

Seventh annual report, 1871 / Newcastle-upon-Tyne Borough Lunatic Asylum.

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NEWCASTLE-UPON-TYNE

Borough Lunatic Asylum,

SEVENTH ANNUAL REPORT,

1871.



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A LIST
OF THE
COMMITTEE OF VISITORS
AND OFFICE-BEARERS
FOR THE YEAR 1872.

Committee.

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3. ANTHONY NICHOL, Esq.
4. JOSEPH POLLARD, Esq.
5. JOHN BLACKWELL, Esq.,
6. THOMAS WILSON, Esq.,
7. JOHN LIDDELL, Esq.

Clerk to the Committee.

JOHN ATKINSON, SOLICITOR, 72, PILGRIM STREET, NEWCASTLE.

Medical Superintendent.

R. H. B. WICKHAM, F.R.C.S., Edin.

Assistant Medical Officer.

THOMAS LYLE, M.B.

Chaplain.

THE REV. W. BOWLAN, LL.D.

Clerk to the Asylum.

MR. W. P. STRATTON.

Matron.

MISS THOMPSON.

Head Attendant.

MR. DAVID BRODIE.

A TEST

COMMITTEE OF VISITORS

AND OFFICE-BEARERS

1907-1908

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Editor

1. RALPH L. BROWN

Editor

1. RALPH L. BROWN

Newcastle-upon-Tyne Borough Lunatic Asylum.

REPORT 1871.

THE Committee of Visitors of the Newcastle-upon-Tyne Borough Lunatic Asylum have, in pursuance with the provisions of the "Lunatic Asylums Act, 1853," to make their Seventh Annual Report, as to the state, condition, and management of the Institution.

On the 31st December, 1870, the number of patients on the books was 281 (viz., 119 male and 162 female). The admissions during the past year have been 106 (viz., 68 male and 38 female) and are chargeable in the following manner:—

	Male.	Female.	Total.
As Private Patients	1	5	6
From Newcastle Union	32	21	53
„ Leeds	13	2	15
„ Huddersfield	4	—	4
„ Dewsbury	3	—	3
„ Hunslet	3	—	3
„ Halifax	2	5	7
„ Bramley	1	3	4
„ Pontefract	3	—	3
„ Bolton	1	—	1
„ Wakefield	1	—	1
„ Tynemouth.....	1	—	1
„ Kidderminster	1	—	1
„ Barnsley	1	—	1
„ Holbeck	1	2	3
	68	38	106

The discharges have been 83 (viz., 40 male and 43 female); the deaths 39 (viz., 28 male and 11 female); the total number under care and treatment 387 (viz., 187 male and 200 female), and the average number daily resident was 272 (viz., 119 male and 153 female), while the per centage of deaths on the total number under treatment was about 10, and that of the recoveries calculated on the admissions was nearly 37.

The number remaining on the books on the 31st December, 1871, was 265 (viz., 119 male and 146 female), being a decrease of 16 as compared with last year. Of this number—

9 are chargeable as private patients, as against 7 last year.					
164	„	„	to the Newcastle Union	„	159
92	„	„	to other Unions	„	115
265					281

The Committee have now ample accommodation for private patients, whom they receive under the 43rd section of the Lunacy Act, and for whom a charge of 20s. per week is made; and they are also willing to receive paupers from Unions, which cannot find accommodation in their own district. The charge for the latter is now 14s. per week. They have been enabled to reduce the rate charged for the maintenance of the borough patients from 12s. to 11s. per week.

In consequence of the high daily average number of patients, it was deemed necessary to appoint an Assistant Medical Officer, and Mr. Thomas Lyle, M.B., was selected to fill the office.

A Head Attendant was also appointed, on the recommendation of the Medical Superintendent. The Steward formerly performed the work of Head Attendant; but in consequence of the increased number of patients, it was found necessary to keep him entirely to his proper duties.

The grounds are being gradually made to assume a neat and orderly appearance, but as the Committee are anxious that no expense should be incurred in the laying of them out, the labour is entirely contributed by the patients, and the work is necessarily of slow progress.

The Committee, on their monthly visits of inspection, have always found the Asylum in a clean and orderly condition. A large number of the patients are employed usefully in the house and about the grounds; and they have every reason to believe that their general health has been good, and that they meet with kind and careful treatment.

The Commissioners in Lunacy visited the Asylum on the 17th May, and expressed their approval of the state in which they found the Institution. In accordance with their recommendations, a few improvements have been, or are in the course of being carried out, but the number of strikes during the year has much interfered with their desire to meet their views in some respects.

The following changes amongst the officers, have taken place since the last report.

In January last, Mr. Thomas Lyle, as mentioned before, was appointed Assistant Medical Officer, and in February last, Mr. David Brodie, Head Attendant, on the recommendation of the Medical Superintendent. Miss Lalland, the Matron, resigned her situation in July last, and was succeeded by Miss Thompson, late of the North Riding Asylum, and Mr. Robert Scott, the Clerk and Steward, resigned in October, and was succeeded by Mr. W. P. Stratton, Steward of the Ayr District Asylum.

The Committee have much pleasure in expressing their confidence in the skill and unremitting care of Dr. Wickham, the Medical Superintendent, in the management of the Asylum, and in stating that he has been most ably supported by the co-operation of Mr. Lyle, the Assistant Medical Officer, and the other Officers, all of whom have by their conduct shewn a desire to discharge their several duties, in promoting the care and welfare of the patients under their charge.

The Committee regret to say that they have not yet got settled with Mr. Walter Scott, the Contractor, for the mason and brick work, and consequently are not able to close the capital account for the building of the Asylum.

The Committee will receive the usual Annual Report from the Medical Superintendent, with the statistical tables for the year, which, with a statement of the receipts and expenditure under the maintenance fund, will be printed and circulated amongst the Justices.

THOMAS HEDLEY, CHAIRMAN.
JOSEPH POLLARD.
A. NICHOL.
THOMAS WILSON.

REPORTS OF THE COMMISSIONERS IN LUNACY.

NEWCASTLE-UPON-TYNE BOROUGH LUNATIC ASYLUM,

Thursday, 4th August, 1870.

We have gone over every part of the Asylum and its grounds to-day, and seen the whole of the patients ; the removal from Bensham having taken place, as promised at the last visit, before the close of July, 1869, and the Asylum having now been in occupation for twelve months. Its farm grounds, roads, and approaches, are still necessarily in a rough state, and much planting remains to be done in the airing courts ; but the state of the Asylum itself, as we have found it to-day, its solid, substantial construction, the care with which in every part the comfort and peculiar needs of the inmates have been consulted, the completeness and cheerfulness of the furniture and fittings, and the excellence of the provision for the sick, have given us the greatest satisfaction. We are not acquainted with any accommodation of superior kind to this, or that has more distinctly, everywhere, the character of domesticity so desirable in such institutions. It is manifestly the result of unsparing liberality on the part of the Committee, guided by the best judgment ; and in the benefits it will extend to the lunatic poor of the district, as well as in the advantage it will hold forth to other districts in their present urgent need of the same accommodation, it will in the end prove to be the best economy.

Nearly all the day-rooms, dormitories, and single-rooms, as well as the corridors and passages, have light, cheerful paper on the walls, carpets on the floors, blinds to the windows, and suitable matters of ornament or cheerfulness dispersed about. The only distinction made in the dormitories or single rooms for the less favourable class of patients is that, instead of being papered, they are coloured above and panelled below ; but the condition of this part of the building, in cleanliness and comfort, was not inferior

to any of the rest. The bedsteads are plain and of good construction, and the hair beds and bedding (there are some 6 or 7 of straw on each side which it will be possible shortly, we hope, to dispense with), which we found everywhere clean and in proper order, and of good quality. The water closets are abundant, and apparently of convenient make; and of the bath rooms and lavatories, especially the latter, it would be difficult to speak too highly. The general bath room, in the male side, has the advantage over that in the other, that the two centre baths were removed, as suggested, during the progress of the building: and we have to recommend that this should be done at the first opportunity in the bath room, on the female side, and that screens or curtains should be placed, at once, between the baths, in both rooms. Excellent printed Regulations are put up in all, and the water is changed for each patient.

Another feature in the accommodation, of which we think very highly, is the proposed setting apart of an up-stairs gallery in each division for private patients, to the number of 18 beds, or 36 of both sexes. On the female side this is already done; the rooms and furniture are of superior description; and we found five ladies, to-day, reading or working, in a handsome drawing room, fitted with sofas and piano. The Matron, Miss Lalland, dines with these patients. There is a sixth, but she was in bed, with not very serious illness. Two of the ladies spoke gratefully of their accommodation (for which a pound a week is paid); and we think it on every account to be desired that similar advantages should be offered to the other sex. Nothing is wanted so much by the class above the pauper, and yet so little above the pauper's means, that no private Asylum finds its account in receiving them. We have, further, much pleasure in stating that the Committee have resolved, in special cases, when enquiry has shown that such indulgence is really needed, to take private patients at an even lower rate than twenty shillings.

Of the building, generally, after what has formerly been said respecting it, it will be enough for us to say, that it is of stone,

and of two stories, well lighted, cheerful and suitable in design ; and, when the farm buildings are included, able to accommodate 300 patients, or 150 of each sex. The patients, in single rooms, are in the proportion of 1 to rather more than 4 in dormitories ; and all the single rooms are provided with shutters. The internal walls are plastered throughout. There is a general dining hall, used also for associated recreations, which are liberally given ; but it is somewhat small, and will not dine with comfort more than 150. We saw 112 of both sexes at dinner there, to-day ; the men seated at the same tables with the females, and nothing could be more quiet or orderly than the scene presented. There is a good diet, the allowance of uncooked meat being 38 ounces a week for the men, and 35 for the women ; and to the dinner, to-day, which consisted of excellent Irish stew and bread puddings, we should have only suggested the addition of a small piece of bread (as well as the pudding) to each person.

Over this hall is a chapel that will hold 200 patients, and in neatness as well as suitableness of construction, it is all that could be wished. Upwards of a hundred, in nearly equal numbers of the sexes, attended last Sunday, at the single service, which, for the present, only is given. Forty-four patients also attended the parish church. The chapel services ought to be more frequent, and we trust that arrangements, with this view, will shortly be made.

The entire estate consists of 57 acres, of which about 35 will be under spade cultivation. It gave us pleasure to notice that a walk, of 9 feet in width, is in progress of formation round three-fourths of the land, which will ultimately be planted and provided with seats. The airing courts are judiciously arranged, affording free view over the walls to the surrounding country ; and, when planted, and provided with gravel walks and sunshades, will be very cheerful. The south front is enclosed by a light railing, and the remaining portion of the land by a wall eight feet in height. We may add that, as far as can at present be ascertained, the total cost of the land, building, and furniture will be about £60,000.

The number of patients in the Asylum, to-day, is 224; 85 males and 139 females; 48 of the latter being at the farm of Coxlodge, where the laundry has, since the last visit, been converted into a dormitory, and the accommodation, generally, has the same comfortable character as in the main building. Of these patients 152, or 74 males and 78 females, belong to Newcastle, the borough-rate being for the present 13 shillings a week. The out-country patients, for whom permission has been obtained from the Sessions to charge 16 shillings a week, are 65 in number, comprising 19 from Bethnal Green, 44 from Shoreditch, and 2 from Toxteth Park, Liverpool. These, with the 6 private patients, form the number stated. The admissions since the last visit, in March, 1869, having been 140—41 males and 99 females; the discharges 37—15 males and 22 females, of whom 26 were returned as recoveries; and the deaths have been 29—21 males and 8 females; the principal causes of death were general paralysis and phthisis; and in one case, the death having been sudden, from disease of the heart, there was an inquest and a verdict accordingly. The health seems now to be good, 14 males and 8 females being entered as under medical treatment; and we notice with satisfaction, that seclusion, since the last visit, has been limited to two patients—a woman during two hours' excitement, and a man for three days during the excitement, of general paralysis.

All the patients in both divisions were quiet at the time of our visit, their clothing and personal appearance (with one or two exceptions in the class called refractory) being good, and creditable to the attendants. Of the latter, on the male side, there are one night and nine ordinary, always on duty in the wards (excepting two who take working men out during the hours of labour), while, of nurses, on the female side, there are one night and ten upon ordinary duty. The records of employment show that 28 of the men work on the farm and grounds, and 8 in the shops and offices; while, of the women, unless those who do needle or other work in the wards, there are

commonly 25 in the work room (we saw 23 there to day), 10 in the laundry, and 8 in the kitchen. These numbers it will be desirable, as soon as practicable, to increase. The workshops are very good, but as yet most indifferently attended.

We have spoken favourably of the number of entertainments given, and were glad to hear of a party of 40 who went to Tyne-mouth last week, and a similar party, of the same number, who spent what some of them called "a very pleasant day" there, yesterday. We trust that there will be soon more books and papers visible about the day-rooms, and we recommend bagatelle boards for both divisions.

The condition of the asylum and its inmates, considering the short period since it was opened, is so creditable to Dr. Stewart, and must so heavily have taxed his zeal and exertions in various ways, that this fact may, to the fullest extent, excuse some shortcomings noticeable in his Case Books. He will, of course, feel the importance that these records should be carefully as well as completely kept in future.

JOHN FORSTER, } Commisioners
JAMES WILKES, } in Lunacy.

NEWCASTLE-UPON-TYNE BOROUGH ASYLUM,

17TH MAY, 1871.

Since the visit of our colleagues on the 4th of August, last year, 79 men and 43 women have been admitted; 22 men and 26 women have been discharged, of whom altogether 20 have been recovered, and 10 women belonging to Shoreditch, were removed to Colney Hatch, and 27 men and 5 women have died from the following alleged causes :—

	Male.	Female.
Diarrhoea.....	1	...
General Paralysis ...	14	...
Phthisis ..	3	1
Exhaustion.....	5	3
Bright's Disease.....	1	...
Senile Decay ..	1	...
Epilepsy ..	1	1
Apoplexy.....	1	...

Amongst the deaths attributed to "Exhaustion" was that of a man who was killed by another patient who attacked him with a spade, and inflicted injuries of which he died ten days afterwards.

Another of the deaths, included under the same heading, was due to fractured ribs. The fractures were only discovered on the day after the patient's admission, who died three days subsequently. The appearances at the *post mortem* examination clearly showed that the injuries must have been inflicted previous to his reception here. The above are the only cases in which inquests were held, and the circumstances were duly reported to our Board at the time. *Post mortem* examinations were made in ten cases, and Mr. Wickham in future purposes making them in all instances, unless an objection is offered by the friends, who should, we think, always have an opportunity of refusing their sanction.

The numbers on the books to-day are 118 men and 153 women. Of these, 3 males and 2 females are absent on trial, and one man is away who has escaped and not been re-taken.

Of the whole number of inmates, 165 only belong to the Borough of Newcastle, for whom the weekly charge is now 12s. per week. Besides 6 private patients, there are 22 belonging to the West Riding of York, 56 from Middlesex, and 22 from Lancashire.

The charge for out-country paupers is 14s. per week, and the private patients pay from 14s. to 20s. per week, generally, but one of them is charged £75 a year.

We have examined all the wards and offices. The rooms were clean throughout and in excellent order, and the whole Asylum has a very cheerful and comfortable aspect. With the exception of a new lavatory and an Attendant's room, which have been constructed at the farm buildings, and a greenhouse just completed, no additions have been made. Some little progress has been made in laying out the grounds, but this work will tax the utmost energy of the Asylum for some time to come. The

baths have not yet been removed from the general bath room on the female side, as recommended. This should be done, and locks should be fixed to the shower baths, of which the keys should always be kept by the Chief-Attendant and the Matron; they should also be better ventilated, and a plate of glass be inserted in the door.

The water closets are in many cases defective, and require immediate attention. There is a great need for padded rooms, two of which should be constructed in each division; a few low padded bedsteads are also requisite, for the use of epileptic and paralytic patients, who are liable to fall out of bed; and some stuffed seats are wanted for the Infirmary wards. The means of turning on the gas, especially in the dormitories, should be solely under the control of the attendants, and keys should be substituted for the handles of the taps. At the time of our visit one woman was secluded in her own bed room; she is a patient, who, since the last visit has been in seclusion on five other occasions. Only one other female seems to have been locked in her room once, and there is no record of any case of restraint. We found, however, a man who was strapped to an arm chair, not on account of violence but to prevent him from falling forward and injuring himself. Such restraint would not be necessary if a low reclining padded chair were provided. The conduct of the patients, generally, was very orderly. We saw 143 of them assembled in the dining hall for dinner, the men and women seated together, and behaving with the greatest propriety. The clothing was neat and suitable, and the bedding clean and good. We think, however, that the practice of placing white coverlets on the beds during the day, which are removed, and not used at night, should be discontinued.

It appears from returns furnished to us that, on an average, 59 men and 44 women attend the Sunday services in the Chapel, and 17 men and 14 women go to the Parish Church.

Between 60 and 70 of each sex join in the Wednesday evening dances. Twenty-eight men, and 17 women walk beyond

the Asylum precincts, and 62 men and 78 women were employed yesterday ; 34 of the former working on the land. The organization of the shops is as yet very imperfect ; no shoes have been made, and we noticed that some of the patients are very indifferently provided in this respect.

Referring to the observations of our colleagues in regard to the Case Books, we have to report that the recent admissions have been carefully recorded, and something has been done to keep up the older cases, but of these there is still a large number greatly in arrear.

In November last, the Asylum lost the valuable services of Dr. Stewart. He has been succeeded by Mr. Wickham, late of the Morningside Asylum, Edinburgh, and Dr. Lyle has been appointed Assistant Medical Officer.

W. G. CAMPBELL,	} Commissioners in Lunacy.
JOHN D. CLEATON,	

THE MEDICAL SUPERINTENDENT'S REPORT.

To the Chairman and the Members of the Committee of Visiting Justices.

January, 1872.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to submit to you the Seventh Annual Report, with the Tables, for 1871.

On the 1st January, 1871, there were 281 patients in the House, and on the 31st December there were remaining on the books 265. This decrease in the numbers is due almost entirely to the fact, that 25 patients belonging to London Parishes have been removed to their own County Asylum. The admissions have been 106, of which 53, or one-half, have come from the Newcastle-on-Tyne Union, the other half being made up of private patients and of paupers from Unions which could not get accommodation in their own Asylums. The admissions from Newcastle are higher in number than usual, but not so much so as to call for any particular remark.

The discharges have been 83, including 39 recoveries, or about 37 *per cent.* of the admissions, and 44 relieved or not improved, consisting chiefly of cases which have been removed to their own County Asylums.

The deaths have been 39, being in the ratio of about 10 *per cent.* of the total number under treatment.

Of the admissions, a considerable number were in a very weak state of bodily health, and required constant nursing and support to keep them alive. On examining the books no less than 24, or nearly one-fourth of the entire number, are found to be registered as admitted in a more or less exhausted condition, and by this is meant not the mere disturbance of the system which every case of insanity presents, but a state of prostration, such as to tax to the utmost the energies of those in attendance. This is in a great measure to be attributed to the long distances

many of the patients are obliged to travel, some of them having to come considerably more than 100 miles, in consequence of their proper Asylums being full. Under these circumstances, the recent cases this year have been the source of more than usual anxiety. At the same time, the absence of crowding in the Asylum has enabled us to cope with these difficulties as we could not otherwise have done, and by a careful system of mingling certain cases together, and of separating others, to remove to an uncommon extent those irritating influences which act so banefully on new cases, and are the cause of much discomfort to the old ones.

It has frequently been said that the insane do not combine to work mischief, and that this is the case in some respects there is little doubt, but it is impossible in a disease which assumes so many different shapes, to fix an arbitrary rule of this sort. It is very true that the bulk of those who make up our Asylum populations, do not readily combine either for mischief, or for the sake of friendship. But one of the greatest difficulties in my experience that an Asylum physician has to contend with, is the constant opposition he meets with from cases of mania, in which there is a strong infusion of what is called "Moral Insanity." These cases, which are little removed from the criminal class, will thwart him in every possible way, out of pure mischief; they instil, as much as they can, a spirit of mutiny and discontent into the other patients, they incite them to rebel against authority, they plot escapes, and in short they try by every means in their power to terrify the superintendent into letting them have their own way. They have all the instincts of the criminal, but at the same time they know that they are not legally responsible for their actions, and so they are utterly reckless. With such cases it is extremely difficult to deal, as kindness is quite thrown away on them, and indeed is generally regarded as a confession of weakness. While on the other hand, in an Asylum of this kind, built with the wise and humane design of mingling the patients as much as possible, and where each division of the house is for all practical purposes a single

ward, any attempt at a system of separating all these cases is quite useless.

Another class of the insane who make friends with each other are, as is well known, epileptics, of whom it seems to have been mercifully ordered, that they shall associate with those in in their own condition, in order to render each other assistance when prostrated by their seizures. In this Asylum there are at present two patients, affording a well marked instance of this. Both are fatuous in the extreme, yet they are never apart, unless one is confined to bed, when the other will linger about the door of his room, and take every opportunity of going in to sit with him.

As an instance of how easily a person prone to delusions is affected by passing events, it is interesting to notice that one of the male patients has been so influenced by the reports of a certain trial, which has lately been attracting a great deal of public attention, as to fancy himself the heir of large possessions. Whether the delusions existed before, and lay concealed, or whether the disclosures which were made from day to day, first gave them shape, I am unable to say, but nothing was known of them until about three months ago, since which time he has been writing letters to prove his position.

The medicines employed during the year have been chiefly opiates and the hydrate of chloral, in addition to the usual tonics, &c. The hydrate of chloral has been used with, on the whole, good results in many cases, but at the same time it is a drug of which it may be said in a very particular manner, that it must be employed with caution, and not so indiscriminately as some would lead one to suppose, for deleterious and sometimes even dangerous effects have been observed after its use. It has been said that it is to the art of medicine what chloroform is to that of surgery; but in our present faulty knowledge of its actions, I am not inclined to subscribe to this doctrine further than as regards the possible danger attending its use. A male patient suffering from great excitement was treated in the following manner:—On the 26th August he got 35 grains at bed-time, and on the 28th, 29th,

and 30th, 30 grains each night. He did not get any more until the 5th September, when the treatment was changed to 10 grains three times a day. This had no effect, and the dose was increased on the 9th September to 15 grains three times a day. On the morning of the 11th, he suddenly became so blind as to be unable to distinguish light from darkness, and this state only passed off when the medicine was stopped. The pupils were very greatly dilated, but there were no symptoms of prostration, or of any other constitutional disturbance observed. He took his food well, and his mental condition remained much the same as before. It is not easy to ascribe this unlooked for phenomenon to anything but the effects of the hydrate of chloral, while it also shows what an exceedingly powerful drug it is.

In the case of a female patient who had been treated for a short time with doses gradually increased to two scruples at bed-time, with no apparent effect, the treatment was changed to 20 grain doses three times a day. She was, like the former case, suffering from great excitement. This dose was continued for seven days, when she became the subject of the most severe urticaria I ever saw, attended with feverish symptoms of so violent a nature as to cause considerable anxiety. I could not discover any disease of the heart in either case, but in that of the woman I found that she had been suffering from her periodical indisposition during the last two days of the exhibition of the drug. These and other cases have made me unwilling to use it much of late. A careful investigation of its actions and properties is much required, as there is no doubt that it is a valuable addition to the pharmacopœia, and applicable to certain cases in which Opium is hurtful and other drugs are more or less useless.

A Table will be found in the Appendix giving the alleged causes of the insanity observed in those who were admitted or discharged, and who have died during the year. Intemperance plays so important a part, being in the ratio of 25 per cent. of the entire alleged causes in the admissions, recoveries, and deaths, that it is only fair to say that, for my own part, I believe that the

intemperate and dissolute habits so frequently observed in the beginning of insanity, are, in many cases, not the cause of the disease at all but the result. However, no proper conclusions can be derived from this table, which is at best but an unsatisfactory one; it is made up from the most imperfect data, the only authority frequently being ignorant relations whose information is generally given by guess work, and it is accordingly inserted only in compliance with custom.

Another Table will be found giving the forms of insanity observed in those admitted, and in those discharged recovered. I have adhered to the old classifications of insanity, not because they are the best, but because I am not prepared as yet to adopt the *nomenclature* of any other in its entirety. Except in the hands of the most experienced and cautious, such as its original author, in our present state of knowledge the new classification is apt to be as empirically used as the old one of Pinel.

The deaths have been, with two exceptions to be presently named, due to those causes which are common to all Asylums. General paralysis again heads the list, the deaths from that disease being about 28 *per cent.* of the entire number. This Asylum has acquired an unhappy notoriety for the prevalence of this disorder, and I find that the per centage of the total number of deaths caused by general paralysis, since the opening of the Asylum, is about 34. I make no attempt here to explain this, but it is worthy of investigation, because almost the entire number of deaths which have occurred in this Asylum from this cause have been cases from Newcastle.

One of the deaths, which happened early in the year, was occasioned by wounds inflicted by another patient. This man, who had never shown any symptoms of a tendency to violence, had, as usual, gone out in the morning with a garden party. He had a spade in his hand, and one of the attendants in charge of the party, walking in front of him, slipped on a piece of ice and fell. Apparently without a moment's hesitation, the patient hit him with the spade on the back of the head with all his force,

and knocked him senseless. Then turning round he inflicted, with the same instrument, a large incised wound of the scalp on a fellow patient, who was felled to the ground, and rendered unconscious, bleeding profusely. He died shortly afterwards from the effects of the wound, and the patient was removed on a Coroner's order to the County Gaol, and afterwards tried for wilful murder, but acquitted on the ground of insanity, and sent I believe to Broadmoor.

Another death took place, from fractures of the ribs. The man was admitted in the evening considerably bruised about the head, arms, legs, and hips, and being much exhausted, having travelled a long way, he was put to bed in a room by himself, where he lay perfectly quiet all night. Early next morning the Assistant-Medical Officer went to visit him, and remarking difficulty of breathing made an examination and suspected broken ribs. He sent for me, and we examined the man together, and made out several fractures. He died on the fourth day from his admission, and the appearances at the *post mortem* examination, as well as the patient's own statement, left no doubt in my mind, and in that of the Coroner's Jury, and the Visiting Commissioners, that he had met with the injuries before coming to the Asylum. I very much regret that he was not more fully examined on his admission, but it was one of those cases in which the prostration from, as was thought, maniacal excitement was so great, that an examination was desisted from on account of the distressing state of exhaustion the man was in.

One of the attendants met with a broken rib under peculiar circumstances. He and some of the patients in an airing court one cold afternoon were amusing themselves by chasing each other, when he suddenly slipped and fell; he did not feel anything particular at the time, but by the next morning he had great pain in breathing, and on making an examination, I detected a fracture of the eighth left rib. This is an interesting case, because the place where he fell was smooth and level, and there was no one near enough to injure him.

No reasonable man would assert that such injuries are never inflicted in Asylums, but I think that a violent lunatic has a fairer chance of gentle treatment in such an Institution than elsewhere. Having myself had several deaths from broken ribs, I have been much struck with the circumstance that in all the cases, whether the injuries were detected on admission or not, the patients died within a short time of their being admitted, and came either from a police cell or a workhouse. Also it is worthy of remark, that while, as every Superintendent knows, scarcely a patient is ever admitted at all, and this applies to the higher classes as well as to paupers, who does not bear some marks of bruising or rough handling; on the other hand, if new cases were examined a short time after their admission, the number of those with the marks of injury would be found to be very small, and the injuries generally to be satisfactorily accounted for. This is good presumptive evidence that the lunatic is more likely to meet with kind usage in an Asylum than anywhere else. The mere act of feeding a person against his will, if unskilfully performed, may result in serious injury. At the same time I would not be held as throwing blame on workhouse nurses so much, as on the discreditable state of the law, which permits it to be ever possible that a lunatic who is disposed to be violent, should be detained for an hour in a place where there are no proper means of ensuring him even a common chance of safety to life and limb,

Post mortem examinations have been held in all cases of death during the year, whenever it was possible to do so, and there has not, on the whole, been very much difficulty in procuring the consent of the friends. Holding such examinations is an especially important duty with the Asylum physician, for several reasons, and particularly because many of the patients are unable or unwilling to say much about their ailments, and consequently a diagnosis has frequently to be made without any assistance from the patient, and sometimes in spite of his opposition. Under such circumstances the experience to be derived from *post mortem* examinations can hardly be too highly estimated, as it is almost

the only means by which errors in diagnosis can be ascertained and avoided for the future. I therefore make a point of insisting, as far as I can, on an autopsy in all cases of death. There have been several pathological rarities observed during the year, the most interesting of all being the case of a woman in which the right kidney was entirely absent, no trace of the most rudimentary body being observable. The left one was of the normal shape, and weighed about $7\frac{1}{4}$ oz. I sent a note of the circumstance to Professor Turner, of Edinburgh, who replied that he had only seen one such case before, and in it the uterus was the subject of great malformation. Curiously enough in my own case, the woman had not menstruated before the age of 26, when she was operated on by a medical gentleman in Newcastle. The operation had only a temporary effect, and she died at the age of 27. The uterus was of a normal shape, but the ovaries were considerably atrophied.

In consequence of the prevalence of Small-pox in Newcastle, it was considered necessary to put a stop to the visits of the relations and friends of patients for a time. This was a great hardship to many, especially the aged and feeble, but it bore its fruit in the complete immunity we enjoyed from the epidemic.

The amusements have received their due share of attention, and in addition to the regular dances, &c., we have had several evenings' entertainments, and a large pic-nic to Whitley took place in the summer. The library has been considerably added to, and donations of books, newspapers, musical boxes, &c., have been made by kind friends.

The changes in the staff have occasionally thrown the work into a little disorder, but I have been most ably assisted in my difficulties by Mr. Thomas Lyle, the Assistant-Medical Officer. The Matron, Steward, and Head Attendant have also, in their respective departments, rendered me valuable aid, and the conduct of the Attendants, Nurses, and Servants, has been on the whole very satisfactory.

In short, thanks to the warm interest you have always taken in the affairs of the Institution, and to the uniform kindness and consideration with which you have treated me, everything has been done, so far as lay in our power, to promote the interests of the Asylum; and in bringing this record to a close, I think we may, without presumption, congratulate ourselves on being able to look back with much pleasure on the work of the year which has just passed away.

I have the honour to be,

Mr. Chairman and Gentlemen,

Your most obedient servant,

R. H. B. WICKHAM, F.R.C.S., Edin.

APPENDIX I.

TABLE I.,

Showing the Admissions, Re-Admissions, Discharges, and Deaths during the Year 1871.

				Males.	Females.	Total.
In the Asylum, 1st January, 1871				119	162	281
	Males.	Females.	Total.			
Admitted for the first time during the Year	63	34	97			
Re-Admitted during the Year	5	4	9	68	38	106
Total under treatment.....				187	200	387
Discharged—						
Recovered	23	16	39			
Relieved.....	10	1	11			
Not improved	7*	26	33			
Died	28	11	39			
Total discharged and died				68	54	122
Remaining in the Asylum on the 31st December, 1871				119	146	265
Average number daily resident				119	153	272

* This includes one man who was discharged "not insane," after being in the Asylum for a few days.

TABLE II.,

Showing the Admissions, Re-Admissions, Discharges, and Deaths from the opening of the Asylum to the present date, 31st December, 1871.

				Males.	Females.	Total.
Persons Admitted during the period of 6½ years ...				281	281	562
Re-Admitted				11	19	30
Total number of cases admitted				292	300	592
	Males.	Females.	Total.			
Discharged—						
Recovered	56	75	131			
Relieved.....	15	14	29			
Not improved	13	27	40			
Died	89	38	127			
Total discharged and died during the period of 6½ years				173	154	327
Remaining in the Asylum on the 31st December, 1871				119	146	265
Average number daily resident during the period of 6½ years				83 7-13	91 7-13	175 1-13

TABLE III.

Showing the Admissions, Discharges, and Deaths, with the Mean Annual Mortality and Proportion of Recoveries per Cent. of the Admissions for each Year since the Opening of the Asylum.

[illegible]

TABLE IV.,

Showing the History of the Annual Admissions since the Opening of the Asylum, with the Discharges and Deaths, and the numbers of each year remaining on the 31st December, 1871.

Admitted.				Of each Year's Admissions, Discharged and Died in 1871.				Total Discharged and Died of each Year's Admission to 31st December, 1871.				Remaining of each Year's Admissions on 31st Dec., 1871.														
YEARS.	New Cases.		Re-lapsed Cases.		Total Number.		Recovered.		Relieved.		Not Improved.		Died.		Recovered.		Relieved.		Not Improved.		Died.		Total.			
	Males.	Females.	Males.	Females.	Total.		Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Total.			
	Total.		Total.		Total.		Total.		Total.		Total.		Total.		Total.		Total.		Total.		Total.		Total.			
1865.....	58	56	...	...	114	...	...	...	...	3	...	7	6	13	1	1	...	...	1	...	17	11	28	32	38	70
1866.....	18	25	1	3	47	...	...	...	...	...	...	4	12	16	...	3	...	...	2	...	7	4	11	6	9	15
1867.....	19	14	1	3	37	...	...	...	...	...	...	5	11	16	...	1	...	...	1	...	9	3	12	5	2	7
1868.....	29	22	2	4	57	...	...	...	...	...	...	...	10	12	22	...	2	...	...	...	14	4	18	6	8	14
1869.....	26	22	...	3	51	...	...	...	...	...	...	7	11	18	...	4	...	...	2	...	9	3	12	4	7	11
1870.....	68	108	2	2	180	9	8	17	4	1	5	10	16	26	4	3	7	...	30	26	21	9	30	31	56	87
1871.....	63	34	5	4	106	13	7	20	5	...	5	13	7	20	5	...	5	...	4	1	12	4	16	35	26	61
Total ..	281	281	11	19	592	23	16	39	10	1	11	28	33	61	15	14	29	89	40	27	89	38	127	119	146	265

Summary of the Total Admissions.				Total.	
Per Centage of Cases Recovered				Male.	Female.
Relieved	...	...	...	19.5	25.0
"	Not Improved	...	...	5.2	5.0
"	Dead	...	...	4.1	9.0
"	Remaining	...	...	30.5	13.0
"	Remaining	...	...	40.7	48.0
Total ..				100.0	100.0

TABLE V.,

Showing the Form of Mental Disease in those Admitted and Discharged Recovered during the Year 1871.

	ADMISSIONS.			RECOVERED.		
	Males.	Fem.	Total.	Males.	Fem.	Total.
Mania, Acute	24	13	37	18	11	29
„ Chronic	2	5	7	...	...	...
Dementia	9	5	14	1	1	2
Melancholia	7	7	14	1	4	5
Monomania ...	8	1	9	3	...	3
Imbecility	6	6	12	...	...	...
Idiocy	...	...	...	...	...	...
General Paralysis	11	1	12	...	..	...
Not Insane	1	...	1	...	...	...
Total	68	38	106	23	16	39

TABLE VI.,

Showing the Causes of Death during the Year 1871.

CAUSES OF DEATH.	Males.	Fem.	Total.
CEREBRAL AND SPINAL DISEASES:—			
Apoplexy and Paralysis	1	..	1
Epilepsy	2	1	3
General Paralysis of the Insane..	10	1	11
Maniacal Excitement	2	1	3
Inflammation, Tumours, and other Diseases of the Brain	5	2	7
THORACIC DISEASES:—			
Pulmonary Consumption	3	2	5
Pneumonia	1	...	1
Disease of the Heart	1	3	4
ABDOMINAL DISEASES:—			
Dysentery and Diarrhoea	...	...	...
Cancer of Uterus.....	...	1	1
Wound of the Scalp	1	..	1
Fractured Ribs	1	...	1
Scrofulous Abscesses.....	1	...	1
Accidents	...	...	...
Suicides	...	...	...
Total.....	28	11	39
Ascertained by <i>post mortem</i> examination	18	8	26

TABLE VII.,

Showing the Length of Residence in those Discharged, Recovered, and in those who have Died during the Year 1871.

LENGTH OF RESIDENCE.	RECOVERED.			DIED.		
	Males.	Fem.	Total.	Males.	Fem.	Total.
Under 1 month	1	...	1	4	2	6
From 1 to 3 months.....	3	1	4	5	1	6
„ 3 to 6 „	10	8	18	7	...	7
„ 6 to 9 „	5	2	7	5	2	7
„ 9 to 12 „	2	...	2	1	2	3
„ 1 to 2 years.....	2	4	6	1	3	4
„ 2 to 3 „	...	1	1	..	...	...
„ 3 to 4 „	..	...	...	2	1	3
„ 4 to 5 „	...	...	...	...	...	...
„ 5 to 6 „	...	...	...	2	...	2
„ 6 to 7 „	...	...	...	1	...	1
Total	23	16	39	28	11	39

TABLE VIII.,
Showing the duration of the Disorder on Admission in the Admissions, Discharges, and Deaths, during the Year 1871.

CLASS.	DURATION OF DISEASE ON ADMISSION, IN FOUR CLASSES.											
	ADMISSIONS.			DISCHARGES.						DEATHS.		
				Recovered.			Removed, Relieved, or otherwise.					
	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.
FIRST CLASS—First attack, and within three months of admission	45	26	71	19	14	33	11	1	12	18	6	24
SECOND CLASS—First attack, above three months and within twelve months of admission	8	4	12	2	1	3	4	1	5	4	4	8
THIRD CLASS—Not first attack, and within twelve months of admission	5	2	7	1	...	1	...	...	...	...	...	...
FOURTH CLASS—First attack or not, but of more than 12 months of admission	3	4	7	...	1	1	1	16	17	3	...	3
Not known ..	7	2	9	1	...	1	1	9	10	3	1	4
TOTAL.....	68	38	106	23	16	39	17	25	44	28	11	39

TABLE X.,
Condition as to Marriage in the Admissions, Discharges, and Deaths during the Year 1871.

CONDITION IN REFERENCE TO MARRIAGE.	ADMISSIONS.			DISCHARGES.				DEATHS.		
				Recovered.		Removed, Relieved, or otherwise.		Males.	Fem.	Total.
	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	
Single	36	12	38	10	5	15	2	19	21	9 3 12
Married	35	17	52	10	10	20	15	2	17	16 3 19
Widowed	7	9	16	3	1	4	...	4	4	3 4 7
Not known.....	..	...	...	...	...	...	...	2	2	... 1 1
Total	68	38	106	23	16	39	17	27	44	28 11 39

TABLE XI.,
Showing the alleged Causes of the Mental Disorder in the Admissions, Discharges, and Deaths during the Year 1871.

CAUSES.	ADMISSIONS.			DISCHARGES.				DEATHS.		
	Males.	Fem.	Total.	Recovered.		Removed, Relieved, or otherwise.		Males.	Fem.	Total.
				Males.	Fem.	Total.	Males.			
MORAL—										
Religious excitement	3	3	6	...	1	1	1	...	...	...
Domestic affliction	2	2	4	...	2	2	3	1	...	1
PHYSICAL—										
Injury to head	3	...	3	...	...	...	...	...	...	...
Masturbation	2	...	2	...	...	...	1	...	...	...
Over-lactation	...	1	1	...	...	...	...	...	...	...
Cerebral disease	4	...	4	1	...	1	2	5	...	5
Syphilis	...	...	...	...	...	...	...	...	...	...
Ovarian	...	2	2	...	3	3	...	...	1	1
Change of life	5	9	14	...	2	2	...	1	...	1
Pregnancy	...	2	2	...	2	2	...	...	...	...
Anæmia	...	1	1	...	1	1	...	...	1	1
Over-work	...	...	...	1	...	1	...	...	...	...
Intemperance	21	5	26	14	3	17	2	7	1	8
Old age	...	2	2	...	...	...	1	1	1	2
Pubescent period	1	...	1	1	1	2	...	...	...	...
Epilepsy	2	2	4	...	...	...	3	2	1	3
Fever	1	1	2	...	...	...	...	...	...	...
Paralysis	...	...	...	...	...	...	1	3	3	6
Congenital	3	3	6	...	...	...	...	...	1	1
Hereditary	4	...	4	...	...	...	...	1	...	1
Unknown	17	5	22	6	1	7	3	7	1	8
Total.....	68	38	106	23	16	39	17	28	11	39

APPENDIX II.

NEWCASTLE-UPON-TYNE BOROUGH LUNATIC ASYLUM.

Balance Statement of the Income and Expenditure during the Year ending December 31st, 1871.

[illegible]

2nd March, 1872—Examined and found correct,
CHARLES SMITH, AUDITOR.

W. P. STRATTON,
CLERK AND STEWARD.

NEWCASTLE-UPON-TYNE BOROUGH LUNATIC ASYLUM.

Average Cost per Week per Patient during the Year 1871.

Headings of Expenditure.	Amount.	Average.
	£ s. d.	s. d.
Provisions	3529 2 8	4 11½
Clothing	630 10 0	0 10½
Salaries and Wages	1148 8 10	1 7¾
Necessaries	871 19 11	1 2½
Surgery and Dispensary	38 8 9	0 0¾
Wine, Spirits, and Ale	69 19 8	0 1¼
Furniture and Bedding	428 4 9	0 7¼
Garden and Farm	241 10 4	0 4¼
Rates, Taxes, and Insurance	59 14 2	0 1
Miscellaneous	335 12 5	0 5½
Building and Repairs	254 5 10	0 4¼
	7607 17 4	10 8½
Less by Sales, &c.....	105 11 6	0 1¾
Nett cost and Average.....	7502 5 10	10 6¾

W. P. STRATTON,

Clerk and Steward.

