

Report of the visiting justices and medical officer of the County Lunatic Asylum, Forston, Dorset : Epiphany sessions, 1846 / Dorset County Lunatic Asylum.

Contributors

Dorset County Lunatic Asylum (Forston, England)
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Publication/Creation

Dorchester : Printed by George Simonds at the County Press, [1846?]

Persistent URL

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ERRATA.

Page 24, l. 10, for *out of the Asylum*, read, *out of an Asylum*.



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REPORT
OF
THE VISITING JUSTICES
AND
MEDICAL OFFICER
OF THE
COUNTY LUNATIC ASYLUM,
FORSTON, DORSET.

Epiphany Sessions, 1846.

GEORGE SIMONDS, DORCHESTER;
AT THE COUNTY PRESS.

LIST

*Of the Committee of Visiting Justices of the Forston
Lunatic Asylum, appointed at the Epiphany Quarter
Sessions, 1846.*

Rev. JAMES ACLAND TEMPLER, Chairman.

The RIGHT HON. THE EARL DIGBY.

The RIGHT HON. THE EARL OF SHAFTESBURY.

HENRY CHARLES STURT, Esq.

JAMES JOHN FARQUHARSON, Esq.

JAMES FRAMPTON, Esq.

Rev. GEORGE PICKARD.

ROBERT WILLIAMS, Esq.

The Rev. H. F. YEATMAN.

JAMES CHAMNESS FYLER, Esq.

JOHN JAMES SMITH, Esq.

Rev. THOMAS DADE.

HENRY FRAMPTON, Esq.

ROBERT WILLIAMS, Jun., Esq.

Rev. W. R. H. CHURCHILL.

AUGUSTUS FOSTER, Esq.

JOHN FLOYER, Esq.

RICHARD BRINSLEY SHERIDAN, Esq.

A. H. DYKE ACLAND, Esq.

The HON. H. A. ASHLEY COOPER.

The HON. COL. G. DAWSON DAMER.

REPORT
OF THE
VISITING JUSTICES
OF THE
COUNTY LUNATIC ASYLUM,
FORSTON.

Epiphany Sessions, 1846.

THE VISITORS have again the satisfaction to report, that during the past year the system of management has continued to meet their entire approbation.

The Act for the Regulation of Pauper Lunatics, passed during the last Session, enacts that at the General Quarter Sessions held next after the 20th of December in each year, the Committee of Visitors shall be appointed to superintend the management of the Asylum. As the 12th Section, under which the Committee are appointed, is not very clear as to the number required, the Visitors beg to propose that the present Committee be re-appointed.

By the 56th Section of the Act, especial care is taken that Patients deemed curable shall be received into the principal Asylum; and power is given to the Visitors to remove Chronic Lunatics to some other Asylum, registered Hospital, or licensed House, and to provide further room, if necessary, for curable lunatics. By the 29th Section, power is given to Visitors to contract with the Proprietor of any House, for the time being licensed for the reception of lunatics, for the care and maintenance of a portion of the Pauper Lunatics of the County, subject to the approval of the Secretary of State.

The 48th Section enacts that the Justice before whom such Lunatic “shall be brought shall by an “order under his hand and seal direct such Person “to be received into the Asylum for the County in “which such Parish is situate, or if there be no “Asylum, or if such Asylum be full, then into some “House duly licensed, or Hospital registered for the “reception of Lunatics.”

As the numbers now in the Asylum are 134—52 males, and 82 females, being 3 more than the Asylum was intended to accommodate when the recent alterations were finished, it becomes absolutely necessary that the Visitors should make use of the power thus given them, in order first that Patients whose cases are recent should be received into the Asylum, and thus have every advantage of early treatment; and secondly to prevent the heavy expense which would be entailed on the County, if it were deemed necessary again to enlarge the present Asylum, or to

erect another Asylum for Chronic cases only. Under these circumstances the Committee have adopted the following resolution at a meeting held at the County Hall, Jan. 4th, 1846.

“Resolved, that whenever the Asylum shall be-
 “come filled to within five beds in each class of
 “patients of Males and Females, that the Superin-
 “tendent shall have power to select such cases as
 “shall be most likely to receive benefit from their
 “admission.”

The Visitors have every reason to hope, and the Superintendent is of the same opinion, that if this resolution meets with the favourable consideration of the Bench, no further enlargement of the Asylum will be necessary.

The Visitors refer to the Report and statistical tables of the Medical Superintendent for a detailed statement of the medical and moral treatment pursued.

The employment of the patients has been carried on during the year with great benefit to themselves, and with pecuniary advantage to the Institution. The profit arising from the labour on the garden, farm, and in making shoes, amount to £135. 5s. 10d. The Religious service on the Sundays and great Fasts and Festivals, has been regularly performed by the Chaplain, and a supply of religious books is afforded to those who wish to make use of them, together with publications of an entertaining kind.

The want of a larger and better place for the celebration of Divine Service for the increased number is however much felt.

The Asylum has lately been visited by the Commissioners in Lunacy, whose report is as follows :

“ 1845, December 12th.

“ We have this day visited this Asylum, and we
“ have much pleasure in bearing testimony to the
“ cleanliness, good condition, and judicious manage-
“ ment apparent throughout the Establishment.

“ There are at present 136 patients in the Asy-
“ lum, of whom 55 are males and 81 are females.
“ No patient is under restraint.

“ The Certificates relating to such patients now
“ resident here as have been admitted since the last
“ visit of the Commissioners are correct.

“ We are glad to observe the frequent visitations
“ made to the Asylum by some of the Magistrates
“ of the County; and are disposed to ascribe to
“ those visits and to the careful superintendence of
“ the resident Physician and Matron, the extremely
“ good condition of the place.

“ We have made particular inquiries relative to
“ the books, &c., provided for the patients; and we
“ beg to suggest that some inexpensive periodical
“ publications should be added to the present stock
“ of amusement.

“ (Signed)

“ B. W. PROCTER, } Commissioners
“ J. C. PRICHARD, } in Lunacy.

Sometime since two legacies were left to the Asylum, one of £50 and another of £25. This money the Visitors have ordered to be placed in the Savings'

Bank, and the interest to be applied to the Charity Fund for discharged Patients.

Rate of maintenance is ordered to be 7 shillings per week.

Contingent Fund—balance £105 6s. 5d.

J. A. TEMPLER, Chairman.

A LIST of all SUMS, for the Payment of which Orders have been made on the COUNTY TREASURER, during the last Year :—

	£.	s.	d.
Commins, Printing,.....	7	12	9
Ensor, Stamps,.....	5	0	0
Northover, Bricklayer,	20	19	1
Munday, Wood,	32	12	11
Thornhill, Fir Poles,	3	10	0
Assessed Taxes, Rates,.....	10	11	2
Gillingham, Iron Chairs, &c.....	25	18	7
Obbard, Glass, Lead,.....	22	4	4
Shaw, Lunatic Forms,.....	8	12	6
Harvey, Oil,.....	1	6	8

£138 8 0

FARM AND GARDEN ACCOUNT.

EXPENDITURE.		RECEIPT.	
	£. s. d.		£. s. d.
To Hay	24 0 0	By 492 Lbs. of Butter.....at 1 0 0 per lb....	24 12 0
— Barley Meal, Pollard, &c., ..	21 7 8	— 1703 Gallons of Milk.....	0 0 7 per gal...49 13 5
— Garden Seeds	8 5 5	— 295 Lbs. of Veal	0 0 6 per lb. ... 7 7 6
— Manure from Eight Loads } of Straw	16 0 0	— 101½ Score of Pork	0 9 0 per score 45 13 6
— Forty-eight Quarters of } Grains at 2s. per Quarter }	4 16 0	— 50 Sacks of Potatoes.....	0 9 0 per sack 27 0 0
— Gardener	30 0 0	— 116 Bushels of Carrots ...	0 1 6 per bush. 8 14 0
		— 25 Cwt. of Parsnips	0 5 0 per cwt. 6 5 0
		— 129 Bushels of Cabbage ...	0 0 8 per bush. 4 6 0
		— 5 Bushels of Turnips ...	0 1 3 per bush. 0 6 3
		— 18 Bushels of Onions ...	0 6 8 per bush. 6 0 0
		— 26 Bushels of Peas, Beans	0 1 6 per bush. 1 19 0
		— 20 Ton of Mangel Wurtzel	1 0 0 per ton...20 0 0
		— 6 Quarters of Bone	1 2 0 per qr. ... 6 12 0
		— 21 Bushels of Lettuce.....	0 1 3 per bush. 1 6 3
	<u>£104 9 1</u>		<u>£209 14 11</u>

MAINTENANCE ACCOUNT FROM 20TH DECEMBER, 1844, TO 20TH DECEMBER, 1845.

1845.

INCOME.

1845.

EXPENDITURE.

Heads of Income.			Quarters ending					Total of the Years' Receipts.		
	21st March.	20th June.	19th Sept.	20th Dec.	Totals.					
	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.
To Cash received from Parishes.....	502 12 -	529 19 -	539 17 -	574 11 -	2146 19 -					
To Ditto from County Treasurer.....	27 6 -	29 9 -	31 17 -	27 12 -	116 4 -					
To Ditto from Mr. Browne's Benefaction Fund	33 15 -	33 15 -	33 15 -	33 15 -	135 - -					
Total Receipts.	563 13 -	593 3 -	605 9 -	635 18 -	2398 3 -	2398 3 -				

Heads of Expenditure.			Quarters ending					Total Heads of Expenditure.		
	21st March.	20th June.	19th Sept.	20th Dec.	Totals.					
	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.
PROVISIONS.										
Meat, Suet, &c.	104 6 6	101 9 9	92 6 7	104 1 9	402 4 7					
Bread	48 13 8	51 3 3	51 8 4	53 13 3	204 18 6					
Flour	8 6 5	6 16 -	6 16 10	6 16 -	28 15 3					
Milk	- 12 3	- - -	- 8 2	5 2 8	6 3 1					
Butter	8 14 -	3 9 -	- 18 -	5 2 -	18 3 -					
Eggs	- 6 -	- - -	- 1 -	- - -	- 7 -					
Oatmeal, Rice, and Peas	10 12 -	11 1 3	10 9 3	11 6 6	43 9 -					
Cheese	18 - 5	18 17 -	18 10 9	19 10 2	74 16 4					
Groceries	16 9 8	16 4 8	15 17 5	18 11 5	67 3 2					
Potatoes and Garden Seeds ...	2 11 5	2 16 -	5 10 -	13 - -	23 17 5					
Malt and Hops	49 - -	42 - -	47 12 -	49 16 -	179 8 -					
	267 12 4	253 16 11	249 18 4	277 19 9		1049 7 4				
HOUSE EXPENCES.										
Soap and Soda	7 16 -	6 8 6	9 16 10	5 4 -	29 5 4					
Candles	3 2 -	1 12 7	1 4 10	2 14 -	8 13 5					
Coals	60 12 8	42 8 8	39 12 1	71 7 6	214 - 11					
Straw, Hay, Corn, Pollard... Brooms, Brushes, Cooperage, &c.....	25 16 1	23 1 6	21 - 3	39 13 2	100 11 -					
Tin, Earthenware, Ironmongery, &c.....	4 13 1	7 7 5	6 17 6	4 6 3	23 4 3					
Stationery, Postage, & Parcels	7 17 -	18 10 9	15 19 7	21 18 6	64 5 10					
	5 10 10	3 16 1	2 1 6	9 2 4	20 10 9					
	115 7 8	103 5 6	96 12 7	145 5 9		460 11 6				
MEDICINE.										
Drugs, Surgery, &c.....	17 5 6	18 5 6	17 9 4	27 10 7	80 10 11					
Wine and Spirits	9 - -	7 10 0	9 - -	11 12 6	37 2 6					
	26 5 6	25 15 6	26 9 4	39 3 1		117 13 5				
CLOTHING.										
Linen, Clothing, and Bedding	38 16 6	34 10 10	50 7 9	47 6 4		171 1 5				
INCIDENTALS.										
Salaries and Wages	2 18 6	6 15 10	2 8 5	5 9 3		17 12 -				
	122 10 -	125 18 -	128 14 6	128 12 -		505 14 6				
Total Expenditure.....	573 10 6	550 2 7	554 10 11	643 16 2		2322 - 2				
Balance paid to Contingent Fund.....						76 2 10				
						2398 3 0				
AVERAGE WEEKLY EXPENDITURE FOR EACH PATIENT.										

FIFTH REPORT
OF THE
MEDICAL OFFICER.

MY LORDS AND GENTLEMEN,

SINCE the last Annual Report, the new buildings have been completed, and the greater part of them inhabited. These buildings were commenced on the 3rd of June, 1844, and the steam piping passing through nearly all the bed rooms, the apartments were speedily dried, and were quite fit for occupation by the 23rd of June, 1845, when they were opened for the reception of Patients.

The part devoted to the use of the Females, extends from the Mansion to the wings, which were erected for an Asylum in 1832. This space was formerly occupied by a range of old buildings; on the ground floor of which were the kitchen, larders, surgery, &c. These offices still occupy the same site, but are more

conveniently placed, together with the addition of a servants' hall. In most Asylums there are two such rooms provided, one for the male and another for the female attendants, and where this can be accomplished, the separation is desirable. In the kitchen and scullery are two double cast-iron vessels for steaming or boiling, an oven, a range, &c. Over these offices is the new ward for female patients. It consists of a gallery 74 feet long, with sky-lights in the ceiling and ventilating cowls; a range of single sleeping rooms occupies one side with a light iron window in each, 3 feet by $2\frac{1}{2}$; and on the opposite side are three small dormitories and the attendants' room, with a day room, 19 feet by 17. The windows of this range are $4\frac{1}{2}$ feet by 4. Steam pipes are carried through all these rooms, the doors of which are always thrown open, thereby, in some measure, obviating the objections against double rows of bed rooms. There are also a bath room fitted with basins, taps, &c., a water closet, a scullery or washing-up room, and a clothes closet. Each sleeping apartment is furnished with a light iron bedstead on castors, with a neat head and foot rail, a straw and hair mattress, and a strip of carpeting. One advantage arising from this kind of bedstead is, that it forms no harbour for vermin, and is therefore more cleanly.

The building, appropriated for the male patients, extends in a direct line from the old wing. It is two stories high, and consists of galleries with a day room at the end, and double rows of sleeping rooms. The windows of the day rooms, of which there are three

in each, 6 feet by $3\frac{1}{2}$, are placed at the extreme end, and these rooms, being separated from the galleries by large plate glass doors, 10 feet by 7, materially increase the light of the galleries. The upper gallery has also sky-lights and ventilating cowls, similar to those on the female side of the Asylum.

This additional accommodation has been attained by the most economical plan, that of having double rows of sleeping rooms; but the difficulty of obtaining proper light and ventilation, with a cheerful prospect, from the galleries constructed on this principle, renders them objectionable. This objection particularly applies to the lower wards, and the only way to obtain light is by having a large window placed at the end, in a line with the gallery, and giving up a bed room at the side. Light should be given in as great abundance as possible: as it is one of the most important auxiliaries to a healthful state, as it prevents a variety of unwholesome chemical changes from taking place, and has a much more important influence on the well-being of man than is generally imagined.

The objections stated above do not indeed peculiarly apply to the Forston Asylum, as only a small portion of it is built on this plan; and, the male patients being employed in the garden, and several of the female patients in the laundry, these galleries are almost entirely unoccupied during the day.

Warming Apparatus.—The Asylum is warmed by steam, circulating through cast-iron tubes. The steam is generated in a boiler 12 feet by 4, 5 feet 6 inches high, and is conveyed by pipes into the different

wards. An agreeable and equable temperature is thus maintained through the whole establishment during the most inclement weather. Steam pipes having been introduced into many of the bed rooms, the patients confined by sickness will enjoy a comfortable temperature, and those deficient in nervous energy will not experience the injurious effects of a great and sudden change of temperature in passing from the day room to their sleeping rooms.

The steam boiler heats also the hot water vessel, the cooking apparatus, and the drying rooms.

The hot water vessel, made of double wrought iron, and heated by the steam, circulating between the vessel and the case, is an important article in the domestic arrangements. It supplies all the water requisite for the wash-houses, baths and pantries in the Asylum. It also radiates a sufficient quantity of heat from its external surface to dry all the foul linen, being placed in the drying room. Previously to its erection, whatever might be the emergency, hot water, sufficient for a bath, could not be obtained in less than an hour. The water for the wash-houses was heated by fires under the furnaces.

The importance of cleanliness to health and personal comfort is so apparent, that it is almost unnecessary to point out the benefits that will be conferred on the physical condition of the patients, by facilitating the regular and frequent performance of ablutions. Habits of cleanliness, when once formed, cannot fail to exert a salutary moral influence; they will inspire feelings of self-respect, tastes, likings and dislikes, the

tendency of which is to raise, in the social scale, those who entertain them. To enable the patients to cultivate these habits, to which they are often very averse, every facility should be provided. All the wards are now furnished with basins made of cast-iron, enamelled, fixed in the bath rooms, and fitted up with a supply cock, waste pipe, and plug. The poor are frequently found, on admission, extremely dirty; perhaps, in but too many cases, they are so, because they cannot obtain the necessary articles for cleanliness. The dirt is rendered less offensive to them by continued neglect, until, at length, it is altogether disregarded in the state of constant and anxious solicitude they experience, in their endeavours to provide for the day that is passing over them.

A warm bath once a week, at least, is indispensable to ensure health and comfort. It is an efficacious means of allaying excitement, tranquillizing the restless, and inducing sleep. Nor is the shower bath a less valuable auxiliary in rousing the depressed state of the mental faculties in melancholia.

Ventilation.—This very important, but most difficult subject has received special attention in the recent additions to the Asylum. In each of the bed rooms an opening $6\frac{1}{2}$ inches by $3\frac{1}{2}$, is made about 4 inches above the floor; over which on the outside is a perforated zinc plate. These apertures are closed, by means of a wooden brick, during the night in cold weather. In the ceiling is another opening 9 inches by 4, from which a flue, 14 inches in diameter, passes up into the roof, and communicates with the external air,

through ventilators placed in the roof. Several such ventilating flues are made in the galleries. There is also a small opening under each bed-room door into the gallery. By these arrangements the respired air is continually ascending and passing out through the flue in the ceiling. The ventilation, during the day, is much increased by each window opening its entire length, so that a free current of air is easily admitted, which speedily circulates through the ward. In the upper ward additional light and air are obtained by means of sky-lights surmounted by ventilating cowls.

Single Rooms and Dormitories.—In constructing the new wards, a preference has been given to single sleeping rooms over dormitories; observation and experience having fully satisfied us of the decided advantage resulting from our being able to place a majority of the patients in separate rooms. It not unfrequently happens that a single patient will disturb the rest of all the others in the same room, and being thus rendered restless and sleepless, they are peevish and irritable during the day. If a convalescent patient be subject to this interruption, a relapse may be the consequence. It is by no means an uncommon occurrence, for patients to earnestly request a separate room, where they will not be subjected to this disturbance, from the language and restlessness of other patients. They frequently say, their room is their chief comfort; and, if from necessity, they are obliged to give it up and sleep in a dormitory, it becomes a source of great annoyance to them.

There are many patients quiet and orderly in the

day, whose paroxysms of excitement come on during the night; and, some of these would, under the influence of sudden impulse, strike any one sleeping in the same room with them. Unless such patients are fastened to their bed, a single room becomes necessary. In recent cases, where tranquillity and undisturbed sleep are essential, for the maniacal and turbulent, for the destructive, the uncleanly, and for the sick, single rooms are required, and the number of them must be in proportion to the amount of unfavourable cases in the house, in general not less than two thirds.

The exhalations in close crowded apartments are injurious; and, although they may not be sufficient to disturb the functions of some important organ, they exercise a depressing influence upon the general system, and act as a predisposing cause of some of the most common and fatal diseases, to which the human frame is subject,—as pectoral affections and bowel complaints. A visit to a dormitory, after the patients have retired to rest, would be sufficient to convince most persons, that inhaling such a vitiated atmosphere must be highly prejudicial. Langour and depression of spirits, with loss of appetite in the morning, are the but too frequent consequence, and it is by no means unusual for patients, sleeping in the dormitories, to express a wish, that the breakfast hour was 10 instead of 8 o'clock, as they would then have a better appetite.

A few small dormitories in which the suicidal and the timorous can be placed with some quiet patients,

will doubtless be desirable ; but the proportion of single rooms in an Asylum should not be less than is above stated, namely, two-thirds. The economy of forming large dormitories in building an Asylum cannot be disputed ; but the cure, and where this cannot be effected, the comfort and tranquillity of the patients are the objects first to be regarded ; for if these results are not obtained, even the most economical expenditure is clearly an useless sacrifice.

The advocates of the dormitory system agree, that it cannot be fully carried out, unless the attendants sleep with the patients to controul the violent, to tranquillize the irritable, &c. If, however, the nightly rest of the attendants is broken, they are rendered unfit for the effective discharge of their truly anxious and perplexing daily avocations. Their health, under such circumstances, must give way, and they would in all probability be found sleeping at their posts in the day time, or when their vigilance was most required.

Padded Rooms.—For patients labouring under acute Mania, these rooms have lately been much advocated, on the ground of their tendency to protect them from the effects of their own violence. It is matter, however, of great doubt, how far they would perfectly answer even this purpose, supposing their use in every other respect unobjectionable. From having their sides and floors lined with mattresses, they would doubtless prevent the injuries (which a raving maniac, if left at liberty to exhaust himself in a paroxysm of uncontrolled excitement, would receive from throwing himself against the walls or the

door) from being so *observable* as otherwise they would be; but though not so *conspicuous*, from the absence of all external violence, they might not be less *real*, nor less likely to be attended with serious consequences. It can hardly be necessary to observe that a temporary alleviation or suspension of the phrenzy, if it be produced by mere physical exhaustion, and not by such remedial measures as hold out a reasonable promise of permanent amendment, far from being a consummation to be desired, is rather a consequence to be deplored. In the treatment of this form of disease, the object of the first importance is, to allay the cerebral excitement, to induce sleep, and to shorten the paroxysm. It is evident this object cannot be attained by merely placing the patient loose in a single room. Remedial measures, such as the application of leeches to the head, cold effusions, warmth to the feet, to allay the cerebral irritation, and restore the circulation to the extremities, cannot be adequately employed. Where the violent muscular exertion, the insomnolence, and the vociferation of the patient remain unchecked, the danger is that he will either pass into a state of dementia, or that he will die of exhaustion: a form of death which frequently results from prolonged maniacal excitement. These rooms are not favourable to cleanliness. In acute mania there is often a perversion of the habits, and frequently an entire disregard of cleanliness, to insure which, together with a healthy atmosphere, the sides and floor of the room, so padded, must be changed several times during the day and night, or the effluvia will be dif-

fused throughout the whole gallery, creating an intolerable nuisance. The health of the patient himself and of those confined in the same ward would thereby suffer.

In cases of ordinary mania, which are by far most frequently met with, such rooms are totally unnecessary.

No universal rule can be laid down applicable to the ever varying forms of mental disease; and where there is only a choice of evils, the least objectionable must be selected. It is the duty of every one to deliberate on the measures most conducive to the general welfare of the patients, and to act in conformity to his judgment. Hence, at a time when padded rooms are so indiscriminately eulogised, it has been deemed advisable to show, that they are not altogether exceptionable, however, occasionally, they may be desirable or advantageous.

Water.—An abundant supply of this indispensable article is obtained by means of a treble action pump, worked by a water-wheel of two-horse power, which is propelled by a small stream. This pump throws the water into a large cistern in the roof, whence it is conveyed by pipes to all parts of the house. The well is 30 feet deep, and so abundantly supplied from adjacent springs, that during the driest summer, the quantity obtained has always been sufficient for the wants of the Institution. The average daily consumption is 36 gallons a day for each patient.

Drainage.—The Institution is situated in a valley, and has a stream of water running on its western side, which is conducted through a barrel drain under the

water closets. Into this drain all the smaller drains empty themselves, and the contents of the main drain are discharged into the stream below the Asylum.

Boundary Wall.—The wall around the Asylum is low, and the turnpike road being higher than the grounds people passing along it have (in winter) a complete view of the garden, and of the female patients' airing grounds. The patients are, consequently, often exposed to the gaze and observations of idle curiosity.

Airing Courts.—These are sufficiently spacious, but if they were more numerous, the classification of the patients, when taking exercise, could be better arranged. Each court has a grass plat, planted with shrubs and flowers, surrounded by a gravel walk, which quickly dries after wet weather. Light cast-iron seats are placed at intervals, which are favourite resorts of the patients in fine weather. Veranda or awnings are also to be erected.

Admissions.—During the past year, 47 patients have been admitted. Of these, 13 were received within three months of the first accession of the disease; 3 within six months; 17 were admitted upon second or subsequent attacks. Of these, 12 were re-admissions into this Asylum; and the interval which elapsed, between their discharge and re-admission was, on an average, $4\frac{3}{4}$ years. The remaining 14 patients had been afflicted for periods varying from 1 to 20 years.

Hereditary predisposition existed in 36.17 per cent. of the cases admitted.

Suicidal Cases.—Of the patients admitted, 17, or

36.17 per cent. had attempted, in various ways, to put an end to their existence. The means resorted to were strangulation, drowning, and the knife. In several of these cases it was found, on enquiry, that they had, for some time previously, suffered from pain in the head. Six patients repeated the attempt after their admission. One twisted her pocket handkerchief, and attempted to strangle herself with it, and, subsequently she used her apron strings to effect her purpose. Both occurrences took place in the day room, in the presence of the attendants and patients. Another patient at the dinner table, suddenly seized a knife, and attempted to plunge it into her throat. Providentially, the attendant was at her side, and prevented the act. In the case of another female, so irresistible was the impulse, that while the attendant was applying leeches to her head, she twisted the corner of the sheet round her neck, calmly observing, that she must do it, she could not help it. A male patient, in a sudden paroxysm of excitement, took a knife from the dinner table, and drew it across his throat. He had, during the morning, been employed in making shoes, using knives, &c. On the subsidence of the paroxysm he said, he had been suddenly tempted to destroy himself, and was unable to restrain the impulse. After a few weeks, he again returned to his employment, and the suicidal mania has not again been manifested.

Of all forms of insanity, this causes the most painful solicitude, and demands the most unceasing vigilance, both by day and by night. In the majority of

the above cases, the impulse to destroy life was sudden and irresistible ; and experience fully proves, that while this disordered state of mind exists, even after long intervals of apparent cheerfulness, the suicidal propensity may suddenly return, and thus, in a moment, all former care and anxiety may be rendered unavailing.

In nearly all these cases, hereditary tendency to suicide existed ; and in many cases, several members of their families had destroyed themselves by their own hand.

Refusal of Food.—The average daily number of patients refusing food has been 3.08. This is a larger number of such cases than is usual. In the majority of them there did not appear to be any wish to die, although they evinced a recklessness as to the result of their conduct. In some instances, the repugnance to the taking of all food has been only temporary ; in others of long continuance. In some patients, it came on the access of maniacal paroxysm, and subsided with it. The cause could in no case be attributed simply to a disordered state of the digestive functions ; though, in some cases, it was, to a certain degree, connected with it. In the majority, the origin of the malady could, perhaps, only be ascribed to a diseased affection of the nervous system. The disposition to absolute rejection of food must be considered as much a form of mental alienation as its opposite, voraciousness.

In one individual it displayed itself during a paroxysm of acute mania. On her recovery, she assigned no reason for having refused her food, neither

did she retain the least recollection of what had passed during her maniacal state. In two others, it was connected with religious delusions. One of these conceived, that she had received a divine command to fast for forty days, as our Saviour did ; and, when food was given her, she would exclaim " I must not eat it, I shall not be saved if I do." She had a sister who was insane, and laboured under the same delusion. Another patient hesitates to eat, from a desire to give her food to her son, who she conceives is on the premises. She frequently searches every room in the ward, expecting to find him. Another female fancied she had bones infixed in her throat, which prevented her from swallowing. Another prefers things of the most loathsome nature, and another imagines her food is mixed with poison.

In a few of these cases, after every variety of food had been tried, and all endeavours had failed, recourse was had to the introduction of food by means of the stomach pump. After having resorted to which expedient a few times, the repugnance in each case gave way.

In one or two cases, where there evidently existed some disorder of the stomach, the application of a few leeches, followed by a small blister to the epigastrium, was found beneficial.

The longer this state of rejection of all food continues, the greater is the disorder of the stomach, and the less probable is the prospect of recovery. In acute mania, where an absolute refusal of all sustenance has

existed for several days, restoration to health seldom takes place.

Nausea and a loathing of food frequently occur, where the bowels are costive, and are removed by aperient medicine.

There have been, at different periods during the year, seven cases of depraved appetite, in which an utter perversion of taste was exhibited. They ravenously devoured whatever they could masticate and swallow. This morbid appetite could not be removed by any extra allowance of food, however liberal and frequent. In every case but one, however, these symptoms disappeared on the subsidence of the maniacal paroxysm.

Character of Cases admitted.—The cases admitted have been generally of a very unfavourable character. Even those represented to be of recent date, were so exhausted by a continuance of previous ill health, that scarcely a chance of recovery seemed to exist, upon their admission into the Asylum: in fact, in many instances, stimulants were immediately resorted to, as absolutely essential to prevent their sinking from physical exhaustion.

The first case admitted this year was a female, the daughter of respectable parents, who, on the death of her father, was comfortably provided for. From some circumstances, not accurately known, she lost a large portion of her income. This produced anxiety of mind and broken rest, followed by an attack of mania, with aversion to food. On her admission, she presented a pitiable appearance. Having taken very little food for

six weeks, she was reduced to a state of great weakness and emaciation, and appeared to be rapidly sinking from inanition and exhaustion. It was but too evident the case admitted of no further delay. All the various means employed having proved unavailing, as a last resource, the stomach pump was used. At the end of the third day, the morbid resistance subsided, and she took her food. Her health gradually improved, and she was discharged cured within 6 months.

C. N., aged 35. He was the subject of constitutional ill health, and from early life suffered from sickness. At the age of 19 he was considered to be in the last stage of pulmonary disease, and, for months, he lingered in an apparently hopeless state. About the age of 25 his strength was again prostrated by an hepatic affection. From this attack he never fully recovered, and he frequently suffered from mental depression. His occupation, (that of a parochial school-master) keeping him in a constant state of anxiety, brought on an attack of acute mania. A few days after his admission, the violence of the symptoms was in some degree subdued, when he received a visit from a person deeply interested in his welfare. Expecting to be taken home, and finding himself disappointed, a relapse of excitement was the consequence. This continued, with scarcely any intermission, for a period of three weeks, when he sank from exhaustion, consequent on cerebral irritation. It cannot be too strongly enforced, that, for the welfare of the patients, a too early admission of visitors to see them is in the highest degree prejudicial, and sometimes superinduces an incurable relapse.

S. H. Insane 3 months, second attack. She was reduced to a state of great weakness from long continued lactation, and insufficient food. She had been, for some time, in a most depressed state of mind, and unable to attend to her domestic affairs. Her nights were sleepless, and she suffered from severe pain in the head and loss of appetite. Matters continued in this state for three months, when she made an attempt to commit suicide, seized a knife and cut her throat. A few days after she was sent to the Asylum.

R. D., aged 69. He had been an inmate of a Union three months previously to his admission. When admitted, he was apparently in a dying state; unconscious, eyes sunk and glassy, surface of body covered with cold clammy sweat, pupils contracted; in fact labouring under the symptoms of an apoplectic seizure. He had taken scarcely any food for ten days. The usual remedies were promptly applied, under which the severity of the symptoms was mitigated, and he still lives, though in a most debilitated state.

A. M. On the 7th of August application was made for her admission by the Relieving Officer, and an answer was returned, stating that she could be received. Nothing further, however, was heard about the subject, until the 27th of that month, when the Clerk of the Union stated she was recovered. On the 20th of the ensuing month, without any further notice, she was sent to the Asylum. The medical certificate was signed on the 8th of August by the person who attended her. Another medical man subsequently signed it on the 20th of September. In

the mean time, she attempted to destroy herself, both by drowning and by strangulation. An uncle of the patient drowned himself, and two sisters hung themselves.

The treatment pursued in some of the cases, previously to admission, has been copious abstraction of blood; a practice resorted to under the mistaken persuasion, that the extreme violence of the symptoms exhibited is consequence of inflammation of the brain or its membranes, instead of irritation. In one case, the immediate effect was, an aggravation of the maniacal paroxysm, followed by extreme exhaustion. In another, epilepsy supervened while the blood was flowing; and in others, a state of debility was induced, succeeded by melancholia.

Cases of violent maniacal excitement do not admit of extensive depletion, and a contrary effect to that expected generally results. In this form of disorder there is a tendency to exhaustion; and the chief object should be to allay the cerebral irritation, and to preserve the strength, that the system may not sink under the exhaustion which follows.

Cause of Disorder.—The difficulty of ascertaining either the cause of the malady or its duration is extremely great. The statements, in the orders of admission, are in too many instances, inaccurate, and the accounts derived from the patients cannot, for obvious reasons, be depended on. Information on this subject can only be obtained from the relations, or those in immediate attendance upon the patient, on the supervention of the malady; and even their statements

can only be considered as approximations to the truth. There is frequently an endeavour to conceal the origin of the disease, especially if it be connected with hereditary taint. The circumstances which took place *just before the outbreak*, are generally considered as the proximate cause of the disease; but on a careful investigation, it sometimes appears, that the germs of the disease, have existed for years, and only awaited the occurrence of exciting cause to develop themselves. Symptoms are also frequently assigned as causes of the insanity.

Obstacles are thus thrown in the way of medical and moral treatment; and even under favourable circumstances, amidst a mass of contradictory evidence, it is extremely difficult to predicate, where health and sanity terminated, and disordered action commenced.

Deaths.—Nine have died during the year. Two deaths have occurred from a gradual decay of nature. two from exhaustion after acute mania; one of whom had been copiously bled previously to his admission, and the other had led a most intemperate life, frequently passing his nights in the streets in a state of intoxication. He had been in gaol three times for assault. Two died of apoplexy; one of consumption; and two others of general paralysis.

One of the deaths occurring from apoplexy was that of a female, who had for some years been afflicted with lepra. She was formerly a cook, and by frugality succeeded in accumulating the means to purchase an annuity of £14. At the critical period of life she became insane. Her mother was also insane;

and she had a sister and an uncle similarly afflicted. She now wandered about soliciting alms, and on exhibiting her hand, her distressful condition generally excited sympathy. If, however, it did not, she would refuse to leave the house until she attained her object. She visited the houses of her relations at night, and accused them of having taken possession of her property. This conduct she pursued for some years, until her language, when her requests were unheeded, was so abusive, that the persons to whose houses she was in the habit of going, interfered, and she was brought to the Asylum.

Her distressing disorder affected her whole body, the surface of which was covered with white scales. The joints of her fingers and toes were swollen and ulcerated, discharging a most offensive ichor. Ulcerations of a less aggravated character were also apparent in her face. The appetite was voracious, and nymphomania, the most revolting, exhibited itself. In fact she was an object of horror. Every sort of contact with her was studiously avoided by the patients, and her life may truly be said to have been a burden.

A sudden retrocession of the eruption took place; apoplexy supervened; and she died 17 hours after the accession of the apoplectic seizure.

One of the deaths from general paralysis was also that of a female. She had led a most intemperate and abandoned course of life. For some time, previously to her admission, she had been the subject of a loathsome disease. She had refused food, from an

idea that bones were infixed in her throat, which prevented her swallowing. Her habits were uncleanly, not from unconsciousness, but from a desire to give the attendants every possible trouble. She has required change of linen twelve times in a day, and she would tell those who waited on her, it was only something for them to do. She sunk under such extensive sloughing, that the spine was denuded. For some days before her death she was literally a mass of corruption. The commencement of the disease was ushered in by a slight tremor of the tongue, followed by embarrassed speech, unsteady gait, and a dragging of the left leg.

Discharges.—The number discharged recovered during the year has been sixteen. Of these ten were received within three months of the accession of the disorder. Among them one interesting case ought to be detailed.

J. F., a gardener, much respected for his upright conduct. He had an allotment of ground adjoining a field belonging to a farmer. The hedge separating their grounds, being broken, the farmer's cows had, on several occasions, got through and devoured his vegetables. On passing through the field one evening, he took, from a heap of brush wood, a few sticks, intending to mend the gap. The farmer meeting him, the poor man dropped the sticks, when he was instantly accused of theft. In vain he asserted his intention of repairing the hedge. A summons was procured, and he appeared at the Petty Sessions. On the case being heard, the Magistrates decided, that if the farmer was determined to proceed with the

case, he must carry it to the Quarter Sessions. A Magistrate, who knew both parties, became surety for the gardener's appearance. At the Quarter Sessions, the prosecutor appeared by counsel. The gardener at once admitted the fact of his taking the wood, and stated his reasons for doing so. A conviction followed, and he was sentenced to a few days' imprisonment. On entering the Gaol doors, the shock he received unhinged his mind, and he immediately lost his reason. The form of his malady was melancholia with delusion. The idea that he was to be transported constantly haunted him. He was discharged within four months after his admission to the Asylum.

Cases in the Asylum.—There are at present 134 patients; of whom 52 are males, and 82 females. Of this number scarcely 20 can be considered as curable. The great majority of the cases are of long standing; 33 are in a state of dementia, with occasional paroxysms of excitement; and they require the most unremitting attention. Of idiots there are only five.

The following case is interesting as showing, that in some instances, at least, of partial idiotcy or imbecility, the mental powers may be educated and developed with the happiest results. T. B. was received from a Union, of which he had been many years an inmate. When admitted he was apparently in a most hopeless state; mischievous, tearing his clothes by day and by night; dangerous, kicking and striking those about him; totally lost to all sense of propriety, uncleanly in his habits, and

when accosted, only returning an unmeaning laugh. He was observed to take apparent pleasure in secreting articles, and sometimes he would ask for a half-penny. The idea thus suggested was acted on, and he was promised a shilling, if he would be cleanly for three months. An alteration soon took place. He ceased to destroy his clothes, and became cleanly and quiet. He continued in this state for the required period, and obtained the reward. He has learnt to read; and is so altered in his whole character, that he is quite a model of cleanliness and good behaviour. He has since received 6d. every quarter, which he carefully treasures. Fifteen months have elapsed since his education commenced, and he is now daily employed in the garden, keeping watch over the other men, in case of any attempt at escape. In the autumn, when the mangel wurzel was taken in, he kept a check by means of strokes on a slate, on the number of barrow loads delivered into store; which account was found to be correct.

Epilepsy.—The popular idea that epilepsy, like insanity generally, is in a great degree under lunar influence, is not borne out by any statistical data. Indeed, all our observations hitherto, it is suspected, tend to prove that the moon has no palpable influence upon the insane whatever. The exciting cause of attacks of epilepsy appears neither to be connected with lunar influence, nor to result from periodicity. It may supervene on a too full meal, or after partaking of indigestible food. It frequently precedes or follows the catamenia; and is also excited by a costive state of the

bowels. Various mental emotions also bring on the paroxysm. In some instances it precedes, in others it supervenes, on an attack of mania. One male patient, who is subject to epilepsy, and is exempt from its attacks for long intervals, invariably has a paroxysm of excitement, accompanied by an epileptic fit, whenever his tobacco is exhausted, and he has not an immediate supply. Another patient, a female, is exceedingly devout. At each meal she offers up a long prayer, and she may frequently be found kneeling in places most likely to attract observation. If disturbed in her devotions she is forthwith thrown into a violent epileptic paroxysm, during which she bites, kicks, and vociferates the most blasphemous denunciations.

State of the Asylum at Night.—Many who are tranquil in the day are noisy at night, and frequently disturb the repose of other patients. Some are restless soon after retiring to bed; others break out in the night; and some commence talking towards morning. Some are noisy for successive nights; others only at intervals. Some are engaged carrying on a sort of conversation, generally on subjects connected with their delusions. Some sing; some pray; others swear; some are subject to sudden impulses, which subside after the ebullition has continued for a short period. During the summer the patients frequently had lettuce and onions with their bread and cheese for supper, and on those occasions, the quietude of the wards during the night was remarkable; even those habitually noisy passed a quiet comfortable night.

The cases in which the destructive propensity has

been indulged have been very few, and these have occurred chiefly during the night. By day, the watchful eye of the attendant exerts a controlling influence ; this is withdrawn during the night, and the patients then follow, almost uninterruptedly, the bent of their insane inclinations. In some few cases, so determined were they in their work of destruction, that not only the ordinary bedding, but strong sail cloth sheets also were reduced to threads. One female patient (who in her paroxysms will tear up her clothing with almost incredible dispatch) on her convalescence displays much ingenuity, in repairing the articles she had previously almost entirely destroyed. A male patientt possessing considerable mechanical ingenuity, suddenly smashed 12 panes of glass. On the following morning he was supplied with a knife, putty, and glass, and ordered to repair the mischief he had done, this he did, amidst the good humoured jests and observations of his companions. He has not since indulged his propensity for glass breaking. The experiment was followed by similar results in another instance.

Uncleanly Cases.—The average nightly number of unclean patients has been 6.09 ; by day 1.69. The number by day is small, when the character of the cases is considered, and the length of time many of them had been insane, before any efforts were made to counteract their neglect of cleanly habits. In estimating the cleanliness of any Institution, these circumstances must, in order to correctly appreciate the results, be taken into account, together with the number of the attendants and the vigilance and endurance

necessary on their part to correct these long continued habits. Daily and hourly attention is imperatively demanded on the part of the attendants, or the patients will speedily relapse into their former condition. Weeks, and even months of untiring perseverance, are necessary to effect this change; and, in some cases, all attempts fail, and the patients are reduced to a state as helpless as that of infancy, and require the same attention. Some also are wilfully dirty, and it would appear, as if it were solely for the sake of giving trouble and annoying those in attendance on them.

Five years since there were in the worst male ward, containing 26 patients, only six clean beds, the remaining 20 were of straw for unclean patients; at present, in the same ward, all but two sleep on flock or horsehair mattresses. A similar ward on the female side, containing thirty beds, nineteen of which were for dirty patients, now contains only five beds for uncleanly patients.

As will be readily conceived, the attendants themselves require constant supervision, to ensure the performance of such unpleasant and arduous duties; and should this supervision be in the least degree relaxed, an alteration in the aspect of the ward would be the immediate result.

The daily average number of patients, labouring under maniacal paroxysms, has been 9.13. The greatest number in any one day being 23; and in any one month 58. This includes almost every variety, from the merely restless or mischievous, to the raving maniac.

Diet.—The importance of a nutritious diet for the insane, by which, above all other non-naturals, physical life can be adequately maintained, is essential for their cure and welfare. The amount of nourishment, necessary for the due maintenance of health, appears to be in proportion to the quantity of oxygen taken into the system. According to the celebrated Leibig, in his *Animal Chemistry*, by Dr. Gregory, the body of an adult man consumes daily 13 9-10 ozs. of carbon, and this amount of carbon being mainly derived from the food, it would appear that that quantity should be almost entirely contained in all dietaries which are recognized as sufficient. The oxygen, which is inhaled by the organs of respiration, is circulated with the blood through the various organs of the body, and requires an adequate proportion of carbon to neutralize it, in order to maintain the integrity of the human frame. Should the oxygen be in excess, disorder will take place, followed by deterioration of the living tissues.

The amount of carbon contained in the dietary at present in use here is 12.05 ozs., which is a near approximation to the quantity Liebeg considers to be necessary to the maintenance of a healthy state, and the proper discharge of the vital functions.

The effects observable in cases arising from an insufficient or innutritious diet, are extreme emaciation, paleness, and prostration of the physical energies; and, although such a state may continue for some time without any apparent cerebral disturbance, yet eventually the brain will participate in the general disorder, and delirium, dementia, or death follow.

From the table of admissions it will appear, that poverty, with its attendant evils, has been, as in former years, a prolific source of mental alienation. A man may enjoy a degree of health on a scanty subsistence; but, should anxious care or physical disease assail him, he is speedily reduced to a state of mental disease.

For the maintenance of a healthful state, waste and supply should be kept in a state of equilibrium: hence, the necessity for a full and sufficient diet, containing those materials, which are daily eliminated from the system.

From the foregoing observations it would appear that, if the labouring population could procure the requisite nourishment, a diminution in the number of those suffering from this fearful malady would take place: at least, such a conclusion may be drawn from the facts, that poverty is one of the chief causes of insanity among the labouring class, and that, with a nutritious diet, the restoration to health usually follows.

The diet of the insane as well as of the sane, requires to be varied, according to individual idiosyncrasies and circumstances. That which may be proper for one, may be injurious to another. It is not cerebral disorder alone from which they are suffering: they are equally liable to every other known form of disease. On the other hand, the practice of yielding to the irritable, the wayward, and the capricious, with the view of promoting order and regularity, will ultimately be found to aggravate the caprices of the

patient, and will be productive of jealousies, discontent, and quarreling among them. The great secret of the moral treatment of the insane is, to treat them with the greatest humanity and enlightened circumspection, —as much as possible, as if they were sane, but even the sane might be converted into lunatics, if their every whim and fancy were indiscriminately indulged, and blindly acceded to.

Employment.—The occupation of the patients has been continued during this year nearly in the same manner as heretofore. Continued occupation of the mind, short of fatigue and ennui, on some given subject, is one of the best means of drawing off the attention from a morbid sensibility, or from real individual suffering, and of preventing the mind from indulging in a state of reverie or abstraction. In the incurable class, it also tends to fortify the patient against the depressing influence of physical disorder.

By employing the patients in Agriculture, a greater quantity of productive labour is ensured, than could easily be accomplished by any other expedient; and, in proportion to the quantity of the labour thus employed, the value of the land is increased, and an actual diminution in the expenses of the Institution is also effected. The majority of the patients being agricultural labourers, this kind of occupation is the most congenial to their tastes, as it also is the most advantageous. Fortunately for the interests of the Asylum in this respect, R. B. Sheridan, Esq., has most generously appropriated to the use of the Institution a field adjoining the premises, which, when cultivated by the patients, will amply supply all the vegetables required for the use of the Asylum.

The laundry and kitchen, with the carpenters' and shoemakers' shops, continue to be found valuable auxiliaries, by furnishing the means of occupation, the beneficial effects of which, in both the curable and incurable classes, can scarcely be over-rated.

In the shoemakers' shop, 190 pairs of boots and shoes have been made; 361 pairs have been mended; and, 50 pairs of Lancashire clogs have been made for the Gaol. The female patients, in addition to making and mending the ordinary clothing for the House, have made the additional clothing and bedding required for the increased number of patients. Many patients, of both sexes, are engaged as helpers in their respective wards, where they render the most valuable assistance. Among these helpers may be found some of the most excitable and troublesome of the patients; and, their friends on visiting them, and finding them so employed, can with difficulty be persuaded to believe, that their discharge would be attended with injurious consequences. The common observation is, "If they can work here, they can work at home." Such is, unfortunately, the popular ignorance of the advantage of the continued influence of moral regimen, exercised over the insane in a well-conducted Asylum.

Several instances have occurred, during the year, in which patients, apparently convalescent, have been thrown back by the premature visits of their friends or acquaintances: hence, difficulties have arisen in the successful treatment of their cases. In some patients previous delusions were revived, and a recurrence of the malady was the consequence. In other cases, the

patients have felt disappointed at their friends' leaving them behind after the visit, and a state of irritation has succeeded, followed by loss of sleep and a relapse. This tends to show that the premature introduction of friends, however humanely intended, is really an act of cruelty towards the hapless sufferer.

On the other hand, many are cheered and gratified by the visits of their friends, and their recovery is accelerated by a kind, well-timed, and judicious intercourse. The proper time when these visits would prove advantageous to the patient, requires the most thoughtful discrimination on the part of those intrusted with the responsible charge of the insane. In this, as in every other means of cure, while every possible facility for the recovery of the patient should be eagerly embraced, every thing likely to retard such an event should be carefully avoided.

When the patient is able to write, it is very desirable that they should freely correspond with their friends by letter; such correspondence, however, having first passed through the hands of the Medical Superintendent. Their state of mind is often in this way ascertained more readily, perhaps, than by any other means. When a patient desires to see his friends, and is unable to write himself, a letter is written for him, should such visits be deemed conducive to his welfare.

Amusements.—The entertainments, or social evening parties, continue to be productive of the most gratifying results. Upwards of 60 of the patients assemble at these parties with the attendants, when they have tea and cake. The utmost cheerfulness and propriety

of conduct prevail in these re-unions, and they have never been attended with any subsequent excitement.

A patient observed on the morning, after one of these entertainments, that she wished the parties were more frequent, as the house was afterwards so quiet in the night. Two patients, in a state of melancholia, were induced to attend one of these parties. A smile had scarcely been seen on the face of either of them, during their residence in the Asylum. Long before the conclusion they became more cheerful, and engaged in the proceedings of the evening, with apparent satisfaction. Both have since left the Asylum well.

G. P. BUTTON.

TABLE OF ADMISSIONS.

No.	Sex.	Age	Assigned Cause of Disorder.	Duration of Disorder when Admitted.	No. of Attacks.	Form of Disorder.
1	F	41	Loss of Property	3 weeks	sevl.	Mania, suicidal
2	F	42	Grief, hereditary	8 months		Melancholia, suicidal
3	M	35	Anxiety, hereditary	3 weeks		Acute Mania
4	F	17	Suppressio Mensium	3 months	4	Mania
5	F	57	Poverty	14 days		Mania
6	F	30	Prolonged Lactation, Poverty	7 days		Mania
7	M	26	Anxiety, hereditary	3 months	2	Mania
8	M	37	Fever. Poverty	6 months		Mania, suicidal
9	F	27	Congenital, hereditary			Mania, suicidal
10	F	45	Poverty	1 month	sevl.	Mania, suicidal
11	F	51	Fright	6 months		Mania
12	M	45	Poverty	6 months		Melancholia
13	F	25	Fright	20 years	3	Dementia in Epilepsy
14	F	54	Cold	8 years		Incoherence, Paralysis, Epilepsy
15	F	73	Poverty	1 month		Mania
16	F	19	Rheumatic Fever	1 week	sevl.	Mania
17	M	57	Intemperance, hereditary	1 week		Mania
18	M	45	Disappointed Hope	7 months		Mania
19	F	33	Poverty	3 months	1	Melancholia, suicidal
20	F	40	Poverty	5 weeks	1	Melancholia, suicidal
21	F	41	Poverty	3 months	sevl.	Melancholia
22	F	46	Jealousy	1 year		Mania
23	M	69	Poverty			Dementia, Paralysis
24	F	41	Domestic unhappiness	2 months	1	Melancholia
25	M	18	Intemperance	3 months		Acute Mania
26	F	29	Anxiety	6 weeks		Demonomania
27	M	45	Fumes of Carbonic Acid Gas	1 week	1	Acute Mania
28	M	30	Intemperance	2 years	sevl.	Mania
29	F	30	Fright	11 years		Mania Epilepsy
30	M	32	Pecuniary Losses, hereditary	1 year		Melancholia, suicidal
31	M	52	Poverty, hereditary	1 week	sevl.	Melancholia
32	F	30	Poverty, hereditary	2 months		Mania, suicidal
33	F	38	Poverty, hereditary	6 weeks		Mania, suicidal
34	F	21	Ovarian Dropsy	2 months	sevl.	Melancholia
35	F	36	Fright	6 weeks		Mania, suicidal
36	M	54	Fright	14 years		Mania, Epilepsy
37	F	54	Domestic Trouble	1½ year	sevl.	Acute Mania
38	F	34	Suppressio Mensium	6 months		Melancholia
39	M	55	Epilepsy	1 year		Mania, Epilepsy
40	M	55	Intemperance	1 month	sevl.	Mania
41	F	50		14 years		Imbecility, Epilepsy
42	M	56		2 weeks		Mania, General Paralysis
43	M	42	Intemperance, hereditary	3 weeks	sevl.	Mania
44	M	47	Anxiety	6 months		Mania, General Paralysis
45	M	44	Remorse	3 weeks		Mania, suicidal
46	F	59	Anxiety, Poverty	1 year	sevl.	Melancholia
47	F	21	Suppressio Mensium	3 months		Mania

DISCHARGES.

No.	Sex.	Æt.	Duration of Disorder when Admitted.	Assigned Cause of Disorder.	Form of Disorder.
1	M	25	1 year	Intemperance	Mania
2	M	72	1 month	Intemperance	Mania
3	M	27	1 month	Domestic unhappiness	Mania
4	M	45	3 months	Grief	Melancholia
5	F	50	6 months	Poverty	Melancholia
6	M	50	2 years	Jealousy	Mania, suicidal
7	M	57	3 months	Intemperance	Mania
8	M	45	7 months	Disappointed hope	Acute Mania
9	M	28	6 months	Anxiety	Mania, suicidal
10	F	19	1 week	Suppressio Mensium	Mania
11	F	41	3 weeks	Loss of Property	Acute Mania, suicidal
12	F	30	7 days	Prolonged Lactation, Poverty	Mania
13	M	40	6 months	Poverty	Melancholia
14	F	28	4 years	Grief	Melancholia
15	M	50	1 week	Fumes of Carbonic Acid Gas	Acute Mania
16	M	26	3 months	Anxiety	Mania
17	M	35	6 months	Fever, Poverty	Melancholia
18	F	57	1 week	Poverty	Mania

OBITUARY TABLE.

No	Sex.	Æt.	Duration of Disorder.	Assigned Cause of Disorder.	Cause of Death.
1	M	35	7 weeks	Anxiety	Exhaustion
2	F	33	1½ year	Intemperance	General Paralysis
3	F	61	6½ years	Period of Life	Apoplexy
4	M	70	1½ year	Grief	Decay of Nature
5	M	46	12 years. 4th	Loss of Leg	Consumption
6	F	66	41 years	Checked Perspiration	Decay of Nature
7	M	19	2 months	Intemperance	Exhaustion
8	F	73	7 months. 4th	Grief	Apoplexy
9	M	47	3½ years	Injury of Head	General Paralysis

	Males.	Females.	Total.
In the House on the 31st December, 1844,...	50	64	114
Admitted since,	19	28	47
Discharged, Cured,	10	6	16
— — — — — Relieved,	2	0	2
Died,	5	4	9
Remaining 31st December, 1845,	52	82	134

Patients Admitted, Discharged, and Dead, during the Quarter ending 31st December, 1845.

	Males.	Females.	Total.
In the Asylum 19th September,	50	77	127
Admitted,	7	8	15
Discharged,	3	1	4
Dead,	2	2	4

	Males.	Females.	Total.
Admitted since the Asylum was opened { in 1832,	224 2 ♂	28 2 ♀	502
Discharged,	105	130	235
Died,	63	69	132
Escaped,	—	1	1

DORCHESTER :

Printed by GEORGE SIMONDS, South Street.

