

Third annual report of the medical superintendent of the Manchester Royal Lunatic Hospital, situate near Cheadle, Cheshire, for the year from June 25th, 1852, to June 24th, 1853.

Contributors

Manchester Royal Lunatic Hospital.
Gaskell, S.
Campbell, W. G.
Clifton, Canon.
Dickson, Thomas.
Radford, Robert Thorpe.

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THIRD ANNUAL

R E P O R T

OF

THE MEDICAL SUPERINTENDENT

OF

THE MANCHESTER

ROYAL LUNATIC HOSPITAL,

SITUATE NEAR

CHEADLE, CHESHIRE,

For the Year from JUNE 25th, 1852, to JUNE 24th, 1853.



MANCHESTER:

PRINTED BY T. SOWLER, 4, SAINT ANN'S SQUARE.

1853.



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THIRD ANNUAL REPORT
OF THE
MEDICAL SUPERINTENDENT
OF THE
MANCHESTER ROYAL LUNATIC HOSPITAL,
FOR THE YEAR ENDING 24TH JUNE, 1853.

GENTLEMEN,

The period has again arrived at which it falls upon me to lay before you some account of the progress and general working of the Institution during the past year; this I have the happiness of being able to do with more than wonted pleasure.

From the great variety of cases which are ever coming under the experience of Superintendents of such Institutions as this, every year brings with it instances of disease and of treatment, of recovery and retrogression, which must not only interest all who patronise such Institutions, but elicit new information on the modes of treatment to be pursued, and thus contribute something towards promoting a knowledge of that mysterious malady which, of all the evils which afflict humanity, has ever been looked upon as least capable of being understood, and consequently of being successfully treated.

The past year has not been without instances of cases such as those to which I have alluded, and I am happy in being enabled to state, that in no former year have I had the pleasure of looking back with more satisfaction; both from the personal knowledge I have had of the success which has attended the treatment of cases, and from the conviction, that never before, has this Institution better answered the purposes for which it has been erected, or more fully met the anticipations of its projectors.

I have, on a previous occasion, entered at some length on the question, as to what constitutes insanity. I have there stated my views on this subject, and will at present merely quote in a sentence or two, the opinions I have thus attempted to establish, by an induction of facts gathered from my own experience, and supported by that of others; they are substantially as follows:—"That insanity is not a specific disease in itself, such as fever, gout, rheumatism, scrofula, consumption, &c., but is an evidence of disease, or malformation existing in some part of the brain, or of its membranes; this derangement giving rise to those mental symptoms which we call insanity." Here I have asserted that insanity is not a specific disease; that it does not operate in the same manner as the aforementioned diseases; and that it is not to be classed among those which almost necessarily prove fatal, as consumption, &c, but is one of those most capable of successful treatment, and the most

durable of all diseases. The numerous cases cited in this and in my former reports, show that a large majority of the recent cases under treatment have recovered, and I may state that in most of those cases which have terminated fatally, death has resulted either from the patient's being so far gone, ere he came under treatment, as to be past that stage at which human prescriptions can be applied effectively, or from his laboring under some other disease than that which was the immediate cause of the insanity.

If, then, insanity be not a specific disease, and if it be capable of such treatment as will be likely to effect a cure, we can understand from observation of those who labour under it, what is the nature of the disease, and what are the causes which have produced it. I believe the causes of insanity are in general found to be either an over-taxing of the mental faculties, sudden emotions, too close application to business, excessive care, or melancholy arising from personal calamities, or constitutional tendencies; these circumstances operating on the brain, in a way which produces derangement in its organic structure, are the immediate causes of insanity.

This being the manner in which the disease is produced, and the producing cause being for the most part known to all who have intercourse with the person affected, what does common sense say as to the remedy likely to prove most effective in the removal of the disease? The most obvious answer which suggests itself is this: "Remove the cause, and the effect will cease." All other remedies must give way to this one; whatever prejudice, under the garb of superior knowledge, may suggest as to the cause or the treatment of the malady, must be rejected by every one who takes this common-sense view of the matter, especially if by a sufficient induction of cases we can establish the fact, that this is the best and most successful method of cure. I do not mean to say there is a certainty of cure in every case; there are peculiarities in particular cases which may hinder cure, or the disease may have made too much progress (ere the treatment was begun), or the constitutional tendencies to insanity may be so strong that the cure may fail in some instances; that in the incipient stages, however, of the disease, the removal of the cause will be followed by the cessation of the effect, will be found to be the general rule, and the cases in which recovery does not take place, the exceptions. If excessive application to business has produced it, let the patient lay aside all care of it; if adverse circumstances in business, or otherwise, let friends do what they can to relieve the mind from occupying itself about these; if it be vicious habits, let the means of indulging in them be removed; this, if sufficiently attended to, will be found in a large majority of cases to effect the relief of the sufferer, and promote the desired cure.

But then the mind cannot be allowed to remain unoccupied; an antidote must be employed; man's mind is formed for activity; let him have nothing to do, nothing on which to fix his attention, and

you render him an object of unhappiness to himself and others. This is true of all minds, and is doubly so as regards the insane. Their mental faculties have been unhinged, and they can no longer exercise their functions as formerly; the noble and mysterious piece of mechanism has fallen into a state of jarring discord, and it is not likely to return to its original state of its own accord; entire freedom from employment will not produce the needful restoration, so long as the delusions excited occupy the place which reason ought to have. These delusions must be supplanted by ideas of a more healthful and rational kind, assisted by such mental and physical exercises and amusements as are capable of producing this end.

Hence the necessity of the adoption of such means as may effect the twofold purpose of removing the cause of the disorder, and of providing some substitute to occupy the place of the cause which produced the disease.

This provision is furnished by the institution of Lunatic Hospitals. The superiority of treating patients affected with cerebro-mental disease in those, instead of treating them at home, consists in this: that patients are there out of the reach of the influence of such associations as have a tendency to continue, and aggravate their diseases.

In general the delusions of the insane are associated with places, situations, or circumstances in life; and so long as the unhappy being is surrounded by these associations or circumstances, cure is hopeless. But the saying, "out of sight out of mind," will be found true in the case of the insane, to a greater extent than in the case of others. Hence the removal of the patient must be held as an essential pre-requisite to successful treatment. Again, it is necessary that such exercise be provided as is proved by experience to be most fitted to bring back that healthful state of thought and feeling which characterises a sane mind. But the question may be asked, what kind of exercise is most fitted to produce the end in view? To this it may be answered generally, that it must be such as may tend to call all the mental and physical energies into operation, and especially such as can be brought to bear efficiently on those organs which being diseased produce insanity; particularly, I would say, in the first place, that the exercise must be such as to promote physical or bodily health. This will appear evident, if we consider the intimate relation of body and mind, and how unlikely the mental energies are to remain sound, and how utterly impossible is it that they should not become vitiated, in case the health of the body is neglected. Now it is admitted on all hands that a large amount of such exercise as the farm or garden furnishes is best adapted to promote the health of our physical system. This must be evident, if we consider that those who enjoy most of the country atmosphere, and who spend most of their time in such gentle exercises as they may there at all times obtain, that those whose life is most primitive, and least exposed to the bustle of civilization

and commerce, or the weightier cares which attend situations of responsibility, enjoy the greatest measure of health, and are least subject to such diseases as insanity. Not only do I conceive it necessary that pure air should be breathed by the subject of insanity, and that the cheerful scenes of the country should interest his eye, and its gladdening phenomena cheer and animate his heart, but also that his exercise should to some extent be such as the farm and garden can supply; that so being engaged in the pursuits of a country life, he may forget the dismal region of mental gloom and delusion in which he formerly dwelt, in the cheerful interesting occupation of the garden and the field.

On this point I would desire to speak in the strongest and most decided manner, from a misapprehension which is apt to prevail to some extent with reference to institutions designed for the higher classes of society. It has been thought by many that anything like labour was altogether unsuitable and derogatory to such persons; this feeling has prevailed to a considerable extent among the relatives of the insane of the higher classes; never, I am persuaded, was there a greater misapprehension or prejudice, which, while founded on views of benevolence or kindness, has operated more injuriously on the unhappy class of persons, now under consideration.

In the treatment of the insane, the question ought not to be what is most proper for a certain class of persons *to do*, but what is most certain to *secure the effect desired*; this consideration should give way to all others. Now a moderate degree of exercise in the gardens or fields, is what my experience has long taught me to regard, as one of the best means of securing this end; this opinion has been confirmed by the strong and decided testimony, which almost every recovered patient has given on his departure from the Hospital; and no one who has seen a company of our patients at work, and witnessed the life and energy manifested by them, and the cordiality and readiness with which they engage in friendly conversation, the joyous spirit which animates them, the joke and hearty laugh which amuses them, and which interests minds that would otherwise be plunged in gloom and melancholy, can doubt for a moment the admirable effects of this species of employment and exercise.

But, in the next place, this exercise must be of such a nature as to influence beneficially the mental faculties. A disordered state of the brain, and a derangement of the mental powers, are ever conditions of insanity; some delusive idea has entered the mind, obstinately maintains its position, and refuses to give place to a train of thought more sound and healthful; whilst the patient remains under the influence of such an idea, a cure will be less easily accomplished, because he will be unlikely to submit to such exercises as are prescribed; his mind occupied with such delusion will exercise all its functions in obedience to its ruling idea; this idea reacting on the brain, will be certain to exert such an influence as to protract the

disease, which not being removed, will become confirmed, and farther removed from the probability of cure; thus, in melancholia, one of the most common forms of insanity, the idea is always of a dark and gloomy description; all men are then regarded as enemies by the unhappy patient, and all things with which he comes in contact appear to him combined to mock, trouble, and harass him; he perhaps imagines himself an anomaly in the universe, and as the most unworthy to live of all created objects, and will be led, if not prevented, to offer violence to his life; in such a case, whatever can lead the sufferer from brooding over his sad condition, and dispossess him of his delusions, will operate beneficially, and assist in effecting a cure; or if it be one of those cases of monomania in which ideas of self-importance and greatness are highly developed, no means should be spared to prevent the continuance of this injurious opinion, by endeavouring to convince him what is his real condition; this can only be effectually done by turning the train of his thoughts in some other channel, and by constraining him to engage in some species of mental or physical exercise, which shall gradually dispel the delusion, and lead him to exercise his faculties in a reasonable manner.

In order, then, that the proper treatment of patients may be carried out, sufficient facilities should also be provided for occupying their minds with music, painting, reading of amusing and scientific books, and such other exercises as experience teaches us to be best adapted for promoting the end in view.

The arrangements of an Hospital for the Insane should be such as to promote the moral welfare of its inmates. It may be said, that the moral character of patients is formed ere they enter an asylum, and that here especially no improvement can take place. This, however, is not the case; there are forms of insanity which are the result of the violation of some of the rules of morality, and in such cases important benefit can be conferred on the patient by the Medical Superintendent; and cases frequently occur where attention to this has been productive of the best results to the insane.

The greater portion of persons in a state of insanity evince a disposition to resist control, and trample all moral restraint and authority under foot; seldom, in the more excited stages of this disorder, is there wanting this tendency, and in no aspect does this terrible disease manifest itself in which we feel disposed to regard it with deeper sympathy, or to have our feelings of commiseration more keenly roused, than by such exhibitions of it. To see the once kind and affectionate relative lose all respect for himself, and for those he was wont to love and cherish, and in place thereof exhibit towards them aversion, hatred, and violence, is one of the most painful spectacles which the mind can contemplate or the eye witness. If the unhappy being is not soon put into other hands, and transferred to a more suitable place for treatment, and to the care of persons capable of bringing him to feel that, even in his

state of insanity, there are limits to his ebullitions of wrath and passion which he cannot pass, the worst consequences must follow.

Few, we are persuaded, who have seen the infuriated lunatic ere he left the domestic circle, spreading terror and distraction through his alarmed and sorrowful family, could help feeling, almost incredulous, on being told that, perhaps, not a week after, that same individual who came excited and frantic to the asylum, may be seen with a multitude like himself, submitting to control with the docility of a child. And yet such is the result in almost every case with which I have had to deal. In no case is the firm and energetic, yet mild treatment shown to the patients found to be without success. The moral discipline to which the insane are subjected, is, I conceive, one of the most important benefits of such institutions as our own.

Arrangements should also be made in all Hospitals, to secure the proper religious treatment of the patients. It has been hinted by some, and boldly asserted by others, that religious instruction, if not positively injurious to the insane, cannot at least be beneficial. It is not injurious;—had it been so, the religious faculty would not have been so largely developed in mankind: that it is injurious, can never for a moment be reasonably entertained. But surely religion cannot be injurious to any class of men, unless that can be injurious which is capable of producing the largest amount of happiness, which every one sees to be a contradiction. It is rather the want of it, or erroneous views respecting it, which produces or accompanies insanity; of this fact there is abundant evidence, and my own experience enables me to say, that a regular attention to the discharge of their religious duties is productive of the best results. Many follow a course of life which results in insanity, and which a proper attention to the duties of religion would have saved them from. Others, of whom there are not a few, come to us with delusive impressions of religion. These delusive impressions, whether of an elevated or depressed character, must be removed, ere the consolations and hopes of the Gospel can afford them that comfort it is so well fitted to impart.

These remarks I have made, with a view of shewing to you my views of what a well-organised Hospital for the Insane should be; and I would add, that in no respect is our Institution deficient in those resources and means which, in my humble judgment should be at the command of every well-regulated asylum. And as regards the means of promoting the physical health of the patients, these are, I think, amply sufficient, whether in reference to the internal arrangement of the buildings, or the external exercises, which occupy a sufficiently large portion of their time.

The Hospital within is large and commodious, and fitted up with every convenience that can render it healthful and agreeable. The opportunities of physical exercises are amply supplied by the farm

and the gardens attached to the Asylum, and comprising upwards of thirty acres.

The gardens are about nine acres in extent, forming a kitchen garden—by which the Hospital is amply supplied with all kinds of vegetables, fruits, &c., in their season—and several extensive flower gardens. The advantages of these to the hospital are important and varied. The farm, besides furnishing sufficient scope for the patients to take their walks and enjoy the country air and scenery, provides agreeable occupation and recreation throughout the year. In the summer months, all the male patients capable of going out are to be found in the flower gardens, or, at the ordinary planting and cropping seasons, engaged in the kitchen garden, then in the hay field, and afterwards at harvest work, generally for three hours in the forenoon, and an hour and a half in the afternoon. Within the last year our farming operations have assumed a much more interesting aspect than they had previously exhibited; and, by the purchase of a pair of horses, we are now able to perform all the work connected with the hospital and farm; the addition of cows, which supply us with all that we require in the way of dairy produce, and of pigs, poultry, and other animals which form a usual and essential part of the stock of a farm, tend to render this department varied and amusing to the patients.

A very interesting part of the patients' work, during last winter, was the transplanting of trees from those situations where, having been planted too closely at first, they had overgrown and become too thick for the purposes they had been designed to serve; these were transplanted from the avenue and gardens to form ornamental clumps in the fields, in front of the hospital. The same remark applies to the kitchen garden, the site of which has been changed since last year. Here, as the ground was required to be broken up anew, and to be put into that form and condition requisite for garden purposes, a great amount of extra labour was required to be performed, and though as yet it is not in the condition in which we would desire to see it, yet the improvements are going forward rapidly; two walks have been formed the entire length of the outside garden walls, at the back of the hospital, intersected by cross walks from each of the back entrances; these walks are to be surrounded with a low fence, and those decorations added which will render them more pleasing and agreeable to the eye. These operations have been entirely carried forward by the patients and their attendants; and it is delightfully interesting to see with what spirit and vigour they have been prosecuted; most of the patients view them as an agreeable exercise, rather than a labour and toil, and though sometimes averse at first to engage in them, yet no sooner are they engaged in them, and experience the pleasurable recreation they afford, and the benefit which accrues to their health therefrom, than they prosecute them with as much zest and apparent enjoyment as if they had been occupied in them for life.

The beneficial effects arising from those exercises soon manifest

themselves in the improved mental condition of the patients; the exercise in which they are engaged, whilst it promotes bodily health, occupies their minds, and has a powerful effect in dispelling the delusions under which they labour; a general cheerfulness, produced by association, and a mirthful enjoyment pervades the whole company, and their appearance is often rather that of a holiday party, retired from the graver concerns which were wont to occupy their minds, to cultivate their own pleasure and recreation by engaging in opposite pursuits, than a company of insane people. The influence of such agreeable employment on the mind is, that cheerfulness follows that gloomy moroseness which so frequently attends insanity, and except where disease has already made too much progress to be arrested by any human means, the general result is a restoration of the suspended faculties.

While, as I have already stated, so much good accrues to the patients from this recreation, that it ought to be resorted to by all who regard the interests of their patients. It is not to be imagined that they have an aversion to such occupation; compulsion never requires to be resorted to in order to induce them to engage in it; the alternative of going or not going to work is set before them, and the greater part of them at once volunteer to go; about two-thirds of the male patients are always thus occupied when the weather is favourable, the remaining being either too weak, or from some other cause prevented from joining. The following extract, from the Attendants' daily return, will give a general idea of the amount and nature of their occupations:—

ATTENDANTS' DAILY RETURN.

	21st June.	22nd June.	23rd June.
In Gardens	3	11	0
On Land	12	0	20
Assisting Attendants in Carpentering.....	0	2	1
Engineering	0	0	0
Painting	0	1	0
Other Employment	1	0	0
Reading	2	11	8
In-door Amusements	4	0	0
Excursions beyond the Grounds.....	3	0	1
Total Employed	25	25	30
Excitement with Restraint	0	0	0
Ditto ditto Seclusion	0	0	0
Ditto without either	0	0	0
Sick in Bed	1	3	0
Quiet and Incapable	4	1	0
Total Unemployed	5	4	0
Total Patients	30	29	30

Besides what has been done in the field and garden, a considerable amount of carpentry work has been performed by those who have preferred this kind of employment to out-door occupations. During the course of last year I have engaged a person who unites in himself the joint duties of carpenter and attendant. The advantage of this union of duties is, that he may take under his immediate charge those of the patients who choose to spend part of their time in this kind of work. This arrangement I have found to answer admirably, and the amount of work accomplished in this department has not been inconsiderable. The carpenter's shop is fitted up with a turning lathe (made by a patient), benches, and a variety of such tools and other conveniences as may enable them to perform any such kind of work as is required, or as their inclinations may induce them to undertake. The number of hours during which they have been employed, during the last six months, is 2,873; and a variety of work of different kinds has been done, such as boarding rooms, making a large cucumber frame, garden doors, a new pulpit for the chapel, hanging sun blinds, fitting up the bakery, greenhouse, making bird cages, &c., &c., over and above the daily tear and wear repairs. In connexion with the carpenter's work, may be classed such other occupations as painting, glazing, and colouring. Of these kinds of work a large amount has been done by the carpenter and patients, as the following return will show:—The summer-houses erected last year, and so much admired and approved of by the Commissioners in Lunacy;—all the outside gates and garden doors (21 in number), and the iron fence in front of the Hospital have all been repainted; in the interior, nine rooms have each received four coats of oil paint, fourteen bed rooms, four sitting rooms, and three galleries have been coloured, and the entire corridors of the servants' departments have been twice whitewashed; all the glazing connected with the Hospital has been performed by the same parties, and also a considerable amount of upholstery work. Throughout the whole of these operations the best and most cordial feelings have prevailed between the carpenter and the patients, and the most satisfactory results have followed to the patient's health.

In connexion with these useful exercises may be classed such out-door amusements, as bowling and cricketing; in the latter recreation many of the patients have been greatly interested; an exercise so exciting in its nature, and so well fitted to call into play every muscle of the body, to excite every nerve, and also requiring such an amount of mental as well as physical activity, is well adapted to prove beneficial to the insane; occupied either in bowling or batting, the energies of their minds are called forth, which had become dormant; and on these occasions, or when fielding out on all sides of the wickets, the emulation to catch the ball and displace the person occupying the much-envied position at the wickets, was exciting enough to interest many of them intensely;

from their own testimony, and from the evident delight, which a looker-on could not fail to observe them to take in this exercise, it was evident that some of their happiest hours were passed in this exciting recreation.

In order to interest their minds and afford the patient that degree of mental occupation which I have shewn to be necessary, their attention has been much directed to the fine arts, such as the cultivation of painting, music, literature, &c., as well as various other branches of minor importance; one of the patients has executed some very creditable oil paintings, representing views of Cape Town, Cape of Good Hope, from sketches made by himself some years ago on the spot, and another patient has produced some good likenesses of other patients and attendants.

Music has also been brought into requisition, to enliven and render more agreeable part of their time; and to afford a variety to the intercourse and amusement of the patients, balls and concerts have been kept up every fortnight throughout the whole year. At the balls the greater part of the male and female patients take part in the dance; and there is an amount of evident enjoyment realized by those who engage therein, which is productive of great benefit.

At the concerts they are entertained with music—vocal and instrumental, and of every quality and variety. Many of the patients, and some of the attendants, are proficient in playing the guitar, piano, violin, flute, accordion, bugle, cornopean, &c., in which much of their time is agreeably occupied.

The library, through the kind gifts of friends, has continued to increase, so that it has now swelled to a considerable number of volumes, of such amusing, instructive, and entertaining works, as are suited to the class for which they are designed. It is much prized by the patients, many of whom avail themselves of its attractions, and thus pass many hours of healthful mental exercise and profitable study, which would otherwise hang heavily on their hands.

The reading rooms are supplied with a great variety of light literature. Of periodicals we receive *Blackwood's Magazine*, *Chambers's Journal*, *Dickens's Household Words*, *Bleak House*, *Illustrated London News*, *Punch*, &c.; of newspapers, we get the *London Times*, the *Manchester Examiner* and *Courier*, *Stockport Advertiser*, *Ladies' Journal*, &c. Some of the patients are keen politicians, and pay great attention to every political movement which is taking place in the world; the amount of intelligence they manifest, and the evident delight they derive from information as to passing events is strikingly manifest, and proves that though their minds may be erratic and adrift on some points, on others they reason and judge with as much correctness as if they were perfectly sane; with such persons the reading-room is a favorite retreat.

In order that there might be a break in our varied exercises at the Asylum, there have been many visits during the summer to the neighbouring towns and villages, for the purpose of shopping, &c.

Drives and walking excursions into the country round have been frequent, and have been much enjoyed, and with the assistance of the carriage lately provided for the use of the patients, these will be yet more and further extended.

These form the principal occupations and exercises of the male patients, but many of them have also been common to the Female Patients. They, however, have had a distinct class of exercises by themselves; these have been for the most part confined to the gardens, which are set apart exclusively for their recreation. There, most of them spend a great portion of their time, either in walking or gardening, in which very many of them engage; some of the more healthy and able-bodied of them join in such farm occupations as haymaking, &c., when they take their station in a field apart from the male patients, and prosecute this light and cheerful work with evident profit and satisfaction. Of course their occupations here, are neither very heavy in their kind, nor do they continue so long as to fatigue or exhaust their physical system, but merely afford a species of recreation, and vary the round of their exercises.

Under the superintendance and direction of the Matron, the state of the female wards are such as to afford the highest satisfaction. All the needle-work required in the Hospital, whether in repairs or making of new articles, is performed by the female patients, and amounts to a very great quantity of work, but not more than is sufficient for their benefit. A good part of their time is thus occupied, but not to such an extent as to interfere with their other amusements and recreations. Crotcheting is also much practised by them, and many beautiful pieces of work have been produced during the past year.

Music and painting, in which some of them excel, are very highly relished, and the attainments which many of them have made in these arts, and the extent to which they interest their minds, require only to be known in order to enable any one to understand to what an extent they are capable of benefiting them.

A reading-room is also set apart in the female ward, and books, periodicals, and newspapers delight, interest, and instruct them as much as they do the other sex.

Many of the ladies volunteer to assist in keeping their sitting rooms smart and orderly; this is encouraged, as it affords them that amount of active employment so necessary and efficacious for promoting their physical health.

The following extract from the Attendants' daily return will show the nature of their employments:—

ATTENDANTS' DAILY RETURN.

<i>Employed—</i>	21st June.	22nd June.	23rd June.
Total Patients	19	19	20
In Gardening }	3	2	2
„ Needlework }	6	3	7
„ Music and Painting	1	2	2
„ Knitting and Embroidery	2	3	3
Assisting Attendants in Repairs	4	6	4
Other Employments	1	1	1
Reading	2	1	0
Total Employed	16	16	17
Excitement with Restraint	0	0	0
Ditto ditto Seclusion	1	0	0
Ditto without either	0	2	1
Sick in Bed	1	0	0
Quiet and Incapable	1	1	2
Total Unemployed	3	3	3

Christmas and New Year's Day passed with their usual enjoyments and festivities; a large and suitable apartment was decorated in a manner fitted for the occasion, and social meetings of all the patients were held each day, accompanied with music, singing, and dancing, from which no small amount of enjoyment was realized.

Good Friday was signalized by a concert of sacred music, which was performed in a very superior manner. The relatives of several of the patients were present on this occasion, and took part in the entertainment, and expressed the highest satisfaction at what they witnessed, as admirably adapted to promote the welfare of their friends.

Singing birds have been introduced in some of the wards, to cheer and enliven the patients with their music; these songsters are great favorites wherever they are, and receive perhaps more attention than they would voluntarily prefer.

By means of the construction of a temporary greenhouse, a constant succession of flowering plants have been furnished for the wards during summer. By the supply which will be furnished, by another and permanent greenhouse now in course of erection by the carpenter and patients, I anticipate being able to furnish the wards with a supply of flowering plants all the year round.

These provisions for the comfort and amusement of the patients, though they may be apt to be regarded as trivial and unimportant by some, are, nevertheless, productive of a very considerable amount of interest to them, and afford relief to a spirit which, perhaps, could not appreciate any graver concern.

MEDICAL REPORT.

The number of patients admitted during the past year was 35; there remained in the Hospital at the date of the last Report 37, making together a total of 72 who have been under treatment during the year; of these 25 have been discharged, leaving at this date 47 in the Institution.

The average number daily resident throughout the year was 39.53. Of the patients discharged 16 were cured, being in the ratio of 42.8 per cent. to the number admitted, or of 41 per cent. on the average numbers resident.

The total number of patients admitted since the Hospital was re-opened in December, 1849, is 133, and of these 50 have been discharged cured, being 37.5 per cent. on the entire number, or 58.1 per cent. deducting those who still remain under treatment.

I have again to reiterate the remark made in last year's Report, that this statement does not convey an adequate idea of the curative results attained; for, upon analyzing the condition of the patients admitted, I find that 49 of them were in such an advanced state of disease as to leave no hope whatever of their recovery, while the remaining 84 were admitted within 12 months from the time they were attacked with disease; out of these latter cases the proportion of cures effected was 59.5 per cent. on the number admitted, or, deducting those still under treatment (many of whom will recover), 78.1 per cent.

TABLE 1.—GENERAL RESULTS OF THE YEAR.

	M.	F.	Tot.
Remaining under Treatment, June, 1852	22	15	37
Admitted from 25th June, 1852, to 25th June, 1853..	22	13	35
Total number under Treatment.	44	28	72
	M.	F.	Tot.
Discharged—Cured	8	8	16
Relieved	4	1	5
Dead	3	1	4
	15	10	25
• Remaining in Hospital	29	18	47

The above Table exhibits the general results of the year, but the two following will show more clearly the curative results attained. In the first of these are classed those cases in which the disease having existed for a long period, or had become incurable; consequently from this class no cures could be expected. In the second Table are classed all those cases in whom the disease had existed less than twelve months previous to their admission—this being the principle by which the line is drawn, irrespective altogether of the mental state, or the physical condition of the patient.

TABLE 2.—CONFIRMED CASES.

	M.	F.	Tot.
Remaining under Treatment, June, 1852	10	7	17
Admitted	6	3	9
	16	10	26
	M.	F.	Tot.
Discharged Relieved—.....	1	1	2
Died	3	0	3
	4	1	5
	12	9	21

TABLE 3.—RECENT CASES.

	M.	F.	Tot.
Remaining under Treatment, June, 1852	12	8	20
Admitted during the year	16	10	26
	28	18	46
	M	F.	Tot.
Dischargd—Cured.....	8	8	16
Relieved	3	0	3
Died	0	1	1
	11	9	20
Remaining under Treatment	17	9	26

Many of the cases admitted possessed features of great interest, as there existed in them complications of other diseases, the symptoms of which were very obscure. In some of these the mania was not the primary disease, but was merely symptomatic of the other disease which existed. This being remedied, the mania subsided, and a complete cure was speedily effected. Other patients, some of whom were so excited and violent as to render it necessary to subject them before admission to the restraint of ropes and belts, were merely labouring under inflammation of the brain or some of its membranes, induced by grief, anxiety, or excitement. Such cases readily yielded to the treatment pursued, and were soon restored to the enjoyment of complete physical and mental health; the details of one case, as exemplifying this, may prove interesting, as showing that a speedy recovery may be expected, when the proper means are taken at the commencement of the disease.

W. N., aged 29 years, married, admitted 2nd February, 1853. For three months previous to admission he had been engaged in winding up the business of the firm, in whose employ he was, the duties of which had been particularly heavy. In the beginning of January one of his children

was seized with severe illness, of which it died in rather more than a fortnight. The anxiety he felt during the sickness, and the grief produced by the death of his child, were assigned as the cause of the attack, which came on immediately after.

At the time of admission he was very much reduced, his eyes, which were restless and incessantly rolling, were deeply sunk in their orbits, and surrounded by a livid leaden-coloured state of the skin; the expression of his countenance betokened great anxiety and sadness; he was extremely feeble, and walked with difficulty; his conversation and remarks were a jumble of disjointed expressions, accompanied by a complete absence of sense or reason; he struck and kicked every person who approached him, but this proceeded more from that state of restlessness accompanying the morbid condition of the membranes of the brain than from any desire to do harm to others.

Two days after his admission, I find it stated in the case book, that he was still very restless, shouting almost incessantly at the top of his voice, breaking windows, piling up chairs and tables in the room, standing on the top of them, endeavouring to stand on the crown of his head in the corner of the room, and altogether in a continuous state of restlessness and violent excitement.

In ten days after his admission, the means adopted had been so successful, that he then slept tolerably well, and was so much improved as to be nearly convalescent. Symptoms of irritation of the entire mucus membrane of the abdominal viscera were first observed, and were speedily met by appropriate active medical treatment.

On the 2nd of March, one month after admission, he was reported to be improving steadily, and was placed on the convalescent list, where his progress was so satisfactory that he was discharged cured on the 30th of March.

This case is instructive in its whole history of predisposing and exciting causes. The extreme pressure of business he had so long endured, was no doubt the predisposing cause of the attack, while the sickness and death of his child were the exciting causes; had he been subjected longer to home-treatment, he would probably have sunk from exhaustion, but he was saved from this by the promptitude of his friends in placing him early under treatment.

Several of the patients, upon being admitted, were in a state of debility so great as to render cure almost hopeless. This debility being produced either by too long delay in subjecting the patient to medical treatment, or by the means adopted by their friends to subdue them, in the vain hope of effecting that recovery at home which could only be attained by an Asylum. The following case is an example of the class of cases to which I refer:—

C. T., aged 62 years, was admitted as a patient on the 3rd of June last. He is above the middle height; hair long and white; eyes grey and deeply sunk in the orbits; skin yellow and much shrivelled. In general appearance he was like a person ninety years of age, and was so feeble that he could scarcely stand. He was so much reduced and emaciated that he was easily carried in the arms of an attendant the entire length of the Hospital, and bore a greater resemblance to a skeleton than a living being.

The attack commenced about three months previous to admission, and after he had sustained heavy losses in business. For the last nine weeks he had refused to take food, except by force, and he had become so weak that his relatives feared to administer it to him any longer.

He labours under the fear of being robbed, refuses to sit down, and though scarcely able, persists in standing in the centre of the room, with his hands clasped, swinging himself backwards and forwards, moaning incessantly. Pulse 96, feeble and wiry; tongue white; other secretions natural. On his attempting to swallow any food or liquid he is seized with violent contractions of the whole muscles of deglutition, which terminate in an almost complete state of asphyxia, from which he is only relieved by the fluid returning through the nostrils. He had a previous attack of insanity about twelve or fourteen years ago, from which he had speedily recovered.

The diagnosis I formed was that the pecuniary losses he had sustained had so affected him as to induce an almost complete torpor of the energies of the nervous system, which, as might have been expected, re-acted upon the brain, producing the insanity and its accompanying delusions.

June 7th.—Since his admission endeavours have been made of various kinds (including the use of the stomach-pump) to pass nourishment into his stomach, none of which have been successful; he sleeps tolerably well; tongue white, and bowels relaxed. Ordered beef tea, half a pint, port wine, two ounces, tincture of opium, ten grains; to be injected as an enema, and, in order to prevent him expelling it, the attendant to remain by his bed-side for an hour, pressing against the anus with a soft towel. Evening: The injection was retained fully an hour, when a portion of it came away. To be repeated again, with twenty drops of tincture of opium.

8th.—He lay quiet during the night; injection came off at three a.m. He is not improved. Injection to be repeated three times daily.

12th.—He continues much in the same state as on the 8th. Pulse small and thready. To all appearance he is in a sinking state. Continue the previous treatment.

18th.—Since last date the injections have been continued with varied success, being sometimes retained, at others coming away immediately. Several efforts have been made to feed him by the mouth, and also to pass the tube of the stomach pump, but hitherto unsuccessfully till this day, when I succeeded in passing the tube into his stomach, through which he was copiously fed with strong soup mixed with wine.

21st.—I am now able to pass the tube readily thrice daily; he appears also more rational, and his delusions are apparently giving way, but his physical condition is not improved.

July 19th.—Up to this date he has continued under the same treatment, the only difference being that he has had repeated attacks of diarrhoea, during which his stools were frequently passed involuntarily; great prostration of strength followed each attack, which were kept in check by the use of chalk and opium. The use of the stomach-pump required as heretofore.

25th.—There is a little tenderness on compressing the pharynx. Application, tincture of iodine twice a day. This morning, made a voluntary effort to eat, and swallowed a small portion of soaked biscuit. Physical condition improving, and the skin is now assuming a more natural colour.

Aug. 1st.—Since last date he has made further efforts to take food, and this day he ate his breakfast, of soft egg and soaked bread, with tea, without any difficulty. He is now gaining strength, and is able to sit up in bed for an hour at a time. The stomach-pump is only required once a day.

8th.—The stomach-pump is discontinued; he is gaining strength, his physical condition is improving, and his delusions have almost entirely disappeared. He is now able to dress and pass several hours in the sitting-room daily.

21st.—Up to this date he has continued gradually to improve.

Sept. 2nd.—For several days past his digestive organs have not performed their functions naturally; he has become weaker; there has been a reappearance of his delusions, and a difficulty in prevailing upon him to eat; but there has been no necessity to resort to other means than those of persuasion. His bowels have occasionally been relaxed, but are kept in order by doses of some stimulating aperient conjoined with an anodyne.

8th.—His delusions are again subsiding, and his digestive powers are restored. From this period he was put under a course of tonics and a regulated diet, with a liberal allowance of wine.

Oct. 8th.—Has gone on improving slowly but uninterruptedly; his delusions have entirely ceased; he has gained flesh so fast as to be now about double the weight he was when admitted; he employs himself in the garden, and is able to take frequent walks into the surrounding neighbourhood.

27th.—From last date he continued rapidly to improve, and was this day discharged, recovered.

This case is interesting, not only from the condition of the patient when admitted, but also from the difficulty in forming a correct diagnosis; more especially, whether the difficulty of swallowing proceeded from an enfeebled state of the organs of deglutition, or was simply the effects of delusion. At the time of admission, if a tea-spoonful of fluid was put into his mouth, it brought on asphyxia; and on any attempt being made to pass the tube of the stomach-pump, the contraction of the muscles was so great that, in conjunction with the risk of complete asphyxia and his extreme feebleness, it was deemed prudent to abstain from any further attempts to pass nourishment by the mouth. The state of prostration under which the patient laboured increased the difficulties, and up to the end of the second week after admission there was no expectation that he would survive. By that time, through the continued use of the enemas, and close attention to prevent his expelling them, a very slight improvement had taken place, and his system was roused to such an extent as to allow the organs of deglutition to fulfil in some degree their functions. After this it was an easy matter, by the use of the stomach-pump, and the continued stimulus of liberal diet, to assist the recovery. The object to be obtained, therefore, was simply to sustain the strength of the patient; this was accomplished in the manner described. That my diagnosis was correct, is proved not only by the history of the case, but also by the voluntary admission of the patient himself; a month previous to his discharge, he stated to me "*that he could have eaten and drank very well all along, for that there was nothing the matter with his throat, and that he had given way at last because he saw there was no use in holding out any longer;*" the truth however

being that, by the nutriment passed into his system, the equilibrium of the circulation was restored, the nervous system resumed its energies, and as a natural consequence his delusions and monomania passed away.

TABLE 4.—AGES OF PATIENTS ADMITTED AND THOSE DISCHARGED.

	Admitted.			Discharged.			Per Centage of Cures.
	M.	F.	Tot.	M.	F.	Tot.	
From 20 to 30.....	3	1	4	3	1	4	100
„ 30 to 40.....	5	3	8	2	0	2	25
„ 40 to 50.....	6	5	11	1	4	5	45.30
„ 50 to 60.....	4	3	7	1	3	4	57.10
„ 60 to 80.....	4	1	5	1	0	1	20
	22	13	35	8	8	16	

This Table, taken in connexion with a similar one of last year's Report, shows that in the recent cases the recoveries are in nearly equal proportion to the admissions, where the patients are under 30 years of age,—supporting an assertion made in the preceding part of this Report, that insanity is as curable as any other disease. As formerly, a considerable number of those admitted were at an advanced age.

TABLE 5.—FORMS OF DISEASE IN THOSE ADMITTED.

	M.	F.	Tot.
Mania—Acute	7	4	11
„ Chronic	5	2	7
„ Puerperal	0	1	1
„ A Potu	3	2	5
Melancholia	2	3	5
Monomania	5	1	6
	22	13	35

It will be seen from this Table that the forms of disease differ considerably from those specified in my last year's Report. The cases of chronic mania are in much larger proportion than heretofore. There is also, from intemperance, “considerable increase in the cases of mania a potu.” Only one case of puerperal mania has been admitted recently; and it will, in all probability, like all other cases of the same form of disease admitted into the Hospital, be cured.

Many of the cases have, from the nature of the delusions, presented features of great interest. The delusions of those labouring under elevation of ideas have been as varied as the individuals. One person, possessed of only a moderate income, declared that she was going to build three churches, forty factories, and a hundred and forty-three cottages. Another of limited means when admitted, believed that he was possessed of a very large fortune, and became much excited when any argument was used to convince him of the contrary. One of the schemes which he gravely propounded was, that immediately on his discharge he would purchase a large tract of waste land in his native county, and erect upon it some hundreds of iron dwellings for the reception of criminals under sentence of transportation, and would write to the Secretary of State to be appointed governor over them.

Another patient, even when the most ordinary attentions were shown him, such as the usual salutations, became so profuse and energetic in his expression of gratitude as to be excited to tears by what he considered an extreme mark of kindness and condescension.

Another (a determined suicidal patient) at one time believed that he had been waited upon by an official messenger from the House of Lords, who had served upon him an edict, by which he was compelled to contract a marriage with the most beautiful lady he could find in England, and that if he had a child within twelve months, all children of such marriage were to become peers and peeresses, but that if he had no child within the time named, he was to be beheaded on Tower Hill. Under this belief he regarded his residence here as an act of the most cruel injustice, and became for some months a violent, excited, and dangerous maniac. Fortunately this delusion passed away, and he now regards himself as "*Abdullah Caliph en Paladin*," the true and legitimate descendant of the founder of the "*Bermicides*;" and that when the present usurper of his throne is dead, he will be waited upon with all the form and grandeur which Eastern pomp and magnificence can supply, to assume the sovereignty. He waits patiently for this; and it is pitiable to witness the anxiety and eagerness with which he is continually watching the high-road, looking out for the approach of the procession which is at once to restore him to liberty and grandeur. At one period this patient laboured under Illusion of the Senses—the senses of smell, sight, and hearing being simultaneously, though not equally affected. The eccentricities into which he was led by the illusion of the sense of hearing was the primary cause of his being placed in a Lunatic Asylum. He imagined and believed that certain parties, had entered into a conspiracy against him, that they followed him everywhere, whether in the church or the studio, the street or the theatre, into all society, and nowhere was he safe from them; he heard them conversing and accusing him of the greatest crimes, and applying the most opprobrious epithets to

him, deriding his words, actions, and personal figure. Further, he heard them declaring that one human being was to be slain every night as an offering for his crimes; and every morning, for months, he declared to me that he had heard the cries and dying moans of the nightly victim the whole night long. He declared that if he could only obtain his liberty, he could find out and would *kill* and destroy all those conspirators. The Sense of sight was not so much affected, although he said that he continually saw faces and figures of persons hovering round him. The Sense of smell was more affected; he declared seriously that his mattresses were stuffed with the decayed bodies of sharks; that the most foetid substances were mixed with all that he eat or drunk; that the air he breathed was loaded with impurities, &c. When under the full influence of these illusions, he imagined for a long time that I, or some one of the attendants, were parties to the conspiracy, and more actively engaged in persecuting him. Sometimes he fixed on one individual, and in a few weeks fixed on another; at such times the suspected party had to exercise great caution in going near him, as he was always very violent and dangerous when he saw them.*

Another patient believes himself to be the individual through whose agency God governs the world; that he is in continual communication with him, hears him distinctly talking, and that the words that he speaks are those by which the world is in future to be governed; this insane optimism is often associated with that unfavourable and hopeless form of disease, which leads its victims, whilst rejoicing over ideas of unbounded wealth and distinction, into an entire prostration of every mental and voluntary function.

But the delusions of the patients are not all of a kind agreeable to themselves; some imagine that the food placed before them is not that of animals but of human beings, and that the poultry and fish are birds of prey or carrion; to a person labouring under such a belief, the very idea of eating food at all, is ever attended with loathing and repugnance; and no wonder this should be the case, as this belief, like all other delusions, is to them, a fearful reality. Some imagine that the tea, coffee, wine, water, and all other fluids, are saturated with metallic substances, others with prussic acid, while with some, the egg itself does not escape their suspicion.

* To form a correct diagnosis of this case was, from the complexity of the symptoms, a matter of some deliberation. The opinion formed was, that there existed a node (or bony enlargement) inside the cranium, which pressing upon certain parts of the brain, and produced the Illusion of the Senses, &c.; under this diagnosis he was treated medically for some months without intermission. It is gratifying for me to state, that he is now (December, 1853) approaching convalescence; his delusions have almost all passed away, and he now occupies himself in reading, with whist and chess, painting, &c., when in doors, and in gardening, when out of doors.

TABLE 6.—ILLUSTRATIONS OF SUICIDAL CASES.

	Remaining at last Report.		New Admissions.		Total.
	M.	F.	M.	F.	
Mania	3	4	6	3	16
„ A Potu	0	1	1	1	3
„ Puerperal	0	1	0	1	2
Melancholia	2	2	2	0	6
Monomania	2	1	5	0	8
	7	9	14	5	35

This Table shows the total number of patients who have been subject to suicidal tendencies in the Hospital during the last year, amounting to 50 per cent. of the whole number under treatment, involving an extreme amount of vigilance, care, and attention; in some cases this tendency passed off as the disease became subdued, but it has been, and is still retained in its original strength in many of the others. Out of the entire number 12 have been discharged cured, 3 have been discharged relieved, 2 have died, and 18 remain under treatment.

Notwithstanding the perseverance and cunning that have been displayed, in their endeavours to accomplish their purpose, it is with gratitude I again record that no accident of this nature has occurred in the Institution.

TABLE 7.—CAUSES OF DISEASE IN THOSE ADMITTED.

	Male.	Female.	Total.
Anxiety	5	0	5
Grief.....	1	3	4
Disappointment	2	1	3
Religious Excitement	2	1	3
Intemperance	5	4	9
Child Bed.....	0	1	1
Mental Excitement	3	2	5
Speculation	1	0	1
Uncertain or unknown	3	1	4
	22	13	35

The anxiety and cares in the ordinary course of life have furnished, as shewn in this Table, more than usual amount of victims. Intemperance, or the results consequent on a course of intemperance, have supplied a more than usual increase to the list, and as a cause of disease in those admitted, bears nearly an equal proportion in number to those in county Asylums.

TABLE 8.—FORM OF THOSE DISCHARGED RECOVERED.

	Male.	Female.	Total.
Mania	5	3	8
„ A Potu	1	1	2
Melancholia.....	2	3	5
Monomania	0	1	1
	8	8	16

The recoveries in acute mania are in a larger proportion to the returns of last year, while the numbers in other forms of diseases are in nearly the same proportion.

TABLE 9.—DURATION OF DISEASE IN THOSE DISCHARGED RECOVERED.

	Male.	Female.	Total.
Under 1 month	2	5	7
From 1 to 3 months	2	1	3
„ 3 to 6 months	1	1	2
„ 6 to 12 months.....	1	0	1
„ 12 to 24 months	2	1	3
	8	8	16

This Table shews that 44 per cent. of those discharged recovered were admitted within 1 month from the commencement of the attack, while 63 per cent. of those recovered were admitted within 3 months of the accession of the disease, affording another proof of the importance of early treatment.

TABLE 10.—PERIOD OF RESIDENCE OF THOSE DISCHARGED, RECOVERED, RELIEVED, OR DEAD.

	Recoveries.			Relieved.			Dead.		
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
From 1 to 3 months ..	4	3	7	0	0	0	0	1	1
„ 3 to 6 months ..	3	3	6	1	0	1	1	0	1
„ 6 to 12 months..	0	1	1	1	0	1	1	0	1
„ 12 to 24 months	1	1	2	2	1	3	1	0	1
	8	8	16	4	1	5	3	1	4

MORTALITY.

The mortality during the last year has been below the usual average; four in all have died; the causes being, in one from a febrile attack supervening on general excitement, another from

epilepsy, the third from inanition, accompanied with maniacal exhaustion, and the fourth from effusion, following inflammation of the brain.

The patient who died of epilepsy was a general favourite, and his death excited great regret in our little community. He was seized without any previous premonitory symptoms, and sunk in three days from effusion on the brain. During his intervals of consciousness, he evinced his usual warmth of feeling and gratitude to all who administered to his wants, by emotions which were witnessed by us with pain and regret.

Another case was that of a person to whom allusion was made in last year's Report, who although possessed of a handsome income, believed that he was sunk in the depths of poverty, and from a conviction that he could not pay for food, refused to partake of it. He continued in this state four months, during which time no food passed his lips but by the medium of the stomach pump; his excitement continued, and he sunk at last from exhaustion.

The case which terminated by effusion was of recent occurrence, a disappointment in marriage to the object of her affections, combined with a breach of trust he had committed in squandering the fortune with which she had incautiously trusted him, were the causes of her malady and death; having been suddenly seized with inflammation of the brain, terminating in effusion, she died within three weeks after admission.

The per centage of deaths upon those remaining under treatment, and the numbers admitted during the year, is 5.55.

REMOVALS OR RELIEVED.

Further experience only convinces me more and more of the impropriety of a too early removal of patients, when the previous treatment has been successful.

The anxiety of relatives to have them at home, and their joy on seeing their friends again in the comparative possession of reason, often leads to a removal of them before their restoration is sufficiently confirmed, under the idea that the severity of the attack being now over, the cure may be better effected at home than in the Asylum: in other cases becoming impatient of nature's mode of cure, they take upon themselves the responsibility of completing that recovery which has only in part been effected by the medical skill, quietude and control, attainable in a Lunatic Hospital; to the patient, such interference in the process of cure is often attended with the most disastrous results, and to the relatives themselves it often involves life-long regrets, that they did not follow the disinterested advice of those having experience in such matters.

It is a well-known fact, that on the accession of the disease many who are noisy and unrestrainable at home, become calm and docile when admitted into a ward of an asylum; but it by no means

follows that those who are calm and docile, and even rational when in an asylum, are in a state fit to return to their friends and society.

No wise physician prescribes, or anxious relation expects, upon the recovery of a person from severe bodily illness, whether of fever or inflammation, that he is able at once to resume his wonted occupation, or take the exercise he was accustomed to do, when in the full vigour of health, but rather looks forward to the attainment of this much-desired result as the work of weeks or perhaps months to come. This is a generally admitted rule and axiom, and if it be so as respects the physical organization of man, it is to be deplored that the importance of applying the same maxim to the diseases of the finer and more susceptible parts of the human structure, is not more attended to.

The consequences of this disposition of friends and relatives to follow the impulses of their own feelings in such cases, instead of acting under the judgment of those competent to give an opinion, are too frequently continued ill health, relapse, and in some cases suicide, as was exemplified in a painful case which recently came under my notice, where the patient was withdrawn by the relatives, not only contrary to the advice of the medical attendants of the family, but also against the protest and urgent remonstrances of the Medical Superintendent of the Asylum.

RELIGIOUS SERVICE.

It is with much gratification I have to record that, during the past year, arrangements have been made for the performance of Divine Service, which is celebrated regularly every Sunday in the Chapel of the Institution. The Chaplain also visits during the week to read prayers, and for the purpose of conversing on religious subjects with such patients as have a desire to see him.

The services on Sunday are attended by full three-fourths of the patients, and as many of the officers and servants as can be spared from their necessary duties, and in no instance has the slightest impropriety of conduct been observed. One of the patients officiates as clerk, and the others join in the responses and other sacred exercises, with an apparent devotional sincerity and singleness of heart, well deserving of emulation. The effect upon them is evidently most salutary and soothing; they appear to feel that, though depressed, they are not entirely cast down; though secluded, they are not wholly cut off; and hope has dawned and shed a brighter ray upon many a mind, where darkness and depression had hitherto only prevailed.

The effect and solemnity of the service has been greatly enhanced by the introduction of singing, and the use of an organ sent from his own residence, by our late lamented treasurer, Salis Schwabe, Esq., who, in the habitual kindness and consideration for which he was so distinguished, was ever solicitous to contribute in every way to promote the happiness, welfare, and comforts of the patients.

BENEVOLENT FUND.

To assist the friends of those patients who were unable to pay the minimum rate of expense, consequent on residing at the Institution, a benevolent fund was established by our late lamented treasurer; out of which a limited number of patients might receive assistance. The importance of this fund will be estimated when I state, that during last year, 18 persons have derived assistance therefrom.

I think it right here also to state, that through the same benevolent individual who laboured so strenuously in promoting the interests of this Institution, and whose means were so liberally expended for its support, one of the patients derived almost entirely her support while in the Institution.

The Hospital was visited by the Commissioners in Lunacy, on the 22nd of September last, from whose Report the following is an extract:—

“Manchester Royal Lunatic Hospital,
“22nd September, 1852.

“We have visited this Hospital and seen all the patients, viz., 21 males and 13 females. At the time of our visit no one was under mechanical restraint, nor in seclusion; indeed the patients were, without exception, in a tranquil state. For the most part they are in good bodily health.

“Six male and three female patients are reported to be under medical treatment.

“A considerable number of the male patients occupy themselves in gardening, and some assist in the wards. We learn also that nearly all the females are induced to employ themselves at their needle, and in reading, drawing, and music. Much credit is due to the Superintendent, for having so successfully carried out a system of employment which is at all times difficult with patients of the upper classes.

“Prayers are read as usual in the wards, and we are glad to learn that the committee intend shortly to have the Chapel seated and brought into use.

“Since the last visit of the Commissioners, on the 22nd of October, 1851, 25 patients have been admitted, and 22 have been discharged, of whom 17 were recovered.

“We have examined and signed the various books, and made an entry in the patients' book. The recent certificates have been laid before us.

“We think that the general condition of the Hospital and patients is creditable to Dr. and Mrs. Dickson, and we only have to regret that so few patients have the benefit of the good accommodation provided.

(Signed)

“W. G. CAMPBELL, } Commissioners
“S. GASKELL, } in Lunacy.”

“Manchester Royal Lunatic Hospital, near Cheadle, Cheshire,
“17th November, 1853.

“Visited this establishment to-day. I fully concur in the last Report of my colleagues, and think the greatest credit is due to Dr. Dickson, and to the conductors of the Institution.

“It is peculiarly adapted to the exigencies of society at present; and I sincerely hope that it may be enabled to extend its benefits more widely, and become a model for imitation in all parts of the kingdom.

(Signed) “SHAFTESBURY.”

During the past year, the Hospital has also been visited by several individuals of the highest eminence in this department of medical science. The following extracts from the Visitors' Book record the impressions of several of them on visiting the Hospital:—

“Being occupied at present in visiting the principal Lunatic Asylums in this country and on the Continent, on the part of the Government of the Mauritius, I have spent some days with Mr. Dickson, and feel unwilling to leave without leaving some record of the very favorable impressions left on my mind from what I have observed of the manner in which this Institution is conducted by Mr. and Mrs. Dickson. I have visited many Asylums, but in none have I seen the same bond of union between the principals and their patients—the bond of love and charity. It is the source of much gratification to me to find that Mr. Dickson is so successful, which I attribute to his great tact in getting his patients to employ themselves in the garden and other healthful employments; and I have no hesitation in saying, that although Mr. Dickson's patients are of the higher and middle classes, yet his establishment will bear comparison, with regard to the employment of patients, with the larger Asylums.

(Signed) “L. POWELL, M.R.C.S.,
“Inspector of Asylums, Mauritius.”

“6th October, 1852.”

“I think it will be readily understood that none can be more competent to judge of the management and treatment of the insane than those who are engaged in similar pursuits. Acting under such convictions, I have great pleasure in recording that I have visited the Royal Asylum at Cheadle, and have observed with much satisfaction, the very creditable and efficient manner in which it was conducted by Mr. and Mrs. Dickson. The Asylum bore an air of comfort and cleanliness which I have seldom, if ever, seen surpassed, and the patients were happy and appeared to appreciate the kindness and consideration with which they were treated.

(Signed) “R. LLOYD WILLIAMS, M.D., F.R.C.S.,
“Physician to the North Wales Lunatic Asylum.”

“November, 1852.”

“I have this day been over this Hospital, and visited every part of it, which seems to me remarkably well adapted for its purpose, and to be in a very nice, clean, and comfortable state.

(Signed) “JAMES BARLOW,
“Master in Lunacy.”

“18th December, 1852.”

“ All the arrangements of this Establishment are excellent, and the care and treatment of the patients are worthy of the greatest commendation.

(Signed) “ J BRIGHT, M.D.,
“ Official Visiting Physician of Chancery Lunatics
“ to the Lord Chancellor.”

“ 12th May, 1853.”

“ Having, through the kindness of Dr. Dickson, been conducted through this Establishment, I cannot leave without expressing my opinion that I have not had, in an extended experience, an opportunity of witnessing any institution which could surpass the Manchester Royal Lunatic Hospital, either in the arrangements for the comfort and convenience of the patients, or in the care and assiduity with which every particular relative to their health and amusement is attended to. In fact, the state of the house and patients altogether reflect the highest credit on its officers.

(Signed) “ THOS. C. BURTON, A.B., M.D.,
“ Manager and Physician of Maryborough
“ District Lunatic Asylum.”

“ 21st December, 1852.”

“ On the visit which I have paid to this Hospital I have been struck with the completeness of its arrangements, and the zeal Mr. Dickson displays in carrying out all the minutia of its management, both medical and general.

From conversation which I have had with him, I am aware that he employs the humane and judicious method, which by avoiding restraint and suiting the treatment to the circumstances of the case, has done so much for improving the condition of the insane.

(Signed) “ THOMAS ANDERSON, M.D., F.R.C.S.,
“ Professor, University, Glasgow.”

“ December, 1852.”

“ It is with great pleasure that I acknowledge the satisfaction with which I have visited this Asylum, the management of which seems to be in every respect an excellent one.

(Signed) “ J. R. HÜBERTZ, M.D.,
“ Of Copenhagen.”

“ 12th February, 1853.”

“ My visit to this Institution has given me great pleasure. Its admirable arrangements, its neatness, and quietness, give it that cheerful, ‘Home-like’ aspect, which should be the *beau ideal* of an asylum for the insane.

(Signed) “ JOHN S. BUTLER, M.D.,
“ Superintendent and Physician of the Retreat for the Insane,
“ Hertford, Conn., United States.”

“ 24th March, 1853.”

"I have visited this institution with a view of making an inquiry into its management, and have no hesitation in expressing the satisfaction I experienced, not only at the mode of treatment of the patients practised by Mr. Dickson, but the manner in which, under his care, the Hospital was conducted.

(Signed) "W. D. KINGDON, M.D.,
"Superintendent of the Lunatic Hospital, Exeter."

"November, 1852."

"I have been officially engaged, for more than thirty years, in the visitation of establishments for the care and treatment of the insane, and I feel bound to declare that I never have witnessed greater professional skill, or more kind and judicious conduct and demeanour, than Dr. Dickson has uniformly exhibited towards the unfortunate persons entrusted to his charge.

(Signed) "J. BRIGHT, M.D., F.R.C.P.,
"Official Visiting Physician of Chancery Lunatics
"to the Lord Chancellor."

"August, 1853."

Having laid before you as full an account as I can give in the limited space allowed me, of the working of the Institution during the past year, I have now only to record my thanks to the Committee and the Physicians for the kindness and support which has been uniformly shown me, in the management of this Institution.

THOMAS DICKSON, L.R.C.S.E.,
Resident Medical Superintendent.

MANCHESTER ROYAL LUNATIC HOSPITAL,

NEAR CHEADLE, CHESHIRE.

Rules for the Admission, Visiting, & Discharge of Patients.

Applications for the admission of patients, or for information regarding the various rates of payment at which patients are received, &c., must be addressed to the Resident Medical Superintendent, from whom may be obtained printed forms of the papers necessary to be completed and signed, before the patient can be admitted into the Hospital, and all other information required as to the means of conveying the patients, &c.

The papers above-mentioned are as follows:—

- 1st. An order for the admission of the patient to the Hospital, signed by one of the patient's relatives or friends.
- 2nd. Certificates to the effect that the patient is of unsound mind, but free from contagious disease, signed by two qualified medical practitioners, and who shall have separately visited and personally examined the patient.
- 3rd. An obligation for the regular payment of the patient's board and expenses, signed (unless otherwise specially agreed,) by a responsible person, who shall also bind himself, in case any cause arise to render residence in the Hospital objectionable, to remove the patient within one calendar month after notice to that effect shall have been given by the Committee, and in case of death, to remove the body, or defray the expenses of the funeral.

These papers being duly filled up, the patient will then be received into the Hospital.

In cases of emergency where inconvenience or danger might result from delay, the Resident Medical Superintendent has discretionary authority to admit the patient immediately, (but not without the medical certificates being properly filled up,) on receiving satisfactory assurance that the other paper above referred to will be completed and lodged with him within the space of twenty-four hours thereafter.

Patients will be received at various rates of payment for board, according to the accommodation supplied, particulars of which, together with the concomitant scale of the Physicians' fees, may be had on application at the Hospital or at the Manchester Royal Infirmary.

Payment of the patient's board at the rate agreed upon by the Committee must be made to the Treasurer quarterly, in advance; and on admission the whole amount chargeable up to next quarter-day, together with the Physician's fee, must be advanced; but if a patient be removed during the currency of any quarter, a proportion corresponding to the entire months which may not then have elapsed will be returned if applied for.

If the friends, or those who are security for the payment of the board wish to remove a patient, they shall give five days' notice in writing to the Secretary, who shall give the necessary instructions to the Resident Medical Superintendent, provided all sums due on account of the patient's board, fees, &c., have been paid up.

The Hospital will be open for the reception of patients at all hours ; but when practicable, one day's notice should always be given of the hours at which patients may be expected to arrive, that the Resident Medical Superintendent may be better prepared for their reception.

With every patient a sufficient supply of suitable clothing must be brought to the Hospital, together with an inventory of the same and of any other property left with the patient. The inventory after having been compared with the clothing and property shall be signed by the Superintendent, the Matron, or the Attendant at the time of admission of the patient ; and when a patient's clothes are worn out or destroyed, they must be renewed as often as necessary by the party responsible for the patient's board on notice to that effect being given, and should such notice not be attended to, the Resident Medical Superintendent may order the clothes necessary for the patient, the expense of which shall be charged in the next quarter's account.

All monies due in respect of any patient in the Hospital shall be paid to the Treasurer or Secretary, whose receipt alone shall be valid.

Near relatives, guardians, or others producing proper written authority from the Subscribers of the application on which the patient has been admitted, or of the obligation for the payment of the board, shall be allowed to visit the patient on the days and during the hours fixed for that purpose, viz., Wednesday and Saturday from 10 to 3 ; but all such visits shall be under the direction and control of the Resident Medical Superintendent ; and when a personal interview with the Resident Medical Superintendent is required by any friend or guardian of a patient, an appointment should be previously made for that purpose.

The utmost attention and care are exercised in the classification of patients according to their habits and different degrees of mental aberration, and to promote cheerfulness and recovery by suitable occupation and exercise in the open air whenever practicable.

Bibles and prayer books are provided for the various rooms of the Hospital. Divine service is performed every Sunday in the Chapel of the Hospital, and prayers are read during the week by the Chaplain.

A library is provided for the use of the patients, containing such publications of a cheerful and instructive character as have been determined upon by the Committee, in concurrence with the Resident Medical Superintendent. In the public rooms accommodation and provision are made for reading and other amusements, to which the patients are encouraged to resort.

TREASURER,

Rev. CANON CLIFTON, M.A.

RESIDENT MEDICAL SUPERINTENDENT,

Mr. DICKSON, Licentiate of the Royal College of Surgeons, Edinburgh.

VISITING PHYSICIANS,

THE PHYSICIANS TO THE MANCHESTER ROYAL INFIRMARY.

SECRETARY,

Mr. ROBT. THORPE RADFORD, Royal Infirmary, Manchester.