

## **Sixteenth annual report of the Suffolk Lunatic Asylum : December, 1853.**

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# SIXTEENTH ANNUAL REPORT

OF THE

## SUFFOLK LUNATIC ASYLUM.

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DECEMBER 1853.

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Woodbridge:

PRINTED BY J. LODER.

1854.

## Visiting Magistrates.

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APLIN, R. ESQ.	GOOCH, SIR E. S. M.P.
ANDERSON, THOMAS, CLK.	GORTON, R. C. CLK.
ALDERSON, S. H. CLK.	HEIGHAM, J. H. ESQ.
BENCE, H. B. ESQ.	HILL, C. CLK.
BEDINGFIELD, J. CLK.	IRELAND, T. J. ESQ.
BROOKE, F. C. ESQ.	KERRICH, JOHN, ESQ.
BERNERS, J. ESQ.	LOVE, E. M. CLK.
BETTS, THOMAS D'EYE, CLK.	OWEN, H. CLK.
CORRANCE, F. ESQ.	PRATT, JERMYN, CLK.
COLVILLE, WILLIAM, CLK.	ROWLEY, R. C. ESQ.
CASBORNE, W. J. S. CLK.	SHEPPARD, J. G. ESQ.
COOKE, J. T. CLK.	WALFORD, CHARLES, ESQ.
DOUGHTY, F. G. ESQ.	WESTERN, T. B. ESQ.
DE GBY, HON. AND REV. F.	WILSON, H. ESQ.



## Report.

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AT the close of the last year there were two hundred and fifty-five patients in the House, there have been admitted in this year ninety-three. Forty-two have been discharged cured. Nine have been removed or returned to their friends very much relieved, and thirty-six have died. The numbers of male and female patients have been nearly equal in the admissions, discharges, and deaths.

	Males.	Females.
Admitted	49	44
Discharged	22	20
Ditto Relieved	2	7
Died	19	17

These numbers shew but little variation in any respect from those of the late previous years. The mortality which was unusually low last year, has been increased by nine this year; an event most fully anticipated, and noted in the Report for 1852, from the different stages of great bodily exhaustion, in which many of the aged inmates were received.

All the patients have been throughout the year very healthy; the promotion of their welfare is still unremittingly studied, and the endeavour is not only to secure their physical comfort, but to ascertain the peculiarities of each patient's mind, and so most directly and effectually to forward the great



end and object of their residence here. The mere fact of a large household to be kept in salutary order, must necessarily be an acute and constant source of great moral and intellectual labour, but certainly our experience goes to prove that the contingency of having insane and not sane members to deal with, need not in *itself* be a cause of any painful increase of that labour. Whatever may have been the causes which in their immediate or more remote effects have tended to render the past year, one of greater anxiety than any of its predecessors, the patients themselves have had little or no share in increasing it. They have not been more than ordinarily excited or disturbed, they have been in general, tranquil and quiet; and if it may be asserted of mental as of physical subjects, that the preservation of their ordinary features demonstrates the stability of their health, we have that demonstration obviously and happily apparent. If the general expressions of contentment amongst the patients are any proof of this healthy feature, we have as conspicuous indices to judge by as any to which we could point at any time. A man after an absence of several years was lately re-admitted; he was a tailor, and directly he entered the House, he went up to take possession of his former place of occupancy, and he asked for some work with the expression of satisfaction, "well, I'm glad to get home again." It is this home character that we would endeavour to secure; and lest the paramount importance of this domesticity should ever be lost sight of, it may be well to record it as being the chief object of attainment for successful treatment of the insane. They are almost universally ready to recognize it themselves, and it is a feeling which is very seldom disturbed or broken by the patients in this House.

The truth of the above was shewn in no small degree, only a few weeks back, by two out-County patients who left us for Essex. They were both old residents; one having been here



twenty-one years, the other twenty-five years. They were much distressed at leaving, the longest resident the most so. She had always looked upon this House as her permanent home, and she would echo the desire of another old patient, most singularly but expressively conveyed, "that she should have the *privilege* of being buried in the Asylum ground." This attached faithful creature had been for all these years a most valuable assistant in the wash-house and laundry, she was always regularly and willingly employed. Three days in the week in each of these places she worked for twenty-five years, taking little notice of others, unless something *very* provoking excited her displeasure. When she was prevented from going into the laundry on the morning of her expected removal, and when the reason of it was explained to her by signs, (for she was very deaf,) she looked very sorrowful, and said, "she would not take any clothes with her, but leave them till she should come back again," she positively refused to believe that she was going entirely away. It was a "sorry sight" to witness the removal of this grateful and attached patient: as the carriage came up to the gate, she turned very pale, and the tears dropped into her lap, as she took leave of one after another, fondling over them, and kissing them. Her industry had procured her some trifling articles of fancy dress, and which always delighted her, but she could not be persuaded to take any of them with her. We have always encouraged this feeling of possession in trifling changes of dress, and we look on it as one of no small importance to gratify. The indulgence of neat attire, frequently advances a cure, and it almost always promotes contentment and happiness. It must be a hurtful plan to make the patients (females especially) on entering an Asylum, immediately doff their own usual clothing, and thus to dissever all the associations of their home appearance, and to impose on them the exasperating and depressing influences of a workhouse uniform. We have always protested against this, having seen and felt increasingly



the evil of it. It tends to seclude these patients in a way which cannot be necessary, from the outward world, and must make such as are susceptible, feel somewhat more degraded than by the fact itself would appear. This change of dress on the Sabbath, said a convalescent patient, "seems like submission to the will of God, and is opposed to moodiness and repining, I do'n't like to be sulky and take no pleasure in myself, because I cannot altogether be out and at liberty." The workhouse manner of clothing all alike, shuts out the possibility of this wholesome and creditable feeling in convalescent patients, and indeed in those also, whose return to society must be rather hoped for than expected. The fact is, that insane patients should never be permitted to fancy themselves in that state of isolation from society, which must engender hopelessness in their minds, and so obstruct their cure.

One great cause of anxiety with our present inmates is the increased number of suicidal patients. We never had so many. Out of the ninety-three patients admitted, thirty are declared suicidal, fifteen have been received suffering from recent self-inflicted injuries, three of them with unhealed open wounds in the throat, four from attempted strangulation, and five from the additional efforts to effect their purpose by drowning.

In a patient re-admitted, this resolute determination was continually shewing itself. The man was admitted with suicidal melancholia in June 1852, he was then emaciated in body, and depressed in mind, the former the evident result of deprivations and hard living, the latter as he said arising from the conviction of unpardonable sin. There was no hereditary predisposition to insanity, and his case appeared to demand a generous diet, and soothing care. These means were adopted *solely* for four months, when his mind became gradually more composed, he regained his bodily health and strength, he worked cheerfully at out door labour, and was discharged on the 9th. October,



well. He continued at home quietly and comfortably with his family till about a fortnight previous to his re-admission which took place on the 10th. of June, 1853. He came back suffering extremely from a return of all his previous symptoms: there was a cadaverous look, and a most distressing anxiety about his countenance, and altogether he presented an appearance of the most abject wretchedness and misery. He had just before his admission twice attempted self-destruction, once by strangulation, and the second time by drowning. On the afternoon of the 15th. the House Surgeon was suddenly called to him by his attendant, and he found him suffering from symptoms evidently arising from the existence of some foreign body in the throat, nothing either solid or fluid could be swallowed, there was a choking sensation with sudden spasmodic cough. A probang with an ivory top was introduced into the œsophagus, which rested half-way between the lower part of the pharynx and the cardiac orifice of the stomach upon something *hard*. By careful manipulation this substance was pushed down into the stomach, and now several hard bodies conveying the sensation of *stones* could be distinctly felt with the probang. Upon questioning the man he acknowledged that he had swallowed 200 common gravel stones, with the hope that they would kill him, at the same time he expressed great thankfulness for the relief afforded him and promised never to attempt self-destruction again. By repeated doses of castor oil, a great number of stones were brought away, and all were supposed to have passed safely through. At the end of six days however he sent for the House Surgeon again, saying that there was a large stone at the lower end of the bowel, and he could not pass it. On the introduction of the finger, several stones with sharp jagged edges could be distinctly felt impacted in fœcal matter, and the mass appeared to be so large that it seemed impassible without laceration. Whilst an enema was being prepared for him, he suddenly passed a large mass, 8½ inches in circumference, and containing seventy-two



stones, and many small pieces of brick, &c. the whole weighing nearly 7 ounces.\* There was no laceration. His bodily health improved after this, but his mind remained unsettled. It was imagined and hoped that this unsuccessful effort, with its painful instruction, would have been his last attempt, but it was not so. He continued with maniacal obstinacy to resist all food, and he was obliged to be fed frequently by the stomach pump with good beef tea and wine. On the 11th. of August, he made another fearful attempt to burn himself to death. He was assisting the attendant in cleaning the galleries with several other patients about him, when as if on a sudden impulse, he ran and threw himself into the fire under the bath. He burnt his chest a good deal and the cartilages of his ribs; and for a long while he refused to take any medicine, or to have any application to the burn. He has of late however been gradually more yielding, and is now very much better, and recovered entirely from the injury; he will occasionally talk with some degree of cheerfulness, and seems apparently struggling against an almost irresistible impulse. Though this is a very aggravated case, (the man literally having tried every element, earth, air, fire, and water, to accomplish his end,) it is only one out of the number alluded to before.

From so fearful a catalogue as we have recorded, it may readily be believed that unceasingly anxious responsibilities must be felt. It seems indeed sometimes as if the very years which added to one's experience of such cases, in opposition to what ought philosophically speaking, to be its effect, only tended to make one less able to bear them. We have hitherto been most Providentially preserved, no fatal act having taken place for a long time past. Still when the imagination becomes crowded with extraneous objects, and the

\* The stones are now in the Museum at Guy's Hospital.



judgement overruled by impulse; when every prospect is falsely represented and the veriest shadows darken and deceive, it is no wonder that the height of mental deception should find its climax, in the accomplishment of such an act. The merciful exemption we have of late possessed, can be viewed only as an anticipative guard against *surprise*, if such events should occasionally occur.

The labour of the patients throughout the past year has been as much varied as circumstances and their own condition would admit of, and a great deal of profitable work has been completed. From the absence of any predisposition to the monomania of endless statistics, no estimate in minutiae has hitherto been taken of the actual savings effected, and the economy generally promoted by this labour. It is not right however to pass it by unnoticed, for however sensible all who are acquainted with this fact and the constant urgency which exists for increased and continued employment may be, many, who are unacquainted with these details, may fail to recognize this necessity, and thus may set down for *expenditure* what is actually a *saving*. There has been a saving to no inconsiderable amount by all the works of husbandry which the patients have engaged in during the past year, a saving in their daily domestic and mechanical labour, in carpenters and bricklayers' work, which is always needed and always going on. An ingenious carpenter (a very violent man when unemployed) has made a very good billiard table, and framed several pictures which some of the other patients have painted, and which now adorn their apartments, and give to them an air of great comfort and cheerfulness. Large portions of the galleries have been stained, varnished, and decorated, solely by them; parts of the House and the committee room with the front door and gallery doors have been painted *well*, and in a workman-like manner, and at the mere cost of materials.



The more necessary and consequently the more valuable occupations can never be reduced to mere calculations of profit and loss. They magnify themselves into one great medium of exchange, the exchange of feeling, affection, and duty. The bodily labour in the field aids in promoting the *moral* culture of the mind, which, notwithstanding its cloudy veils, may be found to possess many discoverable and distinct chambers, which may be well cultivated and well stored. This known fact renders a suggestion of the Commissioners in Lunacy in their last report, of value for consideration. They strongly urge the cultivation of more land by the spade, and certainly if four or five acres more (we have now seven and a quarter) could be taken from the present pasturage or hired in an adjacent field, they might be in every respect profitably worked. Nothing compensates for the lack of labour, *field* labour; all the amusements that can be thought of, sink before it. A patient himself was known to suggest as something new in husbandry, the erection of a thrashing machine to be worked by the feet, having played as he said at bagatelle and billiards, till he was sick of the sight of the tables.

Another valuable suggestion which can be adopted by home labour at very little cost, is the conversion of the third story of the Building entirely into sleeping apartments. This will certainly remove one great inconvenience which is always felt in a three storied house. It will spare the labour and difficulty of carrying necessities and provisions to so great a height (nearly 30 feet) and it will make room by additional bedsteads for the number of our present inmates, who are now provided for at great inconvenience. It should however be remembered, that it will not do *more* than this, it will not give more than the *required* accommodation for the present number of inmates in the House. If, as suggested by the same authorities, the idea is encouraged of receiving the



patients from the Boroughs of the County, a proper place must be built for them, whether it be joined to our present House or not.

There is yet one remaining suggestion of the Commissioners, which we cannot so strongly recommend for adoption. It is, not *only* that some of the boundary walls should be lowered still more, but that *the whole* of the division walls be removed. We would here suggest to the Committee, that it may be one thing to *conform*, but quite another to *approve*. Our experience has led us to place great value on a proper sub-division and classification of the patients, and we cannot help hazarding the expression of a fear, lest some untoward event should follow from over crowding; and the compulsory association of the more violent and refractory patients, in the same airing court; with the *old*, the *imbecile*, and the *infirm*. Larger space may be afforded by some additional removals, to which no possible objection can arise, and they can be carried on as the weather permits the patients to work at them, but beyond this, it is certainly a question if it is desirable to go.

It would be much more satisfactory if this report on the present state and future condition of the Asylum went no further, but there are pressing requirements which demand immediate notice; the whole of the wash-house and its adjacent departments have got from length of time and service, into a state of complete dilapidation. We have worked on as well as we could with all their imperfections, till they can be worked no longer. The coppers, the pipes, the taps, and the cocks are all out of order, they have been in daily use for twenty-five years and more, and are *literally worn out*. The position of these buildings has never been altered, nor their capacity improved, since they were first in use for a household of a hundred and fifty persons; the number is now nearly



doubled, and they have become most objectionably surrounded by other offices. The present position of the wash-house, in the very centre of the House, is so bad that the offensive smells are thrown directly into the kitchen by the slightest draught. If the consideration of this necessity is now taken up, it may be well just to observe, that by the further removal of some more of the division walls as stated before, a sufficient number of bricks may in all probability be obtained, to rebuild the whole of the washing department in a more favourable position. It could be so placed and arranged that more female patients could be employed, and the general health and comfort of the inmates considerably promoted.

It now only remains to repeat the assurance of our continued efforts, to encourage and promote the cultivation of those principles throughout this household, by which *trust*, honesty, and worth, will ever be distinguished from falsehood or from fraud. Our desire is to act in strict observance to the demands of the legislature, in unanimity and compliance with the Committee, and if possible, to the satisfaction of the rate-payers of this county. At the same time we cannot but remember that each and all of these can only take cognizance of what is open and seen. The most powerful obligations of the sane towards the insane, are *unseen*; and it would be sad indeed if in apparent obedience to *human*, the DIVINE law of *love* should be slighted and passed by. It is with the desire to exercise *this* law in our daily intercourse with those who are still committed to our charge, that we would welcome its individual and personal application, “and make it a law unto ourselves.”

J. KIRKMAN, M.D.

# Appendix.

No. 1.

## PATIENTS ADMITTED, DISCHARGED, AND DIED,

From 1st. of January to 31st. December, 1853.

	Males.	Females	Total.
Patients in the House 31st. December, 1852	111	144	255
Admitted in 1853 .....	49	44	93
	160	188	348
	Males. Females. Total.		
Discharged—cured ..	22	20	42
————— relieved	2	7	9
Died .....	19	17	36
	43	44	87
Remaining in the House 31st. December, 1853.....	117	144	261



## No. 2.

ASCERTAINED AND SUPPOSED CAUSES OF IN-  
SANITY IN THE 93 PATIENTS ADMITTED  
DURING THE YEAR 1853.

	Males.	Females.	Total.
Destitution . . . . .	2	3	5
Death of Relative . . . . .	1		1
„    Husband . . . . .		2	2
„    Children . . . . .		2	2
Deserted by their Friends . . . . .	2	2	4
Disappointed Affections . . . . .	1	6	7
Dread of Poverty . . . . .	2	2	4
Epilepsy . . . . .	1		1
Failure of Business . . . . .	2		2
Husband's Ill-treatment . . . . .		4	4
Hot Climate . . . . .	2		2
Idiocy and Imbecility . . . . .	3	4	7
Injury to Head . . . . .	1		1
Intemperance . . . . .	12		12
Jealousy . . . . .	1	3	4
Loss of Property . . . . .	5	1	6
Mental Fatigue, undue Anxiety . .	2		2
Pride . . . . .		1	1
Religious Excitement . . . . .	1	2	3
Want of Employment . . . . .	2	3	5
Wife's Misconduct . . . . .	3		3
Unknown . . . . .	6	15	15
Total . . . . .	49	44	93

## TABLE OF ADMISSIONS, DISCHARGES, AND DEATH,

In the whole Twenty-five Years since the Asylum opened.

Years.	MALES.				FEMALES.				TOTAL.				In the House at the end of each year.			
	Admitted.	Discharged.			Admitted.	Discharged.			Admitted.	Discharged.					Escaped.	
		Cured.	Relieved.	Total.		Cured.	Relieved.	Total.		Cured.	Relieved.	Total.				
													Died.			
1829	72	11	11	11	70	9	2	11	4	142	20	22	15	50	55	105
1830	48	12	9	21	34	12	3	15	7	82	24	12	36	66	67	133
1831	42	8	4	12	45	19	3	22	10	87	27	7	34	80	80	160
1832	42	21	4	25	25	20	2	22	8	67	41	6	47	78	75	153
1833	34	18	4	22	31	14	5	19	8	65	32	9	41	75	79	154
1834	32	16	7	23	32	18	5	23	8	64	34	12	46	75	80	155
1835	39	18	9	27	40	15	8	23	6	79	33	17	50	79	91	170
1836	30	11	13	24	26	11	16	27	9	56	22	29	51	78	81	159
1837	30	13	5	18	46	17	1	18	16	76	30	6	36	79	93	172
1838	35	16	2	18	31	21	2	23	7	66	37	4	41	82	94	176
1839	29	15	5	20	53	27	9	36	6	82	42	14	56	80	105	185
1840	31	14	1	15	38	23	3	26	13	69	37	4	41	89	104	193
1841	35	16	2	18	29	16	1	17	9	64	32	3	35	93	107	200
1842	27	10	2	12	34	14	2	16	11	61	24	4	28	98	114	212
1843	33	9	6	15	34	17	5	22	16	67	26	11	37	103	110	213
1844	36	19	2	21	30	13	13	16	12	66	32	2	34	109	115	224
1845	42	22	3	25	40	16	1	16	12	82	38	3	41	112	127	239
1846	37	19	1	19	44	24	4	24	15	81	43	1	44	114	131	245
1847	44	16	1	17	42	13	2	15	24	86	29	3	32	116	134	250
1848	31	13	13	11	51	26	2	28	18	82	39	2	41	123	139	262
1849	27	10	11	21	55	34	5	39	21	82	44	16	60	119	134	253
1850	36	21	4	25	47	29	1	30	14	83	50	5	55	113	137	250
1851	36	25	3	28	55	26	6	32	14	91	51	9	60	101	143	244
1852	51	22	2	24	47	22	8	36	13	98	50	10	60	111	144	255
1853	49	22	2	24	44	20	7	27	17	39	42	9	51	117	144	261
Total.	948	397	101	498	81023	432	99	581	295	1917	879	200	1079	621	8	

Average number of Patients for the Twenty-five Years,—196.

## ADMITTED—IN THE YEAR 1853.

Cases not exceeding three months' duration and first attack.	Cases not exceeding twelve months' duration and first attack.	Cases not exceeding two years' duration and first attack.	Cases of more than two years' duration, and first attack.	Cases of those who have had previous attacks.
29	16	5	4	39
DISCHARGED—IN THE YEAR 1853.				
Cases cured, not having been insane more than three months before admission, and discharged within six months.	Cases cured, not having been insane more than twelve months before admission, and discharged within two years.	Cases cured, having been insane two years and upwards, before admission.	Cases cured, having had previous attacks.	Cases not cured, discharged by desire of friends, and by order of the Magistrates, as improper objects.
20	5	2	15	9



No. 5.

## TABLE SHEWING THE NUMBER OF MONTHLY ADMISSIONS

Through the Twenty-five Years since the Asylum opened, with a Total of each Twelve Months, ending 31st. December, 1853.

Years.	1829.	1830.	1831.	1832.	1833.	1834.	1835.	1836.	1837.	1838.	1839.	1840.	1841.	1842.	1843.	1844.	1845.	1846.	1847.	1848.	1849.	1850.	1851.	1852.	1853.	Total.		
Mons.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	
Jan.	26	39	65	42	40	82	53	13	66	51	6	57	6	2	8	1	7	8	4	4	8	6	8	5	3	8	102	
Feb.	5	12	17	5	12	17	4	7	11	5	1	6	7	1	8	1	1	2	3	4	7	5	12	7	6	13	62	
Mar.	4	3	7	5	3	8	1	3	4	3	7	10	1	8	9	4	6	10	1	3	4	4	2	3	5	7	71	
April	8	6	14	5	3	8	5	8	13	7	14	7	4	11	4	6	10	7	14	4	3	7	6	13	4	5	110	
May	3	3	6	4	2	6	1	3	4	3	1	4	4	3	7	2	4	6	3	3	6	5	1	4	2	6	110	
June	8	3	11	5	5	10	1	3	4	3	6	5	10	7	7	1	8	16	3	3	6	3	5	8	4	12	98	
July	3	1	4	9	11	20	4	6	10	3	5	8	3	3	6	4	7	11	3	3	6	8	1	1	2	3	88	
Aug.	3	3	6	4	1	5	7	7	14	4	4	8	1	5	6	4	4	8	1	5	6	4	4	8	5	10	66	
Sep.	4	2	6	4	3	7	4	1	5	1	1	2	3	1	4	5	3	8	1	3	4	6	14	0	1	1	66	
Oct.	5	7	12	1	5	6	5	2	7	2	2	4	6	3	9	2	4	6	3	4	7	5	9	3	4	7	74	
Nov.	1	1	2	3	3	6	5	3	8	2	2	4	4	8	3	3	1	4	5	2	4	5	9	3	4	7	76	
Dec.	2	3	5	3	4	7	5	10	7	7	1	1	2	4	6	1	1	2	3	4	5	10	3	5	8	6	66	
	72	70	142	48	34	82	42	45	87	42	23	65	31	65	32	32	64	39	40	79	30	26	56	30	46	76	53	129

OCCUPATIONS OF THE 93 PATIENTS ADMITTED  
IN THE YEAR 1853.

	Males.	Females.	Total.
Agricultural Labourers .....	21		21
„ Labourers' Wives .....		11	11
„ Labourers' Son .....	1		1
„ Labourers' Daughters .....		2	2
„ Labourers' Widows .....		3	3
Baker's Wife .....		1	1
Bricklayer .....	1		1
Butcher .....	1		1
Cabinet-maker .....	1		1
Chimney-sweeper .....	1		1
„ Wives .....		2	2
Charwoman .....		1	1
Cook .....		1	1
Coal Porter .....	1		1
Farmers' Servants .....	2	6	8
Gardener's Wife .....		1	1
Gentlemen's Servants .....	3	1	4
Housekeepers .....		2	2
Harness-makers .....	2		2
Hawker .....	1		1
Hatter .....	1		1
Knitter .....		1	1
Millers .....	2		2
Needlewomen .....		2	2
Out of Business .....	2		2
Shoe-makers .....	2		2
„ Wife .....		1	1
Straw Hat-maker .....		1	1
Sempstress .....		1	1
Soldiers .....	2		2
Silk Weaver .....	1		1
Tailors .....	3		3
Wheelwright .....	1		1
Washerwoman .....		1	1
Not known .....		6	6
	49	44	93



*No. 7.*

RELIGIOUS DENOMINATION OF THE 93 PATIENTS  
ADMITTED 1853.

	Males.	Females.	Total.
Church of England .....	35	27	62
Protestant Dissenters .....	7	8	15
Independents.....	2	1	3
Baptists .....	0	2	2
Wesleyan Methodists .....	3	4	7
Unknown .....	2	2	4
Total.....	49	44	93

*No. 8.*

DEGREE OF EDUCATION OF THE 93 PATIENTS  
ADMITTED 1853.

	Males.	Females.	Total.
Able to Read and Write .....	26	22	48
„ Read only .....	17	18	35
Unable to Read .....	6	4	10
Total.....	49	44	93

*No. 9.*

FROM THE 93 PATIENTS ADMITTED IN 1853.

	Males.	Females.	Total.
Discharged, cured.....	8	13	21
„ „ relieved.....	3	1	4
Died .....	6	8	14
Total.....	17	22	39

*No. 10.*DOMESTIC CONDITION OF THE 93 PATIENTS  
ADMITTED 1853.

	Males.	Females.	Total.
Married .....	29	23	52
Single .....	17	16	33
Widowed .....	3	5	8
Total.....	49	44	93



## No. 11.

## AGES OF PATIENTS ON ADMISSION IN 1853.

From Ten to Twenty.			Twenty to Thirty.			Thirty to Forty.			Forty to Fifty.			Fifty to Sixty.			Sixty to Seventy.			Seventy and upwards.			TOTALS.		
M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.	TOTAL.
0	0		10	6		13	13		13	13		8	4		3	3		2	5		49	44	93
AGES OF PATIENTS DIED IN 1853.																							
From Ten to Twenty.			Twenty to Thirty.			Thirty to Forty.			Forty to Fifty.			Fifty to Sixty.			Sixty to Seventy.			Seventy and upwards.			TOTALS.		
M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.	TOTAL.
1	0		2	2		3	4		3	5		3	3		6	1		1	2		19	17	36



## No. 12.

TABLE EXHIBITING THE CAUSES OF DEATH, FORM OF INSANITY, DURATION OF THE MENTAL MALADY, AND PERIODS OF RESIDENCE IN THE ASYLUM, IN THE CASES WHICH TERMINATED FATALLY DURING THE YEAR 1853.

Sex.	Cause of Death,	Period of Residence in the Asylum.	Total Duration of Insanity.	Form of Insanity.
F.	Scrofulous Brain	11 months	11 months, 2 weeks	Mania.
M.	Idiocy	5 months, 1 day	15 years	Idiocy.
F.	Maniacal Exhaustion	6½ years	6½ years	Mania.
M.	Gradual Exhaustion	5 months	7 months	Mania.
F.	Gradual Exhaustion	11 years, 11 months	31 years	Idiocy.
M.	General Debility	6 years, 9 months	7 years, 5 months	Imbecility.
F.	General Visceral Disease	1 year	1 year, 1 month	Melancholia.
M.	Epilepsy	11 months	1 year, 7 months	Imbecility.
F.	Epilepsy	9 years, 4 months	31 years	Epileptic.
F.	General Visceral Disease	3 months	14 years, 3 months	Mania.
M.	Dropsy	4 months	4 months	Mania.
M.	Purpura Hemorrhagia	10 months	10 months, 3 weeks	Impulsive Mania.
F.	Gradual Exhaustion	12 days	13 days	Mania.
M.	Exhaustion	22 years	25 years	Mania.
F.	Gradual Exhaustion	3 years, 7 weeks	17 years	Mania.
M.	Dementia	2 years, 7 months	Not known	Mania.
M.	Epileptic Coma	5 months, 1 week	5 years	Mania.
M.	Gradual Exhaustion	1 month	1 year	Imbecility.
M.	Senile Exhaustion	1 year	1 year, 2 months	Mania.
F.	Diarrhœa	6 months	6 months, 2 weeks	Mania.
M.	Apoplexy	4 months	1 year, 10 months	Mania.
F.	Phthisis Pulmonalis	6 weeks	9 weeks	Mania.
F.	Epilepsy	20 years, 6 months	24 years	Mania.
M.	Hydrops	6 months	1 year	Mania.
M.	Paralysis	2 months	5 months	Imbecility.
F.	Senile Infirmary	3 months	6 months	Senile Imbecility.
M.	Epilepsy	10 months	1 year, 10 months	Ditto.
F.	Fever	11 days	1 month, 6 days	Mania.
F.	Gradual Exhaustion	3 years, 4 months	3 years, 5 months	Melancholia.
F.	Senile Infirmary	3 weeks, 2 days	4 months	Senile Imbecility.
M.	Maniacal Exhaustion	1 year, 5 months	2 years, 2 months	Melancholia.
F.	Gradual Exhaustion	2 years, 3 months	3 years	Mania.
M.	Maniacal Exhaustion	6 weeks	1 year, 2 months	Mania.
M.	General Debility	7 years, 4 months	10 years	Imbecility.
M.	Paralysis	9 months	4 years, 3 months	Mania.
F.	General Dropsy	6 months, 2 weeks	7 months	Mania.



No. 13.  
DIET TABLE OF THE SUFFOLK LUNATIC ASYLUM.  
December 31, 1853.

DAY.	BREAKFAST.	DINNER.	SUPPER.
SUNDAY.	Each Patient, 6ozs. of Bread with Gruel made of 10lbs. Groats and 8galls. of Milk.	Males, 8ozs. Bread, $1\frac{1}{2}$ oz. Cheese, and $\frac{3}{4}$ -pint Beer. The Females the same, except 1oz. Bread.	Males, 8ozs. Bread, $\frac{3}{4}$ oz. Butter, $\frac{3}{4}$ pint Tea. Females, the same, except 1oz. Bread.
MONDAY.	Ditto.	Suet Dumplings and Rice Puddings, Males, 1lb. each. Females $\frac{3}{4}$ lb. ditto, and $\frac{3}{4}$ -pint Beer.	Males, 8ozs. Bread, $1\frac{1}{2}$ oz. Cheese, $\frac{3}{4}$ pint Beer. Females, the same, except 1oz. Bread.
TUESDAY.	Ditto.	Males, 6ozs. Meat, 4ozs. Bread. and Vegetables. Females, the same, with $\frac{3}{4}$ -pint Beer each.	The same as Sunday.
WEDNESDAY.	Ditto.	Soup from Tuesday, with 2ozs. additional Meat, Males, 7ozs. and the Females, 6ozs. Bread.	The same as Monday.
THURSDAY.	Ditto.	The same as Monday.	The same.
FRIDAY.	Ditto.	The same as Tuesday.	The same as Tuesday.
SATURDAY.	Ditto.	The same as Wednesday.	The same as Wednesday.

The simplest calculation is, 2lbs. of uncooked Meat with bone, for each Pauper Patient weekly, subject to discretionary sub-division.





## No. 15.

## CONTRACT PRICES,

For the year ending 31st. December, 1852.

	1st Quarter.		2nd. Quarter.		3rd. Quarter.		4th. Quarter.	
	s.	d.	s.	d.	s.	d.	s.	d.
Beef, good Steer, by side cwt.	44	6	48	0	45	6	47	0
Wether Mutton, by side or carcase lb.	0	6	0	7	0	6 $\frac{1}{2}$	0	6 $\frac{1}{2}$
Bread, per loaf, 4lb. 4oz. 18 hours baked	0	5	0	5 $\frac{1}{4}$	0	5 $\frac{1}{4}$	0	7 $\frac{1}{4}$
Flour, seconds sack	32	0	34	0	33	0	44	0
Malt coomb.	30	0	30	0	29	0	32	0
Hops cwt.	112	0	126	0	135	0	130	8
Sugar, loaf lb.	0	5	0	5	0	5	0	5
„ good soft cwt.	30	0	30	0	30	0	32	0
Molasses or Treacle, cwt.	10	0	12	0	14	0	14	0
Vinegar gallon	1	6	1	6	1	6	1	6
Soap, good cwt.	35	0	35	0	35	0	32	0
„ soft, firkin 64lbs. net	18	0	18	0	18	0	14	0
Cheese, Edam cwt.	41	0	46	0	52	0	46	0
Groats cwt.	13	0	13	0	13	0	13	6
Peas, boilers bushel	4	6	4	6	4	6	5	6
Butter firkin 56lbs. net	42	0	48	0	48	0	50	0
Tobacco, shag lb.	3	2	3	2	3	2	3	4
Snuff, Scotch lb.	3	2	3	2	3	2	3	2
Candles dozen	5	3	5	0	5	0	6	0
Pearl Ash cwt.	28	0	28	0	30	0	30	0
Pepper lb.	0	10	0	10	0	11	0	11
Mustard lb.	0	6	0	6	0	6	0	6
Carolina Rice cwt.	16	0	16	0	16	0	16	0
Wheat Straw in Trusses cwt.	2	0	2	3	2	3	2	0
Coals, best Newcastle, ton	16	0	16	0	17	0	17	0
„ Blyth ton	15	0	15	0	15	0	15	0
Welsh Stone ton	24	0	24	0	24	0	24	0
Cinders chal.	16	0	16	0	16	0	16	0

## No. 16.

TABLE SHEWING THE WEEKLY AND ANNUAL  
CHARGE FOR EACH PATIENT, SINCE THE  
ASYLUM OPENED.

Years.	1st. Quarter. Per Week.		2nd. Quarter. Per Week.		3rd. Quarter. Per Week.		4th. Quarter. Per Week.		Annual Charges.		
	s.	d.	s.	d.	s.	d.	s.	d.	£.	s.	d.
1829	12	2	8	2	7	0	8	2	22	19	10
1830	7	7	6	5	5	3	7	0	17	1	3
1831	7	0	7	7	5	10	7	0	17	16	5
1832	6	5	5	10	5	10	5	10	15	10	11
1833	5	10	5	10	5	3	5	10	14	15	9
1834	5	10	5	3	5	10	5	10	14	15	9
1835	7	0	5	3	4	8	5	10	14	15	9
1836	5	10	5	3	5	10	5	10	14	15	9
1837	7	0	5	10	5	10	5	10	15	18	6
1838	6	5	5	10	5	10	6	5	15	18	6
1839	7	0	6	5	5	10	6	5	16	13	8
1840	7	0	6	5	6	5	7	0	17	8	10
1841	7	0	6	5	6	5	7	0	17	8	10
1842	7	0	6	5	5	10	6	5	16	13	8
1843	6	5	5	10	5	10	6	5	15	18	6
1844	6	5	6	5	6	5	6	5	16	13	8
1845	7	0	6	5	5	10	6	5	16	13	8
1846	7	0	7	0	6	5	7	7	18	4	0
1847	7	7	8	2	8	9	7	7	20	17	1
1848	8	2	8	2	8	2	8	9	21	12	3
1849	7	7	5	3	5	10	6	5	16	6	1
1850	7	0	5	10	5	10	6	5	16	6	1
1851	5	10	5	3	5	3	6	5	14	15	9
1852	6	5	6	5	6	5	6	5	16	13	8
<b>1853</b>	7	0	7	0	7	0	7	10 $\frac{1}{2}$	18	15	4 $\frac{1}{2}$



No. 17.

## HEADS OF EXPENDITURE.

Ending December 31, 1853.

		£.	s.	d.
Meat, lbs.....	36722	762	6	6
Bread, loaves $4\frac{3}{4}$ lbs. each....	29364	691	16	11
Flour, sts. ....	960	85	16	0
Butter, lbs. ....	2757	115	17	6
Oatmeal, lbs. ....	4382	27	10	7
Tea, lbs. ....	452	85	3	6
Cheese, lbs. ....	7576	167	16	3
Soap, Pearlash, Starch, and Blue, lbs. ....	9101	137	3	1
Grocery .....		165	2	5
Candles, lbs. ....	1160	37	9	5
Coals, tons ....	310	251	4	0
Wood, loads .....	17	17	0	0
Medicines, Wine, and Spirits		80	12	9
Table Beer and Porter.....		333	13	5
Clothing and Linen .....		487	14	10
Sundries .....		94	1	9
Salaries and Wages .....		1010	0	0
Total.....		4550	8	11

GEORGE DURRANT, *Steward.*  
HENRY PIZEY, *Clerk.*