

## **Fourteenth annual report of the Suffolk Lunatic Asylum : December, 1851.**

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FOURTEENTH ANNUAL REPORT  
OF THE  
SUFFOLK LUNATIC ASYLUM.


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DECEMBER 1851.

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Woodbridge:  
PRINTED BY J. LODER.

1852.



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## VISITING MAGISTRATES.

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## Report.

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THERE is great cause for thankfulness on the part of those who hold responsible positions over the insane, when an annual duty can be viewed in the light of an annual pleasure; and in presenting this Report of the year that is passed, though it has not been altogether free from external distractions, yet, success has crowned the determination to preserve that peace and quietude within, which is far more strongly felt than it *can* be expressed or acknowledged.

The comparison with previous years either of our cures or mortality is satisfactory. The number of admissions has been large, ninety-one. The patients discharged, cured, fifty-one, and deaths, thirty-five.

The Report as made up to-day is as follows:—

	M.	F.	Total.
Patients in the House, 31st. December, 1850, at the close of last Report	113	137	250
Admitted since	36	55	91
	149	192	341
Discharged, cured	25	26	51
Ditto, relieved	3	6	9
Not improved	0	2	2
Died	20	15	35
	48	49	97
	101	143	244

The divisions as to form of disease are,—

Mania	Melancholia	Epilepsy	Idiocy and Imbecility
51.	25.	3.	5. 7.



The House has been throughout the year very healthy, and till quite the close of it, the mortality very sensibly decreased. Within the last few months there have been six admitted either in an exhausted state, or in very old age, and three so completely sinking, that no other statement of their existing condition could be reported, than "in articulo mortis." It is a great question whether patients beyond the age of seventy, should be removed from their homes to asylums at all; and when the evident phase of disease is merely senile imbecility, and that of the most harmless character, only requiring the care of an attentive nurse, it is unjust to the Institution by increasing its mortality to send them; and the removal, often from a considerable distance, injurious to the patient himself. An old man was admitted on November 28, aged eighty-two, who could only be supported, or indeed kept alive by beef tea and wine: he died in a fortnight; we had another of seventy-two, another of seventy, requiring just the same treatment, but ending in the same result.

Again, there has been an increase of female admissions, thereby causing a very inconvenient preponderance on their side of the House.

The number of patients who have been almost uninterruptedly employed throughout the whole year has been more than usual; and they have done more work generally, and made more particular improvements than we have ever been able to effect before. The airing courts have been completed which were begun last year; the walls throughout the whole range of external buildings have been lowered from the top, and the earth has been excavated on the inside; so that whilst as regards their actual height, the chance of escape is not greater than before, *now* from almost every court an extensive view of the surrounding country is obtained and enjoyed, by those who have themselves laboured to be relieved from the sight of brick walls alone. With the bricks thus obtained they have built a wall of four feet high completely round the house garden; and an inspection room for an attendant in



one of the courts: and have enlarged and improved the piggery and the farm. This work they engage in so readily, that it would hardly be unreasonable to view it as labour not altogether lost, to pull down a wall, only for the sake of building it up again. In such an Establishment as our's, however, without resorting to this expedient there are always external alterations or improvements to be made, not only justifiable on the score of employment, but sufficiently *necessary* for the convenience of the House.

Many of our apparently most unpromising patients have become convalescent, many of our convalescents have got perfectly well, by this self selected occupation; and many more whose affliction had assumed a chronic character, have experienced that the asylum, as a house of industry, has comforts even for them. The mind, like the body, spontaneously impelled to exertion by the example of all around it, not only involuntarily forgets its pain, or its sorrow, but ceases to be what it was before—a power degraded to habitual inertia, for want of external excitement. Thus, by pleasurable, and therefore profitable engagement, ordinary cases rapidly advance to their cure; deliverance is constantly obtained from the otherwise uncontrollable paroxysms of variable mania, and relief diminishes that weight of darkness, which is the characteristic of a gloomy melancholy.

A patient with mania, in rather an aggravated form, was admitted in April; the first few weeks he was occasionally very violent, and generally more or less excited. One morning as he saw the convalescents going out to work, he requested to join them, and on promising to work steadily was allowed to do so. Confidence and encouragement, led, (as they generally will) to fidelity and attachment: and this man was a standing proof of it, both, as he laboured usefully and quietly *in* the house, and as he left it, cured in November, with regret that he was compelled to leave work uncompleted behind him.

A despairing melancholic was admitted in March, who after ordinary treatment for the establishment of his general health



which was suffering from dyspepsia, continued among the same class of workmen till May, when *he* left cured: the chief agent in his restoration being regular employment.

Another patient was admitted in the same month and discharged in April, who was also a regular day labourer, from the third after his reception. Perhaps this man's cure might have been effected without this co-operation; for though he was very violent when he came in, he said that he felt when he went into his room, immediately quiet and composed. This may not have been erroneous. A German Psychologist (Feuchtersleben) says, "that frequently the lunatic asylum is *itself* a remedy, and many a patient has recovered without the application of any further means, merely by residing in it. Nay, there are instances in which the very entrance into the establishment, without any other treatment whatever, has sufficed to rouse the patient out of his dream; just as the transitory state of intoxication is often shaken off by a sudden change of situation."

These are selected individuals from a multitude, and distinct from those whose cases may be called chronic (we object to the term *incurable*) and whose labours are constant. We have a patient who works daily with extreme exactitude and order, and has done so for the last ten years, who, for want of well regulated, and salutary occupation, combined with the ignorance of the inhabitants of the village from which he came, had been an object of continual terror to the neighbourhood. His admission, and consequently his subsequent comfort, resulted from a curious circumstance. Some of his neighbours gave out that he was bewitched; and one night they contrived to get him into a barn, and shoot at him, with the laudable alternative of either dispossessing the evil spirit from the man, or the man from the evil spirit. This fact reached the ears of the local magistracy, and he was sent here bearing (as he now bears) the marks of small shot in the integuments of the head and neck.

It is indisputable that proper employment must always form a prominent part in the salutary treatment of the insane;



it is the curative process in *many*, the consolatory process in *most*, and an advantageous process in *all*. The employed are amongst the well disposed and quiet, the unemployed amongst the disturbing and disturbed. It has indeed been alleged by some who idolize optimism, rather than study practicability, that there should be *no* patients unemployed. This is undeniably the only limit to which our exertions tend; but still it must *necessarily* be a valuable desideratum, rather than a feasible result, both on account of cases which *cannot* be employed, as some *Idiots*: and of others which *will* not, as those whose more evident manifestations, chiefly consist in obstinacy and idleness. These are, however, often overcome by persuasion, as is the case with one of the best assistant bricklayers, perhaps about this neighbourhood; a man who with scarcely any exception was the most intractable, suspicious, and dangerous, of the male patients of the House. He is now always quietly at work in the different engagements that arise. We now contract for paint, and the patients paint the house; for glass, and the patients glaze it; and in their varied employments, shoe making, &c. their work is as cleverly done as it could be by sane agents: a fact, which we might observe in passing, illustrates the truth, that mental aberration seizes most upon the abstract functions of the mind; upon the moral ideas rather than upon adventitious knowledge, and from which we might draw several interesting deductions.

While the above might be stated as a matter of financial saving, and as tending to encourage (what one would promote by every means in one's power) the most rigid economy, still the main object in this matter is not, and never should be the question of a Union House expenditure: on the contrary, there should be the devotion of every thing *and every consideration* to effect the cure of the most lamentably and mysteriously afflicted of the human race where it *can* be done; and to promote the comfort and welfare of the rest where it *cannot*. An extract from a patient's letter to his father is so characteristically expressive of his own individual



satisfactory experience on this point, that it may be as well to give the explanation precisely in his own words. "I have been" (said he) "in this house of *affliction* four years, and I have had a good deal of *happiness* the chief of the time."

There are two subjects which have been repeatedly agitated here, that are likely in the next Parliimentary Sessions to be pressed on the notice of the Legislature. Upon the first of these, a legal provision for patients not strictly paupers, some suggestions have been printed and circulated; but as the propositions contained in them have reference chiefly to pecuniary arrangements to be entered into by the patients' relatives and the parish, each paying a part, according to the ascertained capabilities of the former, the plan is not likely to be one of utility. It will rather tend to encourage that serious inconvenience of mixing private patients and paupers together. A pauper Asylum should be what it professes to be, a hospital for the insane poor, and if other classes are made legally *admissible*, there will be continued proofs of that restlessness, which all incongruous mixtures produce. Nothing but a separate institution for each class will succeed. If the advantages of a County Asylum are important to obtain, perhaps a separate building in connexion with it might answer; but to place both under the same roof, and thus necessarily to subject them to the same discipline, will be satisfactory neither to the one or the other. If *patients* whose own friends pay, be the payment ever so small, have the same diet, and the same treatment generally as the paupers, *they* will be dissatisfied, and if any difference is made for such, the general body will be discontented. The great thing is separation according to *condition*, and the want still pressing, and still unsupplied, is an Asylum for the middle classes: so disciplined and conducted, as to secure all the beneficial effects of a public institution, at rates of payment varying from ten to twenty shillings a week.

A female patient has only just left us, whose comfort was disturbed and her cure retarded by the chafe on which her



mind was kept, from the knowledge that she was made a pauper. She happened to be of a most contented, thankful spirit, and her chief cause of regret in mentioning her unfair position, arose from the fear of being thought dissatisfied or unthankful. She was indeed grateful for every thing that was done for her, and almost every thing that was said to her. At the same time she could not help protesting against the injustice of pauperizing a person "in the possession of property and pin money."\*

Another patient of this class has obtained a curious idea of the cause which led to *her* anomalous position. On the same gallery with herself, is a woman of the name of *Gosling*, into whose person she says, the parties who sent her here, have made a combined spiritual entry. They once saw her, she says, dining off *Goose*, and they sent her to Gosling, and this appears a satisfactory solution of the difficulty.

With patients of an opposite disposition, and not naturally so well disposed, this proceeding is unjust and hazardous: "Where force and cunning meet within the confines of one cloudy mind," it is specially needful to guard against deception. Almost the only hold one has upon the feelings of such patients, is the establishment of the conviction in their minds that they shall not be deceived; and if the first place in which they learn their dependent position is a Lunatic Asylum, it is not likely to increase their affection for it; or to encourage the more consolatory view they are taught to take of it there. It is to this want of candour originally, that very much of the anxiety of the most harrassing case we still have, may be traced. Nothing satisfies, nothing pleases this girl, every thing is tinged with the idea of her abode amongst paupers: and though every means which humanity can suggest, or ingenuity devise, are tried, there is a failure chiefly from this cause. She is very dangerous, and her destructive propensities are more than a match for ordinary ingenuity to guard

\* Her own brother's expression.



against. The last time she was secluded in a warm padded room, she contrived within a very short time, to destroy it; she threw a list shoe against her window, and with a piece of broken glass, cut the padding all to pieces. It was some time before the nurses discovered that she contrived to do mischief, in a great measure, with her hair pins, and the result of their being taken from her, was this act. The room was preserved from total destruction, by an impression predominant in her mind, that every thing that annoys her is covered with hair; and when she cut through the padding and discovered some behind the canvass, she suddenly desisted. This morbid feeling has existed for years, and she traces its origin with singular ingenuity. A blister being applied to the back of her neck, was dressed (she says) with ointment which had been spread upon a board on which her brother had been shaving. The ointment took up the hairs, which by the nutritive moisture on her skin grew so rapidly, that she has had a tingling from loose hair on her body ever since. This imaginary tingling saved our padded room.

There is nothing magical in the effects even of a padded room. We carried out the non-restraint system long before its introduction, and we believe its use has been vastly over-rated. Though our experience is very long, it does not afford proofs of any of those sudden tranquillizing effects which are occasionally most triumphantly proclaimed. If cases of failure in its use were as candidly reported as its advantages are declared, it would not be brought forward as superseding almost every other mode of security against danger, or exalted into a test of the efficiency of Asylum management. Generally speaking, the advantage is confined to a well padded *door* :\* we have been guarding several doors in this way, and we find them useful. A room padded throughout has never answered with us any other purpose than an ordinary dormitory; we have never had but one case where it *might* have been speci-

\* As in the Maryborough Asylum.



ally useful, and this was one where no premonitory symptoms occurred to lead to the patient's being placed there. Some years back, a man under the sudden seizure of impulsive mania, jumped out of bed and ran with his head violently against the wall of his room, had it been a padded room he might have been spared a temporary injury, (it was no more) but as no judgment could be formed by anticipation, he was not at the time the occupant of one.

On the pressing subject of criminal lunatics, some contrariety of opinion still exists; not on the impropriety of their retention in asylums, for this is almost universally allowed: but upon their subsequent position and management, and their parochial or government chargeability. These are particular questions for guarded interest. We have several patients here, who might, by a very trifling stretch of legal technicalities, be thrown off their parishes on the shoulders of the government. An old man, tractable and harmless, of the age of seventy-two, was brought into the Asylum lately, labouring simply under senile imbecility, he made a fire in a stackyard, whether intentionally to do mischief or not is uncertain, but there would have been little effort required to construe this into a criminal act, if the charge established secured a government provision. The Asylum was a comfortable abode for him.

We have indeed no sympathy with those who take the opposite, and perhaps one might be allowed to say, the wrong view of the case, and argue as if injustice was done to this class of inmates, by subjecting them "to the cheerless, desolate, and heart burning atmosphere of a public asylum."\* On the contrary, we believe that the aggrieved party are those with whom, as again expressed, "they are compelled to herd;" and we think that the main ground on which their reception or detention is so decidedly objectionable, is all the other way; and that the mild and tender discipline of a well

\* Lancet, Sept. 6, 1851.



regulated asylum, makes it in a vast measure, an unfit abode for them. A separate establishment is demanded for them, that their "irritating and degrading presence" should not disturb the present comfort and quietness, or the *future remembrances* of those who, as decidedly insane, may have been associated with them. The subject of class houses, generally (if one might so express it) is of vast importance, private patients should be alone, paupers alone, criminals alone; they require classification as much as maniacs or melancholics; and it would be desirable if one could add, under equal hope of seeing it accomplished, a house should be separate for the cure of drunkards *alone*. These are criminals in intent and act, though of another sort, but they are equally contaminating by their influence on others, with very little prospect of reformation in themselves. We have had two such re-admissions this year; but they restrain their conduct within tolerable bounds, lest they should lose any portion of their indulgence in tobacco and snuff. These auxiliaries work wonders either way, and though they are not very favourite remedies, they may occasionally be granted or withheld with advantage.

The patients attend Divine service in the chapel as usual: which, as reported before, is too small for the numbers: perhaps in another year our labourers may be able to accomplish some improvement here themselves. The subject of religious instruction is too delicate to be discussed in an ordinary report. It will be enough to convey the repeated conviction, that to be really effective, *professional* can never supersede *domestic* instruction; the administration should be in that guarded manner which is only learned by the knowledge of the existing peculiarities of the parties addressed. Moral delinquencies may arise from mental idiosyncracies, which need great forbearance and a peculiarly delicate mode of conveying "instruction in righteousness." A patient went home well, whose relapse after a former discharge, "came on," as he expressed it, "after hearing an alarming sermon:" his



morbid conscientiousness was morbidly acted on, and he left the church to cut his throat. He is now well again.

Our financial statements ought to be satisfactory in their present state, the charges on the parishes throughout the year have never been lower since the opening of the Asylum, or so low as they are now, for the last fourteen years. Still, no medical officer can sanction, with any proper regard to his own professional character, (and consequently he never can recommend to his committee) the consideration of so poor and so deceptive a *test* of efficiency as THIS IS. There are sacred duties connected with an asylum which entail certain expenditure, and there are certain things that *must* be done; a full and generous diet is imperative; provisions of the best quality must be obtained; and it is upon this principle that the Legislature demands, (and has acted we think wisely in doing so) those securities which pre-suppose in themselves the possibility of failure. The negatives of the Act of Parliament are in this respect no less impressive than its positives, and it only remains again thankfully to acknowledge that zeal and energy with which the Committee of Visiting Justices have ever recognised this higher principle of action. It is trusted and believed that they will be enabled to see, as years go on, additional gratitude flowing to them for their invaluable assistance and support; as they may certainly point retrospectively to a number of patients restored to mental sanity and peace, whose expressions and feelings are not confined to limited thanks in the Committee room, BUT *will remain their theme* of enduring gratitude *for life*.

J. KIRKMAN, M.D.

*December* 31, 1851.





# Appendix.

No. 1.

## PATIENTS ADMITTED, DISCHARGED, AND DIED,

From 1st. of January to 31st. December, 1851.

	Males.	Females	Total.																												
Patients in the House 31st. December, 1850	113	137	250																												
Admitted in 1851 .....	36	55	91																												
	149	192	341																												
	<table> <tr> <th></th><th>Males.</th><th>Females.</th><th>Total.</th></tr> <tr> <td>Discharged—cured ..</td><td>25</td><td>26</td><td>51</td></tr> <tr> <td>————— relieved</td><td>3</td><td>6</td><td>9</td></tr> <tr> <td>Not improved .....</td><td>0</td><td>2</td><td>2</td></tr> <tr> <td>Died .....</td><td>20</td><td>15</td><td>35</td></tr> <tr> <td></td><td colspan="3">—————</td></tr> <tr> <td></td><td>48</td><td>49</td><td>97</td></tr> </table>				Males.	Females.	Total.	Discharged—cured ..	25	26	51	————— relieved	3	6	9	Not improved .....	0	2	2	Died .....	20	15	35		—————				48	49	97
	Males.	Females.	Total.																												
Discharged—cured ..	25	26	51																												
————— relieved	3	6	9																												
Not improved .....	0	2	2																												
Died .....	20	15	35																												
	—————																														
	48	49	97																												
Remaining in the House 31st. December, 1851.....	101	143	244																												

No. 2.  
**TABLE OF ADMISSIONS, DISCHARGES, AND DEATH,**  
 In the whole Twenty-three Years since the Asylum opened.

Years.	MALES.				FEMALES.				TOTAL.				In the House at the end of each year.	
	Discharged.		Admitted.	Escaped.	Discharged.		Admitted.	Escaped.	Discharged.		Admitted.	Escaped.	Males.	Females.
	Cured.	Total.			Cured.	Total.			Cured.	Total.				
1829	11	11	72		9	11	70		20	22	142		50	55
1830	12	21	48		12	15	34		24	36	82		66	67
1831	8	16	42		19	22	45		27	34	87		80	80
1832	21	25	42	2	20	22	25		41	47	67	2	78	75
1833	18	22	34	1	14	19	31		32	41	65	1	75	79
1834	16	23	32		18	23	32		34	46	64		75	80
1835	18	27	39		15	23	40		33	50	79		79	91
1836	11	24	30		11	27	26		22	51	56		78	81
1837	13	18	30		17	18	46		30	36	76		79	93
1838	16	18	35	1	21	23	31		37	41	66	1	82	94
1839	15	20	29	1	27	36	53		42	56	82	1	80	105
1840	14	15	31		23	26	38		37	41	69		89	104
1841	16	18	35		16	17	29		32	35	64		93	107
1842	10	12	27		14	16	34		24	28	61		98	114
1843	9	15	33		17	22	34		26	37	67		103	110
1844	19	21	36		13	13	30		32	34	66		109	115
1845	22	25	42	1	16	16	40		38	41	82	1	112	127
1846	19	19	37		24	25	44		43	44	81		114	131
1847	16	17	44	1	13	15	42		29	32	86	1	116	134
1848	13	13	31		11	13	51		39	41	82		123	139
1849	10	21	27	1	11	21	55		44	60	82	1	119	134
1850	21	25	36		29	30	47		50	55	83		113	137
<b>1851</b>	25	28	36		26	32	55		51	60	91		101	143
<b>Total.</b>	<b>353</b>	<b>450</b>	<b>848</b>	<b>8</b>	<b>434</b>	<b>518</b>	<b>932</b>	<b>268</b>	<b>787</b>	<b>968</b>	<b>1780</b>	<b>8</b>		



8592	42	21	4	25	17	2	25	20	2	22	8	67	41	6	47	25	3	78	75	134
8834	34	18	4	22	14	31	14	5	19	8	65	32	9	41	22	72	80	155	184	
8854	32	16	7	22	9	33	8	64	3	23	8	64	3	12	56	114	79	170	175	
8855	39	18	9	27	40	15	8	40	15	8	55	32	29	51	16	78	91	159	189	
8856	30	11	12	18	11	46	17	1	18	16	76	39	6	36	27	79	93	172	174	
8857	35	16	2	18	13	31	21	2	23	7	66	37	4	41	20	1	82	94	176	
8858	38	18	5	20	10	53	27	9	56	6	82	42	14	56	16	1	80	165	185	
8859	31	14	1	15	7	38	23	19	3	16	13	69	37	4	21	20	89	104	193	
8860	35	16	2	18	13	29	16	1	17	9	64	32	3	35	22	93	107	200	203	
8861	37	10	2	12	10	34	14	2	16	11	61	24	4	28	21	98	114	212	213	
8862	37	10	2	12	10	34	14	2	16	11	61	24	4	28	21	98	114	212	213	
8863	39	9	6	15	13	34	17	5	22	16	67	26	11	37	29	103	110	213	215	
8864	36	19	2	21	9	30	13	5	13	12	66	32	3	34	21	109	115	224	224	
8845	42	21	9	25	13	4	40	16	13	12	62	38	3	41	25	112	127	239	240	
8846	42	21	9	25	13	4	40	16	13	12	62	38	3	41	25	112	127	239	240	
8847	39	19	16	14	24	24	1	25	15	81	43	1	34	3	114	131	245	246		
8848	44	16	1	17	24	4	42	13	2	15	24	86	29	3	32	48	114	254	259	
8849	31	13	13	11	51	26	2	38	18	82	94	2	1	11	110	134	253	254		
8850	36	19	11	25	13	4	42	16	1	28	84	33	1	65	39	110	134	253	254	
8851	36	19	11	25	13	4	42	16	1	28	84	33	1	65	39	110	134	253	254	
8852	36	19	11	25	13	4	42	16	1	28	84	33	1	65	39	110	134	253	254	

TABLE SHEWING THE NUMBER OF MONTHLY ADMISSIONS

Through the Twenty-three Years since the Asylum opened, with a Total of each Twelve Months, ending 31st. December, 1851

Years.	1829.	1830.	1831.	1832.	1833.	1834.	1835.	1836.	1837.	1838.	1839.	1840.	1841.	1842.	1843.	1844.	1845.	1846.	1847.	1848.	1849.	1850.	1851.	TOTAL.
Mons.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Jan.	8639	63	2	2	410	315	5	6	5	1	1	1	4	5	9	1	1	2	4	8	12	5	9	105
Feb.	5	3	1	1	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	123
Mar.	4	3	7	2	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	131
Apr.	6	6	14	5	5	8	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	136
May	3	3	11	3	3	10	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	140
June	3	3	11	3	3	10	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	140
July	3	3	11	3	3	10	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	140
Aug.	3	3	11	3	3	10	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	140
Sep.	5	7	12	1	5	6	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	147
Oct.	1	1	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	147
Nov.	1	1	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	147
Dec.	2	3	5	3	4	7	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	148
	7870	142	10	34	42	45	47	42	57	34	31	63	32	64	39	47	30	26	30	46	76	35	31	1780





## No. 4.

ASCERTAINED AND SUPPOSED CAUSES OF IN-  
SANITY IN THE 91 PATIENTS ADMITTED 1851.

	Males.	Females.	Total.
Anxiety of Business .....	1	0	1
Destitution.....	4	13	17
Deserted by their Friends .....	1	1	2
Disappointed Affections .....	0	6	6
Death of a Relative .....	0	2	2
„ of her Father .....	0	1	1
„ of her Mother.....	0	1	1
„ of their Children .....	0	2	2
„ of their Husbands .....	0	5	5
Epilepsy.....	1	0	1
Failure in Business .....	4	0	4
Fright.....	0	2	2
Husbands' Ill-treatment .....	0	2	2
Idiocy and Imbecility .....	1	2	3
Intemperance.....	2	0	2
Jealousy.....	2	2	4
Mental Fatigue, undue Anxiety ..	9	0	9
Religious Excitement .....	2	1	3
Reading Infidel and Immoral Books	1	1	2
Want of Employment .....	5	0	5
Wife's Misconduct .....	1	0	1
Unknown .....	2	14	16
Total.....	36	55	91

## No. 5.

OCCUPATION OF THE 91 PATIENTS ADMITTED  
1851.

	Males.	Females.	Total.
Agricultural Labourers.....	16	0	16
„ Labourers' Wives ..	0	23	23
„ Labourers' Daughters	0	2	2
Bakers' Wives .....	0	2	2
Blacksmiths' Wives .....	0	2	2
Broker's Wife .....	0	1	1
Charwomen .....	0	3	3
Cook .....	0	1	1
Cattle Dealers . . . . .	2	0	2
Dress-maker .....	0	1	1
Farmers' Servants.....	2	12	14
Gentlemen's Servants .....	4	0	4
General Shopkeeper .....	1	0	1
Gardeners' Wives .....	0	2	2
Gunsmith .....	1	0	1
Maltster .....	1	0	1
Millwrights .....	2	0	2
Miller's Daughter .....	0	1	1
Needle Women .....	0	3	3
Painter .....	1	0	1
Postman .....	1	0	1
Schoolmaster .....	1	0	1
Schoolmistress .....	0	1	1
Shoe-makers .....	2	0	2
Silk Weavers.....	3	0	3
Total.....	36	55	91



## No. 6.

RELIGIOUS DENOMINATION OF THE 91 PATIENTS  
ADMITTED 1851.

	Males.	Females.	Total.
Church of England .....	23	29	52
Protestant Dissenters .....	7	10	17
Independents .....	1	4	5
Baptists .....	4	0	4
Latter Day Saint .....	0	1	1
Wesleyan Methodist .....	0	1	1
Unknown .....	1	0	1
Total .....	36	55	91

## No. 7.

DEGREE OF EDUCATION OF THE 91 PATIENTS  
ADMITTED 1851.

	Males.	Females.	Total.
Able to Read and Write .....	25	29	54
„ Read only .....	9	21	30
Unable to Read .....	2	5	7
Total .....	36	55	91

*No. 8.*

FROM THE 91 PATIENTS ADMITTED IN 1851.

	Males.	Females.	Total.
Discharged, cured.....	11	12	23
„ relieved.....	1	4	5
„ not improved .....	0	2	2
Died .....	6	5	11
Total.....	18	23	41

*No. 9.*DOMESTIC CONDITION OF THE 91 PATIENTS  
ADMITTED 1851.

	Males.	Females.	Total.
Married .....	20	24	44
Single .....	13	22	35
Widowed .....	3	9	12
Total.....	36	55	91



## No. 10.

## ADMITTED—IN THE YEAR 1851.

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, and first attack.	Cases of those who have had previous attacks.
33	17	2	4	35

## DISCHARGED—IN THE YEAR 1851.

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.
22	6	6	17	11





## No. 12.

TABLE EXHIBITING THE CAUSES OF DEATH, FORM OF INSANITY, DURATION OF THE MENTAL MALADY, AND PERIODS OF RESIDENCE IN THE ASYLUM, IN THE CASES WHICH TERMINATED FATALLY DURING THE YEAR 1851.

Sex.	Cause of Death.	Period of Residence in the Asylum.	Total duration of Insanity.	Form of Insanity.
M.	Gradual Debility .....	16 years, 9 months	Many years .....	Mania.
F.	Old Age. Infirmary ..	22 years, 3 months	26 years, 3 months	Mania.
F.	Gradual Exhaustion ..	3 years, 11 months	4 years, 1 month ..	Mania.
F.	Old Age. Infirmary ..	4 years, 5 months ..	5 years, 5 months ..	Mania.
F.	Gradual Exhaustion ..	12 years, 2 months	Many years .....	Periodical Mania.
M.	Diseased Lungs .....	3 years, 1 month ..	Many years .....	Melancholia.
M.	Old Age. Infirmary ..	6 years, 11 months	Many years .....	Mania.
F.	Maniacal Exhaustion ..	2 years, 10 months	3 years .....	Mania.
M.	General Debility .....	22 years, 2 months	37 years .....	Imbecility.
M.	Diseased Lungs .....	6 years .....	Many years .....	Idiocy.
M.	Febrile Dropsy .....	16 days .....	2 months, 16 days	Mania.
M.	Diseased Lungs .....	1 year, 1 month ..	1 year, 2 months ..	Mania.
M.	Epilepsy .....	1 year, 5 months ..	Many years .....	Maniacal Epilepsy.
F.	Phthisis Pulmonalis ..	1 month, 1 day .....	7 months, 1 day ..	Sinking on admission.
M.	Apoplexy .....	1 year .....	1 year, 9 months ..	Mania.
F.	Maniacal Exhaustion ..	19 years .....	Many years .....	Mania.
F.	Partial Paralysis .....	22 years .....	23 years, 6 months	Mania.
M.	General Paralysis .....	3 months .....	3 months, 3 weeks	Melancholia.
M.	Gradual Exhaustion ..	9 months .....	Many years .....	Melancholia.
M.	Epilepsy .....	3 years, 9 months ..	4 years .....	Epilepsy.
F.	Epilepsy .....	1 year, 7 months ..	From infancy .....	Idiocy.
M.	Cancer .....	2 months .....	14 months .....	Imbecility.
F.	Phthisis .....	2 years, 8 months ..	3 years .....	Mania.
F.	Maniacal Exhaustion ..	6 weeks, 3 days ..	1 year, 3 months ..	Mania.
F.	Epilepsy .....	1 year, 10 months	12 years, 10 months	Idiocy.
M.	Maniacal Exhaustion ..	10 days .....	3 weeks .....	Sinking on admission.
F.	Diarrhea .....	6 months .....	7 months .....	Melancholia.
M.	Visceral Disease .....	9 days .....	3 weeks .....	Sinking on admission.
M.	Old Age. Infirmary ..	12 days .....	2 months, 12 days	Imbecility.
M.	Phthisis Pulmonalis ..	5 years, 7 months ..	5 years, 10 months	Mania.
M.	Gradual Exhaustion ..	10 years, 3 months	Many years .....	Mania.
M.	Old Age. Infirmary ..	17 days .....	5 weeks .....	Imbecility.
F.	Gradual Exhaustion ..	9 months .....	10 months .....	Mania.
F.	Dementia .....	6 years, 5 months ..	7 years .....	Hereditary Mania.
M.	Apoplexy .....	17 years, 8 months	Many years .....	Mania.



No. 13.  
DIET TABLE OF THE SUFFOLK LUNATIC ASYLUM.  
December 31, 1851.

DAY.	BREAKFAST.	DINNER.	SUPPER.
SUNDAY.	Each Patient, 6ozs. of Bread with Gruel made of 10lbs. Groats and 8galls. of Milk.	Males, 8ozs. Bread, $1\frac{1}{2}$ oz. Cheese, and $\frac{3}{4}$ -pint Beer. The Females the same, except 1oz. Bread.	Males, 8ozs. Bread, $\frac{3}{4}$ oz. Butter, $\frac{3}{4}$ pint Tea. Females, the same, except 1oz. Bread.
MONDAY.	Ditto.	Suet Dumplings and Rice Puddings, Males, 1lb. each. Females $\frac{3}{4}$ lb. ditto, and $\frac{3}{4}$ -pint Beer.	Males, 8ozs. Bread, $1\frac{1}{2}$ oz. Cheese, $\frac{3}{4}$ pint Beer. Females, the same, except 1oz. Bread.
TUESDAY.	Ditto.	Males, 6ozs. Meat, 4ozs. Bread. and Vegetables. Females, the same, with $\frac{3}{4}$ -pint Beer each.	The same as Sunday.
WEDNESDAY.	Ditto.	Soup from Tuesday, with 2ozs. additional Meat, Males, 7ozs. and the Females, 6ozs. Bread.	The same as Monday.
THURSDAY.	Ditto.	The same as Monday.	The same.
FRIDAY.	Ditto.	The same as Tuesday.	The same as Tuesday.
SATURDAY.	Ditto.	The same as Wednesday.	The same as Wednesday.

The simplest calculation is, 2lbs. of uncooked Meat with bone, for each Pauper Patient weekly, subject to discretionary sub-division.



## No. 14.

TABLE SHEWING THE WEEKLY AND ANNUAL  
CHARGE FOR EACH PATIENT, SINCE THE  
ASYLUM OPENED.

Years.	1st.	2nd.	3rd.	4th.	Annual Charges.		
	Quarter. Per Week.	Quarter. Per Week.	Quarter. Per Week.	Quarter. Per Week.			
	s. d.	s. d.	s. d.	s. d.	£.	s.	d.
1829	12 2	8 2	7 0	8 2	22	19	10
1830	7 7	6 5	5 3	7 0	17	1	3
1831	7 0	7 7	5 10	7 0	17	16	5
1832	6 5	5 10	5 10	5 10	15	10	11
1833	5 10	5 10	5 3	5 10	14	15	9
1834	5 10	5 3	5 10	5 10	14	15	9
1835	7 0	5 3	4 8	5 10	14	15	9
1836	5 10	5 3	5 10	5 10	14	15	9
1837	7 0	5 10	5 10	5 10	15	18	6
1838	6 5	5 10	5 10	6 5	15	18	6
1839	7 0	6 5	5 10	6 5	16	13	8
1840	7 0	6 5	6 5	7 0	17	8	10
1841	7 0	6 5	6 5	7 0	17	8	10
1842	7 0	6 5	5 10	6 5	16	13	8
1843	6 5	5 10	5 10	6 5	15	18	6
1844	6 5	6 5	6 5	6 5	16	13	8
1845	7 0	6 5	5 10	6 5	16	13	8
1846	7 0	7 0	6 5	7 7	18	4	0
1847	7 7	8 2	8 9	7 7	20	17	1
1848	8 2	8 2	8 2	8 9	21	12	3
1849	7 7	5 3	5 10	6 5	16	6	1
1850	7 0	5 10	5 10	6 5	16	6	1
<b>1851</b>	5 10	5 3	5 3	6 5	14	15	9

HENRY PIZEY, CLERK.

No. 15.

## HEADS OF EXPENDITURE.

Ending December 31, 1851.

		£	s.	d.
Meat, lbs.....	36433	587	17	11
Bread, loaves $4\frac{1}{4}$ lbs. each....	28042	602	16	7
Flour, sts. ....	970	68	5	9
Butter, lbs. ....	2576	89	16	0
Groats and Rice ....	4774	29	15	8
Tea and Coffee, lbs.....	449	88	0	8
Cheese, lbs. ....	7154	120	3	4
Soap, Pearlash, Starch, and Blue, lbs. ....	9178	140	6	1
Grocery ....		176	5	5
Candles, lbs. ....	1187	30	0	6
Coals, tons ....	302	231	10	6
Wood, loads ....	18	18	0	0
Medicines, Wine, and Spirits		64	9	2
Table Beer and Porter.....		271	13	8
Clothing and Linen ....		477	19	11
Sundries ....		71	11	10
Salaries and Wages ....		957	18	0
Total.....		4026	1 1	0

HENRY PIZEY, CLERK.