

**The first annual report of the Lincolnshire County Lunatic Asylum, at Bracebridge, near Lincoln : [from the opening of the asylum, 9th August, 1852, to the 31st December, 1853].**

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THE

FIRST ANNUAL REPORT

OF THE

LINCOLNSHIRE

COUNTY LUNATIC ASYLUM,

AT BRACEBRIDGE,

NEAR LINCOLN.


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1854.

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TO THE

VISITING JUSTICES

OF THE

LINCOLNSHIRE

COUNTY LUNATIC ASYLUM.

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GENTLEMEN,

From the opening of the Asylum which you have done me the honor to place under my superintendence, to the close of the year 1852, the period was so short, and the materials for a Report were, consequently, so scanty, that little more than a bare detail of the number of admissions, discharges, and deaths could have been presented to you at that time. The building remained yet to be fully tested as to its capabilities; the Attendants and Servants were necessarily, in many instances, but imperfectly acquainted with their duties; and the patients themselves were only just beginning to feel at home, and conform generally to the arrangements made for their welfare. It was, therefore,



thought more useful to include that period in the first of the Annual Reports which, in accordance with an established custom, it will be my duty to lay before you at the close of each year.

It is with satisfaction and gratitude that I am enabled to preface a review of the principal circumstances relating to the management of the Asylum with the statement that its progress has been steady and uninterrupted, and that it promises to answer fully the humane purposes for which it has been instituted.

The statistical tables which are appended have been compiled with every possible care, so as to show as many of the more interesting results of treatment and other matters in connection with the Patients as the numerical method will admit of.

The Asylum was opened for the reception of Patients on the 9th of August, 1852; and the Visitors' Orders for the transfer of those that were at that time confined in other Asylums, were issued with as much promptness as a due regard for their proper controul on arrival would allow. At the end of the year it was found that nearly all the Lunatics chargeable to the Unions in the County had been received from the Asylums,—a few who were confined under the warrant of the Secretary of State, and one male patient, whose ill-health rendered his removal unsafe, being the chief exceptions.

Utility of previous visits to the Patients.

The information obtained in my visits to the Patients previous to the opening of the Asylum proved of great advantage in facilitating, if I may so use the term, their early psychological grouping, and in affording the means of selecting suitable occupation for each case on



its arrival,—both of which are matters usually requiring lengthened observation. To this, and to the intervals judiciously allowed to occur in the issuing of the Visitors' Orders for the removal of Patients to the Asylum, are mainly to be attributed the entire absence of confusion and undue excitement which characterised the first opening of the wards.

On the 31st of December, 1853, the number of Patients who had been admitted was as follows, viz. :—  
84 men and 92 women from other asylums ; 8 men and 12 women from workhouses ; and 64 men and 57 women from their homes ; making a total of 317 Patients, of whom 156 were men, and 161 women.

Admissions.

Table III.

Seventeen men and 18 women were discharged recovered ; 5 men and 3 women (out-county patients) were removed to other Asylums ; and 19 men and 14 women died ; making the total of discharges and deaths 76,—41 men and 35 women.

Discharges and  
deaths.  
Tables I and II

The numbers remaining in the Asylum on the 1st of January, 1854, were 115 men and 126 women ; total, 241,

Remaining  
numbers.

The average daily resident number for the year 1853 was 228.23 ; and for the whole period of 17 months, 205.81.

Average resi-  
dent numbers.

The mortality was 10.41 per cent. of the whole number under treatment, and 16.03 per cent. of the mean resident number ; which, regarding the infirmities and bad bodily condition of a large number of the Patients when admitted, is by no means an unfavourable result.

Per centage of  
mortality.

As usually happens at the first opening of County Lunatic Asylums, a large proportion of the admissions

State of Patient  
on admission.



were hopeless cases of chronic insanity, which for years previously had been confined in Asylums, or under surveillance in workhouses or with friends. Out of the 317 cases, 224 had been insane more than 12 months: as many as 81 were imbecile, fatuous, or idiotic; in 24 cases the mental disorder was complicated with epilepsy or paralysis; and in 22 the still more formidable disease, general paralysis, was pursuing its fatal course.

The propriety of removing many of these cases to the Asylum might, indeed, justly be questioned both in an economical and moral point of view. Poor, aged people, imbecile and peevish, and tottering under accumulated infirmities; helpless paralytics, prostrated in mind and limb, and requiring only the attention of an ordinary nurse to remove irritability arising from a sense of discomfort; sufferers whose minds wander just before succumbing to some severe and exhausting bodily disease, are certainly not cases demanding treatment in County Asylums as they are at present constituted. They would be less expensively taken care of in Workhouses, or amongst their friends, under the observation of the Medical Officers of the Unions; and the increased sufferings often attendant on a journey to the Asylum might be humanely spared them.

In cases of recent occurrence, however, the importance of early removal cannot be too strongly urged. All experience and all authority, from the time of Willis, whose name will be an ever verdant honor to this county, assert that when once insanity is manifested, the very foundation of curative treatment consists in removing the patient from the external influences which have occasioned or are likely to protract the disorder,

Improper cases brought to the asylum.

Necessity of early removal to the Asylum.



in overcoming resistance to remedial agents, and in adopting an appropriate regimen and diet. These conditions of treatment, so far at least as the indigent classes are concerned, can only be complied with by removal to an Asylum ; and any delay in effecting this, whether from false economical motives on the part of parish authorities, or from repugnance of friends to the separation, is fraught with injury to the patient and ultimate expense to the ratepayers. A week's procrastination may protract the treatment to months ; a month's delay may allow a favourable crisis to pass by unimproved, and determine the chronic stage of the disease.

Asylum-statistics everywhere point unequivocally to the fact that the curability of insanity is in direct ratio to the recentness of the attack. As many as four-fifths of the uncomplicated cases recover if brought under judicious treatment in the earliest stage of the disorder ; after a lapse of three months the chances of cure are materially lessened, and they continue still further to diminish in proportion as the duration of the disorder increases. After twelve months the recoveries are comparatively few ; and beyond two years they are scarcely to be looked for.

Curability of  
insanity.

The neglect of prompt early treatment is the most fruitful source of the rapid accumulation of chronic cases in our County Asylums, and is already operating to that effect on this institution. Patients have been too often permitted to remain with their friends until their disorder has been converted by home-treatment from a curable into an incurable form ; and the propriety of their removal to the Asylum has not been

Consequences  
of neglect of  
early treatment



Table XII.

considered until they have manifested dangerous propensities, become fatuous, or filthy in their habits, or in any other way troublesome to those who had charge of them. Out of the 121 cases brought to the Asylum from their homes, 30 only had been insane less than three months. Deducting one-third of these (a large proportion) as incurably complicated cases from the first, four-fifths of the remainder, or sixty-four, would in all probability have been cured and returned to their friends if proper treatment had not been delayed. As it is, no such result can be anticipated; and it is feared that a large majority of them must remain separated from their families, and be a burthen on the ratepayers for life. The same remark will equally apply to all the cases admitted. Had they each received judicious early treatment, the number of chronic cases brought to the Asylum would have been about 148 instead of 224.

Cause of rapid  
falling of the  
Asylum.

From the operation of these two causes, viz.:—the sending of imbecile, helpless and harmless cases, and the withholding of recent ones, the Asylum was nearly full within twelve months of its being opened, although capable of accommodating more than 100 Patients beyond the number ascertained to be in confinement at the time the plans were decided on.

Table XIII.

Previous occu-  
ation. Heredi-  
ary taint pro-  
bably very gene-  
al.

As would be expected in a county whose population is essentially agricultural, the admissions have included a large number of farm-labourers, their wives and families. From the healthful and unexciting nature of its employment, it might be supposed that such a population should enjoy a larger immunity from insanity than that of manufacturing counties, but such does not appear to be always the case. The proportion of



insane paupers to the population of Lancashire is as 1 to 1083, in the West-Riding of Yorkshire as 1 to 1176, and in Staffordshire as 1 to 1079; while in Lincolnshire it is as 1 to 806—a proportion which, it is believed, is largely attributable to hereditary predisposition. In many of the cases received from the towns the mental disorder has been distinctly traceable to habits of intemperance and dissipation; but in those coming from the rural districts of the county such causes have been comparatively rare, and a congenital want of mental power to resist ordinary excitants and depressants has appeared pretty generally to have been the “*fons et origo mali*.”

In respect of education, only 59 of the Patients received were tolerably well informed for their station; 106 could read and write indifferently, and rather mechanically than otherwise; 68 could read only; and the remaining 84 could neither read nor write. Some efforts have been already made to instruct a few of them in reading, and the results lead to the hope that if a more extended plan of education were adopted much immediate and prospective benefit would ensue. The Chaplain and House-Steward have kindly expressed their willingness to aid in organising a school on each side of the Asylum, and it is hoped that, ere long, both will be in operation. A small outlay in books, maps, &c., will be required.

The great advantages arising from the useful occupation of the Patients, especially in out-door labor, are too well known to require any comment. On the men's side, with a daily average of 107 Patients, 82 has been the average number employed, and of these, 45

Table V.

Education.

Employment  
of the Patients  
—males.

Table XIV.



Work done.

has been the average daily number at work on the grounds. The whole of the building-rubbish has been cleared away; the airing-courts and approaches to the Asylum laid-out and planted; 34 chains of cart-road made; about 2000 tons of vegetable soil wheeled and spread; and spade husbandry applied to 10 acres of ground: besides which, about 10 acres of potatoes have been planted and dug, and 9 acres of barley and oats harvested and prepared for market. For the whole of this work no paid labourers were engaged; the Patients, under the direction of the Farm-bailiff and Gardener, have been the true wizards of the soil. But, however profitable the labor of lunatics may be made to appear, due regard has always been paid to the facts that they are all more or less the subjects of bodily infirmity, and that labor, of whatsoever kind, can only be useful to them in proportion as it increases or maintains their bodily health and diminishes their mental excitability. The number of hours employed in daily labour by the Patients will, therefore, be found considerably less than those of an ordinary workman; but it has been ample to meet the curative and palliative indications in that direction, and left sufficient time for the use of other agents of almost equal importance in their treatment.

Employment  
of the Patients  
females.

Table XV.

The female patients have not been less industrious than the males. Four-fifths of them have been regularly employed in the laundry, wash-house, kitchen &c., and at needlework, of which, it will be seen from a table in the appendix, no inconsiderable amount has been done.

The amusement and recreation of the Patients have received that attention which their importance merits. A brass band has been formed in the Asylum, the Patients of both sexes have frequently met in evening



dances, amusing exhibitions have taken place, light periodical literature has circulated through the wards, and various simple games been introduced amongst them, all of which has tended to relieve their minds from the monotony which is prone to attach itself to asylum life. The Patients' galas at Christmas and New Year were especially enjoyed; more than two-thirds of them assembled in one of the galleries, which had been previously decorated with evergreens, banners, &c., and passed those evenings in music, dancing, and other social amusements without the slightest breach of decorum or inducement of after-excitement. Such, indeed, has always been the result of their entertainments; and, on the whole, I believe that permanent advantages have been derived from them. As soon as the airing-courts are grassed, the formation of a bowling-green will form a valuable acquisition in affording an additional means of recreation out-of-doors.

Amusements  
and recreation.

The ordinary dietary, a table of which is appended, has been found very suitable, and at the same time satisfactory to the Patients. All the meals are served in the wards, and every Patient who is capable of using a knife and fork is supplied with them.

Dietary.

A few instances of refusal of food have occurred, but with the exception of one female Patient yielded to change of diet and medical treatment. The Patient alluded to fell, soon after her admission, into a cataleptic state, during which no inducement whatever succeeded in getting her to swallow anything. If her mouth was opened, and food put into it, she would remain with the food resting on her tongue until somebody removed it. After several days' abstinence her strength began to

Refusal of food.



fail, and the odour of her breath indicated that feeding could be no longer delayed with safety. The stomach-pump was employed three times a day, without her offering the least resistance, for six weeks, when her health became much improved, and she began to eat again of her own accord. She subsequently mended very rapidly, and has since been discharged quite recovered.

General health  
of the Patients.

The general health of the Patients has been uniformly good. No epidemic of any kind has occurred among them. While the neighbourhood of Lincoln and other districts in the county have been swept by scarlatina, but two mild cases of that disease have arisen in the Asylum. A reference to the obituary will shew that the mortality has chiefly affected the old and enfeebled chronic cases, and that very few have died from disease developed during their residence in the Asylum.

Inquests.

Inquests have been held in four cases. The first was a young epileptic female, whose death occurred during a paroxysm of epilepsy shortly after going to bed. From the position in which she was found a few minutes after her death, it was thought possible that she had turned on her face during the fit, and been suffocated in the pillow. To prevent the liability to such an occurrence as this, pillows are now in use amongst the epileptics which would not impede respiration in the event of any of them turning on their faces. The second case was a male Patient, whose death was sudden and without premonitory symptoms of fatal disease. It was ascertained on post-mortem examination that ulceration and perforation in the upper portion



of the intestinal canal had taken place, and that a quantity of half-digested food had passed into the abdominal cavity. The third case was a male Patient, who committed suicide by suspending himself to a window shutter in one of the single-bedded rooms. He had been in the Asylum ten months, was uniformly industrious and orderly in his habits, and was neither reported, nor suspected by any one to harbour any suicidal propensity. He had, consequently, not been placed under the precautionary treatment adopted towards the known suicidal Patients. The fourth case was also a male Patient, who died in consequence of his ribs having been severely injured during a paroxysm of maniacal violence, and while two of the Attendants were conveying him down a flight of stairs for the purpose of placing him in a padded-room. The verdict returned by the jury was "Homicide by misadventure." The whole of the circumstances attending the case were subsequently investigated at a Special Meeting of the Visitors, who were of opinion that the verdict of the inquest was entirely supported by the facts.

Suicidal Patients must ever be a source of deep concern to those entrusted with their care, inasmuch as the most systematic vigilance is often baffled by their cunning, and a few minutes' inadvertence of a really good attendant may at any time frustrate the treatment of months. Thirty-eight of the cases received were reported on admission to be of this kind; but hitherto the means employed have been successful in preventing any effective attempts at self-destruction from occurring amongst them, and in some instances apparently removed the suicidal disposition altogether. Instru-

Suicidal  
Patients.

Table X.



Their treatment.

ments of danger and objects likely to be suggestive of suicide have been kept out of their way, and every endeavour used to render them cheerful and reconcile them to life. During the day they have been employed as far as possible in useful, stirring occupations, and carefully watched. At night, they have been placed to sleep in a lighted dormitory with other Patients, or, if noisy, in separate rooms, from which everything facilitating their object has been removed; and under either circumstance frequently visited by the Night Attendant, or constantly watched, as may have been found necessary. In most of these Patients the propensity to suicide has been found to exist in combination with general debility, or some functional disturbances of the viscera; and the remedies which have been employed to remove these symptoms have generally also been followed by marked mental improvement.

Recoveries.

Seventeen men and 18 women have been discharged recovered; in all 35, the majority of whom, it will be seen by reference to the table, were cases of recent occurrence at the time of admission. Only four of these Patients have been re-admitted, and it is hoped that the others are now permanently well.

Relapses.

Escapes.

The escapes have been few, and those invariably effected by Patients who were employed on the grounds or in some confidential occupation about the premises. Most of them were re-captured by the Attendants, but three succeeded in getting clear away, and were not again heard of until brought back by the Police or Union Officers. Every attention has been paid to prevent the recurrence of these escapes; but without establishing a rigour of discipline which would be more



appropriate to a prison than an hospital for the insane, it is feared that they will still continue occasionally to occur.

When the moral treatment of the Patients is "individualised" and many of them employed out of the wards, as is the case in this Asylum, their in-door classification admits of, and, indeed requires many modifications which would otherwise be impracticable. The epileptics, the fatuous, and the helpless paralytic cases are, for the most part, best separated as a class from the other Patients. The attentions required by them are peculiar; and, as they neither derive nor confer benefit by association with other Patients, a ward on the ground-floor on each side of the Asylum is appropriated to them. Another ward on each side is set apart for the use of Patients who are daily employed by the Gardener, Farm-bailiff, Laundress, Cook, &c., and is consequently always empty during working hours in fine weather. Most of the aged and infirm who are incapable of out-door occupation occupy a third ward. In a fourth ward are placed Patients who are for any length of time continuously noisy or dangerous (which is not of frequent occurrence); and ordinarily tranquil and industrious Patients occupy the fifth ward. Excitable and occasionally noisy Patients are distributed throughout the whole of the wards, care being taken to associate them with other Patients whose mental influence shall be antagonistic to their morbid feelings, and corrective of their erroneous ideas. The position of such Patients in the dormitories at night is especially attended to. The results of this arrangement have been that any disturbance in the



wards either by day or night has been unusual, quarrels and contensions comparatively rare, and cheerfulness and vivacity everywhere common. For weeks together it frequently happens that not a sound is heard from the Patients during my accustomed night-visit to the wards.

No Infirmary. With the exception of a large dormitory, away from and above the wards on each side of the Asylum, for the treatment of any contagious disease that might be introduced, no part of the building is specially set aside as an infirmary. The whole Asylum is regarded as an hospital, and every ward has been made replete with all the requisites for the care of the sick. The collection of all the malaria of disease into one focus is, of itself, very objectionable in a hygienic point of view ; but there are other considerations which render the operation of Asylum-infirmaries still more objectionable, if, indeed, they are ever carried out. Patients in many instances grow attached to the attendants under whose care they have been placed, and have many agreeable associations with their ward companions. To sever them abruptly from these attachments would not seem to promise much benefit, but, on the contrary, tend to make them uneasy. Again, many ordinarily quiet Patients often manifest considerable mental excitement under the accession of bodily disease ; epileptics and paralytics, habitually well-behaved and habitually ill-behaved Patients are, of course, equally liable with others to sickness ; and to congregate all these in one ward under the care of a nurse who has to go over the path previously trodden by their former attendants in gaining their confidence and learning their peculiarities

Objections to  
Infirmaries in  
Asylums.



of mind and habits, is simply to invite a scene of confusion and distress, and probably to undo the labours of many months' treatment. An arrangement of Patients once made after due consideration of their mental condition and mutual influences in association, should only be modified as modifications take place in their mental disorder, and not merely on account of any casual bodily illness.

It has happily become quite superfluous to point out the advantages derived in Asylums from the discontinuance of mechanical restraint. The moment, however, is not inopportune for observing that no instrument of restraint of any kind is ever employed in this institution, and that the seclusion of a patient in his room is rare, and then chiefly to meet some requirements in medical treatment.

Mechanical  
Restraint never  
employed.

About two-thirds of the Patients have regularly attended Divine Service in the chapel every Sunday. Very few interruptions have occurred; and their attention and propriety of demeanour while listening to the excellent sermons of our kind-hearted Chaplain have been most striking. Considerable progress has been made in instructing the Patients to sing; but in the absence of an organ, the want of which is much felt, many defects in this respect will be likely to continue. The Chaplain's visits to the sick, and his intercourse with the Patients generally, have been guided by sound judgment, and received with much satisfaction.

Divine Service.

The Committee will be pleased to learn that the building, both in its internal arrangements and in its solidity of construction, has fully justified the favorable impressions entertained of it. The severity of the

Stability and  
convenience of  
building.



present winter has somewhat roughly tested its strength and durability, but neither gales, snow, nor frost has in any way done mischief to it; not a slate has been displaced, and, with the exception of the pavement of the kitchen-yard which has perished a little from the frost, no sign of decay is anywhere apparent.

Warming and  
ventilation.

The warming and ventilation introduced by Mr. Price has, after some modifications, proved perfectly successful. During the extreme cold of this winter, when the thermometer was standing at  $14^{\circ}$  Fahr. out of doors, the temperature in none of the wards descended so low as  $50^{\circ}$ , and the Asylum throughout has been free from bad odours. The management of the apparatus has been found perfectly simple, and warm air or cold air can be readily introduced at any time without interfering with the removal of foul air.

Farm.

The farm will naturally not be expected to have been very productive during its first year; but after clearing all expenses it is found to leave a small balance to profit, and from its present forward state it promises to form a valuable feature in the economy of the Asylum for the future.

Gas-works and  
brew-house.

The gas-works and brew-house have also been in successful operation, and it is hoped that the price at which gas has been produced will be satisfactory to the Committee.

Weekly rate.

In consequence of the steady increase in the price of provisions, and, indeed, of almost every article of consumption since the Asylum was opened, the weekly rate has not shown that tendency to diminish which it would certainly have otherwise done; and the present contract prices are unfortunately still more unfavorable



than any preceding ones. The average cost per week per patient has been 10s. 8½d., which is nearly two shillings more than it would be now if the prices were the same as at the opening of the Asylum.

In the organisation of the Asylum, as well as in the continued attention devoted by him to everything connected with the well-being of the Patients, I have to acknowledge the valuable aid received from the Assistant Medical Officer, Dr. Fanning; and also the ready assistance ever afforded by the House-Steward, Mr. Kirkup, whose duties during the past year have been unusually arduous.

Officers.

The Attendants and Servants, with the exception of the few who have been dismissed, have been creditable in their demeanour and faithful in the discharge of their duties. They merit my warmest thanks for the unwearied attention which they have always shown to the Patients under their charge, and for the readiness with which they have carried out all directions given to them.

Attendants and  
servants.

In conclusion, permit me, Gentlemen, to return you my best thanks for the uniform support and consideration with which you have favoured me in the onerous task of opening and conducting an important Institution, and to subscribe myself,

Your most obedient, humble servant,

EDWD. PALMER, M.D.,

Superintendent.

February, 1854.



TABLE I.

*Admissions, Discharges, and Deaths, from the Opening of the Asylum to December 31st, 1852.*

	M.	F.	Total.
Admitted from Aug. 9, 1852, to Dec. 31, 1852.....	100	111	211
Discharged—	M.	F.	Total.
Recovered .....	0	1	1
Not Recovered .....	0	1	1
Died .....	2	1	3
Total Discharged and Died.....	2	3	5
Remaining in the Asylum, January 1, 1853.....	98	108	206
Average Daily Resident Numbers .....	72.27	76.69	148.96

TABLE II.

*Admissions, Re-admissions, Discharges, and Deaths during the year 1853.*

	M.	F.	Total.
Remaining in the Asylum, January 1, 1853.....	98	108	206
Admitted during the year .....	51	49	100
*Re-admissions during the year.....	5	1	6
Total under treatment during the year.....	154	158	312
Discharged—	M.	F.	Total.
Recovered .....	17	17	34
Not Recovered .....	5	2	7
Died .....	17	13	30
Total Discharged and Died .....	39	32	71
Remaining in the Asylum, January 1, 1854.....	115	126	241
Average Daily Resident Numbers .....	107.78	120.45	228.23

\* Of these 4 men had relapsed after having been discharged recovered, 1 man had escaped, and the woman, an out-county case, had been removed to another Asylum, and thence discharged.



TABLE III.

*Number of Patients admitted from each Union from August 9th, 1852, to December 31st, 1853, distinguishing between those brought from Asylums, the Workhouses, and their own Homes.*

UNIONS.	ADMITTED.						DISCHARGED.						REMAINING		
	From Asylums.			From Workhouses.			From Homes.			Total.			December 31, 1853.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston .....	10	11	20	2	..	2	8	1	33	4	1	1	5	2	7
Bourn .....	2	2	3	..	..	3	1	..	26	1	..	..	1	1	1
Brigg .....	6	11	14	..	1	15	8	..	29	1	..	..	2	3	5*
Caistor .....	3	6	5	..	..	7	..	..	12	..	..	..	2	13	25*
Gainsborough .....	3	2	4	..	..	4	..	..	8	1	2	..	1	5	8
Grantham .....	6	5	10	1	..	10	3	..	21	..	..	..	3	3	6
Holbeach .....	4	7	6	..	..	14	2	..	21	..	..	..	5	6	11
Horncastle .....	5	2	7	..	..	14	2	..	20	..	..	..	..	13	19
Lincoln .....	12	14	26	..	..	7	14	..	14	..	2	..	2	5	10*
Louth .....	6	7	15	2	3	26	7	..	52	4	8	2	8	18	32
Newark .....	2	2	4	..	..	16	14	..	31	1	2	..	4	11	25
Peterborough .....	2	1	2	..	..	4	2	..	8	1	..	..	1	3	7
Spalding .....	6	5	15	..	..	2	..	..	3	1	..	..	1	1	2
Spilsby .....	4	5	6	..	2	10	9	..	25	2	1	..	3	12	21
Stamford .....	11	8	14	..	..	11	2	..	17	..	..	..	1	5	15*
Thorne .....	1	2	1	..	..	12	3	..	26	1	1	2	3	11	20
County of Lincoln	..	1	4	1	..	3	..	..	4	..	..	..	..	3	4
	..	1	1	..	..	7	2	..	1	..	..	..	2	2	4*
	..	1	..	..	..	1	..	..	1	..	..	..	..	1	1*
Total .....	84	92	156	8	12	161	64	57	317	17	18	14	41	35	76
													115	126	241

\* From transfers of legal settlements which have been made since the admission of the Patients, the numbers remaining in the Asylum chargeable to the Boston Union were 16 males and 11 females—total 27; to the Bourn Union, 2 males and 4 females—total 6; to the Brigg Union, 10 males and 13 females—total 23; to the Horncastle Union, 5 males and 4 females—total 9; to the Spalding Union, 5 males and 11 females—total 16; to the Thorne Union, 2 males and 1 female—total 3; and to the County of Lincoln, 1 male and 1 female—total 2.



TABLE IV.

*Under whose Authority the Patients were admitted.*


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Under Orders of—	M.	F.	Total.
Two Visiting Justices (removed from Private Asylums)	70	76	146
Two Justices of the Peace (ill-treated).....	0	1	1
Justice of the Peace and Relieving Officer .....	55	61	116
Officiating Clergyman and Relieving Officer or Overseer	24	21	45
Secretary of State .....	7	2	9
	<hr/>		
Total	156	161	317

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TABLE V.

*Degree of Education in the Patients admitted.*


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	M.	F.	Total.
Read and Write .....	57	49	106
Read .....	21	47	68
Fair Education .....	32	27	59
Neither Read nor Write .....	46	38	84
	<hr/>		
Total	156	161	317

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TABLE VI.

*Religious Profession of the Patients admitted.*


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	M.	F.	Total.
Church of England.....	88	87	175
Wesleyan Methodist .....	20	29	49
Primitive Methodist .....	5	21	26
Baptist .....	2	2	4
Independent .....	0	3	3
Roman Catholic .....	5	2	7
Unknown .....	35	5	40
None .....	1	12	13
	<hr/>		
Total	156	161	317

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TABLE VII.

*Civil Condition of the Patients admitted.*


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	M.	F.	Total.
Unmarried .....	79	71	150
Married .....	66	64	130
Widowed .....	11	26	37
	<hr/>		
Total	156	161	317

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TABLE VIII.

*Causes of Mental Disorders, so far as ascertained.*

	M.	F.	Total.
Predisposing Causes—			
Hereditary Predisposition .....	13	18	31
Congenital Weakness of Mind .....	2	6	8
Infantile Convulsions .....	0	1	1
Nervous Temperament .....	0	10	10
Tubercular, or Strumous Disease .....	0	4	4
Periodic Headache .....	0	1	1
Debility and Exhaustion .....	0	1	1
Poverty and Destitution.....	0	2	2
Advanced Age .....	2	4	6
	<hr/>		
Total	17	47	64
	<hr/>		
Exciting Causes—Physical			
Epilepsy .....	9	17	26
Paralysis .....	2	8	10
Injury of the Head .....	3	3	6
Sunstroke .....	1	0	1
Intemperance .....	20	7	27
Fever .....	0	2	2
Syphilis .....	1	0	1
Heart Disease .....	0	1	1
Chronic Ulcers .....	0	2	2
Exhaustion .....	1	0	1
Disordered Menstruation .....	0	5	5
Puerperal Disorders .....	0	12	12
Moral—			
Domestic Troubles and Anxieties .....	4	13	17
Reverse of Circumstances .....	0	3	3
Religious Excitement .....	3	3	6
Intrigue and Disappointed Affections .....	1	2	3
Vicious Life and Habits .....	1	1	2
Unknown .....	110	82	192
	<hr/>		
Total	156	161	317
	<hr/>		



TABLE IX.

*Forms of Mental Disorder of the Patients on Admission.*


---

	M.	F.	Total.
Monomania .....	13	10	23
Melancholia.....	7	11	18
Mania—			
Recent and Acute .....	21	16	37
Chronic .....	78	68	146
Remittent and Intermittent .....	2	8	10
Hysterical .....	0	2	2
Dementia—			
Imbecility (acquired).....	29	23	52
Fatuity .....	0	4	4
Amentia—			
Imbecility (congenital) .....	5	17	22
Idiocy .....	1	2	3
	<hr/>		
Total	156	161	317

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TABLE X.

[ *Shewing some of the more serious Complications of the Mental Disorder in the Patients on Admission.*

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	M.	F.	Total.
Suicidal Tendency manifested in .....	15	23	38
Epilepsy .....	8	13	21
Paralysis .....	6	9	15
Epilepsy and Paralysis .....	2	4	6
General Paralysis .....	20	2	22

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TABLE XI.

*Ages at the First Attack and upon Admission.*

AGE.	Age at First Attack.			Age on Admission and Re-admission.		
	M.	F.	Total.	M.	F.	Total.
Under 5 years.....	6	20	26			
From 5 to 10 years .....	...	2	2			
„ 15 „ 20 „ .....	7	12	19	3	9	12
„ 20 „ 30 „ .....	33	31	64	14	24	38
„ 30 „ 40 „ .....	38	39	77	41	31	72
„ 40 „ 50 „ .....	35	29	64	34	38	72
„ 50 „ 60 „ .....	20	13	33	38	29	67
„ 60 „ 70 „ .....	11	9	20	18	17	35
„ 70 „ 80 „ .....	6	4	10	7	11	18
„ 80 „ 90 „ .....	...	2	2	1	2	3
Total	156	161	317	156	161	317

TABLE XII.

*Duration of Mental Disorder on Admission.*

	M.	F.	Total.
FIRST CLASS.—Cases of the first attack, of not more than three months' duration ... ..	19	11	30
SECOND CLASS.—Cases of the first attack, of more than three but not more than twelve months' duration .....	15	16	31
THIRD CLASS.—Cases not of the first attack, and of not more than twelve months' duration .....	13	19	32
FOURTH CLASS.—Cases, whether of the first attack or not, of more than twelve months' duration .....	109	115	224
	156	161	317



TABLE XIII.  
*Occupation and Station of the Patients.*

MALES.		FEMALES.	
	No.		No.
Bakers .....	2	Beershopkeeper .....	1
Basketmaker .....	1	Charwomen .....	2
Brewer .....	1	Servants.....	39
Bricklayers .....	3	Dress-makers.....	3
Brickmakers .....	4	Housekeepers .....	2
Butchers .....	3	Lacemaker.....	1
Coach-builder .....	1	Nurse.....	1
Cabinet-makers and Joiners.....	5	Prostitutes .....	2
Cattle-oil seller .....	1	Schoolmistress .....	1
Coal-porters .....	2	Strawbonnet-maker .....	1
Drapers and Grocers.....	4	Tollbar-keeper .....	1
Farmers and Cottager .....	3	Wives, Widows, and Daughters of	
Fisherman, Watermen, and Sailors	6	Waterman, Fisherman, & Sailors	5
Gardeners .....	2	Bricklayers .....	2
Grooms .....	2	Brickmaker .....	1
Hairdresser .....	1	Brushmaker .....	1
Harness-maker .....	1	Baker.....	1
Hawker and Carrier .....	2	Cottagers and Farmers.....	5
Labourers .....	72	Exciseman.....	1
Lawyer's Clerks .....	2	Huntsman .....	1
Miller.....	1	Labourers .....	55
Millwrights .....	3	Machine-man .....	1
Scavenger .....	1	Plumbers and Painters.....	4
Schoolmasters .....	3	Publicans .....	2
Shoemakers .....	7	Railway Porter .....	1
Smiths .....	5	Shoemakers .....	4
Pensioner .....	1	Schoolmasters .....	3
Tailors .....	4	Tailor .....	1
Tidewaiter.....	1	Soldier .....	1
Toymaker .....	1	Smith.....	2
Weavers.....	2	Sweep .....	1
Pig Drover.....	1	None .....	12
Upholsterers .....	3	Unknown .....	3
None ... ..	3		
Unknown .....	2		
	<hr/> 156		<hr/> 161

TABLE XIV.

*Average Number of Male Patients daily employed.*


---

On the Farm .....	45
In the Kitchen .....	2
„ Dispensary .....	1
„ Tailor's Shop .....	1
„ Engineer's Department .....	1
„ Steward's „ .....	6
Assisting Houseporter .....	1
Helping in the Wards.....	25
<hr/>	
Total average number employed .....	82
Average sick and otherwise incapable .....	25
<hr/>	
Average daily resident number .....	107
<hr/>	

## Farm labour :—

Greatest number of Patients employed on any one day .....	89
Number of male Patients in the Asylum on that day .....	107
Number of Patients per cent., employed on that day .....	83.17
Greatest average number of hours per week, per Patient, employed in farm-labour .....	27.77
Average number of hours per week, per Patient, employed in farm-labour.....	18.39
Total time of labour—59,324 hours—calculated at 10 clear hours per day .....	Wks. Days. 988 4
Number of men required to do the same amount of work in the same number of days, working the average labourer's time of 10 hours a day .....	14.2
Ratio of Patients to ordinary labourers .....	as 1 to 3.22
<hr/>	
Wks. Days.	
Value of Patients' farm-labour, 988 4 @ 10s. per week...	£ s. d. 494 6 8



TABLE XV.

*Number of Female Patients daily employed. Dec., 1853.*


---

Laundry .....	25
Kitchen .....	7
Residences .....	4
Needlework and helping in the wards .....	49
Knitting .....	15
	<hr/>
Total employed .....	100
Sick and otherwise incapable.....	26
	<hr/>
	126
	<hr/>

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*Needlework done by the Female Patients, 1852—1853.*

Aprons .....	322
Bedcases .....	86
Blankets and rugs marked .....	770
Dusters .....	45
Flannel vests .....	152
Gowns .....	77
Handkerchiefs .....	752
Night-caps .....	95
Night-gowns.....	60
Petticoats .....	82
Pillows .....	12
Quilted blankets .....	7
Shifts .....	154
Shirts .....	181
Shrouds .....	22
Stockings made .....	212 pairs.
Do. marked .....	500 pairs.
Do. re-footed .....	21 pairs.
Tablecloths .....	136
Towels .....	439
Window-curtains .....	12
Women's day-caps .....	146
	<hr/>
Total new work .....	4,283 pieces.
	<hr/>
Sundry repairs .....	10,158 pieces.



## XVI.

TABLE OF RECOVERIES.

No. in Register.	Age and Civil State when Admitted.	Sex.	Length of Time Insane when Admitted.	Duration of Residence in the Asylum.	Supposed Cause of Insanity.	Form of Mental Disorder.
113	56 years—married.	M.	14 years.	393 days.	None assigned.	Chronic mania.
97	46 years—single.	F.	4 years.	328 days.	Nervous temperament—sedentary habits—nursing and death of father.	Chronic mania.
283	30 years—married.	M.	1 week.	31 days.	Fever.	Mania.
224	44 years—married.	F.	2 weeks.	199 days.	Want and ill-treatment by husband.	Mania (suicidal).
271	46 years—married.	F.	3 weeks.	52 days.	Hereditary predisposition—religious enthusiasm.	Acute mania.
267	45 years—married.	F.	2 weeks.	81 days.	None assigned.	Mania.
261	45 years—single.	M.	5 weeks.	120 days.	Intemperance.	Mania.
269	56 years—married.	M.	2 weeks.	94 days.	Exhausting illness.	Acute mania.
284	33 years—married.	F.	1 week.	61 days.	Parturition and uterine disease.	Mania.
272	30 years—widowed.	F.	3 months.	112 days.	None assigned.	Melancholia.
256	42 years—married.	F.	3 months.	197 days.	Parturition.	Mania (suicidal).
29	30 years—married.	F.	2 years.	128 adys.	Pregnancy and labour—hereditary predisposition.	Chronic mania.
25	46 years—married.	F.	2½ years.	133 days.	Ill-treatment by her husband.	Chronic mania.
116	54 years—married.	M.	1 year.	105 days.	Disappointment in business—hereditary predisposition	Chronic mania.
4	35 years—married.	M.	4 months.	213 days.	Domestic troubles.	Melancholia.
2	37 years—single.	M.	3 weeks.	227 days.	Coup de soleil.	Mania.
214	35 years—single.	M.	2 weeks.	79 days.	Hereditary predisposition.	Mania, congenital imbecility
73	51 years—married.	M.	4 years.	339 days.	Hereditary predisposition.	Suicidal melancholia.
31	54 years—married.	M.	1 year.	228 days.	Hereditary predisposition.	Melancholia.
147	66 years—single.	F.	9 years.	197 days.	None assigned.	Chronic mania.
30	28 years—single.	F.	Several years.	290 days.	Nervous temperament—Dysmenorrhœa.	Mania, with hysteria.
230	34 years—single.	M.	2 weeks.	58 days.	Intemperance.	Acute mania.
228	72 years—widowed.	F.	1 week.	77 days.	Fever.	Recurrent mania.
223	65 years—widowed.	F.	2 years.	90 days.	Reverse of circumstances.	Chronic mania.
198	58 years—widowed.	F.	2 weeks.	210 days.	Poverty, want, and anxiety.	Mania.
1	20 years—single.	M.	2 weeks.	323 days.	Death of master, and transfer of indentures.	Religious monomania.
52	64 years—married.	M.	1 week.	338 days.	Old age—habitual eccentricity.	Mania
215	64 years—single.	M.	6 weeks.	197 days.	Want of success in undertakings.	Chronic mania.
10	70 years—married.	M.	3 years.	357 days.	None assigned.	Monomania of suspicion and fear.
180	45 years—married.	F.	1 week.	281 days.	Desertion by her husband.	Mania.
21	34 years—single.	F.	1 week.	353 days.	Epilepsy, and abuse of laudanum.	Mania.
240	37 years—married.	F.	2 weeks.	107 days.	Recent labour.	Mania.
248	32 years—married.	M.	3 weeks.	99 days.	Dilation of heart—domestic troubles & intemperance.	Mania.
141	23 years—single.	F.	23 years.	459 days.	None assigned.	Congenital imbecility, with occasional excitement.
309	77 years—married.	M.	1 month.	54 days.		Mania.



No. in Register.	Age at Death and Civil State.	% of	Form of Mental Disorder and Bodily Condition when Admitted.	Length of time Insane before Admission.	Duration of Residence in the Asylum.	Assigned Cause of Death.	Principal Morbid Appearances after Death.
144	48 years. Married.	M.	Chronic mania—paralysis, exhaustion.	Unknown.	7 days.	Chronic cerebritis. Paralysis.	Arachnoid opaque; sero-sanguineous effusion into arachnoid cavity; thin, recent coagulum on posterior lobe of left hemisphere; serous infiltration of sub-arachnoid tissue; congestion of pia mater; atrophy of convolutions; inflammatory degeneration of grey matter of posterior lobes; induration of substance of brain; effusion into right ventricle. Omentum adherent to intestines—transverse colon displaced; numerous contractions in colon and rectum.
138	19 years. Single.	F.	Congenital imbecility, with epilepsy and paralysis. Indifferent bodily health.	19 years.	30 days.	Epilepsy.	No "post-mortem."
139	44 years. Married.	M.	Dementia, with general paralysis. Very bad health.	2 years.	41 days.	General paralysis.	Arachnoid opaque; serous infiltration of sub-arachnoid tissue; thin, brownish coagulum on the upper and posterior surface of the right hemisphere; substance of brain very firm; convolutions atrophied; inflammatory degeneration of grey matter of posterior lobes in various stages of progress. Colon displaced and irregularly contracted.
87	47 years. Married.	M.	Dementia. Bad bodily health.	Unknown.	129 days.	Ulceration and perforation of intestines.	Sero-purulent matter in the peritoneal cavity; jejunum inflamed, its peritoneal surface coated with fibrinous exudation, and, near its junction with the duodenum, ulcerated and torn to the extent of 1½ in. longitudinally. Colon displaced,
132	47 years. Married.	F.	Chronic mania. Indifferent bodily health.	12 months.	148 days.	Erysipelas.	No "post-mortem."



# OBITUARY (CONTINUED.)

133	67 years. Widowed.	M.	Chronic mania, with general paralysis. Bad bodily health.	18 months.	227 days.	General paralysis. Emphysema of the lungs. Thoracic effusion.	Thickening of all the membranes; ten ounces of sero-sanguineous fluid in arachnoid sac; arachnoid over the middle and posterior lobes of the right hemisphere very thick, red and dirty-brown in color; falx cerebri adherent; Pacchionian bodies very numerous; surface of brain flattened, substance very firm, anæmic; vessels at the base atheromatous; grey matter pale generally, but on the posterior lobes presenting appearances of recent inflammatory disorganisation. Emphysema of both lungs, and considerable serous effusion into the chest. Colon displaced and contracted by fibrous bands.
242	44 years. Married.	M.	Mania (suicidal). Very bad bodily health. Thin, pallid, & exhausted.	3 weeks.	30 days.	Inflammation of the brain and membranes.	Dura mater adherent; ten ounces of sero-sanguineous effusion; arachnoid thick, opaque; serous infiltration of the under-lying tissue; pia mater tough, adherent, and congested; two ounces of serum in lateral ventricles; inflammation and degeneration of grey matter in posterior lobes. Omentum adherent and hidden amongst the small intestines; colon displaced, its descending portion irregularly contracted and thickened.
212	56 years. Married.	F.	Mania (suicidal)—malignant cachexia. General exhaustion.	2 months.	130 days.	Malignant disease of the left kidney.	Sero-purulent fluid in abdominal cavity; omentum adherent; small intestines inflamed; tumor of left kidney occupying the whole of left half of the abdominal cavity; colon displaced; transverse and descending colon and rectum adherent to tumor; transverse colon gangrenous. Membranes of brain opaque and tough; inflammatory degeneration of grey matter in posterior lobes.
5	64 years. Married.	F.	Senile imbecility. Bad bodily health.	2 years.	289 days.	Chronic mucocenteritis.	Small intestines, rectum and colon, livid and readily torn; mucous surface ulcerated in many places. Membranes of the brain thick and opaque; brain anæmic, firm, shrunken; moderate serous effusion; grey matter very pale; patches of recent inflammatory action on the posterior lobes.
22	66 years. Married.	M.	Dementia, with epilepsy. Indifferent bodily health.	2 years.	279 days.	Inflammation of the brain and membranes.	Scalp adherent so that pericranium was removed with it; dura mater adherent; arachnoid opaque, tough; pia mater congested; serous infiltration of sub-arachnoid tissue; yellow-softening in middle lobe of left hemisphere; inflammatory degeneration of grey matter; substance



No.	Civil State.	Sex.	and Bodily Condition when Admitted.	before Admission.	in the Asylum.	Cause of Death.	Autopsy.
210	55 years. Widowed.	F.	Religious monomania. Bad bodily health.	Unknown.	202 days.	Fibrous tumor in the base of the cranium.	Base of cranium on left side extensively disorganised—a fibrous tumor partially broken up and infiltrated with thick creamy matter, passing completely through the cranium and pressing upwards against the middle lobe of the cerebrum, and downwards against the nares and fauces; a similar tumor of large dimensions on the left side of the neck; inflammatory degeneration of the grey matter of the posterior lobes. Colon displaced.
98	46 years. Single.	M.	Chronic mania, with paralysis. Fair bodily health.	4 months.	299 days.	Suicide by suspension.	Arachnoid opaque, tough and thick; considerable serous effusion; pia mater congested; brain soft; effusion into ventricles; patches of yellow-softening and inflammatory degeneration of grey matter in both posterior lobes.
254	52 years. Widowed.	F.	Acute mania. Worn-out constitution. Emaciated and exhausted.	1 month.	40 days.	Inflammation of the brain and membranes.	Thickening of dura mater and congestion of sinuses; opacity of arachnoid; considerable serous effusion; pia mater very vascular; atheroma of vessels at the base of brain; induration of substance and inflammatory degeneration of the grey matter of the brain. Colon displaced and irregularly contracted and thickened in various parts of its course.
264	22 years. Single.	F.	Mania—recent parturition. Thin, pallid, and much exhausted.	10 days.	36 days.	Tubercular Peritonitis.	Lungs studded throughout with miliary tubercles; peritoneum coated with false membrane and tubercular deposits. Uterus flabby, its internal surface granular and coated with muco-purulent matter. Colon displaced. Brain anæmic; grey matter of posterior lobes partially disorganised.
280	44 years. Single.	M.	Mania. Indifferent health.	2 months.	7 days.	Perforation of the pleura by a broken rib.	Pleura on left side perforated by a fractured rib; fibrinous exudation on costal pleura; considerable serous effusion into thoracic cavity. Hypertrophy of the heart. Colon displaced and irregularly contracted in its calibre.
221	35 years. Married.	M.	Chronic mania, with general paralysis. Bad bodily health.	1 year.	213 days.	General paralysis.	Dura mater adherent; twelve ounces of serous fluid in the arachnoid sac; arachnoid thick and opaque, considerable serous infiltration beneath it; brain congested throughout; inflammatory degeneration of grey matter; 1½ ounce of serosity in the lateral ventricles; brain firm. Colon displaced.



# OBITUARY (CONTINUED.)

290	16 years. Single.	M.	Acute mania. Extremely exhausted.	1 week.	12 days.	Exhaustion from mania.	No "post-mortem."
299	46 years, Single.	M.	Chronic mania, with general paralysis. Very bad bodily health.	Unknown.	54 days.	General paralysis. Diseased prostate.	Arachnoid adherent; six ounces sero-sanguineous effusion in arachnoid sac; membranes and brain generally, congested; effusion into both lateral ventricles; substance of brain hardened; inflammatory degeneration of grey matter; cerebellum very soft. Kidneys congested. Bladder containing purulent urine. Prostrate large, infiltrated entirely in the pelvis.
108	60 years. Single.	F.	Melancholia. Bad bodily health.	6 years.	427 days.	Chronic Pericar- ditis.	Sac of pericardium filled with old brown fibrinous exudations forming strong bands of connection between its parietes; considerable serous effusion into both sides of the thorax. Membranes of the brain thick and opaque; serous effusion into arachnoid sac; atrophy of substance of brain and convulsions; inflammatory degeneration of grey matter.
19	45 years. Married.	M.	Chronic mania, with general paralysis. Indifferent health.	Several years.	486 days.	General paralysis, terminating in convulsions and coma.	General congestion of brain and membranes; bony deposit in falx cerebri, with softening of the substance of brain immediately adjacent; moderate effusion in arachnoid sac and ventricles; inflammatory degeneration of grey matter. Lungs adherent, throughout, on the right side, and partially on the left, to the costal pleura; apex of right lung studded with miliary tubercles.
48	35 years. Married.	M.	Chronic mania, with general paralysis. Indifferent bodily health	2 years.	477 days.	General paralysis, terminating in convulsions and coma.	No "post-mortem."
285	44 years. Married.	M.	Dementia, with general paralysis. Quite helpless.	Unknown.	31 days.	General paralysis.	No "post-mortem."
266	43 years. Single.	F.	Melancholia.	6 weeks.	96 days.	Marasmus.	No "post-mortem."
279	44 years.	F.	Mania.	4 months.	71 days.	Erysipelas.	No "post-mortem."



No.	Age and Civil State.	Sex.	Mental Disorder and Bodily Condition when Admitted.	Time Elicited before Admission.	Residence in the Asylum.	Cause of Death.	Principal Morbid Appearances after Death.
105	52 years. Single.	M.	Congenital Imbecility. Fair bodily health.	52 years.	393 days.	Chronic bronchitis. Diseased liver.	Adhesions of pleura on both sides of the chest; air passages laden with muco-purulent matter. Liver containing a large encysted tumor and two smaller ones. A large portion of the arachnoid absorbed from the dura mater over both hemispheres, and the fibrous tissue of the latter exposed; serous effusion; thick and tough arachnoid and pia mater; brain firm; inflammatory degeneration of the grey matter of anterior and posterior lobes; effusion into ventricles. Colon displaced.
249	59 years. Married.	M.	Dementia, with general paralysis. Helpless, and in bad bodily health.	4 months.	179 days.	General paralysis.	Dura mater adherent; congestion of membranes; sero-sanguineous effusion; congestion of membranes; softening of substance of the brain and inflammatory degeneration of the grey matter. Fibrous bands connecting the sides of the pericardium. Colon displaced.
184	76 years. Widowed.	M.	Dementia. Bad bodily health.	12 years.	402 days.	Old age and decay.	No "post-mortem."
36	38 years. Single.	M.	Congenital imbecility, with epilepsy. Indifferent bodily health.	38 years.	202 days.	Epilepsy.	Dura mater adherent; arachnoid opaque; infiltration of sub-arachnoid tissue; congestion of pia mater and brain generally; convolutions atrophied; substance of brain firm; inflammatory degeneration of grey matter in various stages. Colon displaced and contracted.
226	24 years. Single.	F.	Dementia, with paralysis. Exhausted and helpless.	2 months.	26 days.	Paralysis. Chronic inflammation of the brain and membranes.	Thickening of membranes; congestion of pia mater; considerable serous effusion; atrophy and induration of substance of brain; inflammatory degeneration of grey matter. Colon displaced.
174	32 years. Married.	F.	Chronic mania, with general paralysis. Very indifferent health.	2 years.	169 days.	General paralysis.	Dura mater adherent; sinuses congested; arachnoid opaque and tough; considerable serous effusion and infiltration; pia mater tough; substance of brain firm; grey matter variously tinted from recent and bygone inflammatory action. Colon displaced.
233	73 years. Widowed.	M.	Dementia, with paralysis. Emaciated and exhausted.	Unknown.	17 days.	Paralysis.	No "post-mortem."
102	46 years. Married.	F.	Chronic mania, with paralysis and pulmonary consumption.	3 months.	223 days.	Pulmonary consumption.	Complete disorganisation of the right lung; tubercles in various stages in the left lung. Ulceration of the intestines; displacement and contraction of the colon. Membranes of the brain opaque and tough—substance soft and anemic; inflammatory degeneration of grey matter.
236	83 years. Married.	F.	Dementia. Emaciated and exhausted.	3 months.	263 days.	Old age and decay.	No "post-mortem."



**Tobacco and snuff are given as rewards to the industrious.**



ACCOUNT OF RECEIPTS AND PAYMENTS FROM THE  
OPENING OF THE ASYLUM,

*9th August, 1852, to the 31st December, 1853.*

<i>RECEIPTS.</i>		£	s.	d.	£	s.	d.
From sale of pigs.....		54	9	0			
" potatoes .....		45	0	0			
" corn .....		56	15	0			
		<hr/>			156	4	0
From sale of bones.....		16	13	10½			
" gas-tar .....		7	15	0			
		<hr/>			24	8	10½
From county for labor of patients .....		143	5	2			
" for loss of potato crop .....		32	9	0			
		<hr/>			175	14	2
From maintenance account.							
1. Contributing Unions and Parishes—							
Boston .....		982	16	0			
Holbeach.....		590	5	4			
Caistor.....		287	15	4			
Horncastle .....		355	10	3			
Spalding .....		458	19	2			
Grantham .....		486	17	6			
Bourn .....		150	19	11			
Peterborough .....		91	11	11			
Stamford .....		137	16	4			
Thorne .....		116	9	7			
Lincoln .....		1106	11	7			
Sleaford .....		579	7	1			
Louth .....		714	12	10			
Newark .....		207	8	3			
Gainsborough .....		211	11	7			
Brigg .....		743	10	5			
Spilsby .....		711	4	5			
		<hr/>			7933	7	6
2. County—for vagrant paupers.....		60	9	10			
		<hr/>			60	9	10
3. Out-county—							
South Collingham .....		7	2	0			
Dunham-on-Trent .....		5	14	0			
Hensall .....		10	8	0			
Hull.....		7	16	0			
		<hr/>			31	0	0
Total receipts.....		<hr/>			£8381	4	4½

The average weekly charge for the maintenance of patients belonging to the county and contributing Unions has been 10s. 8¾d.

The weekly charge for out-county patients has been 14s.

## EXPENDITURE.

## 1.—SALARIES AND WAGES.

	£	s.	d.	£	s.	d.
Officers' Salaries.....	1005	0	4 $\frac{1}{4}$			
Attendants' and Servants' Wages .....	836	1	1			
				1841	1	5 $\frac{1}{4}$

s. d.

At a cost per head per week of 2 5 $\frac{1}{2}$ .05

## 2.—PROVISIONS.

Arrowroot, 326 $\frac{1}{2}$ lbs. ....	17	19	4			
Bacon, 4 cwt. 2 qr. 16 $\frac{1}{4}$ lbs. ....	15	0	8			
Barley, 5 cwt.....	5	9	0			
Butter, salt, 33 cwt. 1 qr. 16 $\frac{1}{2}$ lbs. ....	150	17	4			
Butter, fresh, 258 lbs.....	11	8	7			
Cheese, 63 cwt. 2 qrs. 3 lbs. ....	168	15	3 $\frac{1}{4}$			
Coffee, 639 lbs. ....	34	0	11 $\frac{3}{4}$			
Cocoa, 22 cwt. 1 qr. 13 lbs. ....	68	8	4			
Dried fruits and spices .....	12	4	10 $\frac{1}{2}$			
Eggs, 21 score .....	15	3	0			
Flour, 1207 stone .....	111	4	4			
Meat, 4440 stone, 11 lbs. ....	1295	7	0 $\frac{1}{4}$			
Malt, 51 qrs. ....	165	16	0			
Hops, 4 cwt. 2 qrs. 25 lbs.....	33	18	5			
Brewer.....	22	13	8			
*Ale, 1972 gallons .....	104	6	6 $\frac{3}{4}$			
*Beer, 4610 „ .....	192	1	8			
Porter, 576 „ .....	48	0	0			
Oatmeal, 80 stone .....	7	1	0			
Peas, 15 bushels.....	7	9	0			
Milk, 5237 gallons.....	180	12	2			
Poultry and fish .....	7	14	8			
Potatoes, 11 tons 4 cwts. ....	77	8	6			
Onions, turnips, carrots, and other vegetables	22	7	8			
Sugar, soft, 36 cwt.....	67	10	0			
Sugar, loaf, 227 $\frac{3}{4}$ lbs. ....	4	16	11			
Carried forward...	2847	14	11 $\frac{1}{2}$	1841	1	5 $\frac{1}{4}$

\* Bought previous to commencing brewing.



	£	s.	d.	£	s.	d.
<i>Brought forward...</i>				1841	1	5 $\frac{1}{4}$

PROVISIONS— <i>continued.</i>	2847	14	11 $\frac{1}{2}$			
Salt, mustard, pepper, and vinegar .....	13	4	0 $\frac{1}{2}$			
Treacle, 43 cwt. 0 qr. 1 lb. ....	41	17	7 $\frac{1}{2}$			
Rice, 9 cwt. 0 qr. 5 lbs. ....	7	6	2			
Bread, 28632 loaves .....	593	2	0 $\frac{1}{2}$			
Tea, 1008 lbs. ....	167	2	3			
Miscellaneous .....	16	0	7			
Superintendent's allowance in lieu of board, at £150 per annum .....	209	11	9			
	3895	19	5			
Deduct stock in hand.....	63	11	5 $\frac{1}{4}$	3832	7	11 $\frac{3}{4}$

s. d.  
At a cost per head per week of 5 1 $\frac{1}{4}$ .75

## 3.—NECESSARIES.

Candles, 456 lbs. ....	10	1	0			
Coals,						
Hard, 1052 tons .....	659	14	7 $\frac{3}{4}$			
Gas, 212 tons .....	192	5	4 $\frac{1}{4}$			
Oil, 49 gallons.....	12	13	8			
Soap, 70 cwt. 0 qr. 20 lbs. ....	149	1	1			
Soda, 17 cwt. 1 qr. 3 lbs. ....	5	1	10 $\frac{1}{2}$			
Starch and blue, 309 lbs. ....	7	7	4			
Wood, 2 loads.....	8	15	0			
Scouring flannel, 12 pieces.....	14	12	6			
Labour in the manufacture of gas .....	83	15	0			
Wear and tear of gas works .....	39	18	0			
Lime for gas .....	4	15	10 $\frac{1}{2}$			
Wooden pails .....	12	19	0			
Mops, brooms, and brushes .....	26	17	8			
Sundries—whiting, hearth-stones, blacking, scouring-sand, &c. ....	33	0	5			
	1260	18	5			
Deduct stock in hand.....	36	0	0	1224	18	5

s. d.  
At a cost per head per week of 1 7 $\frac{1}{2}$ .54

*Carried forward...* 6898 7 10

	£	s.	d.	£	s.	d.
<i>Brought forward...</i>				6898	7	10

## 4.—DISPENSARY.

Tobacco, 328½ lbs. ....	55	2	8			
Snuff, 50 lbs. ....	14	3	6			
Wine, 69 gallons.....	57	9	0			
Brandy, 2 gallons .....	2	12	0			
Drugs .....	71	12	10¾			
	201	0	0¾			
Deduct stock in hand.....	9	0	0	192	0	0¾

s. d.

At a cost per head per week of 0 3¼.20

## 5.—FURNITURE.

Culinary and other utensils .....	10	11	0			
Counterpanes, 50 .....	23	17	4½			
Bed-canvas, 124 yards .....	7	12	5			
Horse-hair, 112 lbs. ....	5	19	0			
Sheeting, 489 yards.....	29	0	8¼			
Pillow-casing, 106 yards.....	2	10	9			
Ticking, 250 yards.....	8	9	1½			
Upholsterer .....	3	10	0			
Sundries .....	28	15	6½			
	120	5	10¾			
Deduct stock in hand.....	51	2	4¼	69	3	6½

s. d.

At a cost per head per week of 0 1—.43

## 6.—CLOTHING.

Bonnets, 50.....	2	7	11			
Calico, 1474½ yards .....	30	5	10			
Flannel, 99 yards .....	3	13	3			
Flax and hemp .....	3	19	5			
Dressmaker .....	2	7	0			
Hats, 174.....	8	6	9			
Linen, 2505 yards .....	82	6	3¾			
Tailor .....	57	18	6			
Shoemaker .....	61	10	3			

*Carried forward...* 252 15 2¾ 7159 11 5¼



	£	s.	d.	£	s.	d.
<i>Brought forward...</i>				7159	11	5 $\frac{1}{4}$
CLOTHING— <i>continued.</i>	252	15	2 $\frac{3}{4}$			
Thread, needles, tape, &c. ....	35	17	9			
Sundries .....	8	3	2			
Worsted, 150 lbs. ....	12	19	0			
Cloth, 288 $\frac{1}{2}$ yards .....	76	10	8 $\frac{1}{4}$			
Leather .....	46	15	3 $\frac{1}{2}$			
Cobourg and Derry.....	13	18	5			
	446	19	6 $\frac{1}{2}$			
Deduct stock in hand.....	120	2	1 $\frac{3}{4}$			
				326	17	4 $\frac{3}{4}$

s. d.

At a cost per head per week of 0 5—.95

## 7.—MISCELLANEOUS.

Advertisements, printing, stationery, and postage .....	124	2	7			
Carriage of goods .....	11	16	8			
Taxes .....	7	11	4			
Re-capture of patients.....	6	19	4			
Removals .....	3	15	8			
Bank-interest .....	20	0	0			
Other expenses .....	78	4	4			
				252	9	11

s. d.

At a cost per head per week of 0 4—.19

## 8.—FARM EXPENSES.

Pigs .....	43	18	6			
Implements of husbandry .....	9	11	8			
Labour .....	122	14	5			
Provender .....	113	7	3			
Seed.....	36	7	3			
Manure .....	8	15	0			
Miscellaneous .....	9	10	11			
	344	5	0			
Deduct stock in hand.....	122	15	0			
				221	10	0

s. d.

At a cost per head per week of 0 2—.85

*Carried forward...*

7960 8 9

	£	s.	d.
<i>Brought forward...</i>	7960	8	9

## 9.—EXTRA EXPENSES.

Funeral expences, including coffins and burial fees .....	33	6	5
Total expenditure .....	£7993	15	2

## SUMMARY OF THE COST PER PATIENT PER WEEK.

	s.	d.
Salaries and wages .....	2	5½.05
Provisions .....	5	1¼.75
Necessaries .....	1	7½.54
Dispensary .....	0	3¼.20
Clothing .....	*0	5—.95
Furniture .....	0	1—.43
Miscellaneous .....	0	4—.19
Farm and Garden .....	0	2—.85
	£10	6¼.96

Aggregate number of days of residence of patients, 104,802.

GEORGE KIRKUP,  
CLERK AND STEWARD.

\* A somewhat higher charge has been made for clothing, in consequence of the original outfit, not included in these accounts, having been provided by the county.



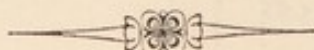
## BALANCE SHEET.

[illegible]

*Contract Prices of the principal Articles of consumption, &c., from the Opening  
of the Asylum to Christmas, 1853.*

Articles.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Fifth Quarter.
	s. d.	s. d.	s. d.	s. d.	s. d.
Bread, at per 4lb. loaf...	0 4 $\frac{1}{4}$	0 5	0 4 $\frac{3}{4}$	0 5 $\frac{1}{4}$	0 6 $\frac{3}{4}$
Flour, at per stone .....	1 7	1 11	1 10	1 10 $\frac{1}{4}$	2 4
Beef „ „ .....	5 3	5 3	5 9	6 3	6 0
Mutton „ „ .....	5 3	5 10	7 0	6 6	7 0
Prime Joints, at per lb.	0 5	0 5	0 6	0 6 $\frac{1}{2}$	0 6
Milk, at per gallon .....	0 8	0 8	0 8	0 8	0 8
Butter, salt, per cwt. ...	86 0	100 0	90 0	84 0	100 0
Cocoa „ ...	79 0	56 0	54 0	52 0	56 0
Tea, ordinary, per lb....	3 6	3 3	3 2	3 4	3 0
Treacle, per cwt.....	16 6	18 0	18 0	20 0	21 0
Coals, per ton. ....	10 6	11 6	12 6	13 6	

GEORGE KIRKUP,  
CLERK AND STEWARD.





# GAS ACCOUNT.

Dr.	£	s.	d.		£	s.	d.	Cr.
To cash for coals, 212 tons .....	192	5	4 $\frac{1}{4}$		By 62 $\frac{3}{4}$ tons of coke supplied to the			
Cash for labour* .....	83	15	0		Asylum, at 21s. per ton .....	66	6	9 $\frac{1}{2}$
Cash for lime .....	4	15	10 $\frac{1}{2}$		Sale of gas-tar .....	7	15	0
Wear and Tear.....	39	18	0		Refuse lime supplied to the Farm...	1	0	0
Stokers' Rations .....	22	8	0					
					1219.520 feet of gas, at 3s. 10d. per			
					thousand .....	232	0	5 $\frac{1}{4}$
								307 2 2 $\frac{3}{4}$
					45 tons of coal in hand, at 16s.			
					per ton.....			36 0 0
								343 2 2 $\frac{3}{4}$

\* Two Stokers, one of whom, however, is also employed in other duties about the Asylum.

GEORGE KIRKUP,

CLERK AND STEWARD.

# FARM ACCOUNT.

Dr.

	£	s.	d.	£	s.	d.
To cash paid for stock .....	43	18	6			
Cash paid for farming implements ...	9	11	8			
Cash paid for labour, including Gardener's and Farm-bailiff's wages, and planting potatoes previous to the opening of the Asylum.....	122	14	5			
Cash paid for provender for stock ...	113	7	3			
Cash paid for seed .....	36	7	3			
Cash paid for manure .....	8	15	0			
Cash paid for sundry expenses .....	9	10	11			
Estimated value of Gardener's and Farm-bailiff's rations .....	48	7	0			
Hog-wash supplied from the Asylum	6	10	4½			
Refuse-lime supplied from Gas-works	1	0	0			
				400	2	4½
Balance .....				165	2	9½
				£565	5	2

Cr.

	£	s.	d.	£	s.	d.
By provisions supplied the Asylum, viz.:—						
Potatoes .....	71	18	7½			
Other vegetables .....	21	4	7½			
Pork .....	17	8	9			
				110	12	0
Sale of stock .....	54	9	0			
Sale of potatoes .....	45	0	0			
Sale of corn .....	56	15	0			
				156	4	0
Cash received from county for labour of Patients employed in laying out grounds .....				143	5	2
Cash received from county on account of the failure of potato crop planted previous to the opening of the Asylum .....				32	9	0
Estimated value of stock in hand, Dec. 31st, 1853 .....				122	15	0
				£565	5	2

GEORGE KIRKUP,

CLERK AND STEWARD.