

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

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1854.



THE

REPORT

OF THE

COMMITTEE OF VISITORS

AND

MEDICAL SUPERINTENDENT

OF THE

DEVON COUNTY LUNATIC ASYLUM.

Exeter:

Printed by W. NORTON, 81, Sidwell-Street.

LIST
OF THE
COMMITTEE OF VISITORS,
1854.

Chairman, S. T. KEKEWICH, Esq.

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VISCOUNT EBRINGTON.
THE HON. W. W. ADDINGTON.
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SIR JOHN KENNAWAY, BART.
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JOHN SILLIFANT, Esq.
AUGUSTUS STOWEY, Esq.

REPORT.

By the 16 and 17 Vic., Cap. 97, an Act passed in the last Session of Parliament, sec. 62, your Committee are required to lay before the Justices, at the present Sessions, a Report—

1st—"As to the condition and state of the Asylum." This, the Committee consider, in all respects, most satisfactory. Some few alterations have been made to promote the health and comfort of the Inmates, and the Building is altogether in a state of cleanliness and good order. The number of Patients admitted, during the past Year, has been 96; viz: 49 Men and 47 Women: the number discharged 62; viz: 26 Men and 36 Women: and the Deaths have been 47; viz: 25 Men and 22 Women.

As regards the Finances of the Institution, the balance in hand is now £1,531 4s. 1d.; and £13,500 of the Building Debt has been paid off, reducing the debt, on that account, to £35,500. In consequence of the increased price of provisions, your Committee have found it necessary to raise the charge for maintenance, from Lady-day last to the present time, from seven shillings to eight shillings per week for each Patient, being two shillings less than the weekly sum paid at the first opening of the Asylum.

2nd—"As to its sufficiency for the proper accommodation of the Lunatics," your Committee report that the average number of Patients during the past year has been 460, whilst that of the preceding year was 449; the total number now under treatment being 455. The Building, therefore, under its original arrangement, would not have been sufficient for so large a number; but as the two small wings, and all the rooms not required for other purposes, have been now fitted up as wards, the whole number of Patients is, at present, well

accommodated, and the Committee have no reason to think that it will be increased during the next year. Your Committee are of opinion that, as regards the outdoor employment of the Patients and the supply of the produce to the Asylum, it would be most desirable to increase the quantity of land annexed to it, if a favorable opportunity should offer of doing so.

3rd—"As to the management of the Asylum, and the conduct of the officers and servants, and the care of the Patients," your Committee report that the management is, in every respect, satisfactory, and that the conduct of the officers and servants has been uniformly good. A change in the officers has taken place, during the past year, by the appointment of their late excellent Steward, Mr. HAYDON, to the office of Steward of Bethlehem Hospital; and his place has been supplied by Mr. JOHN BALE, who appears well qualified to discharge the duties of his situation. In consequence also of the resignation of the late Medical Assistant, Dr. MANLEY, your Committee have appointed to that office Mr. WM. KIRKMAN, the Son of the Medical Superintendent of the Suffolk Asylum; and they have no doubt, from the high testimonials of his character which were laid before them, and also from his previous acquaintance with the treatment of the Insane, that he will prove a very efficient officer. Your Committee take this opportunity of tendering their thanks to Dr. MANLEY for the manner in which he discharged his duties, particularly as regards his constant attention to the Patients, and the accuracy and diligence with which he entered on the Case-Book the peculiar circumstances of each case of Insanity—a point of the greatest importance with reference to its treatment and ultimate cure.

It is, perhaps, needless again to report that all the Patients have had the greatest care and attention bestowed upon them by the Superintendent, Dr. BUCKNILL. He has, during the past and preceding years, exerted himself on all occasions to promote their comfort, to alleviate their unhappy maladies, and to raise them up, by his care and medical skill, from the bed of sickness. Your Committee are thankful to report that, although many Patients have been admitted

into the Asylum in a dying state, during the last year, and some cases of Dysentery have occurred, (four of which have proved fatal,) the average rate of mortality has not greatly exceeded that of former years, and is not beyond the average of similar Institutions in the Kingdom.

By the new Statute an important change has been made in the form of the Magistrates' Order for Admission, and also in the form of the Medical Certificate. It is required that the Medical Practitioner should state his qualification entitling him to practice, and also that the Patient is, in his opinion, of unsound mind, not only from personal examination, but also the grounds on which that opinion is formed, both as regards facts indicating Insanity observed by him and facts communicated to him by others. Your Committee direct attention to these points because they consider them of great importance; and also because the Orders and Certificates lately forwarded to the Asylum, for the admission of Patients, have, in very many instances, not been given according to the form so prescribed. Your Committee further desire to notice that by section 53 of the same Act a power is given them to exclude from admission persons afflicted with any disease or malady which they may deem contagious or infectious, and persons coming from any district or place in which any such disease or malady may be prevalent. They trust, however, that the exercise of this power will not be required; but they consider it a most salutary and useful provision, and one, if the necessity should arise, which may be of great moment in securing the health and well-being of the Institution.

Your Committee must again advert to the applications which are frequently made to them for the discharge of Patients from Persons not capable of forming correct judgment as to their actual condition. They desire at once to state, that although no Patient is detained in the Asylum longer than is necessary for their own benefit, the Committee of Visitors feel it to be a duty to withhold an order for the discharge of any Person who is reported to them as dangerous to himself or others, or of whose ultimate recovery there is any hope. They also beg leave to express their opinion that no Patient should be sent into the Asylum in an infirm and helpless condition, in

whose case age and infirmity appear to be the sole cause of the imbecility of mind. It is desirable that such Persons should be left in the care of their friends, as their cure is hopeless, and they occupy room which, in the present state of the Asylum, is required for others. Your Committee have the satisfaction of appending the Report of the Commissioners of Lunacy at their last visit to the Asylum; and to remind the Court that it is their duty, at the present Sessions, to appoint the Visitors for the ensuing year.

SAML. TREHAWKE KEKEWICH,

CHAIRMAN.

COMMISSIONERS' REPORT.

WE have, to-day, visited this Asylum and seen all the Patients, 445 in number; of these, 195 are Men and 250 are Women.

We found the Patients remarkably tranquil and orderly in their demeanour, and no one was under restraint or in seclusion.

Instrumental restraint is never employed, and the instances of seclusion recorded in the Medical Journal are few, and the periods during which the Patients are excluded appear to be short.

The general health of the Patients is good at the present time; some instances of Diarrhoea and Dysentery occurred within the last few months, and four deaths are attributed to these causes.

Nearly all the Patients are employed; and, on an average, 143 Males and 227 Females are induced to engage themselves in various useful occupations.

Prayers are read regularly, every day, by the Chaplain; and a full service is given by him twice on Sunday in the Chapel; in addition to which he reads Prayers to the Idiotic and Epileptic Patients in their respective Wards.

The Asylum throughout is in excellent order; the Wards are warm and clean, the furniture good, and the bedding of excellent quality. We notice with pleasure that there are no trough bedsteads, or other contrivances, for Patients of dirty habits; the result of which is that there are very few such Patients in the Asylum, their defective habits having gradually been cured by attention and judicious management.

We are glad to learn that the Committee have determined to substitute Wooden Flooring for the Asphalte, now in use in the Galleries, and that the change will very shortly be made in the Male Ward, No. 5.

A great improvement will also be effected by the removal of the Boundary Wall, in No. 1, Female Ward, and the substitution of a light Iron Fence.

The quantity of Land belonging to the Institution is below the average, and quite insufficient for the wants of the Asylum: and we hope that, should an opportunity occur for adding to it, the Committee of Visitors will see the propriety of taking the subject into their consideration.

We have signed and examined the various Books and Registers.

Since the last visit of the Commissioners, in October, 1852, 107 new Patients have been admitted, 76 have been discharged, 1 has escaped, and 49 have died.

In conclusion, we have again the satisfaction of expressing our entire approbation of the condition and management of the Institution, which is creditable to the Medical Officers and those employed under them.

W. G. CAMPBELL,	}	COMMISSIONERS
T. TURNER,		IN LUNACY.

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

DURING the past year 96 Patients have been admitted, of whom 49 were Men and 47 were Women. The largest number resident at one time was 472; the number under treatment has been 555; and the average number resident has been 460.

The number of Patients at the commencement of the year was 459; and the number resident at this date is 445, of whom 195 are Men and 250 are Women.

Sixty-two Patients have been discharged, of whom 26 were Men and 36 Women; of these 55 were discharged recovered—6 were discharged relieved—and 1 unimproved.

Forty-seven Patients have died, of whom 25 were Men and 22 were Women.

The mortality which last year was 6.6 per cent. of the average number resident has this year been 10 per cent. of that number, and 8.4 per cent. of the number under treatment.

Many of the Patients, whose deaths have this year swelled the Obituary, were admitted in a dying state. No. 1072, a Melancholic, was unable to retain any food after admission, and died in twenty-six days from disorganization of the stomach. The appearance of this

organ suggested the probability that the unhappy man had taken some deleterious substance before admission with a suicidal intent.

No. 1099 was admitted in a state of extreme exhaustion, from general paralysis with mania, and sank twenty-two days afterwards from decay of the powers of nature.—No. 1151, who died in six days after admission, was a similar case. No. 1100, a miner, was admitted with both lungs in a state of disorganization from that form of consumption known as coal miners' lung; he survived about four months.—No. 1110 survived nearly as long; he had sustained two attacks of apoplexy, and was suffering, on admission, from double hemiplegia, which paralysed both sides of the body, and left him in the most perfect state of wreck—mental and bodily. No. 1163, who had been insane three years, (but had only recently become chargeable,) was admitted in a dying state, with one lung and part of the other in a state of decomposition, from pneumonia; he survived sixteen days. No. 1168, admitted with inflammation of the intestinal canal, survived six days. With the exception of the last, who was 68 years old, the above Patients were of middle age.

Many other cases contained in the Obituary were admitted while suffering from conditions of disease equally fatal with the above.

The admission or exclusion of such cases forms a marked distinction between the Lunatic Asylums of some Counties and those of others. In this Asylum, and at most others, all Patients brought with legal forms are at once admitted. But at some Asylums which are deemed to be full, no Patient is received unless a vacancy has been declared, and the privilege of bringing a Patient has been accorded to the officers of an Union or Parish. The delay thus occasioned, and the natural desire of Union Officers to make use of the privilege of admission, if not for Patients whose malady is curable, at least for such as are not likely to be immediately removed by death, will readily account for the fact that such cases as those above mentioned are not often brought to Asylums which admit Patients only by permission; and would, consequently, make the mortality in such Asylums relatively small.

There can be little doubt that those Asylums, the admission into which is restricted by legal formalities alone, are not unfrequently made use of as Hospitals for the treatment of bodily disease and for the care of the bodily infirm. To such Asylums Patients are sent suffering from serious and troublesome bodily diseases, whose mental condition would never have been considered a sufficient cause for removal had it existed alone. The number of Patients has not been small who, from time to time, have been admitted into the Devon Asylum with serious disease of the several organs of the body, and with no greater amount of mental disturbance than is the frequent result of such disease.

Patients have been admitted suffering from heart disease, aneurism, and cancer, with scarcely a greater amount of melancholy than might be expected to take place in many sane persons at the near and certain prospect of death.—Some have been received in the last stages of consumption, with that amount only of cerebral excitement so common in this disorder; others have been received in the delirium or the stupor of typhus; while in several cases the mental condition was totally unknown after admission, and must have been unknown before, since the advanced condition of bodily disease prevented speech, and the expression of intelligence or emotion, either normal or morbid.

These observations are made in no spirit of complaint. The capabilities of these Institutions to treat all ailments of mind or body are indeed felt to be a source of satisfaction and pride. It ought, however, to be known that this County Asylum is, to some extent, made use of as a public Infirmary, and that the result of such employment must be expected in an Obituary somewhat lengthened, if not also in a list of cures somewhat abbreviated.

Eight Patients died of pulmonary consumption; one of these was admitted in an advanced stage of the disease shortly before his death: in one other, an epileptic girl, the malady developed itself rapidly after a residence of a year and a half. The average residence of the remaining six cases was seven years.

When it is remembered that this Institution has only been open

eight years and a half the length of this average will be perceived. These six Patients had various forms of mental disease; but every one of them had long been the subject of considerable dementia. It is propable that this condition of the mind, combined with a long residence in an Asylum, has a strong tendency to develope tubercles in the lungs.

Five Patients only died of general paralysis—a proportion unusually small.

During the months of September and October many Patients suffered from dysentery—and five deaths occurred from this cause. Four of these, however, occurred in Patients whose constitutions had been broken down before admission, by apoplexy or other organic diseases. The remaining case was that of a Patient 74 years of age, who had been bedridden for seven years: he had recently been admitted, and his death in this Asylum was the more to be regretted as he could not properly be considered Insane.

Of the Patients who died many were of advanced age—no fewer than sixteen being more than sixty years old—and eight more than seventy years old.

The list of discharged bears a satisfactory proportion to the admissions, being 63.6 per cent. on the number discharged cured and relieved, and 57.3 per cent. on those discharged cured.

One Patient has escaped, being the second only who has done so without recapture since the opening of the Institution. The Patient was progressing towards recovery, and took advantage of the liberty granted in consequence of his improvement. As in the former case, he returned to the home of his relatives, who thought him so much improved that they objected to his further detention.

During the past year no efforts have been neglected which were requisite to maintain the Medical treatment of the Patients in proximity with the ever-advancing steps of Medical science. Among the novelties of treatment it may be mentioned that epilepsy has been relieved in the most satisfactory manner by tracheotomy; that dementia has been relieved by phosphuretted oil; that chorea with

mania, threatening a fatal termination, has been cured by the internal administration of chloroform; and that extreme excitement, in which other remedies had failed, has been removed by frequent small inhalations of the same remedy. Of these results some have already been communicated in detail to the profession, and others will be so through more appropriate channels than this general report.

The same system of moral treatment mentioned in former Reports has been continued with satisfactory results in the recovery of those Patients whose malady was capable of cure; and in the reform of bad habits, the amelioration of symptoms, the increased quietude, comfort, and happiness of those whose malady is irremovable, and for whom the Asylum must be considered a permanent home.

During nine months of the year (and in all the wards except those occupied by the Idiots) the evening reading classes are kept up with benefit and punctuality four evenings in every week. Of the other three, one is devoted to the duties of Saturday night, and the other two to recreation.

During the three summer months the evening reading classes are discontinued, as the Patients remain in the pleasure grounds until bedtime.

The useful and profitable employments of the Patients has been carried as far as appeared to be consistent with their sanitary condition.

The Insane are, as a class, persons of more or less infirm bodily health. If, in some cases, no other animal functions are disordered, at least those of the nervous system are so; monotonous and laborious employments (especially such as are carried on within doors) are, therefore, not to be insisted on too rigourously. The task-masters of the Insane, if they would not sacrifice the primary objects of treatment, must be satisfied with a very moderate day's work. The Devon Asylum is most unfortunately situated with regard to the profitable and beneficial employment of its Inmates, in consequence of the small acreage of land attached.

In their Report for 1847 the Commissioners in Lunacy fixed the *minimum* quantity of Land, which it was desirable that every County

Asylum should have, at the rate of one acre to ten Patients, or twice the quantity belonging to this Asylum. In order to shew the loss sustained by the Devon Asylum for want of more land I shall take the liberty of comparing its condition in that respect with the Asylum for the North and East Ridings of Yorkshire, which I have recently visited.

The amount of land attached to the Devon Asylum is twenty-four acres, being, on this year's average, about one acre to nineteen Patients; of this about ten acres occupied by buildings, airing courts, cemetery, and roads are unproductive, leaving one acre to thirty-three Patients of productive land. This amount of land is sufficient to supply the Asylum with colewort and other vegetables—parsnips, carrots, and about one-third of the potatoes required. It is all under spade husbandry, and is made the most of. Its extent is insufficient to afford occupation for a moiety of the Patients who could be beneficially employed in agricultural occupations.

The North and East Ridings Asylum is surrounded by its tract of eighty-eight acres of most productive and valuable land, which, under skilful management, is more like a great market garden than a farm. A recent return gives the number of Patients as 314, or $3\frac{1}{2}$ Patients to an acre. The Asylum and airing courts being smaller, the land level, and the situation compact, a less portion is unproductive than at the Devon Asylum. The proportion of productive land being in the ratio of one acre to 3.7 Patients, instead of one acre to 33 Patients of much inferior land.

It will be readily understood that such a tract of land in the York flat, pushed to the utmost by abundant manure and superabundant labor, will yield a vast amount of produce: and, in fact, the farm supplies the inmates of the Asylum with an important proportion of their food. Besides supplying milk, butter, and vegetables, all the meat is fattened and killed at home; and a considerable profit is realized by supplying the markets of York with vegetables and fruit.

In the Devon Asylum strenuous efforts are made to remedy the deficiency of land by indoor occupations, including various manu-

factures; and, for those incapable of other employment, the picking of oakum and coir. But these are neither so profitable as spade husbandry, nor are they so beneficial to the bodily and mental health of the Patients. In addition to which it may be mentioned that a prejudice appears to exist in the public mind against the manufactures of public Institutions, as tending to unfair competition with those of ordinary workpeople. This objection cannot be urged against the cultivation of the soil by unpaid labor, since the paid superintendence would be equivalent to the paid labor displaced; and the increase of production, caused by a more elaborate cultivation, would be so much added to the common wealth.

Every year am I more deeply impressed with the conviction that no Pauper Lunatic Asylum can be conducted economically without a considerable portion of land, since the profitable labor of the Patients in agricultural and horticultural pursuits forms the only means hitherto discovered of effecting any important set-off against the cost of their maintenance.

When to this is added the consideration that an extended area of land is greatly conducive to the welfare of the Patients, and that a narrow area is prejudicial to the same, my earnest desire will be appreciated that a large addition will be made to the land of the Devon Asylum as soon as circumstances will permit.

All which is respectfully submitted.

JOHN CHARLES BUCKNILL, M. D., Lond.

OF PATIENTS ADMITTED DURING THE YEAR 1853.

TABLE No. 1.

FORM OF DISEASE ON ADMISSION.

Mania, recent	32	Epilepsy, with mania	3
" chronic	11	" dementia	1
" recurrent	1	" idiocy	1
" chronic, with partial dementia }	2	Imbecility, with delusions ..	1
" with imbecility	1	" excitement	2
Melancholia	25	Idiocy	1
" chronic	1	Unknown, cannot speak	1
" with imbecility	1	Without symptoms of insanity ..	1
Dementia	7		
General paralysis	4	Total	96

TABLE No. 2.

AGES ON ADMISSION.

From 10 to 20 years	9	From 50 to 60 years	12
" 20 " 30	16	" 60 " 70	8
" 30 " 40	23	" 70 " 80	4
" 40 " 50	24		
		Total	96

TABLE No. 3.

ASSIGNED CAUSE OF ILLNESS IN PATIENTS ADMITTED.

Anxiety about work as dairymaid	1	Hereditary predisposition —	} 2
" household affairs	1	(sole cause)*	
Blows on head	3	Ill usage of relations	3
Change of life	2	Imprisonment	1
Congenital defect	2	Over growth	1
Destitution	2	Puerperal fever	1
Disappointed affections	4	" state	1
Drunkenness or irregular habits	20	Prostitution	1
Epilepsy	4	Religious excitement—Church	} 1
Erysipelas of face and head ..	1	of England	
Fright	1	" Bible Christian	1
Grief at death of husband ..	1	" Independent	1
" wife	1	Seduction and puerperal state ..	1
" mother	1	Typhus fever	3
" children	2	Unknown, or no cause	} 24
" lover	1	assignable	
" husband's dissipation ..	1		
" loss of employment ..	1	Total	96
" property	3		
" pecuniary difficulties ..	3		

* Hereditary predisposition traced in fourteen cases.

TABLE No. 4.

DURATION OF ATTACKS PREVIOUS TO ADMISSION.

Under 2 months	29	Upwards of 10 years.. .. .	4
From 2 to 6 months.. .. .	24	Congenital.. .. .	4
" 6 " 12 " 	11	Unknown	5
" 1 " 3 years 	12		
" 3 " 10 " 	7	Total	96

TABLE No. 5.

OCCUPATIONS OF THOSE ADMITTED.

Agricultural Laborers	17	Milliner	1
" Wives	7	Needlewoman	1
" Child	1	Ostler's Wife	1
Basket Maker	1	Pilot's Wife	1
Blacksmith's Wife	1	Sailor.. .. .	1
Carpenter's Wife	1	Sailors' Wives	2
Charwoman	1	Sawyer	1
Coach Painter's Wife	1	Seamstress.. .. .	1
Compositor	1	Servants—Male	1
Dairymen	2	" Female	10
Dress Maker	1	Shipwright	1
Farmer	1	Shoemakers	5
Farmer's Daughter	1	" Wife	1
Felmonger.. .. .	1	Soldiers	2
Gentleman	1	Sweep	1
Governesses	2	Stay Maker	1
Joiner	1	Tailor's Wife	1
Kept Woman	1	Upholstress	1
Lace Maker	1	Whitesmith	1
Lady's Maid	1	Without occupation, or occu- } pation unknown	12
Lawyer's Clerk.. .. .	1		
Mariners	2	Total	96
Masons	3		

TABLE No. 6.

NUMBER OF PATIENTS ORDINARILY EMPLOYED, DEC. 1853.

MALES.

Cleaning galleries and bed-rooms, crockery, knives and forks, making } beds, and other domestic occupations }	11
Oakum pickers	24
Coir pickers	17
Coir plait makers	3
Coir mat makers	7
Coir mat weavers	2
Baker's and brewer's helpers	4
Blacksmiths	3
Carpenters	3
Basket Maker	1
Hair cutters	2
Helping stoker, carrying coals, coke, &c.	4
Masons	2
Shoemakers	9
Tailors	4
Painters and glaziers	2
Attending live stock	3
Organist	1
Engraver	1
Turning mangle in laundry	1
Gardening and field labour	38
Total	142

FEMALES.

Cleaning galleries, bed-rooms, crockery, knives, forks, making beds, and } other domestic occupations }	15
Laundry, washing-house, &c.	32
Sewers	43
Lace makers	3
Kitchen helpers	8
Stocking knitters	12
Coir pickers	85
Straw plaiters	8
Bonnet makers	3
Total	209

Total number of Male and Female Patients employed, 351.

TABLE OF DISCHARGES.

NO. IN ADMISSION BOOK.	AGE ON ADMISSION.	SEX.	LENGTH OF TIME INSANE ON ADMISSION.	RESIDENCE IN ASYLUM IN DAYS.	SUPPOSED CAUSE OF INSANITY.	FORM OF DISEASE.
829	45	F	Many years	790	Unknown	Recurrent mania.
1039	34	F	3 weeks	174	Disappointed affections—Hereditary predisposition	Melancholia--recurrent.
1052	67	M	1 month	136	Fever—Intemperance—Hereditary predisposition	Acute mania.
1077	60	M	10 years	48	A blow on the head	Chronic mania.
1049	59	M	1 month	187	Religious excitement—(Church of England)	Acute mania.
997	34	M	A few days	325	Intemperance	Acute mania.
984	68	F	Unknown	350	Family differences	Melancholia.
846	46	F	1 year	786	Grief at son being drowned—Hereditary predisposition	Melancholia.
843	60	M	Unknown	829	Intemperance and religious excitement—Hereditary predisposition	Recurrent mania.
1081	58	F	Unknown	78	No cause assignable	Imbecility, with delusions.
1031	42	F	A few days	288	Ill-usage from husband	Recurrent mania.
991	56	F	3 months	373	Grief at conduct of son	Acute dementia.
1079	50	F	2 months	95	Change of life	Melancholia.
893	40	F	1 week	607	Puerperal state	Recurrent melancholia.
919	5	F	Congenital	630	Congenital defect	Idiocy.
753	43	M	2 years	1093	Grief at death of child—Hereditary predisposition	Melancholia.
1082	—	M	6 weeks	93	Intemperance—Hereditary predisposition	Acute mania.
1073	24	F	1 week	156	Dissipation—Puerperal state	Acute mania.
878	22	F	1 week	785	Ungovernable temper	Recurrent mania.

TABLE OF DISCHARGES.

NO. IN ADMISSION BOOK.	AGE ON ADMISSION.	SEX.	LENGTH OF TIME INSANE ON ADMISSION.	RESIDENCE IN ASYLUM IN DAYS.	SUPPOSED CAUSE OF INSANITY.	FORM OF DISEASE.
1066	21	M	2 weeks	202	Grief at death of father—Religious excitement —(Wesleyan)	Acute melancholia.
1097	37	M	1 week	80	Intemperance	Recurrent mania.
1092	14	M	1 week	103	Blow on head	Mania.
1017	42	M	18 months	395	Grief at loss of employment from bodily injury	Incipient general paralysis.
889	44	M	2 months	785	Intemperance—Hereditary predisposition	Acute mania.
989	39	F	1 week	464	Puerperal state	Mania.
599	61	F	2 weeks	1647	Change of life	Recurrent melancholia.
1114	63	M	1 month	49	Religious excitement—(Bible Christian)	Acute melancholia.
848	55	F	15 years	918	Religious excitement	Recurrent melancholia.
1070	42	M	1 month	236	Intemperance and failure in business	Recurrent melancholia.
979	63	F	12 months	517	Grief at death of son	Acute mania.
1134	79	M	2 weeks	28	Ill-usage from children and destitution	Melancholia.
1098	42	M	2 weeks	154	Intemperance and fear of peculation being discovered	Acute mania.
1132	60	M	6 weeks	30	Intemperance	Recurrent mania.
983	27	F	Violent, 1 week	532	Ill-usage from family	Recurrent mania.
1104	33	M	3 weeks	135	Intemperance—Hereditary predisposition	Imbecility, with mania.
1002	64	F	1 month	498	Fever—Grief at being unable to pay debts, in consequence of a long illness	Epilepsy, with mania.
505	23	M	3 years	2024	Convulsions after scarlet fever	Acute dementia.
940	33	M	1 year	324	Fright—Hereditary predisposition	Chronic mania.
1102	30	F	1 month	154	No cause assignable	Melancholia. Recurrent mania.

TABLE OF DISCHARGES.

NO. IN BOOK OF ADMISSION	AGE ON ADMISSION	SEX	LENGTH OF TIME INSANE ON ADMISSION.	RESIDENCE IN ASYLUM IN DAYS.	SUPPOSED CAUSE OF INSANITY.	FORM OF DISEASE.
1008	72	F	3 months	151	Apoplexy	Mania.
822	52	F	Many years	1067	Unknown	Dementia.
859	76	F	2 months	949	No cause assignable	Recurrent mania,
811	75	F	40 years	1091	Unknown—Hereditary predisposition	Chronic mania.
918	22	M	3 months	793	Cold feet, with sun on head	Acute monomania.
956	47	F	4 years	665	Fatigue from attending a sick mother	Melancholia.
648	41	F	8 weeks	1589	Puerperal state	Melancholia.
1147	32	M	1 week	33	No cause assignable	Acute mania.
1036	60	F	2 weeks	451	Bodily illness	Recurrent melancholia.
936	8	M	Congenital	383	Epilepsy	Imbecility, with epilepsy.
617	57	F	18 months	1725	No cause assignable	Dementia.
710	15	F	Unknown	1362	No cause assignable	Mania
1139	18	F	2 months	71	Puerperal state—Inflammation of the brain	Incipient dementia.
1135	34	F	3 months	86	Grief at death of child—Debility	Melancholia.
1091	24	F	3 weeks	251	Seduction—Puerperal state	Puerperal mania.
830	30	M	3 weeks	1108	Intemperance	Mania.
1120	42	M	14 days	162	Misfortune and intemperance	Mania.
1047	58	F	From birth	460	No cause assignable	Dementia.
1045	64	F	3 months	467	No cause assignable	Mania.
1141	42	M	2 years	101	Grief at loss of wages not paid him	Mania.
798	40	F	6 weeks	1197	Unknown	Chronic mania.
965	50	F	4 months	680	Intemperance and destitution	Mania.
1148	58	F	3 years	80	Unknown	Melancholia.

OBITUARY.

NO. IN ADMISSION	'AGE AT DEATH	TIME OF RESIDENCE IN ASYLUM	FORM OF MENTAL DISEASE WHEN ADMITTED.	APPARENT CAUSE OF DEATH.	CAPACITY OF THE CRANIAL CAVITY FOR WATER, AT SIXTY FAH. OZ. APOTH.	'WATER DISCHARGED	OZ. AVD.	'HEIGHT OF BRAIN	OZ. AVD.	SPECIFIC GRAVITY OF	
										CEREBRUM.	CEREBELLUM.
1872	56	26	Acute melancholia	Chronic disease of stomach	52½	—	—	53	1,040	1,040	
682	61	1185	General paralysis	General paralysis	51	—	—	41½	1,040	1,043	
1040	75	157	Chronic mania	Bronchitis	47	41⅞	44	44	1,041	1,040	
519	35	1734	Dementia, with epilepsy	Phthisis—epilepsy	47½	41¼	45½	45½	1,040	1,040	
82	64	2709	Imbecility	Decay, from old age	No exam.	made.	—	—	1,040	1,041	
412	51	2081	—	Double bronchitis	54	48½	50¾	50¾	1,040	1,040	
102	76	2713	Idiocy	Disease of heart	51¾	47	48½	48½	1,040	1,040	
644	72	1362	Mania	Disease of heart—gradual decay	46	38	40¾	40¾	1,046	1,046	
643	29	1396	Mania, with epilepsy	Chronic peritonitis	42½	40	39¾	39¾	1,040	1,040	
1018	61	284	Melancholia	Disease of heart, emphysema of lung, and gangrene of leg	—	—	—	—	—	—	
149	24	2734	Idiocy	Tubercular peritonitis	55¼	47	49	49	1,040	1,041	
62	—	2787	Imbecility	Syncopal epilepsy	33	30	30½	30½	1,039	1,039	
1094	42	23	General paralysis	G. P. apoplexy	50	43	46½	46½	1,040	1,040	
279	—	2145	Idiocy	Gradual decay	43	42	42½	42½	1,040	1,044	
1099	68	22	Mania	Gradual decay	36	32	32	32	1,038	1,044	
776	78	1040	Mania	Gradual decay, with diarr- hoea	47	37	37¾	37¾	1,040	1,043	
595	35	1621	Mania, with epilepsy	Pleuritis	51½	43	43	43	1,040	1,040	
157	—	2788	Melancholia	Phthisis	42	40	42	42	1,040	1,040	
208	37	2755	Imbecility	Epilepsy	37½	36	36½	36½	1,040	1,043	
57	—	2894	Mania	Pulmonary consumption	54¼	52	54½	54½	1,038	1,038	
88	54	2910	Dementia	Inflammation of intestines	39½	34¾	40	40	1,038	1,038	
					47	44	45	45	1,040	1,040	

COUNTY TREASURER'S ACCOUNT, 1853.

DR.]	Jan. to Dec.	£.	s.	d.	CR.]	Jan. to Dec.	£.	s.	d.
To Balance due from the Treasurer on last Account		510	2	6	By Interest paid		1566	11	10
To received Two Rates including the Stoke Damerel Half Rate		3777	6	4	Principal paid off (leaving £35500 due)		2500	0	0
							£4066	11	10
					Balance due from the Treasurer		220	17	0
		£4287	8	10			£4287	8	10

BALANCE SHEET.

General Statement of Receipts and Payments of the Devon County Lunatic Asylum, for the Year 1853.

RECEIPTS.	£.	s.	d.	PAYMENTS.	£.	s.	d.	
To Balance in hand, on 31st Dec. 1852	1808	10	5	For Salaries and Wages	1636	13	8	
Received for Patients of the Second Class	42	6	9	Provisions	5055	11	8	
For County & Borough Pauper Patients	9711	11	0	Necessaries, including Coals & Ironmongery	1088	5	3	
From Sale of Oakum, Mats, and Baskets	35	7	9	Surgery & Dispensary, Wine, &c.	109	16	0	
				Clothing, and Leather for Shoes	1324	5	1	
				Paid for Coir and Basket Rods	99	3	6	
				Bills for Articles not included under the above heads	257	15	5	
				Paid to Building and Repair Account	495	1	3	
				Balance in Treasurer's hands	1531	4	1	
		£11597	15	11		£11597	15	11

BUILDING AND REPAIR ACCOUNT.

	£.	s.	d.		£.	s.	d.
Balance in hand, 31st Dec. 1852	90	19	1	Paid Bills for Repairs and labor of Artizans	577	1	10
Received by transfer from the Establishment Account:—				Balance in hand	68	7	2
£. s. d.							
145 1 3							
130 0 0							
100 0 0							
120 0 0							
	495	1	3				
One Year's Dividend on £2000 invested	59	8	8				
	£645	9	0		£645	9	0

JOHN A. BALE, CLERK AND STEWARD.

NORTON, PRINTER, ST. SIDWELL'S, EXETER.



