

**State of the Lincoln Lunatic Asylum (instituted November 4, 1819) :  
[twenty-third report].**

**Contributors**

Lincoln Lunatic Asylum (Lincoln, England)  
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STATE

OF THE

LINCOLN

LUNATIC ASYLUM.

(INSTITUTED NOVEMBER 4, 1819.)

1847.

LINCOLN:

PRINTED BY W. AND B. BROOKE, HIGH-STREET.

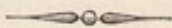
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1847.



L I N C O L N  
L U N A T I C A S Y L U M .

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TWENTY-THIRD REPORT.

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The number of Patients in the Asylum at the present time, amounts to one hundred and forty, being considerably more than the Governors originally contemplated to admit, and including a more than usual proportion of a superior rank. The accommodation for this increase has, in some degree, spontaneously arisen out of improved arrangements in the interior of the house, and much simplification of the details, in addition to the generous exertions made by the County, to meet the constantly increasing applications for admission.

The Boards have felt satisfaction in observing this, among many others, as a decided mark of the continued, and indeed increasing, confidence in the system pursued; a confidence based on the publicity and openness of the Institution, even in the minutiae of its proceedings.

The public of this County have obviously learnt to estimate the protracted series of attacks, exaggerations, and direct misstatements of fact, which have been forced upon their notice through the press. And so confident have the Boards been of the good sense and penetration of the County in such matters, that they have not condescended to any reply or public notice of them; nor in any



way authorised a refutation, however easy it might be. Unjust and unpleasant as such assaults undoubtedly are, they must unhappily be looked for in all institutions whatsoever of a public nature, in which improvement and activity prevail, and in which the monotony of indifference and neglect do not prevail. But, though the Boards have not condescended to a reply, they have been compelled by the overt acts of the author of them, to adopt the following resolutions.

“ Resolved,

“ That the Board has witnessed, with deep concern, the indecent violence both of language and conduct adopted by Dr. Nicholson, the junior Physician of this house,—his unprofessional tone and expressions towards his seniors in office, persons much his superior in experience, and certainly not inferior in education or ability,—his insulting language to the Governors and Boards, setting an example of insubordination through the whole establishment,—his reckless and dangerous line of experimental practice, contrary to all medical usage and the orders of the Boards.”

“ Resolved,

“ That this Board, wishing to set an example of temper on this occasion, makes every allowance for Dr. Nicholson’s inexperience and want of acquaintance with the established usages of society; and being extremely unwilling to throw the least impediment in the way of the most free and even hostile inquiry into the condition of an establishment of this nature, and trusting that his future conduct may justify the indulgence and forbearance of the Boards, has not thought it right at present to proceed to vote a want of confidence in his professional and personal conduct.”

“ Resolved,

“ That the junior Physician, having declared his determination to disobey the Rules and Laws of the Establishment, and so to place the House-Surgeon and other Officers in the position of active parties to a disobedience of the Rules and Orders of the House, it has become necessary to adopt measures for sustaining the authority of the Boards.”

“ Resolved and ordered,

“ That no preparation containing Morphine, or Narcotine, Foxglove, or Strychnine, nor any Fermented drink, be employed by the House-Surgeon under any order of the junior Physician, without a consultation with, and the approbation of, one at least



of the senior Physicians ; but that the House-Surgeon, on any emergency seeming to require their use, proceed on his own responsibility under Rule XI. 7."

The author of these attacks, has adopted a similar strain towards the *City Dispensary* and *County Hospital*, from both of which he has found it necessary to withdraw ; having been introduced, on his arrival at Lincoln, with the utmost courtesy, into all the Medical Institutions, and treated by all of them with the utmost forbearance.

Such conduct is not unlikely to give an impression of a perpetual disputation, as connected with an establishment ; but this has been wholly on one side, and the Board may state that it is not aware that a single Governor, out of the numerous body of which the Governors consist, has countenanced this course of conduct.

The proceedings of this gentleman have completely set at rest any doubt, as to the propriety of a rotation in the Medical attendance ; especially in such a disease as insanity, both for the safety of the Patients, the better prospect of recovery, and the working out a safe and well considered general treatment. The mortality of the house, considering the long establishment of the Asylum, has been satisfactorily small ; and it is remarkable that the Institution should have been attacked on this very ground, when the number of deaths only amounted to *three* in fifteen months, amongst *one hundred and ninety-four* Patients : an amount most favorable, when taken in comparison even with that of the mass of the population.

During the year, another House-Surgeon, Mr. F. D. Walsh, has been appointed ; the late House-Surgeon having, through his intemperate habits, become quite unfit for his situation. In a very large institution with large funds, it is desirable that the resident Superintendent should be a Physician : and such a person cannot be too liberally remunerated, under the responsibility of undertaking the whole medical economy. In a smaller institution, such as that at Lincoln, it has been found most advantageous to place the Medical superintendence under non-resident Physicians in daily attendance, acting through an intelligent resident Surgeon and Apothecary. And, without reference to the conduct of the late House-Surgeon, it must be obvious that the gentleman, resident in an institution of this scale, cannot be placed upon the footing of a resident Physician of a very large establishment. The candidates for such a situation are usually active young men, seeking, at the commencement of their practice, the situation, for introduction and



improvement; in an institution on this scale a married person is inadmissible, and the salary cannot be large; on which account changes may not unfrequently be looked for among the best of such officers, from a wish to change their condition of life, or to enter on the ordinary regular business of their profession.

The interesting experiment of mitigating the old system of Seclusive Classification, continues to offer encouraging results. This improvement must be based on an adequate number of efficient attendants; and, on such a basis, it clearly appears largely to increase the facilities of supervision, and the efficiency of the attendants; to diminish the number of accidents and assaults (sensibly reduced lately); and also to give that variety and that stimulated attention, so beneficially substituted for the baleful monotony of separated courts and wards, and the deadening and delusive repose, which they may easily be made to exhibit.

In the interior of the house, the mitigation of the system of Seclusive Classification (resting, as it ought to do, on a variety of apartments and wards passing into each other, and the maintenance of a distinction of ranks, and separation at meals) has been found quite successful on the male side, on which it has been tried. On the female side, seven or eight Patients are still separated: but it can scarcely be doubted that further experience will lead to a full extension of the principle, through the whole establishment.

Even on the female side, as respects the refractory Patients, the locks have been removed from the doors, and the wire-guards from the windows; so that the attendants cannot lean upon such securities to quit the apartments, and leave the patients to themselves; and benefit has been found in the points of supervision and cheerfulness, from opening a borrowed light between these patients and the body at large.

The opportunity of removing from one apartment to another, is found to be a great relief to the *ennui* of confinement: and it might become a subject for consideration, whether benefit would not arise from a periodic change of the wards appointed for different classes of patients in those institutions, which adhere to the system of close and seclusive Classification.

Where a Disorderly department is retained, it may be questioned whether the distinction should be allowed to exist at the commencement of the day, and whether the removal of such patients into it should not be left to depend, in each individual case, upon their having become actually disorderly in the course of that day.



The improvement of this description of patients ought not, in any instance, to be ceded to any system of convenient routine practice; or on an assumption of their insensibility to a milder treatment, of which the late favourable change in the conduct and demeanour of the disorderly male Patients, has so happily proved them to be susceptible.

It is now decidedly established that Out-door classification, except the division of the sexes, is founded on a false principle; and the Boards feel a strong disposition to remove the only remaining partitions which have been allowed to stand, though the passages through them have been for some time left open: and it is hoped that their removal will materially improve the enjoyment of the Patients of every description.

The appearance of the smaller Courts has been improved by the introduction of flower-beds; and, when these courts are thrown open to the front grounds, the effect will be still better, and the only remaining interruption, on the Female side, to a view of the beautiful and cheering scenery, which the neighbourhood presents, will be removed.

A plantation has also been made in the front ground to prevent the approach of the male patients to the windows of a female gallery; though the constant presence of Attendants, and their knowledge of the three or four patients, who would be likely to make bad use of the open space, scarcely required such a precaution.

The large Greenhouse presented by several gentlemen to the establishment, has not hitherto been very fortunate. It was originally supplied with small plants requiring considerable care, and they are not found in any way whatsoever to interest the Patients: doubtless it will be better to substitute some showy shrubs, requiring less care, and more likely to attract notice.

MEDICAL TREATMENT.—So many erroneous views have been presented to the public on this head, that it will be beneficial to give in this Report, the following “Reply” to “Official Inquiries” on the subject.

*“Extract from the Eighteenth Annual Report of the Lincoln Lunatic Asylum, March, 1842.”*

“The treatment of Insanity in modern times has become more and more successful. This may be divided into the Medical treatment of the Insane, and the general economy of the management.

“The strictly medical practice may be said to have made very insignificant advance; and it may at once be distinctly stated, that



the expectation of success, under any specific medical means, is founded on the most erroneous principle. Many diseased structures and many disordered functions, in various parts of the human frame, may directly, or by sympathy, produce derangement in the corporeal organs, and in the operations of the conscious power. It is clear that sound practice must depend upon a systematic classification of the different exciting causes, which affect these organs; and, though the intellectual symptoms may appear identical, it is clear that these exciting and sustaining causes, must be considered in practice as so many distinct species of disease. Nor should the great rarity of Insanity originating in the disturbance of certain functions, or from rarely occurring causes, at all prevent them from being studied as objects of distinct treatment.\*

“The phenomena will often depend upon the temperament, the natural constitution and previous habits of the individual, and will often vary in the same case: and yet writers on the subject have based their classification upon these fluctuating phenomena. Among the whole it may be affirmed, that none of these can be considered as founded on known pathological distinctions, except perhaps what may be termed intellectual lunacy, imbecility, and connate fatuity.

\* “The ‘Form of Admission’ to the Lincoln Asylum, is particular in its inquiry, as to the supposed immediate or remote causes, and enumerates several as possible; though it must be allowed that the effects of Insanity are sometimes mistaken for causes; and it must also be allowed that there is a tendency in Insanity, sometimes to increase the operation of an exciting cause, as in Drunkenness, Fanaticism, &c. The enquiry runs thus:

1. “What are the supposed physical or moral causes of the Insanity, and the immediate exciting cause?”

N.B. “Under this head the Medical Examinant is requested to be as minute as possible, using a separate sheet of paper, if necessary, and among other inquiries to particularise:—

“Hereditary Predisposition; Temperament;—Injuries of the Head, Inflammation of the Brain or other vital Organ; Typhus, and whether delirious; Intermittent or Remittent Fevers;—Habits of Intoxication, and whether with Spirits; Delirium tremens;—Courses of Mercury; action of Lead;—Paralysis, Apoplexy; Epilepsy;—Hypochondriasis; Chronic Dyspepsia; Gout;—Habitual Costiveness; Scybala; Worms;—Puerperal mania; Dysmenorrhœa; Hysteria;—Excesses; extensive Blood-letting;†—Obstructed Perspiration; habitual Dry Skin; repelled Eruptions;—Suppressed Hæmorrhoids; dried Ulcers; Issues or Setons discontinued;—Sudden Fright; sudden and violent Religious emotions; Disappointment; excessive Grief;—Study at late hours without exercise; Deprivation of natural Sleep;—&c.”

† “Venæsection in Lunacy has frequently produced the most injurious effects.”



“ But the prospect is very different when we turn to the results, arising from an improved general economy in the management of the Insane. Nature has powerful restorative tendencies here, as in all other cases; and Lunatics have recovered under the most opposite and even hostile modes of treatment. These improvements have been negative rather than positive, and have consisted in giving nature free play, and removing, as far as possible, all obstructions to her healthy action.

“ It is now established that a vast number of recoveries are effected, without any specific medical treatment, beyond such as is required in ordinary life: and that these important results have arisen from attention to some plain and obvious principles.”

*Hygiene.*

“ The Patients are removed from associations, and sources of irritation, and habits connected with the origin of the complaint.

“ Their hours of rising, retiring to rest, and meals, and their habits of every kind, are punctual and regular.

“ Their diet very carefully considered and reconsidered, is arranged to be nutritious, easy of digestion, not too fluid, varied, and agreeable to their taste.

“ Their dietary is arranged so as to avoid the stimulus of the abuse of condiments, and especially stimulating drinks.

“ Their dress is warm, according to the season, and carefully dried.

“ At night they have plenty of clothing; board floors have been laid down throughout the house, to prevent the effects of cold: and, upon the same principle, *even the metal bottoms* of the bedsteads of *uncleanly* patients, have been removed; night socks are regularly provided were needed.

“ Their skin is kept clean by the periodic use of the bath.

“ The free action of the lungs is considered of primary importance, and is secured by the absence of restraint, the careful ventilation of the house, spacious galleries (not artificially warmed) for exercise in wet weather, and the utmost possible use of outdoor exercise, engagement, and recreation, as far as the weather will allow.

“ Cheerfulness of aspect, by the light and pervision of the apartments, and cheerful amusement, are in every way encouraged; and as much life and variety as possible promoted.

“ The secretions and excretions of the system are very carefully attended to.



“A daily report is made of the state of the patients’ bowels.

“ There is a studious avoidance of all depletive, exhausting, and depressing influences.

“ Every species of irritation from instrumental restraint, and lengthened struggles with attendants, or improper demeanour; and of depression from solitary confinement, or seclusive classification, are discountenanced.

“ Habits of moral self restraint and self respect, are encouraged.

“ Family prayers encourage habits of self control and propriety of demeanour, and the danger of fanatical addresses is avoided.

“ The patients have every possible appearance of liberty, and are brought, as far as possible, to the habits, influences, and intercourse of ordinary life.

“ That these and other such influences are remedial in a disease of a chronic nature, the tables of this house may evince; and it is certain that the cure of chronic diseases must, in all cases, be expected to be somewhat slow, and effected gradually through an improved action of the general functions.

“ The Rules among other matters, give the following instructions as to the demeanour of the Household.—

“ *Rule 2.* No Attendant or other person shall attempt to deceive or terrify any Patient, or violate any promise made; nor presume to irritate any Patient by incivility, disrespect, contempt, mockery, mimicry, or sarcasm; nor use wanton allusions to any thing ridiculous or degrading in the present appearance or past conduct of the Patient; nor swear, nor address any Patient with a raised voice or in an imperious tone; nor conduct themselves to any of the Patients in such a manner as to excite envy, jealousy, or ill-will among the rest; nor shall they dispute or argue with them, or needlessly contradict them; nor shall they indulge or express vindictive feelings, but, considering the Patients as if unable to restrain themselves, shall forgive all petulance or abuse, and treat with equal kindness those who give the most trouble, and those who give the least.

“ *Rule 3.* The Attendants shall not unnecessarily converse with the non-convalescent Patients, and shall speak principally in reply only, and shall especially avoid the subject of the Patient’s delusion. They shall not incautiously speak of any Patients in their presence, nor on the subject of Insanity, nor unnecessarily do any act, the remembrance of which may be hurtful to any Patient’s feelings on Convalescence.”



*“ Extract from the Nineteenth Report of the Lincoln Lunatic Asylum,  
June, 1843.*

“ Resolved,

“ That under the present circumstances, the Board thinks it proper to express its sentiments upon certain points of practice to be observed in this house.

“ 1. That this Board disapproves and disallows the use of fermented drink, as part of the ordinary diet of the Patients, or under the plea of supporting strength during any employment: leaving, as heretofore, the widest discretion to the medical officer, in the use of wine and porter, for cases seeming specially to require the use thereof; and that this Board is fully determined to maintain the nutritious and substantial diet, substituted some years ago for the use of fermented drink.

“ 2. That the introduction into this house, of the whirling chair, the bath of surprise, the douche, and other such violent and abrupt practice towards the patients, is hereby interdicted.

“ 3. That no system of warming this house, by which the patients may breathe a heated atmosphere, be introduced.

“ 4. That the practice of shaving the heads of Lunatics, blood-letting, the cold bath, baths above blood heat, the process of subduing violence by the use of tartarised antimony or of narcotics, the practice of enforcing sleep by opiates, and courses of drastic medicines, are hereby interdicted, except in special cases otherwise medically requiring the same.

“ The improvements in the treatment of the Insane, have heretofore been more in the general economy of their management, and the negating injurious practices, than in any positive medical means; which must generally depend upon the source of the disease in each case. The greatest benefits, however, have arisen from the clear stage thus left to nature, under a careful attention to the general health. It is quite remarkable to observe how a regular and sober general management, tends to diminish all the more striking evils, which are so prominent in these institutions; and which render the management, in such cases, so painful and so very difficult.

“ The evils assume a milder and more manageable form, or almost wholly melt away without any very defined reason, under a sound general economy; and though the greatest efforts and most ingenious expedients had been resorted to in vain. Such inconvenience must however, more or less, exist at all times; and it would be a great public benefit to collect into one focus, and publish,



all the minor contrivances, which experience has suggested for meeting these difficulties. It is hoped that the Medical department, and the Board of this Asylum, will endeavour to accumulate materials on these points for future Reports; and it is not improbable that other heads may occur to them, not enumerated among the following:—

- 1 Excitement and violence.
- 2 Insomnolence.
- 3 Noisiness.
- 4 Abusive, profane, and obscene language.
- 5 Mischievous tricks, tearing clothes, undressing, &c.
- 6 Treachery.
- 7 Suicidal propensities.
- 8 Refusing food.
- 9 Depraved appetites for food.
- 10 Depressing habits.
- 11 Irretention by the bowels.
- 12 Irretention by the bladder.
- 13 Bedridden.
- 14 Crippled.
- 15 Sinking, and extreme debility.
- 16 Fits.

“*Extract from*

‘*Proceedings\* of the Lincoln Lunatic Asylum, and Communications with her Majesty’s Commissioners in Lunacy.*’ Nov. 1846.

“When a Patient is admitted into the house, they (the Physicians) carefully examine into his general state of health, and endeavour to ascertain the immediate existing physical cause, if any, of the insanity. Where any distinct cause, removable by medicine, is ascertained or suspected, (which is not often the case,) they attempt its removal through the operation of medicine. Their attention is then directed to see that the general functions of the body are in a state of healthy action.

“Having thus prepared the way, and keeping a watchful eye upon the Patients individually and collectively, their further expectation of improvement rests upon the general remedial influences of the economy and hygiene of the house. That these are not to be despised, though not operating under the form of prescriptions

\* London: Longman & Co., Paternoster Row.  
Lincoln: W. & B. Brooke, High-Street.



or articles from the Pharmacopœia, appears. That these and other such influences are remedial in a disease of a chronic nature, the tables of this house will evince; and it is certain that the cure of chronic diseases must, in all cases, be expected to be somewhat slow, and effected gradually through an improved action of the general functions." pp. 12, 13.

"Mania and Melancholia have been considered rather as varied forms of the same disease, than as distinct diseases requiring distinct medical treatment. The disease has exhibited these phases in the same Patient, even in a very short period of time; and has been instanced in this Asylum even in one and the same day.

"In the cases of Epilepsy and Paralysis as complicated with Lunacy, that complication does not seem to have been considered as in any way qualifying the ordinary medical treatment of Epilepsy and Paralysis. There are indeed various minor accommodations, which have grown up to prevent accidents and promote comfort, and are rather to be considered in the light of domestic attendance than medical prescription. It is admitted here, as it seems to be by the profession at large, that Epilepsy and Paralysis are diseases of a mysterious and intractable nature, which have generally baffled even experimental practice of every sort.

"The preceding documents will explain the usual practice of this house, in reference to the agents enumerated by the Commissioners. Purgatives, or rather laxatives, have been administered, wherever a systematic attention to the state of the bowels requires, them;—the warm or tepid bath is habitually used, but rather for the purposes of cleanliness, and a periodic examination of the patients' persons, than for the medical effect expected;—tonics do not seem to have been in use, except in special cases of debility; but no opinion has been expressed in this house, from any quarter, against their employment; so that their action is still to be considered as an open question in the medical treatment of insanity.

"Antimony in nauseating doses, as a means of controlling violence, has been condemned; considered as a diaphoretic agent, it is used in common with other remedies, but not for any expected specific action in insanity.

"The diet table of the house is appended.

"In the earlier years of this Institution, experimental practice was attempted; but it was not found to answer expectation, and fell into desuetude: in later years the utmost efforts of the Medical



Officers and Board have been to improve the hygiene of the house, as being unquestionably remedial, and as yet perhaps the only remedy to be depended upon.

“ In comparing the results of treatment at different institutions with each other, or at the same institution with itself at different periods, an oversight may be committed. In a newly established asylum the ratio of recoveries must be greater and the rate of mortality less, than in an asylum of longer standing, containing many old cases and more aged individuals. Asylums cannot be compared with each other or with themselves at different periods, until the whole of the original admissions have been disposed of. If on such an erroneous comparison the rate of cure has not diminished and the rate of mortality has not increased, an institution must have materially improved; and by such an oversight the candid Dr. Thurnam of the Quakers' Retreat appears, from his own account of the recoveries in that institution, to have done less than justice to his own management of that excellent institution.”

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It would not be difficult to add considerably to the above particulars, in points of minor detail. There is even a philosophical view of the very amusements of the Patients, and a variety of such particulars might be selected from the reports. An unhappy misconception prevails, originating in this, as in so many other cases, in an unfortunate ambiguity of language; the word “ excitement” being popularly used as synonymous with irritation. The irritation of a Patient, mentally or bodily, ought unquestionably to be avoided; but, on the other hand, the excited or aroused attention of a Patient may be a very beneficial object, and should be aimed at by every variety of amusement and scene, as far as the ingenuity of the superintendent can devise. The torpor and dreamy state of insanity should not be encouraged, (except possibly in some very rare instances), by monotony of scene or engagement.

Various useful suggestions might also be subjoined in the question of employment, which should be considered in an Asylum, *solely on the footing of a mental engagement, and as beneficial to the general health.* Hence the impolicy of hard labour and violent exertion, and a stooping posture: and hence, also, the great mischief of encouraging sedentary employments, often exhibiting to the public a great show of industry exerted to the serious injury of the Patients.



It may, in a future Report, be an object to examine critically the many minutiae affecting the general health of the Patient, and more immediately or remotely operating on the rate of mortality. At present it is sufficient merely to mention the extreme importance of well-aired clothing and bedding; and this matter has lately in this house been placed upon a regular and uniform system, through the appropriation of apartments, specially adapted for the purpose, being contiguous to large and constant fires.

The remarkable concurrence of the Medical and Hygienic treatment practised at the Lincoln Asylum, as published in the Annual Report of 1842, with the Medical and Hygienic treatment practised at the Friends' Retreat near York, as published in the Annual Report of 1846, has induced the Governors of this Asylum, to place upon their minutes the following extract from the latter, as supporting the practice adopted.

*“ Extract from the Fiftieth Report of the Friends' Retreat near York, 1846.*

“ But whatever might be the expectations of the early managers, with respect to the benefits to be derived from the medical treatment of insanity, Dr. Fowler had free scope in the Retreat for the exercise of his art, and he entered upon the service with great zeal.—He gave a careful trial to various means recommended by his contemporaries, as efficacious in the treatment of insanity, but he soon came to the conclusion that there are no specifics for this disease, and that the only rational grounds of pharmaceutical treatment, are to be derived from a careful observation of the physical indications of disease accompanying the mental disturbance, in each individual case. These he, and his coadjutor Jepson, carefully attended to, but they soon perceived the discrimination which was required in the treatment of these indications in the case of the insane, and they may be said to have adopted what is now called the expectant system—they waited upon nature—and they were led to the painful conclusion, that in not a few cases which were brought under their notice, the loss of reason had been permanently confirmed by the active and reducing means, which had been previously almost indiscriminately employed.

“ Dr. Fowler saw at once the distinction which was to be made in treatment, between the excitement of insanity, and a state of decided inflammatory action; and, in cases of melancholy, instead of purging away the ‘black bile,’ as a matter of course, he generally



sought to strengthen the system of the patient by a liberal diet, fresh air, and exercise. A nutritious diet was indeed one of the early characteristics of the Retreat regimen. From the history of patients brought under care at an early period, it was evident that the reducing system had been extensively used; low diet, as well as active depletory means, had generally been resorted to. To the abandonment of this system, must, we believe, be attributed, in no inconsiderable degree, the mental recovery of many patients, as well as the preservation of life, and the increase of its comfort. The mortality at the Retreat during the first 20 years of its establishment, was rather under 4 per cent. on the number resident. What was the mortality of the insane in general, who were under care in public or private institutions of all kinds, during the same period, cannot be accurately determined, but we believe it would be considerably below the truth, if we estimated the deaths at 16 per cent. on the number resident. We are aware that the smaller mortality in the Society of Friends, as compared with the population at large, must be taken into the account in consideration of this discrepancy, as well as the better physical condition of the patients at the time of their admission into the Retreat, than that of the poorer class of patients who come under the care of other establishments: but when full allowance has been made for these considerations, there will remain, we apprehend, a large excess of mortality, which is fairly attributable to the general system of *physical treatment*, and to the gross neglect which prevailed in the management of the insane during that period. It is refreshing to turn away from the cruel quackery of the high professors of that day, to the sound philosophical course of the genuine and conscientious physician. It will be allowed to have been no unimportant step to have abandoned the practices, which, fifty years ago, marked the general medical treatment of insanity, and to have followed out, simply and patiently, the suggestions of reason and humanity, confirmed or corrected by close observation and experience. We are aware that there were many other English Physicians besides Dr. Fowler, who eschewed the empirical practice of the hospitals of London and York, and who pursued a more humane and enlightened course of treatment. It has been said of one, that he

‘ Gave melancholy up to nature’s care,

‘ And sent the patient into purer air.’

Nor do we forget that at the period to which we are referring, the admirable Pinel had greatly reformed the Bicetre at Paris, and was



acting upon his subsequent declaration, that he 'attached little importance to pharmaceutic preparations, and all-sufficiency, in curable cases, to physical and moral regimen.'

"It may not unnaturally be expected, that we should state what we apprehend to have been the results of our recent experience. Have we a greater number of recoveries than was the case thirty or forty years ago? or are we more able than formerly, to abate the violence, or shorten the duration of this sore malady? In answering these questions we must frankly acknowledge, that the actual number of our recoveries in the most recent class of cases, appears to have been as great in the two first decennial periods of our Institution, as it has been in any succeeding one, and we are not warranted by our records to assert, that the progress of recovery, has been decidedly more rapid in the latter than in the earlier periods of our experience. We are aware of the danger of being misled in these matters by the seeming precision of numerical comparisons. We do not think we are warranted by the statement to conclude, that no benefits have been derived from the varied modes of treatment, which of later years have been adopted by our medical officers: or, that new light, bearing upon the treatment of mental affections, may not hereafter be shed upon the dark and intricate passages of the human frame. We would still indulge the hope, that means more decided may be discovered of influencing, salutarily, the mental condition through agencies, and that our collection of facts may not be without value to that end. At present however we must confess, that we fall back upon the general results of the early experience of the Institution: and we believe that our present medical officers, like our former ones, find their chief curative means in the careful attention to the general health and comfort, or, in one word, to the *well-being* of the patient."

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The statistics of recovery and mortality in different Asylums, have been differently calculated in the tables published, and present great varieties in the results. Mr. Farr has introduced into his national tables, the principle of exhibiting a *mean* mortality, as affording the nearest approach to a correct conclusion; and this mode of calculating has been adopted in the valuable tables of the Retreat near York, as well as in some other Asylums. Much caution must, however, be exercised in attempts to establish comparative inferences from this mode of calculation, unaccompanied with a knowledge of the circumstances of the institutions so compared. Take, for



example, the Retreat,\* in which, while the *actual* mortality, computed on the relative numbers of admissions and deaths, exceeds that of several other Asylums, yet the MEAN mortality stands amongst the very lowest; the latter result being influenced by the fact that, at the Retreat, the patients are retained much longer than is usual in other similar establishments. It will be evident that, in a mode of computation, which virtually *multiplies one and the same individual into a number equal to the number of years that such individual may have resided in the house*, a numerical comparison between the number deceased and the survivors, will necessarily exhibit (*cæteris paribus*) the *mean* mortality as lowest, where the patients have been retained longest; † and contrast advantageously with recoveries computed on admissions.

\* The following computations, excepting (a), are from Tables 3, 9, 12—23, of "*Thurnam's Statistics of Insanity; and Statistics of the Retreat.*" 1845.

Mortality per cent. of the admissions,	} at the Retreat .....	23.1;—at the Lincoln Asylum,	18.5.
Mean annual mortality per cent. resident,	} at the { Quakers, 4.74; } at the Lincoln Asylum, 13.67.		
	} Retreat, { not Quakers, 5.22; }		
Recoveries per cent. of the admissions,	} at the { Quakers, 49.24; } at the Lincoln Asylum, 37.87.		
	} Retreat, { not Quakers, 29.48; }		
Mean annual Recoveries per cent. resident,	} at the Retreat .....	9.84;(a) at the Lincoln Asylum,	39.2.
		years.	year.
Mean residence,	at the Retreat .....	4. 7;—at the Lincoln Asylum,	1.35.

† "It also appears probable that a short average duration of residence, will, *cæteris paribus*, have an *unfavourable effect on the mortality*, by keeping up in the institution a relatively large proportion of cases in the recent stages of the disorder.

"We have an example of an institution with a remarkably long average duration of residence, in the Retreat; where, for all cases admitted, it amounts to nearly five (4.8) years. So extended a period of treatment in this instance is to be attributed to several concurring causes. In the first place, this institution possesses a large share of the confidence of the community to which it is particularly devoted; and from the regulations as to the payments on behalf of the patients, and from the peculiar economy of the Society of Friends, it is believed that pecuniary considerations never hasten discharge, nor occasion a removal to any other establishment. Great caution is likewise exercised in removing patients before the apparent convalescence has been tested by a sufficient continuance; and recovered patients often remain until some suitable home can be provided for them. There is likewise no limitation as to the length of time incurable cases remain in the house; and the result is that few are discharged during the continuance of the disorder, and that those who do not recover generally remain in the institution during the remainder of their lives. The somewhat large proportion of Recoveries and the very low rate of Mortality of the Retreat, are, in all probability, in part referable to this long average duration." p. 61.—*Thurnam's Statistics of Insanity.* 1845.



Returns of recoveries, from which have not been deducted re-admitted cases, previously discharged as recovered, involve a fallacy; as must also any return of deaths, where the whole of the re-admitted cases have not been deducted from the numbers on which the return is made. In the one instance the true proportion of recoveries will be unduly multiplied; in the other the true proportion of deaths will be disguised.

Unfair conclusions will arise in the comparison of different institutions, until the circumstances modifying the tabular results, are better understood.—A Pauper Asylum, such as Hanwell, containing paupers, often with broken constitutions, must give evidence of the fact in the rate of mortality; institutions of late origin, containing a body of patients simultaneously admitted, must exhibit a more favorable result than a long-established asylum, in which the original admissions have been disposed of; and, on the same account, the later years of a sensibly improved institution, may tabularly not exhibit the improvement over the commencement.—So also institutions, containing patients of a superior class, continuing steadily for long\* intervals, must in their tables, appear to show a superiority over institutions, in which the patients are liable to removal at short periods, often, on an average, scarcely exceeding a single year. And, finally, it may be broadly stated, that the results obtained upon such small numbers, do not offer so solid a basis as writers on the subject seem to imagine. Such small numbers must occasionally exhibit high rates of mortality, suc-

\* “The duration of the cases is always an important element. When it is stated that a patient has been cured, the time in which this was effected should be specified. We have often read miraculous cures, and been surprised at the end to find that the *cure* of a very simple disease had been going on for several months, or years.

\* \* \* \*

“Thus, at the Stafford and Lincoln Asylums, where the time of observation was considerable, the mean duration of treatment was within a fraction of one year and a half; in this time 46·5 per cent. recovered at the Stafford Asylum; 38·3 per cent. at Lincoln; while at Hanwell the patients were kept more than 4 years; and in that time only 19 per cent. recovered. The term of treatment is of very serious importance in an economical view. The *treatment* of a patient at Hanwell would cost the parishes (6s. 7d. a-week for 4·11 years) 70*l.*; at Stafford Asylum 19*l.*; the *cure* of a patient at Stafford would cost 41*l.*; of a pauper at Hanwell 373*l.*; because after 100 had been treated 4 years, only 19 of the number would be cured at Hanwell. As much depended perhaps on a difference in the patients as on any difference in the treatment.” pp. 8, 9.—*Farr's Statistics of English Lunatic Asylums.*



ceeded by low rates of mortality, from the circumstance of the weaker class having thus disappeared from the table: and indeed, in small numbers, casual differences of age, health, duration of attack, &c., may effect results, not large enough to justify the principle of average.

The following case is subjoined for the purpose of showing that the violence required for the imposition of Restraint, is often incomparably greater than the force which would be required for controlling the patient, until the fit of violence shall have passed away; and also to shew how much a neglect of antecedent precaution is encouraged by looking on instruments as a resort to be relied on.

RICHARD CARLINE, MAYOR,

CHAIRMAN.

*May 24th, 1847.*

(CASE.)

“Samuel Garrett, aged 33, and James Downes, aged 22, were indicted for the manslaughter of William Rank, by striking and beating him, and by casting him upon a bed and kneeling on his body, and other acts of violence, thereby inflicting mortal injuries, of which he died.

“Mr. Clarkson and Mr. Bodkin prosecuted, and Mr. Ballantine and Mr. Huddlestone defended the prisoners.

“Mr. CLARKSON, in stating the case, said that this prosecution was instituted by the Commissioners of Lunacy, the deceased being a Lunatic, and his death having taken place in a lunatic asylum at Bow, called Grove-hall, which, in common with all establishments of a similar character, were under their control, and the death was alleged to have been occasioned by violence inflicted upon him by the prisoners, who were employed in the establishment, and had the charge of some of the patients. The establishment in question was kept by a gentleman named Byas, and, in the onset, he thought it right to state, that not the slightest blame appeared to be attachable to him or to the medical officers of the establishment, who were entirely ignorant of any violence having been made use of, it being quite contrary to the regulations that violence should be used to a patient; but the moment they became acquainted with the fact they took all the steps that were necessary to obtain a full inquiry into all the circumstances of the transaction. The learned counsel then proceeded to state the facts of the case, and it appeared that the deceased was an agricultural labourer, and about 50 years of age. On the 27th of March



he was in one of the wards with about 20 other patients, and the prisoner Garrett, who was the head keeper in the same ward, it appeared was sleeping there; and during the night, the deceased, who was frequently very violent, got up, and was in the act of endeavouring to strangle him with a leathern strap, which he was trying to get over his head, when his cries brought one of the patients, named Mecklenburgher to his assistance, and with the aid of another keeper the deceased was secured, a strait waistcoat was put on him, and he was put on the bed, and his arms and legs were secured by sheets and towels, and he was left in that state, his arms being behind him, until 8 o'clock the next morning. About that time it seemed that the two prisoners went to the bed where the deceased was lying and took off the strait waistcoat and released him, and the moment they had done so the deceased renewed his attack upon Garrett and made a violent blow at him; and it appeared that upon this both the prisoners attacked him. Downes first knocked him down, and when they had got him upon the bed Garrett kneeled upon his chest while the other prisoner struck him with all his force upon the sides of his body and other places, and it was stated that at this time the deceased was perfectly helpless and the blood was running from his mouth. After this proceeding the deceased became very ill, and died on the 1st of April, and it appeared that a coroner's inquest was held two days afterwards, when the jury found by their verdict that the deceased had died a natural death, from effusion of blood upon the heart, which might have been accelerated by the violence necessary to restrain him, and that no blame was attributable to the keeper of the asylum or any officer of the establishment. Notwithstanding this verdict it appeared that a *post-mortem* examination of the deceased was made, and it was then discovered that five of his ribs were broken, and that one of the broken ribs had penetrated the pleura, thus causing the inflammation which evidently occasioned the death, and the present indictment was then preferred against the prisoners.

"The above facts were put in evidence, and Stride Fry, a keeper, employed in another ward of the establishment, deposed that, upon hearing a noise in the deceased's ward, he went there, and saw the prisoner in the act of beating the deceased, and Garrett, while Downes was striking him, exclaimed, 'Give it him—give it the old—;' and he also said, that when they were putting the strait jacket on him they pulled it very tight, and Garrett struck him on the belly, and told him to keep it in, and after this the deceased sighed, and leaned forward, and a quantity of blood ran out of his mouth, and it appeared that Garrett then ordered Downes to take him down stairs and lock him up in a cell.

"This witness on cross-examination said, that although he really believed at the time that the prisoners might have killed the deceased, he only said to them 'Drop it,' and gave no information to the master of the establishment or to the medical officer, or in fact said anything at all upon the subject until after the death of the deceased.



“Dr. Palmer, the medical officer of Grove Hall, deposed that he saw the deceased on the morning of the 27th of March, after the occurrence, and at this time he was in a secluded cell, and he was informed that he had made an attempt to strangle the keeper and that some violence had been used to restrain him. The deceased had frequently been violent, and on these occasions it was usual to restrain him and place him in seclusion, but it was against the regulations of the establishment for any of the keepers to make use of a strait waistcoat except under his sanction and in his presence. The deceased died on the 1st of April, and in consequence of what was stated before the coroner he thought it right to make a *post-mortem* examination, and he then discovered marks of violence on the chest and the sides, and five ribs were broken, and one of the broken ribs had penetrated the pleura, and this was the cause of death.

“On being cross-examined, Dr. Palmer said, that the deceased was suffering from disease of the heart, and he found that organ very much enlarged. Excitement was likely to prove fatal to a man in that situation, and before the coroner he stated his opinion to be that the death arose from effusion of blood upon the heart, and that the excitement of the struggle might have produced that result. When, however, he opened the body, and found the broken rib had penetrated the pleura, that afforded a clear and distinct cause of death.

“Mr. BALLANTINE, at the close of the case for the prosecution, addressed the jury on behalf of Garrett, and called their attention to the position in which he was placed by being attacked in the night by a raving maniac and an attempt made to strangle him, and he said that at that time he surely would have been justified in resorting to considerable violence for the purpose of protecting himself from such an attack, and to restrain the party making it from further violence, and said that, as the deceased appeared to have been knocked down at that time by another keeper, he might then have received the injury which caused his death. The learned counsel then went on to express an opinion that the character of the subsequent proceedings had been very much exaggerated, and that Garrett had used no more violence towards the deceased than was absolutely necessary under the circumstances.

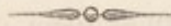
“Mr. HUDDLESTONE also addressed the jury for the other prisoner, and several witnesses were called who gave both prisoners a good character for humanity and general good conduct.

“Mr. Baron ALDERSON, in summing up the case, said, that the keepers of lunatic asylums had a perfect right to make use of any reasonable violence that might be necessary to restrain their patients, and if violence, therefore, was made use of, it was not necessarily illegal. They were dealing with persons of diseased will, and if they resorted to violence to protect themselves from any attack that was attempted towards them, or to prevent their patients from doing injury to themselves, they were justified in so doing. He thought, also, the jury would feel that this right



should not be weighed with too great nicety, for if it were it would put the keepers of such places in a position of very great difficulty in the discharge of their duty. At the same time it was very important that these poor, unfortunate persons should be protected from all unnecessary violence, and that they should receive that protection which the law entitled them to; and the questions for the jury to decide were, whether the prisoners had used more violence than was necessary to restrain the patient, and whether that violence was the cause of death; and if they were satisfied upon these points it would be their duty to return a verdict of guilty.

“The jury after deliberating for a few minutes convicted both prisoners, and Garrett was sentenced to six months’ imprisonment with hard labour, and Downes to three months, the ground stated for this difference in the sentences by the learned Judge being, that the latter was an inferior officer, and appeared to have acted under the influence of the other prisoner.”—*The Times Newspaper, May 14, 1847.*





## OFFICERS,

1846.

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The Right Honorable the EARL of YARBOROUGH.

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The Right Honorable the EARL BROWNLOW, *F.R.S.*

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The Right Honorable Lord WILLOUGHBY DE ERESBY.

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HOUSE-SURGEON, Mr. F. D. WALSH.—MATRON, Miss A. VESSEY.

SECRETARY, Mr. R. GOODACRE.—SURVEYOR, Mr. J. YOUNG.

## Trustees of the Real Estate,

CHARLES MAINWARING, Esq.

CHARLES CHAPLIN, Esq.



ANNUAL SUBSCRIPTIONS,  
1846.

☞ An Annual Subscription of three Guineas constitutes a Governor.

*Those having this mark (\*) are Benefactors by Donation also.*

	£.	s.		£.	s.
*Brooks, Mr. G. ....Lincoln	4	0	Jarvis, Rev. C. M. G.....Doddington	1	1
*Brownlow, Earl, <i>V.P.</i> .....Belton	10	0	*Johnson, Mr. T. F. ....Spalding	1	1
Carr, Rev. John.....Brattleby	3	3	Monson, Right Hon. Lord.....Burton	3	3
Christopher, Mr., <i>M.P.</i> .....Bloxholm	3	3	Moore, Rev. W., <i>D.D.</i> .....Spalding	1	1
Claypon, Mrs. Joseph .....Boston	1	1	Pacey, Rev. H. B., <i>D.D.</i> , Aston House, near Stevenage, Herts. ....	3	3
Claypon, Mr. B., jun. ....Boston	1	1	Penrose, Miss .....Coleby	1	1
Clifford, Hon. C. T. ....Irnham Hall	1	1	*Pretzman, Rev. R. ....Lincoln	5	5
*Cracroft, Colonel .....Hackthorn	5	5	Sibthorp, Rev. H. W. ...Washingbro'	3	3
Dakeyne, Rev. J. O.....Lincoln	3	3	*Smith, Mr. B. ....Horbling	2	2
*Doncaster, Rev. Dr. ....Navenby	2	2	Walls, Rev. J. ....Boothby	1	1
Ellison, Mr. ....Sudbrooke Holme	5	5	Willson, Mr. John.....Lincoln	1	1
*Fortescue, Earl ...Castlehill, Devon	3	3	*Yarborough, Right Hon. Earl, PRE- SIDENT .....Brocklesby	21	0
Fox, Rev. W. ....Girsby House	2	2	Yeadon, Rev. W. ....Lincoln	1	1
Goddard, Rev. Dr., Subdean of Lincoln	2	2		£101	3
Graham, Mr. William .....Crewe	3	3			
Harnage, Mrs. ....Lincoln	2	2			
Hickman, Mr. ....Thonock Grove	3	3			
"Humanitas," per Secretary.....	1	1			

BENEFACTIONS,

received in 1846.

	£.	s.	d.
Fortescue, Earl (additional) .....Castlehill, Devon	1	0	0
Foster, Mr. William .....Canwick	21	0	0
Swan, Rev. Francis .....Sausthorpe	21	0	0
	£43	0	0

*Other sums have been received since the closing of the Account, from Benefactors and Subscribers, whose names will appear in the succeeding Annual Statement.*

LIFE GOVERNORS,

1846.

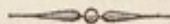
☞ A Benefaction of twenty Guineas, at one or two payments, constitutes a Life Governor.

*Those marked thus (\*) are Annual Subscribers also.*

	£.	s.		£.	s.
Barton, Dr. ....Market Rasen	21	0	Brailsford, Mr. ....Toft	21	0
Benson, Rev. H. B. ....Utterby	21	0	Bromhead, Sir E. Ff., Bart., <i>V.P.</i> , Thurlby Hall .....	40	0
Bernal, Mr., <i>M.P.</i> .....London	50	0	*Brooks, Mr. G., <i>Auditor</i> ...Lincoln	25	0
Boucherett, Mr.... Willingham House	21	0	Brown, Captain H. ....Lincoln	21	0
Brackenbury, Lieut.-Colonel Sir Edward, <i>K.T.S.</i> .....Skendleby	21	0	*Brownlow, Earl, <i>V.P.</i> .....Belton	150	0



	£.	s.		£.	s.
Burton, Mr. ....Somerby	21	0	Magistrates of the Louth and Spilsby		
Calthrop, Mr. ...Rougham, Norfolk	25	0	Division, their wages for the years		
Carline, Mr.....Lincoln	21	0	1836-7-8-9-40-1 .....	102	19
Cayley, Sir George, Bart...Brompton	42	0	Mason, Mr. R. ....Lincoln	21	0
Chaplin, Mr., <i>V.P.</i> , <i>Trustee</i> , Blankney	100	0	Merryweather, Mr. J.....Lincoln	21	0
Charlesworth, Dr. ....Lincoln	21	0	Otter, Miss A.....Wath	25	0
Conington, Rev. J. ....Southwell	21	0	Pacey, Miss M. A. ....Aston House	21	0
Corbett, Mr. ....Elsham Hall	21	0	Padley, Mr. J. S. ....Lincoln	21	0
Cust, Hon. William.....London	30	0	Pierce, Rev. W. M. ....West Ashby	21	0
Dent, Mr. ....Ribston Hall	25	0	Pretyman, Rev. G. T., Chancellor of		
Durham, Rt. Rev. Edward Maltby,			Lincoln.....	25	0
Lord Bishop of.....	21	0	*Pretyman, Rev. R., Precentor of		
Elmhirst, Colonel .....Stainton Hall	21	0	Lincoln, <i>V.P.</i> .....	25	0
Elmhirst, Dr., Lincoln, for a person			Raby, Rev. C.....Grantham	21	0
unknown .....	22	0	Reeve, General .....Leadenham	21	0
Empson, Mrs. S....Spellowhill, York	21	0	Ripon, Right Hon. Earl of, <i>V.P.</i> ...	26	0
Fardell, Mr., <i>Treasurer</i> .....Lincoln	50	0	Rudgard, Mr. E. W. R. ....Lincoln	21	0
*Fortescue, Earl ...Castlehill, Devon	21	0	Scrope, Mr. ....Cockerington Hall	25	0
Foster, Mr. William .....Canwick	21	0	Sibthorp, Colonel, <i>M.P.</i> , <i>V.P.</i> .....	25	0
Fowler, Mr. Edward .....Lincoln	21	0	Skipworth, Mr. G. ...Moreton House	21	0
Frederick, Sir R., Bart. ...Burwood			*Smith, Mr. B. ....Horbling	21	0
Park, Surry .....	21	0	Snow, Mr., <i>Auditor</i> , for a Lady .....	21	0
Freke, Lady Sophia...Glaston House	25	0	Steel, Mr. ....Lincoln	26	5
Fydell, Mr. S. R. ....Tickencote	100	0	Sutton, Sir Richard, Bart., Cottesmore	50	0
Glasier, Mr. S.....Hykeham	21	0	Sutton, Mr. C. F. ....Wragby	21	0
Goodenough, Ven. Archd., Mareham	21	0	Swan, Mr. R. ....Lincoln	21	0
Hadwen, Mr. ....Lincoln	21	0	Swan, Rev. F. ....Sausthorpe	21	0
Harrowby, Earl of.....Sandon Hall,			Thorold, Mr.....Cuxwold	21	0
Stafford .....	50	0	Tryon, Mr. F. ...Deeping St. James	21	0
Hartley, Mr. J. ....Lincoln	21	0	Turnor, Mr., <i>M.P.</i> .....	100	0
Harvey, Mr. R. S. ....Lincoln	21	0	Vyner, Mr., <i>V.P.</i> ...Gautby House	100	0
Healey, Mr. H. ....High Risby	26	0	Welby, Sir W. E., Bt., <i>V.P.</i> , Denton	40	0
Heathcote, Sir Gilbert, Bart., <i>V.P.</i> ,			Welfit, Mr. ....Manby Hall	21	0
Normanton .....	100	0	Whichcote, Rev. C., Burton Coggles	21	0
Heneage, Mr. ....Hainton Hall	41	0	White, Mr. George .....Grantham	51	0
Higgings, Mr. J., Alford, for a person			White, Mr. W. H. ....London	21	0
unknown .....	21	0	Willoughby de Broke, Lord .....	50	0
Hutton, Mr. H. W. ....Beverley	21	0	Willoughby de Eresby, Lord, <i>V.P.</i> ...	100	0
Ingilby, Sir William, Bart., <i>V.P.</i> ,			Willson, Rev. J. ....Lincoln	42	0
Ripley Park.....	50	0	Winchilsea, Earl of .....Haverholm	25	0
Jarvis, Colonel.....Doddington Hall	21	0	Winn, Mr. Thomas.....Lincoln	21	0
Kent, Rev. G. D. Lincoln, for a Lady	50	0	Wright, Mr. ....Brattleby House	41	0
Lincoln, Right Rev. John Kaye, Lord			Wright, Miss.....Brattleby House	21	0
Bishop of, <i>V.P.</i> .....	25	0	Wright, Rev. W.....Healing	30	15
Mackinnon, Rev. J., Bloxholm, for a			Yarborough, Right Hon. Earl, Brock-		
Friend .....	21	0	lesby.....	21	0
Mainwaring, Mr., <i>Trustee</i> , Coleby Hall	52	10			





DONATIONS OF £21 OR UPWARDS,  
FROM BENEFACTORS SINCE DECEASED, UNKNOWN,  
PUBLIC BODIES, &c.

	£.	s.		£.	s.
Allison, Mr. W.....Louth	52	10	Hume, Sir Abraham, Bt., Haverholm	21	0
Anderson, Rev. Sir Charles, Bt., Lea	31	0	Hutton, Mr.....Lincoln	21	0
Ancaster, Duke of .....Grimsthorpe	100	0	Kaye, Lady .....Coleby	50	0
Barnard, Mr. Samuel .....Boston	21	0	King, Mr. Clifford .....Ashby-de-la-		
Bayley, Ven. Archd., for a Friend...	100	0	Laund .....	21	0
Beaty, Dr., for a person unknown ...	30	0	King, Mrs. Captain .....Tiddenham	21	0
Bernard, Sir T., Bart.....London	21	0	Kipling, Dr., the Very Rev. the Dean		
Berridge, Rev. B. B. ....Algarkirk	26	5	of Peterborough .....	100	0
Bosville, Rev. T., Rector of Heapham	21	0	Lady unknown .....	50	0
Broadley, Mrs. ....Blyborough	21	0	Lincoln, Right Rev. George Tomline,		
Bromhead, Mrs. B. ....Lincoln	25	0	Lord Bishop of.....	50	0
Bromhead, Rev. E. ....Repham	25	0	Lincoln, Dean and Chapter of,		
Bromhead, Mrs. B. ....Lincoln	25	0	1807, viz.—		
Brown, Mr. Hezekiah.....Lincoln	21	0	Late Rev. Sir Richard Kaye, Bt.,		
Brown, Rev. T. ....Leadenham	21	0	Late Rev. Archdeacon Pretzman,	100	0
Brownlow, Earl .....Belton	100	0	Late Rev. Archdeacon Wharton,		
Buckinghamshire, Earl of .....	40	0	Late Rev. Archdeacon Bayley,		
Buckworth, Mesdames .....Stamford	50	0	Lincoln, Corporation of, 1807.....	100	0
Burcham, Mr.....Coningsby	21	0	Lindsey, Earl of .....Uffington	50	0
Burton, Mr. Robert.....Lincoln	101	0	Lister, Mr.....Burwell Park	631	10
Chaplin, Mr. ....Blankney	100	0	Lister, Mr.....Girsby House	25	0
Cheales, Mr. Benjamin .....Sleaford	25	0	Loft, Mr. ....Louth	21	0
Cholmeley, Sir M., Bart.....Easton	21	0	Loft, Mr. ....Grainthorpe	41	0
Coltman, Mr.....Hagnaby House	100	0	Maddison, Mr. J.....Bath	21	0
Colton, Mr. Alderman .....Lincoln	21	0	Manby, Mr. John.....Bead's Hall	53	0
Colton, Mrs. Sarah .....Lincoln	21	0	Mangles, Mrs. ....	50	0
Cookson, Dr. Ambrose .....Lincoln	21	0	Manners, Right Hon. Lady Robert	21	0
Cookson, Dr. W. D. ....Lincoln	21	0	Manners, Mr. George .....Bloxholm	225	0
Coxe, Rev. G., Twyford, Winchester	21	0	Massingberd, Mr. ....Ormsby	50	0
Crane, Dr., from the friends of the			Millson, Mrs. ....Lincoln	21	0
late Dr. Knolton .....Boston	23	13	Monson, Lord .....Burton	100	0
Curtois, Rev. P. ....Longhills	21	0	Monson, Colonel, the Hon. William	30	0
Dalton, Mr. ....Knaith House	26	5	Otter, Mr. Francis .....Stainton	21	0
Dalton, Colonel.....Slaniford Hall	25	0	Otter, Mr. Henry .....Wath	25	0
Deacon, Rev. J. R. ....Waddington	21	0	Otter, Miss.....Ranby House	25	0
Drake, Mr. T. D. Tyrwhit.....	50	0	Otter, Mr. Robert .....Wath	25	0
Eardley, Lord .....	105	0	Parkinson, Rev. Dr. ....Ravendale	21	0
Ellison, Lieut.-Colonel ...Sudbrooke	50	0	Peacock, Mr. Anthony .....Kyme	21	0
Elsdale, Rev. Samuel .....Moulton	71	1	Peacock and Co., Sleaford, for a		
Featherby, Mr. Ald. W.....Lincoln	23	2	Gentleman unknown .....	50	0
Featherby, Mr. Ald. R. ....Lincoln	23	2	Pelham, Hon. George .....	21	0
Forsyth, Mr. T. ....Empringham	21	0	Preston, Mr. Thomas .....Lincoln	21	0
Fowler, Mr. Ald. Robert ...Lincoln	21	0	Reynardson, Mr. J. ....Holywell	21	0
Gordon, Very Rev. G., D.D., Dean			Robertson, Mr., produce of 2 plays	36	6
of Lincoln .....	100	0	Rockliffe, Mrs. ....Horncastle	21	0
Gordon, Rev. J.....Edwinstow	31	10	Rogerson, Mr. William.....Boston	21	0
Goulton, Mr. Thomas .....Walcot	50	0	Saunders, Mr. S. ....Morton	21	0
Gwydir, Lord .....Grimsthorpe	105	0	Sedgwick, Mrs. ....Lincoln	50	0
Handley, Mr. Benjamin.....Sleaford	21	0	Sibthorp, Colonel H. ....Canwick	52	0
Hayward, Mr. Ald. C. ....Lincoln	21	0	Sibthorp, Colonel Coningsby Waldo	50	0
Heneage, Mr. ....Hainton Hall	21	0	Smith, Mr. Tyrwhit .....Lincoln	21	0
Hett, Dr. R. Hobart .....Lincoln	21	0	Smith, Mr. Samuel .....London	50	0



	£.	s.		£.	s.
St. Albans, Her Grace the Duchess of	21	0	Tunnard, Mr. ....Frampton House	21	0
Stonehewer, Mr. Richard .....	21	0	Turnor, Mr. Edmund .....	100	0
Summers, Mr. Eades .....	100	0	Uppleby, Mr., for a Gentleman un-		
Sutton, Rev. Thomas Manners, Sub-			known .....	40	0
dean of Lincoln .....	25	0	Wallis, Mr. George .....	105	0
Swan, Mr. Alderman .....	21	0	Walls, Rev. E.....	21	0
Swan, Mr. John.....	51	0	Whichcote, Sir T., Bart....	100	0
Swan, Rev. F.....	51	0	Williams, Hon. Sir John, Justice ...	50	0
Taylor, Mrs. ....	21	0	Willis, Dr. ....	500	0
Tennyson, Mr.....	21	0	Willis, Rev. Dr.....	55	0
Thirkill, Mr. Francis .....	21	0	Wood, Mrs. ....	21	0
Thirkill, Mr.....	21	0	Wray, Lady .....	55	0
Thornton, Mr. Samuel .....	21	0	Yarborough, Right Hon. Lord .....	100	0
Thynne, Rt. Hon. & Rev. Lord John	25	0	Yarborough, Right Hon. Earl.....	300	0

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LEGACIES.

	£.	s.		£.	s.
Benet, Mrs. Ann.....	50	0	Reeve, Mrs. ....	45	0
Cartwright, Mr. ....	90	0	Savage, Mr. Pool .....		
Coltman, Mr. T. ....	449	8 3	by Mr. Joseph Moore .....	90	0
Fairchild, Mr. Thomas.....	50	0	Shaw, Mr. Thomas Burton.....	450	0
Gildart, Rev. F., Rector of Sprid-			Simpson, Mr. ....	10	0
lington, by Rev. H. F. Hutton ...	250	0	Smith, Miss Ann .....		
Gordon, Very Rev. G., <i>D.D.</i> , Dean			by Miss Mary Mossop, Langtoft	49	0
of Lincoln, by J. Fardell, Esq. ...	100	0	Thorold, Sir J., Bart. ....	90	0
King, Mr. Clifford .....			Westland, Mr. John .....		
Laund, by the Rev. J. King .....	50	0	by Mr. S. Veal .....	101	6 8
Maltby, Mr. W. ....			Williams, Mrs. ....	10	0
by Mr. Skill.....	450	0	Wilson, Mr. R., Willingham by Stow	10	0
Massingberd, Mrs. ....	50	0	Wilson, Mr. Robert .....		
Oxspring, Mr. John .....	450	0	by Mr. J. L. Fytche .....	100	0
Parnell, Mr. Paul .....	100	0	Wriglesworth, Mr. Ald. ....	19	19



## STATE OF THE PATIENTS.

*Number of the Patients Admitted, and of those Discharged from the Books,*

From January 1, 1846, to Dec. 31, 1846.			From April 26, 1820, to Dec. 31, 1846.		
	M.	F. Tot.		M.	F. Tot.
Remained Jan. 1, 1846.....	66	51 117			
Admitted in 1846 .....	21	25 46	Admitted .....	523	441 964
Re-admitted in 1846.....	5	6 11	Re-admitted .....	121	111 232
Discharged in 1846 .....	26	22 48	Discharged .....	577	493 1070
Remained Dec. 31, 1846 .....	66	60 126	Remained Dec. 31, 1846...	66	60 126

*State of the Patients when Discharged from the Books,*

From January 1, 1846, to Dec. 31, 1846.		From April 26, 1820, to Dec. 31, 1846.	
Recovered .....	23	Recovered .....	425
Improved .....	8	Improved .....	111
Removed during treatment .....	12	Removed during treatment .....	252
Improper Objects .....	0	Improper Objects .....	2
By order of the Board .....	0	By order of the Board .....	37
Escaped .....	2	Escaped .....	13
Dead .....	3	Dead .....	230
	48		1070

*Re-admissions.*

<i>Of the 964 Patients admitted, have been re-admitted.</i>		<i>Of the 425 Patients discharged as recovered, have been re-admitted.</i>	
112 Patients 1 time each.....	112 cases	49 Patients 1 time each .....	49 cases
18 .....	2 times each .....	36 .....	12 .....
10 .....	3 .....	30 .....	7 .....
2 .....	4 .....	8 .....	1 .....
2 .....	5 .....	10 .....	1 .....
1 .....	6 .....	6 .....	1 .....
2 .....	7 .....	14 .....	1 .....
2 .....	8 .....	16 .....	3 .....
	232 cases		140 cases

Of whom 11 have died and 9 remain in the Asylum.



## ADMISSIONS, RECOVERIES, DEATHS, AND CAUSES OF THE DEATHS

PATIENTS.	1820	1821	1822	1823	1824	1825	1826	1827	1828	1829	1830	1831
Carried on to each year ...	...	13	15	21	27	30	34	41	45	42	49	41
Admitted in each year .....	21	21	20	23	32	25	31	23	37	35	33	20
Re-admitted in each year ...	...	2	...	2	...	7	4	4	4	6	10	9
Total under care in ditto ...	21	36	35	46	59	62	69	71	86	83	92	70
Daily Average in ditto .....	6.8	15.	16.7	21.6	31.	33.4	40.8	44.3	47.	41.7	49.7	43.6
Recovered in each year.....	6	7	8	12	10	13	14	12	19	15	31	13
Otherwise discharged in ditto	2	11	4	3	14	8	8	8	18	18	12	4
Died in each year .....	...	3	2	4	5	7	3	6	7	1	...	9
Remained from ditto, } Dec. 31, 1846 }	...	...	...	1	2	...	...	1	...	...	...	...
<b>CAUSES OF THE DEATHS.</b>												
Abscess .....	...	...	...	...	...	...	...	...	...	...	...	...
Apoplexy .....	...	1	1	...	...	1	...	...	...	...	...	...
Catalepsy .....	...	...	...	...	1	...	...	...	...	...	...	...
Cholera Morbus .....	...	...	...	...	...	...	...	...	...	...	...	...
Consumption .....	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa .....	...	...	...	...	...	...	...	...	...	...	...	...
Disease of Bowels .....	...	...	...	...	...	...	...	...	...	...	...	...
——— Brain .....	...	...	...	...	...	...	...	...	...	...	...	...
——— Heart .....	...	...	...	...	...	...	...	...	...	...	...	...
——— Liver .....	...	...	...	...	...	...	...	...	...	...	...	...
——— Lungs .....	...	...	...	...	...	...	...	...	...	...	...	...
Dropsy .....	...	...	1	1	1	1	2	...	...	...	...	...
Dying when admitted .....	...	...	...	1	...	1	...	1	1	...	...	...
Erysipelas .....	...	...	...	...	...	...	...	...	...	...	...	...
Epilepsy .....	...	...	...	1	1	...	...	1	1	...	1	2
Fever .....	...	...	...	...	...	...	...	1	...	...	...	1
Found dead in bed .....	...	...	...	...	...	...	...	...	1	...	...	...
Gradual Exhaustion .....	...	1	...	...	...	2	1	2	2	...	6	5
Hydrothorax .....	...	...	...	...	...	...	...	...	...	...	...	...
Inflamed Brain .....	...	...	...	...	1	...	...	...	...	...	...	...
——— Lungs .....	...	...	...	...	...	...	...	...	...	...	...	...
——— Parotid Gland .....	...	...	...	...	...	...	...	...	...	...	...	...
——— Trachea .....	...	...	...	...	...	...	...	...	...	...	...	...
Locked Jaw .....	...	...	...	...	1	...	...	...	...	...	...	...
Maniacal Exhaustion .....	...	...	...	...	...	...	...	...	1	1	...	...
Old Age.....	...	...	...	1	...	...	...	1	1	...	...	...
Paralysis .....	...	...	...	...	...	...	...	...	...	...	1	...
Psoas Abscess .....	...	...	...	...	...	1	...	...	...	...	...	...
Sloughing .....	...	...	...	...	...	...	...	...	...	...	...	...
Suicide .....	...	1	...	...	1	...	...	...	...	...	...	1
Tabes.....	...	...	...	...	...	...	...	...	...	...	...	...
Tumour of the Uterus .....	...	...	...	...	...	...	...	...	...	...	...	...
Water in the Head .....	...	...	...	...	...	...	...	...	...	...	...	...

☞ From 1820 to 1826 inclusive, each year commences with April 1,



IN EACH YEAR, FROM APRIL 26, 1820, TO DECEMBER 31, 1846.

1832	1833	1834	1835	1836	1837	1838	1839	1840	1841	1842	1843	1844	1845	1846	Totals.
44	47	50	66	62	85	88	101	109	96	92	112	103	104	117	
30	34	40	32	42	33	57	45	27	37	61	45	58	55	46	964
7	6	19	10	10	12	13	13	6	15	18	16	15	13	11	232
81	87	109	188	115	130	158	159	142	148	171	173	176	172	174	
49.	51.5	56.3	61.2	76.5	90.	94.5	107.2	104.2	97.2	101.	111.	109.	108.	121.	
12	11	16	17	23	15	31	25	10	17	15	26	11	13	23	425
10	17	23	20	3	12	16	15	20	24	27	24	47	25	22	415
12	9	4	9	4	15	10	10	16	15	17	20	14	17	3	230
1	2	1	3	5	1	6	4	4	7	5	8	12	28	35	126
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2
...	1	...	1	1	...	2	2	2	1	...	...	2	1	...	16
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	...	4	1	1	1	5	5	1	2	1	1	22
3	...	...	...	...	...	1	...	...	1	...	1	2	3	...	11
...	...	...	1	...	1	...	...	2	...	1	...	...	...	...	5
1	...	...	...	...	...	...	2	2	2	2	1	...	...	...	10
...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	2
...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	7
...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	7
...	...	...	...	...	...	1	...	...	...	...	4	...	...	...	5
1	...	...	...	...	1	...	1	1	...	...	...	...	1	1	13
...	1	...	...	...	3	...	1	2	...	...	4	...	...	...	13
...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	4
1	3	...	1	1	1	2	...	5	5	4	5	3	8	1	59
...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2
...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2
...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2
...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	6
...	...	...	...	...	3	1	1	...	...	...	...	...	...	...	8
...	...	...	...	...	1	...	...	1	1	...	...	1	3	...	8
...	1	...	...	...	...	...	1	...	...	1	...	...	...	...	4
...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
...	1	2	1	...	...	...	...	...	...	...	...	...	...	...	7
4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	5
...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1

and afterwards with January 1; leaving 9 months only for 1827.



*Recoveries in the Lincoln Lunatic Asylum, from the commencement, as affected by the Duration of the Complaint before Admission, or Re-admission.*

Periods of Recovery.	Admitted within 3 months of the 1st attack.	Admitted between 3 & 12 mo. of the 1st attack.	Admitted between 1 & 2 years of the 1st attack.	Admitted, the period of attack being upwards of 2 years.	Admitted, having had previous attacks.	Admitted, the period of attack not known.	Admitted, Idiots.	Totals.
	297	178	65	193	407	43	13	1196
Discharged within 3 months after admission.	91	21	3	3	76	0	0	194
— between 3 and 6 months after admission.	48	11	3	4	54	0	0	120
— between 6 and 12 months after admission.	24	8	4	5	34	0	0	75
— between 1 and 2 years after admission.	4	5	0	1	8	0	0	18
— between 2 and 3 years after admission.	1	3	0	0	3	0	0	7
— after 3 years.	1	0	2	4	4	0	0	11
Totals.	169	48	12	17	179	0	0	425



*Periods of Decease after Admission in 1846.*

Between 1—7 Days	Days 7—14	Weeks 2—4	Months 1—3	Months 3—6	Months 6—12	Years 1—2	Years 2—3	Years 3—18	Total.
0	0	0	0	0	0	0	0	3	3

*Periods of Decease after Admission, from the commencement of the Institution.*

Between 1—7 Days	Days 7—14	Weeks 2—4	Months 1—3	Months 3—6	Months 6—12	Years 1—2	Years 2—3	Years 3—18	Total.
7	13	14	28	28	34	35	18	53	230

*Ages at the time of Decease in 1846.*

Betw. 20	20—30	30—40	40—50	50—60	60—70	70 & upwards	unknown	Total.
0	1	1	0	0	1	0	0	3

*Ages at the time of Decease, from the commencement of the Institution.*

Betw. 20	20—30	30—40	40—50	50—60	60—70	70 & upwards	unknown	Total.
3	25	54	48	40	36	15	9	230

*Number of Deaths in each month, from the commencement of the Institution.*

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total.
20	19	13	25	21	26	15	19	9	20	22	21	230



## WEEKLY RETURN

OF THE STATE OF THE PATIENTS,

*From 8 a. m. December 21, to 8 a. m. December 28, 1846.*

<i>Number of Patients in the House.</i>	M. 67	F. 62	Totals. 129
<i>First Rank.</i>	3	3	6
<i>Second Rank.</i>	5	7	12
<i>Third Rank.</i>	59	52	111
<i>Maintained by their Friends.</i>	19	14	33
<i>Maintained by the Public.</i>	49	47	96
<i>Less than 1 year since the 1st attack.</i>	7	8	15
<i>From 1 to 2 years since the 1st attack.</i>	3	3	6
<i>More than 2 years since the 1st attack.</i>	57	58	108
<i>Less than 1 year since admission.</i>	12	17	29
<i>From 1 to 2 years since admission.</i>	12	12	24
<i>From 2 to 20 years since admission.</i>	27	27	54
<i>Re-admitted cases not included in the above.</i>	16	6	22
<i>Not expected to recover.</i>	51	46	97
<i>Expected to recover.</i>	16	16	32
<i>Convalescent.</i>	2	2	4
<i>Cases of Idiocy.</i>	2	2	4
<i>Cases of Epilepsy.</i>	11	1	12
<i>Cases of Paralysis.</i>	1	1	2
<i>Cases of Imbecility.</i>	19	18	37
<i>Having attempted suicide.</i>	12	8	20
<i>Attended Sunday Morning Prayers</i>	54	28	82
<i>Attended Church.</i>	12	12	24



DAILY RETURN  
OF THE STATE OF THE PATIENTS,

*From 8 a. m. December 21, to 8 a. m. December 28, 1846.*

NUMBER OF PATIENTS.	MALE.							FEMALE.						
	M.	T.	W.	TH.	F.	S.	SU.	M.	T.	W.	TH.	F.	S.	SU.
In the wards .....	67	68	68	67	67	67	67	62	62	62	62	62	62	62
With confined bowels .....	..	..	2	..	..	..	..	..	..	2	2	..	..	2
With relaxed bowels .....	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Uncleanly by day .....	1	1	3	2	..	..	..	1	1	..	..	..	..	..
Uncleanly by night .....	..	1	..	1	1	4	..	1	2	2	2	1	1	..
Wet by day .....	6	5	5	5	5	7	7	..	..	..	..	..	..	..
Wet by night .....	5	6	10	9	11	13	7	4	5	6	5	5	6	5
Destroyed their clothing .....	..	..	1	..	..	1	1	1	..	..	..	..	..	..
Destroyed their bedding .....	1	1	..	..	..	..	2	..	..	..	..	..	..	..
Slept on loose straw .....	..	..	..	..	..	..	..	2	2	2	2	2	2	2
Slept on straw cases .....	15	15	15	15	15	15	15	11	11	11	11	11	11	11
Wore socks in bed .....	14	14	14	14	14	14	14	11	11	11	11	11	11	11
Noisy in the day .....	8	8	8	8	8	8	8	2	4	3	5	6	6	6
Noisy in the night .....	7	8	9	5	7	7	6	1	3	2	3	3	4	2
Refused a part of their food .....	..	2	2	1	2	1	1	..	..	..	..	..	..	..
Refused the whole of their food .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Attempted suicide .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Under medicinal treatment .....	4	4	5	5	5	5	5	2	2	1	1	1	1	1
Under surgical treatment .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Under hired nursing .....	..	..	..	1	1	1	..	..	..	..	..	..	..	..
Under night watching .....	26	26	26	26	26	26	26	26	26	26	26	26	26	26
Keep their beds by day .....	..	..	..	1	1	1	1	1	1	1	..	..	..	..
Take wine medicinally .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Take porter medicinally .....	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Allowed extra meat .....	10	10	10	10	10	10	10	1	1	1	1	1	1	1
Disallowed meat .....	..	..	..	1	1	1	1	7	7	7	7	7	7	7
Forcibly fed .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bathed .....	..	..	..	..	27	..	..	..	..	..	..	..	17	..
Capable of regular occupation .....	44	44	44	43	43	43	43	40	40	40	39	39	41	41
Incapable of regular occupation .....	23	24	25	24	24	24	24	22	22	21	21	21	21	21
Provided with regular occupation .....	25	25	25	25	21	28	21	27	28	31	31	17	21	18
Unprovided with regular occupation .....	19	19	19	19	22	21	22	10	12	20	9	24	12	13
Engaged in active employment .....	25	25	25	24	21	28	21	21	21	22	21	17	21	18
Engaged in sedentary employment .....	1	..	1	..	..	1	..	17	20	18	17	..	19	..
Employed in the front grounds .....	..	1	..	..	..	8	..	..	..	..	..	..	..	..
Employed in the kitchen garden .....	6	..	1	1	1	..	..	..	..	..	..	..	..	..
Employed in cleaning rooms, &c. ....	12	12	12	12	12	12	12	14	14	15	15	15	14	15
Employed in the laundry .....	2	2	2	2	2	2	1	..	..	..	..	..	..	..
Employed in the kitchen .....	8	8	7	7	7	7	8	3	3	3	3	3	3	3
Exercised in the grounds .....	..	61	1	..	53	61	47	..	..	..	..	..	..	..
Exercised beyond the walls .....	..	..	7	..	5	..	5	2	6	..	..	5	..	6
Engaged in active sports, out-doors .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Engaged in active sports, in-doors .....	13	8	14	10	..	..	..	..	..	..	..	..	..	..
Attended church .....	..	..	..	..	..	..	6	..	..	..	..	5	..	6
Attended asylum chapel .....	..	..	..	..	..	..	54	..	..	..	..	..	..	28
Attended evening prayers .....	63	..	..	57	..	..	61	32	..	..	..	28	..	28

The above Return is made out daily, from the respective Attendants' Daily Returns of the state and circumstances of each individual patient.







## RECEIPTS,

from January 1st, 1846, to December 31st, 1846.

	£	s.	d.
Balance brought forward .....	229	1	7
Cash from Patients, including payments in advance, & clothing procured	4090	10	0
Annual Subscriptions .....	101	3	0
Benefactions .....	43	0	0
By Sale of Ashes .....	2	4	0
Bones .....	4	12	8
Grease .....	11	8	4
Pigs (8) .....	25	12	4
Rags .....	1	2	9½
Vegetables .....	0	14	9
Found in the Charity Box .....	3	12	6½
	<u>£4513</u>	<u>4</u>	<u>0</u>

## STATE OF DEBTS AND CREDITS,

January 1st, 1847.

CREDITS.		£	s.	d.	£	s.	d.
Due from Patients .....		6	2	2			
Advanced to the Matron .....		30	0	0			
In the Bank .....		310	6	4	346	8	6
DEBTS.							
Patients' Advances in hand .....					312	6	8
	Balance in favour of the Institution.....	£34	1	10			

## COST PER HEAD,

calculated on the average number of Patients in the year.

	Total cost, per year.			Average cost, per year.			Average cost, per week.			Average cost, per day.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Salaries and Wages .....	616	18	3	5	1	11½	0	1	11½	0	0	3¼
Food, including household	1556	0	6½	12	17	2¼	0	4	11¼	0	0	8½
Coal, Candles, &c.....	298	13	11½	2	9	4¼	0	0	11¼	0	0	1½
Medicine, Printing, &c....	113	15	6	0	18	9½	0	0	4¼	}	0	0
Furniture .....	179	6	2	1	9	7¼	0	0	6¼			
Repairs, Taxes, Rent.....	319	9	4	2	12	9½	0	1	0			
Loss by fractions....						½			½			½
	<u>£3084</u>	<u>3</u>	<u>9</u>	<u>£25</u>	<u>9</u>	<u>9¼</u>	<u>£0</u>	<u>9</u>	<u>9½</u>	<u>£0</u>	<u>1</u>	<u>4¾</u>



## COMPARATIVE STATEMENT,

of the Number and Payments of the Patients, in each of the three last years.

1844			1845			1846		
Self-supported	38		18		19			
Parochial	35		50		38			
	<u>73</u>		<u>68</u>		<u>57</u>			

1844			1845			1846		
Self-supported	£1198	2 1	£1065	2 11½	£1131	14 5		
Parochial	£1957	19 9	£2036	6 11½	£2360	15 1		
	<u>£3156</u>	<u>1 10</u>	<u>£3101</u>	<u>9 11</u>	<u>£3492</u>	<u>9 6</u>		

1844			1845			1846		
1st Rank	4 M.	4 F.	3 M.	1 F.	3 M.	2 F.		
2d Rank	6	4	2	2	2	4		
3d Rank	32	23	36	22	22	24		
	<u>42</u>	<u>31</u>	<u>41</u>	<u>27</u>	<u>27</u>	<u>30</u>		

1844			1845			1846		
1st Rank, at £1. 1s. per week	£ 363	16 0	£ 294	12 0	£ 362	14 0		
2d Rank, at 15s.	£ 338	5 6	£ 344	10 1	£ 386	0 5		
3d Rank, at 10s.	£2454	0 4	£2462	7 10	£2743	15 1		
	<u>£3156</u>	<u>1 10</u>	<u>£3101</u>	<u>9 11</u>	<u>£3492</u>	<u>9 6</u>		

*Number and Payments of each Rank of Patients, admitted or re-admitted, from the Opening of the Institution in March, 1820, to December 31st, 1846.*

## FIRST RANK.

9 Patients at from £2 12 6 to £1 5 0 per week, £ 317 6 7  
 97 ..... at ..... £1 1 0 ..... £6363 1 1 ... £6,680 7 8

## SECOND RANK.

162 ..... at ..... £0 15 0 ..... £5,194 7 5

## THIRD RANK.

927 ..... at from £0 12 0 to £0 8 0 ..... £35,883 18 10

£47,758 13 11

☞ Variations in the rates of payment by some of the same Patients, will account for the apparent excess of Patients in the above Table, beyond the real number.



## COMPARATIVE STATEMENT

of the principal Articles consumed, and the average number of Persons maintained,  
in each of the three last years.

*Principal Provisions, &c., consumed.*

	1844.			1845			1846		
		£	s. d.		£	s. d.		£	s. d.
Bread .....lbs.	46,991	252	2 9	45,813	210	1 5	51,215	275	2 3
Butter .....lbs.	2,004	87	15 1	1,843	88	18 9	1,944	96	0 5
Candles.....lbs.	865	23	9 6	829	21	1 10	832	21	2 0
Cheese .....lbs.	236	5	19 8	254	7	19 11	341	9	11 10
Coal .....tns.	226½	165	9 9	260	181	13 11	250	163	14 10
Coffee .....lbs.	184	12	5 8	200	13	11 11	183	13	10 11
Flour .....sts.	380	39	14 8	406	38	18 2	374	42	5 6
Meat.....lbs.	25,306	520	13 8	24,819	530	3 9	26,206	638	18 0
Milk .....gills.	5,237	145	3 0	5,334	149	9 0	5,551	156	2 8
Oatmeal ....lbs.	186	1	9 10	217	1	12 4	186	1	13 7
Oil .....gills.	28	5	11 0	28	4	8 4	28	5	13 2
Potatoes ...pks.	2,316	63	14 6	2,556	68	18 5	2,655	92	19 4
Rice .....lbs.	592	7	8 9	533	6	19 0	635	8	19 7
Soap.....lbs.	2,101	42	4 8	2,190	44	1 3	2,299	45	3 6
Straw.....		10	1 6		9	2 0		9	13 0
Sugar .....lbs.	3,161	85	15 2	3,118	74	10 3	3,316	80	18 4
Tea .....lbs.	386	78	7 5	373	75	7 3	416	84	7 6
Vegetables.....		10	10 6		9	11 2		21	8 5
		£1557	17 1		£1536	8 8		£1767	4 10

*Daily average number of Persons maintained,*

	1844		1845		1846	
Patients .....	109		108		121	
Household .....	21		21		20½	
	<u>130</u>		<u>129</u>		<u>141½</u>	

*Daily average Consumption of Bread and Meat, per head,*

	1844		1845		1846	
Bread .....	oz.	15¾	oz.	15½	oz.	15¾
Meat .....	oz.	8½	oz.	8½	oz.	8¼

*Weekly average Loss of weight of Bread and Meat, as shown on taking Stock weekly,*

	1844		1845		1846	
Bread .....	lbs. 3 oz.	0	lbs. 1 oz.	15	lbs. 1 oz.	8
Meat .....	lbs. 5 oz.	12	lbs. 6 oz.	2	lbs. 6 oz.	8



**DIETARY OF THE THIRD RANK PATIENTS,**

except where specially altered by the Faculty, or by a Weekly Board.

BREAKFAST.	DINNER.	SUPPER.
<i>Males.</i>		
Bread..... 6 oz.	Bread..... 3 oz.	Bread..... 6 oz.
New Milk, boiled .... 1 pt.	Meat, cooked & boned 4 oz.	New Milk, boiled ..... ½ pt.
	Potatoes..... 16 oz.	
<i>Females.</i>		
Bread..... 5 oz.	Bread..... 3 oz.	Bread, toasted and
Tea..... 1 pt.	Meat, cooked & boned 4 oz.	buttered..... 5 oz.
	Potatoes..... 12 oz.	Tea..... ½ pt.
<i>Males and Females.</i>		
<i>Sunday</i> .....Roast Beef.	<i>Wednesday</i> ....Boiled Beef.*	<i>Friday</i> .....Boiled Beef.
<i>Monday</i> .....Roast Mutton.	<i>Thursday</i> .....Roast Mutton.	<i>Saturday</i> .....Boiled Beef.*
<i>Tuesday</i> .....Boiled Beef.		

\* Or cold Meat warmed, 4 oz., with Soup 1 pint, for half the Patients.

An Ox cheek is stewed with the Soup weekly.

Carrots are used occasionally instead of Potatoes, in winter; and a variety of Vegetables from the Asylum Garden, in summer.

Females are allowed, butter ½ lb.; Sugar ½ lb.; Tea 2 oz.; per week.

**WORK DONE BY FEMALE PATIENTS,**

(☞ when the weather will not admit of exercise in the open air,)

from January 1st, 1846, to December 31st, 1846.

**ARTICLES MADE UP.**

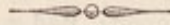
Aprons..... 62	Flannel waistcoats ... 109	Sheets..... 149
Bed tick..... 1	Gowns..... 59	Shirts..... 60
Blanket cases..... 3	Hearth Rug..... 1	Shaving cloths..... 2
Bolster cases..... 12	Mattress covers..... 2	Strong dresses..... 4
Caps..... 70	Neckerchiefs..... 41	Straw cases..... 16
Caps, night..... 30	Night gowns..... 25	Table cloths..... 15
Chemises..... 58	Pillow cases..... 12	Top petticoats..... 35
Drawers, pairs..... 5	Pillow slips..... 111	Towels..... 93
Dusters..... 34	Pocket handkerchiefs 45	Window blinds..... 12
Flannel petticoats.... 36		

**GROUND, APARTMENTS, BEDS.**

Exercising Grounds..... 4	Single Sleeping-rooms ... 50	Beds for Patients.....130
Exercising Galleries..... 6	Double and treble ditto.. 4	Beds for Attendants..... 12
Sitting-rooms..... 14	Dormitories..... 8	Beds for Household..... 6



## NOTE.



An examination of the Plan prefixed to this Report, will exhibit negatively the omission of some provisions, occasionally to be met with in other Asylums, viz. :—

Restraint Rooms.  
 Seclusion Rooms.  
 Padded Rooms.  
 Noisy Cells.  
 Detached Cells.  
 Cold Bath Rooms.  
 Departments for Uncleanly Patients.  
 Apartments warmed with heated air.  
 Sitting Apartments without Fireplaces.  
 Attendants' Rooms with Fireplaces.  
 Exercising Galleries between rows of Bed Rooms.  
 Exercising Galleries used as Sitting Rooms.  
 Day Rooms above the First Floor.  
 Inhabited Rooms below the Ground Floor.  
 Airing Grounds minutely subdivided.  
 Airing Grounds with high division Walls.  
 Day Apartments for unassociated Patients.  
 Official Rooms occupying the front of the Building.  
 Rooms for an accumulation of Stores.  
 Lodging Rooms for Strangers.  
 Manufactories.  
 Bake-house.  
 Brew-house.  
 Beer-cellar.  
 Cow-house.  
 Stable.  
 Orchard.  
 Burial Ground.

These Omissions are intentional; some of them are coeval with the building; and others are the results of practical experience.





## DAILY.

## ATTENDANTS'

## SUMMER.

## MORNING.

- 6 a.m. Attendants rise: Fires kindled: Ashes brought out to the Gallery door.
- 6½ a.m. Patients rise: Beds thrown open: Bed room windows and ventilators opened:  
Patients washed and combed.
- 6¾ a.m. Wet Beds brought out to the Gallery door.
- 7½ a.m. Toast-water pitchers, Teapots, Oil-cans, Blacking-jars brought out to ditto.  
Patients taken out to pump Water.
- 7½ a.m. PATIENTS BREAKFAST.
- 8 a.m. Beds made up.  
Repairs, renewals, &c. wanted, reported to the Head Attendants.
- 8½ a.m. First and Second Rank male Patients shaved.
- 9 a.m. Patients taken out into the Airing-grounds.
- 9¾ a.m. Toast-water pitchers returned to the Gallery door.
- 10½ a.m. *Cleaning finished; Attendants to be neatly dressed.*  
Empty Medicine bottles brought out by Head Attendants, into the Entrance Hall.  
Articles deficient, applied for to the Matron, by the Head Attendants.  
Periodicals changed from room to room, according to routine, by Head Attendants.
- 11 a.m. Selected Patients walk out with an Attendant, beyond the walls.  
Patients join in Active Sports in the North Galleries, on wet days.

## AFTERNOON.

- 1 p.m. PATIENTS DINE: Gallery Window sashes let down, during dinner time.
- 2½ p.m. Day rooms scoured, when needful.
- 4½ p.m. Teapots brought out to the Gallery door.
- 5 p.m. First and Second Rank male Patients, and the female Patients, take tea.

## EVENING.

- 7 p.m. PATIENTS SUP.
- 8½ p.m. Evening prayers read to the Patients, by the House-Surgeon.
- 9 p.m. Patients go to bed; Night-watches go on watch.  
Patients' Clothes examined for concealed articles, and for repair, and left outside the respective sleeping rooms.  
Day room and gallery Windows left open for the night.  
Broken Furniture brought out by the Head Attendants, into the Entrance Hall.
- 10 p.m. Attendants go to bed.

## SUNDAY.

- 9½ a.m. Selected Patients go to Church, with an Attendant.
- 11 a.m. Portions of Scripture read to Patients, at the Asylum, by the House-Surgeon.

## MONDAY.

- 7 a.m. Clothing for repair, taken to the Tailor working in the house.
- 9 a.m. Clothing, Bedding, Brushes, &c., waiting to be condemned, brought to the Matron in the Receiving Room, by the respective Attendants.
- 10 a.m. Articles deficient applied for to the Matron, by the Head Attendants.



## TIME TABLE.

## TUESDAY.

- 7 a.m. Clothing for repair, taken to the Tailor working in the house.  
 8½ a.m. Boots and Shoes, and the Tin-ware, for repair—brought into the Attendants' Hall, by the Attendants going to breakfast.  
 10 a.m. Attendants' foul linen, brought out to the Gallery door.

## WEDNESDAY.

- 6½ a.m. Patients' Body-linen changed.  
 9 a.m. Third Rank male Patients shaved.

## THURSDAY.

- 7½ p.m. Head Attendants receive from the Matron, the weekly allowance of Groceries for the First and Second Rank Patients, and the Attendants.

## FRIDAY.

- 3 p.m. A third part of the male Patients bathed in the presence of the House-Surgeon, who examines their persons.  
 Patients' clean linen, &c., returned to the Gallery door.  
 Attendants' clean linen, &c., returned to the Gallery door.

## SATURDAY.

- 6½ a.m. Patients' linen, flannels, and stockings changed; persons of Patients not bathed within the week, examined by the House-Surgeon or Matron respectively.  
 A third part of the Patients' Bed-linen changed.  
 9 a.m. Third Rank male Patients shaved.  
 A third part of the Patients' hair cut.  
 11 a.m. A third part of the female Patients bathed in the presence of the Matron, who examines their persons.  
 3 p.m. Patients' foul linen brought out to the Gallery door.  
 Patients' Feet washed, who have not been bathed within the week,

## FIXED SCOURING DAYS.

MONDAY .....Part of Dormitories and side Bed rooms scoured.

TUESDAY .....Lower South Galleries, and rest of Dormitories and side Bed rooms scoured.

WEDNESDAY...North Galleries and side Bed rooms scoured.

THURSDAY ...Upper South Galleries and side Bed rooms scoured.

FRIDAY.....Lower South Galleries and side Bed rooms scoured.

*N.B.—No Attendant leaves the Gallery without leave of the Head Attendant, or House-Surgeon, or Matron.*



*Letter of Inquiry to the Friends of Patients discharged.*

## BOARD REGULATION.

“The Chairman of the first Weekly Board after the removal of any Patient, shall address a letter to the friends of the Patient, requesting, as a favor, the communication of any complaint against the House in regard to the treatment of such Patient, or in regard to the property, accounts, or any other matters whatsoever; and requesting a statement of their satisfaction, if satisfied.”

Lincoln Lunatic Asylum,

184\_\_\_\_\_

*As Chairman of the Weekly Board of Governors, holden here this day, and in pursuance of the above regulation, I have to request the communication of any complaint you may have to make, in reference to the case of \_\_\_\_\_ late a Patient; or a statement of your satisfaction, if satisfied, addressed to “The Chairman, of the Board, Lunatic Asylum, Lincoln.”*

I am,

Your obedient Servant,

To \_\_\_\_\_

Chairman.

## FORM OF LEGACY.

Persons disposed to contribute to this Asylum by their last Will, are particularly requested to use the following words.

*I bequeath out of such part of my estate as may be applied to Charitable Purposes, a Legacy of £ \_\_\_\_\_ sterling, to the LINCOLN LUNATIC ASYLUM, to be paid clear of legacy duty,\* within \_\_\_\_\_ months after my decease, to the Treasurer for the time being of the Asylum, whose written receipt for such Legacy shall be a sufficient discharge to the Executors.*

☞ For want of this form, many Charities have lost their Legacies, the Testators having charged them on their *real* instead of their *personal* estate.

\* If so intended.