

## **Thirtieth annual report of the Suffolk Lunatic Asylum : December, 1867.**

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Suffolk Lunatic Asylum.  
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THIRTIETH ANNUAL REPORT  
OF THE  
SUFFOLK LUNATIC ASYLUM.

DECEMBER, 1867.

1868.



## Visiting Magistrates.

F. G. DOUGHTY, Esq. *Chairman.*

ANDERSON, REV. T.  
ARCHER, REV. C. G.  
BEDINGFIELD, REV. J.  
BENCE, H. A. S. ESQ.  
BROWN, REV. T.  
BURROUGHES, T. D'EYE, ESQ.  
CHEVALLIER, DR.  
CORRANCE, F. S. ESQ.  
DOUGHTY, F. G. ESQ.  
HEIGHAM, J. H. ESQ.  
HILL, REV. C.  
HUDDLESTON, P. ESQ.  
KERRICH, J. ESQ.  
KERRISON, SIR E. C. BART.  
LLOYD, REV. C. W.

LONG, W. B. ESQ.  
MIDDLETON, SIR G. N. BROKE,  
BART.  
OWEN, REV. H.  
PACKE, J. ESQ.  
RODWELL, B. B. H. ESQ.  
ROUSE, R. ESQ.  
ROWLEY, SIR C. R. BART.  
SCHREIBER, F. W. ESQ.  
SHEPPARD, J. G. ESQ.  
STEEL, REV. J. F.  
STEWART, C. ESQ.  
STEWART, REV. F.  
WALFORD, C. ESQ.



# REPORT.

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THE Superintendent is thankful to be able in this his 30th Report, to repeat what was stated last year for the first time since the opening of the Asylum, "that there is no demand for additional room:" and that this year's report tends to confirm the opinion previously expressed, that unless any very unexpected pressure should take place, there need be no urgent demand for space for some years to come.

The numbers admitted in the year are 54 Males, and 67 Females. Total, 121.

Admissions, 18 above last year's.	
Discharges .....	9 less.
Deaths .....	3 less.

In the House this day, 163 Males, 215 Females: Total 378.

The three criminal lunatics who had for years been returned as such, but whose sentences on imprisonment had expired long since, have according to the Act of Parliament passed in the last Session, 30th Vict. c. 12, become classed as ordinary pauper lunatics, the only nominal class in the Asylum. This Act has simplified the treatment and condition of these patients very much. It is not always easy to understand the complicity of legal enactments; and the more thanks are due for the plainness and brevity of this. The law considerably also provides for the admission of patients to other asylums than those of the County to which they belong: and advantage may be taken of this latitude in cases where the relatives of a patient may live nearer to the asylum to which a beneficial transfer may be made. An application for such a transfer was made from the Kent Asylum, but it could not be entertained. There is no room for out-County patients.



The patients have been throughout the year very healthy, though many as usual have been admitted in a feeble and debilitated state. Without minute classification, there are now resident more than a hundred epileptics, paralytics, imbeciles, and idiots.

The attention of the public has at various times, and especially within the last few years, been drawn to the subject of making provision for this large class : and it is anticipated that a more fitting abode than either the asylum or the union house will be provided by the Legislature for some of these patients. In England the number of imbeciles is said to be 10,321. Receptacles are required for them where they may be properly educated and trained, independently of the more extended latitude and indulgence of what our asylums ought to be—*curable* institutions, and the more rigid economy of the Union House. They are only fit for a *peculiar* abode, and a peculiar abode should be provided for them.

A patient escaped from the unenclosed grounds on the 18th November, 1867. He wandered to Lincoln : an attendant was sent after him, but he was not brought back in time to prevent the necessity of his re-admission on fresh orders and certificates. The statutory limit is 14 days.

No accidental occurrence of an unfavourable character has taken place in the House throughout the year, which is certainly to be attributed to the vigilance and care of the Assistant Medical Officer and the attendants. There are several inmates now whose inclinations to suicide are so persistent and strong, that the anxiety attendant on watching them with constant association and intercourse, seems almost to paralyze their efforts in the day, and to deprive the watchers of their sleep at night.

It is astonishing with what tenacity suicidal monomaniacs will hold to a morbidly self-accusing conviction. This makes their early days after discharge always most important to regulate and guard. Under the most watchful inspection



they will occasionally effect their purpose, and when that inspection is withdrawn, the perversion of the moral principles gains too often an ascendancy which irresistibly leads to the perpetration of the tragedy. A man was discharged at the *urgency of his friends* a few months ago. The first consequence of his unrestricted liberty was to jump into a pond: and he was brought back after three days' absence. A second, suffering from melancholia with erroneous views on religious subjects, had a rooted despondency which resisted for a long time every solacing and soothing effort. His declared resolve *was to die*. This resistance however was gradually overcome by the attentions of the Housekeeper, whose long-learnt experience peculiarly fits her to deal advantageously with the suffering subjects of this painful class. This man has since died from disease of the lungs. The treatment of this case *alone* shews the real benefit of female nursing. Men with the best intentions and the kindest feelings, have not the manner or the *tact* so constantly needed to administer either medicine or food with that delicacy which an invalid requires. Men are generally speaking better attendants than nurses: and where respectable middle-aged women have been employed in the male departments of the Asylum, their services have been found very valuable.

It has lately become a matter of painful feeling to be compelled to resist applications privately made for the removal of patients, when observation and judgment would warrant the detention. Relatives on visiting them, frequently find them so calm and collected that they cannot resist the impression that they are needlessly detained: and they return home urging some of their influential neighbours to make private application, accompanied by *entreaty*, for their discharge. A few weeks ago, some relatives of a very dangerous man were extremely urgent for his removal. He is the subject of impulsive mania: when his friends visited him, a recurrent attack had just passed off, and he talked with them collectively and calmly; and they left him



with the evident impression that he was unwarrantably kept in the Asylum. A few days only after this visit, the man became violent, destructive, and dangerous.

A distressing case after discharge appeared in the instance of a poor girl, upon whose death an inquest was held a short time ago, at Lowestoft. She was legally discharged after having been under treatment for about six months, as free from any symptoms of unsoundness of mind as any patient who has left the Asylum. She had never shewn any suicidal propensity: her admission paper declared her to be *not* suicidal. She was the subject of recurrent mania, and had been formerly discharged from Norwich: and her admission here on the 30th of May, 1867, was in consequence of her third attack. The opinion expressed at the inquest on the statement only of the father and mother was, that she was "not in a fit state to be discharged;" and the editor of a local paper headed the notice of it "premature discharge." What evidence the jury had beyond this parental impression to guide them, or the editor to echo the assumption is not stated; but fuller investigation could readily have proved it to be erroneous. It is difficult to credit any reluctance, much less (as was reported) any *dread* of returning to the Asylum, in a patient whose comfort was so ceaselessly promoted, and always by *her* so gratefully acknowledged. A statement has been made of a directly *opposite* nature, that she was reproved by her mother for expressing a *desire* to come back: and while delicacy would forbid any reference to what might add to the parents' sorrow, some consideration may be asked for the female attendants, whose engagements render them more than ordinarily susceptible, and who must be pained by the conveyance of any erroneous impressions. *They* know that patients who are re-admitted almost invariably conjoin their regrets at the necessity for their return, with expressions of thankful remembrance of their treatment before. A woman is now in the House who was brought back after ten years'



absence. She gave a very satisfactory and favourable prognosis of her attack. "You cured me before," she said, "and of course you will again." Another may be heard frequently exclaiming, "Oh! if they had but brought me before! They kept me at home too long." These individual cases are representative of most re-admissions: and as marking their *individuality*, they seem to have a region founded on the *affections*, where darkness does not so spontaneously penetrate; and to watch the patient and healthy throes of inner conflict which result from an *appeal* to those affections is true philanthropic labour: and it has its reward in the proof which is given of it by the remembrance of those who cling to it with the warmest and most grateful tenacity.

In reference to the painful subject of suicide, it should be remembered that the act itself is either a *form* of insanity or an accompaniment of it. Sometimes periodical: the impulse having periods of greater force, with intervals of quiescence, dependent on the changing conditions of the brain. It is during these intervals that judicious means may be employed for gathering a power of control and determined resistance against the recurring hour of weakness and distress. The Christian physician who may hope to be successful over such despondencies as permeate the inner history of an insane mind, has learned from his own experience that the warfare which the mind undergoes during religious changes is always a serious and an awful matter, even when it goes on under the most favourable circumstances, and according to the most natural and *reasonable* method: much more so when it is hurried on in a manner contrary to the dictates of *reason*. One habit of thought can only supersede another by degrees: the *mind* cannot bear sudden changes any more than the body: and as extremes of temperature destroy sensation, and extremes from darkness to light destroy vision, so sudden changes in the habit of reflection may destroy the *reasoning* power. It is



from the want of taking this view that so many of our admission papers assign to religion itself the result of the *abuses* which are the perversions of the superior efficacy of its principles. But it ought always to be remembered that medicines *improperly* administered are poisonous, and poisons *properly* administered are among the best remedies we have. In the treatment of such patients it is necessary to guard against mistaking that which is merely different in *degree*, for that which is different in *kind*; to discriminate between that which is merely local and temporary, from that which is general and permanent; from that which really is, and that which *seems* to exist from some illusion of the senses. The endeavour should be to ascertain the peculiarities of which a *whole* may consist, and not separate that which ought to be united: to avoid in short all *partial*, all *imperfect*, and all *exclusive* views. To treat successfully, and ascertain properly the *minds* of those we address, the most delicate course must be pursued: it is "the still small voice"—as in Elijah's case, when he was admitted into the Asylum of the cave—that will be the most effective; gentle manners, and kind words: any intercourse bordering on an opposite course can only tend to destroy all mental improvement, to make the ignorant foolish, and the foolish perhaps permanently insane.

The past year has been a year of industry: much of the work left unfinished last year has been completed. The whole of the outside of the House has been painted. The stone floors which were being removed in the bed rooms on the female side have been taken up, and each room boarded, and made very comfortable. All the forms have had backs added to them; and hand rails, at the Commissioners' request, have been put to some of the stairs. The high mound in the airing court at the back of the building has been lowered, and the space converted into an ornamental garden: the cultivation gives cheerful employment; and as affording anticipative gratification, tends to encourage a



spirit of emulation. This alteration has very greatly improved the dining room and bed rooms in the lower story: and when seats (as proposed) are placed round the trees, a better protection will be obtained than can be got by inelegant and artificial sun-shades. The flag-stones taken up from the bed rooms have made a dry and comfortable pathway to the large recreation room. Two pairs of large sash windows have been substituted for the narrow iron ones in the room occupied by the more disturbing patients, and an additional archway made into it. The whole of this lower story is now equal in comfort to any part of the House. The gradual improvements made in this division had been highly commended in 1864; but in all probability from oversight of the previous entry, a contrary opinion was expressed in 1867, though additional improvements had been going on through the intervening years. This apparent discrepancy has led however to more improvements in these lower rooms, which are now satisfactorily furnished with chairs, tables, looking glasses, pictures, &c.

The suggestion of the Commissioners at their last visit of an additional number of attendants on the male side of the House probably arose from one of the attendants having left just before that visit was made. There is on the male side one attendant to every eighteen patients, and one to every fifteen on the female: premising such proper distribution, your Superintendent would not recommend an addition. Upon the subject however of a night watch, he can speak with more confidence by repeating the expression of his convictions, published in the Report for the year 1839, and confirmed by the experience of every subsequent year, "that it is very questionable if the general disturbance occasioned to those who sleep lightly and wake easily is not an insuperable drawback to the supposed advantages of a night watch." If only to correct faulty habits it does not appear to be effective; and in many instances where it had been trusted to as preventing suicides it has failed. It is so entirely



however a matter of medical opinion, that your Superintendent's long experience may well secure him from the imputation of presumption in venturing so decidedly a negative. Night nursing is different altogether; and no patient with ordinary illness is ever left alone at night.

The chief labour of the year has been sinking the pond in the front meadow, about which forty patients were pretty constantly employed. An additional supply of water is obtainable by a farther enlargement of the pond at the back of the premises, which will be commenced as soon as possible. A fire engine to be kept in constant readiness for instant use on any emergency, will now it is trusted place the Institution in a condition of comparative security. A fire broke out, in the last month, in a neighbouring farm-yard, which, if not near enough to jeopardize, was sufficiently close to cause great alarm. Several of the attendants were roused from their beds, and were very shortly on the spot. The newly invented fire machine, the Extincteur, was worked on one stack effectively by one of the men. This invention must be very valuable as being capable of use with the least possible loss of time, and where fuller supply of water cannot in isolated situations be immediately obtained. The Superintendent may perhaps be pardoned the introduction of a most gratifying proof of confidence and affection which was shewn on the night of this fire. Several of the patients on the female side of the House were much alarmed: it appeared to them as they stood watching at their windows directly opposite to the male side, that the fire had broken out *there*. On seeing the Superintendent run out, followed shortly afterwards by One whose labour of love is incessant among them, an old and attached patient persuaded them all to go quietly to bed, saying (these were her own words) "if there was *any* danger to us, *they* would not go away and leave us, and I saw them *both* go out." With no less honesty, or good feeling, opinions are sometimes expressed in more equivocal



terms. On the Superintendent's seventy-second birth-day, amidst sundry congratulations, one patient told him he looked very patriarchal, and it would be quite as well if he imitated the patriarchs more than he did.

The patients have enjoyed their usual relaxations and amusements. In-doors:—bagatelle, draughts, cards, dominoes, &c. Out of doors:—cricket, skittles, and bowls. They have had their annual visit to the sea-side, walks in the fields and lanes, with occasional visits to their relatives and friends. A very memorable evening to them was spent in the asylum, which was very elegantly noticed in the Ipswich Journal by some unknown friend. The generous *contributors* to their comfort and pleasure on that evening will live long in their grateful remembrance.

There is much that demands and deserves consideration upon that harmonious working, by which the patients themselves uphold and advance the general welfare of the House. Your willing labourers feel that in working *with* the body, they are working *for* the mind, and a *high* character is thus given to their lowest occupations. It is much easier to make alterations in a new than in an old building, to improve "when the mortar is wet:" still the present state of the House will shew that defects one by one have been remedied by their assistance, and successive improvements from time to time introduced: and though some of *these* may appear individually *small*, they most certainly have been collectively *great*.

Still, whatever satisfactory retrospection the Superintendent trusts that he may take, HE can hardly be expected to pre-concert schemes for many years to come. He cannot disguise from himself, that there are dangers which admonish, as well as philanthropic engagements which encourage and support. There is a position in which one cannot allow one's energies to sleep, and without particularizing individuals, painful effects have been known of late to follow those strugglings of the mind, which, as has



been no less elegantly than truly said "can allow itself no Sabbath." Under these impressions your Superintendent can only acknowledge again with thankfulness, every effort which has been made by the Committee with whom he has so long been privileged to act, who have constantly shared his anxieties, promoted his individual comfort, and more especially forwarded his efforts for the real welfare of those who have been entrusted to his charge.

JOHN KIRKMAN, M.D.

TABLE I.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, during the year 1867.

	Male.	Female.	Total.
In the Asylum January 1st, 1867 -	157	203	360
Admitted for the first time during the year	48	55	103
Re-admitted during the year - - -	7	15	22
	55	70	125
Total under care during the year - - -	212	273	485
Discharged or removed—			
Recovered - - -	20	29	49
Relieved - - -	2	1	3
Not improved - - -			
Died - - -	27	27	54
Total discharged and died during the year - - -	49	57	106
Remaining in the Asylum, 31st December, 1867, (inclusive of absent on trial—males and females) -	163	216	379
Average numbers resident during the year - - -	165	212	367



TABLE II.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, from the opening of the Asylum to the present date, December 31, 1867.

	Male.	Female.	Total.
Persons admitted during the period of 39 years - - - -	1467	1718	3185
Total of cases admitted - -			
Discharged or removed—			
Recovered - 672 887 1559			
Relieved - - 148 168 316			
Not improved 17 21 38			
Died - - - 601 568 1169			
Total discharged and died during the 39 years - - - -	1438	1644	3082
Remaining, 31st December, 1867 -	163	217	380
Average numbers resident during the 39 years - - - -	165	212	367

TABLE III.—Showing the Causes of DEATH during the year 1867.

Causes of Death.	Male.	Fem.	Total
CEREBRAL OR SPINAL DISEASE :			
Apoplexy and Paralysis - - - -	9	3	12
Epilepsy and Convulsions - - - -	3	4	7
General Paralysis - - - -	2	1	3
Maniacal and melancholic exhaustion or decay - - - -	2	7	9
Inflammation and other diseases of the Brain, softening, tumours, &c. - -	1		1
THORACIC DISEASE :			
Inflammation of the Lungs, Pleuræ, and Bronchi - - - -	3	4	7
Pulmonary Consumption - - - -	2	3	5
Disease of the Heart, &c. - - - -	2	2	4
ABDOMINAL DISEASE :			
Inflammation of the Stomach, Intestines, or Peritoneum - - - -			
Dysentery and Diarrhoea - - - -	1		1
Fever - - - -			
Erysipelas - - - -			
Cancer - - - -			
General Debility and Old Age - - -	2	3	5
Suicide and Accidents - - - -			
Scrofula - - - -			
TOTAL - - -	27	27	54



TABLE IV.—Showing the Length of Residence in those Discharged RECOVERED, and in those who have DIED during the year 1867.

Length of Residence.	Recovered.			Died.		
	Male.	Fem.	Total	Male.	Fem.	Total
Under 1 month - - -	3	2	5	3	4	7
From 1 to 3 months -	5	4	9	1	4	5
" 3 " 6 " - -	9	7	16	6	3	9
" 6 " 9 " - -	1		1		3	3
" 9 " 12 " - -		4	4	2	1	3
" 1 " 2 years -	1	3	4		2	2
" 2 " 3 " - -	1	5	6	1	2	3
" 3 " 5 " - -		4	4	5	2	7
" 5 " 7 " - -	2		2	4	1	5
" 7 " 10 " - -		1	1	3		3
" 10 " 12 " - -					3	3
" 12 " 15 " - -				2		2
" 15 " 20 " - -					2	2
" 20 " 30 " - -						
" 30 " 40 " - -						
TOTAL - - -	22	30	52	27	27	54

TABLE V.—Shewing the ADMISSIONS, DISCHARGES, and DEATHS; with the mean Annual Mortality and the proportion of Recoveries per Cent. of the Admissions, for each Year since the opening of the Asylum.

YEARS.	Admitted.			Discharged.									Died.			Remaining 31st December, 1867.			Average Numbers Resi- dent.			Per-centage of Recoveries on Admissions.			Per-centage of Deaths on Average Numbers Resident.		
				Recovered.			Relieved.			Not Improved.																	
	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Mean.	Male.	Fem.	Mean.			
From the opening of the Asylum to 31st Dec. 1860	1244	1318	2662	536	691	1227	109	124	233	17	20	37	450	411	861	3229	3820	7049	239	291	530	66	108	86	27	30	28
1861 - - - -	46	56	102	25	30	55	4	5	9				30	23	53	129	186	315	144	185	329	17	16	16	20	12	16
1862 - - - -	53	61	114	22	27	49	4	4	8		1	1	18	15	33	138	201	339	146	190	336	15	14	14	12	7	9
1863 - - - -	54	61	115	21	35	56	1	5	6				25	25	50	145	197	342	148	190	338	16	18	17	16	13	14
1864 - - - -	45	70	115	20	34	54	4	3	7				13	28	41	153	202	355	152	194	346	13	17	15	8	14	11
1865 - - - -	61	60	121	26	30	56	6	5	11				20	15	35	162	211	373	161	211	372	16	14	15	12	7	9
1866 - - - -	40	64	104	17	33	50	7	3	10				21	35	56	157	204	361	156	206	362	11	16	13	13	16	14
1867 - - - -	55	70	125	20	29	49	2	1	3				27	27	54	163	216	379	165	212	367	10	17	13	14	16	15
TOTALS (39 years) and Averages -	1598	1760	3458	687	909	1596	137	150	287	17	21	38	604	579	1183	4276	5237	9513	1311	1679	2980	164	220	142	122	115	118

TABLE VI.—Showing the History of the ANNUAL ADMISSIONS since the opening of the Asylum, with the DISCHARGES and DEATHS, and the Numbers of each Year remaining on the 31st December, 1867.

Admitted.						Of each Year's Discharged and Died in 1867.												Total Discharged and Died of each Year's Admissions.												Remaining of each Year's Admissions 31st December 1867		
YEAR.	New Cases.		Relapsed Cases.		Total.	Recovered.			Relieved.			Not Im- proved.			Died.			Recovered.			Relieved.			Not Im- proved.			Died.					
	Males.	Fem.	Males.	Fem.		Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.			
1860 -	1232	1302	12	16	2662	536	691	1227	114	126	240	17	20	37	450	411	861	536	691	1227	109	124	233	17	20	37	450	411	861	3229	3820	7049
1861 -	46	55		1	102	25	30	55	4	5	9				30	23	53	25	30	55	4	5	9				30	23	53	129	186	315
1862 -	53	61			114	22	27	49	4	4	8		1	1	18	15	33	22	27	49	4	4	8		1	1	18	15	33	138	201	339
1863 -	54	61			115	21	35	56	1	5	6				25	25	50	21	35	56	1	5	6				25	25	50	145	197	342
1864 -	45	68		2	115	20	34	54	4	3	7				13	28	41	20	34	54	4	3	7				13	28	41	153	202	355
1865 -	58	59	3	1	121	26	30	56	6	5	11				20	15	35	26	30	56	6	5	11				20	15	35	162	211	373
1866 -	38	63	2	1	104	17	33	50	7	3	10				21	35	56	17	33	50	7	3	10				21	35	56	157	204	361
1867 -	48	55	7	15	125	20	29	49	2	1	3				27	27	54	20	29	49	2	1	3				27	27	54	163	216	379
TOTAL.	1574	1724	24	36	3458	687	909	1596	142	152	294	17	21	38	604	579	1183	687	909	1596	137	150	287	17	21	38	604	579	1183	4276	5237	9513
SUMMARY of the Total Admissions, 1860-67.																		Males.	Females.	Total.												
Per-centage of Cases Recovered -																		155	205	360												
" Relieved -																		134	151	285												
" Not Improved -																		17	21	38												
" Dead -																		22	30	52												
" Remaining -																		163	216	379	[J. LODER, Printer, Woodbridge.]											

[J. LODER, Printer, Woodbridge.]



