

The report of the Committee of Visitors and Medical Superintendent of the Devon County Lunatic Asylum.

Contributors

Devon County Lunatic Asylum.
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D. J. Williams, Esq.
DEVON EPIPHANY SESSIONS,

1855.



THE

REPORT

OF THE

COMMITTEE OF VISITORS

AND

MEDICAL SUPERINTENDENT

OF THE

DEVON COUNTY LUNATIC ASYLUM.

Exeter:

Printed by W. NORTON, 81, SIDWELL-STREET.

LIST
OF THE
COMMITTEE OF VISITORS,

1855.

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SIR JOHN KENNAWAY, BART.
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T. E. DRAKE, EXETER,

CLERK TO THE VISITORS.

REPORT.

THE Visitors are enabled to make a very favorable Report of the present state and condition of the Asylum. The general health of the Inmates has been excellent; and the wards are clean and in good order. The number of Patients admitted during the past year has been 133, the number discharged has been 52, and the deaths have been 49.

Although the contract price of provisions still continues to be high, the Visitors have not found it necessary to raise the rate of maintenance, which remains at 8s. per week for each Patient.

The average number of Patients in the Asylum during the past year has been 451, shewing a small decrease below that of the preceding year: and the Visitors are of opinion that the arrangements in the Building, to which they alluded in their last report, will afford sufficient accommodation for all the Inmates.

The Balance in hand is now £798 9s. 2d.: and £15,500 of the Building Debt has been paid off, reducing the Debt, on that account, to £33,500.

Acting upon the recommendation of the Commissioners in Lunacy, in their report of last year, the Visitors have availed themselves of an opportunity which presented itself of adding to the quantity of Land belonging to the Asylum, and they have purchased Twenty-five Acres of the Trustees of the late Earl of Devon and of Philip Lardner, Esq., for the sum of £2,200. Application was made to the last Midsummer Quarter Sessions for the sanction of the Court, and an Order obtained for the payment of the Purchase Money, which has been raised out of the accumulated Building and Repair Fund, without making any additional charge on the County Rate. The Land is

vested in the names of Trustees, for the use of the County; and the extent is now quite sufficient for the wants of the Asylum and the employment of the Inmates in out-door labour.

The Visitors beg leave again to express their thanks to Dr. Bucknill, the Medical Superintendent, and the other Officers, for their excellent management of the Institution; and, in conclusion, to remind the Court that it is their duty to appoint the Visitors for the ensuing year at the present Sessions.

SAMUEL TREHAWKE KEKEWICH,

CHAIRMAN.

THE NINTH
ANNUAL REPORT
OF THE
MEDICAL SUPERINTENDENT
OF THE
DEVON COUNTY LUNATIC ASYLUM.

DURING the past year 133 Patients have been admitted, of whom 53 were Men and 80 were Women.

The number of Patients at the commencement of the year was 444. The average number resident has been 451; and the number resident at the present date is 476, of whom 204 are Men and 272 are Women.

Forty-nine Patients have died, of whom 21 were Men and 28 were Women.

Fifty-two Patients have been discharged, of whom 22 were Men and 30 were Women.

The Patients admitted may advantageously be classified into—

- 1st.—Those, who suffering from mania, melancholia, or a moderate amount of dementia, presented at the time of their admission some reasonable hope of recovery. This class of Patients comprises 54, or about 5-12ths of the whole number admitted: and of these 19 have already been discharged cured.
- 2nd.—Those, who having been insane for a considerable number of years, have been transferred from other Lunatic Asylums, or from their own homes, long after the period had elapsed when a cure was possible. This class, generally a large one for some years after an Asylum is opened, but tending to diminish as that time is receded

from, has with us, during the past year, numbered 49 Patients, or nearly 5-13ths of the whole.

3rd.—This class will comprehend those hopeless cases in which mental infirmity is complicated with paralysis or epilepsy, or in which it is owing to congenital malformation of the brain. Of such cases 21, or about 1-5th of the whole number, have been admitted during the year.

4th.—As a class by themselves, must also be mentioned those persons who are sent to the Asylum in the last stages of diseases not cerebral. Five Patients have been admitted in this condition.

As examples of this class, I may mention the following from among those admitted during the past year.

A. R., admitted on the 9th of August last. She had for many years been of unsound mind, and for some time before her removal from her home to the Asylum, she had been gradually sinking from consumption. When brought into the Asylum she was in a dying state, and the relatives who accompanied her expressed their surprise that she had not died upon the road. She died on the second day after her admission, without affording to the Medical Officers of the Institution any opportunity of judging of the state of her mind.

A. W. was admitted on the 13th of September, in a state rapidly approaching death, from advanced disease of the heart and bronchitis. He survived three days, having given no indication of his state of mind. He was said to have been insane many years.

T. E. was admitted March 13th, in a state of unconsciousness from a recent attack of apoplexy. He remained in a state of intermittent convulsion until the 22nd, when he died.

M. R. affords an example in which the symptoms were more chronic. This poor woman, admitted on the 7th of October, is still living. When admitted she was found to be bruised in the most shocking manner; the bruises having been inflicted by her husband's violence. She had had an attack of apoplexy, which had irretrievably injured her brain, leaving her but small remains of consciousness. She had also some injury of the spinal chord, from which the lower limbs were

paralyzed and the upper ones were convulsed. In addition to this sad list of ailments, she was in the seventh month of pregnancy.

It cannot be supposed that the Medical Men who have recommended such cases to be sent to this Asylum have been actuated by any desire to relieve themselves, or the Officers of the Unions, from the anxiety or trouble of their care; and, therefore, the reason of their transmission, often from great distances, to the Asylum, may be assumed to depend upon some difficulty in providing for their being properly attended to during the last days of their existence. The transmission to the Asylum of such cases is far more costly than the employment of nurses at their own homes or in Union Houses would be, including as it does the expense of conveyance and of fees for medical certificates. I must conclude by expressing my conviction that, as a general rule, *It is improper to transmit to the County Asylum any Patients who are in so advanced a state of bodily disease as to be unable to rise from their beds.*

Our wards, at the present time, contain forty Idiots: a larger proportion than is found in other County Asylums.

The condition of many of them suggests the enquiry whether due care and protection could not be procured for them elsewhere. Many of them were harmless and inoffensive, even when admitted; and it is difficult to understand upon what principle of selection they have been separated from the large number of pauper Idiots still at large. In some instances they may have given annoyance to residents in their neighbourhood by their unsightly appearance, or by their uncouth cries; in some their relatives have been anxious to relieve themselves from a painful burthen; and in others, the authorities have been compelled to send these unhappy creatures to the Asylum, as a refuge from the persecutions of mischievous and ill-disposed persons. The admission of Idiots, under such circumstances, has reference not so much to their own condition, as to the opinions and feelings of their neighbours. But some Idiots are admitted whose habits are, in the extreme, filthy and often dangerous. With rare exceptions, they have long passed the age when teaching, properly so called, could

be thought to be available, even by the most enthusiastic advocates for Idiot Schools. But, by training, their filthy habits and their dangerous propensities are overcome; they are improved up to a point, varying in different cases; beyond which, on account of defective organization, reclamation is not possible. Then arises the question—What can be done with them? In a crowded Asylum, it is certainly not desirable that a tenth or a twelfth part of the beds should be occupied by Idiots, whose cure is not only hopeless, but whose further improvement is impracticable; and it certainly does seem reasonable to suppose that some medium state might be devised, between that total want of care which consigned the Idiot to the run of the streets, and an amount of skilled attendance which would suffice for an acute case of Mania. It must be acknowledged, that our experience of the discharge of improved Idiots has hitherto been most unsatisfactory. Of all places, the influences of the Union-house seem to be most adverse to their well-being; and of the many improved Idiots who have been discharged from this Asylum to Union-houses, nearly all have returned in the course of a year or two with all signs of their reclamation lost. And these, it must be remarked, have been selected for discharge, not on account of the importunity of persons influenced mainly by the desire of saving in the cost of their maintenance; but, on account of their cleanly, orderly, and docile habits; and the likelihood that, under circumstances moderately favourable, their condition would not retrograde. The results of these trials have appeared to prove, that training the Idiot ameliorates his condition only during its continuance, and that he rapidly retrogrades upon its removal.

But, although the relapse of an improved Idiot appears never to be long delayed, if he is exposed to neglect or to rough usage; the experiment of an Idiot Home is, in my opinion, well worthy of trial. Its primary object should be the physical well-being of its Inmates; since that is without doubt attainable; while the extent to which the mental training of Idiots is possible is yet very uncertain; although it is, and has been, under trial in establishments devoted to

the purpose, where neither cost nor effort are spared. The remarks of the Commissioners in Lunacy, in their recent report on the Idiot Schools at Highgate and Colchester, are not such as to encourage a close imitation of those establishments.

During the past year the same general system of treatment has been pursued, which, for many years, has in this Institution been attended with satisfactory results: a system, under which a large proportion of recent cases have recovered; (a proportion probably as large as that which rewards the Physician in the treatment of serious diseases of any vital organ;) and under which the accumulation of chronic mental invalids, for whom the hope of cure is futile, are maintained in a considerable degree of mental tranquility, bodily comfort, and general happiness.

It is incorrect to call this exclusively the MORAL system of Treatment, inasmuch as it comprises the active administration of suitable MEDICINES. The term "moral treatment" arose at the even yet recent period when the Lunatic was emancipated from the physical coercion of bonds and fetters. The influence of moral obligation was substituted for the compulsion of superior force; a substitution which history will record as one of the most remarkable examples of distinction between the reasoning philanthropy of the present age and the harsh and rude ignorance of those preceding it. Moral agencies were, however, in many instances made to replace not only the cruelties of physical coercion, but the medical remedies also, which were frequently, not without skill, employed to combat the disease, whose more violent manifestations were thus controlled. This moral treatment was an exclusive system; and the term acquired a significance, partly incorrect and partly expressive of a method founded upon a narrow and insufficient basis. The employment of moral agencies in the treatment of insanity is a great and beneficial reform: but it only forms part of a complete system, and needs to go hand in hand with the skilful and diligent use of medical remedies. The use of either moral or medical treatment is equally imperfect when employed alone; and, like the scales of a balance, they can only be properly adjusted

by a single hand. The unexclusive and unempirical method of treating insanity must be called *medico-moral*: and such a method it has ever been your Superintendent's aim to practise in the wards of this Institution.

Mechanical restraint is never employed, and seclusion (separation from others of an excitable patient) is made use of in the least obnoxious manner possible under the circumstances requiring it. Rooms, made cheerful and comfortable, are provided for this purpose, so that Patients frequently submit to remain in them during a period of excitability without being locked in. They may be called retiring rooms rather than seclusion rooms; and the voluntary occupation of them by an irritable Patient frequently prevents an outbreak of angry excitement.

When a Patient is first admitted, suffering under an acute form of Insanity, the treatment is principally medical. He is indeed addressed in a kind and soothing manner; if he is violent, care is taken to withdraw from him sources of irritation, and his excited and angry feelings are generally found to calm themselves when opposed by patience and good temper; if he is distressed, he is comforted; if he is suicidal, he is cheered and watched; in fact he is treated with the kindness and consideration most likely to sooth a sane person under the dominion of strong emotion. But it would be incorrect to assert that such behaviour exerts any considerable influence in arresting the progress of the disease in its acute stages; it must be withstood at that time by active medical treatment. Insanity is a disease of the brain; and although, under kind and gentle management, the diseased processes are far more likely to cease spontaneously than under the harshness and cruelties formerly practised, still no Physician who has faith in his science can withhold the potent means at his command. In the early stages of Insanity the most prominent and important symptom is loss of sleep, occasioned, without doubt, by morbid processes going on in the brain. If sound and refreshing sleep can be procured at an early period, in a case of recent Insanity, a speedy recovery may be anticipated; but if wakefulness is continued for a

long period, recovery will certainly be postponed, and the Patient will run great risk of passing into a state of incurable mental infirmity. It may be possible that moral influences have more power in controlling the excited action of the brain than that of any other vital organ,—than palpitation of the heart for instance, or irritability of the stomach: but they have not so much power in the acute and recent forms of cerebral disease that they can be trusted alone, without the vigorous aid of medicines, baths, diet, and the various other means especially at the command of the Physician. In the earliest stages of sudden, acute, and complicated cases of Insanity, medical treatment is perhaps not less efficacious than in acute diseases of the lungs or heart, and the Physician, who under such circumstances neglects the active employment of medicines, can have little confidence in his professional resources. Such opportunities of treatment are, unfortunately, of rare occurrence. In many cases the development of Insanity is gradual and progressive, presenting no acute period; in many other cases the acute period is, from various causes, allowed to pass by without the employment of suitable remedies: and in these chronic cases, or the chronic stages of cases, originally acute, (which together embrace the vast majority of all Patients under treatment,) moral influence becomes the invaluable and indispensable ally of medicine. In the treatment of Insanity there are many remedial agents which can scarcely be designated as either altogether medical or moral:—occupation, for instance, produces the beneficial effect of bodily exercise, and moral effects, by diverting the mind from morbid trains of thought;—wholesome and sufficient food produces physical effects, by favouring the alimentation of the body and promoting the due nutrition of the brain, while at the same time it gives rise to feelings of satisfaction and contentment, and thus operates on the moral side. The purely moral agencies may be distinguished into those which are brought to bear upon the individual Patient, and those to which he is subjected, in common with the other Inmates of an Institution. The first comprise the conversation and behaviour of the Physician, and of those he employs to

assist him in this delicate and responsible duty, towards each individual Patient. The present occasion does not afford space, even briefly, to describe how a Physician, experienced in the treatment of the insane, acquires the tact of managing his Patients,—the power to sooth the irritable, to cheer the desponding, to check the unruly. It is a power acquired by long practice, not only by Medical Men but by attendants and nurses. In large Institutions it is through the latter that the Physician must, to a great extent, obtain the performance of this work; and, consequently, the selection, the training, and control of attendants become, of all his duties, the most necessary, important, and responsible.

Among the moral agencies to which the Patients in an Asylum are subjected in common, must be ranked their removal from the exciting causes of disease to be found in their own homes, from the distresses, anxieties, and privations too often found there,—from the temptations to excess,—from the exhortations of religious fanatics,—and from the domestic quarrels and extravagancies which riot in families affected with the taint of insanity, in which, perhaps, several members are in various degrees affected with mental unsoundness. From such causes of disorder the Patient is brought to a place where he is surrounded by persons in a similar condition to himself; he becomes part of a system in which order prevails; in which punctuality, cleanliness, neatness, and propriety, are insisted upon; in which he can neither suffer from want nor from excess. He finds hundreds of other Patients obeying orders, and with the instinct of imitation he does the same. He is absorbed into the mass of Patients, and his peculiarities become less glaring to others and less cherished by himself. He finds himself part of a disciplined establishment; the discipline of which, however, is not stern, like that of a prison, nor formal and alternating with license, like that of a barrack; but cheerful and constant: and after more or less of resistance on behalf of his individual and peculiar will, he seldom fails to fall into habits of order and industry, and, eventually, of self-control: habits which tend by continuance to become permanent; and which, when

permanent, enable the subject of them to resume his place as a free agent among his fellow men.

Such is a brief outline of the principles upon which the Treatment of the Patients is conducted in the Institution which ten years ago you placed under my charge. I have full confidence in the soundness of those principles: and although, owing to the difficulties inherent in so complicated an undertaking, and to the imperfections of our nature, which detain both my own efforts, and those of my assistants, at a point far short of that to which our desires aim,—although, for these reasons, we are striving at a distance from a conceivable but, perhaps, unattainable perfection,—the general results have been satisfactory to myself, and I trust to you also.

I cannot close this Report without expressing my appreciation of the valuable and zealous aid I have received, in the discharge of my Medical duties, from the Assistant Medical Officer, Mr. WILLIAM KIRKMAN. His assiduity and his unvarying kindness towards the Patients are most creditable to himself, and most beneficial in promoting the objects of the Institution.

All of which is respectfully submitted.

JOHN CHARLES BUCKNILL, M. D., Lond.

OF PATIENTS ADMITTED DURING THE YEAR 1854.

TABLE No. 1.

FORM OF DISEASE ON ADMISSION.

Mania, recent	42	Epilepsy, with dementia	1
" chronic	19	Moral insanity	1
" " with dementia ..	1	Monomania	1
Melancholia	30	Admitted in articulo mortis,	} 2
" chronic	2	and no opportunity of judg-	
Dementia	20	ing afforded	
Idiocy	7		
General Paralysis	4		
Epilepsy, with mania	3	Total	133

TABLE No. 2.

AGE ON ADMISSION.

From 10 to 20 years	9	From 60 to 70 years	11
" 20 " 30	27	" 70 " 80	4
" 30 " 40	26	Above 80	2
" 40 " 50	30		
" 50 " 60	24	Total	133

TABLE No. 3.

ASSIGNED CAUSE OF ILLNESS IN PATIENTS ADMITTED.

Anxiety about employment ..	4	Grief at husband's going abroad	1
Administration of cantharides	} 1	Hæmorrhage	1
when young		Hereditary predisposition—	} 21
Blow on head	1	(sole cause)*	
Climate of India	1	Ill usage of relations	4
Congenital malformation	4	Intemperance & irregular habits	12
Coup de soleil	1	Jealousy	1
Destitution	6	Lactation—excessive	1
Dissolute habits—prostitution ..	3	Puerperal state	4
Disappointed affections	2	" fever	1
Domestic affections	2	Religious excitement	3
Epilepsy	7	Results of apoplexy	1
False accusation of theft	1	Scrofula	1
Fever	2	Sedentary habits	1
Fright	7	Unknown	31
Grief at death of husband ..	3		
" wife	1	Total	133
" mother	2		
" child	1		
" lover	1		

* Hereditary predisposition traced in thirty-one cases.

TABLE No. 4.

DURATION OF ATTACKS PREVIOUS TO ADMISSION.

Under 2 months	47	Upwards of 20 years	2
From 2 to 6 months	23	Congenital	6
" 6 " 12	14	Unknown	14
" 1 " 3 years	12		
" 3 " 12	7	Total	133
" 10 " 20	8		

TABLE No. 5.

OCCUPATIONS OF THOSE ADMITTED.

Agricultural Laborers	14	Joiner	1
" Wives	16	Lace Makers	3
" Widows	2	Laundress	1
" Daughters	3	Masons	2
Bathing Woman	1	" Wife	1
Blacksmith's Wife	1	" Laborers	2
Butchers	2	Merchant's Daughter	1
Cabinet Maker	1	Miller	1
" Wife	1	" Wife	1
Carpenter	1	No occupation	8
Cattle Dealer	1	Policeman	1
Coachmen	2	Pensioner's Wife	1
Coach Painter	1	Prostitute	1
Currier	1	Sailor	1
Dairyman	1	" Wife	1
Draper's Assistant	1	Sawyer	1
Dress Makers	2	Servants—Domestic	24
Dyer	1	Shoemakers	3
Engineer	1	" Wives	2
Farmer's Widow	1	Shipwright	1
" Daughter	1	Seamstresses	2
Fisherman	1	Shopkeeper	1
" Wife	1	Soldier	1
" Daughter	1	Unknown	7
Gardeners	2	Whitesmiths	2
Grocer	1		
Huckster	1	Total	133
Innkeeper	1		

TABLE No. 6.

NUMBER OF PATIENTS ORDINARILY EMPLOYED, DEC. 1854.

MALES.

Cleaning galleries, bed-rooms, &c. and other domestic occupations	18
Oakum pickers	14
Coir pickers	8
Shoemakers.. .. .	9
Tailors.. .. .	5
Gardening and field labour	60
Blacksmiths.. .. .	2
Attending live stock	4
Painters and glaziers	2
In carpenter's shop	5
Employed with mason	4
Organist	1
Employed in steward's office	1
„ with the porter	1
„ brewer and baker	6
Turning mangle in laundry	1
Engraver	1
Basket maker	1
Chopping wood	1
Coir mat makers	7
„ weavers	2
Helping stoker, carrying coals, coke, &c.	6
Hair cutter	1
Total	160

FEMALES.

Cleaning galleries, bed-rooms, &c., and other domestic occupations	22
Laundry, wash-house, &c... .. .	37
Sewers	61
Lace makers	2
Kitchen helpers and preparing vegetables.. .. .	20
Knitters	20
Coir pickers	68
Straw plaiters and bonnet makers	14
Total	244

Total number of Male and Female Patients—404.

TABLE OF DISCHARGES.

NO. IN ADMISSION BOOK.	AGE ON ADMISSION.	SEX.	LENGTH OF TIME INSANE ON ADMISSION.	RESIDENCE IN ASYLUM IN DAYS.	SUPPOSED CAUSE OF INSANITY.	FORM OF DISEASE.
1051	56	M	4 months	465	Unknown	Melancholia.
1159	18	F	1 month	66	Religious excitement	Mania.
1112	44	F	3 months	214	Change of life	Melancholia.
1105	41	F	4 months	268	Death of children—H.	Melancholia.
1143	35	M	1 year	149	Unknown	Dementia.
1152	55	M	3 months	117	Death of wife	Melancholia.
1154	18	F	1 month	114	Hereditary predisposition	Mania.
1128	39	M	2 months	231	Hereditary predisposition	Mania.
1170	13	M	1 month	76	Fright	Mania.
606	51	F	6 months	47	Religious excitement	Acute melancholia.
1024	24	M	2 weeks	620	Disappointed affections	Mania.
1140	30	M	8 months	233	Intemperance	Dementia.
1088	32	M	4 months	395	Unknown	Recurrent mania.
1173	35	F	1 year	96	Religious excitement	Melancholia.
1182	37	F	11 months	76	Disappointed affections	Mania.
1145	38	F	2 weeks	249	Ill usage of husband	Mania.
1192	33	F	3 months	56	Puerperal state	Chronic mania.
1190	43	F	2 years	69	Ill-usage of husband	Melancholia.
1171	19	F	Unknown	131	Unknown	Mania.
1157	48	F	Unknown	181	Unknown	Dementia.
1142	63	M	2 months	249	Loss of work	Melancholia.
1144	32	F	11 months	211	Hereditary predisposition	Melancholia.
964	60	F	3 months	728	Intemperance	Dementia.
1189	52	F	1 month	105	Intemperance	Melancholia.
1201	28	F	5 days	62	Loss of child	Mania.
1204	24	F	1 month	58	Unknown	Mania.

TABLE OF DISCHARGES.

NO. IN ADMISSION BOOK.	AGE ON ADMISSION.	SEX.	LENGTH OF TIME INSANE ON ADMISSION.	RESIDENCE IN ASYLUM IN DAYS.	SUPPOSED CAUSE OF INSANITY.	FORM OF DISEASE.
1215	23	M	1 month	20	Intemperance	Mania.
639	26	F	Unknown	1862	Unknown	Melancholia.
1033	58	F	7 months	709	Death of husband	Melancholia.
1198	29	F	1 week	80	Dissolute habits	Melancholia.
1055	7	M	Unknown	693	Unknown	Dementia.
1210	40	M	2 weeks	98	Intemperance	Mania.
1156	67	F	Unknown	244	Unknown	Mania.
1224	82	F	3 weeks	22	Intemperance	Senile dementia.
1137	24	F	4 months	342	Seduction	Mania.
1174	23	F	2 months	206	Death of mother	Mania.
1185	21	F	6 weeks	177	Unknown	Mania.
1234	47	F	1 month	78	Fright	Melancholia.
1195	24	F	9 days	206	Puerperal state	Mania.
685	60	F	10 months	1815	Fever	Melancholia.
1206	64	M	4 months	171	Hereditary predisposition	Chronic mania.
1214	44	M	6 months	148	Loss of employment	Melancholia.
1249	37	M	2 weeks	64	Religious excitement	Acute mania.
1126	27	F	5 months	483	Anxiety about work	Melancholia.
1118	55	F	2½ years	507	Unknown	Melancholia.
1265	19	M	3 weeks	91	Unknown	Mania.
1162	17	M	1 year	372	Unknown	Dementia.
1169	52	F	2 months	352	Change of life	Melancholia.
1227	46	M	6 months	161	Hereditary predisposition	Melancholia.
1216	46	F	3 days	201	Fright	Acute mania.
944	29	M	1 year	1105	Unknown	Mono-mania.
1293	59	M	11 months	14	Fright	Dementia.

OBITUARY.

NO. IN ADMISSION BOOK.	AGE AT DEATH.	TIME OF RESIDENCE IN ASYLUM.	FORM OF MENTAL DISEASE WHEN ADMITTED.	APPARENT CAUSE OF DEATH.
849	31	1125	Dementia, with epilepsy	Epilepsy.
749	90	1215	Mania	Old age.
701	68	455	Chronic mania	General paralysis.
763	40	1275	Mania	Phthisis.
210	34	2950	Imbecility, from epilepsy	Gradual decay, from epilepsy.
488	72	1855	Dementia	Chronic pleurisy.
1053	73	715	Dementia	Old age.
1172	68	55	Chronic mania	Bronchitis—gangrene of foot.
712	49	1498	Dementia	Dysentery and heart disease.
431	13	2400	Idiocy	Bronchitis, with epilepsy.
1122	33	265	Mania	Apoplexy.
1196	28	9	Dementia	Apoplexy.
155	37	3130	Idiocy	Fatty degeneration of heart.
887	54	700	Melancholia	General paralysis.
1149	42	188	Melancholia	General paralysis.
809	18	2190	Imbecility, with epilepsy	Peritonitis.
1121	23	3308	Melancholia	Phthisis.
523	77	2190	Mania	Old age and chronic pleurisy.
1186	67	71	Chronic mania, with dementia	Old age.
1054	38	612	Melancholia	General paralysis.
1133	30	270	Mania	General paralysis.
377	33	2615	Idiocy	Apoplexy.
498	41	2280	Mania	Epilepsy.
255	57	2980	Mania	General paralysis.
147	53	3160	Mania	Bronchitis.

OBITUARY.

NO. IN ADMISSION BOOK.	AGE AT DEATH.	TIME OF RESIDENCE IN ASYLUM.	FORM OF MENTAL DISEASE WHEN ADMITTED.	APPARENT CAUSE OF DEATH.
1129	64	308	Dementia.	Softening of brain.
1127	21	329	Mania	Epilepsy.
1181	38	128	General paralysis	Paralysis, with epilepsy.
1219	46	14	Chronic mania	Phthisis.
1067	24	566	Imbecility	Phthisis.
1064	60	374	Melancholia	Paralysis.
1197	27	109	Idiocy	Phthisis.
869	37	1229	Mania	Results of apoplexy.
1223	55	54	Mania	Cerebral decay.
1245	38	2	Moribund on admission	Phthisis.
1125	49	403	Chronic mania	Cerebral decay.
1158	43	295	Mania	General paralysis.
1071	67	672	Mania	Bronchitis.
1262	70	4	Dementia	Cardiac disease.
1150	52	364	Mania	Gangrene of lung.
345	40	2866	Dementia	Epilepsy.
247	39	3163	Congenital imbecility	Epilepsy.
1109	39	564	Melancholia	Phthisis.
225	68	3231	Mania	Phthisis.
1062	44	746	Acute mania	Epilepsy.
986	59	1005	Dementia	Cerebral decay.
1058	44	786	General paralysis	General paralysis.
1270	46	57	General paralysis	General paralysis.
393	61	2786	Mania	Cerebral decay.

COUNTY TREASURER'S ACCOUNT, 1854.

DR.]	Jan. to Dec.	£.	s.	d.	CR.]	Jan. to Dec.	£.	s.	d.
To Balance due from Treasurer on the last Account.. ..	220	17	0		By Interest paid ..	1299	7	3	
To received Two Rates including the Stoke Damerel Half Rate	3777	6	4		Principal paid off (leaving 33,500 due) ..	2000	0	0	
						£3299	7	3	
					Balance due from the Treasurer..	698	16	1	
						£3998	3	4	

EDMUND WM. PAUL, COUNTY TREASURER.

BALANCE SHEET.

General Statement of Receipts and Payments of the Devon County Lunatic Asylum, for the Year 1854.

RECEIPTS.	£.	s.	d.	PAYMENTS.	£.	s.	d.
To Balance in hand, on the 31st Dec. 1853..	1531	4	1	For Salaries and Wages	1604	19	6
For County & Borough Pauper Patients ..	9951	9	3	Provisions	5532	13	11
From Sale of Oakum, Mats, Matting, and Baskets	86	9	11	Necessaries, including Coals & Ironmongery	1271	12	8
				Surgery & Dispensary, Wine, &c.	176	0	7
				Clothing, and Leather for Shoes	1228	15	2
				Paid for Coir, &c. ..	120	19	1
				Bills for Articles not included under the above heads	235	18	1
				Paid to Building and Repair Account ..	599	15	1
				Balance in Treasurer's hands ..	798	9	2
	£11569	3	3		£11569	3	3

BUILDING AND REPAIR ACCOUNT.

	£.	s.	d.		£.	s.	d.
Balance in hand, 31st Dec. 1853	68	7	2	Paid Bills for Repairs and labor of Artizans	357	14	7
Received by transfer from the Establishment Account:—				Power for Sale of Consols	1	2	0
£. s. d.				Trustees of late Earl of Devon, for Land ..	700	5	8
100 0 0				P. Lardner, Esq., for Land	1500	0	0
100 0 0				Balance	80	15	9
113 0 0							
286 15 1							
	599	15	1				
One Year's Dividend on £2000 invested..	58	10	10				
Proceeds of £2040 16s 4d Consols, at 94½, less expences	1913	4	11				
	£2639	18	0		£2639	18	0

JOHN A. BALE, CLERK AND STEWARD.

