

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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DEVON EPIPHANY SESSIONS,

1856.



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,

1856.

Chairman: S. T. KEKEWICH, Esq.

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THE HON. W. W. ADDINGTON.
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SIR JOHN KENNAWAY, BART.
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T. E. DRAKE, EXETER,

CLERK TO THE VISITORS.

REPORT.

THE Visitors are again able to present a favorable Report of the state and condition of the Asylum, which is clean, well conducted, and in good order. Although the mortality has been rather above the average, the Patients have not suffered from any general sickness or epidemic disorder.

The increase in the Contract Prices of the necessary Articles of Consumption has amounted, from 1852 to 1853, to 15 per cent., and from 1853 to 1855, to 35 per cent., being in the whole 50 per cent.; we have, therefore, advanced the rate of maintenance from 8s. to 9s. per week, the amount at which it was fixed at the first opening of the Institution.

The number of Patients admitted during the past year has been 143, including 8 readmissions; the number discharged 86—80 recovered and 6 relieved; and the number of deaths 56.

The Balance in hand is now £581 17s. 8d.; and £3,000 of the Building Debt has been paid off, which is now reduced to £30,500.

The average number of Patients in the Asylum shews a progressive increase—in 1852, it was 449; in 1853, 460; in 1854, 451; and in 1855, 479; the average number in the Female Wards being 280.

We have already converted the Wings, and every other available part of the Building, into Female Wards; and we have also placed a few of the convalescent Patients in adjacent Cottages, at a reduced charge. We are, however, of opinion that there is still not sufficient accommodation for the Patients; and our attention has frequently been directed to this subject by the Superintendent, Dr. Bucknill, particularly in his Monthly Report of November last, in the following terms:

“The Female Wards are crowded to a degree, which occasions much present inconvenience, attended with no inconsiderable risk to the health of the Patients. Some of the Dormitories, which were constructed to contain 14 beds, now contain 19 and 20 beds.” Under these circumstances it has been our duty to consider, from time to time, the best and cheapest mode of affording increased accommodation; and several plans for altering and enlarging the Building have been submitted to us, and discussed by us; none, however, appear to be entirely free from objection, excepting that of erecting a detached Building, at a short distance from the Asylum, on the land lately purchased by the County, capable of containing 30 Patients, which might be converted into an Infirmary, in case of Cholera or any other epidemic prevailing in the Asylum. It is obvious such a plan is most desirable; and it has been recommended by one of the Commissioners in his Report, in which he notices the present inconvenient position of the Infirmary, as regards the proximity to the other Wards. The estimated expense of such a Building is £1,600; and, as we are unable to defray the cost out of the Building and Repair Account, we consider it to be our duty to place the facts of the case before the Magistrates, and to urge upon them the strong necessity which exists for providing additional room, without delay, for the Inmates of the Institution.

The purchase of Land, to which we alluded in our last Report, has been completed out of the Balance at our disposal of the Building and Repair Fund. We entered into possession at Michaelmas last, and the Patients are now engaged in trenching and cultivating it. It is calculated that the produce will be sufficient to support a Dairy of stall-fed cows, and afford an abundant supply of Milk to the Asylum. As 190 quarts of Milk are furnished daily from the neighbouring Farmers, and 70lbs. of Butter weekly, the cost of which during the last year was nearly £500, we consider that by cultivating the land in the mode suggested economy will be combined with the health and outdoor employment of the Patients.

In order to carry this plan into effect it will be necessary to provide

a Farm-Yard, with Feeding Stalls, Dairy, and Laborer's Cottage, the expense of which has been estimated at £800. The plans have been submitted to us, and are now under our consideration; but we have given no further instructions upon them.

In consideration of the long and efficient services of the Superintendent, Dr. BUCKNILL, ever since the first establishment of the Asylum, we have considered it our duty to advance his Salary from £500 to £600 a-year. There has also been a change during the past year in the Officers of the Asylum. Mr. BALE having resigned the Office of Steward, on account of his health, Mr. MORGAN has been appointed to succeed him; and, within the last week, MISS RAWLINGS has been appointed Matron in the room of MISS FIELDING, who has been elected to that Office at the Stafford Asylum. We have every reason to hope that both these appointments will be satisfactory.

We again beg leave 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 TENTH
ANNUAL REPORT
OF THE
MEDICAL SUPERINTENDENT
OF THE
DEVON COUNTY LUNATIC ASYLUM.

DURING the past year 143 Patients have been admitted, of whom 65 were Men and 68 were Women.

The number of Patients at the commencement of the year was 445. The average number resident has been 478; and the number resident at the present date is 478, of whom 200 are Men and 278 are Women.

Fifty-six Patients have died, of whom 39 were Men and 17 were Women.

Eighty-six Patients have been discharged, of whom 31 were Men and 55 were Women.

The total number of Patients under treatment during the year has been 588, of whom 260 were Men and 328 were Women.

The mortality has been in the ratio of 11.5 to the average number resident, and in that of 9.6 to the total number under treatment. This rate of mortality, which is 2.5 per cent. above the average of past years, in this Asylum, is not attributable to any epidemic or other general influence unfavorable to the health of the Inmates,—it has partly been occasioned by the decease of many aged persons, whose strength had for some time past been gradually declining, and partly to a large number of deaths from epilepsy and general paralysis: the latter also in some degree accounts for the remarkable preponderance

of the mortality among the Men as compared with that of the Women. Among the Men eight deaths have been occasioned by epilepsy, six by general paralysis, and two by degeneration of the brain following apoplexy. Among the Women only three deaths have been occasioned by these causes. During the year Four Patients have been admitted in a dying state, all of whom were Men.

Of the 86 Patients discharged, six were discharged as relieved, the remainder as cured. Of these eight have suffered relapses, and have been readmitted.

During the year a death has occurred from suicide. This is the third event of the kind which has occurred since the opening of the Institution; and affords an average of one suicide in three years and a half. In this instance the Patient, a Female, was so determined upon self-destruction that the contrivance of means to attain her purpose appeared to be the sole subject of thought. During many months she had made numerous unsuccessful attempts; but at length she eluded the patient watchfulness of the Attendants so far as to conceal about her person, (so that it could not be discovered when she was undressed) a small piece of stocking and of woollen shawl, with which she contrived to strangle herself during a short interval between the visits of an Attendant. It is certain that no amount of vigilance will entirely prevent these painful events. If the propensity continues, an opportunity must at length be found. The most improbable and apparently insufficient means are resorted to. In one instance a Patient cut her throat deeply with a small piece of glass. She slept in a dormitory, and during the night she was frequently seen by an Attendant, but while she appeared to be sound asleep she nearly bled to death. Her life was however saved. Even an Attendant sleeping in the same bed with the Patient is not a sure preventive. The father of a Patient, who had removed him from this Asylum as not chargeable, had him carefully watched by day and slept in the same bed with him by night. The son however watched his opportunity, and hung himself while his father was asleep. The use of mechanical restraint will not prevent suicide; for several instances are on record

in which Patients have contrived to strangle themselves in the sleeves of their strait waistcoats. The entire prevention of self-destruction among the Insane must, I fear, be regarded as hopeless.

Much inconvenience has been felt in the Female Wards in consequence of the great number of Patients contained in them. This Asylum was originally built to contain 400 Patients; and, as the two sides are symmetrical, the half of this number would be the proper quota for the Female Wards. Forty-eight Female Patients are however accommodated in two Cottages which were built for the residence of Officers. In this manner the proper accommodation of 248 Female Patients is accounted for; but, during the past year, as many as 285 Female Patients have been placed in these Wards at one time. Thirty-seven Patients have therefore been distributed among six Female Wards in excess of the numbers they were constructed to accommodate. The inconvenience experienced by this excessive number of Female Patients is constantly felt. When a Patient is admitted it is often needful to make changes in several Wards, to provide room for the new comer. The nature of the case often renders it essential that the Patient shall be placed in some particular Ward which is quite full: a Patient must therefore be removed and sent to another Ward which may be also full, necessitating another change.—These changes are often injurious to the Patients. The increase of sleeping accommodation has been provided by adding to the number of beds in the large dormitories.—These are now much crowded; and it is clearly impracticable to make any further addition. A few beds ought always to be retained vacant to meet emergencies; but in the present state of the Female Wards this precaution is impossible.

But the sleeping accommodation, the amount of which forms the practical limit to the capacity of an Asylum, is not the only point where the pressure of numbers is inconveniently felt. Perhaps even to a greater extent it is felt in the day-rooms and galleries. The rooms in which the Patients live during the day are the galleries leading to the dormitories and the day-rooms in which the meals are taken. These are of the same size on the men's and women's sides, and were

constructed for the convenient accommodation of 33 Patients in each Ward. But some of the Female Wards contain 45 Patients,—a number for which the day, or meal rooms especially, are found inconveniently small. They contain only a superficial area of 560ft., or a space little exceeding 4ft. by 3ft. for each Patient. The area for day occupation, or foot space as it has been technically termed, is by no means so large in this as in most other County Asylums, if only the originally-intended numbers are estimated: the galleries in particular being narrow. But when the number of the Patients has in some of the Wards been increased by a third, the crowding is decidedly disadvantageous to the comfort and well-being of the Patients: they interfere with each other, and become restless and noisy.

One evil arising from the want of accommodation in the Female Wards is, that in consequence thereof it has sometimes been imperatively necessary to discharge the Patients before their recovery has been firmly and satisfactorily established. The above considerations relate to the existing accommodation only. It is right, however, to anticipate the difficulties which must arise from any influx of new Patients. The past experience of this, and of all other County Asylums, abundantly proves the law of increase under which they exist. The new Statute does, indeed, enable the Visitors to declare any Asylum full, and to refuse admission to new cases. The Visitors of the Asylum at Hanwell have availed themselves of this power, and refuse admission to all cases which are not recent, and probably curable. But, independently of the doubt whether any Asylum can be legally declared full as against chronic cases, and not full as against curable ones, it is believed that the Visitors of this Institution will not feel disposed to refuse its benefits to any proper object. It may, therefore, be considered highly probable, if not certain, that Female Patients will be brought for admission during the ensuing year for whom there is absolutely no accommodation. Upon these considerations it is that I have brought under your notice the propriety of at once providing additional accommodation for Female Patients.

I have recommended the erection of an inexpensive building, detached from, but within the grounds of the present Asylum, in preference to an extension of the Asylum itself. My reasons for this recommendation are, that such a building will afford an useful and important change for Patients for whom a change from the Wards is desirable. The system of placing Patients in detached buildings, resembling in their construction and arrangements an ordinary English house, has been found to afford beneficial results in the so called Cottages which this Institution at present possesses. These Cottages are much preferred to the Wards by the Patients themselves, and permission to reside in them is much coveted. I am also convinced that such auxiliary buildings can be erected at much less expense than would be incurred by the enlargement and alteration of the Asylum itself. I propose that in the new building the Patients shall cook and wash for themselves. Any great addition to the accommodation originally provided in the Wards of an Asylum eventually renders other alterations and additions needful. The means for washing and cooking are found to be inadequate; and the experience of other County Asylums proves that the enlargement of the Wards has to be followed by new and more commodious offices. An Auxiliary Building can be constructed at a cost of about £50 for each Patient accommodated, or less than half the cost of the most economically constructed Asylums. It would consist almost entirely of living and sleeping rooms. The residence of the officers, and the numerous outbuildings and offices, which absorb so large a portion of the cost of an Asylum, are not needed. The only objection to this plan is that the separation of the Auxiliary Building from the Asylum will somewhat lessen the facilities of supervision and increase the trouble of the Medical Officers. This disadvantage however appears to be of little importance when weighed against the many advantages which this plan of providing the accommodation absolutely necessary for the wants of the County appears to offer.

A commencement has been made to obviate, in some degree, the accumulation of Chronic Cases, by placing a few selected Patients in

residence with Cottagers, in the immediate neighbourhood of the Asylum.

The accumulation of Chronic Cases, in this and in every other County Asylum, is so serious and emergent that every effort and justifiable expedient is required to meet its pressure. The experience of past years has proved that some Patients who are perfectly reasonable when under the surveillance and the gentle discipline exercised in an Asylum become decidedly insane upon their discharge. There are other Patients who are always insane, but whose degree of insanity is so slight that perpetual residence within the boundaries of an Asylum is by no means needful, if they can be advantageously placed elsewhere. Experience has amply proved that if these Patients are immediately discharged various unfavourable influences are almost certain to occasion a rapid aggravation of their malady. In regard to a few such persons, the powers given by the 72nd section of "The Lunatic Asylums Act" have been put in force, and they have been discharged on trial, and boarded with neighbouring Cottagers selected as trustworthy and suitable persons. In several instances the women of these cottages have acquired some experience in the right management of the insane. Some of them have been employed as occasional attendants in the Wards of this Asylum; and others, having been attendants or domestics in the Asylum, have married Asylum artizans, or other persons living near. This experience has made them willing to accept, and qualified to undertake, the charge of such inmates of their houses. Both the Patients and the persons having charge of them feel themselves under the eye of the Medical Superintendent, who visits them unexpectedly. The plan promises to work well. The Patients are happy, and extremely well satisfied with the arrangement. In one instance maniacal excitement came on. The Superintendent was informed of it, and the Patient was readmitted into the Asylum without the slightest delay, formality, or expense. Had this Patient been positively discharged, her readmission could not have taken place without trouble and expense. The system of combining the domestic care of the insane in the cottages of a rural

population, with the superintendence of Medical Officers, has for centuries been in operation at the Lunatic Village of Gheel, in Belgium. For the great majority of cases of insanity it is doubtless much inferior to the English Asylum system; but as an auxiliary to the latter, for selected cases, it appears to be well worthy of a careful and impartial trial.

The Land recently purchased by the Visitors, of P. LARDNER, Esq., was taken into occupation at Michaelmas, and a considerable number of Patients have already been occupied, beneficially to themselves, and profitably to the interest of the Institution, in its cultivation. They have already completed the double trenching of a field of six acres. Care is taken to avoid urging the labor of the Patients beyond the point where it ceases to promote the health of mind and body, and becoming actual toil, produces the injurious results of fatigue upon debilitated constitutions. The employment of the Patients in agricultural pursuits is most beneficial. In it, however, as in all other dealings with the insane, the observation of the trite maxim, "*ne quid nimis*," is essential to prevent the intermixture of injury with benefit. The cultivation of this land by the labor of the Patients will undoubtedly be remunerative, and in some degree diminish the rate of maintenance.

All of which is respectfully submitted.

JOHN CHARLES BUCKNILL, M. D., Lond.

OF PATIENTS ADMITTED DURING THE YEAR 1855.

TABLE No. 1.

FORM OF DISEASE ON ADMISSION.

Mania, recent	50	Imbecility	2
" chronic	12	General paralysis	1
Melancholia	42	Epilepsy, with idiocy	1
Dementia	24		
" with paralysis	3	Total	144
Idiocy	9		

TABLE No. 2.

AGE ON ADMISSION.

From 10 to 20 years	6	From 60 to 70	20
" 20 " 30	28	" 70 " 80	11
" 30 " 40	32	Above 80	3
" 40 " 50	24		
" 50 " 60	20	Total	144

TABLE No. 3.

ASSIGNED CAUSE OF ILLNESS IN PATIENTS ADMITTED.

Anxiety about business	2	Grief at loss of employment	2
Asthma and phthisis	1	Hereditary predisposition—	} 8
Attendance on an insane person	1	(sole cause)*	
Blows on head	2	Hysteria	3
Coup de soleil	2	Idiocy	5
Disappointed affections	4	Ill usage of relations	2
Domestic afflictions	5	Injury to eye	1
Dread of emigration	1	Intemperance	7
Dyspepsia	1	Loss of use of arm, from inju-	} 1
Epilepsy	17	ries and scrofula	
Fever	5	Marriage	1
Fright	1	Prostitution	1
Grief at death of husband	1	Prurigo pudendi	1
" father	2	Puerperal fever	1
" mother	1	Puerperal state	2
" brother	1	Reduced circumstances	22
" sons	3	Religious excitement (Church	} 1
Grief at husband's absence	3	of England)	
" husband's dissipation	1	Unknown, or no cause assigned	29
" son's leaving for the war	1		
" loss of sight	1	Total	144
" loss of property	1		

* Hereditary predisposition was traced in ten other cases.

TABLE No. 4.

DURATION OF ATTACKS PREVIOUS TO ADMISSION.

Under 2 months	74	Upwards of ten years	6
From 2 to 6 months.. .. .	29	Congenital.. .. .	2
" 6 " 12	11	Unknown	5
" 1 " 3 years	11		
" 3 " 10	6	Total	144

TABLE No. 5.

OCCUPATIONS OF THOSE ADMITTED.

Agricultural labourers	17	Miner	1
" wives	14	Miners' wives	6
Baker	1	No occupation	9
Baker's wife	1	Ostler's wife	1
Bathing woman	1	Pastrycook	1
Butler	1	Plumber	1
Carpenters	3	Porter	1
Charwomen	3	Saddler	1
Coachmen	2	Sailmakers	2
Coachman's wife	1	Sawyer	1
Coachbuilder	1	Seamstresses	2
Cordwainer	1	Scrivener's wife.. .. .	1
Dairyman	1	Servants—male	6
Draper's assistant	1	" female	17
Dressmaker	1	Shoemakers	5
Farmers	10	" wife	1
" wife	1	Shoebinder	1
" widow	1	Schoolmistress	1
Fishwoman	1	Soldiers	2
French polisher's wife	1	Tailor	1
Gardener	1	Teacher in school	1
Housekeeper	1	Unknown	5
Lacemaker	1	Waggoner's widow	1
Laundress	1	Woolsorter	1
Maltster	1	Wheelwright's widow	1
Mariners	3		
Mason	1	Total	144

TABLE No. 6.

NUMBER OF PATIENTS ORDINARILY EMPLOYED, DEC. 1855.

MALES.

Cleaning galleries, bed-rooms, knives and forks, making beds, and other } domestic occupations	29
Oakum pickers	10
Coir pickers	15
Coir matmakers	4
Coir matting weaver	1
Bakers' and brewers' helpers	4
Blacksmiths	2
Carpenters	3
Organist	1
Masons	4
Shoemakers	6
Tailors	4
Assisting steward	1
Turning mangle	1
Carrying coal, coke, &c.	6
Painters	2
Gardening and field labourers	50
Chopping wood	3
Total	146

FEMALES.

Cleaning galleries, bed-rooms, knives and forks, making beds, and other } domestic occupations	17
Laundry, washing-house, &c.	40
Sewers	59
Lace makers	3
Kitchen helpers	7
Stocking knitters	10
Coir pickers	75
Straw plaiters	9
Bonnet maker	1
Housemaid's assistant	1
Total	222

TOTAL NUMBER OF MALE AND FEMALE PATIENTS EMPLOYED 368.

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.
1235	30	M	10 weeks	186	Unknown	Mania.
1228	55	F	1 week	197	Hereditary	Mania.
1225	54	F	4 months	209	Fright from ventriloquism	Mania.
1220	51	F	6 months	228	Husband leaving for Australia	Melancholia.
1277	48	M	6 weeks	95	Daughter's prostitution—Hereditary	Melancholia.
1324	86	M	6 months	11	Apoplexy	Mania.
1221	30	M	2 months	250	Fever	Mania.
1011	60	F	2 weeks	991	Attendance on an insane person	Chronic mania.
1000	33	F	3 weeks	1015	Fever	Mania.
1273	11	M	Congenital	474	Epilepsy	Dementia.
1164	69	M	9 years	802	Unknown	Melancholia.
1184	37	F	A few weeks	376	Unknown	Melancholia.
1123	40	F	2 weeks	583	Unknown	Chronic mania.
728	35	M	Congenital	1814	Idiocy	Idiocy.
948	24	F	Congenital	1172	Idiocy	Idiocy.
1312	47	M	2 weeks	84	Intemperance	Melancholia.
1319	71	F	2 weeks	54	Reduced circumstances	Chronic mania.
1303	57	F	1 week	439	Shock at hearing of a murder	Monomania.
1255	27	F	3 years	201	Puerperal state	Mania.
1320	51	M	Unknown	58	Unknown	Melancholia.
1238	29	M	3 weeks	241	Marriage—Hereditary	Mania.
1191	16	M	Congenital	367	Idiocy—Hereditary	Melancholia.
1264	27	M	3 weeks	204	Unknown	Idiocy.
1310	21	M	1 week	96	Injury to eye—Hereditary	Mania.
1339	48	F	A few weeks	36	Unknown	Melancholia.
1337	66	F	Unknown	38	Unknown	Melancholia.
1266	57	F	1 month	211	Death of husband—Reduced circumstances	Melancholia.
1203	23	F	2 weeks	378	Hereditary	Mania.
1211	43	M	3 weeks	363	Intemperance—Hereditary—Coup de soleil	Mania.

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1229	42	F	1 week	309	Puerperal state—Hereditary	Mania.
1272	36	M	2 months	234	Unknown	Chronic mania.
1286	46	F	2 months	186	Fever	Melancholia.
1314	63	F	2 months	118	Death of husband	Dementia.
1160	28	F	3 months	531	Husband's dissipation	Mania.
1271	46	F	5 months	207	Religious excitement	Melancholia.
1333	54	F	2 weeks	104	Unknown	Melancholia.
1326	36	F	Unknown	126	Loss of sight	Melancholia.
1046	45	F	1 month	632	Domestic affliction—Hereditary	Melancholia.
1306	29	M	1 week	169	Injury to arm—Scrofula	Mania.
1179	60	F	6 months	140	Fright	Melancholia.
1281	21	M	3 months	276	Hereditary	Mania.
1305	42	M	3 weeks	194	Hereditary	Mania.
1347	35	F	1 month	92	Death of father	Melancholia.
1086	50	M	2 years	877	Intemperance	Melancholia.
1259	54	F	1 month	328	Hereditary	Chronic mania.
1278	33	F	7 years	246	Hereditary	Chronic mania.
1233	20	F	6 months	377	Death of mother	Melancholia.
1335	30	F	10 weeks	150	Disappointed affections	Mania.
1188	21	F	3 months	523	Hereditary	Mania.
1307	36	M	3 months	215	Reduced circumstances—Hereditary	Melancholia.
1362	22	F	Unknown	93	Unknown	Mania.
1074	47	F	4 months	960	Unknown	Melancholia.
1202	27	F	6 weeks	493	Disappointed affections	Dementia.
1075	60	M	Unknown	964	Unknown	Melancholia.
1321	30	F	2 months	215	Unknown	Dementia.
1346	24	F	A few weeks	183	Dyspepsia—Hereditary	Mania.
1397	26	M	3 weeks	64	Disappointed affections	Melancholia.
1369	50	F	2 months	101	Ill usage of husband	Mania.

TABLE OF DISCHARGES.

NO. IN ADMISSION BOOK.	AGE ON ADMISSION.	SEX.	LENGTH OF TIME IN AN ASYLUM ON ADMISSION.	RESIDENCE IN ASYLUM IN DAYS.	SUPPOSED CAUSE OF INSANITY.	FORM OF DISEASE.
1368	33	F	1 month	105	Disappointed affections—Hereditary	Mania.
1394	36	F	2 or 3 weeks	46	Unknown	Mania.
1336	47	M	Unknown	190	Unknown	Mania.
1395	27	M	4 days	49	Unknown	Mania.
1334	57	F	Unknown	222	Unknown	Melancholia.
971	38	F	Some years	1322	Loss of sight	Acute melancholia.
1207	62	M	Unknown	535	Intemperance—Hereditary	Chronic mania.
1377	39	F	3 months	107	Reduced circumstances	Melancholia.
1329	55	M	3 months	181	Loss of property	Dementia.
1401	71	F	8 months	55	Fever	Chronic mania.
1355	76	F	Unknown	166	Reduced circumstances	Mania.
1325	43	F	Many years	269	Reduced circumstances	Mania.
1400	42	M	2 months	80	Blow on head—Hereditary	Mania.
1422	27	M	7 weeks	25	Anxiety about business—Hereditary	Mania.
736	60	F	Unknown	146	Loss of property	Recurrent mania.
1361	57	F	2 weeks	2031	Loss of property	Melancholia.
1322	47	F	Unknown	295	Unknown	Dementia.
1344	57	M	Unknown	234	Unknown	Melancholia.
1342	34	F	Unknown	275	Unknown	Melancholia.
1403	67	M	3 weeks	79	Hereditary	Mania.
1404	55	M	3 weeks	79	Reduced circumstances, fever, death of daughter	Melancholia.
1280	29	F	1 week	378	Vermes—Hereditary	Mania.
1409	23	F	5 days	357	Disappointed affections—Hereditary	Mania.
1363	57	F	2 weeks	203	Hysteria	Supposed malingering.
939	44	F	Unknown	1500	Unknown	Mania.
827	40	F	Unknown	1850	Unknown	Chronic mania.
1414	56	F	1 month	74	Death of son	Mania.
1108	20	F	3 weeks	932	Unknown	Melancholia.
1424	48	F	1 week	53	Attending on an insane person	Dementia.

NOTE.—One Patient sent out on trial and re-admitted. Two Insanities not been mentioned in the Report but have been mentioned in the Tables and were verified by the review.

OBITUARY.

NO. IN ADMISSION BOOK.	AGE AT DEATH.	TIME OF RESIDENCE IN ASYLUM.	FORM OF MENTAL DISEASE WHEN ADMITTED.	APPARENT CAUSE OF DEATH.
1263	57	112	Acute melancholia	Suicide—Strangulation.
1269	34	84	General paralysis	General paralysis.
1241	80	161	Chronic mania	Chronic pneumonia.
1267	34	87	Dementia	Results of apoplexy.
61	30	3428	Idiocy	Epilepsy.
174	53	3371	Mania	Phthisis.
422	66	2739	Mania	Disease of heart.
920	48	1261	Dementia	Phthisis.
1295	52	39	Melancholia	Pneumonia—Heart disease.
1115	49	598	Chronic mania	General paralysis—Apoplexy.
1194	51	337	Dementia	General paralysis—Asthma.
1085	45	731	Chronic mania	Ulceration of bowels—Diarrhœa for 3 years.
1275	51	117	Melancholia	Chronic pneumonia.
1060	38	857	General paralysis	General paralysis.
1317	27	45	Dementia	Epilepsy.
1117	49	437	Dementia	Apoplexy.
950	28	1175	General paralysis	General paralysis.
1183	65	410	Mania	Exhaustion.
1308	44	97	Mania	Cerebral decay.
504	37	2627	Epilepsy	Epilepsy.
484	56	2674	Chronic mania	Cerebral decay.
932	64	1319	Epilepsy	Empyema.
1349	72	27	Mania	Diarrhœa.
1166	44	526	General paralysis, with dementia	General paralysis.
1360	69	13	Dementia	Phthisis.
1370	60	13	Dementia	General paralysis.
1352	42	51	Idiocy	Enteritis.
374	54	2998	Chronic mania	Pneumonia—Disease of heart.

OBITUARY.

NO. IN ADMISSION BOOK.	AGE AT DEATH.	TIME OF RESIDENCE IN ASYLUM.	FORM OF MENTAL DISEASE WHEN ADMITTED.	APPARENT CAUSE OF DEATH.
1323	69	175	Dementia, with paralysis	General paralysis.
282	27	3361	Mania	Phthisis.
1289	65	185	Dementia	Gradual exhaustion.
671	48	2559	Mania	Dropsy—Disease of heart.
1373	62	150	Melancholia	Diarrhoea.
427	54	2943	Melancholia	Phthisis.
1006	70	1210	Melancholia	The decay of old age.
1282	17	266	Idiocy	Epilepsy.
195	71	3918	Monomania	Ulceration of the bowels.
1376	66	74	Dementia	Apoplexy.
1327	52	210	Melancholia	Phthisis.
872	56	1615	Recurrent mania	Phthisis.
1366	41	115	Mania	Epilepsy.
1343	42	118	Melancholia	Gradual exhaustion.
862	60	1657	Idiocy	Chronic pneumonia.
908	49	1562	Melancholia	Pneumonia.
1419	28	4	Mania	Epilepsy.
1175	55	622	Mania and general paralysis	General paralysis.
1421	67	12	Mania	Dropsy, from disease of the heart.
118	83	3659	Mania	Old age—Necrosis of ischium.
1359	45	198	Chronic mania	Anthrax.
6	64	3762	Monomania	Old age and chronic pleurisy.
1385	33	148	Melancholia	Gradual exhaustion.
1304	Unknown	351	Dementia	Necrosis of femur and abscess.
1020	34	1265	Imbecility and epilepsy	Epilepsy.
938	46	1503	General paralysis	Phthisis.
1405	67	110	Melancholia	Erysipelas.
180	38	3707	Idiocy	Dysenteric diarrhoea and epilepsy.

COUNTY TREASURER'S ACCOUNT, 1855.

DR.]	<i>Jan. to Dec.</i>	£. s. d.		CR.]	<i>Jan. to Dec.</i>	£. s. d.
To Balance due from Treasurer on the last Account		698 16 1		By Interest paid ..		1364 3 8
To received Two Rates (including the Stoke Damerel Half Rate)		3773 18 4		Principal paid off (leaving £30,500 due) ..		3000 0 0
		£4472 14 5				4364 3 8
				Balance due from the Treasurer..		108 10 9
						£4472 14 5

EDMUND WM. PAUL, COUNTY TREASURER.

BALANCE SHEET.

General Statement of Receipts and Payments of the Devon County Lunatic Asylum, for the Year 1855.

RECEIPTS.	£. s. d.		PAYMENTS.	£. s. d.
To Balance in hand, on 31st Dec., 1854 ..	798 9 2		For Salaries and Wages	1734 12 0
For County & Borough Patients	11028 0 8		Provisions	5878 10 2
From Sale of Oakum, Mats, Matting, Baskets, Rags, Bones, &c.	78 7 6		Necessaries, including Coals, Ironmongery, &c... ..	1223 17 2
Of Dr. Bucknill, for a Year's Rent of Field (less Income-Tax)	17 9 6		Surgery & Dispensary, including Wines and Spirits, &c.	205 12 8
			Bedding, Clothing, Leather, &c.	1389 18 4
			For Coir and Rope ..	73 15 0
			Miscellaneous Payments (not included under the above heads) ..	338 5 8
			Paid to Building and Repair Account ..	490 0 0
			Balance in Treasurer's hands..	587 15 10
	£11922 6 10			£11922 6 10

BUILDING AND REPAIR ACCOUNT.

Balance in hand, on 31st Dec., 1854 ..	£.	s.	d.		
Received by transfer from the Establishment Account ..	80	15	9		Paid Bills for Repairs and labor of Artizans
	490	0	0		323 3 7
					Messrs. Geare and Co., Law Charges.. ..
					38 16 6
					Mr. Drake, ditto ..
					65 5 3
					Balance in Treasurer's hands, .
					143 10 5
	£570 15 9				£570 15 9

WILLIAM MORGAN, CLERK AND STEWARD.

EXETER:
Printed by WILLIAM NORTON,
81, Sidwell-Street.