

## **Thirty-sixth annual report of the Suffolk Lunatic Asylum : December, 1873.**

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Suffolk Lunatic Asylum.  
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THIRTY-SIXTH ANNUAL REPORT  
OF THE  
SUFFOLK LUNATIC ASYLUM.

DECEMBER 1873.

1874.





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STEEL, REV. T. J.

THORNHILL, T. ESQ. JUN.

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WILSON, F. M. ESQ.

Fading title text, possibly "Fading Title".

F. O. Roberts, Esq., New York.

Very faint, illegible text, possibly a list or index of names and titles.



## REPORT.

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THE Report for to-day gives the following particulars of the patients' present state and condition, and the statistical tables in regard to the admissions, discharges, and deaths, throughout the past year.

During the year ending December 31st, 1873, there have been—

	Males.	Females.	Total.
Patients in the House, December 31, 1872.....	178	242	420
„ Admitted during 1873.....	53	73	126
	231	315	546
	M.	F.	Total.
Discharged during 1873.....	17	33	50
Died „ „	31	29	60
	48	62	110
In the House this day .....	183	253	436
Admitted 7 more than last year.			
Discharged 13 less „ „			
Died the same number as last year.			
There are now 16 patients more in the House than on this date last year.			

The patients throughout the year have been uniformly healthy, (remarkably so indeed) considering the many cases of senility which have been admitted. In noticing this, with his objection to the retention of such inmates, your Superintendent feels that he exposes himself to a personal retort. He found on comparing notes with an old patient some time ago, he only got this impressive reminder, that modern appliances wont cure old age: “but you need not mind, said he, there are plenty of doctors *who live long on*

*the delusions of others.*" Still these old men and women only add to a bill of mortality, and though they are declared to be "dangerous," a very short residence leads to a more correct interpretation of the term, and limits it to "dirty in the Union House."

The comparison between different Asylums would be invidious, were it not that some phenomena have gone so far back into the past, that their chronological place is well nigh forgotten. It is upon this ground that special notice is requested to the case of a patient recently re-admitted after a residence at home of *forty* years. He has been industriously employed as a shoe-maker in the Parish of Melton. He was well known to the earlier Visitors of the Asylum, as one among others from whom all instrumental restraint *was removed by the present Medical Superintendent in the year 1831*. He had been confined every night to his bed by an ankle-strap with an iron ringlet attached to it, and he still bears some significant marks of this torturing treatment. Neither the Medical Officer or his patient are likely to forget the night when this unwarrantable instrument was cut away, or the objections raised by the attendants to its removal. The notice of this overpowering evidence of the blessing of the treatment of the insane without restraint, was urged in a lecture given by the Superintendent at Woodbridge, when he introduced himself from the County Asylum as the representative of freedom *there*. This interesting patient alluded to was admitted in November, 1831, and when re-admitted on the 3rd of this December, 1873, he held up his foot in grateful remembrance of his liberty.

Many of the discharges in the past year have been very satisfactory: and repeated letters have been seen by the Committee gratefully expressive of the treatment such patients have received. One may be particularized taken from a packet of others, sent by a girl from Newmarket, full of kind remembrance to every nurse in the House, and



to many of her former associates by name. A copy of this letter will repay perusal. Such records are very valuable as a guard against any misrepresentation which may be encouraged. Patients on their return home are occasionally made objects of curiosity; injudicious enquiries on that prolific theme, what is said and done at the Asylum, agitate the feelings of a patient recently recovered, and tend to lead to a relapse. The public, ignorant of the difficulties and dangers of attendants on the insane, still form sometimes erroneous impressions, and are very cautious in bestowing commendation; they are not aware of the vast influence that a word of encouragement has upon their conduct, and how sensitive good attendants are upon any implied censure on their treatment of patients entrusted to their care. Instances of an opposite character may occasionally be met with; but it is believed that they are very rare, marked as they are by punishment and public reprobation: and if the test of experience may be taken as a proof, it is unreservedly given in favour of those who have laboured for so many years with the Superintendent in promotion of one object, the welfare and happiness of the patients.

Two attendants have left this year, one from the hazard which his intemperate habits might occasion, and the other from injudiciously acting on the suggestion conveyed to him of insufficient pay. With these exceptions the residents have gone on as usual. Prejudices however have still to be overcome; and they will occasionally appear when anything of an untoward character occurs. With the ceaseless urgency (officially made) and almost imperatively demanded for extended and indulgent latitude, it is not possible to prevent injury to the patients by their own hands. Suicides occasionally take place in almost every Asylum in England: and if the impression is fully credited as reported on two cases this year at Broadmoor, that homicides and suicides have analogous propensities, the danger appears pretty equal



*between the patients themselves and their attendants.* The suicide which occurred here was by a harmless patient, an inmate of 19½ years residence, constantly employed at his former occupation previous to admission, and never having done any act likely to cause suspicion.

The loss of one \* whose kind disposition and gentlemanly bearing was proverbial with all who knew him, will not soon be forgotten. He met his death in the discharge of those onerous duties to which the attendants are exposed every day. It should be remembered when such lamentable occurrences *do* take place, that they are the result of sudden impulse, beyond the possibility of human ingenuity to avoid.

Insane patients are among the most useful residents as labourers and artisans in an Asylum. Carpenters, tailors, and shoemakers, hay-makers, and harvestmen, cannot work without tools, and in regard to them it may be said with little hesitation, the greater confidence, the less danger. There are always between forty and fifty insane patients in the hay and harvest fields; this year they were so satisfactory, and so quietly working, that it was a pleasing sight to witness their efforts, and gratifying to hear their expressions of determination to *thatch* the stack *themselves*, which they had never done before. Several of these patients are christian men, and many of them join the resident officers, attendants, and servants, who are expected to be present at the Superintendent's family prayer. While daily inspection is afforded at this demanded duty, a much higher object is we trust secured; and comfort conveyed to many whose state is so beautifully described by Lord Lytton, "where rays of intelligence break through the clouds" of despondency and fear.

The Chairman of the Committee witnessed the procession of the patients from both sides of the House going to their harvest home. He will, the Superintendent thinks, bear

\* Mr. Lutwidge.



willing testimony to the regularity and order of their march, preceded by the old man with his fruits, and the young flower girl with her basket, shewing the cheerfulness, and *good temper* which is one of their conspicuous features. It is not desirable to encourage a belief in *ill temper*: there are not many exhibitions of it in the House, and the charitable construction is to consider it under the latitude of expression "unsound mind." A full description of this festival is written by a patient who entered fully into the spirit of it: he sent it to his mother and sister.

There is very little requiring particular notice in the last satisfactory visit of the Commissioners. Their interviews with the patients, and the notice of the attendants' gardens, were gratifying. A suggested enlargement of a window in the room of No. 3 Ward, would be hazardous to attempt. It is directly over a coal cellar: and occupied as it is, by the more excitable patients, an impulsive jump from this window which has no protecting iron bars upon it, would in all probability be fatal. This room, it may be remarked, received special commendation in former reports, as being made equally comfortable with other portions of the House; the observation from *two* of the Visiting Commissioners, was upon noticing additional furniture, pictures, and paper, all the lower portions of the House "have been gradually and materially improved in aspect and comfort;" It would be a pity to disturb this room.

On a reference to the supposed inadequacy of the means of extinction in case of an outbreak of fire, the Commissioners were probably not aware that there are two Government Fire Engines on the premises, always kept in working order, one at the front, the other at the back of the Building. They were mainly instrumental in extinguishing a fire at a neighbouring farm last year, and when they are regularly tested once a month, they work well. They have 80 yards of hose readily attached to them, and water can be



thrown 100 yards. There are two old covered wells in the men's airing courts which might be re-opened, and pipes conveyed from the steam boiler, if the present water supply is not considered sufficient, though at present it would take some time to pump the well dry.

The work which has been done by the patients this year has been extensive and important. The removal of several able-bodied men, and the number of those weak and feeble admitted, has been however a great drawback, and noticed by the Commissioners. Still many improvements have been made. A new room has been made by extending the roof over the laundry for the servants : part of the old brew-house has been taken to enlarge the steward's store room : new boards and joists have been laid down in the place of the last remaining stone floors in the bed rooms, and improved shutters put to the windows : the scullery has been extended and enlarged : the cottage has been made tenantable for the farming bailiff and his wife : the old roof on the north side of the building has been entirely stripped and made good by fresh rafters and new tiling. Important improvements have been made in the main drain, and two small wells may be profitably made now to receive the surplus sewage. Two large water tanks have been made from the old brew-house stores. A room of one of the female attendants in the cottage has been enlarged and altered ; it gives her complete supervision over her patients, both by *night* and day. A rule is made in the Argyll Asylum, (noticed by the Scotch Commissioner,) where there is no night watch, that the patients be raised at 10, P. M. and again at 6, A. M.

The great work of the year, however, has been connected with the steam-boiler. It has been made available by newly fitted tanks, for conveying hot water into the wash-house, for boiling and washing. Pipes have been conveyed to both sides of the House, for bathing the patients, and



two days' labour is saved by this. The supply is obtained now, sufficient to enable the attendants to secure fresh water for each patient, or at any rate never to have more than *two* bathed in the same water. All the furnaces, (which were constantly getting out of order,) have been done away with both from the wash-house and the galleries, and a saving of fifty tons of coals in the year effected.

The use of paraffin lamps has been recognized by the insurance office, and in the absence of gas, they give a clean, clear, and brilliant light, and much less expensive than those in which colza oil is burnt.

It was proposed at a very influential meeting in July, of the Psychological Association, that the annual Reports of the several officers of Asylums, should take into consideration the introduction of more scientific matter, separate from the minutiae of their own drier details. This plan is being adopted at the West Riding Asylum of Yorkshire. The generality of readers however would not be disposed perhaps to adopt this new proposition, feeling that however interesting Asylum life may be, as a psychological study, with its morals, customs, habits, and manners, it is only an additional link in the chain of those general discoveries which are being made in every department of science. Improved hospital practice by recent investigation has been expressively called by Sir William Fergusson, *conservative* surgery, and it is but just to lay claim to a similar designation for *conservative* psychology. There is no class of individuals who are profiting more by the minute investigation of the varied portions and different divisions of cerebral structure, than the insane, both in affluent and in pauper life. As a knowledge of disease *generally* consists in the knowledge of the organ affected, and the stage of its affection, which determines the possibility or probability of a cure, and the right method of obtaining it, so the labours of the Psychologist are being ceaselessly engaged in discovering methods

of medical treatment by which lost and ruined minds may be restored to a sense and consciousness of rational enjoyment. All that is lofty in attainment, and brilliant in intellect has been brought to bear on the individual and collective welfare of the insane, and to call into action among the higher classes of society, the best and brightest faculties of the human mind, and among the lower, the principle of raising them to high moral worth. Every action of the mind is accompanied by some change in the body, and to a great extent the changes in the body are the causes of corresponding changes in the mind. The great object of science is to shew this. Every truth bearing upon mind and matter, illustrates the power, the wisdom, and the love of God; and to neglect that which is now assuming daily a *higher* character by its moral lessons, is to neglect His eternal and unchanging laws.

With very sensible feeling of that support which he has received throughout this closing anxious year from Dr. Harris and the Officers generally, and with heartfelt thanks to the Committee for their ceaseless encouragement, the Superintendent now closes his thirty-eighth Report.

JOHN KIRKMAN, M.D.



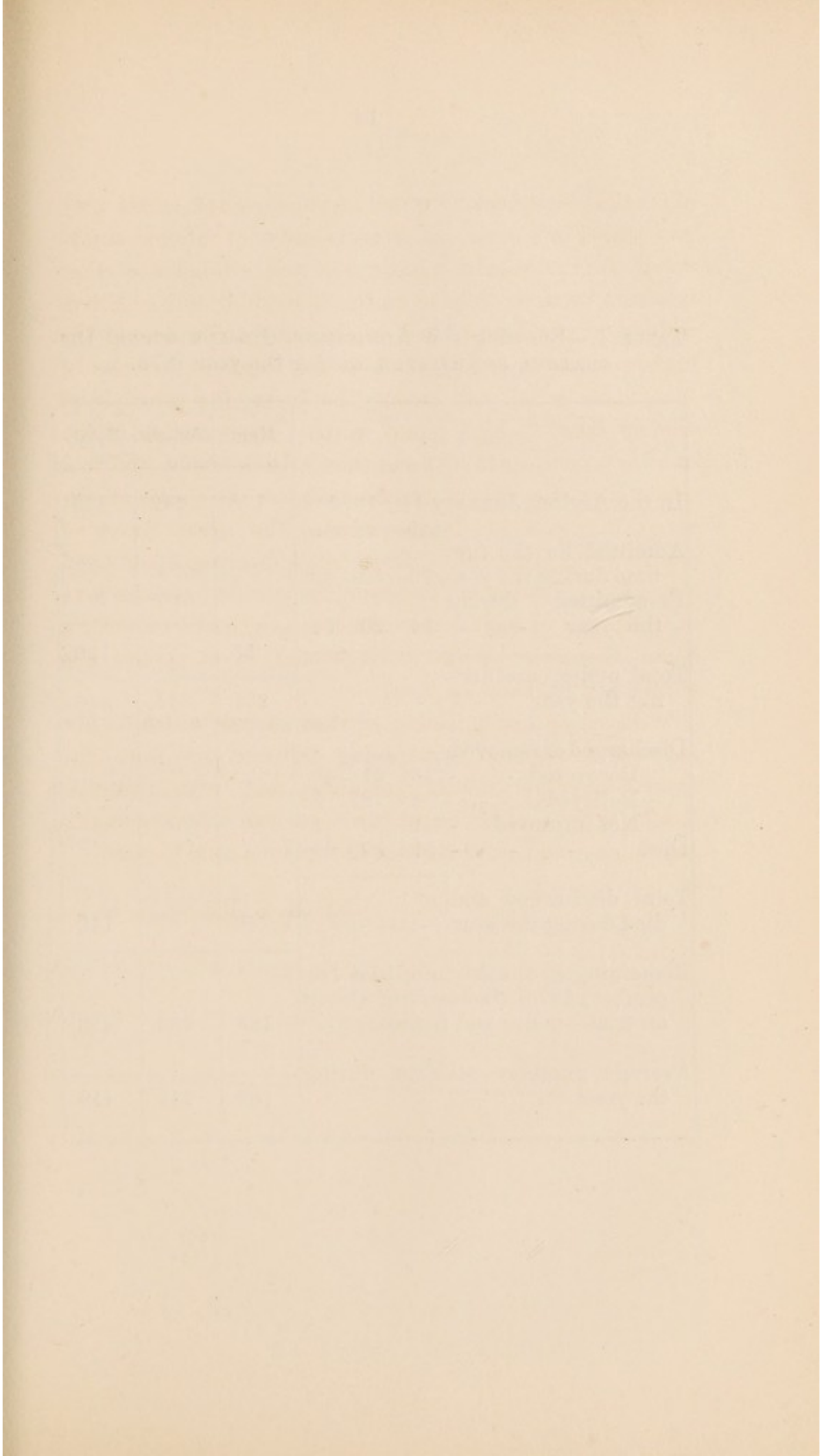




TABLE I.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, during the year 1873.

	Male.	Female.	Total.
In the Asylum January 1st, 1873 -	178	242	420
Admitted for the first time during the year	39	53	92
Re-admitted during the year - - -	14	20	34
	53	73	126
Total under care dur- ing the year - - -	231	315	546
Discharged or removed—			
Recovered - - -	15	31	46
Relieved - - -	1	2	3
Not improved - - -	1		1
Died - - - - -	31	29	60
Total discharged and died during the year - - -	48	62	110
Remaining in the Asylum, 31st De- cember, 1873, (inclusive of absent on trial—males and females) -	183	253	436
Average numbers resident during the year - - - - -	182	237	419

TABLE II.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, from the opening of the Asylum to the present date, December 31, 1873.

	Male.	Female.	Total.
Persons admitted during the period of 45 years - - - - -	1726	2058	3784
Re-admissions - - - - -	184	234	418
Total of cases admitted - - - - -	1910	2292	4202
Discharged or removed—			
	Male.	Female.	Total
Recovered - - - - -	783	1090	1873
Relieved - - - - -	167	201	368
Not improved - - - - -	21	22	43
Died - - - - -	756	726	1482
Total discharged and died during the 45 years -	1727	2039	3766
Remaining, 31st December, 1873 -	183	253	436
Average numbers resident during the 45 years - - - - -	116	145	261

TABLE III.—Showing the Causes of DEATH during the year 1873.

Causes of Death.	Male.	Fem.	Total
CEREBRAL OR SPINAL DISEASE :			
Apoplexy and Paralysis - - - -	1	5	6
Epilepsy and Convulsions - - - -	3	1	4
General Paralysis - - - - -	9		9
Maniacal, gradual and melancholic ex- haustion or decay - - - - -	1	1	2
Inflammation and other diseases of the Brain, as softening, tumours, cancer, tubercle, effusion, &c. - - - -	2	6	8
Atrophy of Brain - - - - -		1	1
THORACIC DISEASE :			
Inflammation of the Lungs, Pleuræ, and Bronchi - - - - -	1	1	2
Pulmonary Consumption - - - - -	2	2	4
Disease of the Heart - - - - -		2	2
Phthisis and Epilepsy - - - - -	1	1	2
ABDOMINAL DISEASE :			
Inflammation of the Stomach, Intestines, or Peritoneum - - - - -			
Fatty degeneration of Liver - - - -	1		1
Dysentery and Diarrhœa - - - - -	2	1	3
Fever - - - - -	1		1
Erysipelas and Gangrene - - - - -	1		1
Cancer of Uterus - - - - -		1	1
General Debility and Old Age - - - -	3	7	10
Suicide and Accidents - - - - -	1		1
Dying when admitted - - - - -	2		2
TOTAL - - -	31	29	60



TABLE IV.—Showing the Length of Residence in those Discharged RECOVERED and RELIEVED, and in those who have DIED during the year 1873.

Length of Residence.	Recovered and Relieved.			Died.		
	Male.	Fem.	Total	Male.	Fem.	Total
Under 1 month - - -	3		3	4	8	12
From 1 to 3 months -	4	7	11	2	4	6
" 3 " 6 " - - -	4	5	9	3	2	5
" 6 " 9 " - - -	2	6	8	1	1	2
" 9 " 12 " - - -	1	2	3	2	1	3
" 1 " 2 years - - -	1	7	8	4	2	6
" 2 " 3 " - - -		3	3	3	1	4
" 3 " 5 " - - -	1	3	4	4	2	6
" 5 " 7 " - - -				1	2	3
" 7 " 10 " - - -	1		1	2	1	3
" 10 " 12 " - - -				1	1	2
" 12 " 15 " - - -				2	2	4
" 15 " 20 " - - -				1		1
" 20 " 30 " - - -				1		1
" 30 " 40 " - - -					2	2
TOTAL - - -	17	33	50	31	29	60

TABLE V.—Shewing the ADMISSIONS, DISCHARGES, and DEATHS; with Admissions, for each Year

YEARS.	Admitted.			Discharged.							
				Recovered.			Relieved.			Not Improved.	
	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.
From the opening of the Asylum to 31st Dec. 1866	1548	1791	3339	652	858	1510	146	167	313	17	2
1867 - - - -	55	70	125	20	29	49	2	1	3		
1868 - - - -	57	75	132	19	21	40	6	13	19		
1869 - - - -	45	62	107	18	36	54	4	8	12		
1870 - - - -	50	71	121	24	40	64	4	3	7	1	
1871 - - - -	56	77	133	17	40	57	1	1	2	1	
1872 - - - -	46	73	119	18	35	53	3	6	9	1	
1873 - - - -	53	73	126	15	31	46	1	2	3	1	
TOTALS (45 years) and Averages -	1910	2292	4202	783	1090	1873	167	201	368	21	2

TABLE VI.—Showing the History of the ANNUAL ADMISSIONS since the each Year remaining

YEAR.	Admitted.					Of each Year's Admissions Discharged and								
	New Cases.		Relapsed Cases.		Total.	Recovered.			Relieved.			Not Improved.		
	Males.	Fem.	Males.	Fem.		Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.
From 1828 to														
1866 -	1431	1670	116	122	3339	1		1						
1867 -	48	55	7	15	125									
1868 -	49	58	9	16	132		1	1						
1869 -	44	58	1	4	107		1	1						
1870 -	45	65	5	6	121	1	2	3						
1871 -	39	52	17	25	133		3	3						
1872 -	31	47	15	26	119	4	12	16		1	1			
1873 -	39	53	14	20	126	9	12	21	1	1	2	1		1
TOTAL.	1726	2058	184	234	4202	15	31	46	1	2	3	1	0	1

## SUMMARY of the Total Ad

Per centage of Cases Recovered -  
 " Relieved -  
 " Not Improved -  
 " Dead -  
 " Remaining



mean Annual Mortality and the proportion of Recoveries per Cent. of the the opening of the Asylum.

Died.			Remaining 31st December, in each Year.			Average Numbers Resident.			Per-centage of Recoveries on Admissions.			Per-centage of Deaths on Average Numbers Resident.		
Male	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Mean.	Male.	Fem.	Mean.
574	541	1115	4113	5021	9134	4012	4893	8905	42	48	45	14	11	12.5
27	27	54	163	216	379	165	212	377	37	42	39.5	16	13	14.5
19	22	41	198	236	414	177	232	409	34	30	32	11	9	10
37	24	61	164	230	394	172	232	404	40	58	49	21	10	15.5
19	23	42	166	234	400	165	235	400	48	56	52	11	10	10.5
22	27	49	181	243	424	174	244	418	31	52	41.5	12	11	11.5
27	33	60	178	242	420	182	248	430	40	48	44	14.5	13.5	14
31	29	60	183	253	436	182	237	419	28	42	35	17	12	14.5
756	726	1482				5229	6533	11762						

g of the Asylum, with the DISCHARGES and DEATHS, and the Numbers of the 31st December, 1873.

1873.		Total Discharged and Died of each Year's Admissions.											Remaining of each Year's Admissions 31st December.			
Total.	Recovered.			Relieved.			Not Improved.			Died.			Males	Fem.	Total.	
	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.				
6	14	675	899	1574	155	180	335	17	22	39	632	574	1206	72	113	185
2	2	19	27	46	2	1	3				23	33	56	8	12	20
	1	20	29	49	3	4	7				22	31	53	12	11	23
2	3	11	28	39	2	7	9				23	21	44	9	6	15
1	3	21	32	53	3	1	4	1	1	1	13	27	40	12	11	23
1	4	15	37	52	1	1	2	2	2	2	18	14	32	20	25	45
4	11	13	26	39	0	6	6				16	13	29	17	28	45
3	22	9	12	21	1	1	2	1	0	1	9	13	22	33	47	80
9	60	783	1090	1873	167	201	368	21	22	43	756	726	1482	183	253	436

	Males.	Females.	Mean of both Sexes.
- - -	40.99	47.56	44.26
- - -	8.75	8.77	8.76
- - -	1.10	0.96	1.03
- - -	39.58	31.67	35.63
- - -	9.58	11.04	10.32
	100.00	100.00	100.00



DIET TABLE, December 31, 1873.

DAYS OF THE WEEK.	BREAKFAST.				DINNER.								SUPPER.													
	Males.		Females.		Males.				Females.				Males.			Females.										
	oz.	pt.	oz.	pt.	oz.	oz.	lb.	pt.	lb.	pt.	oz.	oz.	lb.	pt.	pt.	oz.	oz.	lb.	pt.	pt.						
Sunday .....	7	1½	6	1	6	7	¾	¾	¾	1	5	6	½	1	1	8	¾	1½	¾	7	¾	1½	1	1½		
Monday .....	7	1½	6	1	6	7	¾	¾	¾	1	5	6	½	1	1	8	¾	1½	¾	7	¾	1½	1	1½		
Tuesday .....	7	1½	6	1	6	7	¾	¾	¾	1	5	6	½	1	1	8	¾	1½	¾	7	¾	1½	1	1½		
Wednesday .....	7	1½	6	1	6	7	¾	¾	¾	1	5	6	½	1	1	8	¾	1½	¾	7	¾	1½	1	1½		
Thursday .....	7	1½	6	1	6	7	¾	¾	¾	1	5	6	½	1	1	8	¾	1½	¾	7	¾	1½	1	1½		
Friday .....	7	1½	6	1	6	7	¾	¾	¾	1	5	6	½	1	1	8	¾	1½	¾	7	¾	1½	1	1½		
Saturday .....	7	1½	6	1	6	7	¾	¾	¾	1	5	6	½	1	1	8	¾	1½	¾	7	¾	1½	1	1½		
Total .....	49	10½	42	7	30	42	3	3¾	1	3	26	36	2	2½	1	2	56	2½	6	2½	3	49	2½	6	1½	2

The Gruel is made in the following proportions, viz:—10lbs. of Groats to 6 gallons of Milk for 100 Patients.  
 Soup is thickened with Peas, Pearl Barley, Rice, and Vegetables.  
 Tea 1lb. Sugar 4lb. Milk 3 gallons for 100 Patients.  
 The Patients employed, both Males and Females, have full generous diet.  
 Diabetic regulations are subject to Medical opinion.