Annual medical report of the Kent County Lunatic Asylum, at Barming Heath, Maidstone, for the year 1853-4, ending July 4th : presented to the Committee of Visitors, September 9, 1854 and to the Court of General Sessions, October 1854.

Contributors

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ANNUAL

MEDICAL REPORT

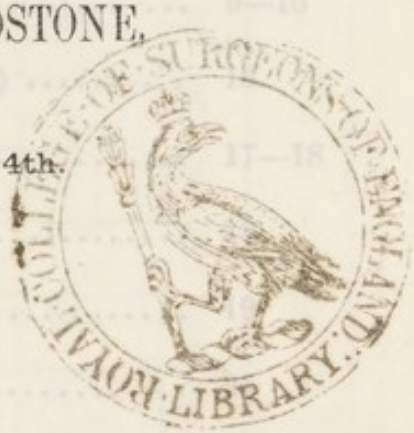
OF THE

KENT

COUNTY LUNATIC ASYLUM,

AT BARMING HEATH, MAIDSTONE,

For the Year 1853-4, ending July 4th.



PRESENTED TO THE COMMITTEE OF VISITORS,

September 9, 1854,

AND TO THE COURT OF GENERAL SESSIONS,

October 1854.

MAIDSTONE:

PRINTED BY WALTER MONCKTON, 11, KING STREET.

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JAMES E. HUXLEY, M.D.,
SUPERINTENDENT.

1854.

CONTENTS.

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STATISTICAL TABLES.

TABLE (1).

OF ALL THE

ADMISSIONS, DEATHS AND DISCHARGES.

	Admitted.			Died.			Recovered.			Relieved.			Not Improved.			Total Discharged.			Remaining.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
From the opening on 1st Jan, 1833, to 4th July, 1853.	1022	988	2010	374	270	644	316	271	587	22	51	73	66	95	161	778	687	1465	244	301	545
During the last year, from July 5, 1853, to July 4, 1854.	82	86	168	31	28	59	30	36	66	7	6	13	8	7	15	76	77	153	250	310	560
Totals....	1104	1074	2178	405	298	703	346	307	653	29	57	86	74	102	176	854	764	1618			

Table II.

Admissions of all Years and present Remainders.

Years.		All Annual Admissions.	July 1854 Remainders of all Annual Admissions, and their relative Proportions.					Discharges. Quotas of all Annual Admissions to Discharges of the last Year (1853-4.)					Aggregate remainder (1854) from Admissions down to any Year.
								Recovered.	Relieved.	Not Improved.	Dead.	Total.	
			Per cent.				Years.						
1	1833	126	23	being	18·25	after	21	...	...	..	1	1	23
2	1834	68	12	,,	17·35	,,	20	...	...	..	..	0	35
3	1835	60	6	,,	10·00	,,	19	...	..	1	..	1	41
4	1836	56	4	,,	7·14	,,	18	...	...	..	..	0	45
5	1837	43	5	,,	11·63	,,	17	...	...	..	1	1	50
6	1838	44	9	,,	20·45	,,	16	...	...	..	..	0	59
7	1839	54	7	,,	13·00	,,	15	..	...	..	1	1	66
8	1840	38	7	,,	18·42	,,	14	...	...	..	..	0	73
9	1841	41	8	,,	19·51	,,	13	...	..	1	1	2	81
10	1842	69	13	,,	18·84	,,	12	...	...	..	1	1	94
11	1843	86	14	,,	16·28	,,	11	...	...	1	1	2	108
12	1844	79	12	,,	15·19	,,	10	...	...	1	..	1	120
13	1845	113	23	,,	20·35	,,	9	...	..	..	..	0	143
14 (half)	1846	41	15	,,	16·48	,,	$8\frac{1}{2}$	...	...	..	..	0	158
14-15	1847	108	23	,,	21·30	,,	8	...	1	1	1	3	181
15-16	1848	96	22	,,	23·16	,,	7	...	..	..	..	0	203
16-17	1849	114	25	,,	21·55	,,	6	...	...	1	3	4	228
17-18	1850	116	30	,,	15·79	,,	5	1	1	1	4	7	258
18-19	1851	286	62	,,	25·00	,,	4	3	2	4	5	14	320
19-20	1852	201	85	,,	43·59	,,	3	9	5	1	5	20	405
20-21	1853	171	76	,,	47·20	,,	2	45	4	2	26	77	481
21-22	1854	168	79	,,	81·44	,,	1	8	...	1	9	18	560
Total.....		2178	560					66	13	15	59	153	

TABLE III.

Analysis of the 560 Cases remaining on July 4. 1854.; shewing the forms of Disorder and their respective complications, and the prospect.

Forms of Disorder.	Number of Cases.			Complications.						Prospect.					
				General Paralysis of the Insane.		Partial Paralysis		Epilepsy.		Curable.		Not Curable.		Doubtful.	
	M.	F.	Tot.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Acute Mania	16	21	37	...	...	...	...	...	..	8	13	2	2	6	6
Chronic ditto	71	131	202	...	...	...	...	...	..	..	..	66	119	5	12
Occasional ditto, with, or, without Dementia or, Imbecility	23	16	39	...	...	1	...	19	14	1	.	22	16	..	..
Melancholia	15	35	50	...	...	...	...	...	..	2	9	7	14	6	12
Dementia	76	71	47	14	...	12	8	8	8	..	..	76	71	..	..
Mania, with Imbecility of old age, or other	20	15	35	...	...	...	...	...	..	..	..	20	15	..	..
Imbecility and Idiocy	29	21	50	...	...	...	...	9	6	..	..	29	21	..	..
Total.	250	310	560	14	..	13	8	36	28	11	22	222	258	17	30

APPENDIX.

Percentage of Forms.		Percentage of Complications.		Percentage of Prospect.	
Acute Mania	6·6	Epilepsy	11·43	Curable	5·89
Chronic Mania	36·0	Paralysis	6·25	Doubtful	8·39
Melancholia	9·0	Together	17·68	Not Curable	85·72
Imbecility & Idiocy	9·0	Free from complications	82·32		
Other Forms	39·4				
	100·0		100·00		100·00

TABLE IV.

General Statement.

	M.	F.	T.	M.	F.	Total.
Remaining on July 4, 1853				244	301	545
Admitted in the following year, Pauper	77	86	163			
Private	5	0	5	82	86	168
Total number under treatment, 1853-4				326	387	713
Deduct number discharged and dead				76	77	153
Remaining on July 4, 1854				250	310	560

The number remaining consisted of:—	M.	F.	T.			
Patients of contributing parishes	196	236	432	205	248	453
Ditto chargeable to the County account	9	12	21			
Ditto of Local jurisdictions in the County				27	49	76
Ditto belonging to other Counties				8	5	13
Ditto Private				10	8	18
Total				250	310	560

The average number of Patients daily resident was	531·3
The highest number on any day	256 318 574
The lowest number on any day	236 286 522

Patients where discharged as under:—						
Recovered	30	29	59	30	36	66
Ditto after absence on trial	0	7	7			
Out on trial, not elapsed at date				1	0	1
Relieved				6	6	12
Not Improved				8	7	15
Dead				31	28	59
Total discharged				76	77	153

The Admissions comprised:—			
Cases of the first attack	61	65	126
Cases of repeated attack	21	21	42
Total Admissions	82	86	168
Cases of re-admission into this Asylum	8	10	18

ADMISSIONS, 1853-4.

Table V.

The Admissions comprised :—	M.	F.	T.
Patients from contributing Parishes	63	67	130
,, Chargeable to the County Account	4	0	4
,, from the Local Jurisdictions in Kent	8	19	27
,, from the County of Sussex	2	0	2
,, Private	5	0	5
Total.....	82	86	168

Table VI.

Ages of the Patients admitted.

Periods of Age.	Numbers.			Mean Ages, Years.	
	Males.	Females	Total.	Males.	Females.
From 12 to 20 Years of Age...	...	8	8	...	16
,, 20 to 30 ,,	16	18	34	25 ½	23
,, 30 to 40 ,,	25	22	47	34 7-8ths	34 1-5th
,, 40 to 50 ,,	19	15	34	44 ½	42 3-4ths
,, 50 to 60 ,,	11	12	23	52 ½	54
,, 60 to 70 ,,	9	8	17	62	64 1-4th
,, 70 to 80 ,,	2	2	4	76 ½	75 ½
,, 80 ,,	...	1	1	...	80
Total.....	82	86	168		

Table VII.

Civil Condition of the Patients Admitted.

MARRIAGE.	Number Admitted.			Having Children.	Number of Children.	EDUCATION.								RELIGION.											
						Able to read and write.		Able to read only.		No Education.		Not ascertained.		Established Church.		Roman Catholic.		Baptist.		Wesleyan.		Other Dissenters.		Jew.		Not Ascertained.	
	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Married	43	34	77	50	218	32	18	2	9	5	5	4	2	34	27	1	2	1	2	...	...	4	3	...	...	3	...
Widowed	5	11	16	9	27	3	4	...	3	2	...	1	3	5	7	...	...	...	...	...	...	...	1	...	...	...	3
Single (men)...	33	...	33	...	...	22	...	2	...	5	...	4	...	17	...	3	...	...	...	...	...	3	...	1	...	9	...
,, (women)	...	40	40	3	8	...	25	...	5	...	10	...	...	...	26	...	2	...	3	...	2	...	1	...	...	...	6
Not ascertained	1	1	2	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Total.....	82	86	168	62	253	57	47	4	18	12	15	9	6	56	60	4	5	1	5	0	2	7	5	1	0	13	9

Table VIII.

Occupations of the Patients Admitted.

MEN.		WOMEN.	
Labourers	25	Domestic Servants	23
Shipwrights, Carpenters, Sawyer	9	Wives and Daughters of Labourers	14
Fish-hawker, Hawker, Greengrocer	3	Wives, Widow and Daughter of Mechanics	16
Mariners, Marine	4	Wives of Seaman and Bargeman	2
Whitesmith, Watchmaker, Millwrights, Blacksmiths.	7	Laundresses	2
Coachman, Omnibus-driver, Ostler	3	Charwomen	2
Fisherman, Milkman, Baker	3	Dressmakers, Needlewoman	3
Shoemakers, Tailors, Cooper	7	Shoebinders	2
Nurseryman, Farmer	2	Schoolmistresses, English Teacher	4
Warehousemen, Drayman	3	Out-door Workers, Wood-chopper	3
French Teacher, Lecturer, late Relieving Officer	3	Surgeon's Daughter	1
Carver and Gilder, Painters, Block-printer	4	Shop-keeper	1
Bricklayer, Brushmaker, Coachmaker	3	Soldiers' Wives	2
No Occupation, not being capable of any	3	Baptist Minister's Wife	1
Not ascertained	3	No Occupation, not being cabable of any	5
		Not ascertained	5
Total	82	Total	86

Table IX.

Forms of Disorder in the persons admitted, with the prevalence of the Suicidal Propensity and the Complications, respectively.

Forms of Disorder.	Number of Cases.			Prevalence of the Suicidal Propensity.						Complications of the Mental Disorder.					
				Suicide Attempted.		Threatened or talked of		Propensity suspected.		General Paralysis.		Partial Paralysis.		Epilepsy.	
	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Acute Mania	31	25	56	3	3	2	3	1	...	...	...	...	...	...	...
Chronic ditto	3	10	13	...	1	1	1	...	...	...	...	...	...	...	...
Occasional ditto, with or without Dementia	8	7	15	1	1	...	1	1	1	1	...	...	...	5	5
Melancholia	10	26	36	4	13	...	1	1	3	...	...	1	1	...	...
Dementia	17	5	22	2	...	...	1	...	...	11	1	4	1	...	...
Mania with Imbecility (of old age or other) or with Idiocy	13	13	26	...	2	1	...	...	...	...	...	1	...	3	3
Total	82	86	168	10	20	4	7	3	4	12	1	6	2	8	8

Table X.

Duration of Insanity in the Cases admitted, in the different Forms respectively.

Forms of Disorder.	Number of Cases.			Duration of Insanity on Admission.													
				Under 1 Month.		1 Month to 3 months.		3 Months to 6 months.		6 Months to 1 Year.		1 Year to 2 Years.		2 Years to 5 Years.		5 Years to 8, and 20 Years.	
	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Acute Mania	31	25	56	18	15	4	2	3	3	1	2	...	2	...	...	...	...
Chronic ditto	3	10	13	...	...	...	...	1	1	...	1	...	2	2	3	...	1
Occasional ditto, with or without Dementia	8	7	15	1	4	3	...	1	...	...	1	1	...	...	...	...	2
Melancholia	10	26	36	3	10	1	10	3	6	...	1	1	...	1	...	...	...
Dementia	17	5	22	2	...	2	...	2	1	3	1	2	1	2	2	1	...
Mania with Imbecility (of old age or other) or Idiocy	13	13	26	4	4	...	3	4	1	1	...	1	1	...	...	...	...
Total	82	86	168	28	33	10	15	14	12	5	6	5	6	5	5	1	3

TABLE XI (A). Causes in the Cases admitted in the Year.

EXCITING CAUSES.	Number of Cases.			PREDISPOSING CAUSES, acting in combination.																					
				One Relative Insane.		More than one Relative Insane.		One former attack.		More than one former attack.		Constitutional weakness & frequent Childbearing, Lactation, Pregnancy.	Intemperance.		Idiocy, Imbecility, and Mental weakness.		Fever, effect of Hot Climate, Convulsions in Teething.		Privation, Poverty, Pecuniary difficulties, Loss of Employment.		Depressing Association.		Old Age.	
	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Intemperance	8	2	10	2	1	...	...	2	1	1	...	...	1	...	1	...	1	...	1	...	...	...	...	...
Detection of dishonesty and loss of situation	1	0	1	1	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Jealousy	0	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Loss and disappointment of money, goods, &c.	4	1	5	1	...	2	...	...	...	...	...	...	3	...	...	1	...	...	...	...	...	...	...	...
Seizure of goods for rent	0	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...
Want, reduction of circumstances	0	2	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...
Domestic misfortune	1	0	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Loss of children, loss of parent	1	3	4	...	1	1	...	...	1	...	1	2	...	...	...	...	1	...	...	1	...	...	...	...
Seduction and desertion	0	1	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Anxiety in business	4	0	4	1	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Over-application	1	2	3	...	1	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...
Disappointment of affection and marriage	0	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Amenorrhœa, Gestation, Parturition, Lactation	0	6	6	...	2	...	2	...	1	...	1	1	...	...	...	...	...	...	...	1	...	...	...	...
Healing Ulcer and Stopping habitual discharge	0	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Old age	0	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fever	0	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lead poisoning	1	0	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Convulsions during teething	0	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Epilepsy	6	6	12	...	2	...	...	1	...	...	3	...	1	...	3	1	1	1	...	...	...	...	...	...
Apoplexy, Paralysis	3	0	3	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...
Total	30	31	61	7	12	4	2	5	3	3	6	5	9	1	4	2	3	1	1	5	...	1	...	1

TABLE XI. *continued.*

Exciting Causes only, ascertained. (B.)	M.	F.	T.
Loss of money	0	1	1
Disappointment of affection or marriage	0	3	3
Bad domestic news	0	1	1
Avarice and anxiety over savings	1	0	1
Losses	1	0	1
Disappointment of promotion	1	0	1
Loss of situation through disease of skin	0	2	2
Domestic misfortune	1	3	4
Desertion by mistress	1	0	1
Reduction of circumstances	1	0	1
Intemperance	7	1	8
Epilepsy	3	0	3
Injury from falling	1	0	1
Paralysis	2	0	2
Cerebral disease	1	0	1
Fever	0	1	1
Old age	0	1	1
Total	20	13	33

Predisposing Causes only, ascertained. (C.)	M.	F.	T.
One relative insane	1	4	5
Ditto, one former attack and cut on head	1	0	1
Ditto and previous mental weakness	1	0	1
Ditto and Epilepsy	0	1	1
Ditto and one former attack	1	4	5
More than one relative insane	1	1	2
Ditto and injury to head and back	1	0	1
Ditto and pregnancy	0	1	1
Ditto and one former attack	0	1	1
One former attack	4	4	8
Ditto, intemperance and previous mental weakness	1	0	1
More than one former attack	4	3	7
Ditto and intemperance	2	0	2
Ditto and lactation	0	1	1
Pregnancy	0	2	2
Intemperance	3	0	3
Idiocy and mental weakness	2	0	2
Convulsions during teething	0	1	1
Poverty, pecuniary difficulty and loss of employment	0	4	4
Total	22	27	49

TABLE XI. *continued.*

Summary of Ascertained Causes of all Kinds.

	M.	F.	T
Exciting and predisposing causes combined [A]	30	31	61
Exciting causes only, ascertained [B]	20	13	33
Predisposing causes only, ascertained [C]	22	27	49
Total ascertained causes	72	71	143
No cause whatever assigned in	10	15	25
Total admissions	82	86	168

RECOVERIES.

Number who recovered:—Men, 30; Women, 36; Total, 66.

TABLE XII.

Forms of Insanity and Duration on Admission in the Cases of Recovery, distinguishing those Recoveries which were also Admissions of the Year.

Forms of Insanity.	Recoveries of Admissions of the Year.			Recoveries of previous Admissions.			Total Recoveries.			Duration on Admission.														
										4 days to 1 mnth.		1 mth to 3 mths.		3 mths to 6 mths.		6 mths to 1 year.		1 year to 3 years.		Not known.		Mean Duration. Months.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Acute Mania ...	...	...	...	...	...	...	23	22	45	...	...	...	...	...	...	...	...	...	...	...	...	...	...
being of the year's	13	7	20	...	...	...	...	...	...	10	7	1	...	...	...	...	...	...	...	2	...	$0\frac{3}{4}$	$0\frac{5}{8}$
do. of previous admissions...	...	...	...	10	15	25	...	...	...	5	7	3	5	1	1	...	1	...	...	1	1	$1\frac{1}{4}$	$1\frac{1}{2}$
Chronic Mania..	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	24
Melancholia ...	...	...	...	...	...	...	6	13	19	...	...	...	...	...	...	...	...	...	...	...	...	...	...
being of the year's	3	9	12	...	...	...	...	...	...	1	5	...	2	2	2	...	...	...	...	...	...	$2\frac{1}{2}$	$1\frac{3}{4}$
do. of previous admissions...	...	...	...	3	4	7	...	...	...	2	...	...	3	...	1	...	...	1	...	...	...	6	$2\frac{1}{4}$
Dementia	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	30	...
Total	16	16	32	14	20	34	30	36	66	18	19	4	10	3	4	...	1	2	1	3	1		

TABLE XIII.

Forms of Insanity and Periods of Residence in the Cases of Recovery, distinguishing the Periods in those admitted in the Year.

Forms of Insanity.	Recoveries of Admissions of the Year.			Recoveries of previous Admissions.			Total Recoveries.			Periods of Residence.													
										Under 3 mths.		3 mths to 6 mths		6 mths to 9 mths.		9 mths to 12 mths.		1 year to 2 years.		$37\frac{1}{2}$ mths.		Mean Residence. Months.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Acute Mania ...	...	...	...	...	...	...	23	22	45	...	...	...	...	...	...	...	...	...	...	...	...		
being of the year's	13	7	20	...	...	...	...	...	...	4	3	5	3	4	...	...	...	...	1	...	...	$4\frac{1}{4}$	$5\frac{3}{4}$
do. of previous admissions...	...	...	...	10	15	25	...	...	...	1	2	3	2	1	7	3	...	2	4	...	...	$8\frac{3}{4}$	$10\frac{1}{3}$
Chronic Mania..	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1		$37\frac{1}{2}$
Melancholia ...	...	...	...	...	...	...	6	13	19	...	...	...	...	...	...	...	...	...	...	...	...		
being of the year's	3	9	12	...	...	...	...	...	...	1	3	2	3	...	3	...	...	...	...	...	...	4 1-12	4 1-18
do. of previous admissions...	...	...	...	3	4	7	...	...	...	...	1	3	1	...	1	...	...	...	1	...	...	5	$7\frac{1}{4}$
Dementia	...	...	...	1	...	1	1	...	1	...	...	...	...	1	...	...	...	...	...	...	...	$6\frac{1}{4}$	
Total	16	16	32	14	20	34	33	36	66	6	9	13	9	6	11	3	...	2	6	...	1		

DEATHS.

Number who died:—Men 31; Women 28; Total 59.

TABLE XIV.

Ages at Death; distinguishing the deaths of persons admitted in the Year.

Decennial Periods of Age.	Deaths of Admissions of the Year.			Total Deaths.			Mean Ages. Years.	
	M.	F.	Total	M.	F.	Total	Males.	Females.
From 17 to 20 Years ..	...	2	2	1	2	3	18	17 ½
,, 20 to 30 ,,	1	2	3	1	3	4	28	25
,, 30 to 40 ,,	2	1	3	8	4	12	34 3-4ths	36
,, 40 to 50 ,,	3	2	5	9	9	18	42 7-12ths	45
,, 50 to 60 ,,	2	2	4	4	3	7	52 3-4ths	51 1-3rd
,, 60 to 70 ,,	2	3	5	5	3	8	62	65
,, 70 to 80 ,,	3	1	4	3	3	6	75 1-3rd	75
at 83 ,,	...	...	...	...	1	1	...	83
Total.....	13	13	26	31	28	59		

TABLE XV.

Forms of Insanity and periods of residence of those who died.

Forms of Insanity.	Number who Died.			Periods of Residence of those who died.															
				5 hrs 5,9,12 13 dys to 1 mnth.		1 mnth. to 3 mths.		3 mths to 6 mths		6 mths to 12 mths		1 year to 2 years		2 years to 5 years		5 years to 10 years		10 to 12, 14, 17, & 21 years		Mean residence; months.	
	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Acute Mania ...	3	5	8	1	1	...	3	1	1	...	...	1	...	...	...	...	...	...	...	5¾	1½
Chronic ditto...	4	3	7	...	...	...	...	...	...	...	...	1	...	2	2	...	...	1	1	71	73⅓
Occasional ditto with or without Dementia or Imbecility..	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	(5 hrs.)	
Melancholia ...	3	5	8	...	3	2	...	1	2	...	...	...	...	...	...	...	...	...	...	3	2
Dementia	17	8	25	1	...	1	1	2	...	5	3	3	...	2	1	1	1	2	2	38¾	54¼
Mania with Imbecility, of old age or other...	3	5	8	1	...	1	...	...	1	1	1	...	...	...	3	...	...	...	...	3	23½
Imbecility and Idiocy	1	1	2	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	57	0 8/10
Total.....	31	28	59	3	6	4	4	4	4	6	4	5	0	5	6	1	1	3	3	...	...

Table XVI. Causes of the Deaths.

Immediate Causes.	Number of Deaths			Remote Causes, acting in combination.																											
				Scrofulous Abscess.		General Paralysis.		Acute Mania.		Epilepsy.		Apoplexy.		Old Age.		Cerebral Disease.		Previous Debility.		Melancholia.		Cardiac Disease.		Chronic Inflammation of the Liver—gallstones	
	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Apoplexy	...	3	3	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Epilepsy	2	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
General Paralysis of the Insane	9	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Partial Paralysis	4	6	10	...	...	...	...	...	...	1	1	1	5	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Exhaustion	9	8	17	...	...	...	...	4	3	1	1	...	...	2	3	3	...	...	1	...	...	...	1	...	...	...	...	...	...	...
Pulmonary Consumption	2	6	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Disease of the Heart	3	2	5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jaundice	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Chronic Dysentery	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide by hanging	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Total	31	28	59	1	...	2	...	4	6	1	3	1	5	3	3	4	...	...	1	...	2	...	1	1	...	...	...	...	...	...

Table XVII.

Percentages of the Year.

	Pr.cnt
Of Admissions, on the number remaining, end of last year	30·82
,, Re-admissions on the Admissions	10·72
,, Cases of Repeated Attack on the Admissions	25·00
,, Discharges and Deaths on the Admissions	91·07
,, Excess of Admissions of the Year on Discharges of the Year (15 in No.)	8·93
,, Recoveries on the Admissions	39·10
,, Ditto, on the mean number daily resident	12·42
,, Ditto, on the whole number under Treatment	9·25
,, Deaths on the Admissions	35·10
,, Ditto, on the mean number daily resident	11·10
,, Ditto, on the whole number under Treatment	8·27

COUNTY OF KENT.

TABLE XVIII. Abstract of the Annual Returns (16 and 17 Vict., cap. 97, sec. 64) of Lunatics, on January 1st, 1854.

UNIONS.	NUMBERS RETURNED.						WHERE MAINTAINED.															
	Total of each Union.		Chargeable.				In the County Asylum.				In Licensed Houses, or other County Asylums.				In Union Houses.				In Lodgings.				With their Friends.			
			To the contributing Parishes.		To the local Jurisdictions.		From contributing Parishes.		From Local Jurisdictions.		From contributing Parishes.		From Local Jurisdictions.		From contributing Parishes.		From Local Jurisdictions.		From contributing Parishes.		From Local Jurisdictions.		From contributing Parishes.		From Local Jurisdictions.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Ashford, East	3	5	3	5	...	...	3	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ditto, West	5	7	5	7	...	...	4	4	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	1	...	...
Aylesford, North	14	7	10	5	4	2	10	5	4	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blean	7	9	7	8	...	1	4	6	...	1	...	...	...	...	1	1	...	...	...	...	...	...	2	1	...	...
Bridge	4	10	4	10	...	...	3	5	...	...	...	1	...	...	1	2	...	...	...	...	...	...	...	2	...	...
Bromley	16	10	16	10	...	...	9	6	...	...	...	...	...	...	5	3	...	...	...	...	...	...	2	1	...	...
Cranbrook	20	16	20	16	...	...	9	11	...	...	...	...	...	...	9	4	...	...	2	1	...	...	...	...	...	...
Dartford	20	14	20	14	...	...	17	14	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...
Dover	13	22	6	6	7	16	2	5	3	9	...	...	2	5	4	1	2	1	...	...	...	...	...	...	...	1
Eastry	17	29	12	12	5	17	4	3	1	...	...	...	2	7	6	5	1	5	...	...	...	...	2	4	1	5
Eltham	13	14	7	10	6	4	3	6	1	...	...	...	4	3	1	3	1	1	...	...	...	...	3	1	...	...
Faversham	11	16	11	16	...	...	4	3	...	...	...	7	...	...	4	4	...	...	...	...	...	...	3	2	...	...
Gravesend and Milton	11	19	2	5	9	14	1	4	4	9	...	1	2	...	1	...	3	5	...	...	...	...	...	...	...	...
Greenwich	68	89	68	89	...	...	35	59	...	...	...	...	...	...	28	22	...	...	...	...	...	...	5	8	...	...
Hollingbourne	12	15	12	15	...	...	7	7	...	...	...	...	...	...	3	7	...	...	...	...	...	...	2	1	...	...
Hoo	2	1	2	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...	...
Lewisham	15	18	15	18	...	...	8	10	...	...	...	...	...	...	7	7	...	...	...	...	...	...	...	1	...	...
Maidstone	33	34	10	14	23	20	6	6	14	11	...	...	...	...	2	5	9	9	...	...	...	...	2	3	...	...
Malling	15	12	15	12	...	...	10	9	...	...	...	...	...	...	4	...	...	...	...	...	...	...	1	3	...	...
Medway	24	36	19	22	5	14	9	17	...	12	...	...	...	...	10	5	3	2	...	...	...	...	...	...	2	...
Milton	5	6	5	6	...	...	4	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	4	...	...
Romney Marsh	2	4	...	1	2	3	...	1	...	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	1
Sevenoaks	22	28	22	28	...	...	14	14	...	...	...	...	...	...	1	3	...	...	...	3	...	...	7	8	...	...
Sheppey	17	6	15	5	2	1	9	4	...	...	...	...	...	...	5	1	1	1	...	...	1	...	1	...	...	...
Tenterden	10	14	10	14	...	...	6	3	...	...	...	3	...	...	1	4	...	...	...	...	...	...	3	4	...	...
Thanet	21	13	7	2	14	11	4	1	2	...	1	1	9	7	2	...	3	3	...	...	...	...	...	...	...	1
Tunbridge	22	10	22	10	...	...	15	6	...	...	...	...	...	...	4	4	...	...	...	...	...	...	3	...	...	...
Total	422	464	345	361	77	103	200	214	29	45	1	13	19	22	105	84	23	28	2	5	2	0	37	45	4	8
Total on Jan. 1, 1853	327	408	272	336	55	72	174	228	23	29	5	14	14	22	67	56	12	13	0	1	1	0	26	37	5	8
Increase	95	56	73	25	22	31	26	...	6	16	...	...	5	...	38	28	11	15	2	4	1	...	11	8	...	...
Decrease	...	...	...	...	...	...	...	14	...	...	4	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Net Increase	151		98		53		34				No numerical change.				92				7				18			
					1-7th																					
					2-7ths																					

REMARKS ON THE TABLES.

TABLE 2.—During the last three years (1851—4), the demand for accommodation in the Asylum has been steady, with an uniform, moderate increase in the number of patients remaining under care at the end of each year Immediately previous to this period, stands the exceptional year of 1850-1, throughout which our wards were thrown open to the patients of some other counties and to the corporate jurisdictions in our own county. The latter, alone, have continued to avail themselves of the County Asylum. The patients of the former have long been withdrawn; yet the whole number resident was never greater than in the past year. The admissions of the last two years (1852-3 and 1853-4) very nearly correspond in number; but are, severally, less by about 30 than the admissions of 1851-2. Nevertheless, the mean daily number of patients resident, and the number maintained on the last day of each of these three years, are progressively larger in each succeeding year than in the last. In other words, with a tendency in the admissions slightly to diminish, we have continued to maintain an increasing number of inmates—a fact which seems to receive some explanation by supposing the reception, of late, of cases in the whole less susceptible of improvement and recovery than heretofore, and, therefore, yielding fewer subjects fit for discharge. The facts upon which this remark is based are displayed below:—

Years ending July.	Admissions.	Mean Daily Number.	Remaining End of each Year.
1851-2	201	513	532
1852-3	171	528	545
1853-4	168	531	560

The persistence of these relative conditions must, in a few years, convert the Institution, which should always maintain the character of a Hospital, into a literal Asylum, by the gradual accumulation therein of incurables. Such a metamorphosis has, however, already occurred elsewhere; and it would appear, indeed, to be the common lot of public Asylums after many years.

TABLE 3, is an analysis of the 560 cases remaining in the Asylum on the last day of the year under report. Viewed by the aid of the statement of per-centages appended to it, it presents a discouraging prospect; but one calculated to strengthen the reflection suggested by the preceding table (No. 2) and already mentioned. It appears, after a careful estimate of the history (as far as practicable) and present features of each individual case comprised in the 560 patients, that not more than 33 (less than 6 per cent.) can, with any confidence, be deemed curable; and although some addition to that small number might, apparently, be reckoned on from the small class termed "doubtful," it would be unsafe to found any such expectation on them.

There is no doubt that 480, almost 86 per cent. of the whole, are not curable. 50 idiotic and imbecile persons (15 of whom are also epileptic), 49 other epileptics and 35 afflicted with one or other form of paralysis, are a hopeless band of 134 persons, constituting 28 per cent. of the 480 incurables.

The nomenclature of insanity employed in this table and in those numbered 9, 10, 12, 13, and 15 may seem, to a professional reader at least, to need explanation; chiefly on account of the omission therefrom, of such limited terms as "Monomania," "Recurrent Mania," "General Paralysis of the Insane," "Moral Insanity;" which have been commonly used to designate particular forms of mental disease. It has appeared that these terms convey too restricted meanings to permit of their use as names for whole diseases, each of which is, in fact, an aggregation of symptoms. And, practically, it has been found impossible to refer cases to such terms with a satisfactory and proper discrimination—a thing still sufficiently difficult under the employment, only, of the broader terms, on account of the insensible passage of even these broader forms, one into another. In the dissolving views, two pictures are seen on the screen together; and in insanity, the state of transition may present two forms blended and inseparable, the malady having perhaps an equal claim to the names of both.

The word "Monomania" suggests no more than a single symptom proper to a concrete disease. As for "Monomania," indeed; if there be such a limited derangement, it is not to be seen amongst the insane inmates of a public place of confinement. The eccentric warpings displayed, sometimes, by persons at large, and who very properly cannot be pronounced insane, might perhaps be represented by this mild term. Such, if insane at all, in a practical sense, are not insane enough to be placed in Asylums. A provision very important to the liberty of the subject exists in the "Lunatic Asylums' Act, 1853," in consequence of which a medical practitioner cannot now certify in general terms; but must specify in a sufficient manner,

and as of his own observation, the grounds upon which he is enabled to certify. This condition is quite essential to the legal force of every certificate, and is likely to make the so-called "Monomania" a "*rarior avis*" in a Lunatic Asylum than ever.

"Recurrent, or Intermittent, or Periodical Mania"—nearly equivalent terms—and "Remittent Mania," are but subdivisions of the great class Mania, which is either acute or chronic according to conditions both of intensity and duration. All mania is remittent, and frequently intermittent too. In virtue of the latter feature of the disease, the "lucid interval" of high legal esteem is obtained.

"General Paralysis of the Insane" cannot be, simply, a mental disorder; for Paralysis, although it be justly taken to include a derangement, or, impairment of mind, must present always the bodily complication by which it is judged of and declared to exist. If this were not so, no sound distinction could be made between the grand notions of this Paralysis and those of Mania.

As for "Moral Insanity," which is the discovery of the late, learned Dr. Pritchard, whatever ground there might appear for applying to it, some of the observations made in reference to Monomania (and it is held to be an affection not less limited to the moral, than Monomania to the intellectual faculties) must be withheld out of respect to the practical judgment and experience of that eminent man.

Dr. Conolly has suggested the following as probably the nearest approach that can be made to a definition of insanity generally:—"It is the impairment of any one, or, more of the faculties of the mind, accompanied with, or, inducing a defect in the comparing faculty."*

If, then, the comparing faculty, *i. e.*, the judgment, which presides over the whole machine, regulating in health every operation of it, be defective, can any manifestation of insanity be called partial, since the whole instrument of mind is under an impaired guidance? In view of a definition so perfectly intelligible as this, the limited terms here rejected, cannot be too soon allowed to drop into disuse.

In these tables, "Acute Mania" and "Chronic Mania" include the intermittent, recurrent and periodical varieties. "Melancholia" includes Monomania and Hypochondriasis. "Occasional Mania" chiefly consists of the irregular and transient attacks of delirious fury, associated with Epilepsy, which completely pass off, leaving, or, not leaving, as the case may be, the persistent dementia, or, imbecility so commonly coexistent with, or, produced by Epilepsy. "Dementia" includes the mental disorder in the General Paralysis of the Insane, for the general character of that is always

* Indications of Insanity, page 300. London, 1830.

permanent mental injury; and, also, the other instances in which Dementia may exist, either as the primary disease, or, as the sequel to other forms. "Mania with Imbecility" is a convenient phrase for the active symptoms with decay of mind, common to old age; and, also, for those cases of Imbecility, in younger persons, which present some of the more obvious features of Mania, in addition. The last division is restricted to objects of "Imbecility and Idiocy" proper, in whom the deficiency is both congenital and existent in the full degree.

Tables 4, 5.—The admissions of private patients have been fewer by one than in the last previous year. They numbered 5 only, and were all of the male sex. The necessity for declining to receive any more private female patients from the want of spare room, which led to the discontinuance of the practice two years since, still exists. Several applications for such admissions have been refused; and, not long since, it became necessary to deprive an adjoining county of the privilege it had enjoyed, of sending male patients. The composition of the number remaining, as respects the sources whence the patients are derived, remains about the same as last year. The ten succeeding tables require no comment.

Table 16 gives the Causes of the Deaths; of which, 24 were due to cerebral and nervous disease; 14 to disease within the chest; 2 to abdominal disorders; 17 to exhaustion of the vital powers by mania, epilepsy, or, old age; 1 to erysipelas of the legs, occurring in a person already enfeebled by mania (which had been caused by spirit-drinking to a great excess); and 1 to suicide by hanging. The particulars of the last will be found in a later page (page 32).

Table 17 exhibits the results of the year in numerical proportion. Thus:—31 per cent., nearly a third, on the population left at the close of the year next before, have been added to the latter, forming the whole number under treatment. A tenth part of the patients received had been previously admitted into the Asylum. A fourth part of the patients received had suffered one, or, more previous attacks of mental disorder. The total discharges, including the deaths, equalled little more than nine-tenths of the admissions: thus leaving nearly one-tenth of them as a standing addition to the list of patients. The Recoveries were 39·1 per cent. on the admissions; a return slightly improved upon the 37·4 per cent. of the last previous year. Three various modes of computing the rate of recovery are in use. They are all given in the table; but that mode which estimates the proportion in reference to the admissions, appears the fairest for a statement made from year to year. The Deaths were 11·1 per cent. on the mean number of patients daily resident. In the last previous year they had amounted to 10·4 per cent. As in recoveries, so in deaths, there are different modes of estimating the

rate of mortality. The method which shows the proportion the dead bear to the mean, or, fixed number living on every day of the year seems, unlike the other two modes, open to no objection.

The concluding table (No. 18) gives a complete view of the number of Lunatics in the County, chargeable on the first day of the current year; and shows what proportion of them was maintained in each of the modes of surveillance permitted by the law.

In the last Annual Report, the unlooked-for increase of 8 per cent. of chargeable lunatics, over the number then last previously returned, occasioned remark, as being much in excess of the customary increase, and, at the same time, devoid of explanation. But the returns of the present year throw those last presented into the shade, since they exhibit an increase, not of 8, but of 20 per cent.—one-fifth more as the addition of a single year. The numbers and rates of increase since 1848 are subjoined :—

Returned, 1st Jan.,		1849	...	628.			
,,	,,	1850	...	647,	increase 19 =	3·02	per cent.
,,	,,	1851	...	659,	,, 12 =	1·85	,,
,,	,,	1852	...	680,	,, 21 =	3·18	,,
,,	,,	1853	...	735,	,, 55 =	8·08	,,
,,	,,	1854	...	886,	,, 151 =	20·05	,,

1853-4.—RETURN OF ACCIDENTS, OCCURRENCES, &c., FOR THE YEAR.

No.1	July 12	A. P., female, restrained recumbent, 5 nights.
2	,, 17	W. F., male, died suddenly. Inquest.
3	,, 22	Summer entertainment to patients, in meadow.
4	Aug. 11	R. G., male, escaped from carpenter's shop; retaken
5	,, 12	M. B., female, committed suicide by hanging, in her room at night. Inquest. Details at page 32.
6	,, 13	Dietary altered; tea, with sugar and milk, substituted for gruel, for breakfast of all patients.
7	,, 16	S. S., male, escaped into wood from oat-field, during harvesting. Soon retaken.
8	,, 26	C. F., female, attempted suicide openly in her ward.
9	,, 29	W. H., male, attempted suicide in farm yard, where he was employed.
10	Sep. 10	Proposal to add to clothing, in winter, of dirty and destructive female patients who wear strong linen dresses, Guernsey shirts next skin. Carried out at a proper season.
11	,, 18	D. R., male, severely pinched a finger, and, being in a state of Acute Mania, was restrained as to that hand, 19 days. See page 27.
12	Oct. 3	F. L., female, struck, cut and severely bruised, and lacerated head and face, against bedstead, at night, with suicidal design.
13	,, 6	Two men's wards transferred to working women.
14	,, 21	Report (for Commissioners in Lunacy) on cases of Dysentery and Diarrhœa. See page 35.
15	Nov. 2	F. L., female, was detected by night watch in the act of committing suicide.—Narrow escape, Restraint used. Same patient as No. 12. See page 29.
16	,, 4	T. B., male, escaped over airing-ground wall. Soon retaken.
17	Jan. 8	H. A., male, in a state of maniacal fury attempted to bite off little finger.—Much injury.—Restraint of pair of gloves used See page 28.
18	,, 12	T. S., male, escaped. Soon retaken.
19	,, 13	Winter entertainment to patients. Music and dancing, tea and supper.
20	,, 20	J. S., male, broke his thigh accidentally.
	,, 25	,, placed under restraint. See page 29.
21	,, 27	J. W., male, escaped by unfastening lock. Not retaken.
22	Feb. 23	J. R., male, fractured a rib accidentally.
23	Mar. 9	W. B., male, died suddenly Inquest.
24	,, 11	J. B., male, escaped from shoemaker's shop. Not retaken.
25	,, 11	F. S., female, restrained by straight waistcoat, during this and two following days. See page 30.
26	,, 11	J. C., female, admitted in a dying state, and survived only five hours.
27	May 2	W. D., male, escaped from the land. Soon retaken.
28	,, 4	R. G., male, escaped from shoemaker's shop. Soon retaken.
29	,, 20	C. W., male, died suddenly. Inquest.
30	June 5	E. A., male, escaped from room at night, by breaking window. Soon retaken.

SUMMARY.—9 escapes, 6 instances of restraining, 2 fractures, 3 sudden deaths, 1 suicide, 4 serious attempts at suicide, &c., &c.

COMMENTARY;

ILLUSTRATING THE STATE, MANAGEMENT, AND PRACTICE OF THE ASYLUM.

ESCAPES.—Nine escapes out of 713 persons deprived of liberty are little remarkable for their number. That so few occur is due, less to the watchfulness exercised in order to their prevention, although that is unceasing, than to the great amount of freedom permitted to many patients, within the bounds of the premises; to the knowledge which convalescents have of the certainty of their due discharge, and to their own good sense in patiently avoiding precipitate acts; to the relief occasionally afforded by walking out; and, generally, to the trust reposed in their good faith on the simple guarantee of their own promise. Five of the escapes were made by patients working in the shops, or, on the land, where the facilities are greatest and the surveillance necessarily divided and reduced to the smallest amount. All the escapes were made by men. One, only, was remarkable, where the patient broke his window-frame and two wire-guards in the night, and got out through the aperture thus made. He is a criminal and has been several times in gaol. Two of the patients were not retaken. One, however, of these returned, voluntarily, after some months, expecting, I think, to find food and shelter in his old quarters. But the state of the law permitted of no interference with his liberty, he having made good his absence for more than 14 days. He was quite harmless.

RESTRAINT.—In six cases, restraining the body, or, one or more of its members, has been practised in the year; three of men, three of women. In one instance (D. R , No. 11 in the list prefixed), it was merely a surgical protection against the carelessness and inattention of the patient. The man had pinched one of his fingers with a door, severely but accidentally, and, being in a state of great mental excitement at the time, and so continuing for a long subsequent period, it was deemed requisite, after dressing the injury, to fasten a glove on the hand, because the patient carelessly removed the applications, and was so heedless of, or, insensible to pain as to knock-about the wounded finger. In 19 days, sound healing had taken place, and the glove was dispensed with.

A. P. (No. 1 in the list) was an aged woman, the subject of severe melancholia. The principal symptoms were, deep dejection with

spiritual terror, self-accusation and abasement, insuperable refusal of food, constant maintenance of the erect posture, day and night. These produced emaciation, swelling of the lower extremities and the signs of impending death. Food had been introduced into her stomach by instrument, and medicines adapted to her condition had, with difficulty, been administered for some time. When the symptoms had proceeded to the appearance of imminent danger, one only resource remained; namely, restraint, in order to secure the recumbent posture and sleep, which, in that position, might possibly follow its employment. After one night thus passed, on compulsion lying in bed, there was a remarkable change. The aspect of immediate danger had vanished; the surface had grown warm, through the assistance given by position to the enfeebled circulation, and had acquired the look of comparative plumpness; both this and the diminished expression of distress in the face being in striking contrast to their state twelve hours before. Sleep had been obtained, food was now voluntarily taken, and there could be no doubt as to the means by which these changes had been wrought. The same means were repeated for four nights more, during which she maintained, but scarcely increased her amendment. She lived for a fortnight, in a wholly calm and rational state of mind and conduct. During that period, she suffered from cough (chronic bronchitis) and a growing exhaustion of bodily strength, in spite of considerable quantities of nourishing food; the effect, probably, of her previous mental suffering, and hastened by her age, which was 70 years.

I am of opinion, now, that she ought to have been placed under this restraint much earlier. The public disfavour, however; I might almost say, the discredit publicly attached to the use of restraint in any shape, and for any purpose, aided as it unfortunately is by eminent professional men, whose large opportunities for observation might have been expected to impress them with the necessity for moderation in this particular case, independently of the universal danger of extreme opinion, is positively injurious to the cause of the insane, by tacitly imposing on others so much reluctance to resort to restraint, as may even lead to the improper postponement, at least, of its use, at a time when it is, indeed, better calculated to lead to good than any other known medical treatment.

The next two cases (Nos. 17 and 20 in the list, both in men) may be classed together. In both there had been self-inflicted bodily injury. No. 17 was the subject of the most acute mania. One Sunday afternoon he began to bite one of his little fingers across the middle, with a vigour that left no doubt of his determination to sever it from the hand. It was removed from his mouth, much injured, with very great difficulty, by the united exertions of several

attendants. When the finger had been dressed, a glove was fastened on each hand, because of the continuance of the patient's ferocious disposition of mind;—for the protection of the sound fingers as well as of the injured one. For a month both gloves were constantly retained; after that, one only, on the wounded hand. The cure was slow, and in its course the two last joints sloughed away; such had been the degree of bruising and laceration inflicted with his teeth. The last glove was worn for seven weeks.

In the other of these two cases (No. 20), the man, having the General Paralysis of the Insane, stumbled and fell over a seat in his ward, whilst chasing a fellow-patient in sport. In his fall, one of his thigh bones was fractured. The broken ends were adjusted and the limb was bandaged and secured in the usual way. But, during the first five days, the patient stripped off the entire apparatus, probably not less than twenty times. Then, restraint was used. Taking advantage of the circumstance that the strength and dexterity of one hand were reduced by the paralysis, a single glove was applied on the able hand only. The patient, however, shortly proved that his weak hand, aided by his teeth, enabled him to remove the appliances as completely as before. Both hands were now encased in a pair of gloves; but, by fidgetting about and using his teeth, he still pulled off his bandages. An instrument of restraint which I have called the " sack," from its enclosing the whole body up to the neck, was next resorted to. This succeeded for a little while, until, by getting a part of it into his mouth, he bit a hole, into which he got his foot and, so, tore the material from top to bottom. There was now no expedient but the strait-waistcoat, which was tolerably successful when protected by a sheet, folded and placed across under the chin. Altogether, this man was under restraint $3\frac{1}{2}$ weeks and, then, from a sudden increase in his original disease, he became so much more paralysed as to be incapable of his former efforts. The aggravation of the cerebral malady gradually deepened and he died. The broken bone did not unite. The natural process of union had commenced, but been too often interrupted. Such are some of the difficulties commonly to be contended with, in the treatment of fracture, or, other surgical injury in the insane.

The fifth instance of restraining occurred in a woman. In the list, Nos. 12 and 15 both refer to her. During the night of October 3rd she struck, cut and lacerated, and severely bruised her head and face, by beating them against her bedstead. Her purpose was, plainly and confessedly, suicidal. In consequence of this act, she was allowed to sleep, afterwards, only in a padded room under close watching. On the 2nd of November following, she was detected by the night nurse in the act of committing suicide with a strip torn from her bedding. The discovery was fortunately timed. After

this, she was permitted to sleep, only, with a glove fastened on her right hand. For seven months this was continued, during which her sullen taciturnity and gloom, and her oft-expressed determination to destroy herself, indicated the living force of the propensity.

The last case (No. 25), also of a female, was one of raving mania. Such a state had been of some duration, when it received a serious aggravation from the violence of the patient becoming turned against herself. Thus, in a few hours, she pulled out five of her teeth, and the strait-waistcoat was employed to stop her unceasing attempts to remove more. This condition lasted three days (during which the restraint was used) and then passed into coma, which increased and destroyed her in less than 24 hours. After death, an effusion of fresh blood, coagulated, was found covering the whole of the fore part of the brain.

Will anybody incur the responsibility of affirming, with a distinct reference to the instances detailed, that restraint ought not to have been used in them, and might have been withheld without prejudice; or, point out other means, at least as effective and less objectionable, by which man deprived not only of his reason, but of his mere instincts also—of the power of self-control and of responsibility for his acts, may be prevented from becoming the self-injured victim to his own malady? Would a sane man wish that, in the event of his becoming insane, he should not be controlled, or, even, that he should not be perfectly controlled, in the exercise of inclinations shocking to his feelings, foreign to his nature and dangerous to himself? A sane man would pray to be prevented under such temptation, with a sincerity equal to that with which he always desires the preservation of his life. If there be no better mode than mechanical restraint, of saving from himself a human being who is become less than a man, no consideration is able to forbid it; or, if the consequences of wholly diseased impulses are to be permitted instead of saved, let us not rescue a suicide from the water, nor, cut down and attempt to resuscitate a self-hanged man. The advocates of entire non-restraint should be prepared to follow their principle, whithersoever it may legitimately lead them.

Notwithstanding the exceptions which have, annually, been detailed, the system of non-restraint has been uniformly, if not universally, pursued and upheld in this Asylum; with the same delightful effects on the moral state, domestic tone and intercourse prevailing amongst the patients, and between them and the officers and servants, as have happily followed its adoption in other Asylums. It is as a part of medical, or, surgical treatment alone, under the difficulties superadded by insanity, that the ground of professional duty forbids the absolute repudiation of restraint, and causes regret at a fashionable renunciation of it which is too sweeping, inasmuch as it would

claim for non-restraint the unique character of a rule without exception.

The Annual Reports of the last eight years have regularly rendered a full, unreserved account of all examples of restraining in this Asylum. A review of the whole of these transactions is presented in the subjoined table:—

Return of the instances of the application of Mechanical Restraint, for eight years ending Midsummer 1854.

Years ending July 4.	Number of instances in each year.	Objects in view.		Patients under treatment in each year.
		Prevention of self-injury.	Recumbency, as a remedy for excessive exhaustion.	
1847	1	...	1	432
1848	2	2	...	442
1849	2	1	1	469
1850	3	3	...	499
1851	6	5	1	682
1852	2	2	...	749
1853	2	2	...	703
1854	6	5	1	713
Total ...	24	20	4	4689
Annual Average	3			An. Av, $568\frac{1}{8}$

Annual Average of 8 years, 1 in $195\frac{3}{4}$; about a half per cent.

Restraint will be seen never to have been used to prevent destruction to property, or, violence to the person; except the latter, when directed by patients against themselves. For all assaults on others, temporary seclusion, or, separation without seclusion in the full sense, of the assaulter from those whom he abuses, is an ample resource. Nor does that merely serve the purpose of protecting the assaulted: it allows the offender an interval for recovering calmness under circumstances the best adapted to promote that effect. There are states of excitability so inflammable, that the mere presence of others is a sufficient external cause for the display of violence; whilst the real cause is in the patient himself and the confusion of hurried and exaggerated emotions by which he is most unhappily swayed. In cases where no assault has actually been committed, seclusion may, also, be most useful; as, when, from the known character of the malady embracing a disposition to instant assault, the attendant recognises the familiar and brief warning and places his patient in seclusion in time to prevent personal injury; for prevention is often better than cure.

But the use of restraint will be found to have been limited strictly to purposes surgical, or, medical and moral; and to emergencies

which, upon examination into all their circumstances, would be found to be quite exceptional to the series of events commonly occurring in the management of a number of insane persons.

Lastly, whether mild, or, strong in its kind; brief, or, extended in its application; with proper care, restraint may always be used (as often as really necessary) without injury to the person, without an amount of discomfort deserving to be weighed against the benefit and, chief of all, without injury to the social and moral condition of the Asylum.

SUICIDE.—One instance of self-destruction occurred (No. 6 in the list of occurrences). There had, fortunately, been no similar accident for six years; the last having happened on July 20, 1847. The particulars are accurately detailed in a correspondence on the subject, at the time, with the Secretary to the Commissioners in Lunacy; and the facts cannot be better recorded than by subjoining the letters:—

"Office of Commissioners in Lunacy,
"August 15, 1853.

"SIR,—With reference to your notice, this day received, of the death by suicide of M. B., I write on behalf of the Commissioners in Lunacy to request that you will favour them with the following additional particulars, viz.:—

"1. The part of the Asylum, and whether or not in a single sleeping-room; also at what hour (as far as known) of the day or night the act was committed?

"2. By what means the patient hung herself?

"3. By whom, when and under what circumstances the fact was discovered.

"4. A copy of the depositions and verdict upon the inquest.

"5. The result of the investigation (if any) of the circumstances by the Committee of Visitors.

"Adverting to the fact that M. B. was described by the Relieving Officer of the M. Union upon her admission, as both suicidal and dangerous to others, the Commissioners desire to know whether any and what special precautions were taken, or, instructions given to the attendant with reference to her case.

"I am, &c., &c.,
"R. W. S. LUTWIDGE, Secretary."

"Mr. J. H. Stevens, Clerk, Kent Asylum."

[No. 2.]

"The Kent County Lunatic Asylum,
"August 16, 1853.

"SIR,—Your letter dated the 15th inst. and addressed to the Clerk of this Asylum has been shown by him to me, and I have undertaken

to answer the questions it contains myself, since, from my having the larger personal knowledge of the circumstances under your enquiry, I may be able to give you fuller information.

" No. 1. The part of the Asylum wherein the suicide of M. B. occurred is the Women's Ward No. 3. The room in which it happened is a single sleeping-room. The hour at which it may have taken place can only be conjectured. From the temperature of her body when first seen after death, it seemed to me that the act had been committed in the early part of the night, perhaps not long after the patient had gone to bed.

" No. 2. The patient hung herself by means of an ordinary blue-checked apron, made into a loop by tying two corners together and then hitching one part of such loop over a small piece of wood which projected from the window-sill; then, kneeling on the head of her bed which is close to the wall and window, she placed her face and chin through the depending end of the loop and, by pressure thus exerted on the soft parts of the neck and throat, caused strangulation. The apron was not passed round her neck but up, vertically, over her ears, the two ends meeting at some distance above her head. The projecting piece of wood spoken of, was a part of the casing, covering the wall where it is splayed downwards from the window-opening. The head of the bed is close to the wall and under the window. The projection of wood is what carpenters call a nosing, and extended, on each side, for about two inches horizontally, past the point of union of the bottom and sides of the casing. It was intended, doubtless, by the builder, that the inner face of this exposed slip of wood should be buried in, and united to the wall upon which it immediately lay; and, failing that, the space would appear to have been filled-in with plaister. This plaister had probably worn away and dropped unnoticed in the course of years; for, on the other side of the same window, the plaister still remained. The space thus left between wood and wall was about half an inch. This mode of construction is not peculiar to the room in question. All the 12 wards of the original building are exactly similar. In $20\frac{1}{2}$ years no accident had occurred from this cause. All these projecting ends were sawed off as soon as possible after the suicide of M. B. The apron which she used was not a part of her own clothing. All her own clothing, including her apron, had been carefully removed from her room when the attendant locked her door overnight. But the apron used had been stolen and secreted as was afterwards found out; where secreted it is not now possible to say, but probably in her mattress or bed as, otherwise, it would have been seen and removed at the proper time.

" No. 3. The patient was discovered dead and suspended at half-past seven o'clock in the morning of the 12th inst. by the attendant

of her ward, under the ordinary circumstance of unlocking her door to get her up for the day. I was immediately summoned, saw the patient hanging, satisfied myself that she had been long dead and inspected all the details which I have described.

"No. 4. I have no copy of the depositions made at the inquest. A copy might perhaps be obtained of Mr. Kipping, Maidstone, Coroner for the Borough. The witnesses were five in number, viz.: the nurse who last saw her alive, the nurse who discovered her dead, the two nurses who were on night-duty and myself. A copy of the verdict is subjoined:—'I hereby certify that, at an inquest held by me at the Kent County Lunatic Asylum, in the Borough of Maidstone, Kent, this twelfth day of August, 1853, on the body of M. B., the jury returned a verdict that the 'Deceased hung herself during insanity.'

(Signed) THOMAS KIPPING.

"No. 5. I fully explained all the circumstances to three of the Visitors, on the occasion of their visiting the Asylum on the 13th inst., in the course of their duty under the 45th section of the 8th and 9th Vict., cap. 126; and such explanation was attended with their personal inspection of the room where the accident occurred, and by their particular and minute enquiry into all the circumstances of the case.

"Lastly; no special precautions were peculiarly adapted to, and enjoined in the case of M. B. To receive a suicidal patient into the Asylum is, unfortunately, a most common occurrence, and there is a special rule (permitting of no exception whatever) designed for this particular case; viz. that which requires the careful removal of all the clothing from bedrooms at night. As far as human care could be expected to provide, that rule was attentively observed, in this instance, on the night in question.

"An especial precaution was therefore taken for the prevention of this very accident, and its failure illustrates anew the common observation that, to the determined suicide, opportunity need never be long wanting.

"I am, &c.,

"JAMES E. HUXLEY, M.D., Superintendent.

"R. W. S. Lutwidge, Esq."

[No. 3.]

"Office of Commissioners in Lunacy,
"August 27, 1853.

"SIR,—With reference to the case of M. B., I am directed by the Board to enquire in what way the patient was, as described, dangerous to others; whether she had, during her residence in the

Asylum, exhibited such a tendency and by what acts, and whether, in your opinion, any and what objections existed to placing her to sleep in an associated dormitory.

"I am, &c.,

"R. W. S. LUTWIDGE.

"Dr. Huxley, Superintendent, Kent Asylum."

[No. 4.]

"The Kent County Lunatic Asylum,

"August 30, 1853.

"SIR,—I beg to acknowledge your letter dated August 27th with reference to the case of M. B., a patient who committed suicide in this Asylum on the 12th inst.; asking in what way she was dangerous to others, as represented in the statement to her order of admission; whether she had shown a disposition to injure others, during her residence in this Asylum, and, if so, by what means; and whether, in my opinion, there was any objection to putting her to sleep in an associated dormitory.

"And I have to inform you, in reply, that about a week previous to her admission, she had taken up a poker and run after her daughter (12 years of age) with the intention, as was supposed, of injuring her. That, during her short residence of 12 days in the Asylum, she displayed no disposition whatever to injure any other person. That, in my opinion, it would have been objectionable to let her sleep in an associated dormitory, until longer residence and a better knowledge of her disposition to violence, as displayed towards her daughter, might have given to that step a greater appearance of safety. Had she lived, and her apparently inoffensive disposition remained the same, she would shortly have been transferred to a dormitory of six beds in her ward.

"It may be worth mentioning that when M. B. was admitted, the answer given to my question, and written down by me at the time, as to whether she had ever attempted suicide was, 'No.' The answer to the question in the statement, therefore, was conjectural as to her disposition to suicide. She was further represented to be liable to change, 'from calmness to rage, for a short time.'

"It is my practice to place suicidal patients to sleep in rooms with other patients; but not in the cases of new admissions, lest another propensity, of which we may have no knowledge, should lead to a kind of accident which would, then, be very deserving of blame, and more deplorable than suicide. I may remark that the presence of other patients will not prevent the attempt at, though it may lead to the timely discovery and prevention of suicide; and I could mention several instances, not to be doubted as real attempts, which

have occurred under the circumstances of sleeping in a room with another patient, or, in the open ward, or, in the airing-ground, publicly before other patients.

"I am, &c.,

"JAMES E. HUXLEY.

"R. W. S. Lutwidge, Esq."

Dysentery and Diarrhœa.—After a visit made by two of the Commissioners in Lunacy, on July 26, 1853, a letter was received from their Secretary, the substance of which is contained in the following extract:—"As it appears, that no less than seven of the deaths noticed arose from dysentery, I am instructed to draw the attention of the Committee of Visitors to this fact, and to request that they will endeavour to ascertain whether any and what causes exist, calculated to give rise to dysenteric disease; and if so that they will take the necessary steps to remedy any existing defects likely to give rise to diarrhœa or dysentery."

In consequence of this letter, the following report, consisting of a table and observations thereon, was prepared and a copy sent to the Commissioners in reply:—

Return of Deaths from Dysentery and Diarrhœa; particulars of disease and of surrounding circumstances.

Name according to priority of Death.	Sex and Age	Dates of Admission and of Death.	Length of Residence.	Ward in which Resident.	Character of Ward.	Length of illness and season of death.	Probable pre-disposing cause of last illness.	Probable exciting Cause, (if any known).	Observations.
No. 1. H. M.	F. 47	Admitted 9th Feb., 1848. Died 9th Jan, 1852.	4 Years.	No. 16	Particularly light, spacious and well ventilated. Is on the first floor of the additional building.	6 weeks. — Winter.	Habitual great debility.	None known; a cause quite insufficient in a stronger person, would suffice here.	——
No. 2. M. P.	F. 53	Admitted 16th Oct, 1848. Died 28th Jan., 1852.	$3\frac{1}{4}$ Years.	No. 6	Dirty patients' ward, ground floor principal building. Sleeping rooms on each side of a broad passage.	8 days. — Winter.	Habitual great debility, melancholy depression, mesenteric disease.	Ditto.	Ventilation of ward, good; burdened, however, by high amount of effluvia from a class of dirty patients. This was a case of Diarrhœa only.
No. 3, M. W.	F. 36	Admitted 9th Nov., 1847. Died 10th Oct., 1852.	5 Years	No. 8	Actively ventilated, but ill-arranged. Sleeping rooms on each side of a narrow passage. Is on first floor, principal building.	12 mnths. with occasional intermissions. — Autumn.	Habitual great debility, extreme melancholy depression, old-standing mesenteric and peritoneal disease	None known; probably the natural progress of the predisposing disease.	Wards No. 7 and 9, same tier, immediately under and over, the same in all respects. No case in either of them.
No. 4, E. C.	F. 64	Admitted 26th April, 1852 Died 9th Jan, 1853.	$\frac{3}{4}$ Year.	No. 11	Light, spacious and well-ventilated. First floor (wooden) last new wing, principal building.	1 week. — Winter.	Melancholy depression of mind and corresponding physical debility.	None known.	In all respects, a most eligible ward—one of the best.
No. 5, E. R.	F. 53	Admitted 27th Aug., 1852. Died 14th March 1853	7 Months	No. 8	The same as in Case No. 3.	10 weeks. — Winter.	Debility from Intemperance.	Ditto.	The three wards, Nos. 7, 8, and 9, in this tier, are the most powerfully warmed, and therefore the best ventilated of any.
No. 6. M. T.	F. 73	Admitted 13th Dec., 1852. Died 17th May, 1853.	5 Months	No. 11	The same as in Case No. 4.	8 days. — Spring.	Debility left after an attack of maniacal excitement, which had just subsided.	Ditto.	See observations on Case No. 4. Same ward.
No. 7. M. A. S.	F. 39	Admitted 15th June, 1853. Died 9th July, 1853.	24 Days.	No. 3	Light, airy, and tolerably spacious. First floor, principal building; well warmed and ventilated.	24 days. — Summer.	None known. Was admitted suffering from the disease.	Ditto.	This case might be omitted, as it owed its cause to some other, if to any, locality.

"The interval between the first and second deaths was three weeks. The two patients lived, one in one building, one in the other. The ward of one is newly built, particularly light, spacious and well ventilated, and on the first floor The ward of the other is in the older Asylum on the ground floor. The ventilation is good but burdened by the amount of the effluvia in the ward, which is one of dirty patients. This (second) patient had old abdominal disease, and the immediate cause of death was not dysentery, but diarrhœa.

"The third case happened nearly nine months after the second. It, also, was due to old abdominal disease. The ward wherein the patient lived and died is actively ventilated. It, like the other two in the same tier, heats and therefore ventilates more freely and powerfully than any other in the Asylum. It is one in the ill-arranged wing where the sleeping-rooms run on each side of a narrow, central passage. It is on the first floor. The two wards, above and below, are served by the same apparatus and are in every other respect the same. No case of the disease happened in them.

"The fourth case happened three months after the third, in a ward of the next wing, on the first floor; being one of three wards in the last-built women's wing. It has a wooden floor and is, equally with its fellows above and below, the best in all respects in the older building.

"The fifth case happened two months after the fourth. It occurred in the same ward as the third case, and five months after that. The subject of it had become insane (demented) and debilitated from intemperance. She had kept an inn.

"The sixth case happened two months after the fifth; the disorder appearing immediately on the subsidence of a prolonged attack of acute maniacal excitement in a person aged 73. The ward is the same as in the case No. 4; four months after which it occurred.

"The seventh case was brought in, on admission; the patient dying of the disease 24 days after. She was an idiot and very weakly.

"The season of the year in which ordinary dysentery and diarrhœa prevail is the autumn. Of the 7 cases, 4 took place in winter, 1 in spring, 1 in summer and 1 in autumn.

"General Observations.—1. The number of deaths from dysentery, in the period alluded to by the Commissioners, is not 7 but 6. The seventh death was caused by diarrhœa.

"2. The period over which the 7 deaths were spread is 18

months. The previous 18 months gave 5 deaths from similar causes; of which no notice was taken.

"3. With the exception possibly of Case No. 7, where the patient brought the disease on her admission, not one of the cases can be considered a case of dysentery proper; *i. e.*, dysentery occurring spontaneously and independently of other disease. Cases 2 and 3 were directly dependent on abdominal disease of long standing and, in them, the discharge from the bowels constituting dysentery was the immediately fatal symptom.

"4. Thus, two of the cases were consequent on other disease, and one more was in existence on the patient's admission. There remain, therefore, four cases which may be thought to require particular explanation. In these four persons there had been great mental and physical exhaustion, long habitual in three of them, and due to recent maniacal excitement in the fourth who was 73 years of age. This condition would naturally render them particularly liable to attacks of exhaustive discharge from the bowels; which attacks might, then, owe their immediate origin to causes of so slight and unusual a kind as to be not discoverable. It is to be observed that the cases of dysentery were all of the asthenic or debilitated form. Persons in a low condition of health are especially liable to asthenic dysentery. Whatever depresses for a long time the vital powers (as fever, or, insanity) exposes to attacks by diseases of this class. Affections of the mind universally reduce the bodily powers, not only beyond any other class of disorders in degree, but prolong that depression to the greatest extent of time. It is not necessary for the ordinary causes of dysentery and diarrhœa to be in operation amongst insane persons in order to make them suffer those disorders.

"5. The ordinary predisposing causes are:—1. 'Epidemic states of the atmosphere. 2. Cold and variable weather after long heats. 3. Prolonged heat and humidity. 4. Accumulations of morbid secretions in the bowels. 5. A cachectic habit of body. 6. Deficient and unwholesome food. 7. Pre-existing debility. 8. An impure and misasmatous state of the air, especially when connected with humidity. 9. Neglect of the functions of digestion and fœcation. 10. The habitual use of spirituous liquors.' The exciting causes are:—'11. Famine or prolonged fatigue. 12. Exposure to a moist cold. 13. Exhalations from animal and vegetable matters in a state of decay. 14. The use of water holding decomposed animal and vegetable matters in solution. 15. Diseased or tainted meat and other unwholesome food. 16. Breathing the stagnant air of low, crowded, ill-ventilated places. 17. Acid, or, unwholesome drink, as sour or bad beer.'—(*Copland's Med. Dict., Vol. I., Art.* '*Dysentery.*')

"6. It will be necessary to examine these ordinary causes a little in detail, in order to learn whether the Asylum is either commonly, or, occasionally liable to any of them in a degree sufficient to excite disease; and, if so, why; and whether they can be removed.

"The three first causes need not detain the enquiry. Had there been an epidemic state of the atmosphere, the disease would have been epidemic in the district, or, at least, endemic in the Asylum. It has certainly not been endemic in the Asylum, no cases having occurred but those which ended in death; whilst these happened at such intervals of time as to forbid the supposition of a cause endemic, or, general in this locality.

"The causes numbered 4, 5, 7, 9, and 11, namely; accumulations of morbid secretions in the bowels, a cachectic habit of body, pre-existing debility, neglect of the functions of digestion and fœcation, and famine or prolonged fatigue are all, more or less, prevalent symptoms, or, conditions of insane persons. In the first place, accumulations of morbid secretions are the very cause of insanity in many cases of that disorder; and a cachectic habit of body is the frequent consequence of such accumulations. By the successful treatment of these it is, that many cases of insanity are cured. Again, pre-existing debility is a constant condition with all insane persons, varying in degree, generally well marked and, to the medical observer who does not suffer himself to be deceived by the delusive appearance of excitement, a striking feature. Neglect of the functions of digestion, ingestion, and fœcation is most common; hence the ever recurring necessity for the feeding of patients either by hand or instrument.

"Lastly, famine and prolonged fatigue are but equivalent terms to what we use to express the state of inappetency and impairment of digestion, and the prostration of strength usually presenting themselves in the course of acute mania and other forms. Indeed, the treatment of acute mania might be described, in a word, as the effort to sustain the patient's strength whilst the paroxysm is running its course.

"The remaining ordinary causes, completing the list, Nos. 6, 8, 10, 12 to 17, may be soon discussed. The food of our patients has not been either unwholesome, or, deficient. Our air is pure, and there is no ground whatever for suspecting the existence of miasm. And we have no collections of animal and vegetable matters, in a state of decay, in the neighbourhood of the wards. No one habitually uses spirituous liquors. We are exempted from exposure to moist cold by the thoroughly warmed and dried state of the air in our wards in the winter. The water is good and pure. The patients are most carefully saved from the common necessity of breathing

stagnant air, by ventilation which everywhere supplies them with fresh air.

"The conclusion which presents itself from this consideration of the causes of dysentery and diarrhœa is, that these disorders (so long as they may be clearly not epidemic) must be expected occasionally in a Lunatic Asylum, since the inmates offer, in their ordinary condition as insane persons, several sufficient causes for their origin. Hence the great importance in Asylums of thorough ventilation, good and plentiful food and warm clothing. It will be remarked that all these cases occurred in women; yet the two sexes are situated the same in all respects. This fact is significant of a purely individual origin of the cases, and points away from the probability of any general cause; whilst the absence of any feature in the cases as a whole, and relatively to each other which could sustain the suspicion that they were owing to any general cause, or causes, is deserving of particular notice."

General Health.—The patients have continued to enjoy the usual freedom from general sickness. There has been no epidemic malady whatever, and no single disease prevailing in the persons of many patients, at the same time. We have, indeed, had numerous instances of the most serious diseases; but such as so commonly produce the fatal termination in insanity.

The patients have enjoyed a good, substantial diet, and all who were under treatment have had whatever medical extras their disordered states required. There has been an ample and varied supply of excellent garden vegetables, throughout the year. I consider the alteration of the breakfast, (No. 6 in the list of occurrences) as a change of no little importance. The gruel thus displaced by tea, had been, with bread, the established breakfast from the beginning; and it seemed to have become unsuited to the prevailing habit of the patients, and was, in consequence, often refused. When the present is compared with the past state of the inmates of Lunatic Asylums, it will be remembered that, formerly, the unhappy patients commonly continued tenants for the remainder of life; whilst, now, a large proportion pass in and out after periods of confinement more or less brief: either recovered, or, relieved, or, as entitled to their liberty because, although not cured and perhaps not curable, the further deprivation of it could be of no advantage to anyone. Formerly, then, the patients became habituated in the course of years to the prescribed routine of diet; but, now, the incessant arrivals of persons newly attacked and fresh from the practice of the usages of the day, outweigh the old occupants and, not more necessarily than happily, modify the internal arrangements, which are thus brought,

year by year, into a less discrepancy with the customs of their own homes. The use of the gruel had not only led to much waste of the porridge itself, but necessitated, in many cases, the substitution of tea as an extra; and, besides, the dislike to the gruel was the cause of much grumbling. The tea is made in the bulk and slightly boiled, at the rate of one ounce of the leaves to one gallon of fluid, of which a pint is new milk. This quantity is sweetened with four ounces of sugar. Tea is suited to the stomachs of all, whether sick or healthy, delicate or robust. The case was very different with the porridge.

Some kind of garment sufficiently warm for winter use, had become a desideratum for enfeebled female patients of the most dirty, and, also, of destructive habits. Both these habits demand, on the ground of a proper economy, the use of such a fabric for dresses as may be the strongest and bear the most frequent washing. But a material possessed of such enduring qualities is not made of wool. Continuing to use linen dresses for patients of this description, we have found hand-made, Guernsey shirts with sleeves, and reaching not much below the waist, serviceable. When worn next the skin and covered everywhere by the common dresses, they cannot be very greatly meddled with by the wearer; whilst they well protect the skin of the arms and trunk.

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SUPERINTENDENT.

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