

**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, 1856 / 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, 1856.

GIBSON, { CLERK OF THE
PEACE.

CHELMSFORD :

PRINTED BY MEGGY AND CHALK, HIGH-STREET.

MDCCCLVI.

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Committee of Visitors.

CHARLES GRAY ROUND, ESQUIRE, CHAIRMAN
AND TREASURER

THOMAS WILLIAM 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.,

SIR EDWARD NORTH BUXTON, BART.,

JOHN GURNEY FRY, ESQUIRE,

JOHN DAVIS ESQUIRE,

THE REV. JOHN PEARSON, CLERK,

NATHANIEL CLARKE BARNARDISTON,
ESQUIRE,

} *For the County.*

HENRY WOLTON, ESQUIRE,

EDWARD WILLIAMS, ESQUIRE,

} *For the Borough of
Colchester.*

JOHN PAYNE, ESQUIRE,

{ *For the Borough of
Maldon.*

THOMAS SMITH, ESQUIRE,

ROBERT DRIVER THURGOOD, ESQUIRE,

} *For the Borough of
Saffron Walden.*

JAMES PARKER, Clerk to the Visitors.

House Committee,

FOR THE YEAR 1856.

THE REV. JOHN HEATLEY LEWIS, *Chairman.*

THE REV. JOHN PEARSON,

THE REV. HASTINGS ROBINSON, D.D.

MAJOR SKINNER, R.A.

JOHN DISNEY, ESQUIRE,

JOHN GURNEY FRY, ESQUIRE.

Officers.

D. C. CAMPBELL, ESQUIRE, M.D.....	<i>Resident Medical Superintendent.</i>
MR. ROBERTSON.....	<i>Medical Assistant.</i>
THE REV. JOSEPH SOWTER	<i>Chaplain.</i>
MR. CHARLES RAYNER.....	<i>Resident Clerk and Steward.</i>
MRS. CHARLOTTE TOWNSEND	<i>Matron.</i>

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 First day of January, 1856.

The Justices elected at the General Quarter Session of the Peace, holden on the 2nd day of January 1855, as a Committee on behalf of the County of Essex, during the year then 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 superintendence of the Asylum continues to give to the Committee great satisfaction ; it has been visited every week by the House Committee. The Patients that were capable of out-door labour have been employed about the grounds belonging to it ; and, in levelling and bringing into order more of the land, they have been exercised in a manner most beneficial to themselves. Between the 25th of December, 1854, and the 25th of December last, there were received into the Asylum, 61 Male and 68 Female Patients ; total, 129. There died within it, 20 Male and 28 Female Patients ; total, 48. And there were discharged from it, Unimproved, 2 Males ; Improved, 2 Males ; and recovered 22 Males and 28 Females ; total recovered, 50. Since it was opened in September, 1853, up to the 25th December last, there have been received into it, Males 265, Females 303 ; total, 568. On the 25th December last, there were remaining in it, Males 139, Females 195 ; total, 334.

Two of the Commissioners in Lunacy visited the Asylum in the month of July, and they entered the following remarks in the Visitors' Book :—

“9TH JULY, 1855.

“Since the last visit of the Commissioners on June 8, 1854, 147 Patients have been admitted, 56 have been discharged, and 72 have died, among the causes of death 17 being ascribed to cholera, 12 to general paralysis, and 5 to paralytic exhaustion. There are at the present time 328 Patients in the house ; namely, 128 men and 200 women. Two of the men are private Patients.

“We found the Patients, with the exception of a few of the women, tranquil, well clad, and in fair bodily health. The house and airing courts were in excellent order and perfectly free from any offensive smell. The wards appropriated to the women Patients, presented a more cheerful and comfortable aspect than those occupied by the men ; we think, however, that in No. 1* ward on the women's side, the inmates would be greatly improved by increased attempts at occupation and amusement, and by providing them with a more varied description of dress. We recommend that an extended walk should be made round the estate, that the airing courts be cultivated, planted or made ornamental, and that every enclosed space be either made useful or attractive looking.

“In the wards we recommend the adoption of some means of diminishing the echo, that the attendant's-rooms be kept in better order, that a large supply of cheap illustrated publications, pictures, and flowering plants be provided ; that a less strict classification of the Patients be adopted, and that a night nurse on each side of the establishment be appointed, who should keep a record of the condition of the Patients during the night-time.

“A very large amount of space still remains unoccupied, the rooms are furnished, and clothing has been provided ; considering the pressing demand for suitable provision for the Pauper Patients, in the adjacent counties and boroughs, we cannot avoid expressing our regret, that the excellent accommodation prepared for the reception and treatment of the Insane, in this Establishment, should remain unoccupied ; and we accordingly deem it our duty to express an earnest hope, that the necessary steps will be taken to cause the admission of as many Pauper Patients as can be conveniently accommodated. By adopting such a course as this, a great boon would be

*No. 1 is the Epileptic ward.

extended to the surrounding districts, the weekly charge to the Essex parishes for the maintenance of the patients, would be considerably diminished ; and this Asylum, which at the present time is comparatively unoccupied, would be brought into full and efficient operation. In the course of our visit, we observed with pleasure several indications of an advanced and improving condition of the Establishment.

J. W. MYLNE, } COMMISSIONERS IN
S. GASKELL, } LUNACY."

Such of the observations in this minute as appeared to be of a purely medical character, the Committee referred to the Superintendent. With respect to the reception of a larger number of Patients within the Asylum, the Committee desire to state, that some time previously to the visit from the Commissioners, (that is to say) on the 14th May, they offered to receive 60 Male Patients from the county of Bedford, at the weekly rate of 11s. 6d. for each Patient, so long as the present charge of 10s. for the county of Essex Patients remained unaltered, this offer was not accepted. Since the Commissioners visit the Committee have been willing to receive 60 Male Patients of the City of London Union, at 14s. a week, but it is understood that the City authorities are desirous of obtaining admission into a public Asylum, for not less than 160 Patients in one body, and that they are unwilling to accept separate accommodation for a portion of this number.

In their last report, the Committee adverted to the very small number of those who had availed themselves of the offer of the Committee, made under the provisions of the 43rd sec. of the Lunatic Asylums Act, 1853, to receive them into the Asylum, at the charge of 15s. a week. The Committee having reason to believe that there were within the county many poor families who found it beyond their means to defray the charge of 15s. a week, but to whom it would be a great advantage to have the accommodation of the Asylum extended to them, upon the same terms as the Pauper Lunatics ; on the 8th of October agreed to a resolution, (which they made known by advertisement,) that they would treat for the admission into the Asylum of 30 Male and 10 Female Patients, resident in the county or in the boroughs within the county, not Paupers, but who, in the opinion of the Committee, might be proper objects to be admitted into a public Asylum, at the rate of 10s. a week. The Act of Parliament expressly directs that such Lunatics, not being Paupers, shall have the same accommodation in all respects as the Pauper Lunatics. Under this resolution

there have been admitted 3 Male and 3 Female Patients, and the Committee believe that as it becomes more generally known within the county, more will offer themselves.

As soon as the Committee were acquainted with the recent statute, the 18th and 19th Vic. c. 105, which amends the Lunatic Asylums Act, 1853, they resolved to avail themselves of the provisions of the 13th sec. for the purpose of obtaining consecration of a convenient piece of their ground, which had been prepared and fenced in under their direction, for a burial ground for Lunatics and officers or servants dying in the Asylum. These provisions of the recent statute were most acceptable to the Committee, and they believe that they are equally welcome to the parish in which the Asylum stands.

CHARLES G. ROUND, CHAIRMAN.

T. W. BRAMSTON.

W. W. LUARD.

J. GURDON REBOW.

T. B. WESTERN.

JOHN DISNEY.

J. H. LEWIS.

JNO. GURNEY FRY.

SAM. J. SKINNER.

REPORT OF THE MEDICAL SUPERINTENDENT.

Another year has passed away, bringing again the period when it becomes my duty, as Superintendent, to present a report of the condition and working of the Asylum during the last 12 months.

On the 25th of December, 1854, there were 307 patients in the Asylum, namely—124 males and 183 females; of which number 262 remained with little or no prospect of being restored to the blessings of sound intellect, most of them having been many years stationary inmates of other Asylums, and all of them having been labouring on an average 4 years and 3 months under their afflicting malady without having exhibited at any time a prospect of amendment.

During the past year 129 patients have been admitted into the Asylum, viz.—61 males and 68 females; of which number 75 were in a state of confirmed and incurable insanity, having presented from the first hopeless forms of the disease—leaving only 99 cases, including those remaining in the Institution at the date of my last report, who were likely to recover by any treatment whatever.

Notwithstanding the number of chronic cases, I am glad to report that 50 have been restored to society and their friends, recovered; 2 have been removed improved, 2 unimproved, to other Asylums; and 48 have died.

There now remain in the Establishment 139 males and 195 females—total 334; of which number 7 are private patients.

It is deeply to be regretted that so many individuals should be year after year allowed to lapse into a state of hopeless insanity before they are sent to the Institution. Although I have urged this point at some length on former occasions, I cannot too often recur to it; and I would repeat that insanity, being subject to the same laws as other diseases, is, like them, only amenable to the arts of the physician in its early stages.

During the last year a large number of the patients were admitted in an incurable state, and we are generally told that they were not sooner judged to be so ill as to require to be treated in the Asylum.

Application for admission is usually deferred until the person either becomes so furious and unmanageable that the urgent necessities of the case no longer admit of delay, or that application for admission even under these circumstances being still deferred, a continuance of the disease at length reduces the unhappy patient to a state of helpless dementia, and then when the patient becomes dirty, destructive, and incurable, application is made for his admission into the Asylum. Such a system is alike opposed to humanity and the interests of the different parties concerned, for the experience of every Asylum has proved that the longer the delay in sending a patient the less likely the cure, and the greater will be the probability that, instead of a temporary residence in the Asylum and a temporary parish relief being required, a permanent extension of both will become necessary.

A very large number of those discharged recovered had fortunately been sent to the Asylum soon after the symptoms of their lunacy first appeared; and as a proof of the great importance of early treatment, it may be stated that 37 patients, who were admitted within 4 weeks after the time they first betrayed symptoms of insanity, were all dismissed recovered, many of them within 3 or 4 months after their admission.

In no case was a patient discharged recovered without passing a probationary period of longer or shorter duration, according to the circumstances of the case, with a view to establish convalescence and guard against the danger of a relapse, from too early a return to former scenes and the bustle of society; and it gives me pleasure to add that some of them have since written very satisfactory accounts of themselves and have warmly expressed their gratitude for the kindness with which they were treated in the Asylum.

Of the recoveries I regret to state that three have relapsed—one caused by habits of intemperance; one from wounded feelings by the misconduct of his wife; and the third was brought back to the Asylum in a very weak state, and died within an hour after admission.

No epidemic disease has occurred during the year. Of the patients who died, however, several were in a very exhausted state at the time of their admission, as will be seen from the following statement:—

M. H., admitted January 8th, had refused food for eight days, was much emaciated and perfectly helpless. Died 11 days after admission.

J. C., admitted January 23rd, was in a moribund state, and died 16 hours after admission.

R. D., admitted March 10th, had refused food for nine days, and was in a very exhausted state. Died 10 days after admission.

D. B., aged 77, admitted 7th April, was in a very exhausted state and died in 6 days after admission from disease of the heart.

S. B., admitted 5th May, and died within an hour after admission from disease of the heart.

S. N., admitted September 26th, in a sinking state, and died within 24 hours after admission.

R. W., admitted 3rd October, was much exhausted, pulseless, and apparently sinking. Died 8 days after admission.

The disease most fatal was general paralysis, and several laboured under consumption of the lungs and fell victims to that hopeless malady.

Respecting the causes of insanity in the patients admitted during the year, I have endeavoured in Table, No. 9, to be as accurate as possible. It will be observed that hereditary predisposition forms no small ratio to the whole of the assigned causes, and this is a subject worthy of the careful contemplation of all classes of the community. In almost every Asylum I find a very large number of cases attributable to this cause, or to previous insanity, which I suspect in most instances to be another name for the same thing; and, as "prevention is better than cure," it is desirable that this source of the disease should be cut off as soon as possible. As the predisposition must have been originated in some acquired peculiarity in the constitution of one or both progenitors, it seems not unreasonable to assume that, however increased by successive generations, it might in time be eradicated. Unfortunately, the persons most interested in this are frequently the least sensible of its importance, and hence we find not only marriages made without regard to temperament, hereditary predisposition, and physical conformation, but, as must be naturally expected, the moral and physical education of the offspring conducted either on no plan at all or on one the least likely to mitigate the evil. This is too extensive a subject for a report of this nature. It is sufficient to call attention to the point, and to remark that in this Asylum at present I have several patients all of whose insanity can be traced to imprudent marriages amongst each other.

Next to hereditary predisposition, the most frequent cause of the disease has been intemperance and want, caused in many cases, I fear, from the very low amount of wages paid to agricultural labourers in some districts of the county, and the very high price of provisions of all kinds, rendering it impossible for them properly to support their families, and thus causing them much anxiety and grief. I agree fully with the late talented physician to the Glasgow Royal Asylum, when

he writes—"A pretty extensive observation of the different grades of the working classes for many years has convinced me that want and intemperance go hand in hand; whenever a man falls below a certain point in physical comfort he becomes reckless, and sensual enjoyment forms his only pleasure. To this he will sacrifice everything; and habits of intemperance are frequently acquired in seasons of distress, which the individual in more favourable circumstances finds it impossible to lay aside. Temperance and total abstinence societies may vaunt of the number of their members, but their influence is null over the lower ranks of a labouring population. Their meetings and the speeches of their itinerant advocates may supply excitement to those in quest of it, but the wretched and the dissipated come not within the blaze of their lights, the harmony of their concerts, or the charms of their oratory. All these may attract the attention and be beneficial to the more comfortable artizan; but when the wants of nature are insufficiently supplied for any length of time, and squalid poverty and misery is the lot of the individual, the offer of moral and intellectual enjoyment is looked upon as sheer mockery, and will be rejected with contempt if not with loathing. Even the more powerful influence of christianity is paralyzed and withers in the presence of starving wretchedness; and I look on it to be a vain effort to attempt any moral or religious improvement unless at the same time the wants of the body be supplied."

I am strongly inclined to believe that this intemperance is also owing in a large degree to the manner in which the lower orders of the people are frequently crowded together in dwellings and lodging-houses, totally devoid of all the common conveniences of civilised life. It has been asserted that in many of the cottages of the poor there is but one day and one sleeping-room for the whole family. The effect of this upon the morals of their inmates may easily be judged. Cleanliness and comfort are sought for in vain in these abodes of penury. It is all but impossible to secure them, and thus the great ties that bind men to their homes and families, the bonds of union and happiness, are readily severed. The father and his sons, wearied with the labours of the day, and needing repose for the body and quiet or amusement for the mind, are driven almost of necessity to seek by the glowing fire-side of the beer-shop the comfort which is denied them at home. They then retire to their crowded and miserable dwelling for the night, in many instances excited or stupid with drink, the full grown youths in the same room with sisters or with father or mother. The result of this must be of necessity to

break down all the barriers of decency and modesty, the safeguards of morality, and prepare the way for a ready lapse into criminal and abandoned life. The mind becomes habituated to scenes of sin, the sanctities of home are weakened and dissolved, and drunkenness and profligacy become the habits of their lives. Till something is done to improve the lodgings of the poor, they will continue every year to draw largely from the funds of the industrious portion of the community, by supplying patients to Asylums and prisoners to Gaols.

I have much pleasure in bearing testimony to the great benefits which have resulted from the admission of private patients, with a view to the accommodation of a class of persons just above pauperism, but whose circumstances rendered the lowest terms of board indispensably necessary before they could be sent to an Asylum. No class of insane sufferers have a juster claim on the compassion and sympathy of mankind. The rich may continue to surround their relatives thus afflicted with many sources of comfort, and to provide for them the means of recovery in private Asylums, but the class referred to have no resources, removed as they then must be from the pale of social life, haunted by the phantoms of a diseased imagination, incapable of administering to the common wants of nature, and deprived of the exercise of those intellectual faculties, from which the most exalted and refined enjoyments are derived. If after brooding over their misfortunes in cheerless solitude, they approach the busy scenes of society, their very appearance excites alarm and distrust, and while the hand of benevolence is sometimes stretched out to relieve their distress, the generous impulse is not unfrequently checked by the apprehension of personal violence. But it is in the domestic circle of this class that insanity is most deeply and painfully felt: under its blighting influence domestic comfort and happiness disappear, the current of the social affections is stopped, love is often succeeded by hatred or aversion, and then the abode of happiness becomes the gloomy receptacle of wretchedness. Fortunately for this class part of the Asylum is now open to receive them; they can now be removed from all sources of irritation; and at the same time there is afforded to the friends some degree of relief from that grief which the presence of their helpless relatives when at home must have produced, and the consolation of knowing that they have the chance of being restored to soundness of mind.

At the date of my last report I expressed very confident expectations in regard to the advantages which would follow, having so much employment for the patients in the grounds of the Asylum. These

have been fully realized. Many patients, who before their admission required constant restraint and were thought incapable of any liberty have been occupied in the farm, and in the society of others similarly engaged, have lost that state of mind which rendered them unhappy to themselves and dangerous to others. The utmost order among those employed has been observed, and although associated frequently in considerable numbers, and entrusted with all the common implements of husbandry no accident has occurred. The advantages of this system of treatment are not confined to patients who may be expected to recover their mental powers, but are also conspicuous in those in whom a perfect recovery is not to be expected, but who are thus trained to habits of regularity and discipline.

From the extent of the grounds a principal advantage lies in having at all times sufficient employment of the patients, and that not of a uniform kind, but varying with the nature of the crops and the change of the seasons, and thus calculated to interest the patients in what is going on. The principle I have always kept in view is that the ground was procured for the advantage of the patients, and never to allow what was intended for healthy exercise to become a task, believing that the truest profit to the Institution and to the county is not the amount of labour accomplished, but the progress that has been made in forwarding the recovery of the patients.

One patient has been a very valuable assistant to the carpenter; two have been employed as tailors, and six as shoemakers. Of the latter, two when admitted were congenital idiots, and dirty in their habits; but from persevering with them one is now a pretty good shoemaker, and the other able to perform any common-place work. A large number of the female patients have been employed in a variety of appropriate occupations—some in the laundry and linen room, others assist in the kitchen and in the galleries, and a very large number are daily employed in making shirts, clothes, &c., causing a considerable saving to the Institution. The beneficial effect of such employments is on the mind two-fold—it serves not only to dissipate gloomy and incoherent thought by day, but also to prevent the distressing illusions of the night by preparing the patient for sound repose.

Having spoken of the advantages of employment to the patients, it is now proper to say a few words in regard to the means of amusing them. Amusements tend greatly to soothe the minds of the irritable and cheer those of a melancholy cast; for it is a truth verified by experience that amid the numberless shades and degrees of insanity

which mark the cases of individuals, the greater proportion join with spirit and evident enjoyment ; and that the more the patient is kept occupied by any favourite amusement, the greater is the chance of his delusions becoming weaker, and the nervous system invigorated by exercise in a similar ratio regains its former vigour. Many of the patients take considerable interest in reading, for which purpose a suitable collection of well-selected books, with newspapers and periodicals, have been supplied. Bagatelle, draughts, and dominoes are also provided for their recreation during the winter evenings. Occasional entertainments have been given to the patients, singing, music, and dancing forming part of the amusement. Several have been allowed to walk into the country accompanied by an attendant ; on no occasion has this indulgence been abused, but, on the contrary, has been attended with the best results in forwarding recovery. A weekly class has been established by the Chaplain for the practice of psalmody, which is well attended ; and the patients on Sunday now join together in the melody of Gospel song, having perfected themselves in a degree that would favourably compare with the choirs in many churches.

In former reports I bore testimony to the good effects of divine worship on the minds of the insane, and further experience warrants my former sentiments. It is of use not only in alleviating the malady under which they labour, but in gratifying those pious feelings from which (in their secluded state) they derive much consolation.

The degree of personal liberty which the patients have been permitted to enjoy has been highly conducive to their cure.

There have been a few attempts at escape, made when in the grounds, one of which was permanently successful. The patient, however, had recovered, and would have been discharged in a few days afterwards.

In no case during the year has mechanical restraint been adopted, nor has it ever been found necessary.

The time is happily gone by when it was thought enough to prevent the patient from doing violence to himself or those around him by placing him in restraint.

No longer condemned to drag out a miserable existence in solitude and wretchedness, and frequently in chains, the spirit of the times now respects the feelings of the unhappy sufferer, fans the latent spark of reason in his mind, soothes him under the strongest excitements, and by means gentle and humane, either restores him to

himself and his home, or renders him as comfortable as possible in his unhappy state.

I have now to express my approbation of the manner in which the different officers of the Asylum have conducted their several duties, and also my appreciation of the harmony which has uniformly prevailed among them.

In conclusion I beg to return my best thanks to the Committee of Visitors, for their continued confidence and support in the discharge of my arduous and anxious duties, without which the best devised code of regulation that could be put on paper, would inevitably fail in producing an efficient working out of its resources.

No language of mine can so eloquently point out the duties of a Superintendent as that which has been already employed by Dr. Conolly, when he says, "The Superintendents of Lunatic Asylums find their hearts appealed to on every side; to them an hundred helpless hands are held out, and many a faltering palsied tongue addresses its petitions. Under their management hope revives even in the cell and on the bed of straw, and smiles re-light the faces of those before forlorn and dead to every joy. By their care the frantic outrage of the maniac is abated and the unspeakable wretchedness of the melancholic is diminished; by their timely and soothing words the awful dreams of the visionary, who sees horrid night, the chill of hell, are sometimes charmed away; every act of their benevolence produces its palpable good; every word, every mark of kindness, finds its way to some pained heart, and does its blessed office. The great end, too, of all their exertions, the restoration of mental power, is infinitely noble. The Physician feels that to restore health of body is an elevated art, the value of which those best can appreciate who have ever wanted the blessing. The art of the mental Physician is to restore alacrity of attention, readiness of memory, warmth of imagination, accuracy of judgment, and the power to will and to do, the loss of all which is the most grievous part of sickness."

If, from the facts in this Report, however inefficiently brought forward, you should be able to deduce anything which may lead you further to benefit this Institution, over which you have been called to govern, I need scarcely say, that neither your labour nor my exertions will remain unrewarded: whatever the worshippers of "the wisdom of our ancestors" may say to the contrary, there is no axiom more certain than this, that we of the present day have lived and are still living in an age of mighty progress. In everything either appertaining to our physical and moral condition, or even belonging to the loftier aspira-

tions of our intellectual and spiritual nature, there are wider and clearer discoveries of the Creator's will and laws daily manifesting themselves, to render man, if he would only take advantage of them, happier both in time and in futurity. Let it, therefore, be our aim, with what knowledge we possess, and with what appliances we may command, strenuously to endeavour to aid this onward progress, and thus to ameliorate the condition and exalt, if possible, the character of that class of our fellow creatures who have the strongest claims upon our sympathy.

D. C. CAMPBELL, M.D.

MEDICAL SUPERINTENDENT.

To the Committee of Visiting Justices.

ESSEX LUNATIC ASYLUM,
December 31st, 1855.

TABLES.

TABLE, No. 1.

GENERAL RESULTS OF THE YEAR.

	Males.	Females.	Total.
Patients in the Asylum, 25th Dec. 1854	124	183	307
Admitted during the year	61	68	129
Under Treatment during the year	185	251	436
Removed during the year, viz :—			
	Males.	Females.	Total.
Recovered	22	28	50
Improved	2		2
Unimproved	2		2
Dead	20	28	48
Remaining in the Asylum, 25th Dec. 1855 ...	139	195	334

TABLE, No. 2.

Showing the AGES of the PATIENTS ADMITTED during the YEAR.

	Males.	Females.	Total.
From 10 to 20 years	12	1	13
„ 20 to 30 „	13	13	26
„ 30 to 40 „	10	13	23
„ 40 to 50 „	10	16	26
„ 50 to 60 „	5	11	16
„ 60 to 70 „	1	6	7
„ 70 to 80 „	4	3	7
„ 80 to 90 „	0	1	1
„ 90 to 100 „		1	1
Not ascertained... ..	6	3	9
Total	61	68	129

TABLE, No. 3.

Showing the SOCIAL CONDITION of the Patients Admitted during the Year.

	Males.	Females.	Total.
Single	31	27	58
Married	21	26	47
Widowed	5	14	19
Not ascertained	4	1	5
	61	68	129

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	21	37
Between 1 and 2 months	3	9	12
" 2 and 3 "	5	2	7
" 3 and 4 "	2	3	5
" 4 and 5 "		2	2
" 5 and 6 "	1	2	3
" 6 months and 1 year	5	7	12
" 1 year and 2 years	4	2	6
" 2 " and 3 "	3	4	7
" 3 " and 4 "	1		1
" 4 " and 5 "	1		1
" 5 " and 10 "	2	5	7
" 10 " and 20 "	1	2	3
" 20 " and 30 "		1	1
From birth	5		5
Unknown	12	8	20
	61	68	129

TABLE, No. 5.

FORM of INSANITY in the CASES ADMITTED during the YEAR.

	Males.	Females.	Total.
Mania	33	32	65
Monomania	1	1	2
Melancholia	12	25	37
Dementia	10	10	20
Amentia	5		5
	61	68	129

TABLE, No. 6.

NUMBER of ATTACKS in the CASES ADMITTED during the YEAR.

	Males.	Females.	Total.
Cases of first attack	45	48	93
Cases of more than one attack... ..	13	19	32
Cases not ascertained	3	1	4
	61	68	129

TABLE, No. 7.

Number of ADMISSIONS, DISCHARGES, RECOVERIES, and DEATHS
in each Month.

	Admissions.	Discharges.	Recoveries.	Deaths.
January... ..	10	4	4	9
February	8	4	3	2
March	15	3	3	4
April... ..	6	5	5	2
May	14	5	5	6
June	12	5	4	2
July	11	3	3	6
August	7	4	3	7
September	13	3	3	1
October	14	8	7	3
November	14	6	6	4
December	5	4	4	2
	129	54	50	48

TABLE, No. 8.

OCCUPATIONS or STATIONS in LIFE of PATIENTS ADMITTED
DURING the YEAR.

	Males.	Females.	Total.
Labourers and Wives of Labourers	22	23	45
Bricklayer	1		1
Shoemakers	5		5
Sailors	4		4
Soldiers	1		1
Gardener and Widow of Gardener	1	1	2
Chemist	1		1
Ostler	1		1
Engineer	1		1
Farmer and Daughters of Farmer	1	2	3
Tutor	1		1
Tinman... ..	1		1
Painters	2		2
Wife of Carman		1	1
Shoebinder		1	1
Gentleman's Servant and Wife	1	1	2
Shopkeepers		2	2
Tailor and Wife of Tailor	2	1	3
Fisherman and Wives of	1	2	3
Domestic Servants		18	18
Nurse		1	1
Wife of Relieving Officer		1	1
Needlewomen		6	6
Decorator	1		1
Draper	1		1
Coal Porter	1		1
Clerks and Wife of Clerk	2	1	3
Carpenters and Wife of	2	1	3
Plumber	1		1
Widow of Estate Agent		1	1
Straw-Bonnet Maker		1	1
Baker	1		1
Teacher		1	1
Publicans	2		2
Not ascertained		2	2
No occupation	4	1	5
Total	61	68	129

TABLE, No. 9.

SUPPOSED CAUSES OF THE DISEASE IN THE CASES ADMITTED,

	Males.	Females.	Total.
Epilepsy	8	2	10
Fever	2		2
Over nursing		1	1
Loss of money		2	2
Over study... ..	1		1
Hereditary	11	18	29
Intemperance and want	17	6	23
Congenital	5		5
Paralysis		5	5
Death of a child	1		1
Masturbation	2		2
Death of husband		1	1
Child birth		5	5
Loss of property		1	1
Fright	1		1
Matrimonial disappointment		4	4
Domestic affliction... ..	2	1	3
Old age	2	3	5
Chorea		1	1
Bad treatment from children		1	1
A miscarriage		1	1
Religious excitement	1	3	4
Unknown	8	13	21
	61	68	129

TABLE, No. 10.

DURATION of INSANITY in the Cases DISCHARGED RECOVERED
PREVIOUS to ADMISSION.

	Males.	Females.	Total.
One week	1	2	3
Under 2 weeks	2	5	7
„ 3 „	2	2	4
„ 4 „	8	3	11
„ 2 months	3	7	10
„ 3 „	1	2	3
„ 6 „	1	4	5
„ 9 „	1	1	2
„ 18 „	1		1
„ 8 years		1	1
Unknown	2	1	3
	22	28	50

TABLE, No. 11.

LENGTH OF TIME the PATIENTS DISCHARGED RECOVERED were
under TREATMENT in the ASYLUM.

	Males.	Females.	Total.
Between 1 and 2 months	1	2	3
„ 2 „ 3 „	3	3	6
„ 3 „ 4 „	5	5	10
„ 4 „ 5 „	4	1	5
„ 6 „ 7 „	4	3	7
„ 8 „ 9 „	1	3	4
„ 11 „ 12 „	1	5	6
„ 1 year and 18 „	1	4	5
„ 18 months and 2 years	2	2	4
	22	28	50

TABLE, No. 12.

OBITUARY.

No.	Sex.	Age.	Form of Insanity.	In the Asylum.	Cause of Death.
1	F.	60	Melancholia	9 months	Exhaustion and gangrene
2	M.	56	Mania	6 months	General paralysis
3	F.	50	Mania	11 days	Maniacal exhaustion
4	M.	21	Amentia	15 months	Phthisis
5	M.	54	Dementia	16 hours	Apoplexy
6	M.	39	Dementia	1 year	Epilepsy
7	F.	26	Amentia	14 months	Valvular disease of the heart
8	M.	51	Mania	5 months	General paralysis
9	M.	79	Dementia	6 weeks	General paralysis
10	F.	64	Melancholia	4 months	Gangrene of lungs
11	M.	27	Mania	5 weeks	Epileptic convulsions
12	M.	48	Mania	6 months	Marasmus
13	M.	34	Dementia	2 months	General paralysis
14	M.	22	Mania	11 months	Phthisis
15	M.	36	Dementia	10 days	Gradual exhaustion and refusal of food
16	M.	77	Dementia	6 days	Disease of heart
17	M.	39	Dementia	17 months	Found dead
18	F.	62	Dementia	17 months	Disease of heart and phthisis
19	F.	37	Melancholia	1 hour	Enlargement of heart
20	F.	49	Melancholia	12 months	Gangrene of lungs
21	F.	57	Dementia	19 months	Epilepsy
22	F.	78	Dementia	7 weeks	Gradual exhaustion
23	M.	38	Mania	7 months	Paralysis
24	M.	16	Mania	16 months	Phthisis
25	F.	31	Dementia	20 months	Phthisis
26	F.	49	Dementia	11 months	General paralysis
27	M.	33	Mania	16 months	General paralysis
28	F.	66	Dementia	13 months	Paralysis
29	F.	47	Mania	16 days	Maniacal exhaustion
30	F.	75	Dementia	9 weeks	Paralysis
31	F.	37	Dementia	18 months	Marasmus
32	F.	36	Melancholia	19 months	Valvular disease of the heart
33	F.	42	Mania	2 years	Cancer of uterus
34	M.	52	Melancholia	5 weeks	Strangulation
35	F.	32	Dementia	22 months	Apoplexy
36	M.	71	Dementia	14 months	Natural decay
37	F.	31	Dementia	21 months	Paralysis
38	F.	42	Dementia	20 months	Paralysis
39	F.	37	Mania	16 hours	Pneumonia
40	F.	37	Dementia	2 years	Paralysis
41	M.	27	Dementia	2 years	Epileptic convulsions
42	F.	21	Mania	8 days	Maniacal exhaustion after a miscarriage
43	F.	45	Mania	4 months	General paralysis
44	F.	31	Dementia	9 months	Paralysis
45	F.	51	Dementia	22 months	Phthisis
46	F.	55	Dementia	22 months	Phthisis
47	F.	61	Mania	6 weeks	Paralysis
48	M.	50	Dementia	16 months	General paralysis

TABLE, No. 13.

AMOUNT OF WORK DONE BY FEMALE PATIENTS.

Articles made.				Repaired in each week on an average.			
Shirts	...	...	966	Shirts	...	...	40
Chemises	...	...	374	Chemises	...	...	40
Dresses	..	...	230	Stockings	...	...	200
Handkerchiefs	...	...	533	Blankets...	...	...	6
Pinafores	...	...	117	Pillow Covers	...	...	30
Aprons	..	...	223	Dresses	...	...	8
Caps	...	...	171	Flannels	...	...	6
Dusters out of old gowns			211	Caps	...	...	20
Trimmed Bonnets	...	...	150	Counterpanes	...	...	4
Drawers...	...	...	18	Sheets	...	...	3
Beds	...	...	18				
Bed Gowns	...	...	11				
Towels	...	...	42				
Chair Covers	...	...	2				
Sofa Covers...	...	...	3				
Morine Curtains	...	...	8				
Knitted Curtains	...	...	16				
Knitted Table Covers...			2				
Sheets	...	...	3				

TABLE, No. 14.

RETURN of the AVERAGE NUMBER of PATIENTS DAILY EMPLOYED.

Males.		No.	Females.		No.
Garden and Farm	...	48	Needlework	...	70
Carpenter's Shop	...	1	Laundry	...	25
Shoemaker's Shop	...	6	Knitting	...	11
Tailor's Shop	...	1	Kitchen	...	5
Assisting Engineer	...	2	Wards	...	42
Store Room	...	1	Assisting Housemaid	...	1
Entrance Hall	...	1			
Mangle Room	...	2			
Basket Making	...	1			
Wards and Domestic Work		39			
		102			154

TABLE, No. 15.
CONDITION OF PATIENTS REMAINING IN THE ASYLUM.

	Males.	Females.	Total.
Social Condition—Single	79	106	185
Married	42	56	98
Widowed	7	26	33
Unknown	11	7	18
Age—From 10 to 20	10	4	14
20 to 30	28	32	60
30 to 40	29	45	74
40 to 50	40	44	84
50 to 60	15	39	54
60 to 70	9	21	30
70 to 80	4	4	8
80 to 90			
90 to 100		1	1
Unknown	4	5	9
Form of Insanity—Mania	57	77	134
Monomania	4	3	7
Melancholia	23	38	61
Dementia	43	67	110
Amentia	12	10	22
Complications—Epilepsy	30	21	51
Paralysis	14	10	24
Hysteria		5	5
Degree of Education—Read and Write	78	73	151
Read only	19	71	90
No Education	42	51	93
Occupation—Employed	102	154	256
Unemployed	37	41	78
Attend Chapel... ..	100	145	245
Total Number in the Asylum, 25th December, 1855	139	195	334

REPORT OF THE CHAPLAIN.

GENTLEMEN,

Having spoken so fully in two former reports of the effect of our church services upon the minds of the patients, it will not be necessary for me to enlarge upon the subject again. I will only state that the same regularity of attendance and the same quiet devotion of manner which characterized them before, have been maintained unbroken during the whole of the past year.

I will pass on to speak of the results of my pastoral visits. It will generally be found, except in very rare cases, that unless the confidence, and, I may add, esteem and friendship, of the patients have been first gained, it is almost in vain to offer them religious consolation or advice. I have therefore sought to impress them, first of all, with the conviction that my visits to them are paid in the character of a friend, interested in all the daily pursuits, rather than in my merely official capacity as their clergyman. Many occasions have thus offered themselves for the natural and easy introduction of religious instruction, which I should otherwise have sought in vain. In many instances a general conversation, of the most salutary and pleasing kind, has in this manner been started, and listened to with great interest. I remember, one morning in particular, one of the patients commenced a subject of conversation such as I should scarcely have expected from men of their position in life at all, much less from the inmates of a hospital for the insane. A little group of some half-dozen of us were gathered round the fire, when one of the number turned to ask me how it was that the four gospels contain so little of the history of our Lord's infancy and youth. It had struck him that some other Evangelist, whose writings are now lost, must have written such a history. I explained, as clearly as I could, the nature and design of the four gospels; and this led to a further question from another patient—"If the Evangelists wrote for the instruction of various classes of mankind, how and when was it that their books, and all others in the New Testament, were gathered up with the Old Testament into the one Bible now possessed by us." From this we passed on to talk of the wonderful nature of that divine book; how it adapted itself to the needs of all; how persons of all

conditions, and of every race and country, found in it something suited to their position. The men spoke especially, and in the most feeling manner, of the comfort they had found in that blessed book in their own afflictions. I had seen the fullest proof in two of those men that in speaking thus they were not making a hollow and false profession. The word of God *had* been a comfort to them. They had been confined to their beds some months before with a lingering and painful illness. One of them especially I have seen in such excruciating pain as made his lips quiver, and drew involuntary tears from his eyes ; but it never once drew from him a murmur or a complaint. In the weariness and monotony of a sick room, they both maintained, during a period of some months, the utmost resignation and cheerfulness. They were sustained "through patience and consolation of the Scriptures." I visited them almost daily, but never without hearing from them some remark, or some apt and beautiful quotation from the word of God, proving that His truth had sunk down into their hearts, and was a well-spring of consolation to them in "their time of need." They often confessed and bewailed their sinfulness, but having learned to trust in the atonement, "their soul did magnify the Lord, their spirit rejoiced in God their Saviour." They are now restored to their usual health, and still manifest the same christian temper of mind.

But I must pass on to other cases. We have had, during the past year, a very large number of suicidal patients. It is almost impossible, unless such persons have come under your immediate notice, to form any idea of the misery which many of them suffer. Not one bright thought, not even a passing, momentary gleam of gladness or of hope, ever illumines the utter darkness of their hearts. I have directed especial attention to them, visiting them assiduously, and making every possible effort to lead them to the one source of all consolation. But every one engaged in a similar office will feel with me, that the mere time spent in outward efforts to lighten the burden of their griefs forms but a very small portion of the hours of anxious reflection which their case demands and forces upon us. They require the most varied treatment. Any *direct* attempt to administer comfort to them in many instances only increases the evil. I have found it most useful, in dealing with this class, to address others in their hearing, with argument meant mainly for themselves. By this means comfort has insinuated itself insensibly and without resistance into their minds ; whereas they would only "have strengthened themselves in their sorrow" against any more direct attempt to remove their unhappy delusions. Again, there are some in this class of sufferers who need

to be roused, as from a deadly stupor ; and others, before whom you must stand, at times, as the friends of Job once did, wondering at the greatness of their grief in silence. There are some with whom every display of sympathy only opens afresh the wounds of their heart ; and others who are soothed and comforted by sympathy alone. But the variety is almost endless.

My efforts to relieve the melancholy of these most unhappy beings have, in some cases, through God's blessing, been attended with success. In others, and those not a few, I grieve to say that all attempts

“ To pluck from the memory its rooted sorrows,
And to raze out the written troubles of the brain,”

seem to all human appearance utterly vain.

But I will refer you to a few of the more successful cases. There are two or three at the present time, in the female gallery, No. 4. One of these is sometimes positively cheerful, though still, at times, depressed. Even in her worst moments now she is more tranquil and happier than she was a year ago, at the best. She has lost, what then was her fixed idea, the delusion that in the infinite treasure of God's mercy there was no forgiveness for her. Another has expressed to me her conviction that she is now happier than she has ever been before. Two others are improved and improving. Two months ago they were sunk in despair ; they are now beginning to hope, if not to believe, that “ the blood of Christ ” will cleanse them from sin.

I beg to refer you to just one more instance of a similar nature in the hospital. You will probably remember the man. Many weeks he refused his food, and required the most constant watching. He believed that the final sentence of eternal death had been already passed upon him. For a long time he coldly repulsed all my endeavours to gain his confidence. To every sentence I addressed to him he would return no other answer than a low moan, varied occasionally with the despairing words—“ lost for ever.” I told him again and again of the promises of God, and of that one oblation of Christ “ the full, perfect, and sufficient sacrifice and satisfaction for the sins of the whole world.” I told him of David, who sinned, and sorrowed, and was forgiven ; of Peter, who three times denied his Lord, and was forgiven ; of Saul, the persecutor and blasphemer, who yet was forgiven. To all this, and to every other topic of comfort, he gave that one reply—“ lost for ever.” He did not even argue about it, as some do. It was the one horrible, immoveable, ever-present idea of his mind. Even maniacal raving might have appeared more

hopeful, but it never came; there was the same dull, fixed, heavy stupor of despair for months. At length he became rather more communicative. He was still impressed with the feeling that his sins could never be pardoned, but he expressed it in other and more varied words. I augured from this change that there was now the hope of improvement. It occurred to me that it would be well to try whether music might not charm away his melancholy thoughts. I began to sing, with one of his fellow patients, the psalms we were preparing for the Sunday. We did this almost every day. Gradually the man's attention was aroused. He sometimes, when he thought no one perceived it, would hum a note in an undertone himself. Little by little he was wrought upon, till at length he consented to come to chapel, although he had before believed that immediate damnation would be the consequence. He now daily unites with us in divine worship with much apparent devotion; and, though still unhappy, his improved condition of mind is strikingly visible to all.

This leads me to speak of the singing class which has been established. Believing that it would be of great advantage to the patients, I established, with the entire concurrence and encouragement of Dr. Campbell in my undertaking, a class for the practice of psalmody. We meet every Friday evening, and spend an hour, or more, in this practice, concluding each meeting with prayer. It has been attended with the happiest results. The meeting itself promotes the harmony and pleasure of those who attend it; and the improved singing that has resulted from it adds greatly to the solemnity and effect of our Sunday services. The hymn books which you have kindly provided for us have been received by the patients with the most lively joy, and will, I trust, prove a blessing to them.

Looking back upon the results of my ministrations, though I have had much to depress me, I have also had much to cheer and to encourage. Though there are many of these unhappy creatures for whom I have laboured, and must ever labour apparently in vain, there are also many in whom the elevating influences of the gospel are clearly visible. I have seen some led to repentance; I have heard the last confession of some who have "died in the faith," and in peace; I have met with some displays of gratitude and affection. I bless God for these results. To Him and to His gospel be the praise. I trust that even in those cases where no such happy effects are visible to *our* scrutiny, the divine word is not without its influence. The divine blessing may still rest on many words of which human eyes are never to witness the result. In any case the duty remains the same—"In

the morning sow thy seed, and in the evening withhold not thy hand ;"
and with the duty there is the encouragement, that perhaps "both
alike may be good," both alike may prosper, and bring forth fruit a
hundred-fold to the praise of God.

I have the honour to remain,

Gentlemen,

Your obedient servant,

JOSEPH SOWTER,

CHAPLAIN.

28th December, 1855.

To the Visiting Justices of the
Essex Lunatic Asylum.

ACCOUNT OF RECEIPTS AND PAYMENTS by CHARLES
Lunatic Asylum,

MAINTENANCE

RECEIPTS.

1854.	£.	s.	d.	£.	s.	d.
To balance of Account				399	16	8
From Treasurer of the County of Essex for Vagrant and Criminal Lunatics for the Quarter ending 25th December, 1854	67	10	2			
From the Dunmow Union, the like ...	121	16	10			
	<hr/>			189	7	0

From Unions contributing to the Asylum
for four quarters ending December,
1855:

Braintree	280	9	5			
Billericay	281	0	9			
Bishops Stortford ...	163	0	4			
Chelmsford	763	17	3			
Colchester... ..	581	0	9			
Dunmow	403	2	2			
Edmonton... ..	118	2	5			
Epping	316	16	1			
Halsted	185	13	9			
Lexden and Winstree	454	4	6			
Maldon	475	14	11			
	<hr/>					
Carried forward ...	£4023	2	4	589	3	8