |
| Congregationalists (Calvinistic) | 5 |
| Baptists | 9 |
| Methodists | 26 |
| Jew..... | 1 |
| Not known to belong to any Religious Denomination... | 53 |

131

The experience of this Institution, so far as it has hitherto gone, goes to show that in the present day religious excitement is a very rare cause of mental disease among the working classes. It will be observed by the above table that upwards of one-third were not even recorded as belonging to any Denomination of Religion ; while of the remainder very few indeed were remarkable for their attention to religious duties. It behoves your Physician, however, to state that the experience of the Institution at West Derby, in Lancashire, gives a different result, and the Superintendent makes the following observations :—

“ According to my experience, all cases deserving the name of religious insanity, are with rare exceptions, the result of the Calvinistic theology. Dr. Hubertz shows that in every thousand of the general population in Denmark, which is Lutheran, only 2.10 are insane, while in every thousand possessing the Calvinistic creed,

no less than 9.14 are insane." This opinion is much diminished by the circumstance that in the paper furnished by Dr. Hubertz, to the Statistical Society of London, he especially cautions persons against drawing hasty conclusions from the above figures, as they were, from various causes, liable to much inaccuracy. If any inference could be drawn upon the subject from the experience of this Asylum during the past year, it would be that Methodists, and the members of the Church of England (in proportion to their numbers) were more liable to mental disease than the other denominations; but as Canning justly observed, there are few things so deceptive as figures. There is a plausibility about an arithmetical statement, which is at once welcomed by many minds, but, in addition to mere statistical figures, knowledge of collateral facts and of special circumstances is required before we can arrive at a safe induction. It appears to your Physician that all impassioned religious excitement which does not culminate in some useful act, has a tendency to agitate and overwhelm weak and sensitive persons, and that the peculiar dogmas embraced are largely determined by circumstances, and by inherent and special characteristics of the individual mind; and that it is unjust to charge upon any special religious theory the fearful consequences ascribed to the Calvinistic creed. Minds linked to a special organization become excited and bewildered by the stern, exclusive, and yet impassioned tenets of the Geneva Reformer; but then, minds of another character become equally disturbed by the more diffusive creed of Wesley and his followers. Indeed, during the early career of John Wesley, it is certain that more persons became convulsed, and ultimately insane, than during the preaching of George Whitefield. Southey informs us, when speaking of the convulsions which agitated many of Wesley's followers, that "These effects had never as yet been produced under Whitefield's preaching, though they now followed Wesley wherever he went; and it appears that Whitefield, who came once more to Bristol at this time, considered them as doubtful indications at least, and by no means to be encouraged. But no sooner had *he* begun to preach before a congregation, among whom these 'outward signs' had *previously* taken place, and who therefore were prepared for the affection by their state of mind, as fear in times of pestilence predisposes the body for receiving the contagion, the four persons were seized almost at the same

moment, and sunk down close by him. (Southey's *Life of Wesley*, p. 281.) "According to a moderate computation four thousand people were within a very short time, affected with this convulsive malady."—Hecker on the Dancing Mania, p. 134. These susceptibilities are dependant rather upon constitutional peculiarities than upon the effect of special tenets; thus we have perceived in the history of individuals, that even the Holy Scriptures may breathe a solace and a peace to one individual, and yet arouse, as if with the tones of a trumpet, the combativeness and energy of another. "Scripture," said Melancthon, "imparts to the soul a holy and marvellous delight, it is the heavenly ambrosia." "The Word of God," exclaimed Luther, "is a sword, a war, a destruction; it falls upon the children of Ephraim like a lioness in the forest." The excesses of *Fanaticism*, its immoderate ecstasies, and selfish raptures agitate the Nervous System, disorder its functions, and bring the Reason and the Will under the sole dominion of Imagination and Feeling, and thus occasionally render the individual insane and irresponsible, both in our own Church or in the Church of the Vatican, as in the wildest of the sects which spring up in this and other countries; but where one man now falls a victim to "religious excitement," ten others are the prey of exhausting anxieties contingent upon commercial affairs—the fatigues of overwork—or of vicious indulgence in forbidden pleasures; whilst to many in Asylums, as to thousands in the world, the religion of the Gospel has been "a message of glad tidings," and a balm, a consolation, and a peace more sustaining and restorative than any other single agency.

No table of the *causes* of the Mental Derangement in the Patients admitted during the year has been given, because in very few cases was any cause assigned, and in many, in which a reason was given, it was so obvious that the effect had been mistaken for a cause, that it would have led to false conclusions to tabulate them. In a very large proportion of the cases, the malady was hereditary—and on more than one occasion during the past year, two, and three members of the same family have been under treatment at the same time. Intemperance, domestic trials, disappointed affections, and bodily ailments of a special kind have been the other most clearly ascertained causes, and their frequency has been in the order in which

they have been enumerated. In one very interesting Female Patient, a series of causes were in operation through several years, before mental derangement supervened. She had been frightened in early girlhood by the silly trick of an acquaintance investing herself in a white sheet, and standing in a dark passage, through which the Patient had to pass; she saw this figure, which she imagined to be a ghost, and immediately became paralysed with fear. From that moment to the present time she lost in a great degree the use of the left side of her body, and the entire muscular system became agitated by convulsive movements (Chorea). When under no special excitement, this agitation consisted in very slight twitches of the muscles of the face and extremities, but on the sudden approach of any strangers the whole system became greatly agitated with a tremor which affected both speech and motion. She was always from that unfortunate moment, highly impressionable—apprehensive of evil, and deprived of sleep from very slight causes. She was, however, cheerful in her own family circle, and won the esteem of many friends. At this crisis, a niece, who was staying with her, unhappily committed suicide by drowning. The announcement of this catastrophe brought on a violent attack of mania, with strong suicidal impulses, and she gave us much anxiety for many weeks, because of this propensity, but she ultimately recovered from the mental derangement, and left the Asylum. She was still, however, paralysed, and beset with the tremulousness above described, and will in all probability, from the great shock and irreparable injury which the brain sustained in her youth, become again the subject of insanity, if exposed to any strong emotion or anxiety of any kind. Emotion and shock are far more frequently the cause of Insanity, than prolonged intellectual exertions of any kind. Intellectual labour rarely disorders the mind permanently, unless *anxiety* or some other powerful emotion is superadded to it. The Student ambitious of distinction and fearful of defeat—the Merchant harassed by business, and dreading an altered position in his circumstances, or the discredit and disgrace of bankruptcy, the Devotee perplexing himself with conflicting creeds, anxious to be of the true church and yet distrustful of his previous convictions—the Fanatic yielding himself up to wild and rapturous emotions—the Mechanic or Labourer oiling too much under the anxieties of home and family—are all

engaged in dangerous pursuits, which have wrecked and will continue to wreck many minds, no matter what may be the peculiar study—the especial business—the particular creed, the special sect, or the kind of labour which may be engaging their respective attentions. In carefully investigating the histories of Patients, it has been usually found that physical weakness and moral shock have combined to produce the unhappy result. There is, however, so deep a sympathy between the mind and the body, that as Sterne has quaintly remarked, they are “like a cloak and its lining, if you rumple the one you ruffle the other.” Anxiety and other feelings may induce physical disorder, as physical disorder may create a feeling of anxiety and alarm. Thus heart diseases are sometimes known to do this, and in many persons a strong infusion of green tea will induce feelings of intense apprehension and indefinable fear. In carefully investigating the antecedents of the Insanity, it was commonly found that the Patient had been long declining from his ordinary standard of health, that his appetite had become altered, his digestion disturbed, his secretions unhealthy, his sleep much harassed by dreams, broken, or wholly gone, that he had suffered from night sweats, and that his temper had become more sensitive and irritable. In other instances, as in the case of A. W., the shock had been purely mental and instantaneous, overwhelming the chief nervous centre, and through it, arresting or changing the whole secretions of the system. Very few Patients have been brought to the Asylum, whose Bodily Health was not greatly disordered; and in those who became well increased Bodily strength was invariably followed by greater control over the mental hallucinations, and subsequently by their entire disappearance. Each case presented its own peculiar characteristics and demanded a special Treatment. One Patient anæmic, chlorotic and desponding, rapidly recovers, under the influence of preparations of iron, and of cheerful society; another requires aloetic purgatives, cold to the head, warmth to the feet, and probably a few leeches to the temples; a third demands sedatives, a fourth a more antiphlogistic treatment, by counter irritation, and the various preparation of antimony and hydriodate of potass—while a fifth proceeds rapidly to convalescence by taking Quinine, while all have required the constant, steady, and well directed attentions of sane minds. In brief, the Physician whose acumen and skill fit him for success among the

ne, will be the most successful Practitioner among the Insane. Intuition of character is pre-eminently useful, and without this, and kind and sympathising disposition, not

“Poppy nor Mandragora, nor all the drowsy syrups of the world,”

will enable him to control the agitated Mind, or soothe the troubled feelings of the Lunatic. His diagnosis of disease may be perfect, and his pharmaceutical remedies faultless, but unless the Physician can by instinctively comprehending the character of his Patient, adopt his own manner and his language to this, he will be daily inflicting mischief—he will irritate where he wished to please—excite laughter when he meant to enforce control—create dislike, instead of affection, and in various ways will frustrate his own efforts, and fail to conduct the Invalid, “quickly, safely, and pleasantly” to health and usefulness.

Among the preparations of iron the Bromides and Iodides have been very useful; especially in cases of asthenic mania, associated as it often is with a scrofulous diathesis, in young women, who have been long employed with great numbers in mills and factories, and living in the confined courts and alleys of a large Town. A Female Patient, who for many months had been the subject of what were called “epileptic fits” was admitted into the Asylum on the 12th of September. Her intellect appeared to be obscured by the frequent severity of these attacks—so closely did they resemble Epilepsy in the severity of the convulsive contractions, and in the apparent stupor that followed these, that the most experienced Nurses of the Asylum regarded them as Epilepsy and represented them as such. Her husband stated that the Medical men who attended her, regarded the fits as Epileptic. They closely approximated to these, but there were several circumstances that threw a doubt upon their precise nature; a daily, minute, and prolonged attention to the phenomena, as they presented themselves, led to the conviction, that they were an aggravated form of hysteria, and admitted of successful treatment. The Patient was of scrofulous diathesis, and was moreover the subject of a large goitre, which became excessively distended during these paroxysms, and this, with other circumstances, assisted in the diagnosis. After various

medicines had been given without any apparent advantage, the syrup of iodine and iron was prescribed for her, which she took twice in the day; she also took in the interval, apparently with great benefit, the tincture of sumbul. This treatment was continued for about a month. At this juncture an active, intelligent nurse took charge of the Patient, and a great change soon manifested itself: the fits became less frequent, the intellect more clear, the feelings more active, and from being excessively indolent, apathetic, and morose; she became industrious, active, and cheerful, and at the end of two months she was free from all convulsions, and so rational in speech and orderly in conduct, that she now awaits the next Meeting of the Committee to receive her discharge. In cases of aggravated hysteria associated with corporeal debility the tincture of sumbul combined with Battley's sedative, has been a most useful medicine, and especially when the milder preparations of iron—such as the citrate, have been administered in the interval.

It is with feelings of deepest sorrow, that your Physician is compelled to state, that Patients continue to be sent to the Asylum in very advanced stages of bodily and mental disease. Experience has shown the curability of the malady in its early stages, and has also proved how few recover when the early stages of the disease have been neglected or unwisely treated. The Legislature has enforced every County to provide an appropriate Hospital for the immediate reception of every person, and yet from various causes this merciful provision has been disregarded, or ignored, and these Institutions become filled with chronic and incurable Lunatics. Out of one hundred and thirty-one Patients admitted during the past year, only seventeen free from Epilepsy and Paralysis were brought under treatment within one week of the onset of their mental derangement—and of these seventeen Patients, fifteen have returned to their homes cured, and the remaining two are so far advanced towards recovery that they will (in all human probability) soon be in a condition to do the same. Thirteen of the above number left the Asylum within the short space of two months from the period of their admission. These eloquent facts might be paralleled by the experience of other well-conducted Asylums—such as Gloucester and Stafford—and your Physician is deeply anxious to impress them upon the attention, and the care

iences of all those, whose duty it is to watch over the poor and afflicted of these realms. The incurability of insanity, or "madness," it is called, has passed into a proverb, and it has done so because hitherto the Patient has been *neglected* in the curative stages of the disease, or in private life has been hid from society under the belief that the malady with which he was afflicted was one especially mysterious and awful, and far beyond the reach of medical treatment, bringing disgrace and degradation not only upon the individual, but stamping a stigma upon his family for many generations. His deplorable history is still going on. This false opinion is rooted in the minds of thousands, and it is nurtured among the poor by the apathy with which the earlier stages of the disease are regarded by those in authority. So long as no violent or overt act has been perpetrated; so long as the sufferer can be 'managed' in the privacy of his miserable home, or by the cheap resources of a Workhouse he is often detained from the Lunatic Hospital. Disease aggravated by neglect continues its direct course, the 'harmless' Lunatic becomes very dirty in his habits, very violent in his conduct, windows are broken, clothes are torn, persons are injured, and the strap, the strait-waistcoat, and the chain are brought into service to control for a time the ravings and the mischief of the Patient. Steps are now taken for his removal—bound, soiled, dirty, and paralyzed, the poor creature is taken to an asylum. One glance is sufficient to reveal to the experienced eye that cure is hopeless; that while every resource of the Institution will be needed to sustain the exhausted energies of the Patient—to preserve him from the sufferings consequent upon the loss of his self-control over the excretions of his body, yet for two or three years he may survive to swell the list of incurables—to diminish the percentage of cures—to crowd the Hospital, and worse than all, to perpetuate this popular belief, and to encourage the pernicious practice which are now leading to the moral death and social extinction of hundreds of our fellow-creatures. There are of course some noble exceptions to this practice, and it is due to the Borough of Derby to state, that there at least, the claims of suffering humanity are allowed to take precedence of all financial considerations.

The total number of Patients cured during the past year were

fifty-three, or $41\frac{7}{53}$ per cent. upon the admissions, which is the rule of calculation usually adopted in forming these Statistics in the provincial Asylums. There is, however, considerable dispute both among Statisticians and the Physicians of Asylums, as to the principle which should govern these calculations. Dr. Conolly adopted at Hanwell the principle of deducing the per centage upon the entire number of Patients under treatment, and this would give, in the instance before us, a per centage of 18, and nearly three-fourths per cent. This number is a slight improvement (two per cent.) upon the results of the past year. A writer upon Pauper Lunatic Asylums, in the *Psychological Journal*, gives the following Statistics of Cure, as calculated upon the entire number under treatment, in some of the most distinguished Institutions in England:—

| | | | No. Treated. | | Recoveries. | | Per Cent. |
|--------------|----------|------|--------------|------|-------------|-----|------------|
| " Gloucester | ..... | 1851 | ..... | 380 | ..... | 62 | 16.3 |
| Derby | ..... | 1852 | ..... | 212 | ..... | 34 | 16.0 |
| Rainhill | ..... | 1852 | ..... | 545 | ..... | 80 | 14.6 |
| Dorset | ..... | 1850 | ..... | 206 | ..... | 28 | 13.5 |
| Surrey | ..... | 1851 | ..... | 1141 | ..... | 116 | 10.1 |
| Somerset | ..... | 1852 | ..... | 468 | ..... | 47 | 10.0 |
| Kent | ..... .. | 1851 | ..... | 682 | ..... | 67 | 9.8 |
| Colney Hatch | ... .. | 1852 | ..... | 1628 | ..... | 132 | 8.1 |
| Hanwell | ..... | 1852 | ..... | 1080 | ..... | 43 | 4.0" |

—*Psychological Journal*, p. 408.

One great fact appears to be taught by the above analysis, namely, that very large Hospitals are ill-adapted for the cure of Insanity. Another fact is also indicated, although the Gloucester Asylum (one of the oldest, as it is now one of the best conducted in the Kingdom) appears to be an exception, namely, that the per centage of cures gradually declines with the age of the Institution, or in other words with the influx and accumulation of chronic Patients. This latter circumstance it is, which has induced several very able Statisticians to adopt the method (as the only safe and fair rule, by which the comparative excellence of different Institutions can be estimated) of calculating the annual per centage of cures, upon the number of Patients admitted during the year, rather than upon the entire number

under treatment. By either plan only an approximative estimate can be obtained—as there always are circumstances in operation (which no mere statistical data can fully elucidate,) by which the number of cures, and of deaths will be modified, especially during the progress of one single year. In addition to the above fifty-three Patients, who have left the Hospital cured, nine have left improved and twelve have been removed through parochial adjudications, or by the opening of other Asylums in distant Counties. The annexed Table gives the general statistical result :—

| | Men. | Women. | Total. |
|---|------|--------|--------|
| Patients Admitted ... | 74 | 57 | 131 |
| Discharged Recovered ... | 27 | 26 | 53 |
| ———— Improved ... | 7 | 5 | 12 |
| ———— Unimproved ... | 3 | 6 | 9 |
| Escaped | 0 | 0 | 0 |
| Died | 18 | 9 | 27 |
| <hr/> | | | |
| Total discharged, escaped, and died | 55 | 46 | 101 |
| <hr/> | | | |
| Remaining in the Asylum December 31st ... | 103 | 80 | 183 |

In connection with the discharge of Patients your Physician is especially anxious to draw the attention of the Magistracy of the County, and of all others, before whom this Report may come, to the importance of the Fund which has been established for the relief of discharged Patients.

Relief
Fund.

Insanity, while it surpasses all other diseases in the extent of its duration, is yet more painfully and especially distinguished from them, by its baneful influence, after recovery, upon the social position and future well-doing of the Patient. An individual ordinarily recovers from general maladies in a few weeks, in this, Months are involved—often, whole years pass away, and too frequently the Patient recovers from a dreadful disease to find that he is penniless; that his little home has been broken up; that his Relatives and Friends are scattered; that his occupation is gone; and that he leaves the Asylum only to encounter a World, in which he is regarded as an

object of suspicion, distrust, and alarm. The result is, that his mind, rendered acutely sensitive by past disease, yields readily to a second attack of the malady, which too often proves incurable.

This evil has been so strongly felt, that nearly all the older Asylums are provided with Funds, from which the Committee of Visiting Justices are enabled to grant, for a short period, a small sum weekly to the recovered Lunatic, and thus to place him in favourable circumstances for regaining the position which he occupied prior to the onset of his malady. Such a provision is all the more needed, because although these Institutions are called "*Pauper-Asylums*," and are built and supported by County, and Parochial Rates, the Patients, as a rule, have become "Paupers" only with the accession of mental disease, and that they vary in their social position from that of a Curate, or Surgeon, through the various grades of Mechanics, Labourers, and Servants. At Hanwell, in Middlesex, such a Fund is found to be an inestimable blessing. A Donation of One Hundred Pounds from the late Queen Dowager, and a similar sum from the Lord-Lieutenant of the County formed the beginning of what is now a large funded stock arising from Donations and annual Subscriptions, and which under the name of "*The Adelaide Fund*" has dispensed health and safety to many individuals, and ministered happiness to still more, who would otherwise have long trembled on the brink of an overwhelming sorrow. The Committee feeling the urgent necessity of some such resource for the Patients' discharge from this Asylum permitted the Resident Physician to address a letter to his Grace the Duke of Devonshire, informing him of their intention to found such a charity, and soliciting his Grace's patronage in its behalf. His Grace, with that noble generosity which has ever marked his distinguished career, immediately responded by a Donation of One Hundred Pounds, and a promise of still further support.

This princely gift is the foundation-stone of a charity, which now appeals to the County at large, for its further consolidation, extension, and usefulness.

The good which such a charity will effect—the deep sorrows it will assuage—the minds it may preserve—and the families it will

bless, must be so obvious to all who will reflect upon its purpose, that your Physician feels that it only requires to be known to the high born, the wealthy, and intelligent of this great County, to meet with universal support and to become as enriched, and therefore as useful, as the corresponding charities in other parts of the kingdom.

As stated above, many Patients were brought to the Asylum in very feeble states of Bodily Health—out of one hundred and thirty-one admitted, eighty-one were reported to the Commissioners in Lunacy as suffering from Debility. Several were brought in a very bruised and very dirty condition, but the most remarkable feature in the character of the admissions was the great number of Patients who were reported to be suicidal. No less than forty-seven suicidal persons have been under treatment, and some of these have been so energetically bent upon effecting their purpose, that it was impossible to leave them for day or night for many weeks in succession. A few of them involved great responsibility, and formed, indeed, these especial cases which are said to test, and to refute the principle of Non-restraint. The opponents of this practice are constantly asking—"What would you do with a man who had cut his throat and was determined to pull it open again after it had been dressed?" Indeed all kinds of imaginary cases are conjured up, to which you are expected to give an explicit and categorical reply. But no treatment can be defined for such ideal cases, and no defined treatment will succeed, (because never *heartily* carried out) in the hands of an unbeliever in the efficacy and humanity of the principle. The best answer to all cavillers is the fact recently published by Dr. Conolly—"That no Physician resident in any British Asylum ever gave a fair trial to this system without adopting it; and that wherever adopted, it has never been subsequently abandoned."—(Asylum Journal, p. 27.) All severe surgical cases may fairly be regarded as exceptions to the rule—inasmuch, as mechanical control over the injured parts is often necessary for their reparation; but again and again in the most formidable cases, has the benign principle triumphed, and no further appliances employed than would be used among the Sane. The following is an illustration taken from the "Case Book" of the Institution:—

Non-
Restraint
System.

"F. A. was the subject of a maniacal attack ten years ago, from

Non-
Restraint
System.

which he recovered. He has subsequently been conducting a beer-house for several years, and, until about six weeks ago, had indulged freely in intemperate habits. At this period, he became moody and desponding, refusing to mingle with his former companions, and exhibiting insanity in manner and in language. The delusions under which he suffered 'were many and strange,' according to the written statement of his medical attendant, but they were not further described. He has a large incision in the front of his throat, which he inflicted with a razor four days ago, according to the testimony given by those who brought him to the asylum. The note written by his medical attendant was penned in haste, and referred only to generalities, it stated—'You will observe he has made a most frightful gash in his throat, and this morning has required three men to keep him from further mischief.' He is taciturn, and looking ghastly ill. He was brought to the hospital wrapped up in a large cloak, and tightly bound in a strait-waistcoat; the confinement, and fatigue which he had undergone, together with his malady, had produced excessivé perspiration, and this with the poultice around his neck, rendered him highly offensive to the senses. On placing him in a warm bath, he was found to be very dirty—the lashes of each eyelid were agglutinated together in small bundles, as it were, and stood prominently and stiffly forward, giving to his eyes a wild and terrified aspect; his beard was rough and long, his lips, gums, and tongue, were covered with black fur, and his breath was hot and foetid. The carotid arteries beat rapidly and with a jerking motion, the front of the neck for several inches around the wound, was highly inflamed; the wound itself had a gaping, glazed, dry, unhealthy aspect, and omitted an offensive odour. At the outer edges of the wound were the remains of two sutures imbedded in dry purulent matter, and traces of others were visible from the ulcerations which they had left behind. The lower edges of the wound were inverted, swollen, and tightly adherent to the trachea, and inferior portions of the larynx; these structures appeared painful, and the parts around them were inflamed. The patient is unable to swallow solid food, and the deglutition of fluids produces much pain, and embarrassment to the breathing; the very few words he utters are pronounced with difficulty, and not in an articulate manner. The epiglottis and rime glottidis probably partake in a slight degree of the inflammation and

velling of the external parts. His pulse is rapid and tremulous, but he is unwilling to define his sensations. The strait-waistcoat was removed, as soon as he reached the ward; he was placed in a warm bath, the poultice which was not in apposition to the wound, but hanging a heavy, dry, and irritating mass around the inflamed teguments beneath it, was removed, the wound was dressed, and the patient then placed in a warm, clean bed, a saline draught with one scruple of Battley's Sedative, and two drachms of Tincture of *cyoseyamus* was administered; and the attendants, two in number, who were placed to watch him, were directed to repeat the dose every four hours, until sleep came on: in two hours he was firmly asleep. The patient was brought to the asylum at six o'clock last evening, but without certificates (and unaccompanied by any responsible party), and could not, therefore, be admitted. His attendants were requested to watch over him in some apartments until the forms legally required were prepared, and he was admitted at eight o'clock this evening, which may explain the condition of the poultice, &c." *Case Book*, p. 482.

The strait-waistcoat was never replaced, nor any other mechanical appliance used to control a limb; he was tenderly and anxiously watched for several weeks, and in less than three months he left the asylum quite well.

This strong suicidal impulse has been frequently associated with maniacal disorder; so much so, that the paroxysm can be sometimes detected by its physical signs. In a Patient at present in the Asylum, the face, at all times pale, becomes paler, the breath foetid, the skin "clammy" and cold, the tongue is slightly tremulous, and the countenance indicates agitation and alarm. In a Female the hair becomes black, clings closely to the scalp, and cannot be kept in curl. At such times great benefit has been obtained by medicines of a sedative character. Compound decoction of aloes, with aromatic spirits of cinnamon in the day time, and a draught consisting of twenty minims of Battley's Sedative, two drachms of Tinct. Hyuschi, with an ounce of camphor mixture at night, have frequently soothed the mental distress, and removed the intensity of the suicidal impulse. "Do not leave me alone," is sometimes the earnest entreaty of one of the

Suicidal
Cases.

Patients, E. E., now in the Hospital, who although constantly beset by the desire to destroy her life, is yet agitated by a sense of its awful consequences, and therefore trembles to be entrusted to her own guidance. Such a state of mind is wretched in the extreme, and needs all the sympathy of friendship, and all the consolations of a beneficent religion. Nurses have watched over her day and night, and she has been a source of uninterrupted anxiety for many months.

Whether the Reports of other Lunatic Hospitals will show an unusual influx of Suicidal Patients remains to be seen, but this is certain, that although your Physician has had for many years an average daily number of five hundred Patients under his care, yet at no period of his professional life has he had to treat so many Suicidal Patients at one time, as hath been his painful duty during the year that has now closed. One unhappy result will be recorded, but the attempts that have been frustrated, the watchfulness that has been kept up, and the anxieties that have been endured, do not come within the scope of this Report. It may, however, be stated, that in all dormitories in which Suicidal Patients are placed, the necessary vessels are formed of Gutta Percha, so as to diminish the risk of suicide and of homicide also. The upper parts of the bedsteads are closed and rounded off so as not to admit of the means of suspension; the wearing apparel is carefully removed, and when it is absolutely necessary, from the personal violence of the Lunatic, or from his becoming furiously frantic by the presence of others, to place him by himself, the bed clothing is formed of the strongest material, such as "ticking," quilted with blankets for the sake of warmth. Cravats are worn in the day time in lieu of neckerchiefs. Night Attendants are appointed to special cases as E. E. No expedient, however ingenious, can supply the place of unremitting kindness. To invest such a Patient as F. A. or E. E., with a strait waistcoat, or to pinion his arms to his side (as was recommended) would be still further to embitter his life, and to add to his other miseries, a sense of contempt and degradation, and thus prompt him by every effort, however desperate, to consummate his purpose. To those who are familiar with the practice of such excellent Institutions as Gloucester, Haslemere, and Lincoln, and especially to those who honor and love

arguments and writings of Dr. Conolly, it may appear superfluous to record such a truth as the above, but the experience of the past year has painfully assured your Physician that the present system is upheld mainly by the vigilance of the Commissioners in Lunacy, and by the earnest workings of a few noble minds; and that "line upon line, and precept upon precept," are still necessary to confute the secret slanders of many who covertly attack the principle and its upholders, although they have not the courage openly to avow their preference for the leg-lock and manacles of the olden time. The limits of a Report forbid the introduction of many cases, or the case of J. A. brought heavily laden with chains on his legs and arms, and immediately set free, or, of D. R., who, with a fractured thigh, had befied handbolts and straps to control him, but who became tranquil when freed from his ligatures—and both of whom speedily left the Asylum—cured, might have been detailed, with that of F. A., as illustrative of the curative influences of the Non-Restraint-System.

ESCAPES.

No Patient has effected a permanent escape, during the past year. A married man, whose insanity, among other things, shows itself in an idolatrous affection for a young woman at Sheephead, in Wiltshire, concealed himself in an empty meat basket all day, and at night effected an escape from the Asylum, with the hope of reaching his beloved one. Knowing his wild passion for this person, and his frequent attempts to reach her, the attendants started into Wiltshire as soon as he was missing from his work, and they met the poor fellow in the morning the moment he entered the village and brought him back to the Asylum.

AMUSEMENTS.

In the summer months the Patients resort to cricket, ball, and such like amusements, while the more trust-worthy were also allowed, under the control of the Attendants, to take walking excursions into the surrounding country. The indoor amusements have consisted of bagatelle, chess, draughts, dominoes, cribbage, and reading. A small library is attached to the Institution, and such peri-

odicals as "The Leisure Hour," "Chambers' Journal," "Dickens' Household Words," "Eliza Cook's Journal," and the "Biographical Magazine," are abundantly supplied. In the American Asylums, newspapers are introduced very largely, one Institution receiving as many as fifty or sixty weekly, embracing "papers from every part of our own State, and from nearly all the other States of America, representing every party of politics, and every religious denomination;" but your Physician considers that it would be imprudent to encourage such a practice in England, as it would be likely to foster the wild delusions, and insane self-importance of many of the Patients. The newspaper reading is therefore restricted (for the most part) to two copies weekly of "The Illustrated London News"—a paper adapted by its pictures and its general contents, and especially by its freedom from obscene and disgusting advertisements, for the amusement and instruction of feeble and disordered minds. A class of Patients has met weekly for singing,—and occasional entertainments of music, dancing, and exhibitions of the Magic Lantern have been given. In addition to these amusements obtained from the ordinary resources of the Asylum, a very pleasant evening was secured to them by the hired performance of a Negro who possessed an extraordinarily trained dog; this animal was capable under some (undiscovered) direction of his master, of spelling any word that he was requested to spell, of telling the hour of the evening by a watch, and performing many other tricks, which, with the comic songs of the Negro, delighted the patients exceedingly.

Mr. Duncan Macmillan, one of the most accomplished Ventriloquists of the day, kindly offered his services for one evening gratuitously, and such of the Patients as were capable in some degree of comprehending the character of this extraordinary art, were permitted to witness his performance. Mr. Macmillan had previously performed at the Morningside Asylum, and at the Crichton Institution in Scotland with good results; but your Physician felt it his duty to explain the nature of the performance to the Patients individually, a day or two previous to its coming off, and to admit those only who were capable of recognising it as an acquired art, free of all *magical* power. Several timid, and some conscientious minds shrunk from being present, at what they could not but regard as "

ack art," but all who were present, (about eighty in number) were highly delighted. It is only just to Mr. M. to add, that his performance was not only skilful in the highest degree, but was conducted with much discretion, and in a spirit of great kindness towards the afflicted people around him.

The usual Entertainment was given at Christmas, both sexes together, and spent the evening in dancing and other amusements. They were abundantly regaled with cake, coffee, and oranges, and as usual conducted themselves in a cheerful and orderly manner. The effects described in last year's Report followed this Entertainment. At midnight your Physician found the Wards tranquil; a voice was heard; every Patient appeared to be wrapped in sleep.

OCCUPATION.

Out-door occupations upon the Garden and Farm, have been carried out, as far as was consistent with the feeble powers of the sprightliness of the Patients. No indoor employments have been resorted to upon a large scale. The Shoemakers' and Tailors' shops have been supplied chiefly with paid labour, as the health of the individuals belonging to these trades especially demanded that they should be much in the open air, and their minds relieved from the routine monotony of their former occupations. All of those artisans who became convalescent, recognised the importance of this proceeding, and ascribed their recovery mainly to it. One shoemaker said that "he had been *sitting* so long with his head hanging over his work, that he felt motion and change necessary; he did not make work, but would get well before he worked at his trade again." This was quite right;—the mechanics of our large towns need the fresh invigorating air of the country—and the change and cheerfulness of out-door occupation for the recovery of their physical health, and through it the restoration of their mental powers. Two-thirds of the Patients are employed daily in such pursuits, and under the superintendence of active Attendants no especial difficulty has been found in inducing them to labour. At Harvest especially they took a lively interest in the labours of the field, and all the corn and hay of the

farm were cut, harvested, and carried by the Patients and Attendants of the Asylum. The Females are also encouraged to walk much in the open and pleasant Airing Courts; work and amusement being made to alternate with each other. A spirit of industry and cheerfulness has characterised the proceedings of the female wards during the past year, and in addition to keeping up the Stock of the Establishment, and effecting the repairs (of which many are needed in all Asylums) the female Patients have made upwards of four hundred garments to be supplied to the new County Asylum in Essex. In occupying and amusing the Patients your Physician continues to be largely indebted to the activity and skill of the Chief Attendants of the Male and Female Wards.

RELIGIOUS SERVICES.

More than two years have passed away since the Chapel was opened, and no untoward incident, or rude behaviour has yet occurred during the Service on the Sabbath-day. Dr. Conolly, who was present on one Sunday during the past summer, stated that the services of the Chapel at Hanwell always gave him much delight but that he was never more pleased than by the quiet and reverential behaviour of the patients in this Institution. Indeed it is impossible for the Services to be passed through more decorously than they are by persons as uneducated as the majority of the Patients—and the good result is largely to be attributed to the circumstance, that they visit the Chapel only on Sundays, and thus imbibe a reverence for the place. In the morning and evening of each week the patients of both sexes assemble for domestic worship in one of the Male and Female Wards; and it is very interesting to observe, how readily even patients recently admitted bow down with their fellows and pass reverentially through the few brief prayers that are then offered up. A look of surprise—a slight awkwardness—a feeling of shyness springing from the novelty of the act—have been all that have been manifested by many; while some, who had been brought to the Asylum with a long history of past misdeeds attached to their names, have watched with solemn interest their humble companions kneeling down for prayer, and have then slowly, and solemnly imitated the act: conveying to the mind of the beholder, by the

whole deportment, the belief that there are deep instincts in the human heart which can never be wholly eradicated, and which find their highest gratification in communing with the Infinite. Your Physician cordially concurs in the remarks of Dr. Kirkman, the respected Superintendent of the Suffolk Asylum, that "The subject of religious instruction is too delicate to be discussed in an ordinary Report. It will be enough to convey the repeated conviction, that to be really effective *professional* must never be made to supersede domestic instruction: the administration must be in that guarded manner which is only learned by the knowledge of the existing peculiarities of the parties addressed. Moral delinquencies may arise from mental idiosyncrasies which need great forbearance, and peculiarly delicate mode of conveying instruction."

On the 30th of September, the Rev. Joseph Sowter left this institution to enter upon the duties of Chaplain at the Essex County Asylum. He carried with him the esteem of all parties, and his unostentatious piety, his personal kindness, and his learned, lucid, and affectionate discourses, will long dwell in the memories of all the officers of this Institution. He has been succeeded by the Rev. G. Ritchie, who has performed the duties of the office with punctuality and zeal.

The Officers and Attendants of the Asylum merit high commendation for the manner in which their duties have been performed.

The Asylum has not, during the past year, been visited by the Commissioners in Lunacy, or their statement respecting its condition could have been embodied in this Report.

OBITUARY.

Two hundred and eighty-three Patients have been under treatment during the year, and of these twenty-seven, or $9\frac{153}{283}$ per cent., have died. The mortality of new Asylums is generally very large. Dr. Foote, who has given an able and elaborate Report on Psychological Medicine, in "Ranking's Abstract of the Medical Sciences," ascribes this fact to the removal of Chronic Lunatics from Union Houses, and to the "Official authorities not being alive to the advantages of the County Asylum," and therefore draft "of only the very worst class of Patients." Be this as it may, it is certain that although the mortality of this Institution has not yet exceeded ten per cent., several of its cotemporaries have suffered great loss: thus, Colney Hatch has had a mortality of 16.0 per cent., Somerset 17.75, Birmingham 14.95, and Rainhill 15.9. The mortality in these Asylums is due to the advanced stages of diseases at which Patients are admitted. In this Establishment, during the past year, life was upheld in two patients for seven days only, and this by the continued exhibition of wine, warmth, and other stimulants. Two others were carried from the cart which brought them to their beds, from which they were never able to arise, except by the aid of others. Ten died from "General Paralysis," and two from Epilepsy, from which incurable diseases they were suffering at the period of their admission. The deaths of two were sudden, and inquests were holden upon them, the verdicts being "Died from Epilepsy," and "Died from the visitation of God." Three died from Pulmonary Consumption, and one from Old Age.

The following Table is a Summary of the Deaths, and of their assigned causes :—

| | M | F |
|-----------------------------------|----------|---------|
| From Exhaustion after Mania | 0 | 2 |
| — General Paralysis..... | 6 | 4 |
| — Paralysis | 1 | 0 |
| — Epilepsy..... | 1 | 1 |
| — Pulmonary Consumption | 2 | 1 |
| — General Debility | 3 | 0 |
| — Melæna | 1 | 0 |
| — Marasmus | 0 | 1 |
| — Chronic Bronchitis | 1 | 0 |
| — Old age | 1 | 0 |
| Visitation of God | 1 | 0 |
| Death by Hanging | 1 | 0 |
| | <hr/> 18 | <hr/> 9 |

The Obituary contains one death by suicide.

The truth which Dr. Conolly has stated in one of his invaluable Reports has been painfully realised. "There are always (he writes), however, some cases against which scarcely any prudence can guard; as Patients who have been long in the Asylum, and have long periods of tranquillity, if not of perfect sanity, during which they are trustworthy and much confided in, have paroxysms in which the suicidal ideas revive, and sometimes with very little warning." The Committee will remember the painful incident. On the 9th of July, while your Resident Physician was engaged with the Board—he was requested by an attendant to come into the "Airing Court;" he went, and there found two Attendants engaged in briskly rubbing a Patient, whom they had just removed from a water closet. He was quite dead. They were supervised by two Visitors who had been inspecting the Wards. It appears that the unfortunate man had a few moments before been engaged in a game of bagatelle, and that without any apparent manifestation of additional gloom or melancholy; he retired as if to the water closet, and that when there he

suspended himself by means of his pocket handkerchief to a gas pipe which passed along the upper part of the closet conducting gas from the lower part of the building to the upper—this pipe fitted close to the wall, and having been whitewashed over, had not especially attracted the attention of others; the Patient, by great force, however, succeeded in placing a portion of his handkerchief around it, and in effecting his purpose.

The poor man appeared to be convalescent, and expressed his disappointment in the early part of the morning that he did not form one among the number who were to be discharged by the Committee at Noon, so that the Attendants were not at this juncture suspicious of his intentions, although he had been known heretofore to be suicidal. The whole of the circumstances were reported fully to the Commissioners in Lunacy, and were carefully investigated by a Coroner's Jury, who, to their verdict, appended the following observation—"that no blame attached to any of the members of the Establishment at the County Lunatic Asylum." It is almost superfluous to add, that the gas pipe has been covered over, so as to prevent a like accident from the same cause.

While engaged at the Coroner's Inquest upon the above unfortunate case, your Physician was called hastily into the Galleries to a Paralytic Patient, who had become choked by attempting to swallow too large a quantity of food. He was prostrate on the floor, with his head elevated by an Attendant, who had endeavoured in vain to free the oppressed gullet of its contents by slapping the Patient on the back, and subsequently by striving to remove them with his fingers. The face presented the hideous appearances common to strangulation. With much difficulty the pharynx was emptied of food, and a probang passed through the esophagus to the stomach. Still the Patient breathed not—there was no pulse at the wrist—and the heart beat only at distant and irregular intervals—the face and lips were livid, and the desperate convulsive struggles which followed the accident had ceased—he was apparently dead, and pronounced to be so by the Attendants around him. Several minutes had now elapsed since air had reached the lungs—his clothes were thrown open, and

the Chest and Abdomen freely exposed to the air without effect. There still remained the hope, that by rousing the "Diastaltic Nervous System" into action, by some appropriate stimulus, life might be restored. Water was accordingly dashed over the region of the diaphragm, and as instantly wiped away. To our great delight a feeble inspiration, and a slight effort at deglutition occurred, by a second dash of water, a more vigorous and decisive act of inspiration was accomplished; it was a third time repeated, and life was saved. To Marshall Hall is due the great merit of elucidating and systematising the physiology of that portion of the nervous system which presides over the Functions of Respiration and Deglutition, and upon the knowlege of which, the simple yet successful treatment of the above case was founded. It is narrated here, for the guidance of every one, who might be present at a similar case, where, although the mechanical impediments to breathing have been removed, the vital powers appear to be exhausted, and require some external stimulus to rouse them into action. The rationale of this procedure is known to every well educated man, and therefore needs no explanation in this Report.

The poor Patient who committed suicide belonged to a Burial Club, and had he died from what are called "Natural Causes," his family would have been legally entitled to some money from its funds; but having, while in *a fit of insanity*, died by his own hand, his family were deprived of this little property. This is a great social wrong, which extends even to Life Insurances, and against which every person should remonstrate strongly. The Resident Physician has again and again directed the attention of his medical brethren and the public to this evil, but as every year's experience reveals more and more of its injustice, he cannot refrain from reiterating his statements.

Among the Rules of the London Life Association, is the following:—

"The policies of persons assuring their own lives will also become void, if the assured shall die by his own hand feloniously .

or not feloniously, and whether being of sound or unsound mind, or by the hand of justice, or in consequence of a duel; but the court of directors, in cases of suicide not *felo-de-se*, are authorised to pay to the legal holder of the policy any sum they may think fit, not exceeding the value of the policy on the day preceding the decease of the assured."

This association has been selected because of its high and well-founded reputation, from its being extensively patronized by medical men, and, because, in its provisions, it forms no exception to a great number of other life offices whose prospectuses are in circulation.

It is a great wrong to a large class of sufferers, that suicide, the result of "unsound mind," should be regarded as a fault, and be made to entail penal consequences on the friends of the sufferer; and that to a greater extent than even personal vices or positive crimes. Of course, the directors of Life Associations do not positively assert, that such a catastrophe is a crime; but nevertheless they place the unfortunate Lunatic in the same catalogue as the felon, who dies "by the hand of justice," and with him, who falls while attempting the life of a fellow-creature, or to use their own words, "in consequence of a duel;" and they entail nearly the same conditions upon the relatives of each, the only difference being, that the directors have a power, in the first case, to pay a something not exceeding the value of the policy, on the day preceding the decease of the assured. But it will be observed, that this meagre act of justice is annexed as a favour, not enrolled as a right, and will be at all times dependent on the character of the directors for the time being, and possibly, too, on their frame of mind (from various causes) at the particular juncture at which application is made even for this poor pittance.

It is quite fair that the societies should be protected from the mischievous results of duelling; nor is it wished to deny the justice of a forfeiture of the policy in an unequivocal case of *felo-de-se*; but a gross wrong is inflicted whenever the policy is made void in conse-

quence of the effect of a disease over which the individual insured had no control. If a person in a state of somnambulism walked from his bed-room impressed with the notion that he was strolling in green fields, or on level roads, and thereby fell down a deep staircase, and dislocated his neck, the Life Office must necessarily regard this as an accident, and would pay over to the executors of the deceased the sum for which he had insured. And is not suicide, in a person of "unsound mind," as purely the result of influences over which he had no control as was the fall of the somnambulist? Do they not both die in consequence of a disturbed condition of the same organ? Is not suicide one of the effects of insanity, as asphyxia is of epilepsy? Is not the suicidal act, in such a case, the unavoidable result, as far as the individual is concerned, of the disease under which he was suffering? Science and experience answer in the affirmative. Then why should the death of one entail a greater pecuniary loss to the survivors than the other? Why should a disease of the brain involve great dishonor, and great loss? Is it right—is it just—that a calamity which none can guard against—no, not even the wisest and the best—should be regarded as a fault, and mulcted as a crime? Ought the good, the gentle, the genius-fraught Cowper to have brought a pecuniary loss to his friends, besides the irreparable moral shock which would have been experienced, had his insane efforts been consummated? Are not our best feelings outraged at the thought of any company grasping a money-profit from the untimely end of a Chatterton?

If, however, it be contended that no line of distinction could in many cases be drawn between suicide the result of deliberate forethought in a person of sound mind, and suicide the result of sudden insanity, let every policy be considered valid where indubitable proof could be given that the friends of the deceased had taken all possible care of him, by placing him in some institution authorized by the Commissioners in Lunacy, or under the entire care of a respectable medical man. If carelessness or negligence could be proved against the relatives or friends of the deceased, then, in all justice, let the policy become void; but let us not, as now, attach a severer penalty to an unavoidable disease than to recklessness and vice. A man, for

instance, after his assurance has been effected, may become dishonest, drunken, and disorderly, a pest to society, and a curse to his family ; he may shorten his existence by continued intemperance, or he may become the veriest debauchee, contaminating all around him with whom he has influence, and ultimately sink a victim to the most disgusting and most loathsome of diseases, entirely caused by his own vices, and yet his policy would be safe. Whereas, if instead of being drunken and vicious, he should be temperate and virtuous, devoting all his energies to the well-being of his family and the advantage of his race ; and if like the talented Romilly, he should in the midst of these exertions, fall by a disease, which destroys the instinct of self-preservation or reverses its function, then, alas ! his policy becomes void, and that resource, which by much sacrifice he had provided for his orphans or his wife, is taken from them in their hour of greatest need !

This state of things requires redress, and it concerns all men. The disease which is thus stigmatized and fined is not a partial one. The good, the brave, the young, the beautiful, the old, the dastardly, and the base, are alike its victims,

“ æquo pulsat pede, pauperum tabernas,
Regumque tures.”

Neither the genius of a Southey or a Tasso, not the wit and vigour of a Swift, not the tenderness of a Cowley, nor the piety or talent of a Cruden or Hall, can exempt men from its influence. Let, then, such anomalies be removed from our laws and institutions. Let us be wise and just, acting in perfect harmony with the laws of science and the dictates of religion. Let us rise superior to the ignorance and follies of the middle ages, and regard all diseases and their consequences in a like spirit ; or if making any difference, bestowing our sympathies with the greatest intensity on that unhappy being who, while suffering from the pangs of the body, is harassed by the troubles of the mind, and who, by his very helplessness, appeals alike to the justice and to the charity of our common nature.

The Resident Physician is unwilling to conclude this Report without expressing his gratitude to the Committee for their personal

kindness towards him, and for the liberality with which his services have been rewarded. It is his earnest prayer, that each revolving year may find the Institution more and more successful, and reflecting in its usefulness the wisdom and the benevolence of its governing body.

JOHN HITCHMAN.

January, 1854.

JOHN LANGLEY,
CLARK AND STEVENS

JOHN LANGLEY,
CLERK AND STEWARD.

A RETURN OF CLOTHING AND BEDDING, MADE BY THE FEMALE PATIENTS BETWEEN
THE 1st JANUARY AND THE 31st DECEMBER, 1853.

| | |
|-----|------------------|
| 166 | Aprons. |
| 27 | Bonnets. |
| 112 | Bolster Cases. |
| 136 | Boot Uppers. |
| 54 | Caps, Women's. |
| 90 | Ditto, Men's. |
| 12 | Chemises. |
| 529 | Gowns. |
| 32 | Ditto, night. |
| 54 | Handkerchiefs. |
| 6 | Mattress Covers. |
| 55 | Petticoats. |
| 64 | Ditto, Flannel. |
| 9 | Pillow Cases. |
| 17 | Pinafores. |
| 12 | Pudding Cloths. |
| 24 | Slippers. |
| 167 | Sheets. |
| 230 | Shirts. |
| 50 | Ditto, Flannel. |
| 12 | Shawls. |
| 36 | Shrouds. |
| 8 | Strong Dresses. |
| 4 | Ditto Rugs. |
| 18 | Table Cloths. |
| 106 | Towels. |

In addition to the above, the whole of the Repairs are done in the Asylum.

**ABSTRACT OF SUPPLIES TO THE HOUSE FROM THE FARM AND GARDEN from the 1st January
to the 31st December, 1853.**

| Pork. | Veal. | Milk. | Potatoes | Onions | Carrots. | Parsnips. | Cabbage. | Peas. | Beans. | Brocoli. | Rhubarb | Lettuce. |
|-------|-------|--------|----------|--------|-------------------|-------------------|-------------------|-------|---------|----------|---------|----------|
| | | | | | | | | | | | | |
| lbs. | lbs. | Galls. | Strikes | Pecks | Tons cwt. gr. lb. | Tons cwt. gr. lb. | Tons cwt. gr. lb. | Pecks | Bushels | Heads. | lbs. | Number. |
| 4938 | 216 | 3517½ | 391 | 154 | 2 3 0 19 | 1 5 3 25 | 11 13 0 1 | 219 | 57 | 1127 | 575 | 2960 |

ORDINARY DIET.

| | BREAKFAST. | | | | DINNER. | | | | | | | | | | | | SUPPER. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|------------|-----|----------------|-----|---------|-----|----------------|-----|-----------------|-----|----------|-----|-------|-----|-------------|-----|---------|-----|--------|----------|----------------|-----|-----------------|-----|-------|-----|-------|-----|-------------|-----|-------|-----|--------|-----|---------|-----|--------|-----|---------|-----|------|-----|---|---|
| | Males. | | Females. | | Males. | | | | | | Females. | | | | | | Males. | | | Females. | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bread. | oz. | Milk Porridge. | pt. | Bread. | oz. | Uncooked Meat. | oz. | Pie or Pudding. | oz. | Soup. | pt. | Stew. | oz. | Vegetables. | oz. | Beer. | pt. | Bread. | oz. | Uncooked Meat. | oz. | Pie or Pudding. | oz. | Soup. | pt. | Stew. | oz. | Vegetables. | oz. | Beer. | pt. | Bread. | oz. | Cheese. | oz. | Bread. | oz. | Butter. | oz. | Tea. | pt. | | |
| Sunday | 6 | 1 | 5 | 1 | 6 | 7 | .. | .. | .. | 12 | .. | .. | .. | 12 | .. | 12 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 |
| Monday | 6 | 1 | 5 | 1 | 6 | .. | .. | 1 | .. | .. | 1 | .. | .. | .. | .. | .. | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 |
| Tuesday ... | 6 | 1 | 5 | 1 | 6 | 7 | .. | .. | .. | 12 | .. | .. | .. | 12 | .. | 12 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 |
| Wednesday | 6 | 1 | 5 | 1 | 6 | 7 | .. | .. | .. | 12 | .. | .. | .. | 12 | .. | 12 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 |
| Thursday .. | 6 | 1 | 5 | 1 | 6 | .. | .. | .. | .. | .. | .. | .. | 12 | .. | .. | .. | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 |
| Friday | 6 | 1 | 5 | 1 | 6 | 7 | .. | .. | .. | 12 | .. | .. | .. | 12 | .. | 12 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 |
| Saturday... | 6 | 1 | 5 | 1 | 6 | .. | 14 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 | 6 | 2 | 5 | 1 |

Workers $\frac{1}{2}$ pint Beer extra at 11 o'clock a.m., and at 4 o'clock p.m.
 Laundry Women, $\frac{1}{2}$ pint Beer, with Bread and Cheese, at 11 o'clock a.m.

AVERAGE WEEKLY COST OF EACH PATIENT.

| | s. | d. |
|------------------------------------|-------|-----------------|
| Provisions | 4 | 5 $\frac{3}{4}$ |
| House and other Expenses | 2 | 4 $\frac{1}{4}$ |
| Clothing | 0 | 4 $\frac{3}{4}$ |
| Salaries and Wages | 2 | 9 $\frac{1}{2}$ |
| Medicines and Extras for Sick..... | 0 | 2 $\frac{1}{4}$ |
| | <hr/> | <hr/> |
| | 10 | 2 $\frac{1}{2}$ |
| | <hr/> | <hr/> |

Average Daily Number of Patients, 175.