

Second annual report of the Suffolk Lunatic Asylum : December, 1839.

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Suffolk Lunatic Asylum.
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Publication/Creation

Woodbridge : Printed by J. Loder, 1840.

Persistent URL

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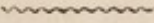
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SECOND ANNUAL
REPORT
OF THE
Suffolk
LUNATIC ASYLUM.

DECEMBER, 1839.



Woodbridge :

PRINTED BY J. LODER, BOOKSELLER AND STATIONER.

1840.

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REPORT.

ONE great advantage of regular periodical Reports of such Institutions as this, is, that they lead to suggestions of improvement by their necessarily repeated investigations. While a regular notice of the admissions, discharges, and deaths of patients, in any given period, may be interesting and instructive, as a matter of statistical account, the *chief* value of Reports must rest upon the test of experience, obtained year after year, as a guide for the future. Though they must be very much of a local character, having chiefly local interests about them; and though they forbid, by their necessary brevity, any thing beyond incidental hints as to medical or moral management, yet they afford an opportunity for conveying *these*, which it is desirable not to overlook: and as the most successful *practice* does not always follow, either the

greatest *integrity of intention*, or the utmost *energy of effort*, it would be well if a regular interchange of such Reports could be effected amongst those to whom *practical* suggestions must ever be valuable. It will be the object, in future, as far as possible, to secure this, that a profitable result may be obtained, not from individual only, but from combined observation.

The published investigations on the later, and the *better*, or perhaps the *best*, regulated Institutions, lead to conclusions so entirely in accordance with the opinion held for more than twenty years, and invariably expressed in regard to our inmates here, that they encourage a hope that before long, we shall see in all our Lunatic Asylums, as the test of good management, the **NO-RESTRAINT PRINCIPLE** *entirely carried out—constant employment actively promoted—and a liberal diet universally secured.*

The cases of admission, where the *cause* of the disturbance may be traced to some exhausting process, are very many; and a generous diet acts upon such, as a more certain specific, than ever Mercury did in Syphilis, or Bark and Arsenic in Intermittent Fever. More solid food, and better beer, are required in winter than in summer, to counteract that languid circulation which is the

depressing effect of cold. It should not be forgotten, that *any* causes which induce debility, may lead on to Mania; low diet, the exhibition of mercury, blood-letting, and so on. In the excesses of youth may be traced a very common cause; hereditary scrofula; subsequently appearing not only in trembling limbs, but in debilitated energies, and paralyzed powers. Cases denominated puerperal mania, are almost always arising from exhaustion; and they are almost always cured by the judicious use of cordials, tonics, and nourishing food: inducing quiescence of *mind*, by obtaining an improved condition of *body*, and acting through that improved condition on the existing aberrations; and, except in cases where there is a defective or permanently deranged organization, the application of this principle will be found successful in result. The evil effects of depletion generally, in affections of the head, or more professionally speaking, in cerebral disease, have led many, to whom the free use of the lancet was formerly a constant resource, now to cast it aside altogether. And if those who still too tenaciously adhere to this common, but very hazardous practice, could but witness the Raving Mania of exhausted brain, and see it overcome by the exhibition of Æther and Ammonia, Musk and Morphium, they would pause; lest, in the desire to subdue

supposed inflammatory action, they should be found to shed innocent blood.

A reference to diet would not be so particularly noticed if it had not become so general a question of inquiry at this time, and the diet rolls so very variable in the different asylums as they are. As much as nearly 3lbs. of solid meat and cheese a week, are allowed in some, while others vary between this and our own, which is little more than $1\frac{1}{4}$ lb. and *we* are not the very lowest. Notwithstanding this (unquestionably a disadvantage) our per centage of *Cures* is as many as others, our *Deaths* as few, and this year fewer than ever; and our house invariably healthy; though we have an increase again in our numbers. *This day,* there are 185 patients in the house; and no one is ill—no one in bed—or under the slightest personal restraint.*

On looking at the annual admission table, it will be seen that eleven more women have been admitted than men: this is an unusual preponderance; generally our numbers are much more equal, and in taking the whole eleven years that the Asylum has been opened, a very extraordinary statistical coincidence is noticeable—the number of male and female admissions being *exactly* equal,—viz. 433 of each.

* 31st December, 1839.

The advantages of employment—out-door employment for the men, with whom *any* difficulty chiefly rests—cannot be stated too broadly, or repeated too often. Whatever directs the mind from either its brooding suggestions, or its shadowy wanderings, must be valuable; and although it *may* not be a matter of profit, or even of *economy*, to the Institution itself, to have many insane labourers on the ground, it certainly is a very powerful auxiliary to the well-doing of the patients so employed—their minds are amused, while their bodily health is promoted. In attempting to act on this established principle, *we* lie under the disadvantage of having a converted, instead of a new building with plenty of enclosed ground; and it is consequently easier for *us* to *theorize* on the benefits of light manual labour, than to obtain it with our present arrangement; and at any rate, it would be difficult, and perhaps hazardous, to attempt to carry it out much further than we do. Escapes occasionally occur now, when we have only eight or ten employed beyond the walls; and though they are not of much consequence in *themselves*, as the persons selected for field labour are either such as are not very likely to stray, or if they *do*, easily got back again, yet their return is attended with trouble and expence; their temporary absence occasions great anxiety to those *within* the house, and occasionally, alarm to those *without*. Still

the advantages counter-balance the risk, and employment will continue to be promoted. At present, we have about twenty-five men, and thirty-five women, employed in various ways.

Upon *treatment*, one can only generalize, and urge a uniform system of kindness by every means and in every way. *Dress*, is a point in this respect not sufficiently considered, particularly with the women, and the plan of having one regular Asylum garb is decidedly objectionable. Very much may be done by studying the habits and pleasing the fancy; and though it may appear a trifling subject, it is occasionally the turning point towards a favourable change. A woman here, a few months back, lost a Relative; and giving her a black gown in the place of another, produced not only a good feeling in her mind, but soothed the irritation she felt at what she deemed the unnecessary separation from her friends.

It is hoped that the general testimony of those best acquainted with all the internal arrangements of this house, will be given to the *entire* working out the principle, by the *practice*, of NO-RESTRAINT with our patients. All *personal* confinement is *invariably* removed on the entrance at the gate, and it is very rarely indeed had recourse to again even for an hour. Whenever it

becomes *really* necessary, as in the case of the *determined* Suicide, at night, it is of the gentlest possible kind that an effective guard can be. There are Institutions where even this is said to be superseded by the employment of a *Night Watch*; but with our present system of management it would be foolish to suggest such an idea; and it is very questionable if the *general disturbance* it must occasion to those who sleep lightly and wake easily, for perhaps a *solitary* benefit, is not an insuperable drawback on any of its supposed advantages. Suicides are, under any circumstances, painfully distressing objects to have any thing to do with; their ceaseless cunning and craft to effect a determined purpose, make them inmates of constant solicitude. They are a class of persons to whom public attention has been very much directed of late; and the act itself stands so closely connected with insanity, that it would scarcely be right to pass it by unnoticed; for it must be a laudable desire, to devise, if possible, some means for prevention of an evil so melancholy and so great; and this can only be accomplished by a mature consideration of the bearings of the question, and the multitude of *facts* connected with it. Independently of its social or *political* bearing on society, in regard to surviving Relatives, with which the Medical Officer of an asylum has, perhaps, little to do, it is to be considered in a pathological and

a *religious* light, with which, as a CHRISTIAN PHYSICIAN, he has every thing to do. Now; it is a *fact*, that the *attempt* at self-destruction, is *often the first distinct* overt act of Insanity; and it is by no means an uncommon event, for men in large practice, to be called to Suicides, who had not fully effected their object, and who were not before supposed to be insane; but whose marked symptoms of insanity shortly afterwards became manifest, though those symptoms may have been modified and subdued by medical treatment.

A. B. was brought to the Suffolk Lunatic Asylum on the 22nd of December, 1831. A few weeks previous to his admission, he was working in a field with some other labourers; when, without any previous notice, leading to a suspicion of his intention, without any provocation whatever, he suddenly ran from his work, seized a clasp knife, and stabbed himself in the abdomen. With great care and difficulty, the wound (a very dangerous one) healed and did well; but he became permanently insane: he is here now, in a state of Mania; but though very violent, has never been personally restrained, having never since attempted the suicidal act.

The assertion is not made that *all* Suicides are lunatics, but it is contended, from *facts*, that the

Onus Probandi lies upon those who would deny the existence of insanity in such a case, and not upon those who believe it. When we reflect upon the one hand, on the unwillingness with which we subject ourselves to pain, and advert upon the other, to such agony as it would be natural to imagine those persons must feel who inflict on themselves mortal wounds, it is difficult to believe that they would have courage and endurance enough to go through their attempt, unless there was that *morbid* insensibility to bodily suffering, which is almost peculiar to Insanity, and which is *first* produced by a disordered state of brain. Insanity is universally allowed to be as complete in its first attack as at any subsequent period; and if we judge (as we *rightly* judge) some strange inconsistent act, and a repetition of such acts to be evidence of mental disease, surely this *most* inconsistent, *most extravagant*, and *most unnatural*, of all acts, must be admitted as the strongest presumptive evidence of so distressing a derangement, that any single act can furnish. If additional evidence were necessary, additional cases might readily be given; but *without* these it may be easily obtained from the observation, that those whose impatience of temper, and fretful repinings under the ordinary trials of life, make them frequently *threaten* to put an end to their existence, are

seldom or never found to do so ; this impatience and fretfulness being allied to their *physical*, their *acquired*, their *uncontrollable*, or *contradicting* dispositions. While, on the other hand, upon an accession of *real disease*, those whose *ease* and whose *competence*, and whose *natural mildness and freedom from trouble*, seem to place them aloof from even the *suspicion* of such an act, are suddenly and impetuously hurried on to it. "I knew, myself," said an intelligent Coroner, at a late memorable inquest, "a gentleman, who was collector of a Musical Society, who had his pocket picked of some money belonging to the friends of it. He told the society of his loss, and they believed it ; but the circumstance so preyed upon his mind, that on a sudden paroxysm of rage, he stabbed himself ; and upon his recovery from the wound, he declared that he had no recollection *whatever* of having inflicted the injury." Here was the want of consciousness, the loss of recollection, the absence of pain—INSANITY.

There is great difficulty in obtaining a knowledge of the *cause* leading to the admission of a patient into an Asylum ; this is felt every where : the assigned cause is not always the real one ; sometimes very little is known, and sometimes that little is concealed. Not only mistaken

causes must occasionally be assigned, but unsatisfactory admissions occasionally creep in. *Threats* before coming, are frequently used, and proposed removal to an asylum given out as a punishment. "A few months back, a pauper in the Kensington workhouse, fastened himself in the water-closet, and though prevented from self-destruction, mutilated himself in a frightful manner, from this fear alone."

Insanity is often more difficult to detect than even in its *nicer* shades is believed, and very constantly sympathetic *delirium* is mistaken for it. Post mortem examinations even, of the brain, constantly present comparatively trifling appearances, to what might be expected on witnessing their varied effects; and upon the other hand, it is remarkable how uninterrupted the *bodily* health may be, and how calm and collected the mind, under a great mass of disease.

The Brain might be called, in reference to a large portion of it, an independent organ, as regards organic functions; and consequently may be *much* diseased without the vital functions being very evidently much embarrassed. We lost this week, an old man of 80, whose time has been passed between Melancholia and Mania for the long period of 30 years. The seat

of disease is more frequently to be found in the *Coverings*, than in the *Substance*, of the Brain; and perhaps, when the extent of surface which these membranes embrace, the tortuous course of the blood vessels *themselves*, and the large quantity of blood which runs through them, is considered, this is not so much to be wondered at. An increased action of the Brain is constantly attended with a *diminished* action of the bowels; and in some Epileptics and Apoplectics, more expressively than professionally, called Fitty Patients, an obstinate torpor of bowels may be noticed preceding a fit, and one which it is sometimes very difficult advantageously, or safely, to overcome.

While there are very many, of course, in pauper life, as *our inmates* are, where the cause is decidedly *physical*, there are many also where it is *moral*, or perhaps more correctly, *immoral*. Here, amongst our men, the drunkard may see enough (one would think) to check the headlong career of his desperate indulgence; and amongst our women, the heartless seducer may behold no fewer than thirteen remnants of a fatal wreck. The Splitting Sectarian, may here witness *some* sad effects of his endeavours to proselytize, and the wild fanatic may look at *one* end of his *condemnatory* ravings.

It is in such delicate cases as these that a sound administration of Truth, and even *Doctrinal* Truth, to the conscience (often burdened and overborne) is of surpassing value. It is dwelling on the danger, and shifting, or inefficiently proclaiming, **THE REMEDY**, that does the evil; and wisely to cure that evil, in its exhibition of the "mind diseased," is, to set forth the simple but *all*-satisfying declaration of the Gospel, in the glorious announcement, not lead him to *judgment*, but—"bring him *hither to ME.*"

J. KIRKMAN, M.D.

Medical Superintendent.

Suffolk Lunatic Asylum.

December 31, 1839.

APPENDIX.

PATIENTS ADMITTED, DISCHARGED, AND DEAD,

From 1st January to 31st December, 1839.

	Males.	Females.	Total.
Patients in the House 1st January, 1839.	82	94	176
Admitted since	29	53	82
	111	147	258
Discharged Cured	15	27	42
Discharged not Cured	5	9	14
Escaped	1	0	1
Died	10	6	16
	31	42	73
Remaining in the Asylum, 31st December, 1839.	80	105	185

ADMITTED.

Cases not exceeding three months' duration and first attack.	Cases not exceeding twelve months' duration and first attack.	Cases not exceeding two years' duration and first attack.	Cases of more than two years' duration.	Cases of those who have had previous attacks.
21	7	6	24	24

DISCHARGED.

Cases cured, not having been Insane more than three months before admission, and discharged within six months.	Cases cured, not having been Insane more than twelve months before admission, and discharged within two years.	Cases cured, having been Insane two years and upwards, before admission.	Cases cured, having had previous attacks.	Cases not cured, discharged by desire of Friends, and by order of the Magistrates, as improper objects.
13	16	5	8	14

This Table is given in compliance with ordinary custom, its *extreme* accuracy cannot be vouched for, though it is *believed* to be correct. The number of Discharges in the last Column is accounted for, by several non-contributory Borough Patients, being sent out for want of room.

AGES OF PATIENTS ON ADMISSION IN 1839.

From Ten to Twenty.		Twenty to Thirty.		Thirty to Forty.		Forty to Fifty.		Fifty to Sixty.		Sixty to Seventy.		Seventy and upwards.		TOTALS.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	TOTAL.
1	1	6	11	8	15	4	10	3	10	6	4		1	28	52	80

AGES OF PATIENTS DIED IN 1839.

From Ten to Twenty.		Twenty to Thirty.		Thirty to Forty.		Forty to Fifty.		Fifty to Sixty.		Sixty to Seventy.		Seventy and upwards.		TOTALS.		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	TOTAL.
		1		3	1		2	2	2	2	1	1	1	9	7	16

There has been little variation in the Weekly charge throughout the Year.

	s.	d.	
First Quarter....	7	0	} Annual charge for each Patient.. £16. 13s. 8d.
Second Quarter..	6	5	
Third Quarter ..	5	10	
Fourth Quarter ..	6	5	