Hartlepool
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Bucks
1851-58

THE

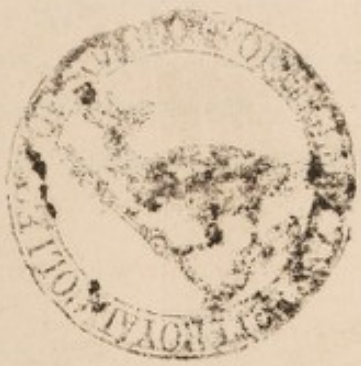
PHYSICIANS' REPORT

AND

STATISTICAL TABLES

FOR THE YEAR

1851.



INDEX.

THE

REPORT OF THE PHYSICIANS

OF

ST. LUKE'S HOSPITAL,

For the Year 1851.

THE Physicians have much satisfaction in laying their Annual Report before the Committee of St. Luke's Hospital, as in the present year the per centage of recoveries is higher than it has been in any previous year. It will probably be in the recollection of the members of the Committee that the average per centage of recoveries

From 1821 to 1830 was $47\frac{1}{3}$ per cent.
From 1831 to 1840 was $56\frac{1}{4}$ „
From 1841 to 1850 was $60\frac{3}{5}$ „

The per centage of recoveries during the last 10 years was as follows :—

1841	60.91	1846	57.60
1842	70.37	1847	56.11
1843	60.82	1848	56.38
1844	50.00	1849	64.33
1845	62.22	1850	65.69

In the present year, however, the per centage has been 74.01.

It will be seen by referring to the Tables, that the recoveries of the male patients were in the proportion of

63.08 per cent, and that those of the females were equal to 80.36 per cent.

While thus recording this unusually large proportion of recoveries, it becomes us to acknowledge that there have been circumstances in the past year which may have given an impulse to such a result, more especially among the female patients. The Centenary Anniversary undoubtedly attracted much attention, and the interest which was manifested in its success among the Governors was communicated to the Officers of the Charity. This probably animated the curiosity and stimulated the energies of the patients. Those who watch the manifold associations which, either for good or for evil, influence the diseased mind, know well how to appreciate such emotions, and to direct them into a proper channel; and it is not too much to say, that some of the recoveries which have been noted in the past year, may with justice be attributed to the knowledge which the patients acquired of the exertions which were being made in their behalf. The chord of hopes long past may have been touched, the germ of sympathies long buried may have been quickened, and if so, how ample is the reward of those who have endeavoured to ameliorate the condition of the inmates of the Charity, when they reflect that, by God's blessing upon their labours, more than the usual proportion among the patients have been restored to their happy home. It is with deep feelings of gratitude that your Physicians have to record the alterations and improvements which have taken place during the past year in the Hospital, as carried out by Mr. Wyatt. The arrangements, when completed, will undoubtedly add much to the comfort of the patients, and we trust will also add to the means which we already possess of treating their disease.

We therefore take this opportunity of saying, how highly

we appreciate the efforts of the Committee, in carrying out the present alterations at so much labour and expense.

We now turn to the subject of the Certificates of Insanity, respecting which much inconvenience has arisen.

In consequence of the frequent occurrence of inaccurate and insufficient statements of Medical Men signing certificates of insanity for the admission of patients into the Hospital, the Physicians brought the matter before the Weekly Committee, and having duly considered the subject, we beg to lay before the Committee the following Instructions for the consideration of the Medical men who sign the certificates, which Instructions it is proposed to print and forward with the admission paper.

Instructions for the Medical men who are called in to sign certificates of insanity for the admission of patients into St. Luke's Hospital.

" The Physicians of St. Luke's Hospital beg most re-
" spectfully to call the attention of the Medical
" man, who is required to sign a certificate of in-
" sanity, to the following extracts from the 45th
" and 46th sections of the Act 8 and 9 Vict., cap.
" 100:"—

SECT. XLV.—Provides that the Medical Gentlemen certifying must not be in partnership with each other, and that each of them, " shall separately from the other have personally examined " the person to whom it relates not more than seven clear " days previously to the reception of such person into such " house or Hospital; and shall have signed and dated the " same on the day on which such person shall have been " so examined."

The Medical Gentlemen must not be in partnership with, nor nearly related to the persons signing the order for admission.

SECT. XLVI.—" Provided always, and be it enacted, that every " Physician, Surgeon, or Apothecary, signing such certificate, " shall specify therein any fact or facts (whether arising from " his own observation, or from the information of any other " person) upon which he has formed his opinion that the " person to whom such certificate relates is a lunatic or an " insane person, or an idiot, or a person of unsound mind."

The fact or facts referred to in the latter section, as indicating insanity, must be derived from the following symptoms:—

1st. Those of the Intellect.
2nd. Those of the Affections.
3rd. Those of the Overt Acts.
4th. Those of the Physical Condition.

Examples of the 1st are—delusions of the mind—incoherence in the conversation—weakness and fatuity of the intellect—with failure of memory. Of the 2nd—alteration and perversion of the affections, without adequate cause. Of the 3rd—evidence of the patient being dangerous to himself or to others—an alteration in the conduct and manner—inattention to, and unconsciousness of, the common decencies of life—wandering from home without object or motive—tearing and burning clothes—destroying furniture—paroxysms of maniacal violence. Examples of the 4th are—emaciation and exhaustion from the refusal of food—thickness and hesitation of the speech—with tremor of the upper lip—and tremor of the muscles of the arms and legs—asynchronous action of the pupils—occasional attacks of faintness—a succession of sleepless nights, and acceleration of the pulse co-existing with the disorder of the mind.

We now come to the more pleasing duty of making mention of the exertions of the resident officers of the establishment in behalf of the patients. It is to the great interest which they feel in their anxious and laborious duties that we owe the improvement in our moral treatment. By Mr. Arlidge's skilful and unobtrusive labours many weeks have elapsed without any of the patients being subjected to mechanical restraint; and the praise bestowed upon the Matron by the graphic pen of one of the most popular authors of the day, is most deservedly earned.

"St. Luke's is indeed her home, and its inmates her afflicted children."

The balls, the library, and the different occupations and amusements of the patients, fall more immediately under the superintendence of the resident officers; and we therefore take this opportunity of saying how efficiently they have laboured in the various departments allotted to each.

The weekly average number of patients attending Divine service has been greater this year than the last; and it will probably be greater still in subsequent years, as the accommodation in the chapel recently erected is so superior to the old building appropriated for the purpose. Our worthy chaplain devotes himself to this holy work with much zeal and discretion—a task of no small difficulty—for in insanity the higher faculties of the intellect, and the better feelings of the heart, are generally suspended; and it is necessary to warn those who associate with the insane, to take care lest they should imperceptibly be induced to lower their standard of responsibility, and suffer themselves to imitate in any degree the uncontrolled passions of those whose disease renders them irresponsible, while at the same time it is essential to recal the healthy affections of the patient, to soothe his fears, to correct his desires, and to avoid stimulating his imagination, already too active.

We have more especially to notice the accuracy with which Mr. Arlidge and Mr. Walker have drawn up the Analyses and Statistical Tables.

These tables will in future years posess a high value when sufficient data have been collected to enable the physician (by the inductive process of reasoning) to arrive at satisfactory conclusions; and we therefore hope that they will be steadily persevered in, and reported year by year.

With regard to cases of special interest, we have to report that the three boarders who were discharged on trial, September 27th, 1850, have continued well, and the Physicians therefore consider that sufficient time has now elapsed to enable them to place these cases upon the Table of Recoveries, in order that the vacancies may be filled up from the uncured list.

The poor woman who before her admission into St. Luke's, was attacked by an ox, and who prevented its goring her by holding it by the horns, has unfortunately been discharged uncured. This case has been alluded to by the eloquent author of the paper upon St. Luke's Hospital, recently published in the "Household Words," whose observations are well deserving of careful notice. "Despite," he says, "the large "amount of cures effected in the Hospital, testifying to the "general efficacy of the treatment pursued in it, I think that "if the system of finding the inmates employment, so suc- "cessful in other hospitals, were introduced into St. Luke's, "the proportion of cures would be much greater."

This undoubtedly is the great problem which we have to solve. We can supply amusements, but it is very difficult to find occupation for the male patients, as any one will easily understand who will glance at the Table of their previous occupations.

This subject has occupied the attention of the Committee

and of the Physicians, for many years past; when any employment has been introduced, if compulsory, it has partaken too much of the nature of prison discipline, and has been on that account abandoned; and if voluntary, the patients have neither had inclination nor energy to pursue it long: but although we have had many disappointments in the introduction of occupation, our efforts have not been entirely fruitless. In our report last year, we stated that "It was "gratifying to see the influence of occupation and amuse-"ment upon the minds of the patients. We have observed "some of the incurables, whose intellect appeared almost gone, "gradually to become more interested in their employment, "their minds have acquired a certain amount of vigour, and "an expression of intelligence has lit up their countenance."

We trust, that when the additional arrangements for the occupation of patients shall have been completed, the proportion of cures will be greater, but we fear that it cannot be "much greater" than 74 per cent.

We conclude our Report with the touching words of the author above alluded to, the chief aim and object of whose writings appears to be the amelioration of the condition of his fellow creatures, whether in poverty or in sickness:— "Wonderful things have been done for the blind, and for the "deaf and dumb; but the utmost is necessarily far inferior "to the restoration of the senses of which they are deprived. "To lighten the affliction of insanity by all human means, "is not to restore the greatest of the Divine gifts, and those "who devote themselves to the task do not pretend that it is; "they find their sustainment and reward in the substitu-"tion of humanity for brutality, kindness for maltreatment, "peace for raging fury; in the acquisition of love instead of "hatred; and in the knowledge that, from such treatment,

" improvement, and hope of final restoration will come, if
" such hope be possible. It may be little to have abolished
" from mad-houses all that is abolished, and to have substi-
" tuted all that is substituted. Nevertheless, reader, if you
" can do a little in any good direction—do it. It will be
" much some day."

A. J. SUTHERLAND, M.D. Oxon. F.R.S.
1, *Parliament Street.*
FRANCIS R. PHILP, M.D. Cantab.
Kensington.

STATISTICAL TABLES

FOR

THE YEAR 1851.

STATISTICAL TABLES

For the year 1851.

No. I.

STATEMENT *of the Number of* PATIENTS ADMITTED *and* DISCHARGED *from* 1*st January to* 31*st December,* 1851.

(I.) PATIENTS DEEMED CURABLE.

			Males.	Females.	Total.
In the Hospital on 1st January, 1851.			35	53	88
Admitted during the year			77	119	196
			112	172	284
	Males.	Females.			
Discharged—Unfit	8	5			
——————By desire of Friends ..	1	4			
Remaining in the Hospital	38	51			
			47	60	107
Treatment completed			65	112	177

Admissions and Discharges—continued.

STATEMENT shewing the per centages.

Males.				*Females.*			
Cured..	41	equal to	63.08 per cent...	Cured..	90	equal to	80.36 per cent.
Uncured	16	,,	24.62 ,, ..	Uncured	17	,,	15.18 ,,
Died ..	8	,,	12.30 ,, ..	Died ..	5	,,	4.46 ,,
	65				112		

Males and Females together.

Cured..	131	equal to	74.01 per cent.
Uncured	33	,,	18.64 ,,
Died	13	,,	7.35 ,,
	177		

(II.) PATIENTS DEEMED INCURABLE.

	Males	*Fem.*	*Males.*	*Females.*	*Total.*
In the Hospital on 1st January, 1851.			49	48	97
Admitted during the year			6	3	9
			55	51	106
Discharged by desire of Friends	—	1			
———— Friends not complying with Rules	2	1			
Died	5	2			
			7	4	11
Remaining in the Hospital			48	47	95

Admissions and Discharges—continued.

(III.) SYNOPSIS OF THE TWO CLASSES.

	Curable.	*Incurable*	*Total.*
On the Books on 1st January, 1851.	88	97	185
Admitted in 1851.	196	9	205
	284	106	390
Discharged in 1851.	195	11	206
Remaining in the Hospital	89	95	184

	Males.	*Females.*	*Total.*
Average Weekly number of Patients in the Hospital ..	88	106	194

	Males.	*Females.*	*Total.*
Average number of Patients attending Divine Service within the Hospital	30	35	65

(IV.) DISCHARGES ACCORDING TO THE RETURNS REQUIRED BY 8 AND 9 VICT., C. 100.

	Males.	*Females.*	*Males.*	*Females.*	*Total.*
Recovered	43	93			
Less returned within 2 months ..	2	3			
			41	90	131
Relieved			—	—	—
Not improved.			27	28	55
Died			13	7	20
			81	125	206

No. III.

MONTHLY ADMISSIONS CURES *and* DEATHS *of* CURABLE PATIENTS *during* 1851.

MONTH	ADMITTED.			CURED.			DIED.		
	Males.	*Females.*	*Total.*	*Males.*	*Females.*	*Total.*	*Males.*	*Females.*	*Total.*
January ..	8	15	23	2	7	9	1	2	3
February ..	8	5	13	1	4	5	—	1	1
March ..	3	11	14	3	4	7	3	—	3
April	5	10	15	3	3	6	—	—	—
May	13	11	24	3	13	6	2	—	2
June	9	9	18	4	17	21	1	—	1
July	2	9	11	6	6	12	—	1	1
August. ..	9	13	22	1	3	4	—	—	—
September..	3	7	10	1	9	10	—	1	1
October. ..	5	9	14	6	6	12	—	—	—
November ..	6	6	12	1	7	8	1	—	1
December ..	6	14	20	10	11	21	—	—	—
	77	119	196	41	90	131	8	5	13

Patients discharged and re-admitted within two months not included in the above.

N°. III.

PERIOD *of* RESIDENCE *in the Hospital of* PATIENTS DISCHARGED CURED *in* 1851.

	Males.	*Females.*	*Total.*
4 Weeks	1	—	1
5 „	1	—	1
6 „	—	5	5
7 „	—	4	4
2 Months and upwards	8	20	28
3 „ „ „	4	13	17
4 „ „ „	5	14	19
5 „ „ „	5	9	14
6 „ „ „	8	8	16
7 „ „ „	5	2	7
8 „ „ „	—	1	1
9 „ „ „	1	2	3
10 „ „ „	1	2	3
11 „ „ „	2	6	8
12 „ „ „	—	2	2
13 „ „ „	—	1	1
14 „ „ „	—	1	1
	41	90	131

N°. IV.

DOMESTIC CONDITION *of* CURABLE PATIENTS *admitted during* 1851.

	Males.	*Females.*	*Total.*
Married	41	56	97
Single	33	51	84
Widowed.	3	12	15
	77	119	196

N°. V.

HEREDITARY PREDISPOSITION *of* CURABLE PATIENTS *admitted during* 1851.

	Males.	*Females.*	*Total.*
Hereditary	18	34	52
Not Hereditary	55	76	131
Not ascertained	4	9	13
	77	119	196

N°. VI.

AGES *of* CURABLE PATIENTS *admitted during* 1851.

	Males.	*Females.*	*Total.*
From 16 to 20 Years	8	11	19
„ 21 to 25 „	9	17	26
„ 26 to 30 „	9	14	23
„ 31 to 35 „	12	16	28
„ 36 to 40 „	13	13	26
„ 41 to 45 „	6	12	18
„ 46 to 50 „	6	10	16
„ 51 to 55 „	4	12	16
„ 56 to 60 „	3	8	11
„ 61 to 65 „	4	4	8
„ 66 to 70 „	3	2	5
	77	119	196

No. VII.

DURATION *of* EXISTING ATTACKS *of* CURABLE PATIENTS *at the time of admission in* 1851.

	Males.	*Females.*	*Total.*
1 Week	9	13	22
2 "	6	10	16
3 "	6	10	16
4 "	9	13	22
5 "	3	7	10
6 "	6	10	16
7 "	4	1	5
2 Months	12	19	31
3 "	7	10	17
4 "	3	7	10
5 "	3	3	6
6 "	2	13	15
7 "	2	2	4
8 "	1	—	1
9 "	2	1	3
11 "	2	—	2
	77	119	196

No. VIII.

NUMBER *of* ATTACKS *of* CURABLE PATIENTS *admitted during* 1851.

	Males.	*Females.*	*Total.*
First	59	93	152
Second	14	19	33
Third	1	5	6
Fourth	2	1	3
Fifth	—	1	1
Sixth	1	—	1
	77	119	196

N°. IX.

RESIDENCE *of* CURABLE PATIENTS *prior to admission in* 1851.

	Males.	*Females.*	*Total.*
Metropolis	30	51	81
Provinces	47	68	115
	77	119	196

N°. X.

RELIGIOUS PERSUASION *of* CURABLE PATIENTS *admitted during* 1851.

	Males.	*Females.*	*Total.*
Baptist..	4	5	9
Calvinist.	1	—	1
Church of England	55	93	148
Church of Scotland	2	—	2
Independent	10	14	24
Mormonite	1	—	1
Roman Catholic	—	3	3
Primitive Methodist	2	—	2
Wesleyan Methodist	2	4	6
	77	119	196

No. XI.

OCCUPATION *of* CURABLE PATIENTS *admitted during* 1851.

MALES.		FEMALES.	
Blacksmiths	2	Beershop Keepers	2
Bookbinder	1	Bonnet Cleaner	1
Bookseller's Assistant	1	Coffeehouse Keepers	2
Butchers	2	Confectioner	1
Cabinet Makers	3	Cook	1
Cabman	1	Dress Makers	7
Carpenters	4	Farm Servants	2
Carrier	1	General Dealer	1
Clerks	3	Governess	1
Clockcase Maker	1	Laundresses	3
Coachmen	3	Lodginghouse Keeper	1
Coal Dealer	1	Milliners	2
Compositors	2	Needlewomen	3
Cook	1	School Mistress	1
Drapers	2	Servants	30
Farmers	2	Shopkeepers	2
Farm-Bailiff	1	Silk Winder	1
Furniture Dealer	1	Stay Makers	2
Gardeners	2	Straw Bonnet Maker	1
Grocers' Shopmen	2	Waitress	1
Grooms	2	Weaveresses	2
Hairdresser	1	Wig Maker	1
Joiner	1	Wives of the following, viz.,—	
Labourers	8	Artizan	1
Licensed Victualler	1	Blacksmith	1
Mason	1	Butcher	1
Morocco Dresser	1	Cab Owner	1
Painters and Plumbers	3	Carver	1
Porters	2	Clerks	4
Professor of Music	1	Dyer	1
Sailors	2	Farmers	4
Sculptor	1	Fruiterer	1
Shoe-Makers	5	Gardener	1
Tailors	4	Ironmonger	1
Tide Waiter	1	Jeweller	1
Weavers	4	Labourers	9
Wheelwright	1	Pianoforte Maker	1
Wood Engraver	1	Saddler	1
Writer and Grainer	1	Shepherd	1
		Shoemakers	2
		Surveyor	1
		Tailors	2
		Teacher	1
		Undertaker	1
		Upholsterer	1
		Weaver	1
		Wheelwright	1
		Daughter of Builder	1
		,, Butcher	1
		,, Carpenter	1
		,, Dairyman	1
		,, Farmer	1
		Not Stated	6
	77		119

Males	77
Females	119
Total	196

No. XII.

NUMBER *of* DEATHS *of* CURABLE *and* INCURABLE PATIENTS *during the year* 1851, *shewing the assigned causes thereof.*

	Males.	*Females.*	*Total.*
Apoplexy	....	1	1
Asphyxia Suffocationis	1	....	1
Bronchitis	1	1	2
Congestion of the Lungs	1	....	1
Disease of the Heart	1	....	1
Disease of the Kidney	1	....	1
Epilepsy	2	....	2
Exhaustion	5	3	8
Fever	....	1	1
Natural Decay	....	1	1
Paralysis	1	....	1
	13	7	20

TABLE

OF THE

WEIGHTS

OF

PATIENTS DISCHARGED FROM THE HOSPITAL

During the Year 1851.

TABLE *of the relative* WEIGHTS *of Patients on their admission and discharge.*

NAME.	Age.	Sex.	Form of Malady.	Period of Residence.	Weight on Admission.		Weight on Discharge.		Increase.	Decrease.	How Discharged.
				weeks.	st.	lbs.	st.	lbs.	lbs.	lbs.	
J. S. ...	42	Male	Monomania	51	9	7	10	7	14	...	Cured
H. H. ...	18	Female	Mania	49	7	4	8	3	23	...	Cured
S. H. ...	58	Female	Melancholia	45	8	2	7	6	...	10	Cured
A. F. ...	59	Male	Melancholia	53	10	2	11	6	18	...	Uncured
A. J. ...	33	Female	Melancholia	59	6	10	7	6	10	...	Uncured
J. G. ...	43	Male	Mania	53	10	4	12	2	26	...	Uncured
J. B. S.	20	Male	Mania	33	7	5	8	8	17	...	Cured
M. E. H.	20	Female	Mania	64	7	3	7	13	10	...	Cured
T. G. ...	57	Male	Mania	41	10	7	10	3	...	4	Uncured
A. B. ...	30	Female	Melancholia	26	6	11	7	9	12	...	Cured
E. T. ...	38	Female	Melancholia	32	9	7	9	9	2	...	Cured
S. A. B.	19	Female	Dementia	22	7	1	9	1	28	...	Cured
S.A.B-n.	22	Female	Dementia	20	5	10	7	4	22	...	Cured
H. R. ...	30	Female	Mania	26	6	7	7	13	20	...	Cured
S. L. ...	32	Female	Melancholia	42	9	5	10	3	12	...	Cured
M. B. ...	38	Female	Melancholia	14	7	9	8	7	12	...	Cured
W. S. ...	39	Male	Melancholia	33	8	10	10	6	24	...	Cured
G. H. ...	32	Male	Mania	59	10	11	10	9	...	2	Uncured
E. H. ...	28	Female	Mania	29	9	7	10	6	13	...	Cured
E. J. ...	33	Female	Mania	20	7	0	8	1	15	...	Cured
M. F. T.	29	Female	Mania	53	7	10	8	8	12	...	Uncured
M. R. ...	18	Female	Dementia	17	8	9	10	8	27	...	Cured
E. G. ...	50	Male	Mania	29	11	13	14	0	29	...	Cured
R. W. ...	38	Female	Monomonia	53	12	0	9	0	...	42	Uncured
M. H. ...	50	Female	Mania	29	10	2	10	7	5	...	Cured
. W. ...	44	Male	Melancholia	18	10	8	10	10	2	...	Cured
. C. ...	25	Male	Mania	50	10	10	13	12	44	...	Cured
. W. ...	15	Male	Mania	33	6	10	6	11	1	...	Cured
. F. ...	28	Female	Melancholia	11	7	9	8	7	12	...	Cured
M. H-y.	34	Female	Dementia	50	6	11	8	4	21	...	Cured
. W. ...	63	Female	Dementia	52	6	0	6	11	11	...	Cured
.A.C(1)	40	Female	Melancholia	28	6	13	7	12	13	...	Cured
. P. ...	26	Female	Mania	25	6	12	8	7	23	...	Cured

TABLE *of* WEIGHTS—*continued.*

NAME.	Age.	Sex.	Form of Malady.	Period of Residence.	Weight on Admission.		Weight on Discharge.		Increase.	Decrease.	How Discharged.
				weeks.	st.	lbs.	st.	lbs.	lbs.	lbs.	
T. B. ...	44	Male	Mania	34	12	11	12	2	...	9	Cured
E. O. ...	16	Female	Dementia	23	8	9	9	0	5	...	Cured
A. C. ...	38	Male	Melancholia	20	9	6	10	0	8	...	Cured
J. L. C.	34	Male	Monomania	51	8	6	8	8	2	...	Uncured
T. R. ...	66	Male	Melancholia	18	9	0	9	3	3	...	Uncured
W. E. ...	26	Male	Mania	25	9	5	10	7	6	...	Cured
M. A. W.	27	Female	Mania	21	7	3	7	6	3	...	Uncured
H. M. ...	31	Female	Melancholia	24	7	12	8	11	13	...	Cured
M. P. ...	54	Female	Melancholia	23	5	7	6	8	15	...	Cured
T. D. ...	69	Male	Melancholia	10	8	3	9	7	18	...	Cured
S. E. ...	60	Female	Melancholia	53	6	13	6	0	13	13	Uncured
S. W. ...	39	Female	Melancholia	21	7	13	9	1	...	...	Cured
A. B. ...	32	Female	Melancholia	18	6	13	8	6	21	...	Cured
W. F. ...	26	Male	Melancholia	11	11	4	12	12	22	...	Cured
E. C. ...	68	Female	Melancholia	8	6	0	6	9	9	...	Cured
H. S. ...	56	Male	Melancholia	26	10	9	19	9	...	...	Cured
W. B. B.	39	Male	Mania	25	9	13	10	6	7	...	Cured
S. A. W.	31	Female	Mania	53	10	0	11	13	27	...	Uncured
J. F. ...	37	Female	Melancholia	26	9	2	9	0	...	2	Uncured
E. L. ...	34	Female	Mania	20	9	2	9	9	7	...	Cured
E. C—s.	53	Female	Mania	15	8	2	8	2	...	...	Cured
H. A. ...	22	Female	Mania	9	8	8	10	8	28	...	Cured
S. A. F.	27	Female	Mania	20	7	4	9	4	28	...	Cured
H. B. ...	25	Female	Mania	19	8	8	8	8	...	...	Cured
T. W. ...	44	Male	Mania	19	8	10	10	10	28	...	Cured
H. C. ...	60	Female	Mania	21	10	2	9	10	...	6	Cured
R. S. ...	40	Male	Melancholia	14	10	9	10	12	3	...	Cured
A. B—n.	24	Female	Monomania	12	9	2	9	8	6	...	Cured
J. C—r.	19	Male	Mania	43	10	13	13	7	36	...	Cured
D. S. ...	21	Female	Mania	16	5	6	6	11	19	...	Cured
S. B. ...	63	Female	Melancholia	8	7	2	7	8	6	...	Cured
M. J. ...	30	Female	Melancholia	29	7	11	9	4	21	...	Cured
E. C—m.	46	Female	Mania	23	7	5	7	6	1	...	Cured

TABLE *of* WEIGHTS—*continued.*

NAME.	Age.	Sex.	Form of Malady.	Period of Residence.	Weight on Admission.		Weight on Discharge.		Increase.	Decrease.	How Discharged.
				weeks.	st.	lbs.	st.	lbs.	lbs.	lbs.	
S. H—t.	33	Female	Mania	23	8	3	10	0	25	..	Cured
A. G. ...	20	Female	Melancholia	9	9	1	9	5	4	...	Cured
J. H. ...	48	Male	Mania	4	9	12	10	0	2	...	Cured
M. S. ...	51	Female	Mania	9	9	1	9	6	5	...	Cured
M. F. ...	50	Female	Mania	17	10	2	9	8	...	8	Cured
A. C. A.	64	Female	Melancholia	8	9	1	9	1	...	...	Cured
J. B. ...	29	Female	Melancholia	7	8	9	9	3	8	...	Cured
N. C. ...	34	Male	Mania	30	11	0	11	0	...	...	Cured
S. M'E.	55	Female	Melancholia	12	12	0	11	5	...	9	Cured
S. T. ...	36	Female	Melancholia	37	8	11	9	12	15	...	Cured
A. C. C.	46	Female	Mania	8	6	12	7	10	12	...	Cured
C. C. ...	40	Male	Mania	30	8	5	10	2	25	...	Cured
V. S. C.	33	Female	Mania	7	10	0	10	1	1	...	Cured
A. E. ...	43	Female	Mania	6	7	13	8	6	7	...	Cured
S. P. ...	29	Female	Mania	31	7	8	10	1	35	...	Cured
S. T—s.	25	Female	Melancholia	12	8	1	8	1	...	...	Cured
. L. ...	17	Male	Dementia	21	7	6	10	0	36	...	Cured
H. P. ...	39	Male	Melancholia	28	10	6	11	7	15	...	Cured
. B—d.	28	Male	Melancholia	9	9	12	10	0	2	...	Cured
. H—s.	42	Male	Mania	13	10	5	10	9	4	...	Uncured
. P—y.	22	Female	Mania	6	8	7	9	4	11	...	Cured
V. M....	45	Male	Mania	30	9	12	11	7	23	...	Cured
A. A. K.	27	Female	Melancholia	9	7	1	7	7	6	...	Cured
. S. W.	21	Female	Mania	9	8	6	9	11	19	...	Cured
C. C.	44	Male	Mania	24	9	9	11	10	2	...	Cured
. E. ...	18	Male	Mania	14	6	3	6	12	9	...	Cured
V. K....	50	Male	Melancholia	9	9	8	9	10	2	...	Cured
. B. ...	55	Female	Mania	17	8	10	9	1	5	...	Cured
. W....	19	Female	Mania	29	7	4	8	8	18	...	Cured
B—h.	64	Female	Melancholia	7	8	11	8	9	...	2	Cured
. P. ...	45	Female	Mania	17	9	11	10	5	8	...	Cured
. T. ...	50	Male	Melancholia	28	15	0	15	7	7	...	Cured
. T. ...	33	Female	Melancholia	15	7	2	9	5	31	...	Cured

TABLE *of* WEIGHTS—*continued.*

NAME.	Age.	Sex.	Form of Malady.	Period of Residence.	Weight on Admission.		Weight on Discharge.		Increase.	Decrease.	How Discharged.
				weeks.	st.	lbs.	st.	lbs.	lbs.	lbs.	
A. E. ...	43	Female	Mania	11	8	7	8	12	5	...	Cured
E. A. ...	18	Female	Mania	26	6	6	8	5	27	...	Cured
W. T. ...	67	Male	Melancholia	26	7	8	7	12	4	...	Cured
A. G. ...	20	Female	Mania	22	9	0	9	4	4	...	Cured
M.A.C(?)	30	Female	Mania	17	8	5	8	7	2	...	Cured
E. H-n.	34	Female	Mania	10	7	3	8	10	21	...	Cured
A. P. ...	23	Female	Mania	10	7	6	8	5	13	...	Cured
E. H—r.	32	Male	Mania	22	8	5	9	8	17	...	Cured
C. F. ...	57	Female	Mania	13	6	10	7	0	4	...	Cured
S G. ...	52	Female	Melancholia	23	6	9	7	7	12	...	Cured
H. B—t.	21	Female	Dementia	10	10	4	11	2	12	...	Cured
H. R-m.	42	Female	Melancholia	8	8	9	8	13	4	...	Cured
R. S—h.	42	Female	Melancholia	9	8	4	9	4	14	...	Cured
E. S. C.	24	Female	Monomania	23	6	11	7	10	13	...	Cured
R. J. ...	37	Female	Melancholia	20	8	0	8	4	4	...	Cured
W. W...	28	Male	Mania	22	9	13	10	5	6	...	Cured
A. J—n.	56	Female	Mania	14	8	3	8	3	...	...	Uncured
M. S—h.	52	Female	Melancholia	11	7	11	8	2	5	...	Cured
M. A. H.	29	Female	Mania	18	14	6	14	4	...	2	Cured
F. C. F.	19	Female	Dementia	18	6	10	6	10	...	...	Cured
T. H. ...	33	Male	Mania	9	12	0	12	0	...	...	Cured
E. R. ...	33	Female	Melancholia	6	6	12	7	10	12	...	Cured
H. S—s.	30	Female	Dementia	16	7	4	8	7	17	...	Cured
J. J. F.	22	Male	Mania	16	7	12	9	0	16	...	Cured
H. P—r.	39	Female	Mania	8	6	6	7	4	12	...	Cured
S. V. ...	63	Male	Melancholia	13	9	6	10	0	8	...	Cured
E. C—n.	20	Female	Melancholia	13	7	7	8	4	11	...	Cured
S. G—d.	36	Female	Mania	6	6	10	8	3	21	...	Cured
M. C. ...	50	Female	Melancholia	8	7	0	7	0	...	..	Cured
J. G—n.	30	Male	Melancholia	10	10	7	10	11	4	...	Cured
F. A. S.	50	Female	Mania	12	8	4	9	4	14	...	Cured
E. D. ...	24	Female	Melancholia	9	7	2	8	3	13	...	Cured
E. W-e.	40	Male	Melancholia	7	12	2	12	12	10	..	Cured

TABLE

OF THE

POST MORTEM APPEARANCES

OF

Patients who died during 1851.

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections.	Mode of Death.	Date of Post Mortem Examination.	General External Appearances	Scalp.	Cranium.	Weight of Brain.	CEREBRAL.		Thorax	Abdomen.
												Membranes.	Substance.		
W. B.	51	Male.	Chronic Dementia. Total mental Atony.	32 Years.	Great Anœmia; Diarrhœa.	Syncope from exhaustion.	18 hours. — in Jan.	Body well developed; not emaciated; very pale.	Bloodless; not wasted; not readily separable.	Large, rounded, oval. Bones of moderate thickness but of increased density.		Dura Mater almost bloodless; yellowish on its cerebral surface from serum in the sub-arachnoid tissue. Pacchionian bodies few; not large. Arachnoid opaque generally Serous infiltration in meshes of Pia Mater, which was tougher than usual. Choroid very pale, without distinct cysts. Four ounces of serum, almost unmixed with blood, escaped.	Very anœmic: consistence increased. Grey matter, scarcely distinguishable from white, from its great paleness. White substance, peculiarly pearly and glistening. Bleeding puncta almost wanting. Lateral ventricles large.	Not examined.	Not examined.
J. S.	38	Male.	Mania.	3 Months	Phthisis, Pneumonia; great anœmia; granular kidneys.	Apnœa and exhaustion.	47 hours. — in Jan.	Body well developed; rather fat; pale, sallow.	Very thick and fatty; with little blood.	Symmetrical; elongated posteriorly. Bones dense, not thick.		Dura Mater firmly adherent: sinuses rather empty. Pacchionian bodies large not numerous. Arachnoid generally rather opaque, and tougher than normal. Pia Mater thick & tough, especially over Pons Varolii. About the origins of 7th and 8th nerves of each side, was a collection of fibrous circular corpuscles, processes from the Pia Mater. Choroid with many and large cysts.	Consistence firm: fibrous structure very distinct. Grey matter pale. Its chief white band very prominent. Puncta few.	Right lung adherent at apex and base. Pleura enormously thickened on right side, especially its costal layer. Vomica in apex of right lung, with tubercular condensation about it: lung elsewhere congested or hepatized. Apex of left lung with crude tubercles: its base congested. Heart large, fatty: mitral valve and aorta with deposit.	Abdominal wall very fat: so also omentum and mesentery. A small abscess in left lobe of liver. Much fat about the kidneys and intestines: former with cortical structure nearly destroyed by fatty degeneration.

TABLE OF POST-MORTEM-APPEARANCES—*continued.*

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections.	Mode of Death.	Date of Post Mortem Examination.	General External Appearances	Scalp.	Cranium.	Weight of Brain.	CEREBRAL.		Thorax.	Abdomen.
												Membranes.	Substance.		
S. W.	42	Fem.	Acute Melancholia.	5 Mont s	Marasmus: Diarrhœa.	Syncope from exhaustion.	6 hours. — in Feb.	Stature small, slight; chest flat; very emaciated.	Very thin, almost bloodless; separable with much difficulty.	Asymmetrical. Depressed at the site of the posterior fontennelle. Bones very thin, but dense; almost without diplöe. Diaphanous at places.	*lb. oz.* 2. 11½ avoirdupois.	Dura Mater adherent; thin: very little blood in its sinuses. Pacchionian bodies not numerous, but large, and producing pits in the cranial vault. Arachnoid very slightly opaque anywhere. Pia Mater normal.	Anterior lobe shallow; concave over the orbital plates. Grey matter pale white, soft, with very few bleeding points on section.	Lungs small, anœmic; slightly adherent in places. Some interlobular emphysema of the upper lobes. Heart small; walls thin. Mitral valve with some deposit.	Viscera healthy; one ovary with a compound cyst.
C. F.	36	Fem.	Mania	Seven Months	Marasmus diarrhœa Tubercles of lungs.	Syncope from exhaustion.	30 hours. — Jan.	Extreme emaciation. Body delicately and well formed.	Excessively thin without a particle of fat; bloodless, very adherent.	Rather small. Bones not dense; thickness moderate.	2.14.	Dura Mater normal but bloodless. Arachnoid rather opaque generally. Infiltration of serum in meshes of Pia Mater: the latter not deficient of blood; rather thickened. Choroid with cysts.	Firm. Grey lamina well colored. Lateral ventricles capacious, filled with serum; about 4-oz. of bloody serum escaped.	Not examined.	Not examined.

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections.	Mode of Death.	Date of Post Mortem Examination.	General External Appearances	Scalp.	Cranium.	Weight of Brain.	CEREBRAL.		Thorax.	Abdomen.
												Membranes.	Substance.		
E. L.	26	Fem.	Dementia after Mania.	Six Years.	Extensive thoracic and abdominal lesions with vomiting, diarrhœa and typhoid symptoms.	Apnœa.	24 hours. — Feb.	Body stout made; not emaciated. Decomposition advancing speedily	Thick, very elastic; not readily separable	Frontal arch contracted, shallow. Cranium asymmetrical, flattened behind. Bones of moderate thickness and density.	*lb. oz.* 2 14½	Dura Mater normal; vessels not congested. Arachnoid generally but only slightly opaque. Pacchionian bodies not large nor numerous. Pia Mater normal.	Rather firm; grey lamina well colored but thin. Convolutions shallow, save two or three very long ones; their distribution very irregular. The posterior cerebral lobes very deficient.	Very contracted by the upward encroachment of the diaphragm. Heart rather large; some deposit on mitral valve. Lungs much compressed by the large heart and the diaphragm Base of right lung adherent to diaphragm: the latter had been destroyed over a considerable space, and there the thorax was separated from the abdomen by only a false membrane.	Abdominal wall very fat: peritoneum adherent. The greater and lesser peritoneal sacs formed one vast abscess pointing under the right lobe of the liver, and containing a very fetid greasy pus. A portion of liver had been destroyed. Intestines glued together; the omentum, an irregular fatty mass was inseparable from them. Two or three feet of the lower end of ilium were gangrenous and perforated at several spots. There appeared to have been a special sac; the walls of which were oldest and thickest behind the pubes.*

* In the limits of this abstract it is impossible to convey a precise notion of this extensive abdominal lesion.

TABLE OF POST-MORTEM APPEARANCES—*continued.*

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections.	Mode of Death.	Date of Post Mortem Examination.	General External Appearances	Scalp.	Cranium.	Weight of Brain.	CEREBRAL.		Thorax.	Abdomen.
												Membranes.	Substance.		
J. C. N.	51	Male	Melancholia.	Seven months	Phthisis.	Syncope from exhaustion.	32 hours. — March.	Body much emaciated. Shortening of one leg from an old fracture below the neck of the femur, and dislocation on the dorsum ilii, with false joint.	Of moderate thickness; with litle blood; rather adherent.	Large posteriorly. Bones thick and dense.	*lb. oz.* 3 4	Dura Mater inseparable. Pacchionian bodies large, but few. Great opacity and thickening of the Pia Mater, and Arachnoid; of the latter, chiefly over the summit. Pia Mater rather vascular. Vessels healthy. Choroid with few cysts.	Anterior lobes adherent. Grey matter normal. White, soft, much gritty, calcareous matter in the white stem of cerebellum. Bleeding puncta numerous.	Lungs tubercular; left lung with an old large cavity at its apex. Pleuritic adhesions extensive. Heart healthy.	Viscera healthy. Left kidney much larger than right.
J. R. P.	49	Male	Melancholia.	Nine months	Diarrhœa.	Syncope from exhaustion.	39 hours. — March.	Much emaciation. Stature small, thin; head large.	Thin. Separable with facility.	Large. Bones dense.	3 0¾	Dura Mater almost inseparable, rather vascular. Groups of Pacchionian bodies large and numerous. Arachnoid very opaque and thickened; lesion over the base. About 2 ounces bloody serum escaped.	Anterior lobes adherent. Grey lamina rather pale, white matter firm; its fibrous structure very distinct. Puncta numerous on section; bleeding little. No cysts in Choroid.	Lungs healthy, rather vascular. Heart small; some opacity of mitral valve, and of the lining of the aorta.	Stomach large, distended with flatus; but otherwise, like the other viscera, healthy.

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections	Mode of Death.	Date of Post Mortem Examination.	General External Appearance.	Scalp.	Cranium.	Weight of Brain.	CEREBRAL.		Thorax.	Abdomen.
												Membranes.	Substance.		
R. M. R.	36	Male	Acute melancholia.	Three or Four Months	Imperfect hemiplegia with tremor or convulsion before death. Inflammation of lungs.	Coma.	26 hours. — March.	Stature large, much wasted. Decomposition early and rapid.	Rather thick, and venously congested, adherent firmly.	Long; compressed laterally. Bones dense, thick; diplöe almost wanting.	*lb. oz.* 2 13½	Dura Mater rather congested with venous blood. Pacchionian bodies numerous. Much opacity of Arachnoid with thickening, both over summit and base. Infiltration of serum in the Pia Mater, which was also vascular.	Cerebral substance very soft, most readily broken down; rather vascular. Grey layer, rather pale. Numerous bleeding puncta on section. Choroid without cysts.	Well developed. Left lung generally adherent: congested, easily broken down, not above half the size of other lung. Right capacious, lower half congested, becoming hepatized in front. No tubercles. Heart large.	Liver large, rather soft. Spleen pulpy; other viscera healthy.
G. A.	58	Male	Chronic mania with Dementia.	Twenty-eight Years.	Chronic Asthma and Paraplegia.	Apnœa.	56 hours. — March.	Stature small, much wasted. Acquired curvature of spine.	Scalp normal.	Rather small. Bones with a well developed diplöe; not dense.	3 5½	Veins of Dura Mater rather full. Some large patches of Pacchionian bodies. Arachnoid generally opaque, considerable serous effusion in meshes of Pia Mater, which was rather congested. Cysts in Choroid.	Grey lamina rather pale, consistence generally normal. Pineal with a cyst as large as itself.	Not examined.	Not examined.
E. C.	52	Male	Monomania.	Thirteen Years.	Spasmodic Dyspnœa.	Coma in an epileptic fit.	24 hours. — April.	Body vell developed, and in good condition.	Rather thick, spongy, and congested; readily separable	Large, well-formed; symmetrical. Bones thick and dense.	3 3¾	Dura Mater nearly inseparable. Sinuses and veins much congested. Pacchionian bodies small. Arachnoid slightly and generally opaque. Pia Mater congested, with some serous infiltration. Nearly 8 ounces of bloody serum escaped.	Consistence firm. Puncta not numerous nor prominent on section. Grey lamina well developed, colored and convoluted. Choroid with cysts. Internal vessels of brain congested.	Not examined.	Not examined.

TABLE OF POST-MORTEM APPEARANCES—*continued.*

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections.	Mode of Death.	Date of Post Mortem Examination.	General External Appearances	Scalp.	Cranium.	Weight of Brain.	CEREBRAL.		Thorax.	Abdomen.
												Membranes.	Substance.		
J. A.	65	Male	Mania.	Three-Months	Asthma and disease of heart.	Apnœa.	24 hours. — May.	Body stout made, fat. Decomposition rapid.	Thick; not readily separable; with excess of blood.	Rather large. Bones dense; of moderate thickness.	*lb. oz.* 3 2¼	Dura Mater very firmly attached; its vessels full. General opacity of Arachnoid, but slight. Pia Mater congested. Choroid with small cysts; rather congested.	Consistence normal. Numerous bleeding puncta on section. Grey layer rather pale and thin.	Well developed. Old adhesions of both lungs, especially the left, which was also much diseased. Right lung consolidated in upper lobe. Heart very large, fatty; mitral valve with deposit. Bronchial glands enlarged. Ascending aorta dilated, with progressing calcareous deposit.	
T. C.	65	Male	Melancholia	Six Months	Granular kidneys. Disease of heart & lungs. Subject to gout.	Coma.	27 hours. — June.	Stature slender; subcutaneous fat not deficient.	Rather thick; firmly adherent.	Well-formed. Bones rather thick and dense.	3 8¼	Dura Mater strongly adherent. Sinuses full. Pacchionian bodies numerous and large. Arachnoid very opaque generally. Pia Mater congested, with serous effusion in its meshes. Choroid with numerous small cysts. Basilar and carotid arteries with commencing earthy deposit.	Grey lamina rather pale; its secondary lines indistinguishable. White matter soft; color dull. Optic thalami & corpora striata soft and vascular; convolutions well developed. Puncta numerous.	Well developed. Costal cartilages ossified. Tubercular consolidation of apex of right lung. Heart soft and fatty. Mitral valve with advancing earthy deposit. Ascending aorta much dilated, with numerous and large calcareous plates.	Liver becoming fatty; rather small. Stomach and intestines healthy. Kidneys contracted; in an advanced stage of granular degeneration: cysts on their surface.

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections.	Mode of Death.	Date of Post Mortem Examination.	General External Appearances	Scalp.	Cranium.	Weight of Brain.	CEREBRAL. Membranes.	CEREBRAL. Substance.	Thorax.	Abdomen.
											lb. oz.				
C. E.	43	Fem.	Acute Mania.	Ten Days	Inflammation of Brain: convulsion & paralysis preceding death.	Coma.	25 hours. — July.	Well formed, thin, but not emaciated.	Thin, readily separable; not congested.	Rather small; lower half of occiput prominent. Bones normal.	2 9½	Dura Mater strongly adherent; vessels rather full. Pacchionian bodies large and numerous. Arachnoid of summit extremely thickened and opaque; that of base but very slightly so. Pia Mater congested, especially in the left temporal region posteriorly. Cerebral vessels and Choroid congested. Some subarachnoid effusion.	Beneath the congested inflamed Pia Mater, the grey matter was of a dusky crimson hue, and much softened; the subjacent white substance unaffected. Right corpus striatum more vascular than normal; the left in a state of red softening, in a circumscribed central portion extending nearly to the crus cerebri. Brain-matter elsewhere healthy. The secondary layers in the inflamed portion of grey matter, indistinguishable. About 3 ounces of bloody serum escaped from brain.	Not examined.	Not examined.
R. W.	37	Fem.	Mania.	Seven weeks.	Phthisis with Diarrhœa.	Syncope from exhaustion.	24 hours. — Sept.	Small stature. Emaciated.	Very thin and bloodless.	Bones thin, but dense; diplöe absent.	2 14	Dura Mater adherent rather firmly: its sinuses nearly empty. Arachnoid slightly opaque on base, but not on summit. Pia Mater with little blood. Pacchionian bodies few, not large.	Cortical lamina rather thin; not pale. White matter rather softer than normal about the 3rd ventricle. Puncta numerous, but bleeding little. Choroid bloodless, with numerous large cysts.	Lungs inseparably adherent throughout, crammed with tubercular matter crude and softened; and their apices occupied by cavities. Heart healthy.	Viscera healthy.

TABLE OF POST-MORTEM APPEARANCES—*continued.*

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant. Bodily Affections.	Mode of Death.	Date of Post Mortem Examination.	General External Appearances	Scalp.	Cranium.	Weight of Brain.	CEREBRAL.		Thorax.	Abdomen.
												Membranes.	Substance.		
W. G.	31	Male	Chronic Dementia.	Fifteen Years.	Subacute Rheumatism.	Coma from Epilepsy.	50 hours. — Dec.	Body well made. in good condition; very pale. Stature large.	Of moderate thickness: rather congested	Large; wide across the summit. Cranial bones thick and dense.	*lb. oz.* 3 11½	Dura Mater not particularly adherent: sinuses distended. Pacchionian bodies not numerous nor large. Arachnoid, both of summit and base, almost normal. Pia Mater congested; so also internal cerebral vessels: but choroid not congested and without cysts.	Consistence normal. Grey lamina well colored; convolutions good. Numerous bleeding puncta on section.	Both lungs adherent in places; posteriorly engorged; the right one more so. Apices with transformed calcareous tubercles. Heart healthy. Diaphragm thrust upward by distended stomach and intestines.	Abdomen of great length; and large in other dimensions. Much subcutaneous fat. Omentum fatty. Intestines healthy, but much distended with flatus. Kidneys very large, healthy.