

## **Thirty-third annual report of the Suffolk Lunatic Asylum : December, 1870.**

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THIRTY-THIRD ANNUAL REPORT

OF

SUFFOLK LUNATIC ASYLUM.

DECEMBER 1870.

1871.

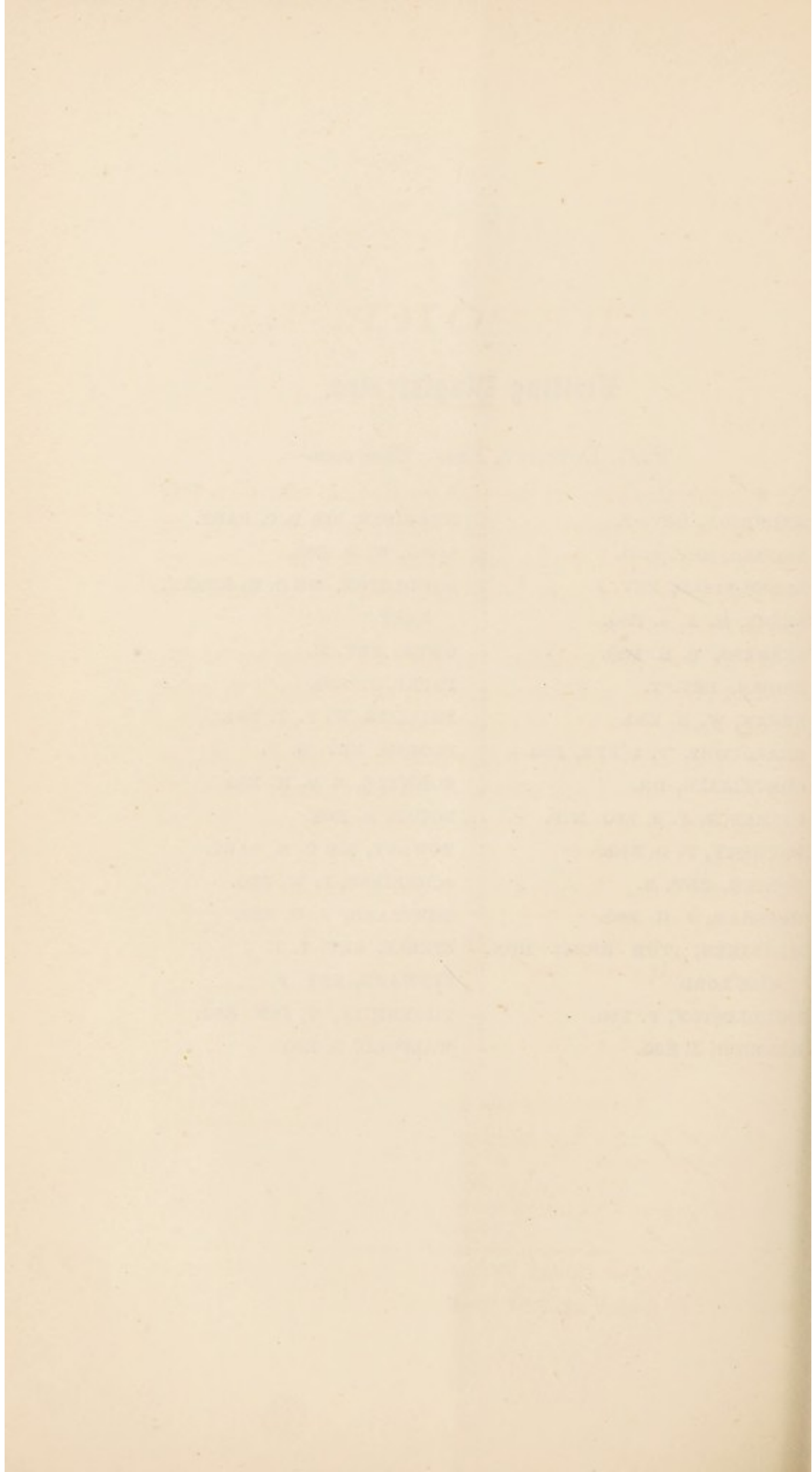


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## REPORT.

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THE Superintendent in the 40th year of his official tenure has again to acknowledge that consideration and support which for so lengthened a period has been afforded him, by which his labours have been lightened and his anxieties greatly diminished.

As it was his ambition to raise the character of the County Asylum in his earlier years, it is a source of great gratification to be able to report its continued welfare in his later ones. The present will recall the success which has gradually followed the efforts of the past; and the future engaged in preconcerting its continuance with undiminished interest.

The numerical Report for to-day is as follows:—

	Males.	Females.	Total.
Patients in the House, December 31, 1869....	164	230	394
"    Admitted during 1870.....	50	71	121
	214	301	515
	M.	F.	Total.
Discharged during 1870.....	29	44	73
Died                   "    "	19	23	42
	48	67	115
In the House this day.....	166	234	400
Admitted 14 more than last year.			
Discharged 7 more           "    "			
Died       19 less           "    "			
There are now 6 patients more in the House than on this date last year.			

The number of vacant beds on each side of the House is sufficient to guard against pressure.

The state and condition of the inmates is (as it has continued to be throughout the year,) healthy. There has been no contagious or infectious disease; and though there are several patients whose dangerous propensities are the source of great anxiety, nothing has occurred of an untoward character. With the exception of a compound fracture of the leg of a female by a fall, there has been singular freedom from accidental occurrences.

The admissions have been, as usual, not very promising: senility and bodily decrepitude have marked many of them, and many whose ages shew "the respect that makes calamity of so long life" are still resident inmates. Indeed this Asylum has remarkably realized on behalf of the inmates the observation made by Lord Bacon nearly 200 years ago. "In the Hospital of Bethlehem in the suburbs of London, there are found from time to time many mad persons who live to a great age. Not only the goodness or pureness of the air, but also the inequality of air is material to long life." We might add perhaps to the pureness of the Suffolk air or the rough inequalities of our English climate, the watchful care, and the modern system of treatment, as causes of the prolonged life of the insane.

Tables very minutely statistical are getting into general use, with a more uniform register of cases, and a more readily recognized treatment. These will be valuable on many accounts: the previous history is not always to be learned from the accompanying certificates, and the assigned causes are difficult to arrange in any tabular form. Epileptics come with very vague certificates: 17 of this class have been admitted recently. One man whose insanity was disputed, though sent in on the authority of one of the Commissioners, had to be discharged on the same authority after being in the House two months, in precisely the same mental condition as on admission. Two medical men, at separate visits of this patient, affirmed their utter inability

to state any symptom which could warrant his detention. Evidence on *facts* is not always so readily obtainable: as appeared in the case of a poor woman lately admitted. She was a midwife; and her impression on admission continued throughout her short residence, with the strange delusion that all the other females needed her professional skill. A statement which was most happily negatived. The poor woman has since died.

Every patient is most carefully examined on admission, and special entries made of the slightest marks of violence. This has indeed become an imperative protection against misrepresentations: and misrepresentations are sad drawbacks to philanthropic efforts. Cases might be particularized where marks of violence and injury previous to admission, might if unobserved at the time, have led to very unjust and erroneous conclusions afterwards.

To disentangle complicated cases is not always an easy task: the disease itself is frequently overlooked in a symptom, and the symptom treated in forgetfulness of the disease: hence the great value of discrimination, experience, and judgment; the symptom may be clear and obvious enough, but the cause is often most difficult to ascertain, and sometimes it may be inscrutable. A true knowledge of the state of the organ, and duration and stage of its disordered function or tissue, determines not alone the right method of treatment, but the possibility or *probability* of cure. The several departments of occult science, palpable observation, and subtle remedial processes are in these days of progress most numerous and active, and any one of them is sufficient to occupy the attention of any individual. The diseases of the mind which formerly were almost unheeded, and their treatment cruel and extreme, have become now the subject of separate study and investigation and research. The duty of the physiologist embraces no limited sphere of action: it is to study the changes which take place not in



individuals alone, but in the multitudes generally; to determine if possible how far the states of mind displayed in them, are dependent upon the brain and nervous system; and how far these are influenced by the ordinary and *extraordinary* causes which influence health or disease. It was the opinion of Sydenham that the epidemics of his day were owing to peculiar changes in the earth and air, which made man the subject of internal influences, many of which were completely beyond his control, being roused to activity by influences from without, and excited to irresistible passions from within. It may be well to remember as the number of the insane is so much upon the increase, that sympathies of all minds may become epidemic at certain periods: they take place among large bodies of the people, and epidemic diseases spread rapidly from place to place. In those recorded in the middle ages, the *minds* of nations were agitated as much as their bodies; the nervous system underwent the greatest changes: and as nervous *physical* diseases prevailed, (as they did to a frightful extent,) nervous *mental* diseases followed, and not only hysteria and epilepsy became epidemic, but various forms of insanity appeared. Infection spreading by sympathy; a cerebral epidemic.

Many alterations and improvements have been made in the course of the year: and if the progress has been slow, it has not been less satisfactorily performed by the ordinary labourers among the patients; and their valuable assistance is always acknowledged in the several departments of their work. The baths have been improved, and lowered as suggested by the Commissioners: and a new one is in the course of completion on the male side, in the place of an old worn out zinc bath. The whole of the wash-house and laundry department has been greatly improved and extended, and the suggestion of the Commissioners on *that* point too completely carried out. A room formerly occupied

by the servants, not very satisfactorily situate close to the back of the steam engine, has been altered and fitted up with two machines worked by steam power; and a saving of time, labour, and expense secured. A zinc covered way from one of the cottages to the female infirmary has been made as suggested *again* by the Commissioners in Lunacy. Every suggestion indeed which has not been anticipated has been acted on, as far as practicable. The only exceptions being the introduction of gas and the adoption of a night watch: the oldness of the building has been thought by the Committee to be an obstacle to the first, and the structural arrangements of it by the Superintendent are insuperable objections to the last. Upon this subject which has become somewhat prominent, the Superintendent cannot avoid expressing a very strong feeling, one indeed which he has never ceased to entertain in regard to its introduction in this Asylum. In the last Report of the Commissioners it is said that this Establishment is the single exception to the universal adoption. This is a mistaken oversight. The Superintendent of the Hull Asylum, an officer of twenty years standing, has the same objection; and apparently from the same cause, the unfitness of the Building and its present watchful oversight by the nurses. He says "this Asylum is so constructed that night attendants to be of any use must perambulate the various dormitories at frequent periods of the night, which would prove of very questionable benefit: they could not avoid waking many of the patients. The attendants' bed-rooms are in close proximity to the patients' dormitories, so that a night watch is practically kept by the ordinary attendants." This is precisely similar to the arrangements here. If the adoption were really advantageous, or sanctioned by the Committee, the Superintendent would be very sorry to be an obstruction to it in any way; still he feels it to be an imperative duty both to himself and to them to give

his professional disapproval of it. In the larger Asylums specially constructed for such arrangements it may be advantageous; but even of this he has many doubts. But to dictate the adoption as applicable to every Asylum is to take up a position which appears to him to be untenable and unwise. He is now giving the Chloral Hydrate with great advantage in cases of acute mania to procure rest, and the night watchman cannot help counteracting its beneficial effects. The greatest Physiologist of any and every age may well be quoted on this point; (though perhaps the opinion even of Shakespeare may be disputed,) "our foster nurse of nature is repose the which THEY lack; THAT to provoke in them are many simples operative, whose power doth close the eye of anguish." Why open it?

It is due to the watchfulness of the attendants that several attempts to commit suicide have not been successful: 30 women and 12 men have been admitted with this awful tendency: and several attempts, and formidable ones, have been made whose fatal termination was only prevented by the attendant's vigilance and the surgeon's care. The soundest mind is occasionally upset by very trifling circumstances: which is the cause of the suicidal act being so frequently the first overt act of insanity. This is willingly conceded when the patient has *not* been in an asylum; but when he *has*, there is some disposition to act otherwise. There are difficulties to be encountered in the treatment of this class of patients which are not known to the public. Accidents will occur, and suicides will take place, which no human foresight could anticipate and no precaution could avert. This Asylum has been singularly free from these disasters. There has been one in 17 years, though some officers have congratulated themselves in having on an average only one in 7 years. The superintendents invariably acknowledge in their annual reports the distress which is felt by themselves and by their households when such an

act is committed: and *as universally* is every effort made to reduce such occurrences to a minimum. In several of the asylum reports a printed column marked "suicides" is left at the top of the obituary list marking the impossibility of avoidance; and every superintendent congratulates himself on the escape of so harrowing an event in a year.

This subject will necessarily lead to that commendation which the Superintendent can very gladly bestow on the attendants here. There is no class needs more the encouragement and support of those who are placed over them than this much misrepresented body: and because some *flagrant* instances have occurred of ill-treatment, which have been justly punished, (and no punishment can be too severe for any one who shows an ungovernable temper, and uses a patient ill) it is still worse than cruelty to raise a morbid outcry, and to stigmatize a *class* for the acts of a few; and to rank a whole body of humane persons with the brutes. The Superintendent has always felt it to be a duty to protect the characters of old and well-conducted attendants: the welfare of the insane depends upon them. Their duties are not learnt in a day; and they must fulfil them with ceaseless forbearance and kindness, under extreme provocation, and occasional injury to themselves.

In addition to the alterations already named, work of various kinds has been done both outside and inside the building. A lavatory on the male side has been enlarged and improved: several of the remaining stone floors have been replaced by boards; a small green-house has been made connecting two dormitories together; and papering, painting, and decorating have filled up the time when the weather prevented the patients from working out of doors. Since the additional rooms were extended at the back of the premises, the proximity of the mortuary became objectionable: a new one has been built, with a small room for P. M. examinations, when it is desirable to make them:

and the old building retained as a guard-room. A convalescent patient or an attendant always sleeps there; a necessary protection to the farm. Improvements have been made *there*, which have long been called for: and now the great demand is for the brew-house. It is quite impossible to work the old one; indeed it is not a house at all: it was originally a very limited arrangement for a household of 150 patients: and for 400 patients, good beer either in quantity or quality, cannot be got from it. There needs a proper brew-house, for which a convenient site may be obtained adjacent to the present carpenter's-shop. Some of the old materials may be made available, and an attendant who understands brewing properly, engaged. This has become a *real* necessity, and if it can be done by home labour, the expense will be greatly diminished. With the sanction of the Committee it is proposed to begin it at once.

It is only a duty for the Superintendent to express his satisfaction with the conduct of the household generally; to recognize the able services of Mr. Arnott the Clerk; and to mention his obligation to Mr. Wadsworth, the Assistant Medical Officer, whose care and kindness to and interest in the patients has established his character as a professional man and a gentleman.\* The Superintendent has now only to repeat his expressions of grateful thanks to the Committee, and to couple them with the assurance, that should he be spared to make another Report, or to know that the objects of his long solicitude pass into abler hands, his desire is, (as it ever has been) that an affectionate interest should be taken in *each* sufferer's case; and that every individual should receive solace, relief, and (if possible) *restoration*, from the labours, the care, and the example of those who are placed over them.

JOHN KIRKMAN, M.D.

\* This much-esteemed Assistant Officer died while the Report was in the Press.

*Dr. Kirkman will be much obliged by receiving such  
information as any relative or friend may be able to give  
him of the state and condition of . . . . .*

*within a few weeks after his discharge on the . . . . . of*

*. . . . .*

TABLE I.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, during the year 1870.

	Male.	Female.	Total.
In the Asylum January 1st, 1870 -	164	230	394
Admitted for the first time during the year	45	65	110
Re-admitted during the year - - -	5	6	11
	50	71	121
Total under care dur- ing the year - - -	214	301	515
Discharged or removed—			
Recovered - - -	24	40	64
Relieved - - -	4	3	7
Not improved - -	1	1	2
Died - - - - -	19	23	42
Total discharged and died during the year - - - - -	48	67	115
Remaining in the Asylum, 31st De- cember, 1870, (inclusive of absent on trial—males and females) -	166	234	400
Average numbers resident during the year - - - - -	165	235	400

TABLE II.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, from the opening of the Asylum to the present date, December 31, 1870.

	Male.	Female.	Total.
Persons admitted during the period of 42 years - - - - -	1617	1906	3523
Re-admissions - - - - -	138	163	301
Total of cases admitted - - - - -	1755	2069	3824
Discharged or removed—			
Recovered - 733 984 1717			
Relieved - - 162 192 354			
Not improved 18 22 40			
Died - - - - 676 637 1313			
Total discharged and died during the 42 years - - - - -	1589	1835	3424
Remaining, 31st December, 1870 -	166	234	400
Average numbers resident during the 42 years - - - - -	111	139	250



TABLE III.—Showing the Causes of DEATH during the year 1870.

Causes of Death.	Male.	Fem.	Total
CEREBRAL OR SPINAL DISEASE :			
Apoplexy and Paralysis - - - - -	2	4	6
Epilepsy and Convulsions - - - - -	3	3	6
General Paralysis - - - - -			
Maniacal, gradual and melancholic ex- haustion or decay - - - - -	11	11	22
Inflammation and other diseases of the Brain, as softening, tumours, cancer, tubercle, effusion, &c. - - - - -			
THORACIC DISEASE :			
Inflammation of the Lungs, Pleuræ, and Bronchi - - - - -	1	3	4
Pulmonary Consumption - - - - -			
Disease of the Heart, - - - - -		1	1
„ „ Spine - - - - -	1		1
ABDOMINAL DISEASE :			
Inflammation of the Stomach, Intestines, or Peritoneum - - - - -			
Dysentery and Diarrhœa - - - - -		1	1
Fever - - - - -			
Erysipelas - - - - -			
Cancer - - - - -			
General Debility and Old Age - - - - -			
Suicide and Accidents - - - - -			
Scrofula - - - - -			
Syphilis - - - - -	1		1
TOTAL - - -	19	23	42

TABLE IV.—Showing the Length of Residence in those Discharged RECOVERED and RELIEVED, and in those who have DIED during the year 1870.

Length of Residence.	Recovered and Relieved.			Died.		
	Male.	Fem.	Total	Male.	Fem.	Total
Under 1 month - - -	1	1	2	4	10	14
From 1 to 3 months -	5	5	10		3	3
"  3  "  6  "  -	4	8	12	2	2	4
"  6  "  9  "  -	3	6	9	3		3
"  9  "  12  "  -	2	1	3			
"  1  "  2  years -	7	9	16	2	2	4
"  2  "  3  "  -	2	6	8	2		2
"  3  "  5  "  -	1	2	3	2	2	4
"  5  "  7  "  -	1	4	5	2	3	5
"  7  "  10  "  -	2	2	4	1		1
"  10  "  12  "  -						
"  12  "  15  "  -	1		1			
"  15  "  20  "  -						
"  20  "  30  "  -						
"  30  "  40  "  -				1	1	2
TOTAL - - -	29	44	73	19	23	42

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

YEARS.	Admitted.			Discharged.						
				Recovered.			Relieved.			Not
	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.
From the opening of the Asylum to 31st Dec. 1863	1402	1597	2999	589	761	1350	129	156	285	177
1864 - - - -	45	70	115	20	34	54	4	3	7	
1865 - - - -	61	60	121	26	30	56	6	5	11	
1866 - - - -	40	64	104	17	33	50	7	3	10	
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
TOTALS (42 years) and Averages -	1755	2069	3824	733	984	1717	162	192	354	18

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

YEAR.	Admitted.					Of each Year's Admissions Discharged							
	New Cases.		Relapsed Cases.			Recovered.			Relieved.			Not Improved	
	Males.	Fem.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.
1863 -	1385	1579	14	19	2997		3	3					
1864 -	45	68		2	115		1	1					
1865 -	58	59	3	1	121								
1866 -	38	63	2	1	104	1	2	3					
1867 -	48	55	7	15	125	2		2		1	1		
1868 -	49	58	9	16	132	2	6	8	2	2	4		
1869 -	44	58	1	4	107	7	17	24	1		1		
1870 -	45	65	5	6	121	12	11	23	1		1	1	1
TOTAL.	1712	2005	41	64	3822	24	40	64	4	3	7	1	1

## SUMMARY of the Totals

Per centage of Cases Recovered	
„ Relieved	
„ Not Improved	
„ Dead	
„ Remaining	

Annual Mortality and the proportion of Recoveries per Cent. of 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.		
Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Mean.	Male.	Fem.	Mean.
463	983	3641	4404	8045	3543	4282	7825	42	48	45	14.5	10.5	12.5
28	41	153	202	355	152	194	346	44	48	46	9	15	12
15	35	162	211	373	161	211	372	43	50	46.5	12	8	10
35	56	157	204	361	156	206	362	42	52	47	13	17	15
27	54	163	216	379	165	212	377	37	42	39.5	16	13	14.5
22	41	198	236	414	177	232	409	34	30	32	11	9	10
24	61	164	230	394	172	232	404	40	58	49	21	10	15.5
23	42	166	234	400	165	235	400	48	56	52	11	10	10.5
637	1313				4685	5804	10495						

the Asylum, with the DISCHARGES and DEATHS, and the Numbers of December, 1870.

Total Discharged and Died of each Year's Admissions.												Remaining of each Year's Admissions 31st December.		
Recovered.			Relieved.			Not Improved.			Died.			Males	Fem.	Total.
Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.			
589	761	1350	129	156	285	17	21	38	520	463	983	78	106	184
20	34	54	4	3	7				13	28	41	6	12	18
26	30	56	6	5	11				20	15	35	8	13	21
17	33	50	7	3	10				21	35	56	4	10	14
20	29	49	2	1	3				27	27	54	9	17	26
19	21	40	2	3	5				19	22	41	16	13	29
18	36	54	4	8	12				37	24	61	15	16	31
24	40	64	4	3	7	1	1	2	19	23	42	30	47	77
6733	984	1717	158	182	340	18	22	40	676	637	1313	166	234	400

	Males.	Females.	Mean of both Sexes.
-	41.75	47.56	44.65
-	9.23	9.28	9.26
-	1.02	1.06	1.04
-	38.50	30.79	34.64
-	9.50	11.31	10.41
	100.00	100.00	100.00

DIET TABLE, December 31, 1870.

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.	pt.	pt.							
Bread																										
Gruel																										
Bread																										
Gruel																										
Cooked Meat																										
Bread																										
Vegetables																										
Beer																										
Suet Pudding																										
Soup																										
Cooked Meat																										
Bread																										
Vegetables																										
Beer																										
Suet Pudding																										
Soup																										
Bread																										
Butter																										
Cheese																										
Tea																										
Beer																										
Bread																										
Butter																										
Cheese																										
Tea																										
Beer																										
Total.....	49	10½	42	7	30	42	3	3½	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.  
 Dietetic regulations are subject to Medical opinion.