



THIRTY-EIGHTH ANNUAL REPORT

OF THE

SUFFOLK LUNATIC ASYLUM.

DECEMBER 1875.

1876.


VISITORS

Appointed at the January Sessions,

1876.



- BARNARDISTON, NATHANIEL, ESQ. *The Ryes Sudbury.*
BERNERS, CHARLES HUGH, ESQ. *Yoxford.*
BEVAN, WILLIAM ROBERT, ESQ. *Plumpton Hall, Whepstead.*
CORRANCE, FREDERIC SNOWDEN, ESQ. *Broadwater, Framlingham.*
DOUGHTY, FREDERIC GOODWYN, ESQ. *Woodbridge.*
HENNIKER, THE LORD, *Thornham Hall, Eye.*
IMAGE, WILLIAM EDMUND, ESQ. *Herringswell.*
PRETYMAN, ARTHUR CHARLES, ESQ. *Haughley Park.*
RODWELL, B.B. HUNTER, ESQ. Q.C., M.P. *Ampton Hall, Bury.*
ROWLEY, JOSHUA THELLUSON, ESQ. *Tendring Hall, Stoke.*
SHEPPARD, JOHN GEORGE, ESQ. *Campsey Ash.*
STEELE, REV. THOMAS JAMES, *Whepstead, Bury.*
STEWART, REV. FRANCIS, *Barking, Needham-Market.*
THORNHILL, THOMAS, ESQ. M.P. *Pakenham, Bury.*
WALFORD, CHARLES, ESQ. *Melton.*
YOUNG, ARTHUR JOHN, ESQ. *Bradfield Combust, Bury.*



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REPORT.

	Males.	Females.	Total.
Patients in the House, December 31, 1874.....	165	250	415
„ Admitted during 1875.....	58	71	129
	223	321	544
	M.	F.	Total.
Discharged during 1875.....	29	43	72
Died „ „	16	30	46
	45	73	118
In the House this day	178	248	426

Admitted. 1 more than last year.
 Discharged, 19 less than last year.
 Died 12 less than last year.

There are now 11 patients more in the House than on this date last year.

We have, besides the above, 7 male patients in Ipswich Borough Asylum.

The general health of the patients, exclusive of those who have been admitted in an exhausted sinking state, has been very good. No disease of a contagious or epidemic character has appeared; and though there are several strongly marked suicidal patients in the house, ceaseless watching has preserved us from any fatal act. It is very painful to have to remark that the one exception to this immunity was in the person of the late Assistant Medical Officer. He was a scholar and a gentleman. His mind was upset from a disappointment on his examination at Cambridge for his degree of Bachelor of Medicine. Failing to obtain this, he lost his mental balance, and committed the rash act. Whatever may have led or may lead indeed anyone to contemplate so awful a resolve, it is quite clear, that the only means of preventing this or any other foolish or criminal practice,

with either sane or insane, is to be sought in the extension of religious truth. Our legal enactments constantly state a criminal "not to have the fear of God before his eyes," and it is only by putting His love constantly before the eyes of those about us, and dependent on us, that the temptation or inclination may be lessened. So far as moral and religious principles can counteract the effects of moral evil on the animal frame, so far may we hope to be spared such scenes as mar the peace and happiness of survivors, and snap the cords of the tenderest ties between relatives and friends. An inquest was held on the body: the verdict - Suicide, being of unsound mind. The mortality was very low till the severity of the winter set in, when several of the old, weak and feeble patients sunk from exhaustion and other debilitating causes. An old woman of 81, recently admitted, was declared to be dangerous to those about her. As your Medical Officer sees her day after day sitting comfortably in an easy chair by the fire, he can only feel thankful (though exactly of this poor woman's age) that *he* has not been declared dangerous yet.

Several very interesting patients have been discharged this year: some letters of gratitude now lie upon the table. A father and daughter were discharged together, a few weeks ago; they leave another father and daughter behind them. Hereditary taint is fearfully developed in a third father and daughter still resident: they exhibit some very marked features to be traced by gradual descent from their ancestors. Several re-admissions have arisen from various causes; injudicious removal on the part of relatives or friends before a cure can be perfected, altered circumstances and anxieties at home, and in some instances insufficient nourishment and hard work. It is perplexing to keep within the letter of the law, and to resist importunate entreaties; when they are complied with, feeling too often prevails over judgment. Application was made a short time ago for the

discharge of a man who had been noticed by visitors as constantly employed. On being informed of this he became very much distressed: he said "I dare not trust myself away from the Asylum, I want to be watched over:" he went home on trial *once*, and returned in a very low and desponding state: he is a suicide, and the result of a second removal can only be too clearly imagined. A very instructive illustration of the value of Asylum security and protection may be noticed in another case. Among the variety of individual characters, too many of which, however, do not incline to the *intellectual* type, is a man "so various, that he seems to be, not one, but all mankind's epitome"—painter, paper-hanger, agricultural labourer, hewer of wood and drawer of water; no kind of work manual or artistic seems to come amiss to him, *but he is insane*. A curious coincidence took place in favour of this strange combination of order and disorder. He went out with some other patients for a walk, they passed near a field at Ufford in which a ploughing match was going on. One of the prizes was open to all comers; he begged permission to enter as competitor. His entrance fee was paid, he tried, *and won the prize*. Here a remark would naturally enough be made on this great achievement, that the man might as well be working at home and earning his living, as spending such capabilities for the benefit of the Asylum where he is detained as an insane man. But how often is half a truth proved to be the greatest falsehood: it is the secret of quiet protection and Asylum security in the background, which renders such occasional or constant display possible; work is his happiness, his *physic* and his *cure*: he could not do under different circumstances, without medical treatment, or without the latent *sense* of treatment, what he does in the Asylum and under its sheltering care. This is but a vivid instance of a very large class of Patients who can, and will work with advantage here, but with whom friends make the fatal error, that they could work just as

well at home. And medical experience is but too well justified in having strenuously to resist the error.

A correspondence has taken place with the Commissioners in Lunacy, in consequence of a letter which appeared in the *Lancet*, Nov. 20, 1875, to which their attention had been drawn. The letter was headed "Dangerous Lunatic at large." The writer says "this man has been confined eight separate times in the County Asylum, and each time, after a few months residence, he has been discharged cured, to be returned in a few months as a dangerous Lunatic," and he asks for advice how he is to act to obtain his *permanent* confinement. A reply to this letter was sent to the Commissioners exposing the erroneous statements throughout, and at their request will be reported in the *Lancet*. The last time this man was discharged, he remained, not a few months as stated, but three years and 17 days; during which time he was employed with his two sons building a house for the clergyman of his parish. The dates of admissions and discharges of this man have been sent up to the Commissioners; and in their acknowledgement of them, they suggest that a *copy* of them should be sent to the *Lancet*, "which clearly explains the history of the case." It is simply a case of recurrent mania, which has been explained to the writer, and a similar copy of the dates sent to him.

After having been at home.	Admitted.	Discharged.	After having been in the Asylum.
	May 5, 1850.	June 8, 1850.	over 1 month.
6 years and over 6 months.	Jan. 24, 1857.	Aug. 10, 1857.	over 6 months.
5 years and over 7 months.	March 17, 1863.	July 20, 1863.	over 4 months.
2 years and 11 months.	June 21, 1865.	Dec. 24, 1865.	over 6 months.
1 year and 11 months.	Nov. 25, 1867.	July 21, 1868.	nearly 8 months.
1 year and 10 months.	May 21, 1870.	Dec. 19, 1870.	nearly 7 months.
1 year and 9 days.	Dec. 29, 1871.	Sept. 6, 1872.	over 8 months.
3 years and 17 days.	Sept. 24, 1875.		

The only means one has of correcting misrepresentations and erroneous statements, (too often hastily made) is the publication of such cases in an Annual Report, when the antidote is too late to destroy the effect of the bane.

The Patients have had their usual gratifications and amusements, their cricket matches, in-door and out-door recreations by sea and land. Two separate parties of between forty and fifty patients enjoyed their annual visit to Bawdsey. The harvest home was a great success. It was very delightful and encouraging to see nearly two hundred patients in healthy and happy enjoyment. The bazaar with its jewellery, the pastry-cook's shop with the charms attached to the allowed delicacy of the touch of Ladies' fingers, the lottery office with its prizes, the greased pole with its half-crowned head, were quite in accordance with their manners, and they were charmed. And the chords that had been slack, vibrated for a time once more. If some would retire, as less disposed to hilarity and decline to partake of the good things on the table, they were reprov'd by their more lively companions, very much on Uncle Toby's grounds, "You think because you are virtuous there's to be no more cakes and ale!"

While there is so much going forward in the advancement of psychological science, and improvement in the condition and curative process with the insane, an old Superintendent must acknowledge the continued valuable aids to be drawn from the annual reports of some of his most able colleagues: still, in some instances, there appears to be a marvellous love of change. In the hurry, bustle and excitement of these go-a-head days, the love of antiquity seems fast fading away. Intellectual work will not kill, as Lord Derby told the students in Edinburgh, but worry will; and some worry is inseparable from Asylum life. Repeated suggestions, many of them unimportant, harassing and perplexing, tend only to distract and keep the minds of the medical officers on the stretch: they do *not* advance the patient's welfare, and they *do* add to the distractions and disturbances of overburdened feelings. An asylum officer has much to acquire before he can safely impart: the difficulties of the way do not always

diminish as he may seem to advance. New theories present themselves, (just as new medicines come into notice from time to time, with or without sufficient reason,) whose adoption is occasionally built upon what has been expressively described as “foggy facts.”

If your Superintendent has learnt anything by his long experience of forty-five years, it is the mistake of the day in building such *overgrown* Asylums. A recent proposal is for one to contain from 1500 to 2000 patients. Many experienced officers have stated, as your Superintendent has stated years and years ago, the decided objection to these enormous establishments: he has seen the serious evil of them.

There is generally acknowledged to be a most *startling* increase of lunacy, and the disposal of such numbers as are given in various quarters becomes a question of great difficulty. The plan of small detached cottages should not be lost sight of. The great results of the cottage system are these: the County Asylums are relieved by the removal of chronic harmless patients, and the necessity of constant additional buildings obviated: there is some saving in the maintenance of the patients; but the chief good is the check the system affords to overgrowth. An overgrown Asylum, that is, an Asylum for more than 400 to 500 patients, is a great social evil: it is a manufactory of dementia and chronic lunacy.* The necessary oversight of so large a number must be more or less distracting to officers and attendants. There is divided authority: and your Superintendent can speak personally on what he has seen—more than *two* heads to one body. The Commissioners in Lunacy have given *their* experience against them, and the reduced period of retirement, from twenty to fifteen years, has been *necessitated* by the danger to those who are exposed by such enlarged spheres of service. The frequent changes which

* Dr. Batty Tuke.

must take place of officials must be very objectionable, and injurious to the inmates, and in some instances *they* have been commented on by the Commissioners.

The Suffolk Asylum has not grown up into unmanageable magnitude: and throughout the whole period of your Superintendent's *senior* life, it has retained its domestic character and its individuality. The changes of attendants have been very few indeed. Some of the best female attendants have left to be married: we would gladly have retained their services, but it was no use to forbid the banns, the "irresistible impulse" was too powerful. Some of them live in the village, and they still take an interest in all the affairs of the House. The late House Steward has been superannuated, after twenty-five years of faithful service, five years beyond the statutory period allowed for retirement.

There has been a great deal of work done, and the Patients have as hitherto been profitably employed throughout the year. By working the new boiler in the new engine house, a saving has been exactly calculated of sixty tons of coals a year. By the new steam boiler in the cookery there has been a saving of half-a-ton of coals a week, or about twenty-five tons a year. New posts and rails, iron and wire, have been put up in the drying ground, increasing the length of accommodation for the linen by 150 yards. The tramway has been lengthened to the extent of forty yards: this was very heavy work for the men, but they did it cheerfully and well. The pig-yards have been fresh drained and paved. Two out-door water-closets have been made, a new cart-lodge with potatoe house, and other alterations and improvements, which the patients themselves have been well able to execute.

Every yearly close gives us a longer retrospect, and a shorter future for all work. Looking back down the longer vista, we cannot help seeing the relative importance of some efforts and events compared with others. Some seemed

great at the time, but have borne less fruit; others have evidently been pregnant with after results. Very much has been done by insane people for years, in the improvements for the patients, and safety of this House, as represented only by bricks and mortar: it seems a continuous process that more or less has been going on; patching up an *old* structure, developing somewhat newer forms, but never being able exactly to metamorphose an old House into a new one. Yet by this may be seen, how much *curative* occupation has been exercised, and by how *many* workers a saving in the long run has been effected for the rate-payers. Many good results of all sorts, difficult minutely to describe, would make no mean calculation on the lowest economical ground. It must be acknowledged that *one step was taken*, in your Superintendent's earlier years, *which can never be retraced*: and when all the present officers shall have passed away, and their names even be well nigh forgotten, proofs will still remain of the mild and indulgent system of non-coercion, adopted by the Superintendent, and the Committee of old, under which the Asylum at first began to flourish.

There is a sadness in reflecting on any human course drawing to a close. There is some melancholy tinge, difficult to qualify, about the recollections of long, useful, and happy years spent in co-operation for the good of a class of mysterious sufferers who had been too long neglected. And as your Superintendent sees "the dim twilight of declining years" draw on, and the shadows lengthen, it will be with an abiding sense of a life spent in the sole desire for the welfare of this House, kept up as it has been by a body of sympathetic and *large-minded gentlemen*, who have ever supported him under *his* responsibility with the power of their own. The more and more immediate prospect of committing so anxious a charge to younger hands, raises those feelings of solicitude about it, which he cannot without a pang trust himself to think about. To the Com-

mittee, he would express his grateful thanks for their ceaseless support; to the sub-officers and attendants his acknowledgement of their valued services; and when he has the gates of this *old* House closed against him, he would trust faithfully that *the* One which opens shall be of *the* House not made with hands.

After *forty-five* years of, I trust, faithful service, I beg leave, Gentlemen, respectfully to tender to you my resignation to-day.

Dec. 31, 1875.

JOHN KIRKMAN, M.D.

TABLE I.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, during the year 1875.

	Male.	Female.	Total.
In the Asylum January 1st, 1875 -	165	250	415
Admitted for the first time during the year	35	44	79
Re-admitted during the year - -	23	27	50
	58	71	129
Total under care dur- ing the year - - - -	223	321	544
Discharged or removed—			
Recovered - -	28	39	67
Relieved - -		4	4
Not improved - -	1	0	1
Died - - - -	16	30	46
Total discharged and died during the year - - - -	45	73	118
Remaining in the Asylum, 31st De- cember, 1875, (inclusive of absent on trial—males and females) -	178	248	426
Average numbers resident during the year - - - -	175	251	426

TABLE II.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, from the opening of the Asylum to the present date, December 31, 1875.

	Male.	Female.	Total.
Persons admitted during the period of 47 years - - - - -	1811	2153	3964
Re-admissions - - - - -	213	282	495
Total of cases admitted - - - - -	2024	2435	4459
Discharged or removed—			
	Male	Female.	Total.
Recovered - - - - -	832	1164	1996
Relieved - - - - -	190	217	407
Not improved - - - - -	22	22	44
Died - - - - -	802	784	1586
Total discharged and died during the 47 years -	1846	2187	4033
Remaining, 31st December, 1875 -	178	248	426
Average numbers resident during the 47 years - - - - -	119	149	268

TABLE III.—Showing the Causes of DEATH during the year 1875.

Causes of Death.	Male.	Fem.	Total
CEREBRAL OR SPINAL DISEASE :			
Apoplexy and Paralysis - - - - -	3	7	10
Epilepsy and Convulsions - - - - -	1	5	6
General Paralysis - - - - -	4		4
Maniacal or melancholic exhaustion -	2	5	7
Tetanus - - - - -			
THORACIC DISEASE :			
Pneumonia - - - - -			
Phthisis Pulmonalis - - - - -	1		1
Heart Disease - - - - -		1	1
Strumous inflammation and Abscess -			
ABDOMINAL DISEASE :			
Dysentery and Diarrhœa - - - - -		3	3
Bright's disease - - - - -			
Paralytic dilatation of bowel - - -			
Compound ovarian cysts - - - - -			
OTHER CAUSES :			
Exhaustion from fractured thigh - -			
Exhaustion from fractured leg - - -			
Senile decay - - - - -	5	9	14
Dying when admitted - - - - -			
TOTAL - - -	16	30	46

TABLE IV.—Showing the Length of Residence in those Discharged RECOVERED and RELIEVED, and in those who have DIED during the year 1875.

Length of Residence.	Recovered and Relieved.			Died.		
	Male.	Fem.	Total	Male.	Fem.	Total
Under 1 month - - -	1		1	3	3	6
From 1 to 3 months -	3	1	4		2	2
" 3 " 6 " - - -	5	15	20	2	4	6
" 6 " 9 " - - -	8	5	13	1	2	3
" 9 " 12 " - - -	4	6	10	1	5	6
" 1 " 2 years - - -	5	11	16	2	3	5
" 2 " 3 " - - -	3	2	5	1	2	3
" 3 " 5 " - - -		2	2	2	1	3
" 5 " 7 " - - -		1	1	1		1
" 7 " 10 " - - -				1	2	3
" 10 " 12 " - - -					1	1
" 12 " 15 " - - -					4	4
" 15 " 20 " - - -				1	1	2
" 20 " 30 " - - -						
" 30 " 40 " - - -				1		1
TOTAL - - -	29	43	72	16	30	46

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

YEARS.	Admitted.			Discharged.						
				Recovered.			Relieved.			Not Improved.
	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.
From the opening of the Asylum to 31st Dec. 1868	1660	1936	3596	691	908	1599	154	181	335	17
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
1874 - - - -	56	72	128	21	35	56	23	12	35	
1875 - - - -	58	71	129	28	39	67		4	4	1
TOTALS (47 years) and Averages -	2024	2435	4459	832	1164	1996	190	217	407	22

TABLE VI.—Showing the History of the ANNUAL ADMISSIONS since the opening of the Asylum, and the number of each Year remaining in the Asylum.

YEAR.	Admitted.					Of each Year's Admissions Discharged and Remaining in the Asylum.								
	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														
1868 -	1528	1783	132	153	3596									
1869 -	44	58	1	4	107									
1870 -	45	65	5	6	121			1	1					
1871 -	39	52	17	25	133			2	2		1	1		
1872 -	31	47	15	26	119						1	1		
1873 -	39	53	14	20	126	4	3	7						
1874 -	50	51	6	21	128	13	16	29			2	2		
1875 -	35	44	23	27	129	11	17	28					1	1
TOTAL.	1811	2153	213	282	4459	28	39	67			4	4	1	1

SUMMARY of the Total

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
620	590	1210	4474	5473	9927	4354	5337	9691	41	47	44	14	11	12.5
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
30	28	58	165	250	415	178	251	429	37	48	42.5	16	11	13.5
16	30	46	178	248	426	175	251	426	48	55	51.5	9	12	10.5
802	784	1586				5582	7035	12617						

ag of the Asylum, with the DISCHARGES and DEATHS, and the Numbers of the 31st December, 1875.

1875.	Total Discharged and Died of each Year's Admissions.												Remaining of each Year's Admissions 31st December.			
d.	Recovered.			Relieved.			Not Improved.			Died.						
	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males	Fem.	Total.
8	11	715	958	1673	168	188	356	17	22	39	684	655	1339	76	113	189
	1	11	28	39	2	7	9				25	21	46	7	6	13
		23	33	56	5	1	6	1	1		13	27	40	8	10	18
1	2	16	41	57	1	4	5	2	2		22	16	38	15	16	31
1	2	15	31	46	3	7	10				17	16	33	11	19	30
2	5	23	28	51	6	7	13	1	1		16	22	38	7	16	23
9	10	18	28	46	5	3	8				19	18	37	14	23	37
9	15	11	17	28				1	1		6	9	15	40	45	85
0	46	832	1164	1996	190	217	407	22	22	44	802	784	1586	178	248	426

s.	Males.	Females.	Mean of both Sexes.
-	41.11	47.80	44.65
-	9.39	8.91	9.14
-	1.09	0.90	0.98
-	39.62	32.20	35.68
-	8.79	10.19	9.55
	100.00	100.00	100.00

DIEET TABLE, December 31, 1875.

DAYS OF THE WEEK.	BREAKFAST.				DINNER.								SUPPER.																						
	Males.		Females.		Males.				Females.				Males.			Females.																			
	oz.	pt.	oz.	pt.	oz.	pt.	lb.	pt.	oz.	pt.	lb.	pt.	oz.	pt.	oz.	pt.	oz.	pt.																	
Sunday	Bread	7	1½	Bread	7	1½	1	Soup	1½	Cooked Meat	5	Bread	6	1½	1	8	3¼	1½	3¼	7	3¼	1½	1½	1½											
Monday	Gruel	7	1½	Gruel	7	1½	3¼	Cooked Meat	5	Bread	6	Vegetables	6	1½	1	8	3¼	1½	3¼	7	3¼	1½	1½	1½											
Tuesday	Bread	7	1½	Bread	7	1½	3¼	Suet Pudding	1	Vegetables	5	Beer	6	1½	1	8	3¼	1½	3¼	7	3¼	1½	1½	1½											
Wednesday	Gruel	7	1½	Gruel	7	1½	3¼	Soup	1½	Cooked Meat	5	Bread	6	1½	1	8	3¼	1½	3¼	7	3¼	1½	1½	1½											
Thursday	Bread	7	1½	Bread	7	1½	3¼	Suet Pudding	1	Vegetables	3	Beer	6	1½	1	8	3¼	1½	3¼	7	3¼	1½	1½	1½											
Friday	Gruel	7	1½	Gruel	7	1½	3¼	Cooked Meat	3	Bread	6	Vegetables	6	1½	1	8	3¼	1½	3¼	7	3¼	1½	1½	1½											
Saturday	Bread	7	1½	Bread	7	1½	3¼	Soup	1½	Cooked Meat	3	Bread	6	1½	1	8	3¼	1½	3¼	7	3¼	1½	1½	1½											
Total.....		49	10½		42	7	30		42		3		3		26		36		2		21		1		2	56	2¼	6	21¼	3	49	2¼	6	11½	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.