

**Eleventh report of the Somerset County Pauper Lunatic Asylum : from the 1st of January, to the end of the year 1858.**

**Contributors**

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# ELEVENTH REPORT

OF THE

SOMERSET COUNTY PAUPER

LUNATIC ASYLUM,

From the 1st of JANUARY, to the end of the Year

1858.



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WELLS:

PRINTED BY M. BACKHOUSE, "JOURNAL OFFICE," HIGH-STREET.

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MDCCCLIX.

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A LIST OF THE  
COMMITTEE OF VISITORS

OF THE

Somerset County Pauper Lunatic Asylum,

1858.

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CHAIRMAN:

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WILLIAM MILES, Esq., M.P.,

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CAPTAIN SCOBELL, R.N.,

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TREASURER:

CAPT. GILES, *Stuckey's Banking Company, Wells.*

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**R E P O R T**  
OF THE  
**V I S I T O R S**  
OF THE  
**SOMERSET COUNTY LUNATIC**  
**ASYLUM:**

PRESENTED TO THE COURT OF QUARTER SESSIONS,

*Held at TAUNTON, in the said County, on Tuesday, the  
4th day of January, 1859.*

---

“THE COMMITTEE OF VISITORS of the County Lunatic Asylum, have great pleasure in reporting that the health of the patients has generally been good during the past year.

“The mortality has been below the average, and the proportion of recoveries to admissions greater than usual.

“Miss H. Story who was appointed last year head attendant on the female side, having obtained an appointment at the Blue Coat School, Liverpool, Miss Sparkes has been appointed to succeed her.



" The position of the boilers in the Kitchen having been found inconvenient, they have been removed into the Back Kitchen, and for some time past the Kitchen itself has been used as a dining hall, where about 80 males and 40 females usually take their meals together.

" This experiment proves to be as completely satisfactory, as the great dormitories mentioned in former reports.

" The Committee have much pleasure in expressing the same confidence in the Medical Superintendent as they expressed last year, and in reporting the general efficiency and good conduct of the Officers and Attendants.

" The Report of the Medical Superintendent will be printed as usual.

" The Court is requested to reappoint the Committee, omitting the name of Mr. Lopez, who has ceased to reside in the County."

F. H. DICKINSON,

J. C. SOMERVILLE,

WILLIAM F. KNATCHBULL,

R. KING MEADE KING,

WM. MILES,

C. A. MOODY.



# ELEVENTH REPORT

## OF THE

### SOMERSET COUNTY PAUPER LUNATIC ASYLUM,

FOR THE YEAR 1858.

---

By ROBERT BOYD, M.D., Physician and Superintendent.

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## PART I.

On the 31st December, 1857, there were 361 patients in the Asylum; of these, 179 were males and 182 females. During the year 1858, the admissions were 151; of these 80 were males and 71 females; making a total of 512 under treatment during the year. Eighty of these were discharged, 34 males and 36 females recovered—being at the rate of very nearly  $13\frac{3}{4}$  per cent.; 7 males and 2 females relieved, and 1 male not improved. Thirty-seven died; of these 26 were males and 11 females, being at the rate of  $7\frac{1}{4}$  per cent. of the number under treatment. At the termination of the year there were 191 males and 204 females; total, 395 remaining; of whom, 26 males and 19 females are probably curable. The increase being 34, on the number remaining the preceding year.

### Additions and Improvements.

This Asylum, which was originally built for 350 patients, has, during the past year, accommodated upwards of 400, and there is now sufficient room for 430 patients. By raising a portion of the two wards (No. 3,) now only one story high, and adding a second story, sleeping rooms for about 80 more might be made, without taking



away from the uniformity of the building. The removal of the boilers to the back kitchen, and the conversion of the great kitchen into a dining-hall, has been a great improvement; 130 patients, 90 males and 40 females, can now take all their meals there, and the arrangement is, in every respect, satisfactory.

The building, now used for workshops, may be easily converted into a larger dining-hall. It is close to the kitchen. New workshops, on the north side of the adjacent yard, may be built. This could be done by the available labour of the establishment; there is stone enough on the spot; all the outlay required for the purchase of timber, slates, and glass could, as hitherto, be paid out of the Building Fund.

The amount paid into this fund has usually been about £500 a year; out of this, the Visitors purchased materials for all the requisite repairs, and made extensive additions, especially in the farm yard and offices. A cottage has been built at the upper entrance from the Bath road; a new boiler and boiler-house have been added; and the cooking apparatus has been enlarged sufficiently for 500 patients. Two new lavatories have been built, by raising the bath-rooms between the kitchen passages and No. 2 ward, and in each lavatory will be placed twelve or fourteen basins in front, a bath, and scullery behind, and two water-closets adjoining. The kitchen passage on the men's side, is being covered with glass, as it is on the female side, and the slate covering is made use of in the lavatories; the passages and centre building are thus rendered lighter and more cheerful. Two hundred and sixty-seven yards of the boundary wall along the Frome road, where the fence was broken and bad have been completed; and the walk, which winds by the cottage near the Bath road, and along the front leading to the farm-yard, has been almost finished, which completes all the improvements projected in the grounds originally purchased.

Five acres of hanging ground on the north-east of the Asylum, which were purchased five years back, will afford full occupation for several months in lowering the top, and levelling and deepening the ground; when improved, this land, from its situation and the lightness of the soil, is likely to be a valuable acquisition to the garden ground. Two small plantations, one on the north, the other on the east side of this ground, and containing together about one acre and a quarter, may be made ornamental and useful as places



of recreation for the patients; upwards of 300 young trees have been planted, and walks have been laid out and evergreens are to be planted at the suggestion of one of the Visitors: these walks when completed, will very much extend the space for exercise within the precincts of the Asylum grounds.

When the improvements now in progress have been completed, it will be desirable to obtain more land as a means of employment for the patients; and it is conceived that, if land can be purchased on reasonable terms, it might be so cultivated as to reduce the cost of maintenance.

#### Weekly Charge.

The weekly charge of 7s. 7d. was last year rather below the cost; this was owing to the high rate of provisions, and to a greater outlay than usual in repairs and improvements. The contracts this year have been made on better terms, and the accounts shew a favourable balance

#### State of the Establishment.

The general health of the inmates has been good throughout the year. Among the deaths we may note that of the Porter who, for a long time, had been in a gradually declining state of health.

The conduct of the Attendants and Servants has been satisfactory.

The Superintendent feels grateful to the Chairman and Visitors, for their uniform kindness and support in the discharge of his onerous duties.

The usual information contained in the Tables and Obituary, with the analysis and summary will be found in the Appendix.

#### Lunatic Asylum Act of 1853.

In order to facilitate the early removal of Lunatics to the asylum some members of the Committee of Visitors were desirous that the necessary steps required under the last Public Asylum Act should be concisely stated in this report. The mode of sending Lunatics, to an asylum is prescribed in clauses 67 and 68 of the Act 16 and 17 Vic. c. 97, the more important provisions of which are as follow:—Under ordinary circumstances, Lunatics are sent to the asylum by an order of a Justice; or of the officiating Clergyman



of the parish, and the Relieving Officer.

The person who makes the order must see the Lunatic and satisfy himself that he is a proper subject to send to an asylum, and must also obtain from a legally qualified medical man a certificate as provided by the Act.

The form of *statement* given by the Act comprises questions which must be answered, and signed by the Relieving Officer.\*

Every medical officer of an Union must, within three days, give notice to the Relieving Officer of any person deemed to be Lunatic; and thereupon the Relieving Officer must, within three days, apply to a Justice, in each case under a penalty of £10 (sec. 70). The Justice must order the person to be brought before him within three days, or he may act at once on his own knowledge, without requiring any of these preliminary steps.

It has been suggested to me by the Chairman of the Visitors, that it would generally be desirable that the Justice should visit the supposed Lunatic at his own home, or at his work, in company with the medical practitioner, when he would be less likely to be guarded in his answers, than if formally "brought up," to be examined. Where the patient cannot, on account of his health, or from other cause, be conveniently taken before a Justice, then the officiating Clergyman may examine the patient at his own abode, or elsewhere; but there is no power to bring the patient before him. Besides the mere question of unsoundness of mind, there is that of the desirableness of sending the patient to an asylum, and the state of his health to be considered; these matters, which I shall treat of more at length presently, often make it doubtful what may be the proper course, and it is to be wished that those who have to decide should not be misled by any accidental excitement of the patient.

*Wandering Lunatics* are to be sent to an asylum by one Justice; and *Lunatics, not under proper care and control*, and those who are cruelly treated or neglected by any relative, or other person having care or charge of them, by two Justices; in each case the medical certificate is the same.

There are provisions that constables are to take wandering Lunatics into custody, and bring them before a Justice;

\* The proper forms and certificates may be obtained at the Asylum.



and that upon information, due enquiry shall be made, either by a Justice, or by a medical practitioner, by order of a Justice, into the cases of persons not under proper care, or cruelly treated, or neglected; and upon an unfavourable report, an order shall be made to bring the Lunatic before two Justices.

There are penalties of £10 for not taking wandering Lunatics into custody, and for not giving information within three days, of persons not under proper care, or who are cruelly treated, (sec. 70.) Upon receipt of an order, the Relieving Officer is bound, under a penalty of £10, to have the Lunatic conveyed to the asylum, (sec. 71.) In peculiar cases arrangements may be made for sending from the asylum a proper conveyance and attendant, to bring the patient; of the necessity of this arrangement, the medical practitioner who certifies will be the best judge, and he is required in every case, if the patient is not in a fit state to be removed, to give a certificate to that effect, and the removal is thereupon suspended, until a certificate is given that the patient is fit for removal.

It may be as well to add a few remarks on the medical certificate. The directions in the printed form must be carefully attended to, or the papers will be returned by the Commissioners in Lunacy, to be completed or corrected.\*

With regard to the substance, the medical practitioner is to certify, not only that the person whom he has seen is *Lunatic*, or *Idiot*, or a *person of unsound mind*; but that he is also a *proper subject to be taken charge of in the asylum*; and he must also give his reasons for coming to such a conclusion; 1stly, from facts which he *has observed himself*; and 2ndly, from facts *communicated to him by others*, these are usually the causes which have led to the inquiry of insanity, and it is of the greatest importance that he should make no confusion between those two classes of facts; he should give a complete account of everything that is material in the certificate. The circumstances which the medical practitioner should state, as having come under his own immediate observation, must of course be such as to indicate some amount of unsoundness of mind. They need not be so complete, as to form the entire basis of his opinion, either as to the existence of insanity, or the expediency of sending to the Asylum. In one im-

\* If not amended within 14 days, the Commissioners may make an order for the Patient's discharge.—*Mr. Secretary Walpole's New Lunatic Asylums Bill*, Sec. viii.



portant class of cases, where there is danger of suicide, it is extremely unlikely that the medical man can have facts known to himself, which indicate the extent of the danger; in such cases, relying chiefly upon hearsay evidence, which of course he will strictly scrutinize, he will not shrink from the responsibility which is attendant upon his signing a certificate. When he observes no indications of insanity; and the family history, or the previous acts, and expressions of the patient furnish no reasonable grounds for suspicion, he must refuse to sign the certificate.

The prohibition of the medical officer of the Union, signing the certificate, has now been repealed, and it may be remarked that he is mainly responsible when persons, who ought to be sent to the asylum, are not sent there; besides the notices to the Relieving Officer already referred to, he is bound in each quarter ending with March, June, September, and December, to see every lunatic and idiot in his district, and within seven days to make out a list, on a form to be provided by the Board of Guardians, and he must certify that his list contains all the Lunatics and Idiots within his district, and that they are properly taken care of and may properly remain out of an Asylum; or, if he thinks otherwise, must specify those which are not properly taken care of, or ought, in his opinion, to be sent to an Asylum.



## PART II:

In the report of the Metropolitan Commissioners in Lunacy made previous to the passing of the Lunacy Acts, in 1845, a brief, but distinct description is given of the principal forms of insanity, which are classified under the following heads:—

I. Mania; which is sub-divided into:—

1. Acute mania or raving madness.
2. Ordinary mania, or *chronic madness* of a less acute form.
3. Periodical, or remittent mania, with comparatively lucid intervals.

II. Dementia, or decay and obliteration of the intellectual faculties.

III. Melancholia.

IV. Monomania.

V. Moral insanity.

The three last mentioned forms are sometimes comprehended under the term *partial insanity*.

VI. Congenital idiocy.

VII. Congenital imbecility.

VIII. General paralysis of the insane.

IX. Epilepsy.

X. Delirium tremens.

*Simulated Insanity*.—"The supposed difficulty," says Dr. Ray,\* "of distinguishing between feigned and real insanity, has been the principal cause, to bind the legal profession to the most rigid construction and application of the common law relative to this disease. Nothing requires a severer exercise of a physician's knowledge and tact, than such a case. There is a prevalent but unfounded notion, that insanity may be easily imitated." A convalescent patient was heard here to observe to a "tramp" who

\* Medical Jurisprudence of Insanity, c. xv.



came to ask alms, "what a fool you are to beg! go into the town and knock down the quietest looking and most respectably dressed gentleman you can find; you will be taken up, made out mad, sent here, and be comfortably provided for." The method that is in madness, the constant recurrence to the predominant idea, is one of those features in the disease which is generally overlooked. Georget does not believe that a person who has not made insanity his study, can deceive a physician well acquainted with the disease. Haslam declares, that "to sustain the character of a paroxysm of active insanity, would require a continuity of exertion beyond the power of a sane person." Impostors generally overdo the character they assume, and present nothing but a clumsy caricature. The representations of mania put forth in the works of novelists and poets, with a few such admirable exceptions as in the Lear and Hamlet of Shakspeare, are of all their attempts to copy nature, the least like their model. The really mad, are generally speaking not readily recognised as such by a stranger, and they retain so much of the rational as to require an effort to detect the impairment of their faculties. In feigned cases all this is very different; the person is determined his derangement shall not be overlooked for want of numerous and obvious manifestations of its existence. A maniac has generally no difficulty in remembering his friends, places, names, dates and events, and the occurrences of his life. His replies to questions, though they may sometimes indicate delusion or extravagant notions, generally have some relation to the subject, and show that it has occupied his attention. Now, a criminal simulating mania, will frequently deny all knowledge of men or things, with which he has always been familiar, especially whenever he imagines that such ignorance, if believed, may be considered as a proof of his innocence. There is also a certain hesitation and appearance of premeditation in the succession of ideas, however incoherent, very different from the abruptness and rapidity, with which in real madness the train of thought is changed.

In the year 1849, a male prisoner, aged 27, described as a hawker, who was sentenced to fifteen years' transportation for highway robbery, was sent here from the gaol. He had been a month in the infirmary of the prison, on account of his health, which was bad. He had low fever after his admission, and was for several



weeks under medical treatment in the infirmary of this institution. He never would speak to any one, but chattered like a monkey, repeating the words, "Jack, Jack, fifteen years for nothing." If he saw a female he would run at her; and he had a dangerous propensity of climbing and suspending himself by his legs, head downwards. Six months after admission his health improved and he went out to work, and was very expert in lifting weights; and from the manner in which he set about such things he impressed one with the idea that he was a sailor; he sometimes spoke the Spanish and French languages, and expressed a dislike to English and French people. About this time his conduct changed; he never spoke English to the attendants and pretended not to understand it, although when not observed, he would speak English to one of the patients. He slept well at night; he gesticulated when he thought he was observed or when he heard any one approaching and not at other times, and the general impression was that he was feigning insanity. On one occasion he came behind the attendant when opening the cupboard and snatched at a carving knife, but did not succeed in getting it, at which he was greatly enraged; a few hours afterwards, he attempted to strangle the same attendant. An order was subsequently obtained, and he was removed to the criminal ward of Bethlem Hospital, where I was informed he conducted himself like a rational person. On the journey to London, although handcuffed, he displayed his monkeyish tricks and frightened passengers from the carriage, and at Swindon station a remonstrance was made and a strong desire expressed that he should be expelled from the train.

The method of detecting insanity in England is left to individual sagacity. The French arrange their means under three general divisions; the *interrogatory*, the *continued observation*, and the *inquest*. The *interrogatory* embraces those means of information which are applicable in a personal interview. The *continued observation* has usually to be pursued for some time, and when the person supposes himself to be unobserved, he should be led to speak of the motives of those who are anxious to prove his insanity, or to write to his friends and prepare statements of his wrongs. It has been observed that a forgetfulness of words and letters will be evinced by well-educated maniacs, whose mistakes are owing to



their malady. The *inquest* consists in collecting information respecting the patient's condition before and after the presumed disease, and the causes suspected to have impaired his mind; his writings are consulted and the testimony of those who have been about and have conversed with him. Facts should be preferred to opinions, and it should be ascertained if madness be hereditary in his family; and whether any powerful cause, chagrin, severe crosses, reverse of fortune, or any change in his habits, tastes, or affections, have preceded the development. His business transactions, management of his family, and the state of his health, are also subjects for inquiry. If the patient's insanity be not evident, the conclusion ought to be that he is not a fit subject for legal interference.

#### Diagnosis of Insanity and Delirium. \*

The diagnosis of insanity is often very difficult, both with respect to medical jurisprudence, and in a practical point of view. Dr. Prichard considers monomania to be the most clearly-defined of all the forms of insanity. Persons who labour under illusions are, for the most part, eccentric in their conduct in general, and are morally insane; and the supervention of some illusory opinion on a previously-existent derangement of the habits and moral feelings, is the general character of monomania.

The existence of moral insanity is more difficult to determine, as may be inferred from the description of that disease. Dr. Prichard defines it, as "a morbid perversion of the feelings, affections and active powers, *without* any illusion or erroneous conviction impressed upon the understanding." It must be proved before any proceedings against an alleged lunatic can be taken, and before he can be declared of unsound mind, not merely that he labours under a degree of moral insanity, but that his case is individually such as to render him incapable of managing his affairs, and unfit to be entrusted even with the care of his own personal safety. "The diagnosis of instinctive madness, or of insane impulse from crime, the object of moral punishment, is a most difficult and at the same time an important investigation."† The

\* The diagnosis between insanity and delirium, and the observations respecting treatment, are written and printed at the request of the "Somerset Central Medical Society."

† Prichard's Treatise on Insanity.



diagnosis of mania, or of raving madness and delirium, is of the utmost importance; a delirious person should not be removed to an asylum. Such mistakes have been made, and to a professional man might be ruinous. Delirium, no doubt, when it occurs in fever or inflammation of the brain, often passes into insanity in persons hereditarily disposed. Several writers have divided delirium into the *acute* and the *chronic*; the former consisting of various morbid states of the brain, attended by mental disturbance and fever; the latter of mental alienation, unattended by fever or active bodily disease. *Chronic* delirium, therefore, comprises the various forms of Insanity. The causes originating delirium are often themselves sufficient to show its difference from insanity. In the advanced stage of acute, and in chronic diseases, when the powers of life become exhausted, and acute febrile action has set in, delirium, although considered an accidental, is especially a characteristic symptom. The *insane* patient retains his senses, as well as his digestive, assimilative, and locomotive powers, but little or not at all impaired. His mental faculties and intelligence are but partially deranged. There are, however, some instances of acute raving mania, in which, from long continued and violent agitation, febrile symptoms supervene. "Maniacs see, hear and perceive correctly, although they talk incoherently; their senses are not obscured as are those of a patient in febrile delirium; and they have not the tremulous agitation and muscular weakness which generally exist in the latter disorder. There are instances," adds Dr. Prichard, "in which perception and the muscular powers are unimpaired in delirium."—He relates the case of a patient in the Bristol Infirmary, "who once jumped suddenly from his bed, being alarmed by a clap of thunder, and sprang up with astonishing strength and agility over the beds to a window, nearly eighteen feet high. He held himself up on the outside by the sill of the window, and was taken down from a great height! He afterwards recovered from his fever without any sign of mania." I recollect an instance which occurred in the fever ward of St. Marylebone Infirmary of a young female, who sprang from her bed, leaped through the window on the third story, fractured her skull, and was killed on the spot. Another case occurred in the same Institution; a man in the fever ward with pneumonia, a few hours before death, suddenly got out of bed, and com-



menced shouting and raving; his face was flushed, and the pulse rapid and small. "Patients in fever often rave in a way which indicates that they are under illusion as to the places where they are, and mistake the persons who surround them. Fatal surgical operations are sometimes attended with delirium, and it occasionally appears towards the termination of pneumonia, hepatitis, splenitis, and phrenitis. Also in chronic diseases, such as phthisis, cancer, dropsy; the mind wanders towards the last. The delirium is generally preceded by pain and throbbing of the head, heat of the scalp, and flushing. In the *Edinburgh Medical and Surgical Journal*, No. 159, a case (547) of pulmonary phthisis combined with delirium is stated by me. A stableman, aged 25, a patient in the St. Marylebone Infirmary, became delirious one week before his death, and so violent that he was removed to another ward. A scrofulous tumour was found between the falx and the right cerebral hemisphere; in addition to tubercles, &c., in the lungs and the liver. The mental disorder gradually increases, and the delirium usually passes into coma; occasionally it disappears, especially in chronic diseases, and leaves the mind clear before death.

"The diagnosis of mania and delirium tremens is important, and sometimes more difficult than that of madness and febrile delirium. The history of the case must be taken into consideration; but the same habits of drunkenness leading to both diseases, this is not always sufficient. Patients in delirium tremens have seldom or never clear and accurate perceptions; their organs of sense are affected by the disease; they fancy themselves to be surrounded by fiends or spectres, or gnawed by rats; their muscular power is greatly impaired; they are weak and tremulous, while even in the most violent paroxysm of mania the person affected sees and hears distinctly, and is strong and active in his limbs."

The various distinguishing marks of delirium have been thus summed up and arranged by Georget:—

- 1st. Acute delirium is not an essential symptom of that disease in which it occurs, since that disease may exist without it. Insane delirium is the essential, and often the most prominent symptom, for there may be little or no disturbance in the constitution.



The voluntary motions may not suffer, and the patient may be able to walk, and to eat and drink as usual.

2. In acute delirium, the intellectual functions appear to be suspended rather than perverted. The patient can scarcely utter a few unintelligible and unconnected words, and those, as well as his actions, are without any relation to the surrounding objects—the senses, too, perform their functions very imperfectly, or not at all, and the natural affections do not exist. In insane delirium the intellect is seldom totally overpowered, some of its functions only being affected. It is excess of action, deviation, and want of harmony of these faculties; or preponderance of some fixed and assumed idea, that characterises general or partial insanity. By the partially insane, a connected discourse is often kept up, and they are frequently capable of maintaining the discussion of an argument. The senses also perform their functions, perception exists, although it may not be just, and the mind is awake to objects which are present.
3. In acute delirium the mind is wholly absorbed, as in a dream, with its own creations, and preserves the power, when strongly roused to momentary recollection, of directing itself to its situation. In insane delirium, truth and error are mixed up and not distinguishable by the patient.
4. In acute delirium, volition as well as consciousness is suspended, the patient being, for the most part, in a state of stupor, and when he does attempt an intellectual effort, he appears as if he were in a dream. In insane delirium, volition is often powerfully exerted and influenced by motives in the actions it produces.
5. In the course of acute delirium, circumstances that have occurred are on recovery but faintly remembered. In insane delirium, a full recollection is frequently retained of all that has passed.
6. Acute delirium is not hereditary, any more than is the disease in which it may occur, nor is it announced by signs of predisposition, nor of imperfection. Insane delirium is very frequently hereditary. The greater number of the insane or of those destined to become so, exhibit traces of it in the general character of the mind, their manner of life, and of study, &c.



7. Acute delirium being only the symptom of another disease, its duration is dependent on that of the primary one; and this does not remain long in such a state of violence, as to keep up the delirium, a restoration to health or a termination in death, soon puts a period to the delirium; which, therefore may only last a few hours or days, and rarely extends beyond one or two weeks. In insane delirium, the duration is very indeterminate. Not being a mortal disease, the patient may live a great many years,—indeed, for the most part, he is not restored to reason until some months, or a year, or even longer time has elapsed.
  8. Acute delirium occurs in acute diseases, common to childhood. Insane delirium is scarcely known before the approach of puberty.
  9. Acute delirium does not present any directly curative indications, in particular we never think of removing it by moral means, because (intellect being nearly suspended), no effect could be looked for from them. In insane delirium, the treatment is very much directed to injured function; it being on this principle that moral means operate.
  10. When once the health is established, a relapse of acute delirium is not dreaded. In insane delirium the recovery is not always permanent, relapses are frequent, and the brain is easily disturbed by slight causes.
- Lastly. The causes of acute delirium are either from remote diseases, or from different influences, which give birth to cerebral affections, of which this is the symptom. The causes of insane delirium act directly upon the intellectual functions of the brain.

*Treatment.*—It was formerly the custom to treat the insane after a certain routine, without regarding the causes or forms of the disorder. In ancient times, drastic purgatives, more especially hellebore, were the usual remedies. After the discovery of the circulation of the blood, venesection or the local abstraction of blood by cupping or leeches was much used. Formerly violent lunatics were often confined in a small den, littered with straw perhaps with one or two others; they were treated as wild beasts, chained to an iron ring. In some cases, the maniac was tied in a straightwaistcoat so tightly to his bed,



that movement without pain was impossible. Sometimes the furious maniac was gagged; and in others he was beaten. Of medical treatment there was little or none; he was left to live or die; if to live, in madness or idiocy. All this is now happily changed, and it is creditable to the age in which we live. The insane ought to be treated with gentleness, but firmness; and the truth should not be concealed from them, that they are persons morally lost to society; they should be diverted from their delusions as much as possible, and in every way encouraged to try and regain their lost position.

Pinel, the celebrated Physician of the Bicetre, in the year 1792, was the first who knocked off the fetters of the insane. In the same year, W. Tuke, of York, proposed the establishment of the Retreat, upon the principle of a mild and humane system of management, and in 1796 it was opened. The non-restraint system was adopted at the Lunatic Asylum at Lincoln. It was next introduced under the superintendence of Sir W. Ellis, at Hanwell, and fully carried out afterwards in that institution by Dr. Conolly, in 1839. It has since become universally established. Still, there are cases in which the temporary employment of restraint is indispensable in administering food and medicines, in cases of wounds, it is sometimes necessary to confine the hands, and especially in those cases in which the suicidal disposition predominates. A case of death recently occurred at Hanwell, from injury to the brain, caused by a patient butting with his head against a window-sash. Restraint of any kind is liable to be abused; and the usual alternative in public asylums, by means of seclusion in padded or other rooms, should be jealously watched. A female patient in this asylum, early in the year, was confined in her room for striking and threatening an infirm and inoffensive patient; in about twenty minutes, when the attendant returned to see her, she found her suspended by a strip of her dress to the leg of the bedstead, which she had set up on its end. Life was extinct. In the lunatic colony founded at Gheel, in Belgium, for the treatment of chronic cases, more than 1200 years ago, and which may be considered the remnant of the spiritual or priestly treatment of insanity, the recoveries were stated to be twenty-two, but more recently by Dr. Stevens\* to be less than 4 per cent. and the mortality is high.

\* *Asylum Journal*, April 1858.



As early as the sixth century pilgrims are said to have resorted to Gheel to be cured of their madness. On the tomb of the patron Saint, the Devil is sculptured issuing from the head of a female lunatic, while prayers are being offered up by priests and nuns; close at hand another maniac in chains seems awaiting his turn to be delivered from the demon. In this colony the patients are located in detached cottages. Detached buildings for convalescent and harmless lunatics (which can be built at a comparatively small expense), have been recommended of late years as auxiliaries to asylums. A cottage at the farmyard, for ten patients, has been in use in this asylum for the last two years, and answers very well; these patients, however, take their meals with the others, in the common dining hall. It was in contemplation to build a similar cottage for those employed in the garden. A separate probationary place for convalescent females might be advantageous; and it may here be mentioned that relapses amongst the insane are frequent as their susceptibility to emotional excitement remains for some time. Esquirol and Pinel are both of opinion that patients who become convalescent are often removed too soon from lunatic asylums; and this is especially the case in England.

Dr. Prichard, from considerations connected with pathological anatomy, was led to infer, that the state of the brain in madness is nearly allied to that which constitutes inflammation; and that this condition is often within reach of remedies. The testimony of practical authors is contradictory on the use of ordinary antiphlogistic or lowering treatment, in cases of insanity. M. Foville advocates copious bleeding as a remedy in insanity. An American physician, Dr. Rush, and also Dr. Haslam, formerly of Bethlehem Hospital, recommend bleeding. Dr. Rush speaks of having taken 200 ounces within two months from a patient; he begins by taking from 20 to 40 ounces, the patient standing erect, in order to produce syncope.

In opposition to these, the celebrated French writers, Pinel and Esquirol, condemn the practice of bleeding entirely, and from their large experience, are of opinion that venesection is pernicious and tends to bring on a hopeless state of dementia. Dr. Prichard mentions that in the Gloucester County Lunatic Asylum, in which the average number of recoveries is high, and the practice of Drs. Shute and Hitch eminently successful, bleeding



was never adopted. In particular instances it must be left to the judgment of an experienced practitioner, to discriminate those cases which require either general, or topical bleeding by cupping or leeches, from those in which the remedy is inadmissible. At the time that patients are sent to the asylum the occasion for bleeding, if ever it existed, has passed, and consequently is seldom employed. "Each case of mental disorder," says Dr. Copland, "presents certain circumstances, all which require calm consideration, in order that it may be successfully treated. 1st The *causes*, whether moral or physical, predisposing or exciting, and whether acting primarily or secondarily. 2nd The *state and stage of morbid action*, generally and locally, ought to be ascertained, and the influence which such action seems to exert upon the manipulations of mind. And 3rd The *condition of the organic functions*, not only as it may be the cause of morbid action, but also as it may be the consequence of such action. On these circumstances are based those indications of cure which should be proposed when entering upon the treatment of every mental disorder. 1st The *causes should be removed, in ways appropriate to their nature and combinations*. 2nd *General or local morbid action ought to be moderated, controlled, or removed, according to its nature, whether it be increased or excited, or imperfect, or deficient*. 3rd *The several organic functions should be promoted, when impaired; and restrained, when inordinately excited, either individually or collectively.*"

After bleeding, the next most powerful remedy used is digitalis, which has been recommended to lessen the action of the heart. Dr. Sharkey\* recommends an infusion of digitalis in porter, to be given in large doses in epilepsy. His method was tried here in some cases; it produced an alarming effect on the pulse, but no salutary effect on the disease. Nauseating medicines are safer, full doses of tartarized antimony, to which a few drops of tincture of opium may be added to prevent its rejection by the stomach, or producing diarrhoea, will often bring on a free perspiration, a soft pulse and cooler skin. Purgatives, if necessary, should be given in the form best suited to the state of the patient. Emetics have been found of service in some cases of insanity, but must not be given where

\* *Efficacy of Digitalis in Idiopathic Epilepsy*.—Highley, London, 1841.



there is any determination of blood to the head. The ice cap, or cold applications to the head are sometimes useful, or Foville's method of directing a graduated stream of cold water on the head, while the feet or body are kept in warm water, is useful in reducing cerebral inflammation, or flushing and heat of scalp attended with excitement. There is a male patient here who has lost one leg, who is subject to heat of scalp, his head becomes covered with perspiration, he becomes excited and raves; if placed in a warm bath with a cold stream on his head, he often becomes perfectly calm in a few minutes, and remains so for some time. The shower bath has been frequently employed, and in some cases with great advantage as mentioned in the last Annual Report. A good supply of air is afforded by having several perforations in the door of the bath, and the feet are placed in warm water. Counter irritants, as blisters, sinapisms, also issues and setons, are advantageously employed in cases of stupor, and in paralysis, blue pill or calomel have frequently been exhibited with good effect. Moxa, and the actual cautery, have been recommended by French practitioners, but Esquirol tried them in 100 cases, without benefit.

Opium is of great value in insanity, but is recommended not to be given until the skin has been relaxed, ten grains of Dover's powder with or without tartar emetic, have been recommended every third or fourth hour, until sleep is induced. Morphia is recommended by some, and half a grain or one grain in a pill has often procured a night's sleep for a restless patient, and an abatement or disappearance of this malady. Conium and hyoscyamus have, in some cases, proved efficacious. The preparation which has latterly been most used here and given in the same doses as the tincture of the pharmacopœia, is a solution made by putting one part of opium in one part of hydrochloric acid and eighteen of distilled water. In cases of debility, with sleeplessness, opium may be combined with stimulants, sulphuric ether, or aromatic spirits of ammonia. Esquirol considers opium useful only in delirium tremens. A case recently occurred, in which a medical practitioner gave laudanum &c., equivalent to seventeen grains of crude opium within twenty-four hours to a patient in delirium tremens, without procuring sleep; the pulse became very slow, and it was not thought advisable to give more opium, he had some strong beer (to which he was accustomed), and tincture of sumbul, and he afterwards fell asleep and was relieved.



In the more chronic cases of insanity, which include the vast majority of those in lunatic asylums, the principal indications are to support and promote the physical health of the patient, and at the same time to mitigate the mental disorder. The restoration of the former often produces relief and even cure of the disorder. Cod liver oil has been found of benefit here, given for a continuance in a few chronic cases attended with marasmus, in others it had no salutary effect. The digestive functions must be regulated, and the subcutaneous circulation restored by warm bathing, friction, warm clothing, warm atmosphere, and bodily exercise; nourishing diet; and vegetable and mineral tonics, according to circumstances. In females the catamenia should be restored when deficient. The complication of insanity with diseases of the chest and abdomen is so frequent, that all the varieties of drugs usually administered in such diseases, are frequently requisite in the treatment of the insane, who, although they are frequently unable to give much information as a guide to their ailments, more rarely object to take physic.

As to the moral treatment, Pinel and all writers agree on the necessity of seclusion; and separation from friends and former associates is indispensable. In the treatment of a high personage, the very furniture as well as the servants were changed. Esquirol states cases of persons who recovered their reason on leaving their own homes and losing it again when they returned. But he says every one labouring under delirium is not to be secluded, as it is well known that the acute delirium of fever frequently simulates mental alienation. If the delirium be but partial and temporary, kept up by violent passion; if the property or life of the patient be not hazarded, that a considerable portion of intellect remain, and that he is attached to his family, seclusion may be improper and even increase his malady.

Dr. Prichard, says, "maniacs who require to be confined in their beds and treated as delirious persons during the acute stage of their disorder, cannot be removed or would derive no benefit by their removal from home." It is not an uncommon complaint, that patients are brought to the asylum, when in an unfit state, and die soon after admission. In the advanced stage, seclusion is necessary in mania; also in cases of monomania. In cases of melancholia sometimes the removal from home aggravates, for a



time, the dejection and sorrow. If there is any propensity to suicide, the greatest safety is in an asylum. Many demented persons only retain a mere animal existence, and to them it can be of little consequence whether they live at home or in a mad-house, provided that their bodily comfort be cared for.

Exercise in the open air, gardening, and various agricultural pursuits should employ the time of inmates of the asylum during the day; those who can be prevailed upon systematically to go to work, change for the better, both in their bodily and mental condition.

The benefit of bringing the inmates of asylums daily together, at Divine Worship, at meal times in the dining hall, and occasionally at festive meetings, ought not to be overlooked, as a part of the moral treatment.

It is when the stage of mental excitement is about to lapse into comparative calm, that moral treatment is most beneficial. Dr. Mayo observes that, supposing the morbid state to be commencing, every effort must be made to strengthen the influence of the will. The patient at this period, gradually surrenders himself to some prevailing idea, fear or delusion—though not without a struggle; his efforts must be aided when right, and his mind tranquillised. He should be told, that his feelings and perceptions will soon change, as his health improves; he should not be rudely contradicted, as this would infallibly irritate him, and destroy his confidence in the judgment of his attendant. At the same time the greatest firmness must be exercised. Change of occupation, scene, and air may be now beneficial. The patient should almost live in the open air, in a high and dry situation, and be engaged at in-door games in wet weather. Suicidal cases should never be lost sight of. Seclusion and restraint for surgical purposes; the shower bath and some occasional privations, are necessary with violent patients. Cold affusion to the head is recommended by Foville. Forced alimentation is sometimes required when obstinate lunatics refuse food; the use of it on one occasion is sometimes sufficient; in extreme cases it has to be used sometimes twice or thrice daily for some time.

When the acute stage is passed, the morbid delusions become weaker. Sir H. Hallford observed, "that kindness and the visit of a discreet friend sometimes at this time is advantageous, and



some indulgence in his favourite pursuits may be permitted, particularly mathematical studies. Religious consolation is frequently of great benefit in convalescence."

### Epilepsy.

The Metropolitan Commissioners, in their Report before referred to, state that "Epilepsy is complicated with defects or disorders of the mind in various ways," of which they give a brief description and classification, as follows:—

1. Epileptic idiots, whose intellectual faculties have never been developed.

2. Epileptics who are *imbecile* or *demented*.

3. Epileptic maniacs, who, without obvious disorder of the mind, are, when epileptic fits are coming on, irritable, morose, malicious, and dangerous, and sometimes perpetrate the most atrocious acts. In other instances, the mental disorder of epileptics has the form of *acute mania*, or rather *raving delirium*. The patient is seized with a sudden paroxysm, during which he sings, roars, shrieks, or resembles a man in a violent fit of intoxication. An example of this kind occurred here recently, in a man, T. L., aged 45, who died from a succession of epileptic fits, with which he was seized after grievous intelligence respecting his wife; previous to the fits, he reeled about like a drunken man, and was sometimes in a state of stupor, at others he was in a state of fury; he had twenty-three fits within a few days, previous to which he had, on an average, about four fits in the month. His bodily health, in other respects, was good.

4. "Epileptics, whose *intellects are unimpaired*, boys and girls, when they have become a trouble to their parents, as well as dangerous to themselves, have sometimes been sent by Boards of Guardians to asylums, for protection. The Commissioners do not consider this a sufficient reason for associating this class of epileptics with the insane."

There are now 30 male and 24 female epileptics, being 13.6 per cent. of the number remaining in the asylum. The number of fits by day and by night which each patient has had monthly, is shown in the annexed tables. As mentioned in former reports, arrangements have been made in some dormitories, so as to separate them, that other patients may not be disturbed at night;



those that are dangerous are secluded, and can, at the same time, be inspected by the night attendant. In the day time, however, there is no special arrangement for epileptics, they are classed with the other patients, with reference only to the character of their mental disorder. Some of them are rational in the intervals between their attacks, which may be for several weeks and sometimes months, during which they go to work with the best patients. It has been observed here that in those in whom these intervals are longest, the attacks are most severe and continuous, often confining the patient to bed for several days, and sometimes terminating fatally. Many epileptics are imbecile, idiotic, feeble, of dirty habits, and harmless, some mischievous, some are dangerous, and it is considered safer to distribute them amongst the other patients than to put them in a class by themselves; the arrangements of the asylum would not allow of a sub-division. It would be very desirable if several adjoining counties were to unite, and, instead of enlarging the present asylums, were to build an appropriate one exclusively for epileptics; by which means 13 or 14 per cent. of the most hopeless cases might be better taken care of in an institution exclusively adapted for their use, and a more accurate knowledge of this malady, which still remains an opprobrium to medical science, might be attained. The Metropolitan Commissioners, in their Report, made it a matter of complaint that in many asylums the epileptics were not separated from the insane. It is almost certain that in some cases of insanity epileptic fits may be induced by frequently witnessing them in others, and this association with epileptics is hurtful to the insane. There have been instances here of the two disorders occurring in different members of the same family, and such occurrences have long been known to medical writers.

Esquirol found in 339 epileptics that four-fifths were more or less insane. Two male adults, epileptics, were discharged relieved last year, but in both the mental derangement was temporary. One was a man, who, from drinking a large quantity of cider, and exposure to the heat of the sun, whilst mowing, became excited and furious; he had long been subject to epileptic fits, but his mind was not affected; he soon recovered his senses after admission, and, being an excellent workman, his employer was glad to receive him again, and in a short time he was discharged.



The other was a tradesman, married, in a bad state of health, who, from anxiety about his affairs, fell into a state of despondency; his friends were fearful of his committing suicide, and got him admitted as a patient; his health improved rapidly; he became cheerful, and, being quite rational, was discharged at the desire of his friends. For a short time before and after his fits, he was almost in a state of stupor, but not violent.

An hospital for 2000 epileptics (not insane), I have been informed, is about to be established in the South of France, and it is to be hoped that the means thus obtained for the study of the milder forms of this disorder may lead to beneficial results.

There are persons who have only the premonitory symptoms of an attack; the convulsions are not general; perhaps only a convulsive movement of one limb, the head, or lips. Sometimes it is only a stunning sensation; some run, others turn round; these attacks of epileptic vertigo are often the precursors of the complete attack. But even among the old epileptic cases in lunatic asylums, there is often a great difference both in the severity and in the continuance of the attacks. In the severer forms, the first intimation is a cry; the patient suddenly falls down and suffers from convulsions, which may either be general or affect one side more than the other; there is an entire suspension of sensibility and loss of consciousness; the eye-lids move rapidly, or sometimes remain open. The face is bloated and flushed; the lips project or extend towards the ears and are covered with frothy saliva. The lower-jaw is fixed, and the tongue is often cut by the teeth. Epileptics sometimes howl, and sometimes make a noise like a person strangling. The neck is rigid, and the trunk and limbs in a tetanic state. The flexure of the thumb has been so frequent, that it has been considered by some as a distinctive sign of epilepsy. After a sleep, some recover their energy, whilst others remain dull and languid for days. No epileptic recollects what he has experienced; all are sad and depressed after the attack.

The epileptic aura is a sensation of cold, a vapour which goes from the external parts, or from the chest or abdomen, to the brain, when the attack breaks forth. The inhalation of aromatics or stimulants, or ligatures to the limbs, are at this time applied to ward off the attack. Many epileptics, when forewarned, endeavour to induce the attack by quarrelling or imbibing stimulating



drinks. There may be long intervals of months between the attacks, or they may come on weekly or on alternate days, or daily, or several times a day; instances of all these varieties as *o frequency of attack*, are to be found in the asylum, as shown in the tables annexed. *The duration* is from a few seconds to several hours. In some instances, when the intervals are very long between the attacks, the patient may be for days in an unconscious state and have repeated attacks of convulsions, and death often occurs during one of those severe attacks. Amongst females especially the attacks are said to return on fixed days.

When the cause of epilepsy acts directly upon the brain, it is called *idiopathic*, when upon some remote organ, *sympathetic epilepsy*. It may be caused by worms, by gastric or intestinal irritation; by abscess of the liver; suppressed eruptions on the head cause epilepsy, recovery taking place after the eruption was restored. Moxæ applied to the nape of the neck where the first symptom appeared, is said to have been followed by recovery. Idiopathic epilepsy commences in early life; the attacks are more irregular and occur without notice; the convulsions are slight. Hereditary predisposition is a very frequent cause. Malformation of the cranium and lesions of the meninges and brain, are given as causes of idiopathic or essential epilepsy. I have found here that irregularity of size between the two cerebral hemispheres, is not uncommon in epileptics. Tumours and cysts of all sorts, abscesses and concretions, have been found in the brain of epileptics. Wenzel found the pituitary body frequently enlarged. Idiopathic epilepsy, if not cured at puberty, remains incurable, and epilepsy combined with insanity is never cured, according to Esquirol. In a case related by the same author, where the *aura epileptica* commenced in the great toe, the toe was cauterized to the bone; there was no longer an *aura* but the attacks remained and were more frequent and violent. Some epileptics, when the attacks come on at night, turn on their face, which presses on the pillow, and they are suffocated; some are attacked at meal times, and danger of death from the same cause is imminent; precautions are necessary, to obviate accidents in both cases. Although our knowledge of the causes and treatment of epilepsy has but little advanced since the days of Hippocrates, numerous writers have not failed to give their different views on the



subject. The late distinguished physiologist, Dr. Marshall Hall, recommended a severe operation, tracheotomy, for its cure; but it has not been practised to any extent, and has not succeeded when tried. Another distinguished physiologist, Dr. Brown Séquard,\* states, "from a thorough examination of a great many cases of aura, we must admit that an unfelt irritation starts, at the same time as the aura, from some centripetal nerve, and is the real cause of the epileptic seizure. We will call this irritation an unfelt aura; and it would be well, indeed, if we could employ the name of 'aura epileptica' for this unfelt irritation alone, so as to distinguish it completely from the vague and variable sensations which accompany it in many cases." "*Aura*" is a term used since the time of Galen to describe a premonitory symptom or sensation, which passes from some part of the body to the head, when unconsciousness ensues. In many cases of epilepsy, however, there are, or appear to be, no premonitory symptoms.

The treatment of epilepsy recommended by Brown Séquard, of counter irritation to the neck by moxa, or by the red hot iron, has been tried, and like every other treatment, may at first have mitigated the disorder, but it has returned again, often with renewed severity. The same result has been found with respect to drugs; antispasmodics for a time appear to do good, sometimes purgatives with acids, and sometimes metallic salts, or the valerianate of zinc, (which was first introduced into medicinal use by Prince Louis Lucien Bonaparte,†) the phosphate of zinc has since been recommended with dilute phosphoric acid, which renders it more soluble in water. A change of the regimen may also be beneficial for a time.

The Tables, which follow, show the number of epileptic fits which have occurred amongst the males and females by day and by night during each month, the average monthly, and the totals for the year. The letters in italics denote those that died during the year; from which it appears that the mortality amongst the males has been 16, and amongst the females 10 per cent., being much higher than the general mortality of the year among the inmates of the asylum, vide Table III. in the Appendix.

\* Lecture in *Lancet*, December 4th, 1858.

† *Pharmaceutical Journal*, vol. IV. p. 131, 1844.



TABLES showing the age and number of fits by day and by

## MALES.

EPILEPTIC MALES.	Age.	Jany.		Feb.		March.		April.		May.		June.		July.		Aug.		Sept.		Oct.		Nov.		Dec.		Whole Year	
		Day	Night	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.	D.	N.
Al. S.	21	48	1	29	..	34	..	41	1	34	..	30	..	35	..	33	..	21	..	30	..	22	..	27	..	384	2
Ba. J.	45	3	..	..	..	..	..	1	..	..	..	2	..	4	..	1	..	1	..	..	..	..	..	..	..	12	2
Be. S.	29	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	6	..
Bo. A.	59	..	..	..	2	..	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	8
Br. W.	30	10	..	7	..	13	..	8	..	3	..	11	..	6	..	5	..	7	..	12	..	6	..	6	1	104	1
Ch. F.	29	4	..	5	..	6	..	1	8	7	..	13	..	7	..	2	..	..	..	10	..	6	..	5	..	68	1
c. t.	23	1	31	8	20	5	29	8	35	24	16	14	16	21	53	26	41	..	..	..	..	..	..	..	..	90	249
Ch. W.	44	16	..	6	6	11	1	7	..	2	6	2	..	6	3	4	5	2	..	5	2	10	2	15	..	2	4
D. J.	46	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	2	..	..	..	..	..	..	..	90	27
Ga. W.	52	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..
G. H.	25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	15	1
Ha. W.	27	10	16	8	8	13	..	1	8	19	14	11	..	34	35	7	17	15	27	9	6	8	14	18	9	163	166
Hal. H.	19	1	..	2	..	..	1	..	..	6	4	4	..	1	..	11	4	3	..	3	7	1	2	6	..	37	40
Hai. J.	33	..	..	6	..	..	..	..	..	..	..	16	..	7	3	..	..	..	..	..	..	..	..	..	..	32	13
c. h.	26	..	..	..	..	..	..	..	..	..	..	..	..	1	3	..	..	..	..	..	..	..	..	..	..	2	6
Ja. W.	42	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	..
Je. E.	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	127	..
K. J.	67	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	21
L. t.	44	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	55	3
Lu. R.	23	22	1	24	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	132	16
Lun. C.	21	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9	4
M. N.	18	..	6	3	5	1	2	15	3	6	5	10	..	10	2	15	2	..	..	1	4	2	2	6	1	76	83
M. T.	19	13	2	5	4	6	3	2	7	12	13	9	1	7	3	7	1	2	9	19	23	4	14	19	10	95	9
Mel. B.	59	1	..	3	..	3	2	15	2	6	13	3	1	..	11	8	10	7	..	4	10	5	13	..	..	36	91
P. F.	30	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..
Pa. J.	19	..	..	..	4	47	60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	224	166
Pe. W.	23	3	..	4	1	3	4	4	..	10	..	5	..	16	1	16	..	10	4	16	6	6	2	22	..	115	23
p. g.	55	4	..	3	..	3	..	3	..	1	..	17	..	5	..	5	6	9	3	37	2	1	..	..	..	70	7
Ri. T.	22	2	..	2	..	3	..	3	..	9	..	..	..	6	..	6	..	35	..	26	2	6	..	..	..	110	2
St. G.	26	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10	1
Ta. T.	24	4	1	5	5	2	1	5	1	5	3	3	..	15	2	10	..	3	..	12	7	6	..	9	11	70	34
Th. T.	11	18	5	17	20	5	2	10	18	18	7	11	2	16	2	7	2	5	1	23	3	18	1	25	3	181	29
t. w.	30	4	18	2	..	..	4	..	..	1	8	11	6	7	1	..	..	..	..	..	..	..	..	..	..	25	75
Wi. J.	30	..	3	5	7	7	3	1	6	3	7	..	..	8	1	6	4	..	..	..	..	..	..	..	..	9	11
Wy. W.	10	..	9	..	..	..	..	..	..	9	..	..	..	..	..	9	5	14	..	12	11	12	37	12	23	90	134
Wo. J.	36	5	..	..	..	..	..	..	..	..	..	9	..	..	..	3	..	..	..	..	..	..	..	..	..	17	..
Total .....	....	179	95	146	82	166	113	142	99	197	105	215	44	247	140	228	113	263	112	327	144	160	90	222	92	2492	1229
		274	..	228	..	279	..	241	..	302	..	259	..	387	..	341	..	375	..	471	..	250	..	314	..	36	30
		114	..	100	..	111	..	10	..	116	..	08	..	128	..	191	..	15	..	102	..	33	..	33	..	..	..







### Medical Treatment.

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The number of individuals who came under medical treatment in 1858, was as follows:—During the first three months there were 45 males and 48 females; in the second three months, 53 males and 52 females; in the third three months, 58 males and 41 females; in the last three months, 44 males and 39 females; the average for the year was 95 patients, 50 males, and 45 females. Although several patients came under treatment for more than one disease, none are reckoned oftener than once in each quarter. There was most sickness in the second, and least in the third quarter. The mortality was  $7\frac{1}{4}$  per cent. on the total number of patients (512), which includes the number remaining on the 31st December, 1857, and the number added during 1858; the mortality varied considerably between the sexes; amongst the 259 males it was 10 per cent., whilst it was only about  $4\frac{1}{4}$  per cent. amongst the 253 females.

In the first three months, 2 males were under medical treatment for acute arachnitis, 5 males for general paralysis, 2 males for chorea, 1 male and 2 females for intense melancholy, 4 females for over excitement, 5 males and 5 females for epilepsy, 2 males and 5 females for bronchitis, 5 males and 5 females for influenza, 3 males and 2 females for pulmonary phthisis, 2 males and 3 females for dyspepsia, 3 males and 5 females for diarrhœa, 1 male for worms, 1 female for hæmorrhoids, 2 males and 5 females for cachexy, 1 male and 2 females for cystitis and nephritis, 2 females for amenorrhœa, 1 male for fever, 1 male for erysipelas, 1 male and 1 female for cutaneous eruption, 2 females for cancer, 1 female for scrofula, 1 female for rheumatism, 4 males and 1 female for ulcers (chiefly on the legs), 2 males for abscesses, 1 female for ophthalmia, and 1 male for fractured leg.

During the second three months 1 male was placed under treatment for a wound of the scalp, 1 male for amaurosis, 1 male and 1 female for arachnitis, 6 males and 2 females for general paralysis, 1 male for chorea, 1 male and 3 females for melancholy and refusing to take food, 1 male and 7 females for over excitement, 7 males and 4 females for epilepsy; also, 1 female for disease of the heart, 1 male for pleuropneumonia, 1 male and 1 female for gangrene of the lungs, 4 males and 3 females for pulmonary phthisis, 1 male



and 3 females for bronchitis, 1 female for quinsy, 1 female for goitre, 1 male for dropsy, 1 male for jaundice, 1 male for hernia, 3 males and 3 females for dyspepsia, 2 males and 3 females for diarrhoea, 2 males for nephritis, 1 male for hæmorrhoids, 5 females for cachexy, 1 male and 1 female for scrofula, 2 females for cancer, 1 male and 1 female for cutaneous eruptions, 2 males and 1 female for rheumatism, 2 males and 2 females for fever, 2 males and 2 females for erysipelas, 4 males and 1 female for abscesses 5 males and 1 female for ulcers.

In the third three months, for a wound on the scalp there was 1 male, for cephalalgia 2 males, for amaurosis 1 male, for general paralysis 8 males, for hemiplegia 1 male and 1 female, for epilepsy 5 males and 7 females, for delirium tremens 1 male, for melancholy 3 males, two of them requiring to be fed by a stomach tube, for maniacal excitement 4 males and 7 females were under medical treatment, for disease of the heart 1 female, for dropsy 2 males, for bronchitis 2 males and 4 females, for pneumonia 1 male and 1 female, for pulmonary phthisis 5 males and 1 female, for diarrhoea 2 males and 1 female, for worms 1 male, for jaundice 1 male, for stricture 1 male, for prolapsus uteri 1 female, for amenorrhoea 3 females, for fever 3 males and 3 females, for rheumatism 1 female, for cachexy 2 males and 4 females, for goitre 1 female, for cancer 1 female, for cutaneous eruption 1 male, for contusions 2 males and 1 female, for abscesses 1 male and 1 female, for wounds of the throat 2 males, for ulcers on lower extremities 6 males and 1 female.

In the last three months, there were under treatment 3 males for contusions on scalp, 2 males and 3 females for meningitis, 6 males and 1 female for general paralysis, 1 male and 1 female for hemiplegia, for chorea 1 male, for hysteria 1 female, for epilepsy 6 males and 3 females, for great depression 1 male, for over excitement 1 male and 3 females, for asthma 2 males and 3 females, for pleuropneumonia 2 males, for pulmonary tubercles 5 males and 2 females, for quinsy 1 male, for diarrhoea 1 male and 3 females, for dyspepsia 2 males and 1 female, for colica pictonum 2 males, for nephritis 1 male, for amenorrhoea 2 females, for prolapsus uteri 1 female, for fever 1 male and 2 females, for erysipelas 1 female, for cutaneous eruptions 2 females, for cachexy 1 male and 6 females, for rheumatism 2 males, for goitre 1 female,



for cancer 1 female, for abscess 1 male, for gangrene of toes 1 female, for ulcers on legs 5 males and 2 females.

In cases of excitement the shower bath has been frequently used, and with beneficial results, as stated in last annual report. In cases of cachexy, "coco oleine" was given in cases where cod liver oil was rejected, and in a few cases appeared to be equally efficacious; in some cases neither of them would be retained by the stomach. The hypophosphite of lime, with dilute phosphoric acid to render it soluble in water, was given in one case of marasmus, attended with cough and dulness in the subclavicular region. Phosphate of zinc in 4 grain doses, with dilute phosphoric acid was given to three epileptics, and like other new drugs, in this disease, for the time, afforded relief.

An unusual number of melancholic patients required to be forced to take food, two of them three times a day for several weeks; a feeder obtained from Messrs. Weiss, of the Strand, was found to answer well; it consists of a globular metallic pint cup, terminating in a funnel, to which is attached an elastic tube, with a metallic stop cock at the lower end, and a short metallic tube, which is inserted into a gum elastic stomach tube. In the case of a male, who had cut his throat and quite divided the trachea, the stomach tube, which was smaller than necessary, or perhaps from the parts becoming firmly fixed when re-united, on several occasions passed into the upper part of the trachea, instead of the œsophagus, this was immediately discovered by the cough and rush of air through the stomach tube.



### Analysis of the Tables.

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Nearly 64 per cent. of the 70 recoveries, as shown in Table I, were in persons who had been sent to the asylum within the first four weeks of their attack; of these the males exceeded the females by two, the aggregate time in the asylum was for the males 161 and for the females 129 months; average time under treatment for the males  $8\frac{1}{3}$ , and females  $7\frac{1}{2}$  months. For the remaining 15 males and 19 females, the average time for the males was 27 and for the females  $13\frac{1}{4}$  months. This shows that bringing patients soon under treatment is not only beneficial to them, but economical to the parishes. Amongst the recoveries mania was the most common form of insanity. The most common *causes* were hereditary predisposition, previous illness, and intemperance.

Of the numbers admitted, upwards of two-thirds were from their own homes, as shown in Table II.; one-eighth from work-houses, and nearly one-ninth were transferred from other asylums and from gaols. The discharges relieved and recovered amounted to  $26\frac{1}{2}$  per cent., and the deaths to  $7\frac{3}{4}$  per cent., on the admissions for the year.

It may be seen from Table III. that in September and October there was the greatest number of patients in the asylum during the year, viz. 400. The largest number of admissions was during the summer months; the largest number of recoveries in the winter months. The largest number of deaths in the last six months of the year. The male epileptics have been about one-third more in number than the females; the aggregate number of fits have been pretty equal in proportion to the relative number of males and females. The number of violent, dirty, and destructive patients, and the number and time in seclusion, is also shown. About 50 patients have been usually under medical treatment in the infirmary. About two-thirds of the patients attended chapel on Sundays and usually about 40 went to the parish church. Upwards of half the patients are capable of being employed; there are several epileptic, aged, feeble, and infirm patients now in the asylum incapable of employment.

Among the 80 male and 71 female patients admitted, it is shown in Table IV. that the age at which insanity most prevailed was before 30 in the females, and after 40 years in the males; and



that there were more married than single men, and more single than married females among those admitted. As far as was ascertained, two-thirds were labouring under a first attack.

The occupation of those admitted is shown in Table V. From Table VI. it appears that the greater number when admitted were in bad or indifferent health, and that many of them still continue so.

The majority (61 per cent.) shown in Table VII. were members of the Established Church; 21 per cent. were Dissenters, and  $9\frac{1}{4}$  per cent. Wesleyans. There were only 21 per cent. who were totally devoid of education.

The physical causes, as shown in Table VIII., including hereditary predisposition, congenital deficiency, and organic disease, include about 70 per cent.; the moral causes only 30 per cent.

Mania, as shown in Table IX., has been the usual form of the disorder.

The duration of the existing attack, as shown in Table X., in 84 cases, was not of more than three months duration, and of this number 33 had been discharged recovered before the close of the year, whilst of the remaining 67 only 4 had been discharged at the close of the year; the deaths were 12, and 6 of these were in the 84 early admissions and 6 in the 67 later admissions.

In Table XI. is shown the number of admissions, discharges, and numbers remaining in each year, separately, since the opening of the asylum. The ratio per cent. of new cases, relapsed cases, cases recovered, relieved, not improved and dead. The recoveries on the whole number, since the opening, have been  $35\frac{1}{4}$  per cent., and the mortality 28 per cent.



### Summary of the Obituary.

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The mortality in 1858 amounted to 37, of these 26 were males and 11 females; the deaths were in the first quarter 7, in the second 7, in third 11, and in the fourth 12. The time resident in the asylum varied in the males from 21 to 3673, in the females, from 22 to 3692 days; the average time for the males was 797.6, and for the females 835.7 days; three males and two females were less than 4 weeks in the asylum.

*Age*—from 20 to 25 years, one male and one female; from 25 to 30, three males; from 30 to 35, three males; from 35 to 40, three males and two females; from 40 to 45, six males; from 45 to 50, three males and three females; from 50 to 55, two males and four females; from 55 to 60, one male and one female; from 60 to 65, one male; from 70 to 75, two males; from 75 to 80, one male.

*Civil state*—11 males and 5 females were single, 11 males and 3 females were married, and 4 males and 3 females widowed.

*Mental state on admission*—there were 4 males and 2 females in a state of mania, and 1 male in chronic mania; 3 males and 3 females in a state of melancholia, 5 males and 1 female in a state of dementia; general paralysis combined with mania existed in 2 males and 1 female; with dementia, in 4 males; 1 female was in a state of monomania; epilepsy combined with mania existed in 3 males and 1 female, with dementia in 2 females, and with idiocy in 3 males; 1 male was in a state of idiocy.

*Bodily condition* was good in 3 males and 2 females, indifferent in 8 males and 4 females, and bad in 15 males and 5 females.

*Duration of the Disorder*.—Under 3 months in one female, from 3 to 6 months in 5 males, from 6 to 12 months in 3 males and 1 female, from 1 to 2 years in 2 males and 3 females, from 2 to 5 years in 6 males and 2 females, from 5 to 10 years in 2 males and 1 female, from 10 to 15 years in 1 male, from 15 to 20 years in 2 males, 28 years in 1 female, 47 years in 1 male, several years in 2 males and 1 female, from birth in 2 males and 1 female.

*Causes of the Disorder*.—1st. Physical, congenital in 3 males and 2 females; hereditary in 4 males and 1 female; injury to the head in 2 males, and accidental injury to the ankle in one male; pulmonary disease in 1 male and 2 females; cerebrospinal disease



in 8 males and 3 females. 2nd. Moral, grief in 1 female, fright in 1 male and 1 female, religious delusions in 2 males. Causes not ascertained in 4 males and 1 female.

*Assigned cause of Death.*—Atrophy of the brain in 1 male, inflammation of the brain and membranes in 6 males and 1 female, tumour in the brain in 1 male, asphyxia in one male and 1 female, erysipelas in 1 male, pericarditis in 1 female, pneumonia in 4 males and 3 females, gangrene of the lungs in 2 males and 1 female, pulmonary phthisis in 5 males and 2 females, bronchitis in 2 males and 1 female, enteritis in 1 male and 1 female, inflammation of the kidneys and bladder in one male, fever in one male, cancer in 1 female. In most of the above there were lesions of other organs besides those indicated as the cause of death, as may be seen by referring to the Obituary in the Appendix.

Appearances after death and weight of the principal organs in 23 males and 9 females.

*Head and Spine.*—The skull was unusually thick in 1 male, and thinner than usual in 1 male; the dura mater was preternaturally adherent in 7 males and 3 females, there was opacity of the arachnoid in 4 males, and more fluid in the cerebral ventricles than natural in 8 males and 4 females; there was atrophy of the brain in 2 males and 1 female, and hypertrophy of the brain in 3 males and 1 female; there was a scrofulous tumour in the brain in 1 male, and a rusty deposit, from an old apoplectic clot, in 1 male; the brain appeared to be quite natural in 4 males and 1 female; there was congestion of blood in 6 males and 3 females, softening in 3 males and 1 female, and induration of the brain in 4 males and 1 female. The cerebral hemispheres were unequal in weight in 8 males and 4 females, the right hemisphere being the heaviest in 2 males and 1 female, and the left heaviest in 6 males and 3 females. The weight of the brain varied in the males from  $35\frac{1}{4}$  to  $53\frac{1}{2}$ , and in the females from 38 to  $49\frac{3}{4}$  ounces, the average weight in 23 males was 46.9 and in 9 females 43 ounces.

The spinal marrow was softened in 3 males and 3 females, and disintegrated at the lower part in 1 female; it was unusually firm in 4 males, and was atrophied in 1 male; the average weight in 23 males and 9 females was rather more than 1 ounce, the average weight being slightly greater in the males.

*Thorax.*—There were old pleuritic adhesions on both sides in



8 males and 2 females, on the right side in 3 males, left side only in 2 males and 1 female; recent pleuritis in 1 male and 2 females, with effusion of a quantity of fluid in the pleura in the male, and of pus in one of the females, by which the lung was much compressed; pleuropneumonia in 1 male; pneumonia of both lungs in 1 male and 1 female, of the left lung only in 4 males and 2 females, chronic pneumonia of the right lung in 1 male and 1 female; gangrene of the right lung in one male, and of the left lung in 1 male and 1 female; pulmonary tubercles in the right lung in 2 males and 1 female, and in the left lung in 2 males and 1 female, tuberculous cavities in both lungs in 2 males and 1 female, in the right lung only in 1 male, and in the left lung in 2 males; bronchitis, general, in 3 males and 2 females, confined to the right lung in 1 male; the right lung in a state of œdema in 1 male; both lungs emphysematous in 3 males and 2 females; congestion of blood in both lungs in 2 males, of the right lung only in 1 male and 1 female, of the left only in 1 male; cadaveric congestion in 3 males. The weight of the right lung varied in the males from  $12\frac{1}{2}$  to 58, and in the females from  $14\frac{1}{2}$  to 35 ounces; the average weight of the right lung in 22 males was 23.7, and in 9 females 22.1, and the left lung in 21 males was 24.5, and in 9 females 19.5 ounces, the left lung varied in weight in the males from 11 to 57, and in the females from 11 to 29 ounces.

The heart was fat and flabby in 2 males, pericarditis in 1 female, valvular disease in 1 male, dilatation and atheromatous state of the aorta in 1 male; the weight of the heart varied in 22 males from  $6\frac{1}{2}$  to 13, and in 9 females from 6 to  $9\frac{1}{2}$  ounces, the average weight in the males was  $9\frac{3}{4}$  and in the females  $8\frac{1}{4}$  ounces.

*Abdomen.*—The stomach was unusually thin in 1 male, enlarged in 3 males, smaller than natural, as were the organs generally, in 1 male; fatty omentum in 1 male, omentum scrofulous in 1 female, melanosis of stomach in 1 male; the weight of the stomach varied in 22 males from  $3\frac{1}{2}$  to 9, and in 9 females from 4 to 6 ounces; the average weight in the males was 5.8, and in the females 4.9 ounces. There was congestion of blood in the liver in 1 male and 1 female, a cyst containing cheesy matter in 1 female, and the gall bladder was distended with gall stones in 1 female, the liver was small in 4 males and 2 females, and enlarged in 4



males and in a state of cirrhosis in 2 males; the liver varied in weight in the males from 34 to 70, and in the females from  $35\frac{1}{2}$  to 52 ounces; the average weight in 22 males was 48.7, and in 9 females 41.2 ounces. The spleen was unusually soft in 3 males and 1 female, enlarged in 3 males and 1 female: the weight varied in the males from  $2\frac{1}{2}$  to 15, and in the females from  $2\frac{1}{2}$  to  $7\frac{1}{2}$  ounces; the average weight in 23 males was 5, and in 8 females 3.9 ounces. The pancreas varied in weight in 21 males from  $2\frac{1}{2}$  to  $3\frac{1}{2}$  ounces, and in 9 females from 2 to  $3\frac{1}{2}$  ounces; the average weight in the males was 3, and in the females 2.4 ounces. There was inflammation of the kidneys in 1 male, enlarged in 2 males and 1 female, and the kidneys were united at their lower ends, forming the horse-shoe kidney, in 1 male; the right kidney varied in weight in 21 males from 3 to  $7\frac{1}{2}$ , and in 9 females from  $2\frac{1}{2}$  to 5 ounces; the left kidney varied in weight in 22 males from  $2\frac{1}{2}$  to  $7\frac{1}{4}$  ounces, and in 9 females from  $3\frac{1}{2}$  to 6 ounces; there was a medullary tumour at the upper part of the left kidney in 1 male; the average weight of the right kidney was 4.7 in the males and 4.1 in the females; the average weight of the left kidney was 4.9 in the males and 4.5 in the females. There was scrotal hernia in 1, and inflammation of the bladder in 1 male, inflammation of the colon in 2 males and 2 females, attended with ulceration in 1 female the ileum was inflamed in 1 male and 1 female, tympanitis in 1 male, an atheromatous state of the arteries in 1 male. There was emaciation of the body in 7 males and 1 female; the body varied in weight in 22 males from 64 to 158, and in 9 females from 69 to 95lbs.; the average weight in the males was 105, and in the females  $78\frac{1}{2}$ lbs. The height varied in 22 males from 5 feet 3 inches to 6 feet, and in 9 females from 4 feet 10 inches to 5 feet 8 inches; the average height in the males was 5 feet 8 inches, and in the females 5 feet 2 inches.



# APPENDIX.

Duration of the Dysentery prior to admission.		Time occupied in the Treatment to effect recovery.		Time occupied in the Treatment to effect recovery.	
Less than 1 Week.	1 Week.	Less than 1 Week.	1 Week.	Less than 1 Week.	1 Week.
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
10	10	10	10	10	10
11	11	11	11	11	11
12	12	12	12	12	12
13	13	13	13	13	13
14	14	14	14	14	14
15	15	15	15	15	15
16	16	16	16	16	16
17	17	17	17	17	17
18	18	18	18	18	18
19	19	19	19	19	19
20	20	20	20	20	20
21	21	21	21	21	21
22	22	22	22	22	22
23	23	23	23	23	23
24	24	24	24	24	24
25	25	25	25	25	25
26	26	26	26	26	26
27	27	27	27	27	27
28	28	28	28	28	28
29	29	29	29	29	29
30	30	30	30	30	30
31	31	31	31	31	31
32	32	32	32	32	32
33	33	33	33	33	33
34	34	34	34	34	34
35	35	35	35	35	35
36	36	36	36	36	36
37	37	37	37	37	37
38	38	38	38	38	38
39	39	39	39	39	39
40	40	40	40	40	40
41	41	41	41	41	41
42	42	42	42	42	42
43	43	43	43	43	43
44	44	44	44	44	44
45	45	45	45	45	45
46	46	46	46	46	46
47	47	47	47	47	47
48	48	48	48	48	48
49	49	49	49	49	49
50	50	50	50	50	50
51	51	51	51	51	51
52	52	52	52	52	52
53	53	53	53	53	53
54	54	54	54	54	54
55	55	55	55	55	55
56	56	56	56	56	56
57	57	57	57	57	57
58	58	58	58	58	58
59	59	59	59	59	59
60	60	60	60	60	60
61	61	61	61	61	61
62	62	62	62	62	62
63	63	63	63	63	63
64	64	64	64	64	64
65	65	65	65	65	65
66	66	66	66	66	66
67	67	67	67	67	67
68	68	68	68	68	68
69	69	69	69	69	69
70	70	70	70	70	70
71	71	71	71	71	71
72	72	72	72	72	72
73	73	73	73	73	73
74	74	74	74	74	74
75	75	75	75	75	75
76	76	76	76	76	76
77	77	77	77	77	77
78	78	78	78	78	78
79	79	79	79	79	79
80	80	80	80	80	80
81	81	81	81	81	81
82	82	82	82	82	82
83	83	83	83	83	83
84	84	84	84	84	84
85	85	85	85	85	85
86	86	86	86	86	86
87	87	87	87	87	87
88	88	88	88	88	88
89	89	89	89	89	89
90	90	90	90	90	90
91	91	91	91	91	91
92	92	92	92	92	92
93	93	93	93	93	93
94	94	94	94	94	94
95	95	95	95	95	95
96	96	96	96	96	96
97	97	97	97	97	97
98	98	98	98	98	98
99	99	99	99	99	99
100	100	100	100	100	100
Total	Total	Total	Total	Total	Total



# TABLES.

## TABLE I. [1858.]

Showing the time that each of 70 cases required for its treatment to effect recovery, arranged in a line, with the length of time it had existed prior to admission.

Duration of the Disease prior to admission.	No. of Cases.		Time occupied in the Treatment to effect recovery.												
			MONTHS.												
	M.	F.	M.					F.							
1 Week .. ..	6	4	6	2	3	3	4	3	5	2	3	7	..		
2 Ditto .. ..	4	5	30	3	8	3	..	..	4	3	5	4	5		
3 Ditto .. ..	3	4	4	3	58	..	..	..	6	5	5	4	..		
4 Ditto .. ..	6	4	6	4	7	3	5	6	46	4	17	4	..		
6 Ditto .. ..	4	4	7	5	6	7	..	..	12	5	7	4	..		
8 Ditto .. ..	2	1	16	12	..	..	..	..	6	..	..	..	..		
3 Months .. ..	1	1	87	..	..	..	..	..	2	..	..	..	..		
4 Ditto .. ..	0	2	..	..	..	..	..	..	8	4	..	..	..		
6 Ditto .. ..	1	1	30	..	..	..	..	..	5	..	..	..	..		
7 Ditto .. ..	1	1	4	..	..	..	..	..	5	..	..	..	..		
1 Year .. ..	1	3	9	..	..	..	..	..	3	3	3	..	..		
2 Ditto .. ..	1	4	12	..	..	..	..	..	5	50	3	12	..		
3 Ditto .. ..	2	2	156	44	..	..	..	..	3	110	..	..	..		
6 Ditto .. ..	1	0	9	..	..	..	..	..	..	..	..	..	..		
Unknown .. ..	1	0	3	..	..	..	..	..	..	..	..	..	..		
Total .. ..	34	36													

*Of these 70 recoveries, the form of the disorder had been:—*

	M.	F.
Mania .....	16	15
Recurrent Mania .....	10	6
Puerperal Mania .....	0	6
Monomania .....	1	3
Melancholia .....	4	6
Delirium Tremens .....	3	0

Total .. .... 34 36

*The causes were:—*

	M.	F.
Hereditary Predisposition ..	7	8
Grief .. ..	1	4
Love and Jealousy .....	1	3
Solitary confinement .....	1	0
Ill treatment .....	1	0
Loss of Property .....	1	1
Destitution .....	2	0
Previous Illness .....	4	4
Religious excitement.....	3	1
Intemperance .....	5	2
Injury to the Head, and } cerebral apoplexy .....	2	1
Over study .. ..	1	0
Critical period .. ..	0	6
Not known .....	5	6

Total .. .... 34 36



TABLE II.

Showing the number of Patients admitted from each Union, distinguishing between those brought from their own Homes, the Workhouses, and Asylums, with the results.

UNIONS	ADMITTED.						DISCHARGED.						REMAINING.			
	Homes.		Work-houses		Asylums.		Total.		Relieved.		Recovered.		Died.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Axbridge	6	4	1	1	0	0	7	5	0	0	2	2	0	0	3	8
Bath	1	2	1	1	0	1	2	4	0	0	1	0	0	0	4	4
Bedminster	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Bridgwater	6	7	1	1	0	1	7	8	0	0	3	2	0	0	5	10
Chard	5	5	1	1	0	0	6	6	1	0	2	2	0	1	3	6
Clutton	3	3	0	1	0	0	3	4	0	0	1	0	0	0	2	4
Dulverton	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Frome	5	4	2	2	0	1	7	7	1	1	0	0	0	1	5	11
Keynsham	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1
Langport	3	2	1	0	0	2	6	2	0	0	1	0	0	1	0	5
Mere	1	0	1	0	0	0	2	0	1	0	0	0	0	1	0	1
Shepton Mallet	2	6	1	1	0	1	3	7	0	0	0	1	0	0	6	9
Taunton	2	2	1	1	1	0	4	3	0	0	0	1	0	0	3	5
Wellington	1	4	2	0	0	0	3	4	0	0	1	0	0	1	4	5
Wells	2	2	1	2	0	0	3	4	1	0	0	1	0	0	2	5
Williton	0	4	0	0	0	0	0	4	0	0	0	1	0	0	0	5
Wincanton	2	3	0	0	0	1	2	4	0	0	1	1	0	0	1	3
Yeovil	5	1	0	1	1	0	6	2	1	0	1	1	0	2	2	3
Cardiff	6	2	3	2	6	1	15	5	0	0	3	1	2	2	1	14
St. James, Westminster	0	1	1	0	0	0	1	1	0	0	0	1	0	0	4	1
Beaminster (Dorset)	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
TOTAL	53	53	17	12	10	6	80	71	4	1	17	18	10	2	49	99



TABLE III, (1858.)

Showing the principal occurrences of each Month.

	Jan.		Feb.		March.		April.		May.		June.		July.		Aug.		Sept.		Oct.		No.		Dec.		Total on 31st Dec.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Number of patients on 1st of the month ..	179	182	188	181	185	178	185	181	183	188	190	190	190	190	198	188	207	191	209	192	208	189	205	187	200	191	204
No. patients admitted .....	11	4	4	6	3	5	3	8	13	4	4	9	7	12	9	4	6	5	6	7	5	3	9	4	80	71	
No. patients discharged recovered ..	0	2	3	9	1	1	2	0	6	0	4	0	4	0	3	2	2	4	6	8	2	7	1	0	34	36	
No. patients discharged relieved ....	1	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	2	0	0	0	7	2	
No. patients discharged not improved ..	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
No. deaths .....	1	3	2	0	0	1	3	1	0	2	0	1	5	0	3	0	2	1	3	1	3	6	4	0	26	11	
No. patients remaining on last of the month	188	181	185	178	185	181	183	188	190	190	191	198	188	207	191	209	192	208	189	205	187	200	191	204	395	36	
No. epileptics .....	33	24	31	23	31	23	32	24	33	24	34	24	32	24	30	25	31	24	30	24	30	24	30	24	30	30	26
Aggregate number of fits .....	274	420	228	175	279	286	241	204	302	284	259	240	387	270	341	131	375	312	471	294	250	236	314	219	3721	3071	
No. violent patients .....	1	1	0	7	2	4	2	5	3	5	1	2	1	2	4	2	2	1	2	3	4	1	2	1	2	2	2.8
No. dirty do. ....	7	19	7	21	9	22	7	22	9	21	12	24	9	19	9	19	10	19	11	17	11	20	13	19	9.5	20	
No. destructive do. ....	5	14	5	14	6	17	6	19	7	14	11	19	10	13	4	11	6	11	4	10	2	10	1	11	5.6	13.5	
No. panes of glass broken .....	36	4	9	5	6	5	21	20	45	2	18	11	4	9	3	5	10	9	4	1	2	1	4	3	162	75	
No. patients in restraint .....	1	0	1	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	2.3	2	
No. do. in seclusion .....	4	3	0	4	1	3	1	4	1	4	3	6	2	1	0	2	1	2	3	1	0	1	0	4	1.3	3	
Aggregate hours of do. ....	35	8	0	6½	2	5	7	11	3	10	14	90	14	2	0	5	3	7	10	10	0	36	0	27	7.3	18	
Average hours of do. ....	8½	3	0	1½	2	1½	7	3	3½	4½	4½	15	7	2	0	2½	3	3½	3½	10	0	36	0	6½	3.2	7.2	
No. patients under medical treatment	21	24	26	21	28	35	23	26	25	21	22	23	27	20	24	20	27	21	25	20	25	23	28	27	25	23.4	
Average hours of do. ....	113	122	113	108	110	118	109	123	109	134	110	131	109	140	113	145	113	136	108	135	109	135	108	126	110	129	
No. attending chapel on Sundays .....	83	90	84	70	81	70	84	86	85	80	84	80	84	90	85	96	85	95	84	93	94	93	74	83	83	85	
No. attending chapel in the morning on week days ..	94	95	91	91	95	89	95	90	92	93	100	94	97	87	95	96	93	87	95	90	92	89	89	91	92	92	
No. employed ..	67	67	67	71	71	70	69	70	69	77	66	83	66	90	68	91	72	90	70	91	2	90	74	85	69	81	
No. unemployed, sick, and infirm	67	67	67	71	71	70	69	70	69	77	66	83	66	90	68	91	72	90	70	91	2	90	74	85	69	81	



TABLE IV. (1858.)

Showing in quinquennial periods the ages of those admitted, the sexes, the civil condition, and the number of attack of Insanity.

Age in Quinquennial periods.	No. of admissions.			CIVIL CONDITION.						NUMBER OF ATTACK.					
				Single.		Married.		Widowed.		1st.		2nd.		3rd or more.	
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
From 15 to 20 years.			Total												
20	4	2	6	4	2	..	..	..	1	4	1	..	1	..	..
25	3	10	13	3	8	..	2	..	6	2	6	1	2	..	1
30	7	17	24	6	13	1	4	..	10	1	10	1	1	2	1
35	9	5	14	6	4	3	1	..	2	4	2	..	..	..	2
40	6	8	14	2	4	3	4	1	6	1	6	1	1	..	1
45	16	4	20	7	1	9	2	..	2	2	2	2	1	2	1
50	8	7	15	2	2	6	3	..	4	3	4	2	1	3	..
55	5	6	14	2	2	6	3	..	3	4	3	2	1	2	..
60	7	4	9	..	..	4	3	1	2	..	2	..	1	..	..
65	2	3	10	..	1	7	1	..	2	..	2	..	1	..	..
70	5	3	5	..	..	1	1	1	2	..	2	..	..	..	..
75	0	1	6	..	..	2	1	3	1	1	3	1	..	1	..
80	0	0	0	..	..	..	..	..	..	..	..	..	..	..	..
85	0	1	1	..	..	..	..	..	..	..	..	..	..	..	1
TOTAL	80	71	151	32	37	42	24	6	10	48	42	14	13	7	7







TABLE VIII.

Showing the probable causes of the Disorder in those admitted in 1858.

MORAL.	Males.	Females.	PHYSICAL.	Males.	Females.
Destitution .....	2	3	Accidental Injury ....	5	0
Disappointment .. ..	1	2	Disease of Nervous		
Dread of Poverty ....	1	1	Centres .....	8	6
Solitary Confinement..	1	0	Fatuity .....	0	2
Grief .....	1	3	Previous Illness .....	8	7
Loss of Property ....	2	0	Hereditary Disposition.	14	17
Love and Jealousy....	3	5	Intemperance .....	7	3
Religious Excitement .	5	1	Puerperal Disease ....	0	6
Bad Education . ....	3	1	Congenital .....	6	7
Embarrassed Circum-			Ill Treatment .....	1	1
stances .....	2	2			
Remorse .....	2	1	Total.....	49	49
Total.....	23	19	No cause assigned ....	8	3

TABLE IX.

Showing the forms of Disorder in the admissions of 1858.

FORMS OF DISORDER.	Males.	Females.	Total.
Mania .. ..	27	18	45
Ditto, Recurrent .. ..	12	16	28
Ditto, Puerperal .. ..	0	6	6
Dementia.. ..	8	7	15
Monomania .. ..	5	2	7
Melancholia .. ..	13	8	21
Moral Insanity .. ..	0	1	1
Congenital Imbecility ..	1	2	3
Ditto Idiocy .. ..	3	1	4
Epilepsy .. ..	4	7	11
General paralysis .. ..	5	3	8
Delirium Tremens .. ..	2	0	2
Total.. ..	80	71	151



TABLE X.

Showing the duration of the existing attack in those admitted with reference to the result.

Duration of the Existing Attack.	Admitted.		Recovered.		Relieved.		Not Improved.		Died.		Remaining.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 Month.	25	23	11	9	..	..	..	..	1	2	13	12
2 Months.	14	10	6	3	..	..	..	..	2	..	6	7
3	6	6	1	1	..	..	..	..	1	..	4	5
4	4	2	..	1	..	1	..	..	2	..	2	0
5	2	1	..	..	..	..	..	..	..	..	2	1
6	3	3	..	..	..	..	..	..	..	..	3	3
7	2	1	..	..	..	..	..	..	..	..	2	1
9	1	3	..	..	..	..	..	..	..	..	1	3
12	2	3	..	1	..	..	..	..	1	..	1	2
18	1	3	..	2	..	..	..	..	..	..	1	1
2 Years.	3	1	..	..	..	..	..	..	1	..	2	1
3	2	0	..	..	..	..	..	..	..	..	2	0
5	1	2	..	..	..	..	..	..	..	..	1	2
6	1	2	..	..	1	..	..	..	..	..	0	2
7	1	1	..	..	1	..	..	..	..	..	0	1
8	1	0	..	..	..	..	..	..	1	..	0	0
9	1	1	..	..	..	..	..	..	..	..	1	1
12	1	1	..	..	1	..	..	..	..	..	0	1
15	1	0	..	..	..	..	..	..	..	..	1	0
20	1	1	..	..	..	..	..	..	..	..	1	1
From Childhood	3	3	..	..	..	..	..	..	..	..	3	3
Unknown .....	4	3	..	..	1	..	..	..	1	..	2	3
Total .....	80	71	18	17	4	1	0	0	10	2	48	50



Showing the Annual Admissions since the opening of the Asylum on the 1st day of March, 1848, with the Discharges and Deaths, and the number remaining on the 31st December in each Year.

[illegible]







## OBITUARY.



# OBITUARY—MALES.—1858.

Date of Death.	Date of last Admission.	Age at Death and Civil State.	Mental and Bodily condition on admission.	Duration and cause of Disorder.	Assigned cause of Death.	POST-MORTEM APPEARANCES, And weight of the various Organs, in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Jany. 18. 659	July 21, 1856.	40 Mar- ried.	Dementia; indif- ferent health.	3 years.	Pulmonary ph- thisis.	Brain natural, weight 49 oz. Spinal marrow natural, 1	Strong pleuritic adhesions on left side which was contracted, tuberculous cavities in apex left lung; tubercles in right lung weight 30½, left 33; heart 9 oz.	Stomach thin 5, liver 5½, spleen 5½, pancreas 2½, right kidney 5, left small 2½. Body emacia- ted, weight 90 lbs.; height 5-8.
Feby. 1. 727	July 18, 1857.	37 Mar- ried.	Melancholia; bad health, refused food.	9 months; ill health.	Cerebritis, gan- grene right lung.	Congestion of blood in veins and cut surface of brain which was ex- markably firm, left hemisphere 1 oz. hea- vier than the right, entire brain 42½. The lower part of spinal cord very firm, 1.	Slight pleuritic adhesions on both sides, back part of upper lobe of right lung size of an orange in a gangrenous state and lower lobe of left in first stage pneumonia, right 28½, left 20, heart 8.	Weight of the stomach 6, liver 50, spleen 4, pan- creas 2½, right kidney 4, left 4½. Weight of the body 93 lbs.; height 5-7.
Feby. 5. 708	May 12, 1857.	49 Mar- ried.	General paralysis combined with dementia; in- different health.	12 months; injury to head, 5 yrs before.	General paraly- sis and con- vulsions.	No post-mortem examina- tion.		
April 3. 780	January 27, 1858.	27 Single.	Mania; bad health.	7 months; injury to ankle.	Pulmonary ph- thisis, and gangrene left lung.	Brain firm, weight 50½; spinal marrow natural, 1.	Old pleuritic adhesions on left side, right lung ede- matous, bronchitis, 30½; left lung like a honey-comb from tuber- culous cavities, the lower lobe gangrenous,	Intestines natural; weight of the stomach 7, liver large 62, spleen 3, pan- creas 3½, right kidney 7½, left 7½. Weight of the body 105 lbs.; height 5-9. Scrofulous circa-



## POST-MORTEM APPEARANCES

And weight of the various Organs, in Ounces Avoirdupois.

Date of Death.	Date of last Admission.	Age at Death and Civil State.	Mental and Bodily condition on admission.	Duration and cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
April 24. 64	June 6, 1848.	47 Single.	Dementia; good bodily health.	20 years; religious delusions	Emphysema and chronic pneumonia.	Brain rather soft probably owing to the weather, weight 50½ oz. Spinal marrow natural 1½.	Old pleuritic adhesions on the right side upper lobes of both lungs emphysematous, the lower lobes in a state of chronic pneumonia, easily torn, of a brown colour, the right 20½, left 31½; heart flabby 31.	Weight of the stomach 7, liver 58, spleen soft 6, pancreas 3½, each kidney 6. Weight of the body 157 lbs; height 6 feet.
April 26. 98	August 10, 1848.	77 Single.	Dementia; bad bodily health.	47 years.	Chronic cerebritis and atrophy of the brain, asthma, scrotal hernia.	The dura mater firmly adherent to the skull, the ventricles distended with clear fluid, the left cerebral hemisphere 8½ oz. heavier than the right, entire brain 43½. Spinal cord 1.	Old pleuritic adhesions, the bronchial lining membrane thickened and dark coloured, right 12½, the lower lobe left congested with blood, 21: heart flabby 11.	Scrotal hernia, atheromatous deposits in the arteries, mucous membrane of intestines natural; stomach 6½, liver 32, spleen 3, pancreas 3, right kidney 3½ left 4½.
July 8. 706	May 14, 1858.	52 Single.	Mania; bad bodily health.	3 months; hereditary predisposition.	Pulmonary phthisis, hæmoptysis; anasarca of legs.	The dura mater firmly adherent at the centre; more fluid than usual in the lateral ventricles, a slight depression on right corpus striatum, brain 46½. Spinal marrow soft 1.	Old pleuritic adhesions on both sides, a small tuberculous cavity in apex of right lung filled with blood, 27; left lung studded with tubercles thickly and partly hepaticized, 42½; heart 10½.	Abdomen tympanitic; stomach large 9, liver large, rough on surface 65½, spleen large and soft 15, pancreas 3, right kidney 5½, left kidney 6½. Weight of the body 128 lbs.; height 5-10½.



# OBITUARY, continued.—MALES.

Date of Death.	Date of last Admission.	Age at Death and Civil State.	Mental and Bodily condition on admission.	Duration and cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES And weight of the various Organs, in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
July 9, 808	June 18, 1858.	72 Widowed.	Dementia; bad bodily health.	5 months; religious delusions	Chronic meningitis, asthma.	The dura mater firmly adherent to the skull: the brain natural, 40½. The spinal marrow natural, 1 oz.	Emphysematous state of both lungs, which were discoloured from carbonaceous deposits, cadaveric congestion in right 19, left 13; heart 8.	Organs small, stomach 4, liver 34, spleen 5, right kidney 4, left 5½, an encysted medullary tumour size of a large nut on the upper end. Weight of the body 77 lbs; height 5-6.
July 14, 70	June 21, 1848.	31 Single.	Congenital idiosyncy & epilepsy; good health	From birth; hereditary.	Asphyxia, in a fit. Inquest case.	Found dead in bed, lying on face, no post-mortem examination.		
July 24, 775	January 16, 1858.	31 Single.	Dementia; indifferent health, 2nd attack.	9 years; hereditary predisposition.	Typhus.	Brain and membranes free from disease, the left cerebral hemisphere 2 oz. heavier than the right, brain large 55½. Spinal marrow 1.	Cadaveric congestion in right lung 22½, left 18; heart soft and flabby 11½.	Weight of the stomach 6½, liver 60½, spleen 5½, pancreas 3½, right kidney 6, left 5½. Intestines not opened. Weight of the body 158 lbs.; height 6ft.
July 29, 609	January 12, 1856.	44 Widowed.	Mania combined with epilepsy latterly; in different health.	2½ years; injury to head from a fall.	Softening of the brain, chronic meningitis.	Skull thick; arachnoid thick; ½ oz. clear fluid in the lateral ventricles. The brain was unusually firm, a cyst and rusty deposit with softening around it, external to white fibres in the right corpus striatum, 46½. The spinal marrow un-	Old pleuritic adhesions on both sides, and slight congestion of blood in both lungs, the right 22, left 17; heart 11.	Intestines natural, large fatty omentum, liver 54, spleen soft 4½, pancreas 3, right kidney 3½, left 4. Weight of the body 138 lbs.; height 5-7½.



Date of Death.	Date of last Admission.	Age at Death and Civil State.	Mental and Bodily condition on admission.	Duration and cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES And weight of the various Organs, in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
August 2. 713	May 30, 1857.	28 Single.	Idiocy; bad bodily health.	Congenital.	Pulmonary phthisis	Dura mater firmly adherent to skull, $\frac{3}{4}$ oz. clear fluid in cerebral ventricles, brain firm 45 $\frac{3}{4}$ . White portion of spinal marrow soft, $\frac{3}{4}$ .	Pleuritic adhesions and tuberculous cavities in the apex of each lung, in left tubercles very numerous, right 13, left 25 $\frac{1}{2}$ ; heart small 7.	Redness of mucous membrane in arch of colon; weight of the stomach 3 $\frac{3}{4}$ , liver 40, spleen 4, pancreas 3 $\frac{1}{2}$ , right kidney 4. Weight of the body 64 lbs.; height 5-8.
Aug. 11. 278	January 21, 1851.	25 Single.	Epilepsy combined with imbecility; bad health.	10 years; fright.	Pulmonary phthisis	Cerebral veins congested with blood, brain rather soft, 44 $\frac{1}{2}$ . Spinal marrow natural, 1.	Pleuritic adhesions on both sides, tubercles and tuberculous cavities in both lungs, especially in the left; the right 20 $\frac{1}{2}$ , left 24 $\frac{1}{2}$ ; heart small 6 $\frac{1}{2}$ .	Weight of the stomach 5, liver 45, spleen 7, pancreas 3 $\frac{1}{2}$ , each kidney 3 $\frac{1}{2}$ . Weight of the body which was much emaciated, 66 lbs.; height 5-3.
Aug. 20. 553	April 30, 1855.	22 Single.	Epilepsy combined with imbecility; in different health.	8 years; no cause given.	Bronchitis, co-litis	Skull thin; hypertrophy of the brain, it projected over sides of skull, the structure of brain natural, 48. Spinal marrow natural, 1.	Bronchial tubes loaded with muco-purulent matter, the lining membrane unusually red, congestion of blood in lower lobe of right, 18 $\frac{1}{2}$ , left 12; heart natural 7 $\frac{1}{2}$ .	Mucous membrane of cœcum very red and thickened; 2 lumbrici in the stomach 3 $\frac{1}{2}$ , liver 42, spleen 3 $\frac{1}{2}$ , pancreas 2 $\frac{1}{2}$ , each kidney 3 $\frac{1}{2}$ . Weight of the body 77 lbs.; height 5-5.
Sept. 2. 810	July 7, 1858.	43 Married.	Mania; in bad health.	3 months; cerebral disease.	Arachnitis, and phlegmonous erysipelas of thigh.	Opacity of arachnoid and much fluid in the cerebral ventricles, structure of brain appeared natural, 51 $\frac{1}{4}$ . Spinal marrow natural.	Lungs healthy, each lung weighed 19 oz.: heart 8.	Intestines natural, weight of the stomach 6, liver 37, spleen 4 $\frac{1}{2}$ , pancreas 3, right kidney 4, left 3 $\frac{1}{2}$ . Weight of the body 86 lbs.; height 5 6.



# OBITUARY, continued.—MALES.

Date of Death.	Date of last Admission.	Age at Death and Civil State.	Mental and Bodily condition on admission.	Duration and cause of Disorder.	Assigned cause of Death.	POST-MORTEM APPEARANCES, And weight of the various Organs, in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Sep. 21. 823	August 28, 1858.	44 Mar-ried.	General paralysis combined with dementia; bad health.	2½ years; cereb- ro-spinal disease.	Chronic inflam- mation of the brain and spi- nal marrow.	Cerebral veins tinged with blood, opacity & thick- ening of the arachnoid, fluid on surface at the anterior portion over cerebral hemispheres, which were wasted, the left cerebral hemisphere 2oz. heavier than the right, brain very firm 48½, Spinal cord hard like whip cord, atrophied, exudation corpuscles seen in it by microscope.	Old pleuritic adhesions on both sides, lungs dark coloured, the lower lobes congested with blood, right 30, a tuber- cle in the apex; left lung 22; heart 11½oz.	Weight of the stomach 6, liver 56, spleen 4½, pan- creas 3½, right kidney 5½, left 5. Weight of the body 145lbs.; height 5-11.
Oct. 20. 825	Septem- ber 4, 1858.	34 Mar-ried.	Melancholia, re- fused food; bad health.	3 months.	Congestion of blood on the brain, pneu- monia, left side.	Numerous bloody dots on the cut surface of brain, the veins also congested with blood, and more fluid than usual in the ventricles, brain 43½; veins of spinal canal also congested with blood, 1¼.	Old pleuritic adhesions on the right side and tuber- cles in the apex, 18; the lower lobe of the left lung in the second stage of pneumonia, 29; heart natural 8½.	Slight ecchymosis at car- diac end of stomach, 5½; liver congested with blood, 49½, spleen 3, pan- creas 2, each kidney 5½; mucous membrane of in- testines natural. Weight of the body 105lbs.; height 5-10.



# OBITUARY, continued.—MALES.

Date of Death.	Date of last Admission.	Age at Death and Civil State.	Mental and Bodily condition on admission.	Duration and cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES And weight of the various Organs, in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Oct. 25, 753	October 29, 1857.	70 Widow ed.	Epilepsy combined with mania; bad health	Several years; cerebral disease.	Tumor in the brain; asthma.	The dura mater firmly adherent to the skull, a scrofulous tumor size of a pigeon's egg at the back part of right hemisphere, straw coloured fluid around it, the interior portion of hemispheres indurated & arachnoid lining ventricles thickened, brain 47½. Spinal marrow natural, 1.	Old pleuritic adhesions on both sides, the bronchial lining membrane unusually red, right 20½, left lung smallest 12; heart, the valves thickened, 10½.	Melanosis of the stomach, 6½, liver congested with blood 40½. spleen 2, pancreas 3, each kidney 4, the capsule readily separated from the left and the surface of gland was granular, 2 small cysts on the surface. Weight of the body 113 lbs.; height 5-6.
Oct. 28, 831	October 1, 1858.	60 Married.	Melancholia, suicidal; bad bodily health.	4 months; third attack.	Inflammation of the kidneys and bladder.	Dura mater strongly adherent to the skull, general congestion of blood in the brain, the right cerebral hemisphere 1½oz heavier than the left, brain 44½. Spinal marrow natural 1.	Old pleuritic adhesions, right lung 16; a few tubercles in the apex of the left, 12; heart 9. Body much emaciated, weight 86lbs.; height 5-7.	Mucous membrane of lower third of ileum congested with blood; stomach 4½; liver 44, spleen 3, pancreas 3½, left kidney 6, pus in tubuli uriniferi & in pelvis; right kidney in a more advanced state, several tubuli were destroyed and small abscesses formed; the cellular tissue behind right kidney infiltrated with pus mixed with urine; the interior of the bladder red, partly covered with latent lymph, and part of the mucous membrane dark coloured.



# OBITUARY, continued.—MALES.

Date of Death.	Date of last Admission.	Age at Death and Civil State.	Mental and Bodily condition on admission.	Duration and cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES And weight of the various Organs, in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Nov. 4, 743	Sept. 11, 1857.	53 Married.	General paralysis combined with dementia; bad health.	18 months, cerebro-spinal disease.	Inflammation of the brain and membranes, and spinal marrow.	Brain unusually firm, much fluid in the cerebral ventricles, membrane thickened and rough in fourth ventricle, brain 47. Upper fourth of spinal marrow softened. 1.	Both lungs in an emphysematous state, right 13, left 17½; heart 10, a dilatation in arch of aorta, the interior in an atheromatous state.	Viscera natural, stomach 5, liver 39, spleen 4½, pancreas 3, right kidney 4, left 4½. Weight of the body 97lbs.; height 5-10.
Nov. 21, 750	October 17, 1857.	39 Widowed	General paralysis combined with dementia; indifferent health.	2 years; cerebro-spinal disease.	Chronic inflammation of the brain and spinal marrow, pneumonia right side.	Arachnoid thickened, brain small, indurated, cerebral ventricles enlarged, containing 1½oz. fluid, the right hemisphere 1oz. heavier than left, brain 35½. Spinal marrow firm and unusually pale, 1.	Pleuro-pneumonia lower lobe right lung, 34½, left natural 11; heart 8.	Weight of the stomach 4½, liver 41, spleen 2½, pancreas 2½, horse shoe kidney, kidneys joined at lower ends, 6. Body much emaciated, weight 80lbs.; height 5-8.
Nov. 25, 748	October 11, 1857.	43 Married.	Mania; indifferent health.	13 months; cerebral disease.	Chronic cerebritis and double pneumonia.	Dura mater firmly adherent to the skull, the brain unusually firm and tough, pinkish hue, and bloody specks on cut surface, left hemisphere 1oz. heavier than the right much fluid in ventricles, 51. Spinal marrow natural, 1.	Old pleuritic adhesions on both sides, the lungs engorged with blood, and in first stage pneumonia, the right 58, left 47; heart 10½.	Organs generally large; mucous membrane of intestines natural; weight of the stomach 7½, liver 62, spleen 8½, pancreas 3½, right kidney 5½, left 6½. Weight of the body 140lbs.; height 6 feet.



POST-MORTEM APPEARANCES, And weight of the various Organs, in Ounces Avoirdupois.											
Date of Death.	Date of last Admission.	Age at Death and Civil State.	Mental and Bodily condition on admission.	Duration and cause of Disorder.	Assigned cause of Death.	HEAD AND SPINE.	THORAX.	ABDOMEN.			
Dec. 9. 764	Nov. 19, 1857.	45 Married.	Epilepsy combined with mania; indifferent health.	Several years; hereditary.	Congestion of blood in the brain, fever, bronchitis.	Intense redness of brain from congestion of blood, veins also congested, brain large 51½. Spinal marrow natural 1.	Intense redness of lining membrane of bronchial tubes, much purulent matter in the tubes, right 23, left 22; heart 11.  Recent lymph on lower lobe right lung, and about ¾ pint fluid in pleura, lung 23½, left lung solid throughout, in second stage pneumonia, 57; heart 11½.	Weight of the stomach 6, liver 44, spleen 4, pancreas 3, right kidney 3½, left 4. Weight of the body 114lbs.; height 5-6.			
Dec. 18. 12	March 21, 1848.	56 Single.	Chronic mania; good health.	12 years.	Pleuro-pneumonia.	Dura mater strongly adhering to the skull, much fluid in the cerebral ventricles, the left hemisphere 1½ oz. heavier than the right, brain large 53½. Spinal cord natural 1.		Stomach 6, liver large, irregular on surface, cirrhosis, 70, spleen 7½, pancreas 3, right kidney 6, left 5½. Weight of the body 125lbs.; height 5-4.			
Dec. 18. 817	August 7, 1858.	36 Single.	Mania; bad health.	6 months; ill health.	Pulmonary Phthisis.	No post-mortem examination.		Weight of the stomach 6½, liver 40, spleen 4, right kidney 5, left 5½. Weight of the body 106lbs.; height 5-8.			
Dec. 23. 601	Dec. 18, 1855.	43 Married.	General paralysis combined with mania; indifferent health.	3½ years; cerebro-spinal disease.	Chronic cerebritis and softening of the spinal marrow.	Dura mater firmly attached to the skull, the brain firm, the medullary portion unusually white, more fluid than usual in the ventricles, atrophy of the brain, the left hemisphere 2oz. heavier than the right, weight of the brain 38. General softening of the spinal marrow, 1.	No note made of the state of the organs.				



# OBITUARY.—FEMALES, 1858.

Date of Death.	Date of last Admission.	Age at Death and Civil State.	Mental and Bodily condition on admission.	Duration and cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES And weight of the various Organs, in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Jan. 13. 744	Dec. 16, 1857.	51 Single.	General paralysis combined with mania; bad health.	19 months; disease of spine.	Softening of spinal marrow, gangrene left lung.	Structure of brain natural, the left cerebral hemisphere 1 oz. heavier than the right, weight of the brain 44½. Spinal marrow softened throughout, 1.	Right lung natural 14½, the lining membrane left lung greenish, and having a gangrenous odour, left lung 16; heart 9½.	Weight of the stomach 6, liver 37, spleen 7½, pancreas 2½, each kidney 5, uterus 2. Weight of the body 95lbs.; height 5-6.
Jan. 19. 746	Dec. 28, 1857.	47 Single.	Epilepsy combined with dementia; bad health.	20 months; ill health.	Congestion of blood in the brain, pneumonia left side.	Congestion of blood in the cerebral veins and numerous bloody spots on cut surfaces, the left cerebral hemisphere 1½ oz. heavier than the right, brain 40. The lower portion of spinal cord disintegrated, 1.	The right lung natural, 16½, the lower lobe of the left in the second stage of pneumonia, 27; heart 9.	Weight of the stomach 5, liver 43, spleen 2½, pancreas 2½, right kidney 5, left 5½, uterus 1½. Weight of the body 79 lbs.; height 5ft.
Jan. 30. 684	March 2, 1857.	47 Single.	Melancholia; in different health.	2 years; grief.	Suicide by hanging. Tore a strip off part of her dress, and suspended herself by it to the leg of her bedstead which she turned on end.	No post-mortem examination.		



Date of Death.	Date of last Admission.	Age at Death and Civil State.	Mental and Bodily condition on admission.	Duration and cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES And weight of the various Organs, in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Mar. 14, 725	Novem. 6, 1857.	39 Widow ed.	Epilepsy combined with dementia; bad health.	Many years	Arachnitis, softening of spinal cord. P. Phthisis and pneumonia.	The cerebral ventricles distended with clear fluid, the right cerebral hemisphere 1 oz. heavier than the left, brain 4 1/2. The spinal marrow softened, 1.	Pleuritic adhesions on the left side, pulmonary tubercles in the upper lobe, and a small cavity; red chronic pneumonia lower lobe right lung, 16 1/2, left 15; heart small, 6.	Organs small; weight of the stomach 6, liver 4 1/2, spleen 4, pancreas 2, right kidney 4, left 4 1/2, uterus 2. Body emaciated, weight 69 lbs.; height 5-4.
April 25, 682	February 11, 1857.	51 Married.	Melancholia, paralytic; bad health.	18 months; cerebral disease.	Chronic inflammation of brain & membrane; pleura pneumonia.	Dura mater firmly adherent to the skull; several large bloodvessels, pecks on anterior portion of hemispheres, much fluid in ventricles, portions of the medullary matter softened, brain 4 3/4. Spinal cord natural, 1.	Congestion of blood in lower lobe right lung, 23; recent lymph on lower portion of the left lung, which was also in the first stage of pneumonia, 24 1/2; heart filled with fibrine, 9 1/2.	Weight of the stomach 5 1/2, liver 39, spleen 5, pancreas 3, right kidney 4, left 5, uterus 1 1/2. Weight of the body 80 lbs.; height 5 ft.
May 28, 203	October 8, 1849.	54 Married.	Monomania; good health.	9 1/2 years; superstition, witchcraft.	Cancer.	No post-mortem examination.		



## OBITUARY, continued.—FEMALES.

Date of Death.	Date of last Admission.	Age at Death and Civil State.	Mental and Bodily condition on admission.	Duration and cause of Disorder.	Assigned cause of Death.	POST-MORTEM APPEARANCES, And weight of the various Organs, in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
May 31. 582	July 20, 1855.	35 Single.	Epilepsy, combined with mania; good health.	From childhood.	Pulmonary phthisis, and dysentery.	Brain small, unusually firm, more fluid than usual in the ventricles, 38. Spinal cord natural, 1.	Pleuritic adhesions on both sides, tuberculous cavities in both lungs, the largest in the apex of the right, 35; left 29; heart 8oz.	Large patches of ulceration in the transverse arch, and descending colon. Weight of the stomach 4½, liver 4½, spleen soft, 3½, pancreas 3½, right kidney 3½, left 4, uterus 1½. Body wasted, 71 lbs.; height 5-4.
June 29. 776	June 6, 1858.	47 Widowed.	Mania; bad health.	1 month; otitis.	Arachnitis, pneumonia, chronic meningitis.	Brain slightly congested with blood, more fluid than natural in ventricles, 40½. Spinal marrow rather softened, 1.	Redness of bronchial lining membrane, the lower portion of both lungs in first stage pneumonia, right 24½, left 20; heart 8.	Intestines natural; weight of the stomach 4½, liver 39, spleen 3, pancreas 2½, right kidney 4, left 4½, uterus 2. Weight of the body 72lbs.; height 5-2.
Sep. 27. 107	August 15, 1848.	58 Widowed.	Dementia; indifferent health.	28 years.	Meningitis pulmonary tubercles, bronchitis, paralysis; 18 months.	Dura mater firmly adherent to the skull, the brain appeared natural, 42½. The spinal marrow soft, ¾.	Old pleuritic adhesions on both sides, tubercles in upper lobe right lung, 28, redness of bronchial membrane in both lungs; left 16; heart 8. Weight of the body 72 lbs.; height 4-10.	Old peritoneal adhesions, the omentum studded with miliary tubercles, stomach 4; liver 35½, a cyst size of an acorn, containing cheesy matter on the convex surface, the gall bladder contained 44 gall stones, each the size of a hazel nut; pancreas 2½, right kidney 2½, left 3½.



# OBITUARY, continued.—FEMALES.

Date of Death.	Date of last Admission.	Age at Death and Civil State.	Mental and Bodily condition on admission.	Duration and cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES And weight of the various Organs, in Ounces Avoirdupois.		
						HEAD AND SPINE.	THORAX.	ABDOMEN.
Oct. 4. 685	March 2, 1857.	21 Single.	Melancholia; indifferent health.	2 years; illness.	Pleuritis, suicidal, refused food.	Fluid beneath cerebral membranes, but not more than might be expected so long after death (87 hours), left hemisphere 1 oz. heavier than the right, weight of the brain 46½. Spinal marrow natural, 1.	About 1 pint of pus in the left pleura, the lining was compressed by it, and was not more than half the volume of the right lung which weighed 23, left 11; heart natural, 7.	Esophagus and stomach healthy, the latter contained about ½ pint of fluid; weight of the stomach 4½, spleen 2½, liver congested with blood, 52, pancreas 2, right kidney 5, left 4, uterus 1. Weight of the body 95lbs.; height 5-8.
Nov. 25. 754	February 17, 1858.	51 Married.	Mania; bad health,	11 months; fright, hereditary predisposition.	Meningitis, pericarditis, enteritis.	The dura mater was firmly adherent to the skull, weight of the brain large, 49½. About one inch of the upper part of the spinal marrow was softer than natural, 1½.	The upper portion of the right lung was emphysematous, 18½, left 16½; heart 9, the interior of the pericardium and the heart itself was completely coated with recent lymph, which formed quite a membrane.	Some redness in the lower portion of the ileum, and patches of redness throughout the colon on the mucous membrane. Weight of the stomach 5, liver 43½, spleen 3½, pancreas 2½, right kidney 4, left 4½, uterus 3½. Weight of the body 73lbs.; height 5-1.



## FOR BREAKFAST.

Coffee,\* or broth,†  $1\frac{1}{3}$  pints for males, 1 pint of coffee for the females; bread 8 oz. for the males, 7 oz. for females, and  $\frac{1}{3}$  oz. of butter is allowed for each patient; those who have broth have no butter.

## FOR DINNER.

On Mondays, Wednesdays, Thursdays, Fridays, and Saturdays,  $\frac{1}{2}$  pound of uncooked meat, including bone, with one pound and a half of vegetables for the males, and one pound for the females; and a half pint of beer or cider is allowed for each patient. On Sundays, a pound of suet pudding or rhubarb pie. On Tuesdays one pint and a half of stew,‡ and 4 oz. of bread, and a half pint of cider or beer.

## FOR SUPPER.

The same as for breakfast, substituting tea and milk for broth or coffee.

## FOR LUNCH.

The working patients have each, at 11 o'clock, 2 oz. of bread, and three-fourths of an ounce of cheese, and a half a pint of beer, or cider, and the same allowance of beer or cider in the afternoon; about 16 ozs. of rag tobacco is distributed each day amongst the working male patients.

\* The coffee is made by boiling 6 lbs. of ground coffee with 6 lbs. of sugar in 32 gallons of water for ten minutes, to which is added  $2\frac{1}{2}$  gallons of new milk. The tea is made by substituting 2 lbs. of tea for 6 lbs of coffee.

† The broth is made from 32 gallons of the water in which the meat had been boiled the previous day, 8 gallons of milk, 10 lbs. of onions, 1 lb. of salt, 20 lbs. of flour, and 4 ounces of pepper.

‡ The stew is made by boiling the bones (which are pounded) for seven hours in 36 gallons of water, with the addition of five shins, and 16 lbs. of stickings of beef, 12 lbs. of rice,  $\frac{3}{4}$  lbs. of pepper,  $2\frac{1}{2}$  lbs. of salt 6 sticks of cellery, a bunch of sweet herbs, 3 pecks of onions, 10 or 15 white cabbages, and a few potatoes, or Jerusalem artichokes, occasionally 30 lbs. of flour is added.

This quantity is sufficient for 400 persons.



## RETURN OF MALE WORKING PATIENTS FOR THE YEAR 1858.

No. of Patients, and how employed.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total Weeks.
<b>ARTISANS.</b>													
In Bakehouse & Brewhouse...	3		3	3	3	3	3	3	3	3	3	3	36
As Carpenters .....	4		4	4	4	3	4	4	3	3	4	4	45
At Furnaces .....	1	1	1	1	1	1	1	2	2	1	1	1	14
As Masons .....	5	6	7	7	8	8	7	8	7	10	8	9	90
As Painters & Glaziers ....	1	3	3	3	3	3	2	2	1	2	2	1	26
In Smith's Shop .....	1	2	2	2	1	2	1	2	2	2	2	2	21
As Shoemakers .....	6	5	5	4	4	4	4	5	5	5	5	4	56
As Tailors .....	3	2	2	2	2	2	2	3	2	2	2	2	26
Total .....	24	26	27	26	26	26	24	29	25	28	27	26	314
<b>LABOURERS.</b>													
Assisting Attendants .....	12	12	12	12	10	10	12	12	12	10	10	12	136
On Roadways .....	4	4	4	6	4	4	3	3	2	2	2	2	40
In removing Earth .....	4	4		3	3	4	4	3	3	3	4	4	39
On Farm .....	12	14	18	20	20	22	24	24	24	22	21	20	241
In Foul Linen House .....	2	2	2	2	2	2	2	2	2	2	2	2	24
In Garden .....	10	12	12	12	12	12	12	12	14	13	12	10	143
In Kitchen .....	1	1	1	2	2	2	2	2	2	2	2	2	21
As Quarrymen .....	5	6	4	4	3	4	4	4	4	4	4	4	50
In Stone Shed .....	4	4	4	3	3	3	4	3	3	2	2	3	38
As Coir Pickers .....	4	4	3	3	3	3	4	4	4	4	3	4	43
In Store Room .....	2	2	2	2	2	2	2	2	1	1	1	1	20
Total .....	60	65	62	69	64	68	73	71	71	65	63	64	795

The average number employed in the first three months was 90.1; in the second three months 92; in the third three months 92.1; and in the last three months 90.1. The largest number employed was 100 during the hay harvest.



*List of work done by the Shoemakers from January 1st. to December 31st., 1858.*

		MADE.	
	Pairs,		Pairs
Women's Leather Shoes .. ..	115	Men's Leather Shoes .. ..	32
Ditto Brown Slippers .. ..	84	Ditto ditto Slippers .. ..	75
Ditto Leather Boots .. ..	77½	Ditto Brown ditto .. ..	119
Ditto Cloth ditto .. ..	110½	Ditto Carpet Shoes .. ..	7
Boys' Leather ditto .. ..	2	Ditto Leather Boots .. ..	105
	<u>389</u>		<u>338</u>
		REPAIRS.	
Women's Boots soled and heeled ..	4	Men's Boots soled and heeled ..	76
Ditto ditto repaired .. ..	61	Ditto ditto repaired .. ..	130
Ditto Slippers ditto .. ..	83	Ditto Slippers ditto .. ..	127
	<u>Repairs 148</u>		<u>Repairs 333</u>

*List of work done by some of the Male Patients in the Year 1858.*

		TAILORS.	
Jackets .. ..	94	Towels .. ..	2
Trowsers .. ..	101	Total made .. ..	15
Waistcoats .. ..	98	Ditto Repaired .. ..	17
Ditto with sleeves .. ..	12		
Drawers .. ..	14		

LIST OF NEEDLEWORK DONE BY THE FEMALE PATIENTS FROM  
JANUARY 1st, TO DECEMBER 31st, 1858.

Aprons .. ..	57	Pillowslips .. ..	2
Blinds .. ..	18	Rugs, Strong .. ..	3
Bed Ticks .. ..	87	Shirts .. ..	1
Blankets .. ..	14	Sheets .. ..	4
Cloaks .. ..	12	Shifts .. ..	4
Capes .. ..	6	Shrouds .. ..	..
Caps .. ..	302	Stockings, knitted (pairs)	..
Caps, Cloth .. ..	21	Stockings, grafted (pairs)	..
Caps, Night .. ..	60	Socks, knitted, (pairs)	..
Dresses, Check .. ..	124	Table Cloths .. ..	..
Dresses, Serge .. ..	24	Towels .. ..	..
Ironing Cloth .. ..	1	Tick Pillow Cases .. ..	..
Jackets, Check .. ..	13	Gloves (pairs) .. ..	..
Dresses, Strong .. ..	43	Cuffs, knitted, (pairs)	..
Mangle Cloths .. ..	3	Flannel vests .. ..	..
Night Gowns .. ..	77	Waistcoats .. ..	..
Neck Ties .. ..	378	Smock frocks .. ..	..
Handkerchiefs .. ..	20	Shirts repaired .. ..	20
Pinafores .. ..	52	Articles repaired for the Females ..	30
Petticoats, Flannel .. ..	79	Stockings mended (pairs)	40
Petticoats, Serge .. ..	98	Counterpanes .. ..	..
Petticoats, Cloth .. ..	24		

\* The Men's clothing is partly repaired by the Female patients.







# THE CONSUMPTION OF PROVISIONS AND NECESSARIES

And collective number of days of Patients, Officers, & Attendants,  
Between the 1st day of January and the 31st day of December, 1858.

ARTICLES.					QUANTITY.	
Bread	..	..	..	..	150,644	lbs.
Flour for Puddings, &c.	..	..	..	..	18,060	"
Beef	..	..	..	..	48,913	"
Mutton	..	..	..	..	9,170 <sup>3</sup> / <sub>4</sub>	"
Pork and Bacon	..	..	..	..	6,989 <sup>3</sup> / <sub>4</sub>	"
Cheese	..	..	..	..	3,985	"
Butter	..	..	..	..	6,365	"
Cream	..	..	..	..	228	pints
Milk	..	..	..	..	7,760	gallons
Tea	..	..	..	..	1,136	lbs.
Coffee	..	..	..	..	894	"
Sugar	..	..	..	..	3,552	"
Ditto (Lump)	..	..	..	..	209	"
Rice	..	..	..	..	1,314	"
Oatmeal	..	..	..	..	128	"
Mustard	..	..	..	..	36	"
Pepper	..	..	..	..	134	"
Salt	..	..	..	..	2,259	"
Fish (Salt)	..	..	..	..	1,162 <sup>1</sup> / <sub>2</sub>	"
Raisins	..	..	..	..	293	"
Currants	..	..	..	..	56	"
Treacle	..	..	..	..	520	"
Buns (Good Friday)	..	..	..	..	402	"
Vinegar	..	..	..	..	24	gallons 1 pint
Peas (Field)	..	..	..	..	30	bushels
Tobacco	..	..	..	..	300	lbs.
Snuff	..	..	..	..	23	"
Ale	..	..	..	..	8,919	gallons
Cider	..	..	..	..	6,833	" 5 pints
VEGETABLES.						
Potatoes	..	..	..	..	3,175	pecks
Parsnips	..	..	..	..	707	"
Carrots	..	..	..	..	1,839	"
Turnips	..	..	..	..	540	"
Onions	..	..	..	..	463	"
Cabbages	..	..	..	..	20,668	"
Brocoli	..	..	..	..	3,455	nos.
Savoy	..	..	..	..	81	"
Artichokes	..	..	..	..	62	pecks
Beans (Broad)	..	..	..	..	365	"
Peas (Green)	..	..	..	..	115	"
NECESSARIES.						
Candles (Dips)	..	..	..	..	223	lbs.
Ditto (Moulds and Composites)	..	..	..	..	147 <sup>1</sup> / <sub>2</sub>	"
Soap	..	..	..	..	4,662	"
Ditto (Soft)	..	..	..	..	2,760	"
Soda	..	..	..	..	3,912	"
Starch	..	..	..	..	334 <sup>1</sup> / <sub>4</sub>	"
Blue	..	..	..	..	32	"
Coal (Hard)	..	..	..	..	553	tons 19 cwt
Ditto (Small)	..	..	..	..	2	" 10 "
Ditto (Gas)	..	..	..	..	31	" 5 "
Coke	..	..	..	..	87	" 15 "
N.B. The valuation of Rhubarb, Herbs, Greens, New Potatoes, Salad, Leeks, Beans, and Fruit, £42 5s. 2d.						
Collective No. of days of Patients.....					138,617	
" " Officers and Attendants .....					10,608	
Total .....					149,225	



RATIONS FOR THE ATTENDANTS AND SERVANTS.  
WEEKLY ALLOWANCE FOR EACH.

MALES.					FEMALES.				
Meat	..	..	..	7 lbs.	Meat	..	..	..	5½ lbs.
Flour	..	..	..	1 „	Flour	..	..	..	1 „
Vegetables	..	..	..	14 „	Vegetables	..	..	..	10½ „
Bread	..	..	..	7 „	Bread	..	..	..	7 „
Butter	..	..	..	½ „	Butter	..	..	..	½ „
Cheese	..	..	..	½ „	Cheese	..	..	..	½ „
Tea ..	..	..	..	3 oz.	Tea ..	..	..	..	3 oz.
Sugar	..	..	..	8 „	Sugar	..	..	..	8 „
Mustard	..	..	..	½ „	Mustard	..	..	..	½ „
Pepper	..	..	..	¼ „	Pepper	..	..	..	¼ „
Vinegar	..	..	..	¼ pint	Vinegar	..	..	..	¼ pint
Milk	..	..	..	3½ „	Milk	..	..	..	3½ „
Ale or Porter	..	..	..	14 „	Ale or Porter	..	..	..	10½ „

CONTRACT PRICES.

*For the Year ending December 1858.*

ARTICLES.	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Beef, at per stone of 14lbs. ....	0 5 10	0 5 10	0 5 10	0 5 3
Mutton, „ .....	0 5 10	0 5 10	0 4 8	0 5 3
Flour, at per Sack of 280lbs. ....	2 1 0	2 1 0	1 10 6	1 11 0
Ditto (one-way) .....	1 19 0	1 19 0	1 9 0	1 9 0
Malt, „ bushel .....	0 9 3	0 9 3	0 8 0	0 8 3
Hops, „ lb. ....	0 1 3	0 1 3	0 1 0	0 1 3
Cheese, „ cwt. ....	1 10 0	1 10 0	1 10 0	0 0 0
Butter, „ lb. ....	0 1 0	0 1 0	0 1 0	0 1 0
Sugar, Moist, cwt. ....	2 2 6	2 2 6	2 2 0	1 18 6
Ditto, Lump, lb. ....	0 0 6½	0 0 6½	0 0 6½	0 0 6½
Tea, Black, „ .....	0 3 1	0 3 1	0 3 1	0 3 1
Coffee, „ .....	0 1 1	0 1 1	0 1 1	0 1 0
Mustard, „ .....	0 0 10	0 0 10	0 0 0	0 0 0
Pepper, „ .....	0 1 1	0 1 1	0 1 0½	0 1 0
Tobacco, „ .....	0 3 6	0 3 6	0 3 5½	0 0 0
Soap, (Mottled) cwt. ....	0 0 0	0 0 0	0 0 0	1 12 0
Soap, (Yellow) „ .....	1 6 0	1 6 0	1 4 0	1 6 0
Ditto, (Soft) „ .....	0 0 4	0 0 4	0 0 3½	0 0 3½
Soda, „ .....	0 8 0	0 8 0	0 8 6	0 0 0
Starch, at per lb .....	0 0 5	0 0 5	0 0 4	0 0 4
Blue, per lb. ....	0 1 3	0 1 3	0 0 10	0 0 10
Rice per cwt. ....	0 13 6	0 13 6	0 9 6	0 9 6
Candles, „ per dozen .....	0 7 7	0 7 7	0 7 7	0 6 7
Moulds and composites „ .....	0 0 0	0 0 0	0 0 0	0 0 0
Oatmeal, per cwt. ....	0 19 0	0 19 0	0 16 6	0 18 0
Vinegar, per gallon .....	0 1 6	0 1 6	0 1 6	0 0 0
Salt, per cwt. ....	0 2 1	0 2 1	0 2 1	0 2 1
Coal, Hard, at per ton .....	0 14 6	0 14 6	0 14 6	0 14 6
Ditto, Small „ .....	0 8 4	0 8 4	0 9 0	0 9 0
Coke, per ton .....	0 14 6	0 14 6	0 14 6	0 14 6
Cider, at per hogshead .....	0 0 0	0 0 0	1 14 0	1 14 0



## A STATEMENT OF THE FARM AND

Dr.

	£	s.	d.	£	s.	d.
To Valuation of Stock &c. as per year ending 1858 viz.:—						
Live Stock .. ..	326	10	0			
Dead do. .. ..	121	5	0			
Vegetables and Roots ..	379	13	0			
				827	8	0
To Cash paid for Live Stock	66	0	0			
Corn, Hay, Seed, Straw, and sundry expenses ..	172	15	9½			
Shoeing and cattle medi- cines .. ..	2	8	0			
Tools .. ..	35	16	10			
Manure & horse hire ..	28	5	10			
Tithes, Rent charge, & Poor Rates .. ..	30	16	0			
To Land rented 12 acres	35	2	0			
Wages :—						
Bailiff, Carter, and Gar- dener .. ..	92	0	0			
				463	4	5½
To Valuation of 35 acres of Land, together with a Lodge and Cottage ..	100	10	0			
To Provisions supplied from the house, including a pro- portion of the maintenance of two Farm attendants ..	64	3	2			
To Coal, Coke, Grains & Wash .. ..	44	13	2			
				209	6	4
In favor of Farm including the labour of patients .. ..				178	18	0½
				£ 1678	16	10



## GARDEN PRODUCE FOR THE YEAR 1858.

			£	s	d.	£	s.	d.
<i>Contra.</i>								
By Farm produce	..	..	484	12	7			
Garden ditto	..	..	362	15	7			
			<hr/>			847	8	2
By Cash received, for Bones			5	15	0			
Hide & Tallow	..	..	9	10	0			
Stock ( <i>live</i> )	..	..	13	2	6			
Plants	..	..	6	18	0			
Seed potatoes	..	..	2	2	4			
Fruit	..	..	1	4	3			
			<hr/>			38	12	1
By Valuation of work not connected with the Farm done by the horses	..		37	11	7			
By Valuation of Straw supplied to the Institution			5	0	0			
			<hr/>			42	11	7
Present Stock, viz :								
Live Stock	..	..	276	18	0			
Dead ditto	..	..	127	0	0			
Vegetables and roots	..		346	7	0			
			<hr/>			750	5	0

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£1678 16 10

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*Average weekly cost for Maintenance, Medicine, Clothing, and care of Patients during the Year 1858.*

		£	s.	d.
Provisions .....		0	4	2 $\frac{1}{4}$ - $\frac{1}{8}$
Clothing .....		0	0	9 $\frac{1}{2}$
Salaries and Wages .....		0	1	2 $\frac{1}{4}$ - $\frac{1}{8}$
Necessaries, (e.g.) fuel, light washing, &c. ....		0	0	8 - $\frac{1}{8}$
Surgery and dispensary, wine, spirits, and } porter.....		0	0	2
Charged to the { Furniture and Bedding .....		0	0	6 $\frac{1}{2}$ - $\frac{1}{8}$
Maintenance { Garden and Farm .....		0	0	5 $\frac{3}{4}$
Account. { Miscellaneous; viz: .....				
	Periodicals, binding, stationery, receipt and postage stamps, fire insurance, &c.....	0	0	2 - $\frac{1}{8}$
		0	8	2 $\frac{1}{2}$ - $\frac{1}{8}$
	* Less receipts from Farm Produce ....	11 $\frac{3}{4}$ - $\frac{1}{8}$		
	Ditto ditto ditto miscellaneous not con- nected with the farm .....	$\frac{1}{2}$		
		0	1	0 $\frac{1}{4}$ - $\frac{1}{8}$
Total average weekly cost per head.....		0	7	2 $\frac{1}{4}$

Weekly average number of Patients resident ..... 379.3

	£	s.	d.	£	s.	d.
Weekly charge for Paupers from Counties } or Boroughs to which the Asylum belongs }	0	7	7			
Ditto ditto from other Counties and } Boroughs .....	0	12	10	and 0	10	9 $\frac{1}{2}$

\*This shews the application of the balance in favour of the farm, vide page 74.



*A Statement Shewing the sums received from Unions for the care, maintenance, &c., of Patients for the Year 1858.*

UNIONS.	No. of days at 1s. 1d. per day	Amount.	Funerals.	Fetching and Re-moving.	Clothing.	TOTALS.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Axbridge .....	12582	681 10 6	3 0 0			684 10 6
Bath .....	8306	449 18 2		0 5 0		450 3 2
Beaminster .....	807	43 14 3				43 14 3
Bedminster .....	7736	419 0 8	10 6			419 11 2
Bridgwater .....	9546	517 1 6	1 10 0			518 11 6
Cardiff .....	11407	617 17 7	3 10 6	7 17 0	14 5 0	643 10 1
Chard .....	7370	399 4 2	6 0 0	0 5 0		405 9 2
Chipping Sodbury ..	14	15 2				0 15 2
Clutton .....	9763	528 16 7	3 0 0			531 16 7
Cheriton Fitzpaine ..	66	3 11 6				3 11 6
Dulverton .....	1372	74 6 4	1 10 0			75 16 4
Devizes, Wilts .....	92	4 19 8				4 19 8
Frome .....	9292	503 6 4	4 10 0	10 11 0		518 7 4
Halifax, York .....	190	10 5 10				10 5 10
Keynsham .....	1833	99 5 9				99 5 9
Langport .....	4144	224 9 4	1 10 0			225 19 4
Mere .....	1367	74 0 11	10 6			74 11 5
Middlesex .....	365	19 15 5				19 15 5
North Leach .....	273	14 15 9				14 15 9
Shepton Mallet ....	8019	434 7 3	4 10 0			438 17 3
St. James, Westminster	985	53 7 1	3 9 0	5 0 8		61 16 9
Sherborne .....	302	16 7 2				16 7 2
Shoreditch .....	117	6 6 9	1 10 0			7 16 9
Taunton .....	11885	643 15 5	3 0 0	0 5 0		647 0 5
Thornbury .....	92	4 19 8				4 19 8
Wellington .....	10359	561 2 3	1 10 0			562 12 3
Wells .....	6283	340 6 7	4 10 0	0 15 0		345 11 7
Williton .....	5853	317 0 9	1 10 0			318 10 9
Wincanton .....	3158	171 1 2	3 10 6	8 9 6		183 1 2
Yeovil .....	4674	253 3 6	2 0 6			255 4 0
County of Somerset, } the Treasurer .. }	365	19 15 5				19 15 5
	138617	7508 8 5	51 1 6	33 8 2	14 5 0	7607 3 1

Excess charge for Patients from Boroughs and Counties not contributing to the original cost of building the Asylum, and placed to the credit of the building account, vide page 77.

1 Bath, Borough .. ..	141 2 10
2 Bedminster .. ..	13 13 9
3 Bridgwater .. ..	84 1 0
4 Cardiff .. ..	427 15 3
5 Chipping Sodbury .. ..	10 6
6 Cheriton Fitzpaine .. ..	2 9 6
7 Devizes (Wilts) .. ..	3 9 0
8 Mere .. ..	5 3 6
9 Middlesex .. ..	13 13 9
10 North Leach .. ..	13 13 9
11 Sherborne .. ..	3 6 9
12 St. James, Westminster .. ..	36 18 9
13 Shoreditch .. ..	4 7 9
14 Thornbury .. ..	3 9 0
15 Yeovil .. ..	7 0 8

760 15 9



# BUILDING ACCOUNT.

*A Statement of the Receipts and Payments from January 1st 1857, to December 31st 1858*

DR.		CR.	
£	s. d.	£	s. d.
To amount paid for Materials in the year		By Balance brought forward from the end of the year	
1857	vide page 69 of the 10th Report .. 403 10 4	1856,	vide page 57 of the 9th Report ..... 429 12 11
Ditto	1858 .....	By excess charge received for patients from	
	362 0 4	Boroughs and Counties not contributing	
	—	to the original cost of building the Asylum, for the year 1857	vide page 68 of
To amount paid for Wages in the year		the 10th Report .....	348 19 11
1857	vide page 69 of the 10th Report .. 169 9 0	"	1858 .....
Ditto	1858 .....	"	1858 .....
	164 9 3		760 15 9
	—		—
To Balance .....			1109 15 8
	333 18 3		
	439 19 8		
	—		
	£1539 8 7		£1539 8 7



# OR GENERAL STATEMENT OF RECEIPTS AND PAYMENTS OF THE SOMERSET COUNTY LUNATIC ASYLUM, Between the 1st of January and the 31st of December, 1858,

RECEIPTS.		£	s.	d.
To Balance in the Bailiff's hand on the 31st December 1857 .....		1	9	3½
To Valuation of Stores in hand on the 31st December 1857, viz:—				
Provisions .....	131	4	0	
Necessaries .....	13	5	1½	
		144	9	1½
Clothing material .....	233	0	4¼	
Bedding do. ....	87	4	0	
		320	4	4¼
Received from Unions on account of pauper patients		7508	8	5
Ditto for funerals .....		51	1	6
Ditto for removals .....		33	8	2
Ditto for clothing .....		14	5	0
Ditto from Garden and Farm for the Establishment		847	8	2
Ditto from miscellaneous sales .....		16	10	6
Ditto " " from Farm .....		37	7	10

R. B. COLES, } Visiting Justices  
J. C. SOMERVILLE, } and Auditors.

£8974 12 4¼

PAYMENTS.		£	s.	d.
By Balance due to the Treasurer .....		272	2	6
" " Clerk and Steward ..		9	5	10¾
		281	8	4¾
" paid for Salaries and Wages as per Ledger ..		1172	19	2
" Provisions .....	do.	4129	10	9½
" Necessaries .....	do.	637	1	1½
" Surgery and Dispensary ..	do.	62	4	10
" Wine, Porter, & Arrow root	do.	90	5	10
" Repairs, furnishing and bedding .....	do.	564	14	2½
" Clothing & leather for shoes	do.	821	8	3½
" Printing, Stationery, Periodicals, Receipt & Postage Stamps .....	do.	63	3	7
" Farm and Garden .....	do.	463	4	5½
" Funeral expenses .....	do.	51	1	6
" Removing patients .....	do.	33	8	2
" Clothing supplied .....	do.	14	5	0
" Fire Insurance .....	do.	10	19	6
" Miscellaneous .....	do.	85	7	3½
By Provisions in store ....	50	10	5	
" Necessaries " ....	43	8	10¼	
		83	19	3¼
" Clothing " ....	94	2	5	
" Bedding " ....	36	13	6	
" Balance, Treasurer ....	275	19	11	
" Clerk & Steward	1	16	7¼	
" Bailiff .....	0	18	6	
		130	15	11

278 15 0¼

£8974 12 4¼

GEO. WM. GUNN, Clerk and Steward.



