ART. XV.—*Statistical Report of the Richmond Lunatic Asylum.* By JOHN MOLLAN, M. D., Physician Extraordinary to the Asylum ; and one of the Physicians of the Whitworth Hospital, Drumcondra.

[Read at the Evening Meeting of the College of Physicians at the College Hall, March 26th, 1838.]

BEFORE the erection of the Richmond Lunatic Asylum, which was completed in the year 1814, the only receptacle for pauper lunatics in this city, with the exception of a portion of Swift's Hospital, was the House of Industry ; but the part of this establishment at that time appropriated to the insane was so limited in extent, and so defective in arrangement, and the patients were so numerous, and so much crowded together, as to preclude the adoption of any systematic plan for their moral or medical treatment. A representation of these circumstances having been made to the Government by my respected colleague Doctor Jackson, who has ever been the strenuous advocate for the kind treatment of the insane, and for attention to their comforts ; the formation of an asylum was determined on, unconnected with the House of Industry. Before the commencement of the building, much care was bestowed on acquiring information as to the best arrangements of such establishments ; and it was planned not simply for the safe-keeping of the insane, but with a view to their rational treatment and cure, and it was the first institution of the kind in this country constructed for the classification of the patients according to their several states of disease.

For many years after its opening, patients were admitted into the Richmond Asylum from all parts of Ireland ; but since the year 1830, when the various District Asylums were completed, it has been appropriated to a certain district, which embraces the city and county of Dublin, the counties of Meath, Louth, and Wicklow, and the town of Drogheda. A residence of

twelve months within the district is necessary to entitle a patient to be received, and none are admitted without a medical certificate of insanity, and an affidavit on the part of the nearest relative, that the individual is a pauper, by which is understood, not being possessed of sufficient means to pay for maintenance in a private asylum. A few persons have been occasionally admitted, who contributed small sums to the funds of the institution; but the number of such cases at one time in the house, has rarely amounted to eight; and it is right to state, that they are treated in every respect like the general class of patients.

Cases of a manifestly incurable character are not admissible, but this rule can never be strictly enforced. Persons subject to epilepsy are excluded by the same regulation, but they sometimes get admission from the existence of the disease being concealed.

The plan of the building admits the formation of five classes for each sex, and a separate airing ground is appropriated to each division. An important addition has lately been made of a large piece of ground, and including the gardens originally attached, there are now nearly twenty English acres belonging to the asylum.

The house was planned originally for the reception of 236 patients, but by alterations subsequently made, 288 can now be admitted; and yet, owing to the accumulation of incurable cases during a series of years, the accommodation is found to be inadequate to meet the wants of the district, and the asylum labours under the disadvantage of not being at all times able to receive patients immediately on their being attacked, a circumstance which has an important effect on the result of treatment. I am happy to add, however, that this defect is likely soon to be removed, as Government has sanctioned the addition to the building of accommodation for 100 patients.

My Report embraces a period of five years, commencing January, 1833, and ending December, 1837; and I purpose

confining my observations to the patients admitted during this time.

The population of the district, according to the census of 1831, amounted to 803,396, and each county being charged with the expense of the patients received from it, I am enabled to compare the numbers with the population of each division respectively.

Admitted from	Population.	Number of Patients.	
		Males.	Females.
City of Dublin	204,155	167	128
(Within the ancient boundaries.)			
County of Dublin	176,012	68	80
County Meath	176,826	40	25
County Wicklow	121,557	25	23
County Louth	107,481	27	19
Town of Drogheda	17,365	4	2
Total, 331			277

The large number of patients admitted from the city and county of Dublin, as compared with the other divisions, shews the much greater prevalence of the causes of insanity in cities and thickly populated neighbourhoods, than in the rural parts of the district. The town of Drogheda is rather an exception to this rule.

The medical certificate required with each patient contains a query as to the probable cause of the disease, where such could be assigned ; and from this source I have arranged the following table of causes :

	M.	F.		M.	F.
Intemperance and abuse of ardent spirits.	74	12	Grief from death of rela- tives	11	18
Pecuniary losses and re- verses of fortune	35	20	After fever	10	8
External injuries from falls, wounds, &c.	18	4	cholera	1	1
Destitution and want of employment	13	10	influenza	1	
Domestic disagreements and bad treatment by relatives	9	10	scarlatina		1
Love and disappointed af- fections	5	18	erysipelas		1
Jealousy	10	10	Apoplexy	2	
Seduction		1	Dread of cholera		1
Religion	10	18	Abuse of mercury	10	2
Pride	1	1	Fright	4	26
Excessive fondness for music	1		Hereditary predisposition	8	5
			Close confinement and study	7	
			Political excitement	1	
			Puerperal state		22
			Violation of the person		3
			Change of life consequent on marriage		1

This table shews a greater proportion of physical causes amongst men, and of moral causes amongst women, not exclusive of those peculiar to the latter sex. Besides the large number of cases attributed to intemperance, I have no doubt that the same cause operated remotely in many others, by leading to those circumstances from which the disease was supposed more immediately to proceed. Of the cases denominated religious, I believe but a very small number could fairly be attributed to religion as a cause; religious enthusiasm and religious despondency, though often mistaken for the causes, are much more frequently the consequences of insanity. The puerperal cases occurred either during pregnancy or very soon after delivery; in some few of them, other causes may have been combined with the puerperal state, such as fright and family disagreements. One woman who was attacked immediately after the birth of

her first child, had been insane before marriage. In addition to those cases stated as hereditary, wherein this was the only cause assigned, nineteen others were noted, one or other of whose parents had been insane ; and in forty-four more, insanity had shewn itself in collateral blood relations. Amongst the cases for which no satisfactory cause was assigned in their certificates were two young females, aged sixteen years, in whom the catamenia first appeared after being admitted into the asylum, and they speedily recovered on the establishment of this discharge. One was readmitted at the end of eight months, and the other after an interval of more than three years, both being affected with suspension of the catamenia. Suitable means being employed for the restoration of this evacuation, every symptom of insanity soon disappeared. In many other cases, irregularities of the menstrual function existed ; in some, perhaps, the consequences, in others, very probably, the cause of their insanity ; but in none was the connexion of the two affections so strikingly exhibited as in the two first mentioned.

Before quitting this part of my subject, I wish earnestly to invite the attention of gentlemen who may be called on to sign certificates of insanity, to the advantages of accuracy in filling up answers to the queries contained in them, as the medical officers of the asylum have frequently occasion to regret the want of correct information as to the history of cases.

The occupation or condition in life of each patient is shewn in the table following.

MALES.		FEMALES.	
Clergymen	3	Governesses	4
Apothecaries	2	Schoolmistresses	3
Attorneys	1	Shopkeepers and small	
Traders and shopkeepers .	23	traders	22
Schoolmasters	5	Dressmakers and other	
Mercantile and law clerks	27	female trades	45
Artisans and tradesmen .	132	Domestic servants	69

MALES.		FEMALES.	
Servants	32	Washerwomen	5
Farmers	11	Wives or daughters of	
Soldiers and pensioners .	9	tradesmen	53
Sailors	9	Do. of professional men	5
Police and revenue officers	6	Do. of farmers	11
Labourers	60	Do. of labourers	41
Mendicant	1	Do. of clerks or stewards	9
Unknown	10	Mendicant	1
		Midwife	1
		Prostitutes	3
		Unknown	5

The class of labourers, the lowest in the social scale, though numerically greater than all the others, does not furnish a fourth of these cases. As we ascend in society, mental cultivation is greater, more means of vicious indulgence exist, and greater liability to the vicissitudes of fortune ; and we also find a greater proportional number of cases of insanity ; not, indeed, in a regularly progressive ratio, but speaking generally, in the middle and upper classes of society, insanity is more common than in the lowest.

In my inquiries respecting the condition in life of the females, I was surprized to find so small a number of prostitutes, as the contrary might be expected, on considering the excesses to which they are addicted, and the moral and physical evils to which they are exposed. Only three have been admitted within the last five years ; and I learn that the average number in former periods was not greater. It is right to anticipate an objection that may be made, by stating, that women of this class, when proper subjects for the asylum, find as ready admission as any others. I should not have alluded to this circumstance, but that it is at variance with reports of lunatic asylums elsewhere, particularly in Paris. It has been stated by Esquirol, that at the Salpêtrière, the great hospital for insane females, one-twentieth of

the whole number had been prostitutes. And Parent Duchatelet, in his extraordinary work on prostitution in the city of Paris, states that 105 cases of insanity had occurred amongst prostitutes in the course of five years. Why women of this description in Dublin should be more exempt, I can assign no satisfactory reason. The peculiar manners and habits of the same class in the French capital, as described by Parent Duchatelet, will probably account, in some degree, for their greater liability.

Of the men, 126 were married, twelve were widowers, and 134 were unmarried. Ninety-eight of the females were married, twenty were widows, and 115 were unmarried. The state of the remainder was not ascertained, as the query on this subject was not contained in the certificates at the commencement of the period embraced in this Report. An account being kept of the religion of the patients; of the 608 under consideration, 146 were Protestants, and 462 Roman Catholics, being in the proportion of one of the former in every $4\frac{1}{6}$; which is greater than that of the respective numbers in the population at large, wherein, according to the census, Protestants constitute one in every $5\frac{1}{4}$. But as all classes are included in this calculation, a fairer comparison would be of the patients in the asylum with the admissions into a general hospital indiscriminately open to the lower classes. I have, accordingly, procured returns from two of the hospitals connected with the House of Industry, of the patients admitted in one year, and I find the Protestants to have been one in every seven. I am, therefore, warranted in saying, that relatively to the respective numbers in the population, there are more insane Protestants than Catholics. This difference I conceive to have very little connexion with religious belief, but is mainly, if not entirely attributable to the fact, that the great disparity in the numbers of Protestants and Catholics in this country exists in the lowest classes of society, and that in ascending the scale, the numbers approximate; and as it has already been stated, insanity is least prevalent in the lowest

classes. It is not meant by these observations altogether to exclude religion as a cause of insanity; and perhaps cases of a purely religious origin may be more common amongst Protestants, than Catholics; they are, however, only of rare occurrence.

TABLE OF AGES.

	Under 20 years.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	Above 70.
Males . .	17	85	106	75	29	16	3
Females .	20	85	86	42	28	10	6
Total . .	37	170	192	117	57	26	9

487 were admitted in the first attack, seventy-eight in the second, twenty-four in the third, fourteen in the fourth, four in the fifth, and one in the sixth attack of insanity.

The duration of the disease before admission is shewn in the next table.

ADMITTED IN THE MONTH.										IN THE YEAR.					
	1st.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th.	9th.	10th to 12th.	2nd.	3rd.	4th.	5th.	6th.
Males.	78	69	33	30	26	10	17	5	7	9	17	15	12	3	6
Fem.	50	47	32	28	12	7	13	5	4	12	24	17	9	6	11
Total.	128	116	65	58	32	17	30	10	11	21	41	32	21	9	17

It has sometimes occurred that a delay in the admission arose from the want of sufficient accommodation in the asylum; much more frequently, however, from neglect of timely application. The friends of patients often dislike their being placed in an asylum so long as they are manageable at home, and in consequence, that period of the disease is too frequently allowed to pass over when proper medical treatment is most likely to be efficacious. The long continuance of the disease in a great many cases precluded the hope of much benefit being derived from a residence in the asylum beyond that of safe-keeping. This circumstance, as well as the advanced age of many patients

should be taken into account in estimating the results of treatment as shewn underneath.

DISMISSED.					
	Recovered.	Relieved.	Unrelieved.	Died.	Remaining.
Males . .	150	29	10	57	85
Females .	116	44	3	31	83
Total . .	266	73	13	88	168

From the recoveries, forty-two must be deducted on account of re-admissions in consequence of relapses ; thus reducing the number of permanent recoveries to 224, so far as the event is known. But on the other hand, credit is to be taken for at least one-half of those discharged as relieved, who are known ultimately to have recovered ; the removal of a patient from the asylum who is tranquil and easily managed, having often a salutary effect. Again, of those remaining, a very considerable number are likely to recover, which circumstance must be considered in forming any calculation of the curability of the disease.

The length of residence in the asylum of the cases of recovery was as follows :

MONTHS.																											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	22	26	28	34	41				
53	51	30	22	19	13	16	19	7	7	4	4	2	4	2	4	1	1	2	1	1	1	1	1				

As it is not my purpose in my present communication to
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enter upon the pathology of insanity, the following table is merely intended to shew the probable causes of death, not to exhibit a view of all the morbid changes in the different organs. Post mortem examinations were made in a great number of cases, but we had sometimes to regret that the interference of friends prevented these researches. In such cases of paralysis as were examined, chronic arachnitis was invariably found, with more or less serous effusion, and hyperemia of the substance of the brain. The large proportion of deaths from head affections in males, is confirmatory of what has already been stated of the greater prevalence of physical causes of insanity in them than in females, and also explains the greater mortality. All the other diseases are such as might be met with amongst the same number of individuals under different circumstances.

Died in consequence of

	M.	F.		M.	F.
Inflammation of brain or its membranes	11	1	Chronic enteritis	3	3
Ramollissement of brain . .	1		Chronic peritonitis	1	1
Chronic hydrocephalus . .	1		Mesenteric disease		1
Paralysis	9	1	Diarrhoea	2	2
Apoplexy	3		Fever	4	2
Epilepsy	3	2	Cholera	1	
Phthisis	7	7	Erysipelas	1	
Bronchitis	2		Psoas abscess		1
Pneumonia	1	1	Gangrenous ulcers	2	1
Organic disease of heart . .	1		Abscess of kidney	1	
			Old age and general de- bility	5	6

I subjoin the ages at which death occurred in the fatal cases, as bearing upon the question of the tendency of insanity to shorten the duration of life, which is generally considered in effecting life insurances.

Died

Between 20 and 25 years.	25 and 30	30 and 35	35 and 40	40 and 45	45 and 50	50 and 55	55 and 60	60 and 65	65 and 70	70 and 75	85
3	9	11	14	10	9	7	7	9	3	5	1

The important subject of the medical treatment of insanity does not come within the scope of this paper, but as connected with statistics, and being at the same time a very material part of the treatment, I have yet a few observations to make on the occupations provided for the patients.

The advantages of laborious employment in the treatment of insanity have long been known, but its systematic adoption in public asylums is of recent date. I have already mentioned the extent of ground attached to the asylum ; the part of this lately acquired, is now being converted into a market garden for the growth of vegetables for sale. An average number of sixty men are constantly employed in the cultivation of the grounds ; and although entrusted with the use of spades, shovels, and other implements, no serious accidents have ever occurred. They are of course at all times under proper superintendence. About fifteen men find employment in various trades, as weavers, tailors, shoemakers, and carpenters. A few are occasionally engaged in breaking stones, and making mats, others in the performance of various domestic offices in the house. The female occupations consist of spinning, knitting, and the various branches of needle-work, and they assist in washing, and in all the offices of house-maids. All the clothing for both males and females is made up by the patients, with the exception of hats and shoes. During the last year, 2088 yards of linen and calico were woven in the establishment, the yarn for the linen having been spun by the females, and 524 pairs of stockings were made by them. Small rewards are generally given for the articles manufactured, which here as elsewhere operate powerfully as a stimulus to exertion. Of the advantages of this

system of employment, I can speak in very decided terms; persons who, when unemployed, are noisy, violent in their demeanor, quarrelsome, and discontented, very generally become, under the influence of suitable occupation, tranquil, orderly, and easily managed; and to its salutary effects I mainly attribute the recovery of numerous cases, some of which were at first most unpromising. Difficulties will no doubt occur in its individual application, requiring perseverance and address, and of course, it is not suitable to every case, nor to every stage of the disease; but I can confidently say, that at least eight out of every ten lunatics will be found in a fit state for some useful pursuit; and it is often a subject of regret that our means of employment are inadequate. The advantages, in an economical point of view, of employing the patients in a pauper establishment, are so obvious as to require no comment.

I shall give a brief sketch of a few cases in illustration of these observations. A farmer about twenty-seven years of age was admitted into the asylum, after having been nearly four years in a state of dementia, in consequence, as was reported, of the improper use of mercury. He was listless and taciturn, and would only reply to questions about himself, by telling his name and place of abode; his general health was unimpaired, and his appetite was good, but before commencing his meals he always required the assurance of some of the attendants that the food was good, and proper for him to eat. At first, he refused to engage in any occupation, but being otherwise amenable, and shewing no vicious propensity, a wheel-barrow was placed before him, and a man at either side took him each by a hand, and fixing them on the handles of the barrow, he was gently urged to the use of it; finding this plan persevered in, he soon consented to work by himself; and afterwards taking to the use of the spade he proved himself an excellent workman. In a short time an improvement was apparent in his mental state, he became gradually more intelligent and communicative; his recovery proceeded without interruption, and

he was discharged quite well after a residence of eleven months in the asylum.—A tailor, aged thirty-six years, was admitted in a state of melancholy of six months' duration; he was remarkably timid and reserved, and when questioned about himself he seemed disposed to give the required information, but his sentences were always unfinished from failure of memory, and want of words to express himself; his general health was impaired, and his appetite poor. After having been for some time under medical treatment, it was determined to try if he could be induced to work at his business, another tailor being constantly employed in the same division with him. Some difficulty occurred in persuading him to make the effort; but by encouraging language, and holding out the hope to him that he should be enlarged as soon as he shewed that he was able to resume his trade, he was led to begin. At first his progress was slow, and frequently interrupted by fits of abstraction; but he gradually became more collected, and capable of longer continued application, and by steady perseverance in this course he recovered perfectly, and was discharged nine months after his admission.—A man, aged twenty-eight, who had served for some years in the East India Company's Artillery, was invalided in the island of St. Helena, and discharged as unfit for service in consequence of insanity, which had commenced with delirium tremens. He was admitted into the asylum about twelve months after being first attacked, when he was incapable of giving any correct account of himself; he was melancholic, and in general silent; when he did speak, his conversation was an incoherent jumble of the recollection of past events; his general health was a good deal impaired. For nearly three months after his admission there was very little change in his situation, he then began to shew more intelligence, and to take more notice of what was passing around him. It was discovered that he had been accustomed to the care of horses, and was fond of them; advantage was taken of this circumstance, and he was employed about the manager's horse, which in a short time was

entrusted entirely to his care. From this period he steadily improved, and his recovery was complete in twelve months from the time of his admission. After being discharged as a patient, this man was employed as a keeper in the asylum; the duties of which situation he has now performed in a very satisfactory manner for the last two years. I may here mention, that one of the best nurses at present in the establishment is a woman who first entered it as a patient many years ago, and was then in a state of violent excitement.

The example of others employed around them greatly assists in overcoming the disinclination to every kind of exertion which many patients evince; and although the results of employment will not be always as satisfactory as in the examples I have adduced, still in every case more or less advantage will be derived from it. The general health is promoted, discipline is maintained, and active exertion in the open air is found more advantageous in producing quiet sleep than opiates. Many of our most industrious patients are persons whose cases are likely to prove incurable, but who are made as happy as their several states admit of; some, by their labours, are fully requiting, others materially lessening the expense of their maintenance to the public.

A Protestant and a Roman Catholic chaplain are attached to the institution, and thus, every inmate capable of benefiting by religious consolation has the means provided of doing so. No unnecessary coercion is ever employed, and every patient is allowed as much liberty as is compatible with his own safety and that of others, and it rarely happens that the number of those under personal restraint amounts to two in 100. Distinguished physicians from various quarters, who have visited the asylum, have expressed unqualified approbation of the extreme degree of cleanliness and order apparent in it, which are indeed such as reflect the greatest credit on Mr. and Mrs. Wrigley, the manager and matron; and I have great pleasure in bearing my testimony to their unceasing exertions in promoting the comfort and well-being of the patients in every particular.

I cannot conclude this Report without congratulating my friend Doctor Jackson on the present state of the institution; having suggested its origin, and assisted in planning it, and having been the chief medical attendant since its opening, he has now the pleasure of seeing it attain such a degree of perfection as admits of a comparison with any similar establishment to be found elsewhere.

To the Board of Governors it must be a subject of sincere gratification to see their kind intentions fully carried into effect in the treatment of a class of individuals deserving of sympathy above all others who are the objects of public charities. The consciousness of well directed exertions in the cause of benevolence, and the gratitude and esteem of their fellow-citizens, are their sole reward.

APPENDIX.

In the following tables, a general view is given of the total number of lunatics confined in district asylums, and also in the various other places for their reception, public and private. I have taken the numbers chiefly from the annual Report made to the House of Commons, by the Inspectors General of Prisons and Lunatic Asylums, the latest published being up to January 1st, 1837.

DISTRICT ASYLUMS.

Site.	Extent of District.	Population of District.	No. in each.
Armagh	Armagh. Cavan. Monaghan.	793,336	115
Limerick	Limerick. Clare. Kerry.	836,803	290

Site.	Extent of District.	Population of District.	No. in each.
Eelfast	Down. Antrim.	677,627	167
Londonderry	Londonderry. Donegal. Tyrone.	815,629	180
Maryborough	Queen's Co. King's Co. Westmeath. Longford.	539,506	131
Carlow	Carlow. Kilkenny. Wexford.	566,811	129
Ballinasloe	Kildare. Galway. Mayo. Leitrim. Roscommon. Sligo.	1,343,914	145
Clonmel	Tipperary.	402,563	83
Waterford	Waterford, City and Co.	177,054	86
Dublin	Dublin, City and County. Meath. Louth. Wicklow.	803,396	284

Of the patients in the District Asylums there are

Idiotic,	136
Epileptic,	68
Reputed curable cases,	525
Incurable,	881
Total,	<u>1610</u>

In consequence of the crowded state of many of the asylums, there are at all times outstanding applications for the admission of patients, the number of which may be estimated at about 120.

Number of Lunatics confined, but not in District Asylums.

Site.	Denomination.	No. in each.
Dublin	House of Industry.	474
	Swift's Hospital.	148
Cork	House of Industry.	368
Clare	Infirmary.	7
Lifford	Local Asylum.	14
Kilkenny	County Asylum.	30
Limerick	House of Industry.	65
Londonderry	Infirmary.	10
Clonmel	House of Industry.	23
Waterford	House of Industry.	48
Wexford	House of Industry.	30
Various counties	Gaols.	79
	Private Asylums.	223
	Total, . . .	1519

Of these cases there are

Idiots	392
Epileptics	211
Reputed curable	254
„ incurable	662

The lunatic department of the House of Industry, Dublin, is appropriated to the reception of incurable lunatics and idiots; into this as well as into Swift's Hospital, patients are admissible from all parts of Ireland. The Cork Asylum, though not classed with the district ones, having been established previous to them, is appropriated to the county and city of Cork, the population of which amounts to 810,732. The lunatics confined in gaols are either criminals preparatory to trial, or are so placed before removal to the district asylums. Their presence in the gaols is found to be attended with so much inconvenience, that a remedy is about to be applied by parliamentary enactment.

Of the patients in Swift's Hospital, ninety-five are of the

pauper class, and supported by the funds of the charity, the others are boarders, who pay for their maintenance. In all the other places of confinement, except the private asylums, the patients are supported at the public expense.

ART. XVI.—*Some Observations on the Diagnosis of Cyanche Trachealis and Laryngitis.* By TRAVERS R. BLACKLEY, A.B., M. R. I. A., Member of the Royal College of Surgeons in Ireland; and Medical Superintendent of the Hospital for Children, Portobello.

As the value of any particular form of treatment in disease depends mainly, if not entirely, on the accuracy of the diagnosis which we form, and as many diseases, essentially different in their nature, are represented for the most part by the same train of symptoms, we cannot be too careful in arriving at correct conclusions respecting them; but if this is sometimes found difficult in affections of parts even at a *distance* from each other, how much more complicated may the case become when the *same* part is affected by either of two different diseases, each attended by nearly the same symptoms, but requiring, it may be, a very opposite line of treatment. To this may be added another source of embarrassment, namely, when the *age* of the patient seems to predispose powerfully to the one form of disease, and to exempt it in all probability from the other. There are perhaps few cases in which these observations apply more forcibly than in the “laryngitis of children,” the symptoms of which disease, together with the age of the patient, combine in no slight degree to deceive even the most attentive practitioner, and to impress upon him the belief, that the affection is indisputably one of croup, or cyanche trachealis.

Laryngitis is of three kinds, and although in their symptoms there exists a striking similarity, yet in their causes and pathology we shall remark the most essential differences. 1st. Laryngitis