

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

Contributors

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S T A T E

OF THE

L I N C O L N

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

(INSTITUTED NOVEMBER 4, 1819.)

1 8 4 8 .

L I N C O L N :

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

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1848.

LINCOLN LUNATIC ASYLUM.

TWENTY-FOURTH REPORT.

PERSONAL PROTECTION OF PATIENTS.

IN such a disease as Lunacy, the facilities for ill-using the patients are very great. In the annual Reports of this house, the principles on which patients are to be protected, have been plainly laid down, though productive, in some cases, of hostile feeling towards the establishment.

I. The first and great protection is the public eye, which cannot be too freely admitted in public establishments, under the obvious caution that the patients shall not be addressed or interfered with; though their external appearance, and the condition of their apartments, and the demeanour of those about them, be quite obvious. It will invariably be found that parties, who are most clamorous against public inspection of the public institutions, are the same who struggle for instrumental restraint, and other severities.—Official visiting has never yet been quite adequate to this object.

II. The preceding principle happily works well with the next, which is that the resident House Surgeon (and, indeed, all in personal attendance upon the patients) shall be exonerated, as much as possible, from every duty which may divert attention from the patients, or prevent his frequent appearance among them, from

their first rising in the morning to their retiring at night, and afterwards. The admission of strangers greatly facilitates and promotes this important object. The officer is thus called upon to go round the house and see his patients, oftener than he otherwise might do; and, doing this in the presence of strangers, he is constantly reminded that the dress and cleanliness of his patients, and the aspect of the whole house, of the inmates, and of the sub-officers, be in parade order.

III. The next object is to constitute a Head Attendant, a sort of non-commissioned officer among the attendants, and one of their own class; thus promoted for his superior respectability and trustworthiness, with the duty of passing his whole time with the attendants and patients, moving about among them, and keeping an eye upon their conduct.

IV. The next safeguard is perfect facility of Inspection; every door to every sitting room and gallery of every patient, being sashed, and opening the interior to casual inspection from without; borrowed lights, between room and room, being also introduced, where the description of patients may stand in need of more than ordinary observation.

V. This is not enough; the too sharp subdivision of the patients is a fertile source of abuse, by being an impediment to inspection, and by throwing the patients most likely to be abused, into distinct subdivisions. These are generally selected for their remoteness from the rest, where the patients are necessarily left apart with a limited number of attendants, and where their condition is such, from the very nature of the customary classification, as to make their own testimony utterly valueless. With the exception of epileptic patients and a few of the more violent females, it has been found, at Lincoln, very beneficial to allow the free passage of the patients from apartment to apartment. The operation of this novel principle will be felt, when it is considered that every patient has thus the benefit of every attendant; that the attendants thus keep an eye upon each other; that, on the worst supposition, they cannot all be ill disposed, and must stand in awe of a single well disposed and good natured attendant; to say nothing of the observation of the more rational among the patients, and the instantaneous casual access of the House Surgeon, or chief attendant.—Some sympathy has been expressed for orderly patients, being subjected to see and hear the fantastic freaks and energetic nothings

of some of the insane. But it is amusing to observe how little such things are noticed. In one of the female apartments, the other day, two Irish female patients were observed to become suddenly vociferous, in the presence of about twelve other patients, some of whom never lifted their eyes from their needlework, others never moved from their sitting meditation, and some asleep did not awake.—The patients who are ill-used are not often the violent, but the helpless and imbecile (whether so rendered from infirmity or mechanical restraint), the idiotic, dirty, and provoking patients, very trying to the temper of those about them, and very easily abused when they are locked up in a separate ward, perhaps with a single attendant. In this house it is not admitted that there exist such persons as dirty patients, one of the attendants having a special allowance for immediately cleaning them; and, as may be easily supposed, not left a moment unemployed when his fellow attendants observe it to be necessary.—If to this be added the presence of the whole establishment of attendants to resist a violent patient, the impolicy of eight classes of each sex and perhaps three ranks, will become very obvious, except for the purpose of mere numerical subdivision. Finally let it not be forgotten that the dreadful monotony, to which the attendants on the worst class are themselves subjected, must sour their tempers and make them irritable and surly, if their natural disposition at all inclines in such a direction.

VI. The next great security to the patients is the utter disuse of Instrumental Restraint, and the establishment, among all parties concerned, of a feeling that force and violence are not to be the resource; that management, so much improved by experience, must be the instrument used, and that the patients themselves be taught to expect and look for such a mode of treatment, and influenced, as far as possible, through that feeling.* This question is one which

* In a very able Report from the Physician of the *Maryboro' District Lunatic Asylum*, (1848), the following passage occurs;

"I may confidently state, that I cannot attribute any one disadvantage to the expulsion of instruments of restraint from the institution; while I can positively testify to the marked improvement in the conduct and deportment of the attendants towards the patients, the increased esteem and good will from the patients in return, an amendment in the condition of the most violent, and, above all, a protection, in cases of recovery, from those distressing and humiliating reminiscences, which have, in so many instances, tended to bring Asylums for the Insane into disrepute, and have excluded so many sufferers from the benefits to be obtained in such establishments, when properly conducted; but which relatives too often fail in fortitude to seek, in consequence of the unfavourable impressions which are produced by the adoption of unduly coercive measures. Feeling satisfied, however, that an acquaintance with the proper mode of carrying out the practice, is alone required to promote its adoption, I do not deem it necessary for the present to dwell further on the subject."

clashes violently with private interests. Among the private establishments of this kingdom are very many liberal and enlightened men, who feel a humane interest in the happiness and recovery of their patients; but it must not be denied that there are some, who consider a speculation in a private madhouse as a source of profit merely, and who are irritated to express, by themselves or through others, their dislike of a system, which requires a few additional attendants as a substitute for the continued use of the chain, or the more injurious strait waistcoat, or the strapping down for months in a chair. These persons take two or three grounds; they profess to believe that restraint is a protection from abuse, though it is notorious that the imbecile and provoking patients, whom no one, except through mere wantonness, would place under instruments, are almost always exclusively the patients subjected to ill-usage; they profess that they wish to prevent suicide, though the very operation of an instrument is to fix the attention of the patient on his object, to make him meditate night and day on the means of its accomplishment, and to make attendants careless; so much so that the act of suicide, and even the propensity to it, have almost disappeared, wherever the use of instruments has been discontinued. They finally select some extreme or impossible case (probably created, if it ever existed, by the system itself), and they say "should we not use instruments here?"—of course never wishing to use them except on "urgent occasions" when "humanity and the good of the patient" shall call for them; not announcing the fact that every occasion, in which it appears convenient, is a case of urgency, and that a bad principle, once admitted, is certain to extend itself and ramify. Even if it were admitted, (and of course no *a priori* contradiction could be broadly advanced by a cautious person), that there may exist in the whole range, and under all the phases of insanity, one or two cases in which instruments would not be injurious, it must on the other hand be stated, that the inconvenience of meeting such extreme anomalies ought to be submitted to, rather than introduce a bad extensible principle, under which the safety of 999 patients is compromised for a single case in 1000. It is most unfair that an accident occurring in a struggle with a violent patient, should be brought forward in favour of the use of instruments; it is always implied, in this argument, that the instrument *quietly* applies itself, and that all becomes instantly peace and good order; the public are not told of

the furious and desperate struggles of the patient, redoubled by this threatened infliction, and requiring to be met by additional force and violence, from the circumstance of the imposition of an instrument requiring a greater exertion of power than the mere control of the patient; while the violence may, in a most extraordinary case, not last above one or two hours, though the instrument once imposed, after such a difficulty, would not be very willingly removed again. Medically speaking, the irritation and increased efforts of the patient must tend to force an additional quantity of blood upon the brain, and operate mischievously on the action of the heart, with which and lunacy, medical men are daily discovering a closer connection than their predecessors had imagined. The plain truth is that no patient can be placed under instrumental restraint, or in seclusion, until his violence has been mastered; and it is certain that most accidents occur, while in so attempting to subdue the patient. When the patient is once mastered by manual detention, it is the interest of the attendants to continue it as short a time as possible; and it is greatly for the self control of the patient to be aware that the detention will cease, the moment that he composes himself; an advantage utterly lost by the use of instruments or seclusion. The following picture of a case from the Bethlem Report for 1844, will shew that instrumental restraint rather produces than prevents accidents;—

“A male patient was brought for admission in a very violent and excited state, having, in addition to a strait waistcoat, his arms bound with cords, his wrists secured by a belt, and his legs confined with strong webbing. In extenuation of such severe treatment, his relative, who accompanied him, assured the steward that this treatment was absolutely necessary, ‘as he was very difficult to manage, and that it had even required as many as six men to place him under coercion.’ The first thing done on admission was to release the patient from all restraint; and although, as might be expected, he remained for some days in a highly excited state, so as to require the constant watching of one, and sometimes two attendants, no personal coercion was afterwards used during the whole time he remained under treatment. In a few days symptoms of an inflammatory affection of the chest appeared, from the effects of which, combined with great cerebral excitement, he died in a fortnight after admission. A post mortem examination of the body proved that the breastbone and one

“ rib were fractured ; the interior of the chest was also found much
 “ affected, in consequence of the irritation which the broken bones
 “ produced on the lining membrane ; and it can hardly be doubted
 “ that these severe injuries occurred in the struggle, which took
 “ place when so much restraint was imposed.”

VII. The disuse of Instruments leads us to another head of protection, the qualities of the attendants themselves. They should be selected, as far as possible, tall powerful persons, who are not irritated by a continued struggle in resisting a violent patient, as a small weak attendant would be, who knows that his very appearance tends to draw upon him an attack. Any single attendant is forbidden, by an order of the Board, to attempt anything by force, where a patient may require removal or control ; the presence of two or more attendants attaining the object in a quiet manner. The Board visits severely anything like violence towards the patients in an attendant, and indeed generally discharges the party. Intoxication ought to be made an invariable cause of dismissal, though it will be hard indeed for the Board to be always firm, where the offence seems to be casual, and where amendment is solemnly promised, and where the attendant possesses valuable qualities.

VIII. The next precaution against ill-usage consists in a periodic bathing of the patients, with a careful examination of their persons by one of the superior officers ; after which every mark or bruise is recorded, and reported to the following Board and investigated, and every inquiry made to account for it. It is extraordinary how very few such accidents are, considering the possibility of falls, and sometimes the collision, through want of temper, even of the more rational patients, who of course are less closely watched than those disposed to violence, and moreover bruises and accidents, which must occur in preventing a patient, who suddenly becomes violent, from carrying into effect some insane intention. The number of such accidents has been found to diminish, with the greater liberty of intercourse and wider range allowed to the patients.

IX. The next resource of the Board is the evidence of the patients themselves ; this can seldom be depended upon, there being instances in which the patient is under a delusion of constant ill-usage, and in which he will cry out “ murder,” even when alone, and declare that a house surgeon, or physician, or attendant is beating him. Complaints of the patients are, however, matter of inquiry, when in any way plausible, and made to the House Surgeon, or

Physician, or the Official Visitor. The case is very different on the discharge of a recovered patient. He is then competent to give evidence, and is brought before the Board and questioned as to his own treatment, and also asked whether, during his residence in the house, he has observed the ill-usage of any other patient, and his answers are recorded. It is quite surprising how very rarely an unsatisfactory reply is given. In some few instances patients will say, that they thought themselves ill-used, on their first admission, in being forcibly prevented from acts in which they did not see any thing wrong; but they generally add that they suppose themselves not to have been capable of judging at the time; and so sensible are the insane of the insanity of others, that the same persons almost invariably deny having witnessed any ill-usage of other patients. This precaution must be a great check upon persons engaged about the patients; and has unexpectedly operated as a protection to the establishment, by anticipating attempts to injure its character through the patients that have been treated within it.

HYGIENE.

The hygiene of this house has always been considered by the Governors, as the safest and most certain treatment of lunacy; and the Board have, latterly in particular, been very studious to remove every possible cause, that has been suggested as probably affecting the health of the house and the consequent rate of mortality.

The occurrence of inexplicable cases of typhus amongst the attendants, has induced the Board to abolish all cess-pools upon the premises, and to replace them by a tunnelled outlet. The effect has been satisfactory, and it has been observed at the same time, either through a natural or casual connection, that erysipelas has also, with a few slight exceptions, disappeared.

For those patients who refuse food, occasionally met with in Asylums, it is always a duty to adopt the various little contrivances from time to time suggested for overcoming this disinclination. The Physician may find it necessary to prescribe means for improving the appetite of the patient, and tempting articles may be offered, or left in the patient's way to be taken casually. But when all these fail, and compulsory means become unavoidable, quiet compulsion without argument must be adopted. Some years ago, an instrument of

the late Mr. Bakewell's of Staffordshire, was mentioned with approbation in these reports. The Board has now the satisfaction to lay before the public a much improved method suggested by Mr. Wright, a distinguished Surgeon at Nottingham, and which has been found perfectly to answer in this house. The patient is slightly leant back in a chair, and fluid nutriment is poured, by one of the attendants, into a nostril through a wine funnel with a curved end. The fluid passes directly into the gullet without any annoyance to the patient, who seems quite indifferent to the proceeding. Mr. Bakewell's instrument avoided the violence of forcing open the teeth, but was still unpleasant to the patient, so much so that the attendants who assist, have remarked that patients would often take food themselves, rather than submit to its use; whereas they seem to disregard the employment of Mr. Wright's process.

The patients are now each supplied with a hair brush, which must be useful not only for cleanliness, but also for any influence, which a healthy circulation of the scalp may be supposed to possess over the brain. It is amusing to observe that the male patients will employ themselves in this manner for an hour together before a looking glass, and that the glasses are never broken, as windows sometimes are.

The Board continues to maintain the system of keeping up open fires in all the Day rooms of the Patients, at such times as they may be found necessary by the resident Officers for their own comfort. This test is found indispensable to prevent the neglect of a somewhat troublesome duty by the attendants, whose active employment and brisk circulation prevent themselves from needing the supply of external warmth, which the torpidity and languid circulation of many of the patients, render imperative for their comfort and their health.

The Governors cannot avoid again entering their protest against the respiration of air artificially (and uniformly) heated. Apartments should be warmed by radiated heat, rather than by heating the air itself contained in them, the effect of which is a feeling of oppression, possibly arising from the relaxing effect of heat directly applied to the capillary tubes of the respiratory system, and their consequent engorgement. It is generally also admitted that stoves, in churches and other public buildings, produce headaches and are otherwise injurious, in which case the effect has been attributed to the drying of the air, and has with partial success been attempted

to be met by placing a vessel of water on the top of the stove. This house uses only open fires ; and in the winter of 1846, an entire exemption from catarrh was observed ; and, during the late general prevalence of influenza, this complaint never showed itself in the Lincoln Asylum.—The cases in Lincoln generally, though numerous, were mild and rarely fatal.

Bagatelle Boards seem to be at present popular among the patients, and to attract their attention more permanently than any other of the various amusements, which the Boards have taken much pains from time to time to provide.

One of the patients performs on the violin with good taste, in the great gallery (84 feet long and 14 wide), and in wet weather amuses his companions, many of whom dance in their own way ; and now and then a patient, who has been sitting apparently abstracted, will suddenly start up and perform some dance of his own, usually of a fixed character, and calmly sit down again when fatigued.

There is now in the Conservatory an Aviary, formed from the old window guards, rejected throughout the house for their prison-like aspect and their small utility, and superseded by thick glass in peculiar situations, which may appear to require it. The Aviary, indeed, does not seem to excite much attention generally ; but it is more attractive than the flowers were before this addition.

A few other matters bearing more or less upon Hygiene, will be found in the Appendix, (A), relating to temperature, ventilation, sewerage, cleanliness, diet, employment, amusement, cheerfulness, comfort, supervision, security ;—also, in the Appendix, (B), a letter from the Commissioners in Lunacy, recommending precautions against an expected invasion of Cholera, remarkably anticipated by previous Board orders, detailed in the Appendix, (A), and, it is gratifying to add, followed by an abatement of fever, erysipelas, and diarrhoea.

The tendency of the altered system in this house has been, to substitute personal attention and an animating variety of objects, for the heavy monotonous machinery of mere mechanical arrangement, which never can afford any diversion from distempered imaginations, nor protection from the indulgence of dangerous mental propensities and delusions. The impossibility of imposing restraint upon thought must be obviated, by presenting to the mind impressions more powerful or more attractive than its own hallucinations. The result may not always exhibit the unnatural aspect of

silence and formal order, so imposing in the eyes of strangers unacquainted with the sacrifice at which they are produced, by withholding from Mania the natural relief of its own manifestations,† and from Melancholia this incidental recall from morbid delusions to realities. Apparent repose may at any time be easily produced by the straitwaistcoat, the chair of restraint, and the gag, by nauseating doses of antimony, by depletion and depression of the system, or the outrage of the douche, or whirling chair, or by an abuse of narcotics acting as shop cordials act in the case of irritable and restless children, and as dangerous in some cases, as their use under the insomnolence of febrile delirium.

This institution has always carefully avoided misleading the public, as to its being in possession of any specific treatment for insanity, beyond an elaborate system of hygiene worked out in minute detail to bear upon the disease, and the careful administration of general medical means. In examining the proceedings, which profess to be treatment in such cases, it will be found that these really amount to very little, or perhaps nothing, specially bearing upon insanity, and indeed are merely the practice with which sound practitioners, here and elsewhere, always meet certain symptoms, or visceral derangements, or states of the general habit.

A short table following (p. 11), shows the periods of mortality after admission, and proves that the apparent rate of mortality in this house has been increased by the liberal manner with which it has admitted patients, sometimes in a dying state, or at least sent there merely to finish their earthly career. On a future occasion this table may be extended, to indicate the numbers cured or otherwise discharged at the same intervals of time, and so demonstrate that there has not been any leaning towards a system of diminishing the apparent rate of mortality, by either refusing or discharging patients, who may show indications of an approach to the end of life.

CONSTRUCTION.

The Lincoln Asylum, built in 1819, affords an example of gradual advance in a course of improved construction and arrange-

+ “* * * not only does physiology point out the danger of suppressing the manifestations of our impressions, but statistics has repeatedly recorded the fatal results of the attempt.”—*Bulletin de l'Academie*, t. xiii., p. 505.

ment, until the building, the grounds, and the management have ceased to bear a sensible resemblance to the original design:—and strikingly illustrates the great improvement of which such structures were at that period susceptible. The airing courts, then small, damp, and cheerless for want of sunshine, air, and prospect, were situated on the north side of the building, and formed the chief view of the superior patients from the windows of their sitting apartments, which opened upon them; while the kitchens, the official apartments, and the cells of the more turbulent patients, occupied the South, S. E. and S. W. fronts, remarkable for the beauty, extent, and variety of the scenery with which they are surrounded.

The smaller asylums must generally originate the most striking improvements; for, in such, every alteration is made with the greatest facility and least hazard; while, on the contrary, a similar change in a very large establishment, meets with impediments at every step, has various petty interests to overcome, and amounts to a sort of revolution on a small scale. The principle is equally applicable to any uniform code of regulations bearing locally over the whole kingdom, a modification of which becomes a matter of extreme difficulty, and in effect as cumbrous as the passing of a special act of parliament.

It is very much to be desired that every Asylum should cause an engraving to be made of its arrangements, from the circulation of which with its Annual Statement, useful suggestions might be derived. Perhaps it is not possible that any uniform principle should run through buildings of this nature, as the size of the establishment, until the good sense of the public shall discontinue these on a very large scale, must produce a difference in the details, by the multiplication of wards then necessary for the mere purpose of numerical subdivision, and for the different scale of the household and management.—That every establishment should have dormitories suited for night inspection, as well as ordinary sized bedrooms, is very clear, and also that such dormitories should not be too extensive.—Some misconception has existed on the subject of infirmaries, which form a questionable department in the plan of any ordinary sized asylum. It is forgotten that the whole asylum is in itself an infirmary, and that the patients, who may properly be called sick, are usually very few, and best treated in their own apartments; a principle more necessary when it is considered that some of them may be violent, or unclean, or noisy, or

otherwise unsuitable for a sick ward. The infirmaries in this house are merely the larger single-bedded rooms, with fire places.

REGULATIONS.

The treatment of insanity is yet in course of experiment, and far from having arrived at that stage when it may be safely subjected to fixed rules and laws. As little could have been foreseen, a few years since, the vast mitigation of instrumental restraint by Pinel, as its subsequent total abandonment by a Superintendant of the Lincoln Asylum. These and other examples hold out a caution against fixing boundaries in the field, now open before competitors in this interesting department; and will, it is trusted, prevent the legislature from sanctioning any attempt to chain down these institutions under any uniform code of regulations.

It would too much extend this Report to work out in detail the regulations which are added in the appendix, (A), indicating some of the subjects that have engaged the attention of the Boards during the years 1846 and 7; and shewing proceedings, though sometimes apparently trivial, yet strictly practical, and arrived at by slow, cautious, and gradually developed experience of the wants of the Insane.

VISITS OF COMMISSIONERS.

Commissioners in Lunacy have visited this Institution at different times since the publication of the last Annual Statement, and have made Reports, which will be found in the Appendix, (C).

On receiving the first Report, the Board came to the following resolutions :—

“ Resolved—That it is expedient to carry out, as far as possible, the suggestions of the Commissioners.

“ Ordered, that extreme care be taken for insuring ventilation in the rooms of bedridden patients, that they may be placed, where possible, in apartments where the ventilation may be assisted by an open fire; and their beds be removed occasionally, in the day time, into another apartment, for the purpose of ventilation.

“ Ordered, that the admirable suggestion of the Commissioners as to a Reading Class, be carried out; that the House Surgeon do

select male and female patients, to read to the other patients who are not likely to be prejudiced thereby, and so as not to interfere with the outdoor exercise of the patients; and to suggest to the reader the description of book most suitable for the purpose; and that the works selected in preference, be works of varied and broken composition, containing anecdotes and other matters not of an exciting nature, nor likely to haunt the imagination."

The following plan of the Chaplaincy was submitted for the approbation of the Diocesan;—

"That it is expedient to appoint one or more honorary Chaplains to this Establishment, with the understanding that their functions are exercised under the advice of the Medical department, and that they studiously avoid exciting addresses, and topics likely to agitate the minds of the patients.

"That the duty will be to administer the holy sacrament of the Lord's supper to every patient or member of the household, in case of sickness, or on any other occasion where the patients shall be desirous to receive the same, and can be considered in a proper state of mind and feeling by the Chaplain, under the advice of the Medical department.

"That the Chaplain be requested to confer with any patient likely to be benefited thereby, under the advice and at the request of the Medical department; and that he will oblige by his occasional assistance in the religious services of the establishment.

"That a Journal be kept for entries, that he may think proper to make."

The House Surgeon having stated to this Board, that he had applied to the Commissioners in Lunacy for instructions how to keep the "Medical Case Book," and that he yesterday (Nov. 15,) received from them printed Instructions, dated 19th January, 1846, directing him how to keep the "Medical Case Book" prescribed by the 60th sec. of the Act, 8 & 9 Vict., cap. 100,—*see* Appendix (D);

"Ordered, that he procure and keep such Book forthwith."

E. P. CHARLESWORTH,

June 26th, 1848.

CHAIRMAN.

APPENDIX.

(A.)

BOARD ORDERS.

1846.

Jan. 19.—That hand-rails be fixed on the stairs, as recommended in the Governors' memorandum book on the 14th instant.

Jan. 26.—That the House Surgeon do make a return to the Board of the active sports in use at different seasons of the year.

April 27.—That the House Surgeon do specify in his Journal daily, the names of the patients whom he may select to take walks into the country or town, giving preference to the country in fine weather ; and that similar entry be made of the names of the patients selected to go to church on Sundays.

That the female and other patients be provided with strong shoes or boots, for walking out in damp weather.

That the attention of the House Surgeon be called to a more frequent use of the north galleries for active sports, in wet weather.

That circular forms with backs be provided for the disorderly female patients.

May 4.—That copies of clause 56, 8 & 9 V., c. 100, be printed and appended to the Instructions of the Attendants and Nurses.

That no medical certificate from a governor of this institution, be accepted.

May 11.—That, of the medical certificates required for the admission of patients into this asylum, one, *and where two are required, both if possible*, be from practitioners residing near to the place from whence the patient is sent ; and that notice to this effect be inserted in the county newspapers.

May 25.—That all letters received by the House Surgeon, Secretary, or Matron, on the business of the house or of the patients, since the sitting of the previous board, be laid before the succeeding board.

July 20.—That the far day-room in the male north gallery, be fitted up as a dormitory.

That the legs of the bedsteads for epileptic patients, be shortened.

July 27.—That a pianoforte be hired on trial, for the use of the female patients.

Aug. 3.—That, when applications for the admission of patients are entered in the Board Memorandum Book, the reason, in case of refusal, be recorded therewith.

Aug. 17.—That the far day-room in the female north gallery, be fitted up as a dormitory.

Aug. 24.—That the window guards in the male north gallery, be removed on trial.

Sept. 7.—That an expenditure, not exceeding five shillings per month, be allowed in sweetmeats, as an indulgence for the female patients.

Sept. 14.—That the beds be removed from two of the single sleeping rooms backing upon the kitchen and laundry fires; and that the clothes presses be removed from the dormitories in the north galleries, into these rooms.

Sept. 28.—That a notice be painted on the lodge entrance door, "Visitors are requested not to address the patients."

Oct. 19.—That three Governors be requested to expend a sum not exceeding £10 in amusing books, to be selected from the works published under the sanction of the Society for promoting Christian Knowledge.

That fires be kept up in the night time, in the lower (as well as the upper) north dormitories, during the winter months, for such patients as may seem likely to derive benefit from the indulgence; and that this order be not understood as superseding the use of a fire in apartments having a single bed, wherever the same may be found useful.

Nov. 9.—That curtains be affixed to the doors of the south female galleries, to be drawn the last thing at night, and not undrawn until the female patients are dressed in the morning.

That the walks be stopped up, and shrubs planted, at the west end of the esplanade.

That the dressing-rooms adjoining the bath-rooms, (on the ground floor) and a sleeping-room at the south end of each of the long dormitories, (on the upper floor) be fitted up as lavatories.

That the House Surgeon may direct the attendants and nurses to remove from the front to the inner grounds, and keep under observation, any patients who shall persevere in the use of improper language, until they shall make suitable promises of self control on this point.

Nov. 23.—That the lamp iron in the north area be removed.

1847.

Jan. 18.—That the plan and estimate, furnished by the Surveyor, for fixing a fire place and boiler in a room on the upper floor of each north wing, to supply hot water for the use of the attendants and nurses, be adopted.—[The presses containing the bed linen have since been removed into these rooms.]

That in future not fewer than two attendants be sent in search of patients, who may have escaped.

That the lock be removed from the south door of the disorderly female patients' day apartment, and their detention thereby left to the vigilance of the nurses.

That the use of the male epileptics' day-room, for patients removed on account of disorderly conduct, be not repeated.

Feb. 15.—That small windows be placed in the epileptic male patients' day-room, so as to give increased supervision of these patients.

That the flagged pavement be removed from the esplanade before the S. W. front of the building, and that dwarf shrubs be planted there.

March 1.—That a catalogue of the patients' library be hung up in the Board-room.

March 15.—That the House Surgeon be requested to take measures for putting a stop to the system of begging by the patients.

That a large mat, a coverlet, and a pillow be for the future kept in the day-room of the male epileptic patients.

March 29.—That small windows be placed in the disorderly female patients' day-room, so as to give increased supervision of these patients ; and that draw curtains be placed on the south side of such windows.

That the House Surgeon have permission to try the experiment of gardening the male north airing court.

April 5.—That the Matron be empowered to purchase three couches and three easy chairs, as opportunity may occur, at sales or otherwise.

That the window guards in the female north gallery be removed, as on the male side.

April 19.—That the locks be removed from the doors of the north airing courts.

May 3.—That flower beds be introduced into the female north airing court, as on the male side.

That the water-closets throughout the house, have boarded floors.

That four new forms with backs be provided.

May 8.—That the patients named in the Physician's special entry of the 24th of April, be removed from the epileptic male patients' day-room ; and that this room be strictly confined to the use of epileptic patients only.

May 24.—That the House Surgeon be empowered to engage, temporarily, any number of extra attendants necessary for the care of any patient persevering in acts of extraordinary violence.

That the external wire guards of the north galleries' windows, be removed.

That the lavatories be open to the patients at all times of the day.

That the floors of the bath-rooms be boarded.

May 31.—That the doors between the front and back airing grounds, ordered to be kept unlocked, be removed.

That the locks be removed from the doors of the disorderly female patients' day apartment.

June 28.—That the advertisement respecting the medical certificates of patients applying for admission, be repeated quarterly under the advertisement of the Quarterly Board.

That the House Surgeon be requested to caution, specially, the attendants and nurses, against allowing the patients to lie down upon the wet or damp grass.

That sliding ventilators be placed over the sleeping-room doors not so provided.

That all the sleeping-rooms (except for patients irretentive of their urine) be supplied with water for drinking.

That a hair brush be supplied for each patient in each sleeping-room, not so provided.

July 14.—That the division walls between the two male airing grounds, and the division walls between the two female airing grounds, be taken down.

That window shutters (with pulleys and concealed ropes) be substituted for the wire-guards in the sleeping apartments of the centre building.

Aug. 16.—That not fewer than four nurses be present with the female patients, when in the exercising grounds.

That the productions of the kitchen garden be confined principally to peas, beans, and early potatoes, and that later potatoes be always supplied by purchase, and of the very best quality.

Aug. 23.—That the House Surgeon be requested to furnish a return of the names of patients in the habit of reading, and whether regularly or occasionally.

That low priced carpet or drugget be procured for the pathways in the long dormitories.

Aug. 30.—That turnips, carrots, and other vegetables* be substituted occasionally for potatoes, at the dinners of the patients.

That apples be allowed occasionally for all the patients.

That tea be substituted for the evening meal of the male patients, as for the females.

That all the privy and water closet tanks be emptied out immediately; that every other cess-pool on the premises, however small, except those for rain water, be destroyed.

Sept. 6.—That a corrected copy of the plan of sewers and tanks, be framed and hung up in the Board Room.

That a plate of thick glass be introduced on the outer side of each inspection sliding plate in the patients' sleeping-room doors.

* In cases of Diarrhœa it is now the practice at once to give the Aromatic Chalk Mixture, to discontinue the use of meat (on account of a red tongue), and potatoes, and place the patient on a rice diet.—With a view to diminish the tendency to Diarrhœa, the Board has enlarged the allowance of green vegetables and fruit, on the suggestion of the House Surgeon, who thinks, from his experience in the Navy and elsewhere, that this diet is often preventive of a tendency to this complaint.

Sept. 20.—That the drying ground be fitted up with zinc wires, in place of the hair lines now in use.

Sept. 27.—That the head attendants furnish daily to the cook, a written list of the names of such patients as have diarrhœa, in order that the routine diet in such cases may not fail to be observed.

That the tub-bedsteads be removed and worked up.

That an inner wall be built in the remaining single sleeping-room backing upon the kitchen fire.

Oct. 18.—That no patients be received beyond the lodges, until their admission papers have been inspected by the House Surgeon, and approved.

That sliding ventilators be placed over the doors of the sleeping-rooms in the centre house, as has been done in the wings, and that the passages be similarly ventilated.

Oct. 25.—That trial be made of a length of coir matting throughout the lower south gallery, on the male side, (to obviate frequent washing); that pieces of carpet be placed in the bed-rooms adjoining the same gallery; and also between the beds in the dormitories.

That, on every occasion of drunkenness upon the premises, the House Surgeon do suspend the party until the following board.

Nov. 1.—That, on trial, the female long dormitory be divided into two apartments, with a sashed inspection door between them.—[The male long dormitory has since been similarly divided.]

That, for the future, broken window panes be replaced with thick glass.

Nov. 8.—That an inner wall be built in the remaining single sleeping-room backing upon the laundry fire.

Dec. 27.—That a glass pane be fixed in each head attendants' sleeping room, so as to command a view of the attendants on duty in the watch dormitories.

(B.)

*Office of Commissioners in Lunacy, 19, New Street,
Spring Gardens, 13th January, 1848.*

The Commissioners in Lunacy, taking into consideration the fact, that great mortality prevailed among the inmates of Lunatic Asylums, during the progress of the Asiatic Cholera through this country, in the year 1832, and that there is reason to apprehend its recurrence, feel it their duty to direct your immediate and special attention to the subject.

The Commissioners recommend, as precautionary measures, that the most scrupulous attention to cleanliness and comfort should be observed, as well in regard to the persons and dress of the patients, as in regard to their wards, dormitories, and airing-courts; and that, with this view, ample means of ablution and purification should be provided, and be con-

stantly at hand ; that the various apartments should at all times be kept in a state of sufficient warmth, and of uniform temperature, and should also be thoroughly ventilated ; and that an abundant supply of clean and comfortable clothing, and bedding, should be given out regularly for the patients' use.

They further recommend that the utmost vigilance should be exercised in cleansing the sinks, drains, and sewers, and keeping them in the best order, and in otherwise preventing the patients from being exposed to any noxious exhalations. They desire also to impress on you, in the strongest terms, the extreme importance of keeping up the general health and vigour of the inmates, by the use of a liberal and nutritious diet.

The Commissioners further suggest that, in the event of cholera appearing in this country, arrangements should, as far as practicable, be forthwith made for the separate care and treatment of patients attacked by the disease, either in detached buildings, or in spacious and airy apartments specially appropriated to the purpose.

It will also be expedient to engage additional and careful attendants to nurse the sick, and to visit the several wards and dormitories of the Asylum, from time to time, during the night.

R. W. S. LUTWIDGE,
Secretary.

(C.)

REPORT OF TWO COMMISSIONERS IN LUNACY.

Lincoln, Nov. 9th, 1847.

We have this day visited the Lincoln Lunatic Hospital, under the Act 8 and 9 Vict., c. 100, have inspected the various galleries, day rooms, single-sleeping rooms, dormitories, and attached buildings, as well as the airing grounds adjoining—and have seen and spoken to every patient confined in the Asylum, and have made the various inquiries required by the Statute.

There are now 128 Patients in the Asylum, viz., 64 of each sex. Of the Males 17 and of the Females 19 are private patients ; and 47 of the Males and 45 of the Females are paupers. Fifteen of the private patients (so termed because they are supported by their friends) belong to the Third class, and are paid for at the same rate and receive the same accommodations as the paupers, with whom they are associated.

The weather being very fine on the day of our visit, all the male patients, with the exception of a debilitated old man, who is bed-ridden,

were walking out in the airing grounds in front of the building, and a party of them were playing at cricket. A considerable number of the females were also going out into the gardens which are appropriated to their use. The general health of the patients appeared to be very good. There were only three, including the man above alluded to, under medical treatment. Fever attended with Diarrhœa, in some instances degenerating into Dysentery, has been prevalent in the house, and has been fatal in some cases, but has now wholly disappeared.

The patients at the time of our visit were generally cheerful and tranquil. The exceptions to this remark, were chiefly among the females, a few of whom were noisy and excited. No patient was under instrumental restraint or in seclusion; neither restraint by mechanical means nor seclusion being practised in this Asylum on any occasion.

We questioned many of the patients, who were capable of giving rational answers, as to the conduct of the attendants; and their replies were uniformly favorable as to the kindness and attention with which they were treated. We saw the dinner served out from the kitchen, and examined the various articles of diet, which were excellent in quality; and the quantity of the portions allotted to the patients appeared to be sufficient. We learnt on inquiry that one male and three females have at present a small quantity of wine daily, and that none of them have any malt liquor. Ten of them, who have a strong appetite, are allowed some addition to the usual rations; and eight females, who have weak stomachs, are indulged with puddings and other light diet, instead of meat.

There are in all nine Epileptics, whose diet is exactly the same as that of the rest. There is not at present a single case of general Paralysis in the house; and such cases are stated to be of rare occurrence here.

The tub-beds, which were till lately in use, have been entirely discarded. The bedding seemed to us to be of fair quality and was clean; and the clothing of the patients was clean, warm, and comfortable.

The rooms and galleries were also clean and in good order, and the ventilation was perfectly good, with the exception of one single-sleeping room, occupied by the patient who is bed-ridden, which was close and offensive. Some allowance must be made for the extreme difficulty of keeping the air fresh and pure in such an apartment, without the aid of a fire or some artificial mode of ventilation.

Prayers are read, every evening, to nearly sixty of the male and thirty of the female patients, in separate apartments. About six of each sex are in the habit of attending divine service at the minster. A few of them also, who are dissenters, are, by their own desire, taken occasionally to religious worship at a chapel in the city. There is no Chaplain attached to the Asylum.

Some progress has been made towards the formation of a Circulating Library for the patients' use; and the liberality of more than one of the Governors has contributed to a considerable number of amusing books.

We would suggest that half an hour or more, every evening, might be usefully and pleasantly passed in reading to the patients (if a reading class or party were formed) to whom an attendant, or some of the best educated patients, should read aloud a portion of some entertaining work. We think that, with a little pains, many of the patients might be induced to take an interest, and join regularly, in such an occupation.

With respect to employment we have nothing to add to what has been noticed in former reports.

Forty-four of each sex are stated to be capable of regular employment, and we ourselves witnessed as many as fifty employed in various ways suited to their sex, strength, and condition.

Considerable alterations have been made, and are in progress, in the buildings and premises, some of them at the suggestion of the Commissioners who last visited the house, and most of these, as far as we can judge, are improvements. In particular, the washing-places adjoining the water closets, have been removed, and convenient comfortable rooms for the same purpose, having a fire-place, with a constant supply of hot water, have been fitted up in a more central part of the building. The glazed doors facing each other and looking into the hall, from the male and female galleries, are now screened by a moveable green curtain, and the paved walk, under the windows of the wing appropriated to the females has been removed, and the space planted with shrubs, so as to prevent the male patients from approaching these windows. No bedrooms are now occupied by two male patients only; and the access to several of the bedrooms in the upper story, has been rendered more convenient. Additional means of ventilation have been introduced into the single sleeping rooms. The form and construction of the bedsteads for the epileptic patients, has been improved; and boarded floors have been substituted for stone ones in every part of the house occupied by patients.

Fourteen deaths have taken place since the 1st of January, from the following causes :—

Fever	4	Diarrhœa ...	2	General Exhaustion ...	1
Apoplexy	2	Epilepsy ...	1	Maniacal Exhaustion...	1
Phthisis ...	3				

We regret to find that no proper Case Book, as prescribed by the Act of Parliament and the order of the Commissioners, has been hitherto kept in this Institution; and we trust that no time will be lost by the House Surgeon in providing one, and keeping it regularly. The Journals, which have hitherto been kept by the House Surgeon and the Visiting Physicians, are but very imperfect substitutes for such a book.

(Signed)

J. W. MYLNE,	} Commissioners in
J. C. PRICHARD,		Lunacy.

REPORT OF TWO COMMISSIONERS IN LUNACY.

April 5th, 1848.

We have this day officially visited the Lincoln Lunatic Hospital, which contains at present 135 patients, of whom, 24 males and 21 females are private patients; and 45 males, and the same number of females, are paupers. Eight patients appear to be under medical treatment. No patient is subjected to mechanical restraint, or placed in seclusion.

Since the last visit of the Commissioners, on the 9th of November last, 36 patients have been admitted (11 being in bad or feeble health at the time of admission), 22 have been discharged (14 being recovered), and six have died—of whom two died from Paralysis, one from Dropsy, one from Measles, one from old age (he being 79 years old), and one from Phthisis.

We found the house clean, well ventilated, and in all respects in good order; and the patients (with the exception of two male patients who are in bed) generally healthy.

During our progress through the wards we found the patients tranquil. Subsequently one of the female patients became violent and broke some windows, but the excitement subsided before we left the asylum.

We have much pleasure in stating that various improvements have taken place in the Asylum, since our visit on the 24th and 25th September, 1846. Some of these are adverted to in the last entry of the Visiting Commissioners (dated 9th November last), and a copy of all of them has been furnished to us by Dr. Charlesworth. Amongst them, we observe that coir matting (on the male side) has been laid down in the galleries, and carpets (on the female side) have been placed in the dormitories. Bagatelle boards have been purchased, and are used by the patients of both sexes. Quoits have been introduced; and various means have been adopted for improving the ventilation, and for enabling the attendants to keep watch over the different wards.

The larger dormitories (which formerly contained 16 or 18 beds) have been subdivided, so that not more than seven patients sleep at present in one room.

On referring to the book containing the recent regulations, we are glad to observe that the House Surgeon is ordered, in case of drunkenness, to suspend the offending party; and, we understand, on inquiry, that this order has in one instance been exercised, and has been followed by the dismissal of the offender, who was one of the attendants.

The suggestion made by the last Visiting Commissioners, as to reading to the patients, has been approved by the Board of Governors, and attempts have been made to carry it into effect. The Library is still scanty, and we would suggest to the Governors whether it might not be enlarged at a small expence, and prove a source of amusement to the patients, the more especially if the system of reading to the patients were more fully carried out.

A Case Book (mentioned in the last entry) has been obtained, and numerous entries made therein, some of which we read. They appear to be very carefully and satisfactorily made, and the general condition of the Establishment reflects great credit on the Matron and the resident Surgeon.

B. W. PROCTER, } Commissioners in
T. TURNER, } Lunacy.

*Office of Commissioners in Lunacy, 19, New Street,
Spring Gardens, 10th May, 1848.*

SIR,—I am directed by the Commissioners in Lunacy to transmit to you, for the information and consideration of the Governors of the Lincoln Lunatic Hospital, the accompanying copy of a Report made to this Board respecting the Institution by the Visiting Commissioners on the 5th of April last. The Commissioners make this communication from a feeling of what they consider due to the Governors of the Hospital, and under the belief that the Governors will desire to know in detail the result of the recent inspection of the Institution by the Commissioners named.

I am, Sir,

Your obedient Servant,

R. W. S. LUTWIDGE,

Secretary.

To Mr. Rt. Goodacre, Secretary,
Lincoln Lunatic Hospital.

(COPY.)

5th April, 1848.

We the undersigned Commissioners in Lunacy beg to state to the Board, that we on this day visited the Lincoln Lunatic Hospital, and saw all the patients (135 in number) then resident therein. For information as to the general condition of the establishment, we must refer to our entry (of this date), made in the Visitors' Book of the Hospital, a copy of which has been transmitted to this Office.

It will be perceived that we have, in that entry, made mention of a certain statement or list of the recent improvements in the Hospital, which was officially placed in our hands by Dr. Charlesworth, during our progress through the wards of the establishment. For the satisfaction of the Board we have thought it well to append this statement to the present Report.

We understand, on enquiry, that Dr. Elmhirst has resigned the office of Visiting Physician to the Hospital, and that the only Physician at present attending the Institution is Dr. Charlesworth. He visits the Hospital however, generally every day, and Mr. Walsh, the House Surgeon, makes a daily report relative to the patients, which is open to his inspection, and

is, we believe, inspected by him. It is supposed that another Visiting Physician will speedily be appointed by the Governors.

There appears to be more classification in-doors than formerly in the Hospital, and some means (not very complete) have been taken to prevent the male patients from approaching the windows of the female wards. Orders for the admission of Strangers are granted less frequently than formerly ; the number of visitors to the Hospital having been 71 in January, 54 in February, and 70 in March. They appear to be granted, however, without much precaution, inasmuch as two of the persons to whom orders were granted, came for the purpose of serving, and in fact, actually served, wrote on two of the patients who were in the Hospital.

We found the wards more quiet than at our former visit, and learned on enquiry, that the number of attendants had been increased, and that the present attendants were more efficient than those formerly employed.

There are now seven attendants of each sex ; of whom five males and three females have been engaged since our last visit. On referring to the list of accidents and injuries, we found that these were less numerous than formerly, and that they arose mainly from falls, and Mr. Walsh attributed the diminution to the fact of there being now a better staff of attendants.

In reference to some points that occur in the late report made by Dr. Pritchard and Mr. Mylne, on the 4th of December last, we have to observe 1st—That reports are now made by each attendant (including those attending the sick) to the House Surgeon of every accident that occurs, and every injury, accident, and fit, is registered in a book called the Daily Return Book. 2nd—That every Patient is now invariably inspected on admission, the males by the medical officer, the females by the Matron. They are also put into a warm bath, and every bruise or mark that may be upon them at the time of admission is duly recorded. And 3rd—That we ascertained that B——, the keeper, who attended the late Mr. C—— (whose case was lately investigated) had been discharged. He was discharged on the 24th of December last, for drunkenness ; and there is now a rule that every keeper who shall be discovered to be drunk, shall be immediately suspended, and his case enquired into at the next Board day.

On enquiring as to the accommodation provided for sick and bed-ridden patients, we were informed that there was no water bed, or strap bed in the establishment.

The present condition of the Hospital is, as we have stated in our entry, much more satisfactory than at our last visit ; but on referring to the Registers, our attention was attracted by some entries, one of which, in particular, appears to bear so much upon certain regulations now prevalent at the Hospital, that we think it desirable to place it on record.

In the book entitled “ *The Register of Control*,” there occurs the following entry, viz. :—

“ 1847, *May 16*.—R—— D—— held by four attendants, from 10 a.m. to 1 p.m. ; also at other intervals.”—(See House Surgeon’s Journal.)

In the "Medical Visitation Book" there are the following entries, (in the several columns adverted to below) viz.—

Date.	Names of Patients under Restraint or in Seclusion.	Deaths, Injuries, and Violences to Patients.
1847. May 16	R— D—, held for 3 hours by 2 or 3 Attendants ...	} A broken rib, and several bruises.
Sep. 27	C— S—, held for $\frac{3}{4}$ of an hour by 2 Attendants.	
1848. Feb. 7	J— A—, held by 2 or 3 Nurses, from 5 till 12 o'clock, at intervals.	

In answer to our enquiries as to the cause of the fracture of R— D—'s rib, and the treatment adopted in his case, Mr. Walsh replied that he could not tell how the broken rib occurred, except in the struggle with the attendants. His opinion evidently was, that the rib was broken in the struggle. We then enquired whether the rib was bound up and by whom, understanding that, according to the rules of the Hospital, the duty did not devolve upon Mr. Walsh himself, the House Surgeon. Mr. Walsh replied that in the evening of the 16th, as soon as he discovered that the rib was broken, he sent to Mr. —, the Visiting Surgeon, who lives in the city of Lincoln, informing him of the accident. That Mr. — did not attend the case that night, but requested Mr. Walsh to do what was necessary, which he accordingly did, and Mr. — visited the Asylum next morning and saw the patient. Indeed we observed Mr. —'s entry to that effect, in one of the books kept at the Hospital, under the date of the 17th of September. No further or consequent injury ensued in this case.

In regard to the case of R— D—, it may be observed, 1st—That, had there been a room in Lincoln Hospital for the purpose of secluding patients while in a state of mania, the injury sustained by D— would in all probability never have occurred: and 2nd—That had the duty of attending to accidents been imposed, as it almost universally is, on the resident surgeon of the establishment, the necessity of sending to some distance for the Visiting Surgeon (who after all did not attend, but delegated the task to Mr. Walsh), and the consequent delay in attending to the patient's broken rib, would not have taken place.

As this accident occurred almost a year ago, and as the Hospital has since that time been visited by the Commissioners, it probably will not be

thought necessary to bring the case now before the Governors of the Hospital. But it may perhaps be very properly referred to, in case it shall at any future time be thought right to suggest some alteration in the regulations of Lincoln Hospital.

We think it would be for the benefit of the patients if the duties and the power of the House Surgeon were increased, so far at least as to enable him to deal at once with cases of this sort; and we think also that rooms for the seclusion of maniacal patients, would be far preferable to the mode at present in use, of restraining them by manual force, provided the time of seclusion were limited, and the seclusion itself approved by the medical officer, and an entry, shewing its duration in each case, made in the proper Register.

(Signed)

THOS. TURNER, M.D.,	} Commissioners in
B. W. PROCTER,		Lunacy.

APPENDIX,

[TO THE ABOVE REPORT.]

Statement of recent improvements in Lincoln Lunatic Hospital, delivered to Mr. Procter and Dr. Turner by Dr. Charlesworth.

1. North area—gas tar.
2. Ha ! ha ! raised (gas tar intended).
3. Drying yard—zinc wires.
4. North area privy (very offensive) removed to drying yard, for the servants.
5. Plan of Sewers in Board Room.
6. Window guards removed in centre house (the last remaining) and sash ropes cased.
7. Lavatories brought under inspection from the day rooms.
8. Corner wash stands in all single sleeping rooms.
9. Bagatelle boards, much used, also by female patients.
10. Coir matting in galleries—obviates frequent washing of floors.
11. Heads and hangings for *all* bedsteads, except the \bowtie bedsteads.
12. Day rooms ventilated over the doors; and slides.
13. Erysipelas has disappeared since removal of general cesspool (see Physician's report, Dr. Elmhirst's.)
14. Dormitories subdivided—number of beds reduced to not more than seven in any.
15. Aviary in greenhouse.
16. Draughts of air prevented, by glazing the inspection plates in the sleeping rooms.
17. Worst patients (epileptic males and disorderly females) placed nearest to help and inspection, and within hearing, and in rooms with views and sunshine.

18. Looking glasses in lavatories, and never broken.
19. Benches with backs in day rooms.
20. Hair brush for every patient, in bed rooms.
21. Clothing kept in heated rooms, or in sitting rooms, or in presses against party walls.
22. Bedridden patients to sleep in rooms having fire places.—(See Regulations).
23. Attendants invariably suspended for drunkenness.—(See Regulations.)
24. Day rooms, and galleries, and staircases, and waterclosets, lighted at night.
25. See current Regulations book, as made up weekly.

[On receiving the above Report the following Resolutions of the Board of Governors of the Lincoln Asylum, were forwarded to the Commissioners in Lunacy, viz. :—

“Remarks of the Visiting Commissioners in their Report dated April 5, 1848, stating that ‘Reports are now made by each Attendant, &c.’—and also that ‘every Patient is now invariably inspected on admission, &c.’ having been read ;—

Resolved—

That it has been the practice for many years past, in conformity with the orders of the Board of this Institution, to require daily Reports to be made by the Attendants of all fits, injuries, and accidents, that occur to the Patients ; and also for the persons of patients to be inspected on admission, by an officer of the same sex as the patient.

A further remark of the Visiting Commissioners in the same Report, relative to an accident to a patient, having been read ;—

Resolved—

That the Rules of this Institution do not place any restriction upon the House Surgeon acting in such cases as that mentioned by the Commissioners, and that the Rule alluded to (xi. 7) refers solely to medical prescriptions, and then makes an exception of urgent cases.—See also Rule xi. 4.

Ordered—

That a copy of the foregoing Resolutions be sent forthwith to the Commissioners in Lunacy.”]

(D.)

*Office of Commissioners in Lunacy, 19, New Street,
Spring Gardens, 19 January, 1846.*

SIR,

By the direction of the Commissioners in Lunacy, I enclose herewith two copies of an order which, under the powers vested in them by the 60th section of the Act 8 & 9 Vict. c. 100, the Commissioners have made relative to a Case Book.

In framing that order the Commissioners have purposely expressed themselves in general terms, because they consider that, as each individual case may have its own particularities, and all do not equally call for minuteness of detail, it was better to leave it to the discretion of the Medical Officer, by whom the Case Book is to be kept, to amplify or curtail the statements as circumstances may seem to require.

The same considerations influenced the Commissioners in determining not to adopt for the Case Book any tabular Form or Scheme, according to which the entries should be filled in under particular heads. The use of such a Form they conceived, while it could not be conveniently made applicable to every case, might tend to cramp and fetter the Practitioner in his detail of individual cases, and might also lead to a careless and slovenly mode of keeping the Case Book.

With respect to the shape and size of the Book, the Commissioners are of opinion that these are matters which may be safely left to be determined by yourself with reference to the character and extent of the Establishment, and the number and class of Patients received.

I am, Sir,

Your obedient Servant,

*To the House Surgeon,
Lunatic Asylum, Lincoln.*

R. W. S. LUTWIDGE,
Secretary.

ORDER AS TO THE CASE BOOK.

8 & 9 Vict. c. 100, s. 60.

The Commissioners in Lunacy, by virtue of the power vested in them by the Act of Parliament passed in the Session holden in the 8th and 9th years of the reign of her present Majesty, intituled "An Act for the Regulation of the Care and Treatment of Lunatics," do hereby order and direct—

That the Medical "Case Book," by the said Act directed to be kept in every Licensed House and Hospital, shall be kept in the form or manner hereinafter mentioned, and shall contain the following particulars, (to be amplified in cases which appear to call for more extended details,) viz :—

FIRST—A Statement of the name, age, sex, and previous occupation of the Patient, and whether he is married or single.

SECONDLY—An accurate description of the external appearance of the patient, when first seen after admission ;—of his habit of body and temperament ;—of the appearance of his eyes, the expression of his countenance, and any peculiarity in the form of his head ;—of the physical state of the vascular and respiratory organs, and of the abdominal viscera, and their respective functions ;—of the state of the pulse, tongue, skin, &c.

THIRDLY—A description of the phenomena of mental disorder which characterize the case ;—the manner and period of the attack ;—with a minute account of the symptoms, and the changes produced in the patient's temper or disposition ;—specifying whether the malady displays itself by any, and what, illusions, or by irrational conduct, or morbid or dangerous habits or propensities ; whether it has occasioned any failure of memory or understanding ; or is connected with epilepsy, hemiplegia, or symptoms of general paralysis, such as tremulous movements of the tongue, defect of articulation, or weakness, or unsteadiness of gait.

FOURTHLY—Every particular which can be obtained respecting the previous history of the patient :—what are believed to have been the predisposing and exciting causes of the attack ;—what have been his habits, whether active or sedentary, temperate or otherwise ;—whether he has experienced any former attacks ; and, if so, at what periods ;—whether any of his relatives have been subject to insanity, or any other cerebral disorder ; and whether his present attack has been preceded by any premonitory symptoms, such as restlessness, unusual elevation or depression of spirits, or any remarkable deviation from his ordinary habits and conduct ;—and whether he has undergone any, and what, previous treatment, or has been subjected to personal restraint.

FIFTHLY—A statement, from time to time, of the mental and bodily condition of the patient, and of any changes which may be observed in his bodily health, or in the form of his mental disease—also an accurate record of the medicines administered, and other remedies employed, with the results.

That the several particulars, hereinbefore required to be recorded, be set forth, not in any fixed or tabular form, but in a manner so clear and distinct, that they may admit of being easily referred to, and extracted, whenever the Commissioners shall so require ;

—And that a Copy of this Order be inserted at the commencement of the Case Book.

Dated this Ninth Day of January, One Thousand Eight Hundred and Forty-Six.

*Office of Commissioners in Lunacy,
No. 19, New Street, Spring Gardens.*

OFFICERS,

1847.

President,

The Right Honorable the EARL of RIPON.

Vice-Presidents,

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

The Right Honorable Lord WILLOUGHBY DE ERESBY.

The Right Reverend the Lord BISHOP of LINCOLN.

Sir GILBERT HEATHCOTE, Bart.

Sir WILLIAM AMCOTTS INGILBY, Bart.

Sir WILLIAM EARLE WELBY, Bart.

Sir EDWARD FFRENCH BROMHEAD, Bart., *F.R.S.*

The Rev. RICHARD PRETYMAN, Precentor of Lincoln.

CHARLES CHAPLIN, Esq.

CHARLES D. W. SIBTHORP, Esq., *M.P.*

ROBERT VYNER, Esq.

Treasurer,

JOHN FARDELL, Esq.

Auditors,

JAMES SNOW, Esq.—Mr. G. BROOKS.

Physicians,

EDW. PARKER CHARLESWORTH, *M.D.*

RICHARD ELMHIRST, *M.D.*

Surgeons,

Mr. SNOW.—Mr. HEWSON.—Mr. HOWITT.

House-Surgeon, Mr. F. D. WALSH.—*Matron*, Miss A. VESSEY.

Secretary, Mr. R. GOODACRE.—*Surveyor*, Mr. W. A. NICHOLSON.


Trustees of the Real Estate,

CHARLES MAINWARING, Esq.

CHARLES CHAPLIN, Esq.

ANNUAL SUBSCRIPTIONS.

1847.

 An Annual Subscription of three Guineas constitutes a Governor.

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

	£.	s.		£.	s.
*Brownlow, Earl, V.P.....Belton	10	0	Monson, Right Hon. Lord ...Burton	3	3
Carr, Rev. John .....Brattleby	3	3	Moore, Rev. W., D.D. ....Spalding	1	1
Christopher, Mr., M.P.....Bloxholm	3	3	Pacey, Rev. H. B., D.D., Aston House, near Stevenage, Herts.	3	3
Claypon, Mrs. Joseph .....Boston	1	1	Penrose, Miss .....Coleby	1	1
Claypon, Mr. B., jun. ....Boston	1	1	*Pretyman, Rev. R.....Lincoln	5	5
Clifford, Hon. C. T.....Irnham Hall	2	2	Sibthorp, Rev. H. W. ...Washingbro'	3	3
*Cracroft, Colonel .....Hackthorn	5	5	*Smith, Mr. B. ....Horbling	2	2
Dakeyne, Rev. J. O., Wolverhampton	3	3	Walls, Rev. J.....Boothby	1	1
*Doncaster, Rev. Dr.....Navenby	2	2	Willson, Mr. John .....Lincoln	1	1
Ellison, Mr.....Sudbrooke Holme	5	5	*Yarborough, Right Hon. Earl, Brock- lesby	10	0
*Fortescue, Earl ...Castlehill, Devon	3	3	Yeadon, Rev. W. ....Lincoln	1	1
Giles, Mr. George.....Lincoln	3	3			
Goddard, Rev. Dr., Subdean of Lincoln	2	2			
Harnage, Mrs. ....Lincoln	2	2			
Hickman, Mr. ....Thonock Grove	3	3			
Jarvis, Rev. C. M. G.....Doddingdon	1	1			
*Johnson, Mr. T. F. ....Spalding	1	1			
				£84	1

BENEF ACTIONS.

received in 1847.

	£.	s.	d.
Anderson, Sir Charles Henry John, Bart.....Lea	20	0	0
Sibthorp, Colonel, M.P. (additional) .....Canwick	50	0	0
Somerset, His Grace the Duke of.....	10	0	0
	<hr/>		
	£80	0	0

LIFE GOVERNORS.

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

Those marked thus () are Annual Subscribers also.*

	£.	d.		£.	d.
Barton, Dr. ....Market Rasen	21	0	Bromhead, Sir E. Ff., Bart., <i>V.P.</i> ,		
Benson, Rev. H. B. ....Utterby	21	0	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			*Brownlow, Earl, <i>V.P.</i> .....Belton	150	0
Edward, <i>K.T.S.</i> .....Skendleby	21	0	Burton, Mr. ....Somerby	21	0
Brailsford, Mr.....Toft	21	0	Calthrop, Mr. ...Rougham, Norfolk	25	0

	£	s.		£	s.
Carline, Mr. ....Lincoln	21	0	Magistrates of the Louth and Spilsby		
Cayley, Sir George, Bart., Brompton	42	0	Division, their wages for the years		
Chaplin, Mr., <i>V.P.</i> , <i>Trustee</i> , Blankney	100	0	1836, 7, 8, 9, 40, 1.....	102	19
Charlesworth, Dr. ....Lincoln	21	0	Mason, Mr. R. ....Lincoln	21	0
Conington, Rev. J.....Southwell	21	0	Merryweather, Mr. J. ....Lincoln	21	0
Corbett, Mr. ....Elsham Hall	21	0	Otter, Miss A. ....Wath	25	0
Cust, Hon. William .....London	30	0	Pacey, Miss M. A.....Aston House	21	0
Dent, Mr. ....Ribston Hall	25	0	Padley, Mr. J. S. ....Lincoln	21	0
Durham, Rt. Rev. Edward Maltby,			Pierce, Rev. W. M.....West Ashby	21	0
Lord Bishop of	21	0	Pretyman, Rev. G. T., Chancellor		
Elmhirst, Dr., Lincoln, for a person			of Lincoln	25	0
unknown.....	22	0	*Pretyman, Rev. R., Precentor of		
Empson, Mrs. S., Spellowhill, York	21	0	Lincoln, <i>V.P.</i>	25	0
Fardell, Mr., <i>Treasurer</i>.....Lincoln	50	0	Raby, Rev. C. ....Grantham	21	0
*Fortescue, Earl...Castlehill, Devon	21	0	Reeve, General.....Leadenham	21	0
Foster, Mr. William.....Canwick	21	0	Ripon, Right Hon. Earl of, <i>President</i>	26	0
Fowler, Mr. Edward .....Lincoln	21	0	Rudgard, Mr. E. W. R.....Lincoln	21	0
Frederick, Sir Robert, Bt., Burwood			Scrope, Mr. ....Cockerington Hall	25	0
Park, Surrey	21	0	Sibthorp, Colonel, <i>M.P.</i> , <i>V.P.</i>	75	0
Freke, Lady Sophia...Glaston House	25	0	Skipworth, Mr. G....Moreton House	21	0
Fyddell, Mr. S. R.....Tickencote	100	0	*Smith, Mr. B.....Horbling	21	0
Glasier, Mr. S. ....Hykeham	21	0	Snow, Mr., <i>Auditor</i> , for a Lady ...	21	0
Goodenough, Ven. Archd., Mareham	21	0	Steel, Mr. ....Lincoln	26	5
Hadwen, Mr.....Lincoln	21	0	Sutton, Sir Richard, Bart., Cottessmore	50	0
Harrowby, Earl of.....Sandon Hall,			Sutton, Mr. C. F. ....Wragby	21	0
Stafford	50	0	Swan, Mr. Robert .....Lincoln	21	0
Hartley, Mr. J. ....Lincoln	21	0	Swan, Rev. F. ....Sausthorpe	21	0
Harvey, Mr. R. S. ....Lincoln	21	0	Thorold Mr.....Cuxwold	21	0
Healey, Mr. H. ....High Risby	26	0	Tryon, Mr. F. ...Deeping St. James	21	0
Heathcote, Sir Gilbert, Bart., <i>V.P.</i> ,			Turnor, Mr. ....Stoke	100	0
Normanton	100	0	Vyner, Mr., <i>V.P.</i> ...Gautby House	100	0
Heneage, Mr. ....Hainton Hall	41	0	Welby, Sir W. E., Bt., <i>V.P.</i> , Denton	40	0
Higgins, Mr. J., Alford, for a person			Welfit, Mr. ....Manby Hall	21	0
unknown.....	21	0	Whichcote, Rev. C., Burton Coggles	21	0
Hutton, Mr. H. W. ....Beverley	21	0	White, Mr. George.....Grantham	51	0
Ingilby, Sir William, Bart., <i>V.P.</i> ,			White, Mr. W. H. ....London	21	0
Ripley Park	50	0	Willoughby de Broke, Lord	50	0
Jarvis, Colonel....Doddington Hall	21	0	Willoughby de Eresby, Lord, <i>V.P.</i>	100	0
Kent, Rev. G. D., Lincoln, for a Lady	50	0	Willson, Rev. J.....Lincoln	42	0
Lincoln, Right Rev. John Kaye, Lord			Winchilsea, Earl of .....Haverholm	25	0
Bishop of, <i>V.P.</i>	25	0	Winn, Mr. Thomas .....Lincoln	21	0
Mackinnon, Rev. J., Bloxholm, for			Wright, Mr. ....Brattleby House	41	0
a Friend	21	0	Wright, Miss.....Brattleby House	21	0
Mainwaring, Mr., <i>Trustee</i> , Coleby			Wright, Rev. W. ....Healing	30	15
Hall.....	52	10	*Yarborough, Right Honorable Earl,		
			Brocklesby	21	0

Benefactions under Twenty-one Pounds, up to Dec. 31, 1847... £2074 4 0

Parochial Collections, 1808—1809..... £1911 8 1

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

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

	£	s.		£	s.
Sibthorp Colonel Coningsby Waldo	50	0	Thynne, Rt. Hon. & Rev. Lord John	25	0
Smith, Mr. Tyrwhit .....Lincoln	21	0	Tunnard, Mr. ....Frampton House	21	0
Smith, Mr. Samuel .....London	50	0	Turnor, Mr. Edmund .....Stoke	100	0
St. Albans, Her Grace the Duchess of	21	0	Uppleby, Mr., for a Gentleman un-		
Stonehewer, Mr. Richard .....Chertsey	21	0	known .....,.....Wootton	40	0
Summers, Mr. Eades .....Chertsey	100	0	Wallis, Mr. George.....York	105	0
Sutton, Rev. Thomas Manners, Sub-			Walls, Rev. E. ....Spilsby	21	0
dean of Lincoln .....Chertsey	25	0	Whicheote, Sir T., Bart., Aswardby	100	0
Swan, Mr. Alderman.....Lincoln	21	0	Williams, Hon. Sir John, Justice ...	50	0
Swan, Mr. John .....Ollerton	51	0	Willis, Dr.....Gretford	500	0
Swan, Rev. F. ....Lincoln	51	0	Willis, Rev. Dr. ....Gretford	55	0
Taylor, Mrs. ....Lincoln	21	0	Wood, Mrs.....Bath	21	0
Tennyson, Mr. ....Bayon's Manor	21	0	Wray, Lady .....Summer Castle	55	0
Thirkhill, Mr. Francis .....Boston	21	0	Yarborough, Right Hon. Lord .....100	0	
Thirkhill, Mr. ....Boston	21	0	Yarborough, Right Hon. Earl .....300	0	
Thornton, Mr. Samuel .....21	0				

LEGACIES.

	£	s.		£	s.
Benet, Mrs. Ann .....Lincoln	50	0	Otter, Mr. Robert .....Wath-upon-		
Cartwright, Mr.....Ingham,			Dearne, by Miss Alice Otter .....270	0	
by Mr. W. H. Straw .....90	0		Parnell, Mr. Paul .....Lincoln	100	0
Coltman, Mr. T. ....Hagnaby	449	8 3	Reeve, Mrs.....Leadenham,		
Fairchild, Mr. Thomas ...Navenby	50	0	by Colonel Reeve .....45	0	
Gildart, Rev. F., Rector of Sprid-			Savage, Mr. Pool .....Lincoln,		
lington, by Rev. H. F. Hutton ...250	0		by Mr. Joseph Moore .....90	0	
Gordon, the Very Rev. G., <i>D.D.</i> ,			Shaw, Mr. Thomas Burton .....450	0	
Dean of Lincoln, by Mr. Fardell	100	0	Simpson, Mr. ....Ingleby	10	0
Grant, Mr. Benjamin ...Scamblesby,			Smith, Miss Ann .....Bath,		
by Mr. David Briggs, Oxcomb,			by Miss Mary Mossop, Langtoft	49	10
and Mr. M. G. Searle, Spalding	450	0	Thorold, Sir John, Bart. ...Syston	90	0
King, Mr. Clifford .....Ashby-de-la			Westland, Mr. John .....Boston,		
Launde, by the Rev. J. King ...50	0		by Mr. S. Veal .....101	6 8	
Maltby, Mr. W. ....Coates,			Williams, Mrs. ....Lincoln	10	0
by Mr. Skill .....450	0		Wilson, Mr. R., Willingham by Stow	10	0
Massingberd, Mrs. ....Lincoln,			Willson, Mr. Robert.....Nettleham,		
by Mrs. Brackenbury.....50	0		by Mr. J. L. Fytche .....100	0	
Oxspring, Mr. John .....Lincoln	450	0	Wriglesworth, Mr. Ald.....Lincoln	19	19

STATE OF THE PATIENTS.

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

From January 1, 1847, to Dec. 31, 1847.

	M.	F.	Tot.
Remained Jan. 1, 1847.....	66	60	126
Admitted in 1847	27	26	53
Re-admitted in 1847	5	7	12
Discharged in 1847	29	25	54
Remained Dec. 31, 1847	69	68	137

From April 26th 1820, to Dec. 31, 1847.

	M.	F.	Tot.
Admitted	550	467	1017
Re-admitted.....	126	118	244
Discharged	506	518	1124
Remained Dec. 31, 1847...	69	68	137

State of the Patients when Discharged from the Books,

From January 1, 1847, to Dec. 31, 1847.

Recovered	21
Improved	8
Removed during treatment	10
Improper Objects	0
By order of the Board	0
Escaped	0
Dead	15
	54

From April 26, 1820, to Dec. 31, 1847.

Recovered	446
Improved	119
Removed during treatment	262
Improper Objects	2
By order of the Board	37
Escaped	13
Dead	245
	1124

Re-admissions.

Of the 1017 Patients admitted, have been re-admitted.

122 Patients 1 time each.....	122 cases
19 2 times each	38
10 3	30
2 4	8
2 5	10
1 6	6
2 7	14
2 8	16
160 Patients	244 cases

Of the 446 Patients discharged as recovered, have been re-admitted.

59 Patients 1 time each	59 cases
14 2 times each	28
7 3	21
1 4	4
1 5	5
1 6	6
1 7	7
3 8	24
87 Patients	154 cases

Of whom 12 have died and 6 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 number in do.	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
Recovered per cent in ditto	8.8	44.6	47.9	55.5	32.2	38.9	35.2	27.1	40.4	35.9	62.3	29.8
Otherwise discharged in do.	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
Died per cent in ditto	20.	11.9	18.5	16.1	20.9	7.3	13.5	14.8	2.4	...	20.6
Remain from each year.....	1	2	...	...	1	...	...	...	...
CAUSES OF THE DEATHS.												
Abscess.....
Aneurism of Aorta
Apoplexy	1	1	...	...	1	...	...	...	...	...	...
Catalepsy	1	...	...	...	...	...	...	...
Cholera Morbus
Consumption
Diarrhoea
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, 1847.

1832	1833	1834	1835	1836	1837	1838	1839	1840	1841	1842	1843	1844	1845	1846	1847	Totals.
44	47	50	66	62	85	88	101	109	96	92	112	103	104	117	126	
30	34	40	32	42	33	57	45	27	37	61	45	58	55	46	53	1017
7	6	19	10	10	12	13	13	6	15	18	16	15	13	11	12	244
81	87	109	188	115	130	158	159	142	148	171	173	176	172	174	191	
49.	51.5	56.3	61.2	76.5	90.	94.5	107.2	104.2	97.2	101.	111.	109.	108.	121.	133.	
12	11	16	17	23	15	31	25	10	17	15	26	11	13	23	21	446
24.5	21.3	28.4	27.7	30.	16.6	32.8	23.3	9.6	17.4	14.8	23.4	10.	12.	19.	15.7	
10	17	23	20	3	12	16	15	20	24	27	24	47	25	22	18	433
12	9	4	9	4	15	10	10	16	15	17	20	14	17	3	15	245
24.5	17.8	7.1	14.7	5.2	16.6	10.5	9.5	15.3	15.4	16.8	18.	12.8	15.7	2.4	11.2	
1	1	1	3	5	1	6	4	4	7	5	6	8	25	20	36	137
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
...	1	...	1	1	...	2	2	2	1	...	...	2	1	...	2	18
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
...	...	...	...	...	4	1	1	1	5	5	1	2	1	1	2	24
3	...	...	...	...	...	1	...	...	1	...	1	2	3	...	2	13
...	...	...	1	...	1	...	...	2	...	1	...	...	...	...	...	5
1	...	...	...	...	...	...	2	2	2	2	1	...	...	...	...	10
...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	2
...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	2
...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	8
...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	7
...	...	...	...	...	...	1	...	...	...	...	4	...	...	...	...	5
1	...	...	...	...	1	...	1	1	...	...	...	...	1	1	1	14
...	1	...	...	...	3	...	1	2	...	...	4	...	...	...	4	17
...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	4
1	3	...	1	1	1	2	...	5	5	4	5	3	8	1	1	60
...	...	...	...	...	...	...	...	...	...	...	...	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.
	324	185	67	202	425	45	13	1261
Discharged within 3 months after admission.	93	22	3	3	77	0	0	198
— between 3 and 6 months after admission.	50	14	3	4	56	0	0	127
— between 6 and 12 months after admission.	26	8	4	7	36	0	0	81
— between 1 and 2 years after admission.	4	6	1	1	8	0	0	20
— between 2 and 3 years after admission.	3	3	0	0	3	0	0	9
— after 3 years.	1	0	2	4	4	0	0	11
Totals.	177	53	13	19	184	0	0	446

AVERAGE PERIOD OF RESIDENCE OF THE
RECOVERED, AND DIED, IN 1847.

Recovered in 1847.						Died in 1847.					
No. on Register.	Date of Discharge.	Period of Residence.		No. on Register.	Date of Death.	Period of Residence.					
No.	1847.	Yrs.	Days.	No.	1847.	Yrs.	Days.				
1195	Jan. 25	0	45	1138	Mar. 4	1	99				
1017	Feb. 12	2	306	1193	April 17	0	138				
1199	Mar. 21	0	74	1074	April 18	2	98				
*1209	Mar. 30	0	16	423	May 16	13	312				
1146	April 9	1	24	1170	June 7	0	330				
*1178	May 25	0	287	1161	June 11	1	22				
1198	May 25	0	143	1210	July 7	0	118				
1200	June 3	0	143	955	Aug. 5	4	118				
1206	June 28	0	145	1225	Aug. 6	0	62				
1114	July 16	1	315	1014	Aug. 9	3	131				
1186	July 23	0	255	1185	Aug. 25	0	297				
1197	July 28	0	205	1231	Sep. 17	0	48				
1201	Aug. 28	0	223	1056	Sep. 24	2	352				
1219	Sep. 10	0	130	1234	Oct. 5	0	54				
1143	Sep. 27	1	224	1240	Nov. 26	0	12				
1216	Sep. 29	0	160								
1067	Nov. 1	2	341								
1239	Nov. 8	0	48								
*1233	Nov. 12	0	203								
1242	Nov. 21	0	60								
*1226	Nov. 29	0	164								
Average Residence, 289 days.				Average Residence, 2 yrs. 48 days.							

* Re-admitted case.

AVERAGE PERIOD OF RESIDENCE IN THE RECOVERED CASES,

from April 26, 1820, to December 31, 1847.

YEAR.	In each year. DAYS.	In whole period. DAYS.	YEAR.	In each year. DAYS.	In whole period. DAYS.
1820	103	103	1834	95	180
1821	161	134	1835	190	181
1822	90	118	1836	244	186
1823	145	128	1837	209	187
1824	173	138	1838	229	192
1825	234	160	1839	277	199
1826	141	157	1840	250	200
1827	148	155	1841	367	208
1828	195	164	1842	137	206
1829	277	181	1843	134	201
1830	152	176	1844	177	200
1831	118	172	1845	270	202
1832	329	181	1846	230	203
1833	310	189	1847	289	206

The averages for the whole period, are obtained, not by adding together the average of each year, and taking a mean, which would be fallacious, because the number of Recoveries in each year greatly varies; but it is obtained by adding together all the periods of residence, and dividing at each year's end by the total number of recoveries.

PER CENTAGE OF RECOVERIES AND DEATHS,

from April 26, 1820, to December 31, 1847.

	Recovered per cent.	Died per cent.
Of 1017 Persons Admitted	43.95	24.09
Of 1261 Cases Admitted, including Re-admissions	35.27	
Of Average numbers constantly Resident	36. 6	12.61

LENGTH OF RESIDENCE, AND AGES IN DECENNIAL PERIODS,
AT THE TIME OF DEATH.

*Periods of Decease after Admission,
in 1847.*

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	1	0	3	2	2	1	2	4	15

*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	14	14	31	30	36	36	20	57	245

*Ages at the time of Decease,
in 1847.*

Betw. 20	20—30	30—40	40—50	50—60	60—70	70 & upwards	unknown	Total.
0	2	3	3	5	1	1	0	15

*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	27	57	51	45	37	16	9	245


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	14	27	22	28	16	25	9	21	23	21	245

DAILY RETURN
OF THE STATE OF THE PATIENTS,

From 8 a.m. December 20, to 8 a.m. December 27, 1847.

NUMBER OF PATIENTS.	MALE.							FEMALE.						
	M.	T.	W.	TH.	F.	S.	SU.	M.	T.	W.	TH.	F.	S.	SU.
In the Wards	67	67	67	67	68	68	68	70	70	69	69	68	68	68
In the epileptic class.....	7	7	7	7	7	7	7	2	2	2	2	2	2	2
In the female disorderly class .....	..	..	..	..	..	..	..	9	9	10	10	10	10	10
With confined bowels .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
With relaxed bowels .....	..	..	..	1	..	..	1	1	..	..	..	..	..	..
Uncleanly by day .....	..	2	1	..	..	..	2	..	..	..	..	..	..	..
Uncleanly by night	1	..	2	..	..	1	1	1	1	1	1	1	1	2
Wet by day	3	4	1	1	1	..	1	1	..	..	..	..	..	1
Wet by night	10	9	9	6	7	8	9	6	3	6	5	4	3	7
Destroyed their clothing	3	1	3	2	1	1	2	1	..	1	1	..	..	1
Destroyed their bedding .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Slept on straw cases	13	13	13	13	13	13	13	7	7	7	7	7	7	7
Wore socks in bed	13	13	13	13	13	13	13	5	5	4	7	7	7	7
Noisy in the day.....	2	4	5	3	3	1	3	14	11	14	11	11	12	14
Noisy in the night	1	7	4	2	2	1	2	10	10	11	13	13	12	11
Refused a part of their food	1	..	3	..	2	2	2	7	5	3	3	3	4	5
Refused the whole of their food.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Attempted suicide .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Under medicinal treatment	1	1	1	1	1	1	1	8	8	7	6	6	6	6
Under surgical treatment.....	..	..	..	..	..	..	..	1	1	1	1	1	1	1
Under hired nursing .....	..	..	..	..	..	..	..	2	1	1	2	2	2	2
Under night watching	17	17	17	17	18	18	18	18	18	18	18	18	18	18
Kept their beds by day.....	2	2	2	2	2	2	2	7	7	4	4	4	3	2
Take wine medicinally.....	..	..	..	..	..	..	..	4	4	4	4	4	4	4
Take porter medicinally .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Allowed extra meat	7	7	7	7	7	7	7	2	2	2	2	2	2	2
Disallowed meat.....	..	..	..	..	..	..	..	12	12	12	12	12	12	12
Forcibly fed .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bathed .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Capable of regular occupation	46	47	44	44	44	45	44	49	48	49	49	49	49	48
Incapable of regular occupation	21	20	23	23	23	23	24	21	22	20	21	19	19	20
Provided with regular occupation.....	27	30	28	29	28	28	25	30	32	31	33	33	30	23
Unprovided with regular occupation	19	15	16	15	16	16	19	29	16	16	19	19	19	25
Engaged in active employment	27	30	28	29	30	30	25	28	31	29	33	33	33	23
Engaged in sedentary employment	1	1	1	1	1	1	..	23	20	19	23	23	20	..
Employed in the airing grounds	3	8	8	9	9	9	..	..	..	..	..	..	..	..
Employed in the kitchen garden .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Employed in cleaning rooms, &c.....	14	14	14	14	14	14	12	20	19	18	21	21	21	21
Employed in the laundry.....	2	3	3	3	3	3	1	..	3	1	2	2	1	..
Employed in the kitchen.....	8	9	7	9	9	9	5	..	..	..	..	..	..	..
Exercised in the grounds .....	..	..	64	..	..	..	..	..	..	..	..	..	..	..
Exercised beyond the walls.....	..	..	..	..	..	..	6	..	..	..	..	..	..	3
Engaged in active sports out-doors .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Engaged in active sports in-doors	10	7	..	5	..	..	..	..	..	..	..	..	..	..
Attended church.....	..	..	..	..	..	..	6	..	..	..	..	..	..	3
Attended asylum chapel .....	..	..	..	..	..	..	53	..	..	..	..	..	..	34
Attended evening prayers	61	59	57	57	58	59	61	31	31	33	33	33	32	33

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

WEEKLY RETURN
OF THE STATE OF THE PATIENTS,

From 8 a. m. December 20, to 8 a. m. December 27, 1847.

Number of Patients in the House.	M. 68	F. 68	Totals. 136
First Rank.	1	2	3
Second Rank.	9	11	20
Third Rank.	58	55	113
Maintained by their Friends.	22	20	42
Maintained by the Public.	46	48	94
Less than 1 year since the first attack.	5	11	16
From 1 to 2 years since the first attack.	2	3	5
More than 2 years since the first attack.	61	54	115
Less than 1 year since admission.	12	16	28
From 1 to 2 years since admission.	5	12	17
From 2 to 20 years since admission.	33	33	66
Re-admitted cases not included in the above.	18	7	25
Not expected to recover.	58	51	109
Expected to recover.	10	17	27
Convalescent.	1	1	2
Cases of Idiocy.	0	0	0
Cases of Epilepsy.	7	2	9
Cases of Paralysis.	3	2	5
Cases of Imbecility.	18	18	36
Having attempted Suicide.	11	8	19
Attended Sunday Morning Prayers.	53	34	87
Attended Church.	6	3	9

DISBURSEMENTS.

from January 1st, 1847, to December 31st, 1847.

	£	s.	d.	£	s.	d.
House-Surgeon ...	100	0	0			
Matron	55	10	0			
Secretary	52	0	0			
Surveyor	10	0	0			
7 Male Attendants	167	14	9			
7 Female Ditto ...	112	4	7			
5 Female Servants	50	0	4			
Grounds' Porter...	31	4	0			
Substitutes, in ab-						
sence or sickness	37	1	0			
Sick Nursing	15	1	9			
Charwomen	14	14	6	645	10	11

Bread, 58,178 lbs.	389	17	8
Butter, 2,241 lbs.	128	19	0
Cheese ...337 lbs.	11	8	6
Coffee ...302 lbs.	19	18	5
Eggs ...No. 5,975	16	8	9
Fish	1	19	7
Flour .....413 st.	55	7	8
Meat...29,756 lbs.	765	6	1
Milk, 5,666 galls.	163	2	1
Oatmeal, Sago, &c.	5	10	11
Plums, Currants..	7	16	11
Potatos, 2526 pks.	150	18	0
Poultry	3	10	0
Rice .....718 lbs.	9	13	0
Salt, Pepper, &c.	10	12	5
Sugar ...3,859 lbs.	87	12	8
Tea .....465 lbs.	86	8	1
Tobacco ...71 lbs.	14	4	0
Vegetables, Seeds	33	0	10

Candles ...	916 lbs.	25	4	3		
Coal	284 tons	206	8	0		
Firewood		9	13	0		
Mops, Brushes ...		16	7	10		
Oil	35 galls.	6	14	8		
Soap ...	2,485 lbs.	48	17	9		
Starch, Blue		2	14	11		
Straw		9	2	0		
Sundries		17	4	6	342	6 11

£2949 12 5

	£	s.	d.	£	s.	d.
<i>Brought forward</i>	2949	12	5			

Escape of Patients	3	18	0			
Medicine	20	6	7			
Periodicals	7	11	7			
Porter for the sick	12	10	2			
Printing, &c.	91	6	8			
Stationery, postage	12	14	5			
Wine for the sick	27	7	0	175	14	5
Cooperage	6	4	8			
Crockery, Glass...	20	13	7			
Furniture	50	3	8			
House Linen	98	16	1			
Ironmongery	30	13	2	206	11	2

Joiner.....	213	14	5		
Mason	110	10	3		
Painter	70	5	4		
Plumber, Glazier..	138	0	10		
Smith	45	19	4	578	10 2

Taxes	3	11	8	
Outrent	0	3	0	
Land Tax	0	3	6	3 18 2

Insurance (2 years)	16	10	0
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Rent of Kitchen Garden ($\frac{1}{3}$ yr.)	6	0	0
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Pigs* (10)	9	14	0			
Pig feed	0	8	4	10	2	4

Patients' clothing, charged in their respective accounts ...	477	14	9
---	-----	----	---

Patients' surplus advances, re-			
turned on discharge	222	9	11

Purch. of Kitchen			
Garden	431	5	0

Interest on ditto...	4	15	0	436	0	0
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Balance in hand	47	4	10
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£5130 8 2

* The Pigs are not consumed in the Establishment; being kept only to prevent the necessity of otherwise disposing of the offal provisions, garden produce, and foul straw.

RECEIPTS,

From January 1st, 1847, to December 31st, 1847.

	£	s.	d.
Balance brought forward	310	6	4
Cash from Patients, including payments in advance, and clothing procured	4582	14	5
Annual Subscriptions	84	1	0
Benefactions	80	0	0
Found in the Charity Box	2	12	1
By Sale of Ashes	1	18	0
Bones	6	12	6
Grass	1	0	0
Grease	19	11	11
Night soil.....	4	0	0
Pigs (15)	28	15	11
Rags.....	0	19	9
Stationery.....	0	2	6
Cost of a Patient's escape, returned	0	19	6
Interest allowed by the Bank	6	14	3
	£5,130	8	2

STATE OF DEBTS AND CREDITS,

January 1st, 1848.

DEBTS.				£	s.	d.
Patients' Advances in hand				351	6	8
CREDITS.						
Balance in the Bank				47	4	10
Advanced to the Matron				30	0	0
Due from Patients				1	17	8
				79	2	6
Outstanding Debt.....				£272	4	2

COST PER HEAD,

calculated on the average daily 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	645	10	11	4	17	0 $\frac{3}{4}$	0	1	10 $\frac{1}{4}$	0	0	3
Food, including household	1961	14	7	14	15	0	0	5	8	0	0	9 $\frac{3}{4}$
Coals, Candles, &c.	342	6	11	2	11	5 $\frac{3}{4}$	0	0	11 $\frac{3}{4}$	0	0	1 $\frac{1}{2}$
Medicine, Printing, &c....	175	14	5	1	6	5	0	0	6	0	0	4 $\frac{3}{4}$
Furniture	206	11	2	1	11	0 $\frac{3}{4}$	0	0	7			
Repairs, Taxes, Rent ...	604	18	4	4	10	11 $\frac{1}{2}$	0	1	9			
Loss by fractions....						$\frac{1}{4}$						4
	£3936	16	4	£29	12	0	£0	11	4	£0	1	7 $\frac{1}{4}$

COMPARATIVE STATEMENT

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

Number of Patients admitted,

1845	1846	1847
Self-supported..... 18	..... 19	..... 37
Parochial..... 50	..... 38	..... 28
— 68	— 57	— 65

Payments of Patients on the Books,

1845	1846	1847
Self-supported £1065 2 11½	..... £1131 14 5	..... £1364 18 0
Parochial..... £2036 6 11½	..... £2360 15 1	..... £2474 17 3
£3101 9 11	£3492 9 6	£3839 15 3

Number of each Rank of Patients admitted,

1845	1846	1847
1st Rank 3 M. 1 F.	..... 3 M. 2 F.	..... 2 M. 0 F.
2d Rank 2 2	..... 2 4	..... 12 12
3d Rank 36 22	..... 22 24	..... 18 21
41 25	27 30	32 33

Payments of each Rank of Patients on the Books,

1845	1846	1847
1st Rank, at £1. 1s. per week £ 294 12 0	... £ 362 14 0	... £ 260 11 0
2d Rank, at 15s. £ 344 10 1	... £ 386 0 5	... £ 662 6 2
3d Rank, at 10s. £2462 7 10	... £2743 15 1	... £2916 18 1
£3101 9 11	£3492 9 6	£3839 15 3

*Number and Payments of each Rank of Patients, admitted or re-admitted,
from the Opening of the Institution in March, 1820, to December 31st, 1847.*

FIRST RANK.

9 Patients at from £2 12 6 to £1 5 0 per week, £ 317 6 7
99 at £1 1 0 £6623 12 1 — £6,940 18 8

SECOND RANK.

186 at £0 15 0 £5,856 13 7

THIRD RANK.

966 at from £0 12 0 to £0 8 0 £38,800 16 11
£51,598 9 2

☞ 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.

	1845	£	s.	d.		1846	£	s.	d.		1847	£	s.	d.
Bread .....lbs.	45,813	210	1	5	51,215	275	2	3	58,178	389	17	8		
Butter.....lbs.	1,843	88	18	9	1,944	96	0	5	2,241	128	19	0		
Candles ....lbs.	829	21	1	10	832	21	2	0	916	25	4	3		
Cheese .....lbs.	254	7	19	11	341	9	11	10	337	11	8	6		
Coal.....tns.	260	181	13	11	250	163	14	10	284	206	8	0		
Coffee .....lbs.	200	13	11	11	183	13	10	11	302	19	8	5		
Flour .....sts.	406	38	18	2	374	42	5	6	413	55	17	8		
Meat .....lbs.	24,819	530	3	9	26,206	638	18	0	29,756	765	6	1		
Milk .....glls.	5,334	149	9	0	5,551	156	2	8	5,666	163	2	1		
Oatmeal ....lbs.	217	1	12	4	186	1	13	7		5	10	11		
Oil .....glls.	28	4	8	4	28	5	13	2	35	6	14	8		
Potatoes ...pks.	2,556	68	18	5	2,655	92	19	4	2,526	150	18	0		
Rice .....lbs.	533	6	19	0	635	8	19	7	718	9	13	0		
Soap.....lbs.	2,190	44	1	3	2,299	45	3	6	2,485	48	17	9		
Straw .....shs.	730	9	2	0	750	9	13	0	700	9	2	0		
Sugar .....lbs.	3,118	74	10	3	3,316	80	18	4	3,859	87	12	8		
Tea .....lbs.	373	75	7	3	416	84	7	6	465	86	8	1		
Vegetables.....		9	11	2		21	8	5		33	0	10		
		£1536	8	8		£1767	4	10		£2203	9	7		

Daily average number of Persons maintained.

	1845		1846		1847
Patients.....	108	.....	121	.....	133
Household.....	21	.....	20½	.....	21½
	129		141½		154½

Daily average Consumption of Bread and Meat, per head.

	1845		1846		1847
Bread.....	oz. 15½	.....	oz. 15¾	.....	oz. 16½
Meat	oz. 8½	.....	oz. 8¼	.....	oz. 8½

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

	1845		1846		1847
Bread.....	lbs. 1 oz. 15	.....	lbs. 1 oz. 8	.....	lbs. 1 oz. 0
Meat	lbs. 6 oz. 2	.....	lbs. 6 oz. 5	.....	lbs. 7 oz. 15

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, toasted and } 6 oz.
New Milk, boiled..... 1 pt.	Meat, cooked & boned 4 oz.	buttered†..... }
	Potatos* 12 oz.	Tea† 1½ pt.
<i>Females.</i>		
Bread 5 oz.	Bread 3 oz.	Bread, toasted and } 5 oz.
Tea† 1 pt.	Meat, cooked & boned 4 oz.	buttered†..... }
	Potatos* 8 oz.	Tea† 1 pt.
<i>Males and Females.</i>		
<i>Sunday</i> .....Roast Beef.	<i>Wednesday</i> ....Boiled Beef.†	<i>Friday</i> .....Roast Beef.
<i>Monday</i> .....Boiled Beef.	<i>Thursday</i> .....Roast Mutton.	<i>Saturday</i>.....Boiled Beef.§
<i>Tuesday</i> .....Roast Mutton.		

Diarrhœa Diet.—Rice Pudding ; avoiding Meat, Broth, and Potatos.

* Carrots are used occasionally instead of Potatos ; also Peas, or Beans, or Turnips, as in season.

† Each Patient is allowed per week, Tea, 1 oz., Sugar, 8 oz., Butter, 8 oz.

‡ For Females.—For Males, Cold meat warmed 4 oz., with Broth 1 pint, } and Rice Pudding, or Yeast

§ For Males.—For Females, Cold meat warmed 4 oz., with Broth 1 pint, } Dumpling, 8 oz.

On Wednesday the Bones, and on Saturday an Ox cheek, are stewed with the Broth.

☞ Toast-water is supplied at Dinner ; and in every Day Room, at all times.

WORK DONE BY FEMALE PATIENTS,

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

from January 1st, 1847, to December 31st, 1847.

ARTICLES MADE UP.		
Aprons 76	Flannel waistcoats ... 93	Shirts 106
Bags, knitted..... 6	Gowns..... 72	Straw cases 14
Bed ticks 18	Hearth rugs 2	Strong dresses 4
Bolster cases 4	Lace, knitted ... yds. 80	Table cloths 10
Caps 80	Neckerchiefs 52	Toilet covers 10
Carpets 3	Night caps 44	Top petticoats 33
Chemises 66	Night gowns 19	Towels 154
Door blinds 8	Pillow cases 8	Socks, pairs 14
Drawers, pairs 5	Pillow slips 130	Stockings, pairs..... 12
Dresser Cloths 6	Pincushion covers ... 10	Watch pockets 12
Dusters 38	Pocket handkerchiefs 40	Window blinds 27
Flannel petticoats ... 38	Sheets 98	

NUMBER OF AIRING GROUNDS, APARTMENTS, BEDS.

Airing Grounds 2	Single Sleeping-rooms ... 40	Beds for Patients *127
Exercising Galleries..... 6	Double and treble ditto.. 2	Beds for Attendants..... 14
Sitting-rooms 14	Dormitories 14	Beds for House-servants. 6

* Beds are occasionally placed in the Galleries also, at night.

DAY ROOMS, BED ROOMS, BEDS.

		PATIENTS'		PATIENTS'		OFFICERS' AND SERVANTS'	
		<i>Day Rooms.</i>		<i>Bed Rooms and Beds.</i>		<i>Bed Rooms.</i>	
HOUSE.	South Front.	Sitting Room.	No. 1	.....	1	Female Attendant.	A
	1st Story.	Exercising Gallery.	No. 2	.....	1		
HOUSE.	West Front.	Sitting Room.	No. 3	.....	1	Female Attendant.	B
	1st Story.		No. 4	Infirmary	1		
HOUSE.	South Front.	Sitting Room.	No. 5	.....	1	Female Attendant.	C
	2nd Story.	Exercising Gallery, and for active Amusements	No. 6	Dormitory	8		
HOUSE.	West Front.		No. 7	.....	1	Female Attendant.	D
	2nd Story.		No. 8	.....	1		
HOUSE.	South Front.	Sitting Room.	No. 9	.....	1	Female Attendant.	E
	2nd Story.	Exercising Gallery.	No. 10	.....	1		
HOUSE.	West Front.	Sitting Room.	No. 11	.....	1	Female Attendant.	F
	2nd Story.	Exercising Gallery.	No. 12	.....	1		
HOUSE.	West Front.	Sitting Room.	No. 13	.....	1	Female Attendant.	G
	2nd Story.		No. 14	Infirmary	1		
HOUSE.	West Front.		No. 15	.....	1	Fem. Head Attendant.	G
	2nd Story.		No. 16	Dormitory	7		
HOUSE.	West Front.		No. 17	Watch do.	7	Matron.	
	2nd Story.		No. 18	Watch do.	7		
HOUSE.	West Front.		No. 19	Watch do.	4	Female Servants.	
	2nd Story.		No. 20	.....	1		
HOUSE.	West Front.		No. 21	.....	1	Female Servants.	
	2nd Story.		No. 22	.....	1		
HOUSE.	West Front.		No. 23	.....	1	House-Surgeon.	
	2nd Story.		No. 24	.....	1		
HOUSE.	West Front.	Sitting Room.	No. 25	.....	1	Matron.	
	2nd Story.	Sitting Room.	No. 26	.....	2		
HOUSE.	West Front.		No. 27	Dormitory	4	Female Servants.	
	2nd Story.		No. 28	Dormitory	4		
HOUSE.	West Front.		No. 29	.....	3	Male Head Attendant.	H
	2nd Story.	Sitting Room.	No. 30	Dormitory	4		
HOUSE.	West Front.		No. 31	.....	1	Male Head Attendant.	H
	2nd Story.	Sitting Room.	No. 32	Dormitory	4		
HOUSE.	West Front.		No. 33	Dormitory	7	Male Head Attendant.	H
	2nd Story.		No. 34	Watch do.	7		
HOUSE.	West Front.		No. 35	Watch do.	7	Male Head Attendant.	H
	2nd Story.		No. 36	Watch do.	4		
HOUSE.	West Front.		No. 37	.....	1	Male Head Attendant.	H
	2nd Story.		No. 38	.....	1		
HOUSE.	West Front.		No. 39	.....	1	Male Head Attendant.	H
	2nd Story.		No. 40	.....	1		
HOUSE.	West Front.		No. 41	.....	1	Male Head Attendant.	H
	2nd Story.		No. 42	.....	1		
HOUSE.	West Front.	Sitting Room.	No. 43	.....	1	Male Attendant.	I
	2nd Story.	Exercising Gallery.	No. 44	.....	1		
HOUSE.	West Front.	Sitting Room.	No. 45	Infirmary	1	Male Attendant.	J
	2nd Story.		No. 46	.....	1		
HOUSE.	West Front.	Sitting Room.	No. 47	Dormitory	8	Male Attendant.	K
	2nd Story.	Exercising Gallery, and for active Sports.	No. 48	.....	1		
HOUSE.	West Front.		No. 49	.....	1	Male Attendant.	L
	2nd Story.		No. 50	.....	1		
HOUSE.	West Front.		No. 51	.....	1	Male Attendant.	M
	2nd Story.		No. 52	.....	1		
HOUSE.	West Front.	Sitting Room.	No. 53	Infirmary	1	Male Attendant.	N
	2nd Story.	Exercising Gallery.	No. 54	.....	1		
HOUSE.	West Front.	Sitting Room.	No. 55	.....	1	Male Attendant.	N
	2nd Story.		No. 56	.....	1		

* The Third Story contains Sleeping Rooms only.

OFFICIAL BOOKS.

<i>Chairman</i>	Chairman's Portfolio, and Order of Proceeding. Board Memorandum Book.
<i>Secretary</i>	Rough Minutes' Book. Recorded Minutes' Book. Standing Board-Orders' Book. <i>and</i> Current Board-Orders' Book.
<i>Sub-Treasurer</i> ...	Benefaction and Subscription Book. Bank Book. Cash Book. General Ledger. Abstract of General Ledger. Patients' Ledger. Abstract of Patients' Ledger. Salaries and Wages Book. Auditors' Check Book.
<i>Physicians</i>	Physicians' Case Book.
<i>Surgeons</i>	Surgeons' Case Book.
<i>House-Surgeon</i> ...	*Patients' Registry of Admission. *Patients' Case Book. *Medical Journal and Weekly Report. Day-Book of Medicines issued. Sick Patients' Wine, Spirits, and Porter Book. Register of Control. *Patients' Register of Discharges and Deaths. *Visitors' Book, } for entries by the Visiting Com- *Patients' Book, } missioners in Lunacy.

House-Surgeon ... Attendants' Daily Return of the State of each Patient,
under their respective charge.

House-Surgeon's classified Daily Return of the State
of the Patients.

House-Surgeon's classified Weekly Return of the
State of the Patients.

Attendants' and Servants' Hiring & Discharge Book.

Register of the number of Persons daily maintained.

House-Surgeon's Cash Receipts' Book.

House-Surgeon's Journal.

Matron..... Stock Book of Provisions received and issued.

Book of Issues to Attendants and Servants.

Pass-Books of the Issues to Attendants and Servants.

Cravings' Book for Furniture, Patients' Clothing, &c.

Patients' Inventories' Book.

House Inventories' Book.

Patients' Tradesmen's Pass-Books.

House Tradesmen's Pass-Books.

Matron's Petty Cash Book.

Book of Articles made up by Female Patients.

House Visitor Weekly Visitors' Report Book.

Governors Governors' Memorandum Book.

Casual Visitors ... Strangers' Memorandum Book.

The Books marked thus (*) are kept, by Act of Parliament.

Any Governor may at all times inspect, extract, or copy any Bills, Accounts, Journals, Registers, Minute-Books, or Documents whatsoever, provided that the Names of the Patients shall not be copied: and all Documents, kept by order of the Rules or of any Board, shall be the property of the Institution.—RULE VIII—12.

A Key to the Books of Accounts is left always in the house, so that they may be at all times accessible to the Governors.—REG. VIII—1.

