

**Report of the Committee of Visitors, report of the Medical Superintendent,
and other papers relating to the asylum : printed by order of the Court of
Quarter Session, January, 1857 / Essex Lunatic Asylum.**

Contributors

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ESSEX
LUNATIC ASYLUM.

REPORT OF
THE COMMITTEE OF VISITORS,

REPORT OF
THE MEDICAL SUPERINTENDENT,

AND OTHER PAPERS RELATING TO THE ASYLUM.

PRINTED BY ORDER OF THE COURT OF QUARTER
SESSION, JANUARY, 1857.

GIBSON, { CLERK OF THE
PEACE.

CHELMSFORD :

PRINTED BY MEGGY AND CHALK, HIGH-STREET.

MDCCCLVII.

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Committee of Visitors.

RICHARD GRAY ROUND, ESQUIRE, CHAIRMAN
AND TREASURER,

THOMAS WM. BRAMSTON, ESQUIRE, M.P.

JOHN DISNEY, ESQUIRE,

WILLIAM WRIGHT LUARD, ESQUIRE,

PHILIP ZACHARIAH COX, ESQUIRE,

JOHN GURDON REBOW, ESQUIRE,

THOMAS BURCH WESTERN, ESQUIRE,

THE REV. JOHN HEATLEY LEWIS, CLERK,

MAJOR SKINNER, R.A.,

THE REV. HASTINGS ROBINSON, D.D.,

JOHN GURNEY FRY, ESQUIRE,

JOHN DAVIS, ESQUIRE,

THE REV. JOHN PEARSON, CLERK,

NATHANIEL CLARKE BARNARDISTON,
ESQUIRE,

SIR RICHARD DIGBY NEAVE, BART.,

For the County.

EDWARD WILLIAMS, ESQUIRE,

JOSEPH COOKE, ESQUIRE,

*For the Borough of
Colchester.*

JOHN PAYNE, ESQUIRE,

*For the Borough of
Maldon.*

THOMAS SMITH, ESQUIRE,

HENRY BURROWS, ESQUIRE,

*For the Borough of
Saffron Walden.*

JAMES PARKER, Clerk to the Visitors.

House Committee

FOR THE YEAR 1857.

THE REV. JOHN HEATLEY LEWIS, *Chairman.*

THOMAS WILLIAM BRAMSTON, Esquire, M.P.

THE REV. JOHN PEARSON,

THE REV. HASTINGS ROBINSON, D.D.

JOHN GURNEY FRY, Esquire.

Officers.

D. C. CAMPBELL, Esquire, M.D. *Resident Medical Superintendent.*

MR. BLAKE *Medical Assistant.*

THE REV. JOSEPH SOWTER... .. *Chaplain.*

MR. CHARLES RAYNER *Steward and Clerk to the Asylum.*

MRS. CHARLOTTE TOWNSEND *Matron.*

MRS. SMITH *Sub-Matron.*

REPORT OF THE COMMITTEE OF VISITORS.

To Her Majesty's Justices of the Peace in Quarter Session assembled at Chelmsford, in and for the County of Essex, on Tuesday, the 6th day of January, 1857.

The Justices elected at the General Quarter Session of the Peace, holden on the First day of January, 1856, as a Committee on behalf of the County of Essex, during the year next ensuing, for the purposes of the Asylum erected for the Pauper Lunatics of the said County, and the united Boroughs of Colchester and Maldon, pursuant to the Act of Parliament, 8th and 9th Vict. c. 126, present this their Annual Report conformably with the provisions of the Lunatic Asylums Act, 1853, s. 62.

The Committee desire to draw attention to the gradual increase in the number of patients, year by year. There were in the Asylum—

On the 25th December, 1854—Males 124, Females 183—307.

On the 25th December, 1855—Males 139. Females 195—334.

On the 25th December, 1856—Males 156, Females 214—370.

The following are the general results of the year 1856:—

	M.	F.	TOTAL.
Patients in the Asylum. 25th Dec., 1855 ...	139	195	334
Admitted during the year	70	64	134
Under treatment during the year	209	259	468
Removed during the year, viz. :—			
Recovered ...	28	24	52
Improved	2	3	5
Unimproved ...	1	0	1
Escaped	2	0	2
Died	20	18	38
	53	45	98
	156	214	370

Of the two male patients that escaped, one got away whilst out ploughing on the 24th of June. He was brought back to the Asylum on the 15th of October; 14 days having elapsed from the time of his escape, there was no authority to detain him; but he stayed voluntarily and worked for two days, and he was then sent home to his wife, with whom he is now residing. The other escaped whilst working in the grounds, on the 19th of August, and he has not been retaken. He was becoming convalescent, and would have been discharged in a few weeks.

In the month of February the Committee took possession of the seven acres of land, belonging to the Vicarage of Mountnessing, the purchase of which received the sanction of the Court in October, 1853. This ground approaches very near to the east end of the Asylum, the possession of it was of great consequence,—it secures the privacy and quiet of the Asylum in that quarter, and it protects the property of the Establishment from much annoyance and injury, to which, in all probability, it would have been subjected, if the ground had fallen into other hands.

Such of the patients as were capable of out-door labour have been employed in draining this land, as well as other parts of the land which required draining, and many of them have been occupied in a manner highly beneficial to themselves, in levelling and reducing into shape and order other portions of the grounds.

The Committee have much satisfaction in stating that their resolution to avail themselves of the powers given them by s. 13 of the 18th and 19th Vic. c. 105, which enabled them to provide a burial ground for lunatics, and officers and servants dying in the Asylum, has been carried into effect. A convenient piece of ground had been prepared and fenced in under their directions, and the forms required by the Act of Parliament having been complied with, on the 25th of April the Committee had the honour of receiving the Bishop of Rochester at the Asylum, and he was pleased to consecrate the ground.

Since the consecration 18 persons have died at the Asylum, and 16 of them (all patients) have been interred in the burial ground.

In the month of June the Asylum was visited by two of the Commissioners in Lunacy, who entered the following minute in the book kept for that purpose :—

June 27th, 1856.

"Since the last visit of the Commissioners, on the 9th of July last, 138 patients have been admitted, 63, have been discharged or removed, and 51 have died; the main causes of death having been general paralysis, phthisis, and old age.

"There are now 356 patients in the Asylum, of whom three males and six females are private patients; and 145 males (including one recently escaped), and 202 females, are paupers. Seven patients are registered as being at present under medical treatment. No one is secluded. Seclusion has, however, been occasionally resorted to, but has been principally confined to three female patients.

"We have to-day seen the patients, and have inspected the various wards appropriated to their use, which are clean, generally well ventilated, and in good condition. There are two or three patients in bed, but only one appears to be seriously ill.

"In reference to the several points adverted to in the last entry of the Commissioners, we find that some of the patients in the female ward No. 1, are induced to employ themselves; that the dress of the women has been varied; that a walk is in course of being made through the ground for the purpose of exercise; that the wards are matted in order to prevent echo: that the attendants' rooms are quite neat, and that a variety of cheap publications, of a cheerful character, have been provided for the patients' amusement.

"There is now a night watch exclusively occupied with that duty on each side of the Asylum.

"We observe, by the register, that 240 of the patients (of both sexes) are employed in various ways; and that 174 patients attended chapel last Sunday.

"The Asylum is almost full on the women side, but there are vacancies for about 80 patients on the male side of the house.

"Several books have been produced for our inspection, and we remark with pleasure that the case book is very carefully kept.

"The establishment appears to us to be in very satisfactory condition altogether, and very creditable to the Superintendent.

B. W. PROCTOR, }
J. R. HUME, } Commissioners in Lunacy.

During the past year the Asylum has been visited every week ; during the last quarter, even more often than once a week ; and much care has been taken to secure as much as possible the comfort and well-being of the patients. In the month of August it having come to the knowledge of the Committee that a woman, when employed in April, 1855 as an attendant, had assaulted one of the female patients, the Committee determined to indict her for a misdemeanor. A bill was found against her at the October Sessions, when she pleaded guilty to the charge. The Committee by their Counsel represented to the Court that they had no wish, under all the circumstances, to press for any punishment. The Counsel for the defendant said the Visitors had done no more than their duty in the matter, and he acknowledged the leniency of the course adopted by them. In truth, their main object in directing the prosecution was to prevent such occurrences for the future, and to make it known as well to those interested in the patients as to those in immediate charge of them, that the Committee did not and would not permit or countenance any infraction of the law.

The Committee beg to state that about £1,400 is required for the purposes of the Asylum, the proportion of which falling upon the County will be about £1,300, and the Committee request that the Court will direct that this sum be raised in such manner as the Court may deem best and paid over to the Treasurer of the Asylum.

CHARLES G. ROUND.

NATHL. C. BARNARDISTON.

T. W. BRAMSTON.

W. W. LUARD.

JOHN PEARSON.

JOHN DAVIS.

JOHN GURNEY FRY.

JOHN DISNEY.

J. H. LEWIS.

SAM. J. SKINNER.

HASTINGS ROBINSON.

T. B. WESTERN.

REPORT

OF THE MEDICAL SUPERINTENDENT.

TO THE CHAIRMAN AND VISITORS OF THE ESSEX
LUNATIC ASYLUM.

GENTLEMEN,

The report which it now becomes my duty as Medical Superintendent to lay before you respecting the state of the Asylum, and general condition of the patients during the past year will, I venture to hope, be found satisfactory.

On the 25th December, 1855, there were 334 patients in the Asylum, namely—139 males and 195 females.

The number of patients admitted during the year was 134, viz.—70 males and 64 females; and the total number of cases under treatment in the course of the year was 468; of which number only about 80 were curable—notwithstanding the number of old and incurable cases 52 were discharged recovered; 5 were removed improved, 1 unimproved, 2 escaped, and 38 died; there now remain in the House 156 males and 214 females—total 370.

A considerable increase has taken place in the number of patients; the lowest number was 334 and the highest number 373; while the daily average number in 1855 was only 321.

It will be perceived that the number of recoveries bears a very respectable proportion to the number of curable cases under treatment, and it is almost needless to state what is now so well confirmed by universal experience, that the number of recoveries, other circumstances being equal, holds a direct ratio to the recency of the attack. One of the first steps towards the successful treatment of insanity, is early removal of the patient to an Asylum. In no private family can a course of judicious treatment ever be successfully followed out, particularly among the insane poor. Many conveniences must always be wanting, which are to be found in Hospitals for the Insane, while change of scene, and of those associations by which mental disease is often aggravated and confirmed, besides other things of very powerful

influence on the health, comfort, and recovery of such cases, all unite in recommending the removal of mental invalids from home, and a temporary separation of them from their relations.

Frequently any attempt made by friends to provide what is necessary for the security, or recovery of an insane relative, is often fatal to the very object in view, as it confirms the false impressions indulged in by the patient, and renders recovery more precarious.

The general health of the Establishment has been pretty good, but, as formerly, I have to regret that some were in a very feeble and exhausted state at the time of their admission, as will be seen from the following statement.

W. S. admitted 5th January, was perfectly helpless from paralysis and suffered from gangrene of the toes. Died on the fifth day after admission.

T. C. admitted 2nd January, was in a very feeble state having refused food for sixteen days. Died twenty-five days after admission.

J. P. admitted 23rd May, was much exhausted from pneumonia, and died on the sixth day after admission.

W. T. admitted 10th November, was in a very feeble state having refused food for about a fortnight. Died fifteen days after admission.

Twelve of the patients who died were far advanced in life, their average age at death being upwards of 70 years.

There have been as must be expected several attempts at escape made in different ways, chiefly by patients employed in the grounds. In an Asylum where so much freedom is allowed, indeed where a Prison discipline does not prevail, an occasional escape will probably be recorded. In two cases the parties were permanently successful. The one was brought back to the Asylum some months afterwards, but the time allowed by statute for his re-capture having expired, he could not be re-admitted. He, however, remained voluntarily for two days, and worked as a labourer, after which he returned to his own home, where I understand he still resides. The other was convalescent at the time of his escape, and would have soon been discharged.

In the way of accidents, there is almost nothing to state, except the fracture of the arm in the case of one old woman, and the fracture of the collar bone in the case of another, both from falls. Though there have been many outbreaks of maniacal fury, and some of them of a most violent description, and several attacks made upon the attendants, no injury has happened with the exception of one female attendant, who had her thumb dislocated, and another who received severe internal injury from a kick.

Twenty-five patients were admitted in whom a suicidal propensity formed a feature of derangement, and many of them, after admission, manifested the intention of destroying themselves; but the customary superintendence exercised over such persons, has fortunately prevented any suicide. In mentioning this, I only do so to bear testimony to the fact, that every practicable care was employed to avert so distressing an event, for, notwithstanding the greatest vigilance and best management, but for the kindness of Providence, such accidents will sometimes occur. My own conviction is that to the determined suicide opportunity is seldom wanting.

Of the various means whereby suicide is attempted by the insane, that of starvation is often persevered in with the greatest obstinacy, and in several cases, after every effort to conquer the opposition of the patient had been used without success, I was obliged to have recourse to compulsory feeding.

To distinguish when the refusal of food arises merely from hallucination and when it is the consequence of organic lesion, requires no small degree of attention. One patient who formed the most determined resolution to destroy herself by starvation, was reduced almost to the appearance of a skeleton, and extremely enfeebled. From the healthy state of the tongue and absence of any bodily disease, there was no reason to apprehend a loss of digestive power. Nutritious fluids, with the addition of wine were introduced twice a day into the stomach by means of a feeding instrument, and cod liver oil was administered in the same way. She persisted in her lamentable purpose for nearly four months, when becoming convinced that she would not succeed, her resolution relaxed, and she began to take food voluntarily. From that time she rapidly improved in her bodily health, and I hope may yet be discharged well.

In several other cases also had the means mentioned not been resorted to, the patients must have sunk and died from inanition.

I regret to say that in some instances this treatment was imagined by patients to be the very excess of cruelty and stated to relatives as such when they visited the institution. In the great majority of cases however, the feeling was very different. Many patients have expressed much gratitude for the humane treatment they have received, and I have during the past year been much gratified by frequent visits from patients after their discharge, and, also, by receiving several letters evincing good feeling, and gratitude for the attention they received.

The following letter from a pauper patient, is worthy of being noticed :

“ NOTTING HILL, LONDON,
JANUARY.

“ Honoured Sir,

“ The remembrance of past mercies often comes very forcibly to my mind. When I think of all that has been done for me, I feel I am a great debtor, and now that God has prospered me so much, not one thing has failed me in all I have undertaken, but hitherto has he helped me. I think I may venture to ask this humble request, that the enclosed £5 may be received as a donation to the Asylum, feeling deeply sensible I owe all my present comforts to that unerring hand that placed me there, and to you and others that are connected with the Asylum, by being made instrumental in doing so much for me. I earnestly trust you will take it as the only little return I can make, with kind duty

I am, Honoured Sir,

Your grateful Servant,

E. C.

Dr. Campbell.

Respecting the causes of insanity in the patients admitted, it will be observed by the tables, that hereditary predisposition forms no small number, and I regret to have occasion again to repeat that a considerable number became affected with their malady, in consequence of the abuse of spirituous liquors. Some of these have been discharged recovered ; and although I do not place implicit confidence in their veracity, yet, I have reason to believe that the account which they give of the origin of their deplorable habit is not far from the truth. Some allege that they became addicted to the use of intoxicating liquors, for the purpose of relieving bodily pain, or the depression of mind occasioned by poverty and want, some to the pernicious habit of having been indulged in early years. Some ascribe their evil propensity to bad example ; and not a few females to the use of cordials administered to them remedially ; and especially during in-lying, by kind, but injudicious friends. The habit of drunkenness in whatsoever way it may have been induced, is too often incorrigible, and among its baneful consequences we meet with many instances not only of temporary insanity, but of permanent lunacy and imbecility of mind.

The discipline of a Lunatic Asylum, and the dread of being again confined, have I believe in some instances induced the drunkard to

observe temperance. But it is easier to prevent than to cure, and in not a few of the cases which have come under my observation, I have no doubt that the propensity to drunkenness might have been prevented. To children and to ailing or enervated adults, the use of so dangerous a foe to the health both of the body and of the mind, as ardent spirits is allowable only when confined to immediate medical prescription; and great care should be taken to guard against the insidious approach of the enemy in disguise, whether in the inviting form of some luscious liqueur, or under the friendly aspect of stomachic tincture or cordial balm.

The treatment of the patients has been varied, according to the features and the causes of their lunacy.

The moral management by the usual means correcting their evil habits and propensities, and of regulating as much as possible their conduct and behaviour has been of much utility. Internal remedies with good nourishing diet and, frequently, stimulants, by restoring the general health, have been of great service.

The warm bath sometimes conjoined with the affusion of cold water on the head of the patient, has been used with advantage. Exercise and employment in the open air have been of general utility, and in some cases of maniacal excitement very great benefit has been derived from the use of the cold shower bath. Mechanical restraint has not been employed in any case during the year, but it has been found necessary in several cases of high excitement to have recourse to seclusion, and a reasonable degree of coercion which cannot be altogether dispensed with in Institutions of this nature, though conducted on principles of the greatest humanity and tenderness to the patients.

I have in former reports noticed the importance of religious services in the moral treatment of the patients, and further experience makes me feel if possible more confirmed in my opinion, of the propriety of affording patients in an Asylum the benefit of public worship.

I have repeatedly during the past year had occasion to notice the fixed attention during service, of many patients, who, on other occasions were particularly remarkable for wandering of thought, and unsteadiness of purpose. This circumstance is of itself, a strong recommendation of the practice, evincing its tendency to favour the recovery of that control of the mental faculties, in which soundness of mind may be regarded, in a great measure, to consist. The benevolent author of the Gospel restricts the communication of his doctrines to no particular grade of understanding. He who has but one talent, is no less favoured than he who has three.

In regard to the amusements of the patients, I can recall nothing of any moment to which in former reports I have not alluded. The amusements of the insane poor are derived very much from their daily occupation, still a considerable number of them evince a taste for reading, consequently it is of much importance that the means should be supplied for the enjoyment of this source of relaxation, when their inclinations prompt them to seek it. Influenced by these considerations, as well as by the desire of affording the patients every comfort, a considerable number of publications in weekly and monthly parts were provided during the year, and I gladly take this opportunity of acknowledging the receipt of some very appropriate presents of books, from a lady in the neighbourhood for the use of the patients; an example I should be glad to see generally followed. The game of cricket was introduced, and continued in high favour, a large number of the patients with some of the officers and attendants joining in it during the summer evenings. Living in a state of seclusion from the world, and shut out from the innumerable incentives to mental activity, novelty forms a prominent feature, of every attempt made to sustain their mental and physical energies. Every addition consequently made to the means of affording them proper gratification, serves to extend the means of moral treatment and innocent amusements often no less beneficially than useful employment, serve to displace bewildering hallucinations. I should be glad if extended facilities were afforded for musical parties during the winter months.

Many of the patients and especially of those in whom the malady was not in a chronic or confirmed state, derived great benefit from bodily labour. A large number have been almost daily employed at various kinds of out-door work; one has been employed regularly in the carpenter's shop; two or three in the tailor's shop and five in the shoemaker's shop; three have been employed painting and white-washing, thus assisting to forward some necessary repairs. The females were principally employed in the washing-house, work-room, laundry or linen room, kitchen, and in assisting the attendants, especially in the operation of cleaning. On reference to table No. 13, it will be seen that a large quantity of work has been done; in addition to which several little articles were made for my family and the other officers, affording pleasure to the patients, and in some cases attended with very beneficial results. It is often no easy task to induce patients to submit to any kind of labour. Not a few of them obstinately refuse to work, because any such employment would be degrading to persons of their imaginary high rank, and unbounded

wealth. Others again declare, that they will not work unless they receive regular wages for their labour. Others think they are unjustly confined, and that if their work is found profitable they will be longer detained in the Asylum. But by persuasion, example, and little indulgences, their obstinacy is at length generally subdued.

Some patients whose cases appeared to be almost hopeless, recovered to a considerable extent by working on the farm. In one remarkable instance of recovery in which the most fanciful and gloomy anticipations predominated, whenever the patient was warmed by toil, his mind was relieved. It seemed as if the vapours of the brain exhaled with the sweat of the brow. The beneficial effect of labour, is on the mind two-fold, it serves not only to dissipate gloomy and incoherent thought by day, but also to prevent the distressing restlessness of the night, by preparing the patient for sound repose.

During the year I have to encounter no small degree of trouble by the often expressed wishes of parties to remove their insane relations, under the impression, that if they can work here, they are able to work at home. Several patients are now in the Asylum whom it might not be easy at all times to prove to be insane; and yet whose minds have long been incurably unsound, and who if liberated would be extremely troublesome to their friends, and to society. I would strongly impress upon such persons how difficult it is in many cases of real lunacy to form an opinion, or even to decide whether the patient be actually insane or not. Persons who are unacquainted with the great variety in the forms and degrees of lunacy, are apt to suppose, that to detect any aberration from soundness of mind, does not require much experience, and it is not uncommon for parties to visit for the purpose of judging of the state of the malady, while in some cases no rational opinion can be formed, even by those who understand the subject, without a particular and careful retrospect of past symptoms.

Of the cases discharged during the year, three have relapsed. The great difficulty such persons have in again procuring employment, and the hardships to which they are thus subjected by the evils of idleness, poverty, and scanty diet, are much calculated to cause a return of mental disease.

As I noticed in a former report it would be of the greatest importance, if a fund was established in connection with every County Asylum, having for its object the relief of the destitute insane on their discharge, and which would, I have no doubt, result in diminishing those cases of relapse which we have so frequently to deplore. I

am convinced that there are few modes in which benevolence could be exercised more judiciously, or with a greater prospect of doing good, and certainly none where it would be repaid with greater gratitude on the part of the recipients.

In the course of the year several professional men from distant Countries, visited the Asylum for the purpose of seeing its construction and of obtaining information, with a view to the building of similar Institutions abroad. To such visitors I am always happy not only to exhibit the architectural arrangements, but to lay freely open the whole economy and remedial practice.

In conclusion I beg to thank you for the support you have afforded me in carrying out the objects of the Institution, and I trust by a faithful and conscientious discharge of my duty during the time I have the honor to be your Superintendent, this Asylum will be so conducted that I may court inquiry with pleasure, and enjoy the gratifying reward, that while it affords shelter to the afflicted in mind, and a calm retreat to them from some of the ills of life, many may leave it with the reasoning and moral powers which are the highest attributes of man, restored to their proper exercise again to gladden the family circle; to discharge with cheerfulness the duties of social life, and taught in the school of affliction to have their eyes fixed on that happier state where the sunshine of reason shall never be clouded, and the cup of enjoyment never again embittered by sorrow.

I am Gentlemen,

Your obedient Servant,

D. C. CAMPBELL, M.D.

MEDICAL SUPERINTENDENT.

29th December, 1856.

TABLES.

TABLE, No. 1.

GENERAL RESULTS OF THE YEAR.

	Males.	Females.	Total.
Patients in the Asylum, 25th December, 1855 ...	139	195	334
Admitted during the year	70	64	134
Under Treatment during the year	209	259	468
Removed during the year viz. :—			
	Males.	Females.	Total.
Recovered	28	24	52
Improved	2	3	5
Unimproved	1	0	1
Escaped	2	0	2
Died	20	18	38
	53	45	98
Remaining in the Asylum, 25th December, 1856	156	214	370

TABLE, No. 2.

SHOWING THE AGES OF PATIENTS ADMITTED DURING THE YEAR.

	Males.	Females.	Total.
From 10 to 20 years	7	2	9
„ 20 to 30 „	19	15	34
„ 30 to 40 „	12	11	23
„ 40 to 50 „	5	15	20
„ 50 to 60 „	9	9	18
„ 60 to 70 „	8	6	14
„ 70 to 80 „	4	4	8
Not ascertained	6	2	8
TOTAL	70	64	134

TABLE, No. 3.

SHOWING THE SOCIAL CONDITION OF THE PATIENTS
ADMITTED DURING THE YEAR.

	Males.	Females.	Total.
Single	39	21	60
Married	23	33	56
Widowed	6	10	16
Not ascertained	2		2
TOTAL	70	64	134

TABLE, No. 4.

DURATION OF INSANITY IN THE CASES ADMITTED BEFORE
THEY WERE BROUGHT TO THE ASYLUM.

	Males.	Females.	Total.
Not exceeding one month	16	19	35
Between 1 and 2 "	7	11	18
" 2 and 3 "	2	4	6
" 3 and 4 "	2	4	6
" 4 and 5 "	2	1	3
" 5 and 6 "		2	2
" 6 months and one year	3	4	7
" 1 year and 2 years	5	2	7
" 2 " 3 "	4	4	8
" 3 " 4 "		1	1
" 4 " 5 "	1	1	2
" 5 " 10 "	6	2	8
" 10 " 20 "	5	2	7
" 20 " 30 "	2	1	3
From birth	7	1	8
Unknown	8	5	13
TOTAL	70	64	134

TABLE, No. 5.

FORM OF INSANITY IN THE CASES ADMITTED DURING
THE YEAR.

	Males.	Females.	Total.
Mania	28	32	60
Monomania		1	1
Melancholia	20	20	40
Dementia	15	10	25
Amentia	7	1	8
TOTAL	70	64	134

TABLE, No. 6.

NUMBER OF ATTACKS IN THE CASES ADMITTED DURING
THE YEAR.

	Males.	Females.	Total.
Cases of first attack	54	46	100
Cases of more than one attack	15	15	30
Cases not ascertained	1	3	4
TOTAL	70	64	134

TABLE, No. 7.

ADMISSIONS, DISCHARGES, DEATHS, &c., DURING EACH MONTH IN THE YEAR, AND DAILY AVERAGE NUMBER EACH MONTH.

Months.	Admissions		Discharges, Removals, &c.		Deaths.		Daily Average.		
	M.	F.	M.	F.	M.	F.	M.	F.	TOTAL.
1855.									
December 25th to 31st..	3	2	1				140 $\frac{3}{8}$	195 $\frac{5}{8}$	336 $\frac{2}{8}$
1856.									
January	6	7	1	3	2		143 $\frac{23}{31}$	197 $\frac{30}{31}$	341 $\frac{22}{31}$
February	9	7	5	2	4	2	142 $\frac{17}{29}$	201 $\frac{17}{29}$	344 $\frac{5}{29}$
March	2	5	4	2	3	4	140 $\frac{18}{31}$	202 $\frac{7}{31}$	342 $\frac{25}{31}$
April	5	7		2	1	4	139 $\frac{28}{30}$	201 $\frac{3}{30}$	341 $\frac{1}{30}$
May	9	9	6	3	2	1	143 $\frac{9}{31}$	206 $\frac{10}{31}$	349 $\frac{19}{31}$
June	8	5	5	4	2	1	144 $\frac{15}{30}$	208 $\frac{22}{30}$	353 $\frac{7}{30}$
July	6	7	3	5		1	147 $\frac{5}{31}$	209 $\frac{15}{31}$	356 $\frac{20}{31}$
August	3	2	5		2	0	145 $\frac{25}{31}$	211 $\frac{10}{31}$	357 $\frac{4}{31}$
September	8	2	2	3	1	1	145 $\frac{27}{30}$	211 $\frac{21}{30}$	357 $\frac{18}{30}$
October	3	7					150 $\frac{6}{31}$	212 $\frac{1}{31}$	362 $\frac{7}{31}$
November	5	2	1	1	2	1	153 $\frac{11}{30}$	217 $\frac{19}{30}$	371
December 25th ...	3	2		2	1	3	155 $\frac{4}{25}$	215 $\frac{6}{25}$	370 $\frac{10}{25}$
Total	70	64	33	27	20	18	145 $\frac{202}{308}$	207 $\frac{235}{308}$	353 $\frac{61}{308}$

Daily Average Number in 1855 321

Lowest Number during the Year 1856 334

Highest ditto 373

TABLE, No. 8.

OCCUPATIONS OR STATIONS IN LIFE OF PATIENTS ADMITTED
DURING THE YEAR.

	Males.	Females.	Total.
Labourers and Wives of Labourers	30	17	47
Sawyer	1	0	1
Servants	2	18	20
Wives of Blacksmiths		3	3
Bricklayers	2		2
Sailors	3		3
Needlewomen		2	2
Carpenters and Wives of	2	3	5
Weavers and Wives of	1	2	3
Officer in Army	1		1
Shoemakers	4		4
Teachers	1	2	3
Gardener and Wives of	2	2	4
Publicans		1	1
Engineer	1		1
Coachmen	2		2
Mason	1		1
Wife of Carman		1	1
Cooper	1		1
Tailor and Wife of	1	1	2
Butcher	1		1
Watchmaker	1		1
Wife of Saddler		1	1
Barber	1		1
Plumber	1		1
Soldiers	2		2
Wife of Baker		1	1
Wife of Farmer		1	1
Daughter of Gardener		1	1
Solicitor's Clerk	1		1
Grocer	1		1
No occupation... ..	7	8	15
TOTAL	70	64	134

TABLE, No. 9.

SUPPOSED CAUSES OF THE DISEASE IN THE CASES
ADMITTED.

	Males.	Females.	Total.
Hereditary	11	10	21
Intemperance	15	3	18
Paralysis	5	2	7
Epilepsy	9	6	15
Congenital	7	1	8
Masturbation	7		7
Fever	1		1
Confinement in Prison	1		1
Religious Excitement	3	1	4
Fall on the Head		1	1
Death of Husband		2	2
A Fright		2	2
Sun Stroke	1		1
Domestic Affliction		5	5
Child Birth		3	3
Poverty	2	2	4
A Miscarriage		1	1
Death of Father		1	1
Death of Son	1	1	2
Matrimonial Disappointment		2	2
Old Age		1	1
Jealousy		1	1
Loss of Money		1	1
Bad Treatment from Husband		3	3
Over Excitement		2	2
Anxiety and Grief		2	2
Disease of Liver	1		1
Unknown	6	11	17
TOTAL	70	64	134

TABLE, No. 10.

DURATION OF INSANITY PREVIOUS TO ADMISSION IN THE
CASES DISCHARGED RECOVERED.

	Males.	Females.	Total.
One week ...	5	4	9
Under 2 weeks	3	3	6
" 3 "	1	2	3
" 4 "	2	4	6
" 2 months	3	2	5
" 3 "	1	2	3
" 6 "	3		3
" 9 "	1		1
" 18 "	2	1	3
" 2 years...	2	2	4
Unknown ...	5	4	9
TOTAL ...	28	24	52

TABLE, No. 11.

LENGTH OF TIME THE PATIENTS DISCHARGED RECOVERED
WERE UNDER TREATMENT IN THE ASYLUM.

	Males.	Females.	Total.
Between 1 and 2 months	5	2	7
" 2 " 3 "	4	3	7
" 3 " 4 "	1	4	5
" 4 " 5 "	4		4
" 5 " 6 "	4	1	5
" 6 " 7 "	2	2	4
" 7 " 8 "		3	3
" 8 " 9 "		2	2
" 9 " 10 "	1	1	2
" 10 " 12 "			
" 1 year and 18 months	1	3	4
" 18 months and 2 years	1		1
Above 2 years	5	3	8
TOTAL ...	28	24	52

TABLE, No. 12.

OBITUARY.

No.	Sex.	Age.	Form of Insanity.	In the Asylum.	Cause of Death.
1	M.	60	Mania	5 days	Paralysis
2	M.	55	Melancholia	25 days	Dysentery
3	F.	36	Dementia	11 weeks	Paralysis
4	F.	43	Dementia	14 months	Paralysis
5	M.	71	Dementia	6 months	Natural decay
6	M.	41	Dementia	1 year	General paralysis
7	M.	22	Amentia	28 months	Rupture of Ilium
8	M.	65	Mania	28 months	Apoplexy
9	F.	54	Mania	3 weeks	Maniacal exhaustion
10	F.	71	Melancholia	19 months	Paralysis
11	M.	26	Mania	26 months	Phthisis
12	M.	44	Melancholia	7 months	General paralysis
13	M.	27	Dementia	30 months	Abscess of lungs
14	F.	70	Dementia	29 months	Gangrene of the lungs
15	F.	46	Dementia	30 months	Apoplexy
16	F.	48	Dementia	13 months	Disease of the heart
17	M.	50	Mania	31 months	General paralysis
18	F.	54	Melancholia	6 months	Chronic diarrhœa
19	F.	41	Melancholia	30 months	Marasmus
20	F.	76	Dementia	21 months	Natural decay
21	M.	80	Dementia	10 months	Natural decay
22	M.	45	Melancholia	6 days	Pneumonia
23	F.	66	Dementia	4 months	General paralysis
24	M.	61	Mania	31 months	Phthisis
25	F.	62	Mania	33 months	Erysipelas and pneumonia
26	M.	25	Mania	2 years	Epilepsy
27	F.	71	Dementia	7 weeks	Natural decay
28	M.	25	Amentia	8 months	Epilepsy
29	M.	47	Dementia	34 months	Epilepsy
30	M.	41	Melancholia	18 months	Epilepsy
31	F.	25	Amentia	29 months	Phthisis
32	M.	75	Dementia	3 months	Natural decay
33	M.	71	Melancholia	15 days	Jaundice
34	F.	70	Dementia	5 months	General paralysis
35	F.	72	Mania	38 months	Cancer
36	M.	54	Dementia	3 months	General paralysis
37	F.	42	Melancholia	17 months	Ulceration of the bowels
38	F.	30	Melancholia	7 months	Inflammation of the bowels

TABLE, No. 13.

WORK DONE BY FEMALE PATIENTS DURING THE YEAR.

Dresses	239	Flannel Vests	19
Chemises	253	Flannel Chemises	42
Shirts	642	Flannel Petticoats	83
Aprons	115	Upholstered Mattresses	37
Knitted Curtains	22	Upholstered Cushions	6
Ditto Table Covers	2	Rubbers out of old Stocking Tops	268
Handkerchiefs	640	Bed Gowns... ..	120
Sofa Covers... ..	19	Trimmed Bonnets	96
Chair Covers	22	Table Cloths	8
Caps... ..	469	Ticken Frocks	8
Dusters out of old Gowns	268		

AVERAGE WEEKLY REPAIRS DONE BY FEMALE PATIENTS.

Sheets	30	Blankets	8
Chemises	20	Colored Rugs	8
Shirts	60	Drawers... ..	6
Dresses	17	Pillow Covers	20
Bed-Gowns	30	Vests	8
Caps... ..	14	Ticken Rugs	
Mattresses	3	Ticken Frocks	
Stockings - pairs	220		

WORK DONE BY MALE PATIENTS DURING THE YEAR.

Work by Tailors—		Work by Tailors—	
Jackets made	5	Strong Rugs made	4
Vests „	7	Bed Sackings „	25
Trowsers „	27	Straw Mattresses „	14
Jackets repaired	732	Work by Shoemakers—	
Vests „	405	Boots & Shoes repaired	721
Trowsers „	866	Ditto made... ..	209

TABLE, No. 14.
SHOWING THE NUMBER OF PATIENTS CHARGEABLE TO
EACH UNION, &c.

Unions, &c.	In 25th December, 1855.	Received since.	Discharged, Removed, &c.	Died.	Remaining 25th Dec. 1856.
Braintree	12	8	1	3	16
Bishops Stortford ...	6	2	2	2	4
Billericay	11	6	2	2	13
Chelmsford	29	14	8	4	31
Colchester	20	6	1	2	23
County	10		1	2	7
Dunmow	14	6	3	2	15
Edmonton	6	2	1	1	6
Epping	13	6	1	1	17
Halstead... ..	7	4	1	1	9
Lexdon and Winstree ...	19	4	3		20
Maldon	16	5	2	2	17
Ongar	7	4			11
Orsett	10	2	2	1	9
Risbridge	2	1			3
Rochford	13	3		2	14
Romford	25	9	2	3	29
Royston	2				2
Sudbury	8	2	2	1	7
Saffron Walden	19	6	3		22
Tendring	18	6	2		22
West Ham	38	19	10	4	43
Witham	19	7	4	3	19
Stroud	1		1		
Hertford	1			1	
Upton on Severn ...	1		1		
St. Pancras Parish		1			1
St. Saviour's Parish ...		2			2
Private Patients	7	9	7	1	8
Total	334	134	60	38	370

TABLE, No. 15.

CONDITIONS OF PATIENTS REMAINING IN THE ASYLUM.

	Males.	Females.	Total.
Social Condition Single	85	108	193
Married	48	66	114
Widowed	10	28	38
Unknown	13	12	25
Form of Insanity Mania	47	68	115
Monomania	3	3	6
Melancholia	31	44	75
Dementia	59	89	148
Amentia... ..	16	10	26
Complication Epilepsy	31	26	57
Paralysis	13	9	22
Hysteria		5	5
Degree of Education... Read and Write	99	65	164
Read only	14	73	87
No Education	43	76	119
Occupation Capable of being employed	109	158	267
Unemployed	47	56	103
Able to Attend Chapel	106	160	266
Total Number in the Asylum, 25th Dec. 1856	156	214	370

REPORT OF THE CHAPLAIN.

GENTLEMEN,

The duties of a Chaplain to an Asylum are seldom of a nature to admit of much variety in his yearly report. I think, however, that I shall be able to place before you a few facts selected from the experience of the past year, which may not be without interest to you.

I spoke in my last report of the recent establishment of a singing class, for the practice of psalmody. The pleasure which it has afforded to the patients has greatly exceeded my expectations. Their interest in it has not only continued unabated but has actually increased, as is proved by the fact that the number who frequent it has nearly doubled. Even in the summer when they had the amusement of the cricket field to draw them away, they were so unwilling to forego their "Friday practice," that I was induced to fix an earlier hour for our meeting, in order that they might not, through their love of singing, lose the more healthful enjoyment of cricket. Mr. Robertson very kindly assists us with his harmonium, which adds considerably to the pleasure of the class, and constitutes, I have no doubt, its main attraction. It seems not unreasonable to conclude, that an amusement in which they take so great an interest, may probably have a curative influence upon their malady. It is at least a change in the monotony of their existence, and yields them a short season in which they may occasionally forget their sorrows; and even this, though it effected nothing further, is no light boon to persons so afflicted.

I have administered the Holy Communion, according to our usual custom, four times during the year. On two occasions also in cases which seemed especially to call for it, it has been privately administered to the sick. The first of these cases was that of a female patient in the ward No. 5. She had long continued in a state of maniacal excitement; but she experienced a short time before death one of those visitations of returning intelligence which we do happily sometimes witness among the sick and dying. Her mind on the subject of religion became perfectly clear. She spoke of her ap-

proaching end with resignation, and gave evidence both in manner and language of her sincere repentance, and of her faith in the merits and death of our only Redeemer. She asked to be allowed to partake of the Holy Communion, to which request I readily acceded. Shortly after this, her weary pilgrimage ended in calmness and peace. The second case alluded to was that of a female patient in ward No. 3. I have rarely seen the graces of the Christian character more pleasingly exhibited than they were in her. She was so gentle, so patient in suffering, so grateful for the most trivial attention or kindness; so humble and contrite, and displayed such an unvarying and intelligent faith in the one atonement; that it was really an instructive as well as a pleasing duty to minister to her. She was afterwards removed from the Asylum, taken home, that she might as she expressed it, "die in the bosom of her family." I have entered more at large upon this subject, because I have sometimes heard doubts expressed as to the propriety of administering the Holy Communion to the Insane under any circumstances. The cases spoken of above are sufficient, I think, to remove such doubts. With regard to the communicants generally it seems but right to add, that they have always appeared *at the time* to understand fully "What is required of them who come to the Lord's supper." In all cases their outward manner has been most reverential, and in many instances I have had reason to believe, that it has proved a source of comfort to the desponding and of strength to the weak.

I have visited the sick daily. Many of them not only appreciate, but earnestly desire to be instructed in religious truth. Some will continue for a long time in a state of unconscious apathy, and then all at once will wake up from their torpor, and listen gladly to the word of God, and unite with me in asking for his forgiveness and blessing upon them. Three or four instances of this kind, have come under my notice in the last year. One of them who lay sick in the hospital for a considerable period paid not the slightest attention to me in my visits; he did not appear to hear, much less to understand, any word on the subject of religion that was spoken to him; after seeing him in this state many times, I was surprised one morning on entering the ward, to be informed by one of his fellow patients that his mind "was quite clear and he wished to see me." A great change had come over him, he was anxious that I should read to him, he heard the word with attention, and appeared to be devotional and fervent in his prayer to God for mercy and strength. The man afterwards recovered from his bodily illness and is now in ward No. 8, where I often find him

reading his bible, from which, he tells me, he derives much comfort I mention this case not only as an evidence of the changes which sometimes take place in the patients' mind, during the progress of bodily disease; but also as a very pleasing proof of the kind interest which they take in each others spiritual welfare. I often find them reading by the bed-side of the sick. There is a poor woman now in the infirmary, whom I find frequently sitting or laying on the floor, beside some suffering fellow patient, reading hymns or portions of scriptures, and in all cases the passages selected by her for that purpose, appear exceedingly well adapted to inspire confidence and hope in the redeeming love of God.

Two persons who have died within the last six weeks deserve to be noticed for this reason:—as affording proof of the benefit of reading to them, in some *special* instances, even when to all outward appearance they are sunk into a state of torpor or apathy. The first of these was brought into the Asylum in an almost dying condition, when I first addressed him, the morning after his arrival, he appeared totally unconscious, I visited him several times with no better result; but still I repeated a few short passages from that word, whose “entrance giveth light to the simple,” and left that living word to do its work. Two days before death the changed manner of the man betokened that the work had not been in vain; he put out his hand and signified his wish that I should again read to him, he seemed not only to have lost his former unconscious apathy, but actually to long for, and to drink in with delight, the word which told him of that Son of God whose name is called Jesus, because he saves his people from their sins. The second person alluded to was scarcely ever heard to utter a word for many weeks. At length she fell sick, I visited her and read and prayed by her side; after a few visits, she gently breathed out her thanks, and folded her hands together in an attitude of prayer, and responded her gentle Amen to the words that were offered commending her soul to the mercy of the Lord. Soon after this she died very penitent, I have reason to believe on account of her sins; but not without hope, in the tender mercy of Him, “who gave His only begotten Son, that whosoever believeth in Him should not perish, but have everlasting life.”

In some cases I have found all the characteristics of religion growing up side by side with the strangest delusions, blended with those delusions in a most singular manner. There was one person in particular, an inmate of ward No. 4., she called herself the queen of heaven, and moved among her fellow patients, with an almost tragic

dignity of manner, never losing for an instant the idea that they were beings of an inferior mould. When any of them derided her lofty pretensions, she became violently excited. I found her on one occasion perfectly furious on the subject; she complained bitterly that her title had been scorned, I told her that when the king of all kings lived a lowly man on earth, his life was characterized by the graces of meekness and patience, "when men reviled him, he reviled not again," and I argued from that, that the more exalted any created being might be, the more needful was it to evidence that dignity, by graces like His. She became instantly calm, and told me she repented of her violence, and would ever after strive and pray to be like her Saviour. This poor woman retained her delusion to the end of life, but there co-existed with it the strongest consciousness of her need of a deliverer from sin, especially during her last illness, it was her great consolation to bear portions of the word of God read to her, and often in the midst of her pain, she would pray for patience and forgiveness, or she would utter exclamations of praise. At length she died, giving most satisfactory evidence of her repentance towards God and faith in our Lord Jesus Christ.

I have endeavoured to give the above facts without exaggeration or colouring. For myself, I can truly say, that these and similar cases have often cheered and encouraged me in my work. I present this report of them to you, in the hope that they afford proof that the ministry of God's word in this Asylum, is not without his blessing.

I have the honour to remain,

Gentlemen,

Your obedient Servant,

JOSEPH SOWTER,

Chaplain.

31st December, 1856.

To the Visiting Justices of the
Essex Lunatic Asylum.

ESSEX LUNATIC ASYLUM.

THE ESTABLISHMENT, 31st DECEMBER, 1856.

OFFICERS.				£.	s.	d.	
Medical Superintendent	...	...	...	500	0	0	{ Apartments, Gas, Vegetables, and Washing.
Chaplain	...	...	...	210	0	0	
Medical Assistant & Dispenser	...	...	...	80	0	0	{ Furnished Apartments, Board, Lodging, and Attendance.
Steward and Clerk	...	...	...	150	0	0	{ Furnished Apartments, Coals, Gas, Vegetables, and Washing.
Matron	...	...	...	75	0	0	Board and Lodging.
Sub-Matron	...	...	...	30	0	0	Ditto.

MALE ATTENDANTS AND SERVANTS.

Head Attendant	...	...	...	37	0	0	Board and Lodging.
Four Attendants, £30 each	...	...	...	120	0	0	Ditto.
Four „ £28 „	...	...	...	112	0	0	Ditto.
One Night ditto	...	...	...	28	0	0	Ditto.
Engineer	...	...	...	90	0	0	
Bailiff	...	...	...	52	0	0	{ House, Firing, Washing, and Vegetables.
Baker	...	...	...	60	0	0	
Shoemaker	...	...	...	52	0	0	
Tailor	...	...	...	52	0	0	
Carpenter	...	...	...	52	0	0	
Gate Porter	...	...	...	30	0	0	Board and Lodging.
House Porter	...	...	...	28	0	0	Ditto.
Stoker, at 16s. per Week	...	...	...	41	0	0	
Ploughman, at 15s. „	...	...	...	39	0	0	
Engineer's Boy	...	...	...	10	0	0	Board and Lodging.

FEMALE ATTENDANTS AND SERVANTS.

3 Attendants, £20 each	...	...	...	60	0	0	Board and Lodging.
11 „ £18 „	...	...	...	198	0	0	Ditto.
1 Night Attendant	...	...	...	18	0	0	Ditto.
Cook	...	...	...	24	0	0	Ditto.
House-Maid	...	...	...	12	0	0	Ditto.
Kitchen-Maid	...	...	...	12	0	0	Ditto.
3 Laundry-Maids, £18 each	...	...	...	54	0	0	Ditto.