

OBSERVATIONS AND SUGGESTIONS

ON THE

Management

OF

THE MARYBOROUGH DISTRICT

LUNATIC ASYLUM.

SUBMITTED TO THE CONSIDERATION OF THE GOVERNORS,

BY

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1833.

Houses of the Oireachtas

OPULVATION AND BOSTON

1838

STAMPEMENT

THE VERBOROUGH DISTRICT

UNIVERSITY ASYLUM

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1838

OBSERVATIONS &c.

INSANITY, whether we regard it in reference to society at large, or to the individual labouring under the disease, is a subject of great interest, extreme difficulty, and high importance. The influence which it exercises not merely on the unfortunate sufferer himself, but on both his family and friends, as regards their peace of mind and prosperity; the dangers in which it may involve the persons and property of those in no way connected with him; as well as the innumerable forms and gradations from harmless eccentricity to outrageous madness, or deliberate and cool determination to mischief, which it may assume; claim for it a degree of attention commensurate with the importance and difficulty of the subject.

The condition of the insane in these countries was, till within a period comparatively recent, such as had a strong tendency to render hopeless and confirm their disease. Regarded by their nearest relatives more as the dead than living, deprived of the attribute of reason, by which man is placed above all other creatures, rendering inferior animals and inanimate

matter subservient to his purposes, they were considered as reduced to the level of brutes, treated as such, and consigned to the dungeon and the lash. Little was attempted, by means of medical treatment towards their cure, and that little chiefly consisted in the empirical administration of what were regarded as universally applicable antimaniacal nostrums. The physical causes of deranged intellect were not submitted to the analytical scrutiny adopted in other diseases, and the patient was either left altogether to his fate, or submitted to the chance exhibition of remedies, perhaps as much calculated to injure as to improve him. The moral discipline, if such it could be called, had only the effect of extinguishing the last spark of expiring intelligence: no hope at this side of the grave being discoverable in the dim twilight of the enfeebled understanding.

Rapidly as the study and treatment of insanity has of late years advanced, a modification of the sentiments just alluded to has still to a considerable extent held possession of the public mind. I have frequently heard persons of sound judgment and well informed on other subjects express their opinion, that attention to the physical wants, and safe keeping of the insane, was all that could be regarded as desirable or advantageous, and that the resources of medical science were utterly unavailing to their treatment. The practice now universally adopted, and which in some institutions has been long in operation, of having all insane persons under the observation of a physician to watch the character and progress of the malady, to ascertain its connection with bodily

disease wherever situated, and direct his treatment to the source of the evil, has done much both towards multiplying the number of cures, and elucidating a subject of so much obscurity. In thus alluding to the subject of medical treatment, I do not by any means desire to undervalue the important and eminently beneficial effects resulting from well directed moral management, which must be regarded as indispensably essential to recovery. But I wish to combat what I have good reason to regard as a serious and growing evil in Ireland, the limited influence of the physician in the direction of the District Asylums.

This is attributed to a variety of causes, and in some measure, amongst others, to the manner in which the institutions are founded. The Lord Lieutenant appointing the governors, the physician, manager, and matron, the entire expense of the institution being at the same time defrayed by local taxation of the several counties of the district. If I may be allowed to draw general conclusions from an individual case. I will take our own institution as an example of the course that may have been pursued in other similar establishments. The three principal stipendiary officers having been appointed by the Lord Lieutenant, the manager is sent down to take charge of the building. The governors meet to undertake a most arduous and difficult duty, to arrange the whole establishment; determine the number of subordinate officers and servants, their pay, &c. and take such steps for the control and general management of the institution as they may

find necessary. They receive no instructions from the executive on these difficult subjects, but the manager of the institution being appointed by the government is regarded as the organ through which their sentiments are to be known, and his suggestions are generally adopted, perhaps to a certain extent in deference to the source from which his appointment emanated, and from an idea that he should be acquainted with the best plans in general operation. It, however appears to me, that it is the wish of the executive to leave to the local governors the entire control of the institution committed to their charge, with the exception of the appointment of three principal officers, else doubtless, instructions would be forwarded as to the course to be pursued. The governors of the institution can best understand any modifications which the pecuniary resources of their respective counties, the habits of the people likely to become inmates of the institution, the prices of labour, and of the various commodities required for the use of the establishment, or any other local circumstances may render necessary. The governors from the several counties are to be considered the representatives of these counties in the management of the institution, and to watch over the several interests, financial and otherwise. On them devolves the responsibility of the establishment as regards its economy, general management, and efficiency ; they are morally accountable to their respective counties for its expenditure and other details, no control appears to be exercised over them, they should therefore endeavour to place the institution on the

best possible footing, as it must be looked on as a monument of the prudence and intelligence of the period of its foundation, and a means by which strangers can, to a certain extent, judge of the capabilities of those in whose hands the administration of such establishments is placed. Another circumstance calculated to affect, to a certain extent, the position which the physician may hold in these institutions, is the opinion entertained by an individual whose official connexion with such establishments generally affords him an opportunity of exercising a certain degree of influence upon them. He has not hesitated to express his opinion, that the less physicians have to do with such institutions the better; this sentiment has obviously influenced his conduct in his official capacity, it has in my opinion already done much mischief, and is calculated to effect more. It is well known to the managers of the several asylums who, as may be supposed, are readily disposed to adopt and act upon it. The physician is, in some cases, represented as having nothing whatever to do with the institution, except to visit the sick* when called on, and the general treatment as far as regards the important subject of morals is usurped by men, who will not, I believe generally profess to have received an education as enlarged and comprehensive as that enjoyed by the medical profession. To such an indecorous extent is this principle occasionally carried, that I absolutely in one instance heard an uninformed woman, the matron of one of the

* By the term sick I here mean those labouring under casual illness.

District Asylums, which I visited, with the utmost gravity expound HER system for the treatment of insanity. I conscientiously believe that this sentiment has given a tone to the institutions of Ireland, which it will require considerable time and perseverance to remedy, and unless checked must ultimately affect the character of the country in regard to these establishments. I heard it severely animadverted upon at the other side of the channel, and the blighting influence which it is calculated to exercise on the welfare of our institutions, much lamented. Should no other means be found to remedy this evil, it should, and may, be made the subject of legislative inquiry. However competent the public officer to whom I allude may be, to judge of establishments *for the mere purposes of detention*, he should not venture beyond his depth, and become involved in a subject for which neither his education or pursuits have fitted him. He is not, I apprehend, sufficiently acquainted with medicine to enable him to arrive at so sweeping a conclusion.

I would ask how far is the manager of an Irish district asylum capable of judging of the connexions and dependency between the deranged mind and the disordered functions of the system, which can, in a large proportion of the cases, be traced by the physician? He may, and, I believe, in many cases, does feel the patient's pulse and look grave, he may misapply technical terms, of which he knows nothing, or he may be so far consistent as to despise the whole science of medicine too heartily to concede to it even this much of respect. I hold that men who have not

received a medical education, and carefully studied the subject of insanity, availing themselves of such works upon it as are attainable, are just as capable of treating a case of inflammation of the lungs, or any other ordinary disease, as a recent case of insanity. That long habit, and acquaintance with the insane, may confer upon them a degree of tact, in the management of lunatics, I will not deny; that experience, the result of daily intercourse, may enable them to adopt, under certain circumstances, measures which they had previously found attended with advantage, may be quite true; but the sphere of their operations, should, in my opinion, be confined to incurables, alone, and even with them subjected to the superintendence and direction of a physician: while a reasonable prospect of recovery remains, the patient should be under the *sole control* of the physician, both as regards, medical and moral treatment, regimen, &c. and it should be imperative on the manager and matron, as well as the subordinate attendants, to carry his directions into effect as fully and efficiently as possible. The physician should be the sole judge what cases he should select for treatment, how long he should retain them, when resume their treatment and what course should be pursued as to their occupations, and amusements.

The duty of the manager and matron, I conceive to be, to carry into effect the instructions of the physicians as regards the patients, to watch over their safe keeping, cleanliness, comforts, and employment, the latter being under the correction of the physician: to regulate the general economy of the institu-

tion, and control the servants ; but on no account to embarrass or obstruct the medical attendant in such measures as he may consider conducive to the recovery of the patients, and, above all things, strictly to follow up his instructions on the important subject of classification.

It may not be out of place here to introduce a few quotations from different authors, in reference to the subject of medical, and moral treatment, and the necessity which exists for both being placed under the direction of the physician. I make but few selections out of many ; they will, however, I hope, be sufficient to sustain the opinions which I advanced on this subject. Sir H. Hallford's (President of the College of Physicians, London) evidence, before the House of Commons in 1816, proceeds thus—"But we have much to learn on the subject of mental derangement ; and I am of opinion, that our knowledge of insanity has not kept pace with our knowledge of other distempers, from the habit we find established, of transferring patients, under this malady, as soon as it has declared itself, to the care of persons who too frequently limit their attention to the mere personal security of their patients, without attempting to assist them by the resources of medicine. We find facts in the history of this disease, and if they are carefully recorded, under the observation of enlightened physicians, no doubt they will sooner or later be collected in sufficient number to admit of safe and useful inductions."

What are the opinions expressed in the elaborate,

and valuable work of Dr. Burrowes ?*—at page 531 he states, “Even under these, and many other disadvantages, incontrovertible proofs have been adduced of how great a proportion recover. And were it not that when evidence militates against pre-conceived notions it is always pertinaciously rejected, we might have been convinced, years ago, that insanity was cured in a ratio equivalent, probably, to what is experienced in most disorders.” At page 532—“Irrefragable as the testimony uniformly is of the great success attending the treatment of insanity, yet I shall venture to declare my belief, that the utmost success, hitherto recorded, falls short of that which is attainable.” At page 581 he continues—“Presuming that no one will attempt the cure of a malady, attended with such difficulties as insanity, without a previous knowledge of pathology, and the practice of medicine, I shall proceed to comment on the different remedies recommended, interspersed with practical remarks on their application and effects.” At page 694 he expresses himself thus—“However admirable may be the tact and arrangements of the physician in providing and applying the moral means of restoring the insane to health, all is unavailing, unless he is judiciously seconded by able assistants.” And in reference to the intercourse between patients and their friends he gives, at page 700, this opinion—“A very nice and important question arises when seclusion of an insane person has been carried into effect; and that is, the nature, if any, of the intercourse with his

[* Burrowes' Commentaries on Insanity, London 1828.

friends which may be permitted. No rule can be laid down in this respect ; it must be left to the experience and discretion of the medical attendant. In some cases no mischief may arise from reasonable intercourse—others admit of it in a partial degree—in others the slightest of any kind is decidedly injurious.”

M. Georget, whose character, in reference to insanity, stands so high in France, is sufficiently precise on this subject. He conceives that “It is absolutely necessary, that a judicious arrangement of authority, and subordination be established in lunatic asylums, and that the physician be invested with a power superior to all with regard to every thing that concerns the patients.”

Thus conclude the Croonian Lectures, delivered by Dr. Seymour before the College of Physicians of London, in 1831—“I hope, little as I have been able to say upon these subjects, that it is enough to prove, that it is to the educated physician—to the man who is engaged in the constant discharge of the duties of his profession—that such cases should be made a subject of deep importance ; that all his experience should be brought to bear ; that all his faculties and observation should be concentrated in improving this portion of the medical art ; not by studying it exclusively, but in conjunction with the other diseases of the human body, and thus removing a great source of quackery and imposture. The educated physician is too often called upon to stand between the public and its prejudices : this must be done, not by deserting our colours, but by showing that, with every desire

to serve the public, neither rewards, nor honours, nor fleeting popularity, can make us lend our countenance even to innocent imposture; and that that independence, which is the distinguishing mark of an honourable profession, will support us through difficulties, and vindicate the integrity with which we practice that profession. If we carefully investigate disease, and neither resign that interesting, and useful study to artful, and designing persons, nor suffer ourselves to be overcome by the momentary prejudices of the world, all experience has shown that medical practitioners, so acting, have received, and will continue to receive, the respect and homage of society.”*

Sir A. Halliday, in his general view of Lunatic Asylums, records his sentiments in these words—“It can now be treated according to the known rules of practice—made amenable to the ordinary discipline of the apothecary’s shop—and is often more easily removed than less important diseases that have made a temporary lodgment in the human frame.”—page 4. “It would have been well for the unhappy maniac, had his confinement always been intrusted to a medical practitioner, where there was some character at stake, and might be some inducement to treat him well: but in this country, the law allows persons of all descriptions—men, and women too, whatever may be their ignorance or incapacity—to become the keepers of mad houses.” page 7.†

* Seymour on the Medical Treatment of Insanity. London, 1832.

† Sir A. Halliday’s General View of Lunatic Asylums. London, 1828.

Dr. Combe says, at page 332 of his work—"The same principles, in short, must regulate the treatment of affections of the brain as of every other part. The brain as a part of the animal frame, is subject to the ordinary laws by which the animal system is regulated, and the constant endeavour of the physician must be to apply the same principles to the study, and treatment of its pathological conditions, which he takes for guides on every other occasion ; and never to allow morbid action to go on in the brain unchecked, which occurring in a less important situation, he would at once proceed to obviate. Ignorance has led to inactivity, and it can scarcely be doubted that madness has often become incurable, only from not having been treated."

Broussais, in alluding to this, remarks with much justice, that manifold as have been the blessings resulting from the benevolent, and philosophical labours of Pinel in inculcating mildness, and humanity in the management of the insane, evil has in some degree arisen from his comparatively total neglect of active medical treatment ; as the weight of his well earned reputation went to enforce his faults, or opinions almost as much as his positive virtues. But indispensable as moral means are "they are preposterous," as is well observed by Dr. Ramsay, "as the sole, or even as the chief remedy of madness, where the cause is of a physical or corporal nature, as it very frequently is ; or, as it always is, according to the opinion of many learned and able physicians. In such cases a reliance on moral regimen were as absurd as a course of logic, for the

delirium of typhus fever, or that which follows a fracture and depression of the skull ; in every modification of insanity we continue to meet with a pressing demand for the aid of medicine in restoring the functions of the body, and mind to a natural and healthy state." This is the evidence of a practical man, and not of a theorist. And again at page 350, "The numerous publications which have lately appeared afford demonstrative evidence that the subject of a diseased mind, decidedly the highest of which medicine can treat, is at least attracting a degree of notice proportioned to its deep interest, and inherent importance ; and engaging in its cultivation men of higher talent, greater philanthropy, and more extensive acquirements, men in short more qualified to do justice to the investigation than have hitherto ventured upon this field of inquiry. But the inconsistency of mankind has ever been remarkable, and never was it more conspicuously displayed than in reference to this very subject."

Regarding the mental operations as at once the most elevated, and complicated which can become the objects of human inquiry, as those which confer dignity on man, and raise him preeminently superior to the brute creation by which he is surrounded, we have for many centuries considered the most profound and most comprehensive minds as alone equal to the task of analyzing the phenomena, and developing the philosophy of mind ; and tracing out the numerous applications of that philosophy to education, to morals, to legislation,

and to every other purpose of improvement to which the mind in health can be directed. But, by an unaccountable perversion of understanding, the moment that our natural difficulties are multiplied in number, and increased in force by the addition of disease, and that we stand more in need than ever of the soundest judgment, nicest discrimination, and most extensive acquaintance with sound philosophical principles to guide us in the intricate, but most interesting duty of ministering to the mind diseased, and attempting its restoration to health, and happiness; precisely at that point we consider the subject as of too low, and degrading a character to merit the notice of the educated, and intelligent, philosopher and physician, and as fit only to occupy the attention of the rude, and illiterate keeper, whose highest claims to our regard consist in his physical strength, firmness, courage, kindness of disposition, and common sense, without one particle of acquaintance, either professed or implied, with those philosophical views which the talented, and eminent men alluded to, the lights of their respective ages, have been elaborating for the last two thousand years! Never was a more biting satire penned than this simple fact. or one more instructive in the conclusions to which it leads us.”* Dr. Connolly’s work contains this passage, “But whoever aspires to any thing like certainty of diagnosis, or to an enlightened treatment of insanity, must at least make

* Combe on Mental Derangement, Edinburgh, 1831.

it no less the subject of careful study than disorder of any other part of the human economy.”*

In the work of Dr. Uwins, which has lately issued from the press, we find the following opinions, page 232, “Madhouses ought to be divested of their *peculiar* character, and considered only as hospitals: instead of ‘mausolea of mind,’ they are merely receptacles for that kind of bodily sickness which prevents the proper exercises of the mind.†

I have preferred submitting the authority of eminent authors on insanity, to any arguments which I might myself be able to make use of, as I wish it to be distinctly understood, that I am not endeavouring to force, merely my own opinions upon the governors, but to place before them those of the persons best informed on the subject, and the practice adopted in the best establishments of both England, and Scotland.

From the period when I first became a candidate for the situation of physician to the asylum, at the time that the erection of the building at Maryborough was determined upon, I devoted as much of my attention to the various subjects connected with insanity as my other engagements would allow. Since the establishment has been opened, it has occupied even more than a due share of my time, and consideration, and it has been a source of anxious care to me, as it is a high object of my ambition, that it shall hold a creditable position

* Conolly on the indications of insanity, London, 1830.

† Uwins on Mental Disorders, London, 1833.

amongst similar institutions. The beauty of design, and elegance of the execution of the building, the extensive enclosure attached to it, as well as the sufficiency of its pecuniary resources, all conduce, if not to confer superiority, at least to place it in a prominent situation. On ourselves depend the other, and not less important features in its character.

After the institution had been for a short time open I became struck with some imperfections, as I conceived, in its arrangement, and which had I been consulted, I would not have recommended; these however are neither numerous, nor difficult to correct, should it be considered expedient to do so. With a view to inform myself on these, and other points, I addressed circular letters to the physicians of the several asylums in Great Britain and Ireland, from the majority of whom I received very satisfactory, and instructive answers; I also made a tour for the purpose of visiting as many establishments for the insane as I could reach upon. The great difficulty, and inconvenience attending the absence from home of a person circumstanced as I am, prevented me from seeing as much as I could have wished, however what I did see, and the information which I acquired more than repaid me for the trouble and loss of time.

I was enabled during a comparatively short absence to visit the public, and private establishments of Dublin, Liverpool, Manchester, Derby, Nottingham, Wakefield, (a public asylum of great extent containing three hundred pauper patients, and admirably conducted,) York Retreat, and the public

asylum there, New Castle, Edinburgh, a beautiful institution at Perth, Glasgow, Belfast, and Armagh. I also visited Carlow and Limerick, Asylums, but at a different time. I would have been glad to have had more time at my disposal, as I am well aware that I left many admirable establishments unvisited, however, such as I did see, confirmed the opinions which I previously entertained.

I do not propose, in these observations, to confine myself merely to points relating to the patients, and which may be considered as more strictly within the province of the physician, but I will also take the liberty of offering such suggestions on other heads as appear to me likely to conduce to the general perfection of the establishment. I feel it to be my duty, receiving as I do the public money for my services, to endeavour by all means in my power to render the institution as complete as possible, my interference will not therefore I hope be ascribed to a meddling disposition, or a wish to reflect in any way on those by whom the present arrangements have been entered into. The regulation of so large an establishment at the outset is a matter of great difficulty, perfection from the commencement is not to be expected, and at all times that alterations for the better can be made, they should be cheerfully adopted. I may probably dwell upon some points, that may not appear to be of much importance, but, in observing on the institution generally, it is better to embrace every thing calculated to exercise an influence upon it, however trifling.

As regards the general government of the institution, I would recommend that those to whom it is committed, should meet as at present at the asylum, once in each month, to examine and warrant accounts, arrange the admission of patients, and transact other current business. That half-yearly meetings should be held at which it should be expected that all governors, particularly from the distant counties, should, if possible attend; that at these meetings the proceedings of the monthly meetings should be read, and, as the case might be, confirmed, and all matters of importance which could without disadvantage be held over to them, considered; that visitors in addition to the governors for the ensuing six months be appointed, who should at all times have free access to the institution, and record their opinions, and observations in a book kept for the purpose to be submitted to the board. The appointment of official visitors I consider very desirable; it will render the public better acquainted with the system of the institution, it will give the governors the advantage of the co-operation of many intelligent persons interested in the welfare of the public establishments, it will in some measure tend to lighten their responsibility, by having the inspection of the institution extended to a number of persons, who, though not absolutely engaged in its direction, can make such suggestions as they may think prudent; it will perhaps stimulate all persons connected with the establishment to a more zealous discharge of their duty, and it may be the means of preventing

the prejudicial visits of persons who come merely for the indulgence of idle curiosity, occupying the time of the attendants which might be better employed, and producing injurious effects on many of the patients, but, who, under existing circumstances, must be allowed in, lest it should be supposed that there was any thing in the management of the establishment, which it was considered necessary to conceal from public observation. At the half-yearly meeting next preceding the spring assizes of each year, a general statement of the affairs of the institution for the preceding year, should be submitted to the governors by the manager, for their approbation ; any statements relating to the patients to be under the authority of the Physician, which, if approved, should be signed by the chairman, and a sufficient number of copies printed, and twenty-four sent to the secretary of the grand-jury of each county within the district, for circulation amongst the grand-jurors. As a general principle, I would recommend that no document intended to emanate from the asylum, under the authority of the governors, should be submitted for their approbation, by either the physician or manager, unless it shall have been first read by these officers respectively, and a reasonable time allowed for the consideration of the subject, with a view to entering into any explanation, which might be necessary for the satisfaction of the governors, or themselves.

With respect to the patients, some alteration from the plan at present adopted, appears necessary. The present form of admission excludes epileptic luna-

tics : I am at a loss to know whence this mistake originated, unless it was from following the plan of the Richmond Asylum, previous to its having become a district establishment. I am aware that epileptics are excluded from the majority, if not from all the district asylums in Ireland, but such an arrangement is quite at variance with the act of parliament, and the plan pursued in the pauper establishment of great Britain. So far from being excluded, they should be considered as cases of all others, requiring the vigilance and care, to be had only in an asylum. They are, speaking generally, by far the most dangerous class of patients, as regards themselves and others ; their propensities are very destructive, and their outbreaks of violence particularly alarming. The security of the public imperatively requires that no bar should be placed to their admission, and no class of patients are in such urgent need of protection from themselves. The fact that they are less likely to recover, should not prevent us from extending to them the benefits of the institution when such other pressing reasons call for their admission.

I have experienced considerable difficulty in investigating the cases already under my care from the imperfect accounts of their previous history, this is a disadvantage which it will be impossible to obviate completely, but we can, I hope, effect some improvement. The portion of the admission paper devoted to this subject is not sufficient, nor are the queries as precise or comprehensive as they should be ; I therefore beg to submit another form to the consideration of the governors.

Another point to which I wish to direct attention, is the hour at which the patients are shut up for the night; six o'clock is, in my opinion, quite too early for such as are capable of feeling the least enjoyment in their lives; for some it may be a matter of less consequence, but I maintain that for a considerable portion of the patients, twelve hours is too long a period to be locked up in their cells, and is strongly calculated to diminish their prospect of recovery. All who may desire it should, I conceive, unless directions be given to the contrary by the physician, be allowed to remain up to half-past eight or nine in summer, and to half-past seven or to eight in winter. Such an arrangement may give the keepers, and nurses a little additional trouble, but no one will, I am sure, bring such a consideration, into competition with the comforts, or advantage of this unfortunate class of people. *The entire time of these servants, should be devoted to their duties,* and, if their present wages be not sufficient to secure their exclusive attention, the situation should be made sufficiently valuable to effect this object. Some increased expenditure for fuel, and candles may result from this plan, but it will be comparatively small, and should by no means be considered as sufficient to counterbalance the advantages to be expected from the change. I know only of one or two asylums in which the patients are shut up at so early an hour.

I highly approve of the manager and matron having the power to bestow trifling rewards or indulgences on meritorious patients; tea, tobacco, and snuff, are commonly used for these purposes—the former is

quite unobjectionable, but the latter, I fear, may sometimes be distributed too freely ; tobacco is generally allowed in lunatic asylums, and could not, probably, be well dispensed with. In one well regulated institution, the Liverpool Asylum, smoking is not, however, permitted, and the intelligent superintendent informed me, that after a short stay in the institution the patients did not appear to suffer any inconvenience from being deprived of it. Snuff is, to many persons, so nearly a necessary of life, that it should be allowed, in moderate quantities, to persons previously habituated to its use ; smoking is more objectionable, as adding the riske of fire to the other disadvantages. I would strongly recommend that the practice of smoking should be discouraged as far as practicable ; that no person, who had not previously acquired an inveterate habit, should be allowed to continue it, that the allowance of tobacco, even to them, should be as small as possible consistent with their comforts, and that the physician should be empowered to suspend its use in any cases in which he considered it productive of injurious consequences. The attendants should not be allowed the habit. I cannot too strongly censure the custom, in some places adopted, of drugging noisy patients with tobacco *to keep them quiet* ; the habitual use of this powerful herb, in large quantities, is calculated to produce the most prejudicial effects on the general health. One case of insanity was pointed out to me, in a Scotch Asylum, originating from this cause, and it is a well known fact that some veterans will perse-

vere till they fall down in a state of profound intoxication.

While on the subject of the patients I may state my ideas as to the effects which may be produced by the admission of their friends to visit them, or by exposing them to the gaze of the idle or curious. It must be obvious to all, on a moment's reflection, that the first interview with a near relative or dear friend, from whom the patient may have been separated under circumstances the most distressing, is calculated to produce a powerful effect upon a feeble understanding, perhaps just labouring to escape from beneath the cloud which had obscured it; the agitating emotions of joy, remorse, or shame, which the recollection of past scenes is calculated to excite, may, in an instant, render fruitless the labours of months, nay, even years; or may again reanimate feelings or ideas, be they for good or evil, which had long lain dormant in the mind: consequences the most beneficial or injurious may follow. Dr. Uwins expresses the following opinion on this head—"Even in cases of incurable insanity, the frequent visits of relations tends to confirm perturbation, and add to distress; nay, often times to change absolute tranquillity into perturbation, and happiness into misery." p. 138. How much caution is then necessary in determining this difficult point. It is a subject to which the physician should turn a large share of his attention, and the manager and matron should make themselves as much as possible acquainted with his opinion, with regard to each individual case, and closely observe his instructions. That in an establishment intended

exclusively for paupers this particular does not require so much consideration, as in those devoted to the reception of persons of more cultivated minds, I readily allow, but even in these institutions it is a matter of grave importance.

The exhibition of the lunatic, to persons who visit his abode with motives such as would conduct them to a menagerie, should, in my opinion, not be tolerated; some persons, however, whose opinions deserve respect, think differently on this subject, but authority is generally against the practise of promiscuous visiting. Dr. Uwins animadverts upon it in the following terms—"There is one other particular which ought to be pointed out as objectionable in the œconomy of lunatic asylums, viz.: that of showing off inmates, especially convalescents, and, at any rate, half conscious ones, as matter of boast, or for the sake of satisfying an idle curiosity." p. 138. It appears, as far as my observation enables me to form an opinion, strongly calculated to harden the human heart. The vagaries and absurdities of the patients have generally the effect of exciting ridicule and laughter, rather than that train of serious reflection which must be called into operation in the well regulated mind, and the general effect is by no means such as can raise the human character in our estimation. The presence of gaudily dressed women and young children will disturb the tranquil, and aggravate the violence of the outrageous; it brings to the mind of the thoughtful or melancholic, pleasures which they never hope to enjoy, and that visit, made, perhaps, to drive away ennui, may inflict an addi-

tional pang upon those whose wretchedness might have been supposed incapable of further augmentation: besides, the time and attention of the officers and servants of the establishment is unreasonably occupied. These considerations, amongst others, lead me to recommend the appointment of a number of visitors, persons of prudence and caution, who will inspect the establishment for the purpose of doing good; the necessity for such visitors is created by that wholesome jealousy with which all institutions for the insane are regarded. None, however, should be selected for this purpose but persons of approved discretion, who will not embarrass or perplex the business of the house. This arrangement, if entered into, may preclude the necessity for the promiscuous admission of strangers, which might then advantageously be discouraged.

Classification is a subject of vast importance, which has been well provided for in the construction of our asylum. There is no reason, of which I am aware, why it should not be carried into most efficient operation; there are few features, in the moral treatment of insanity, of more importance. In a large establishment it may be impossible to attain perfection in this respect, but we should approach it as closely as possible; no plan of treatment can be considered complete in which it does not hold a prominent place; it has, therefore, a high claim upon the attention of the physician. His instructions on this particular should be most strictly adhered to; he should never lose sight of it, and at each visit should con-

sider whether any, and what, alterations may have become necessary.

By classification I do not mean the appropriation of different wards to the several forms of insanity, or a subdivision of the cases according to the different species of the disease ; on the contrary, I would apprehend disadvantageous consequences from the herding together of persons suffering from similar morbid trains of thought. What I would recommend is the subdivision of the cases into as many different classes as the capabilities of the building, which are, in this respect, considerable, would admit of. In these classes the patients should be associated together, so as to limit, as much as possible, the injuries inseparable from the constant intercourse of persons of deranged intellect with each other ; the arrangements can only be regulated by the character of individual cases. In no instance should the very noisy, violent, or obscene, be allowed to disturb the peace of better disposed patients ; and those requiring to be placed under restraint should, generally speaking, be placed apart. The instructions of the physician, on this subject, should be strictly followed up, as it is to be supposed that he should be competent to judge correctly regarding it, and would not propose measures calculated really to embarrass the business of the institution.

That I am not merely advocating my own unaided opinions is obvious from the subjoined extracts.

The language of Dr. Conolly is very appropriate :
“ I have no wish to exaggerate the disadvantages of lunatic houses ; but let any reasonable person ask

himself, whether it is at all likely that the cares and attentions, bodily and mental, required by maniacs, and upon which their recovery often depends, can be expected in many of the licensed and unlicensed houses of this country, in which lunatics are kept by persons alike ignorant of all that belongs to medical and moral treatment; negligent of the bodily health of the patients, unless when violently disordered, and without capacity to attend to the health of the mind. In addition to this, let any one who has ever seen the interior of a lunatic asylum, consider within himself what chance there exists that the poor convalescent should, in his hours of recovery, hear the conversation likely to lead him back to wise and happy thought. The presence of a company of lunatics, their incoherent talk, their cries, their moans, their indescribable utterances of all imaginable fancies, or their ungovernable frolics and tumult, can have no salutary effect on a mind just recovering from long depression. There is nothing in such a place to impart strength to the weakened reason, whilst every confused notion must become more confused among persons and objects embodying every form of confusion and absurdity."

In the article *Insanity*, in the *Cyclopædia of Practical Medicine*, the importance attached to classification is thus recorded (p. 865): "M. Pinel has particularly insisted on the necessity of classing lunatics, of separating those who are liable to injure themselves or others, and permitting those to associate together who may contribute to each others cure."

The testimony of Dr. Mackintosh runs thus: "A

proper share of exercise in the open air is highly necessary, and nothing is more beneficial than a minute attention to a proper classification of lunatics; yet I fear, from negligence and laziness, this is either much neglected, or very imperfectly and irregularly performed. In a receptacle for the insane this last should be insisted on as a daily measure." (Practice of Medicine, Vol. 2, p. 111.)

Dr. Coombe, at page 376 of his work, thus expresses himself: "In all lunatic establishments it is of immense consequence, as that admirable author (Dr. Spurzheim) justly observes, to have subdivisions, for the proper classification of the patients, both in the house and in the airing grounds."

These are Dr. Uwins' sentiments on the subject: "To place the raving among the quiet, the individuals who still preserve a sense of decency with those who are lost to all its perceptions and restrictions, the well educated and refined with the vulgar and brutal, the blasphemer with the moral lunatic, those that are almost fully restored, in company with those who have the disorder upon them in all its force and malignity, were obviously to do violence to all rectitude, and to make mad houses destructive of their main design—*that of curing and discharging their patients as speedily as possible.*

How it has happened that the important and engrossing subject of religion, which man, in every grade of civilization, considers essential to his happiness and well being, has been lost sight of in the constitution of the District Asylums of Ireland, I am at a loss to determine. Is its exclusion from our

system to be considered merely an omission or the result of fair discussion and consideration of the subject. Has such a course been adopted under the impression that the insane are unsuited and unequal to spiritual exercises, or are we rather to lament it as a proof that our institutions are not keeping pace with the improvements adopted elsewhere? It should not be forgotten that all persons requiring to be placed in an asylum must necessarily remain there for a time of comparatively long duration, during which it would be unjust to withhold from them religious communication with their respective clergy.

To those unacquainted with what lunatic asylums should be, the idea of devotional exercises amongst the insane may appear not merely absurd but impious. But if it be recollected that in these institutions are to be found persons labouring under innumerable varieties of deranged intellect; some whose cares would particularly require, and are likely to be benefitted by the consolation which a judicious clergyman should be expected to afford; some who, however erroneous may be their ideas on many subjects, may think correctly as regards religion, and prize it as the medium through which they are to attain final and permanent emancipation from their present distresses; as well as others who, removed from their family and friends in a state of outrageous violence, or without one ray of intellect, gradually improve, find themselves surrounded by the insane, and precluded from the exercise of a most valuable privilege which, when in the enjoyment of health, they would, perhaps, renounce only with their lives; we cannot, I conceive,

feel justified in leaving their religious cultivation unattended to. Is the establishment in other respects so liberally provided for only to be deficient in this important particular? Let the subject be fairly discussed, and if, on due consideration, the appointment of chaplains be found inexpedient, we cannot then charge ourselves with having omitted the consideration of a measure generally adopted in the sister kingdom.

I do not pretend that all the patients could be introduced at worship, nor do I mean to say that a judicious selection of prayers and exhortations could without difficulty be made. On the contrary, I conceive that few duties devolve upon the clergyman requiring nicer discrimination, sounder judgment, or greater caution. All points of doctrinal difficulty, the most remote approach to polemical discussion, or the introduction of depressing views on the subject of religion, should be most studiously avoided; overwrought zeal, or anything bordering on fanaticism, would be utterly ruinous; hope should be called into action rather than fear, and it should never be forgotten that a congregation is addressed totally dissimilar from those with whom the clergyman's daily duties bring him into contact.

The selection of such cases as might be permitted to attend at prayers, should be made under the guidance of the physician, particularly when any peculiarity, as regards religion, exists; and on no account should this subject, if interdicted by him, be entered upon with a patient. For some time occasional interruption, and, perhaps, confusion, might

be apprehended at prayers, but the experience of those institutions where service is regularly performed, proves, that, after a short period, the patients conduct themselves most orderly and attentively, and that it is seldom necessary to remove a single individual for indecorous behaviour. The general effect is reported as most satisfactory; a degree of calm is observable that contrasts strongly with the ordinary restlessness of the patients disposition, and as a moral agent in the cure of insanity, even when sentiments purely religious are not called into operation, it is spoken of most favourably. In the majority of the institutions in both England and Scotland, which I visited, as well as those of which I have ascertained, the practice in this particular, service is regularly performed on Sunday. Chaplains are also attached to the Richmond Asylum in Dublin; but so far as I can learn, to no other district establishment in Ireland. Of the effects produced, an opinion may be formed from the following extracts from the reports of some of these establishments.

The high character of the Glasgow asylum claims for any statement emanating from it, a large share of respect. In one report we find this passage, "To one who is shut up from the world, and with whom every day is alike, the breaking in upon the ordinary routine by a set of observances at once singular and solemn, cannot fail to make a deep impression, and to fix attention to a high degree. Accordingly, the fact is, that during all the sermons which have hitherto been preached, the most loquacious have remained silent, the restless have become

composed, and all have kept their eyes steadily fixed upon the clergyman, as if anxious to hear and to appreciate every word of his discourse ;” and in another, the following :—“ We have now for several years had experience of the practice of preaching in the asylum ; and far from attempting to determine the precise degrees of the powers of attentive recollection and judgment which are necessary to qualify human beings for forming in public worship, we are rather disposed to allow full weight to the sentiment conveyed in the following extract from an interesting letter addressed to the chaplain by one of the patients.” “ We know of no law whereby the prayers, entreaties, tears, and sorrows, even of lunatics, are debarred from the Throne above. None, indeed ! and although there may be in every refuge for the insane, some whose mental aberrations are of that extreme and determined character, as entirely to unfit them for deriving any benefit and comfort from the services of religion, yet this is not the case with the majority to whom these services have been found to be particularly gratifying and soothing. It is surely, then, the duty of the directors of every receptacle for the insane, to afford as much as lieth in their power, the means of enjoying these inestimable blessings to such of the objects of heaven’s severest visitation as may be able to partake of them ; and who, in consequence of that visitation, have been placed by their friends and relatives under the director’s immediate care and protection.” The following extracts from the judicious reports of the lunatic department of the Edinburgh Charity Workhouse,

are particularly deserving of attention. The first is taken from that, for the year 1829.

“In reporting upon the state of the lunatic department of the Edinburgh Charity Workhouse for last year, we beg leave; first, to notice, that at the suggestion of Dr. Brunton, a trial of public worship was commenced in October, and has been continued since, on the Lord’s day, with very satisfactory results. The patients who have been selected to attend, have conducted themselves with a degree of order and decorum truly astonishing, and have shown an interest in the service, highly gratifying. There has been no instance of excitement or misdemeanor; and those, who on their first attendance, were restless and impatient, have gradually become more orderly and attentive to what was going on; apparently conscious of the nature of the service in which they are engaged: a degree of awe seems to come over them, which calms and commands for a time their disturbed and wandering thoughts. Nor do the effects thus produced, pass off suddenly, for they often remain tranquil for the rest of the day. Even some of them whose fixed and inveterate habits cannot at other times be controlled, seem on this occasion to lay them aside, and join in and go through the different parts of the service. In all institutions for the insane, there are numerous fixed and permanent lunatics, who, with minds more or less impaired, yet retain so much intelligence as to be capable of appreciating to a certain degree, the privileges of joining in the duties of religion. By them this indulgence must be highly prized, as it will tend in a

great measure, to show, that although shut up from the world and their friends, their situation excites attention, and that regard is paid to their future welfare.”

“Yet, notwithstanding this favourable view of the subject, the propriety of admitting the insane to the service of religion, is still a question with many. And there can be no doubt but that its indiscriminate use would be highly injurious. But judging from what we have seen, and aware that encouragement is given to the practice in other establishments, we have no hesitation in expressing our approbation of the measure, provided due care and discrimination be used at all times in selecting the patients, and by the gentleman, who officiates, confining himself to plain and comforting views of religion. And we may be allowed to express our approval of the manner in which the Rev. Mr. Maclean performs the service. He seems to understand how to accommodate his discourse to the capacities of his hearers, and his style is plain, and his delivery animated.” In the report for the year 1830, we have further evidence on the subject. “We therein (last year’s report,) made particular mention, that a trial of public worship had been commenced, and had been followed by results, upon the whole, of a satisfactory nature. We have now the pleasure of stating, that after a further trial of the measure during last year, the expectations we were led to entertain, have been in a considerable degree, realized; as we are enabled to report what we then said, that in no instance has it been a cause of excitement, but rather has had the opposite ten-

dency, of soothing and gratifying those who were selected to attend. We are, therefore, inclined to hope, that the success attending the trial of this important measure, will, as far as it has hitherto been carried, in some degree, tend to diminish such doubts as may still exist, relative to the propriety of admitting the convalescent insane to the service of religion, under due precaution and restrictions. And we are the more encouraged in this, from the experiment having been made with those whose insanity was very much blended with erroneous religious impressions. We again beg leave to express our approbation of the judicious manner in which the Rev. Mr. Maclean performs his difficult and important duties." And, in that for the years 31 and 32, the opinions previously entertained upon the subject, are still more strongly confirmed. "We would now revert to that most interesting topic, the trial of public worship; our further experience of which, goes to confirm the favourable opinion we have already expressed regarding it, and enable us to recommend with greater confidence, the more general adoption of the measure in lunatic asylums. And we are happy to understand, that the satisfactory results contained in our former reports on this subject, have, in some degree, led to the introduction of the measure at Morningside. The admission of the convalescent patients to attendance upon the public duties of religion, has been a source of great consolation to them, if we may judge from the delight with which they look forward to the return of the Sabbath, and the disappointment they feel, when, from any cause their attendance is pre-

vented. During the performance of the service, the greatest order and tranquillity prevail; their attention is fixed, and their appearance bespeaks feelings of awe and reverence. Such being the effects generally produced, we have felt anxious to extend the privilege to as many as possible; and, therefore, without confining it to those strictly convalescent, we have thought proper to admit some, who, though to all appearance confirmed lunatics; yet possess so much mind, as to enable them to understand the nature of the service. We have even extended it to those labouring under erroneous religious impressions, and we think with advantage, as we have found it a way of addressing to them, comfort and sound views of religion, without directly calling in question, their own peculiar opinions; and we are happy to add, that in no instance, have we had reason to regret having done so. It therefore appears to us, that by the introduction of this measure, a due respect for religion is not only kept up, but a power is brought into action which seems capable of calming in a wonderful degree, the disturbed and turbulent feelings of the irascible maniac, of breaking in upon the fixed despondency of the despairing melancholic, and of interrupting for a period, the mazy reveries of the confirmed lunatic. *We cannot, therefore, but view the attendance upon public worship, as a powerful means in the cure of insanity, and one from which much benefit is to be expected.* It remains for us to state, in how judicious and satisfactory a manner, the Rev. Mr. Maclean performs his difficult and important duties."

In conclusion I have to state, that the adoption of religious worship in Lunatic Asylums being recommended in the best works on insanity, and being in general operation and highly approved in the numerous institutions of England and Scotland, the subject claims the mature consideration of the governors of our asylum. Let us not be told that it is not the practice here, or it is not the practice there, if it appears for the benefit of the institution, and that it is not contrary to law, the governors are called upon to carry it into operation. Again I would entreat, that on this, as on all other points, they should inform themselves to the fullest and most satisfactory extent, that they should hear evidence, but *judge for themselves*. And, again, I would beg respectfully to impress upon them, that they are accountable to the public for the manner in which they may administer this important institution. The smaller the number of directors, the greater the responsibility. The capabilities of the establishment are great, let them be fully taken advantage of, so as to place it in the creditable position which it should hold amongst similar institutions.

It is almost unnecessary to add, that a Protestant and a Roman Catholic chaplain would be equally necessary.

In reference to the **KEEPERS** and **SERVANTS** I may mention, that in no one instance in England or Scotland could I learn that attendants of opposite sexes were permitted amongst the patients. All duties in the wards for males are performed by men, and in those for females by women. Such an arrangement

I consider highly desirable, and would strongly recommend its adoption here. The introduction of female attendants into the male wards I consider objectionable, not merely on account of the patients, but also as leading to one of two evils, either the affording opportunities for too free an intercourse between them and the keepers, tending perhaps to improper conduct, or else the creating of a necessity for the introduction of families into the wards, which, in my opinion, should on no account be permitted. It is but natural to expect that husband and wife will carefully conceal each others faults, and mutually consult their own ease, perhaps to the detriment of the patients. The introduction of man and wife has also the effect of encouraging the residence of children in the institution, which I conceive as totally inadmissible. I made it my particular business to learn the practices of other institutions in this respect, and found that, with the exception of Limerick, all were unanimous in disapproving of it. It is agreed by all whom I consulted on the subject, with the exception above alluded to, that the presence of children tends to distract the attention of their parents from their duties, and is subversive of that good order and regularity which should prevail in all public establishments. Another disadvantage almost inseparable from the residence of man and wife in a public establishment, is the occasional interruption which must take place in the discharge of the woman's duties, and other inconveniences to the institution at the periods of her confinement. It may be advanced that there are certain duties for which men

are not so well suited as women, but the fact that male attendants have been alone allowed in the men's apartments for a considerable time in both England and Scotland, is in itself a full answer to such an objection. As to cleanliness, many of these institutions are perfectly faultless; amongst others I may mention the establishment at Perth, which is not to be excelled for neatness and elegance. Here, as elsewhere, no female attendant is on any account admitted into the male wards. In the great and admirable institution at Wakefield, the regulations on this subject are most rigid. These, with other reasons, induce me to suggest to the consideration of the governors the adoption of such an arrangement. I do not by any means propose that the present female attendants should be discharged, but that others should not in future be admitted into the male apartments, and that those at present there should be transferred to the female side whenever opportunity might offer. I would also strongly recommend an absolute rule, that no children, with the exception of those of the manager, should be permitted to remain in the asylum, and that the introduction of man and wife be not generally approved. If the residence of children be regarded as a species of perquisite to their parents, it would, I conceive, be much better to increase the wages than permit such a system to continue. I would recommend that the appointment and discharging of servants should rest with the manager and matron, subject to the controul and approbation of the board; that of the keepers, nurses, and others, at all connected with the patients, with the physician

and manager jointly, subject to the same correction, or else with the board on the recommendation of the physician and manager. I am induced to submit this proposition, as regards the keepers and nurses, from a conviction of the absolute necessity that these servants should consider themselves more under the controul of the physician than they now seem to imagine. I had for a time after the opening of the institution, great reason to feel dissatisfied with some of these attendants, as it did not appear to me that they considered it necessary either to afford me information relative to the patients, or pay proper attention to my instructions. I am glad however to say, that considerable improvement in this respect has latterly taken place. I would also recommend that some plain uniform, or livery, should be adopted by the keepers; they at present receive an allowance for clothes, and it would, I conceive, be desirable that their personal appearances should present that neatness and uniformity so much to be wished for in public establishments; this I found to be the practice, and much approved of in some of the institutions which I visited. It would also conduce to the perfection of discipline, if the manager were authorised to impose small fines on the servants for misconduct, and that he and the physician should have the same power over the keepers and nurses in both cases, however the confirmation of the board being necessary previous to their being finally levied.

A judicious code of rules and regulations being essential to the good government of the establishment, I have endeavoured to make myself as fully

acquainted as possible, with those in operation at the best regulated lunatic asylums. From these I have compiled the following, which I hope may meet the approbation of the governors, and be considered worthy of adoption :—

GENERAL MANAGEMENT.

1. Two general meetings of the governors to constitute a quorum, shall be held at the asylum in each year, the first on the day of February, the second on the day of July, to take into consideration the general affairs and state of the institution, discuss all matters of importance which can, without disadvantage, be held over to these meetings, confirm or annul the proceedings of the monthly meetings for the past half year, and adopt such improvements in the management of the institution as may be found expedient. None of the rules of the establishment to be set aside, or altered, unless notice be given of such intention at the monthly meeting immediately preceding a half yearly court, and that such contemplated change be inserted in the summons for such half yearly general meeting, to be issued the day after the said monthly meeting.

2. That the general statement of the establishment, its expenditure, &c., required by act of Parliament for the office of Imprest accounts, shall be submitted, by the manager, to the February meeting, to be revised and authorised thereat, and that an abstract of the account, with such remarks as the manager may

deem necessary for the general information of the public. All statements relative to the patients being under the authority of the physician, be also submitted to this meeting, which, if approved, shall be signed by the chairman, and a sufficient number of copies printed for general circulation ; twenty-four to be forwarded to the secretary of the Grand Jury for each county within the district, to be distributed to the Jury at the ensuing Assizes. All such reports to be considered as emanating from the board of governors, and not from any individual officer.

3. That at these meetings visitors shall be named who shall be requested, by letter, to be signed by the Chairman, to inspect the institution at such times as may suit their convenience, and to make such observations as they may deem necessary, in a book to be kept exclusively for that purpose, which shall be laid before each monthly and half yearly meeting.

4. That a meeting of the governors to constitute a quorum, shall be held at the asylum the day of each month, to regulate the admission and discharge of patients, examine and warrant accounts, inspect and controul the establishment, and discharge such other current duties as may be found necessary.

5. That the proceedings of all meetings be regularly recorded in a book to be kept for the purpose.

ADMISSION OF PATIENTS.

Previous to the admission of a patient, application should be made to the manager for a printed form, which must be filled up carefully and accurately in every particular, and returned to him. The manager shall deliver the form, when filled, to the physician, in order that he may consider the case, as far as the written statement may enable him to do so, for the purpose of offering such observations upon it to the governors as he may deem necessary. If the admission be sanctioned by the governors, the chairman shall sign the form, and the manager shall apprise the relatives or friends, who shall forward the patient without delay; and if more than a reasonable time be allowed to elapse previous to transmission, the propriety of admission must be reconsidered.

That the following form for admission be adopted;

MARYBOROUGH DISTRICT LUNATIC ASYLUM FOR THE KING'S AND QUEEN'S COUNTIES, AND THE COUNTIES OF WEST-MEATH AND LONGFORD.

The following steps are necessary previous to the admission of a patient:—One of these forms to be procured from the asylum accurately filled, and returned to Mr. Abbot the manager, to be submitted to the board for their approbation. It is particularly requested that the utmost care and attention shall be paid in replying to the queries relative to the state of the patient, as the information to be thus obtained is of the utmost importance in directing the plan to

be pursued after admission. It is expected that after notice shall be received from the manager, that the patients admission has been sanctioned by the board, no delay shall be made previous to transmission that can be avoided, otherwise the case must be again submitted to the governors for consideration. It is also expected that the patient shall be provided with a good strong suit of clothes, change of linen, &c., and accompanied by an intelligent relative who can afford the best information on all subjects connected with his case.

Affidavit.

County of _____ of _____
 to wit. } came before me this day and made oath on the
 holy Evangelists, that to the best of _____ know-
 ledge and belief _____ of _____ in
 the county of _____ parish of _____
 barony of _____ nearest post town _____
 has for some time past been in a state of insanity, and that the
 said _____ is a pauper, and has no
 friend who will or can be obliged to support _____ in a private
 lunatic establishment, and that _____ has been a resident of the
 said county of _____ for the last _____
 and that _____ has not been an idiot.

Sworn before me at _____ this _____
 day of _____ 18 _____

 } Justice
 } County of _____

Magistrate, Parish Minister, and Churchwarden's Certificate.

We certify that we have enquired into the case of _____
 _____ who resided in the parish of _____
 in the county of _____ for the last _____ years;
 that we do believe _____ to be a lunatic and a pauper, and re-
 commend _____ as a fit subject for the lunatic asylum.

Given under our hands this _____ day of _____ 18

 _____ } Magistrate.
 _____ } Parish Minister of
 _____ } Church-warden of

The following engagement to be filled up and signed by the two next of kin to the patient, in the presence of a magistrate or parish minister, and to be certified by him :—

We do hereby engage to withdraw the said _____ from the Maryborough District Lunatic Asylum, on its being notified to us that _____ is recovered, or deemed harmless and incurable, or ordered by the governor to be removed.

Name.	Place of Abode.	Post Town.	Degree of Relationship.

I do hereby certify that the above form has been signed by the parties in my presence, and that their names and place of abode have been correctly set forth; that I believe them to be next of kin to the patient, and I do promise that I will use my best exertions to secure their fulfilment of the above engagement.

Given under my hand at _____ this _____ day of _____ 18

 _____ Signature.
 _____ Residence.
 _____ Post-town.

Medical Certificate.

I certify that _____ whom I examined on the
 day of _____ 18 ____ is, in my opinion, in a state of insanity,
 and a fit subject for the Maryborough District Lunatic Asylum.
 It is also my conscientious belief that _____ relatives are
 unable to provide for _____ proper care or treatment either at home
 or in a private lunatic asylum. I have bestowed all due care, and
 availed myself of all means of information which I could attain
 in replying to the subjoined queries.

Given under my hand this _____ day of _____ 18 ____

} Physician or Surgeon.
 { Residence.

1st. State the patients age, religion, occupation, whether married or single. If a female, whether she has borne children, their number, and the period of the birth of the last.

2d. Have any of the patients relatives been insane.

3d. Is this the first attack of the disease, if not, when did the patient first become insane, how often has the disease recurred, and what has been the usual duration of the attack, have the intervals of sanity been perfect, and of what duration, and to what cause have the recurrences of the disease been attributed.

4th. What appears to have been the cause of the present attack.

5th. Does the disease appear to have been connected with pregnancy, the puerperal state or lactation.

6th. What has been the condition of the patient's health previous to insanity becoming manifest, was

anything particular observed as regarded appetite, sleep, condition of the bowels, &c.

7th. Have the patients habits been temperate or otherwise.

8th. Was the patient naturally either eccentric or of weak mind.

9th. Was the appearance of the disease preceded by any alteration in the patient's moral condition, was any previous alteration observable as to conduct, temper, or disposition, or any unusual elevation or depression of spirits.

10th. Has the patient been in a lunatic asylum, if so, how often, and for what length of time, and under what circumstances discharged?

11th. Has any medical treatment been adopted, what, and with what effect; is the disease increasing, declining, or stationary.

12th. What is the present condition of the patient's health and strength, is he subject to epilepsy, or does he labour under any other disease independant of insanity.

13th. What are the most prominent features in the present condition of the patients mind, is the raving of a promiscuous character, cheerful or melancholy, or is it confined to one particular subject or train of ideas, if so, state particularly what that may be, or what illusions particularly predominate, or whether there be proneness to any particular vice.

14th. Is there any generally destructive tendency, and if so, of what nature.

Please to add any further information which may not be embraced under the preceding queries.

It has been suggested by one of the governors, that all applications for admission should be referred to a governor of the asylum residing in the same county with the patient, and that he should report upon the case for the information of the board. This might be attended with advantages, and a statement to that effect, as well as a list of the governors can be easily introduced into the form.

The whole can be printed on a large sheet of paper which a single postage can cover.

The alterations from the original form are marked by asterisks. The medical certificate and queries are entirely new.

That as injurious consequences might occasionally result from the admission of a patient being delayed till the meeting of a board, the physician and manager are authorised to receive cases of great urgency, the necessary document to be afterwards laid before the board, in order that the admission may be confirmed.

TREATMENT OF PATIENTS.

As soon as a patient shall arrive at the asylum the apothecary shall be sent for, who shall diligently enquire into all particulars which may be learned from the accompanying relatives, and draw up a statement for the physician accordingly.

On the arrival of a patient information shall also be sent to the physician, in order that he may visit such case as soon as convenient.

The patients shall be clothed in the dress of the institution, their own clothes being carefully preserved for them till they may be discharged.

Patients shall be invariably treated with all the gentleness and indulgence, of which their situation will admit. Restraint, when necessary, shall be carried into effect, on the most improved plan, and be as moderate as is consistent with the safety and advantage of the patient.

The greatest regularity shall be observed with regard to the hours of meals, unless when prevented by illness, or other particular circumstances. From the 1st of April, to the 30th of September, the patients shall rise at o'clock, and retire for the night at o'clock; and from the 1st of October, to the 31st of March, they shall rise at o'clock, and retire for the night at o'clock. These rules may, in particular instances, be deviated from, by the direction of the physician.

That the following dietary be adopted:—

ORDINARY DIET.

Breakfast, for every day—1 quart of stirabout, 1 pint new-milk.

Dinner for Monday, Wednesday, Friday, and Saturday— $3\frac{1}{2}$ lb. of potatoes, 1 pint, new-milk.

Dinner for Tuesday, and Thursday—1 quart, soup, $\frac{1}{2}$ lb. bread, or 2lb. potatoes.

Dinner for Sunday—12oz. beef, with cabbage, 2lb. potatoes.

Supper for every day, 8oz. bread, 1 pint new-milk. This is the present dietary of the institution.

FULL DIET.

Breakfast and supper, same as ordinary diet.

Dinner, 1lb. of meat, 2lb. potatoes, and a pint of beer.

FEVER DIET.

To be regulated by the physician.

The physician is also empowered to order such diet, for any patient, as he may consider necessary, including wine, spirits, tea, &c.

The relatives of patients shall be allowed to visit them on Mondays, between the hours of eleven and four o'clock. In no instance, however, shall this be permitted, if instructions to the contrary, shall have been given by the physician, they shall, in all cases, be introduced in an anteroom, never in the wards or lobbies.

Any clergyman shall be allowed to visit, professionally, any patient, with the approbation of the physician.

No patient shall, on any account, be allowed to be removed from the asylum, till the physician be first informed of such intention, in order that he may state his opinion upon the subject, to the patients relatives. When the physician shall consider a patient

fit to be discharged, the manager shall report the circumstance to the next board, in order that they may give the necessary order; the physician and manager, are empowered to discharge patients, without waiting for a meeting of the board, if particular circumstances shall render it expedient for them to do so.

Patients shall have no claim to remuneration for their labour.

The patients shall not be allowed to retain money in their possession, while in the asylum.

PHYSICIAN.

The physician shall visit the patients three times each week, independently of his occasional attendance on such cases of illness as may require it.

Every part, not only of the physical, but also of the moral treatment of every patient, shall be under the control of the physician. He shall give such directions to the manager, as he may think proper, with regard either to the mental or bodily occupation of the patient, to air, to exercise, or to amusements; and he shall, also, have a discretionary power to direct any particular diet which he may think will conduce to the recovery of his patient. (See rules of the Edinburgh Asylum, page 11. Those of Glasgow, page 10; of Aberdeen, page 12, &c.)

The physician, in addition to his professional duties, is expected to pay attention to the state of the persons of the patients; to remark the condition of

their apartments; to notice any misbehaviour which he may observe on the part of the keepers, nurses, or servants, and to represent it to the governors if he find it necessary. (See York regulations, page 20.)

The physician shall keep a case-book, in which he shall make a record of each case; in this he is to be assisted by the apothecary, who it is expected, will, in all matters connected with the medical duties of the establishment, attend to his instructions, and assiduously co-operate with him; these case-books are to be considered as the property of the institution. (Glasgow regulations, page 8, &c.)

In another book, entitled the Physician's Visiting Book, he shall mark the period of each visit, together with any observation which he may deem necessary. This book to be regularly laid before each meeting of the governors. (Glasgow rules, page 9, &c.)

He shall draw up a report in reference to the patients and institution generally, whenever called on by the governors to do so.

THE MANAGER.

He shall superintend and regulate the whole establishment according to the rules of the institution, observing, with respect to the treatment of patients, the directions of the physician.

Every morning and evening he shall examine the room of every male patient, their galleries, day rooms,

and airing grounds ; and as much oftener as he shall judge to be necessary.

He shall have charge of all the male servants of the house, with power to hire and dismiss ; in the case of keepers and nurses, the approbation of the physician being necessary. He shall report all dismissals with their cause to the next board. The board shall, when they please to interfere, hire, dismiss, or reinstate servants.

He shall see that correct lists be kept of all articles and property, whatsoever, belonging to the institution, as well as correct accounts of provisions &c., he being the responsible officer as regards all such particulars.

During meals he should frequently examine the different rooms, observe the state of the provisions as to cooking, cleanliness, and equality of distribution, the conduct of the keepers, and the treatment of the patients, and every night should examine the house with the greatest care.

He is to be considered accountable for the accuracy with which the books and accounts of the institution are kept, is vigilantly to watch over the quality of the provisions and other articles supplied to the institution, and the condition of the furniture, clothing, bedding, &c.

He is authorised to fine the keepers or servants for

negligence or impropriety, in any sum, not exceeding . The physician is also authorized to fine the keepers or nurses. These fines to be entered in a book, to be kept for the purpose, and submitted to the board for approbation and confirmation.

THE MATRON.

The Matron is to exercise over the female servants, keepers and patients, a superintendance and control, similar to that of the manager over the males ; she is, with equal care, to examine their apartments, day-rooms, and galleries, morning and evening ; she shall have power to engage and dismiss the female servants and keepers, subject to the same restrictions as the manager is, with respect to the males.

She shall have charge of all articles in use amongst the female patients, nurses, and servants, and be considered accountable for them.

She shall superintend the kitchen, laundry, and such other departments of the household concerns, as commonly devolve upon the mistress of any establishment.

She shall be particularly careful that all female patients who can be made available for the purpose, and for whom it is considered eligible by the physician, shall be employed at needlework, washing, or household occupation, for the benefit of the institution.

THE CHAPLAINS.

It would afford me sincere pleasure, could I submit the following rules, relating to the office of chaplains, to the board for their adoption.

The chaplains shall regularly visit the Institution on Sundays, and shall officiate to as many patients, as in the opinion of the physician, shall be capable of attending with propriety; and to as many of the officers and servants of the house, as can conveniently attend.

They shall also give their attendance at the asylum, on any other occasion, when requested by the physician.

They shall not be permitted to hold professional conversation with any of the patients, if directions to the contrary be given by

They shall in every particular, conform to the instructions and direction of the board.

THE APOTHECARY.

He shall visit daily at the asylum, if required; he shall compound all medicines, and deliver them to the nurses and keepers, and as far as possible, see that they be duly and carefully administered. He shall attend at the asylum whenever a new patient may arrive, and shall take down an accurate statement of the case, as far as he can collect it from the ac-

companying relatives. He shall, in all particulars relating to the medical duties of the institution, follow up the instruction of the Physician, and zealously co-operate with him.

THE CLERK AND STORE KEEPER,

Shall consider himself under the control and direction of the manager. He shall have charge of the stores of the institution, *shall* receive, weigh, and distribute the provisions; shall pay particular attention to the fuel, shall inspect every load of turf or coal, and be satisfied that it is equal to the sample, according to which, the contract may have been entered into, and that it be correct as to measure or weight.

He shall keep with accuracy and neatness, all books which may be given into his charge by the manager, under whose direction, he shall also keep such accounts as may be necessary; he shall make regular entries of the receipts and distribution of provisions, in a book to be kept for the purpose, and shall, if required, assist the manager in any writing or accounts, in reference to the institution, which he may have to execute.

He shall be considered to exercise a species of subordinate superintendance over the keepers, nurses, and servants, being most particular, that these persons look up to him as a superior. He shall report to the physician, manager, or matron, any breach of discipline which he may observe, and is to consider

himself an officer of trust, who is expected to advance the interests of the institution, by all means in his power.

THE GARDENER

Is to consider himself under the control and direction of the manager. He is to bestow the utmost attention upon the land attached to the asylum, which he is to improve to the utmost of his power. He is, also, to make it available to the fullest extent, for the production of potatoes, and other vegetables for the use of the institution; a considerable portion of ground, being available for this purpose, and a number of patients being commonly in a state fit for work, it is expected that the produce of the land, will be a source of considerable advantage to the institution. It is, also, expected, that he will leave nothing, which he can command, undone, to improve the general appearance of the grounds.

He is to be particularly circumspect, as regards such patients as he may have occupied in labouring, that they be not subjected to annoyance by any hired labourers, who may happen to be at work with them, more particularly in reference to their infirmities: he shall, also, be particular in observing any instructions which he may receive from the physician, in regard to the mode of employing the several patients.

THE GATE KEEPER

Is to keep the gates constantly locked, and not to permit any person who may be brought to the

asylum as a patient to enter, till instructions from the manager be first received, he is not to allow out, any of the keepers, nurses, or servants, without a pass from the manager, or matron, an entry being made in a book, to be kept for the purpose, of the precise time when such person may go out and return.

KEEPERS AND NURSES.

The keepers and nurses shall obey the manager and matron as their master and mistress, they shall conduct themselves towards the physician with the utmost respect, and be particular in observing all his instructions relative to the management of the patients.

They shall pay the utmost attention to the cleanliness and comfort of the patients' persons, their day-rooms, galleries, and sleeping apartments. It is expected that the appearance of the patients shall be duly regarded, and that they shall be kept as neat as circumstances will permit. Inattention to these particulars will be regarded as a proof of incapacity.

No keeper shall subdue or strive with any patient, except in self-defence; the possibility of such an occurrence must be guarded against by every precaution which prudence, gentleness, or experience can suggest. Nor shall a keeper subject any patient to confinement, to privation, or punishment of any

kind, without express authority and specific instructions from the physician or manager.

No keeper shall at any time deceive, terrify, or irritate by harsh language, by mockery, by mimicry, or by allusions to anything ludicrous, in the present appearance or past conduct of any of the patients.

The keepers shall not indulge or express vindictive feelings; but considering the patients as utterly incapable to restrain themselves, shall forgive all petulance or sarcasms, and treat with equal tenderness those who give the most and the least trouble.

They shall exercise the greatest vigilance; and while the patients consider themselves at perfect liberty, they shall be continually under the keepers' eye, in the day-rooms, galleries, exercising grounds, and gardens.

Whatever peculiarity the keepers' shall observe in any patient, they shall mention to the physician or manager. Every instance of neglect or concealment will be held as a decisive proof of incapacity and unfaithfulness.

None of the keepers shall quit their posts without special permission from the manager or matron, for a limited time. During their absence, which must not extend beyond the time specified, their place must be supplied by a trust-worthy person.

Neither the keepers nor servants shall receive money from patients, their friends, or any person visiting the asylum, under the pain of being instantly dismissed.

No keeper or servant to smoke tobacco within the establishment.

No keeper or servant to discourse or dispute with any patient on religious or political subjects.

Keepers and servants are expected to be willing not only to encourage, but join the patients in all harmless amusements in which they may be inclined to engage.

SERVANTS.

As many patients as possible shall be employed as servants.

As a general principle, the appointment as servants of such patients as may have been restored to health in the institution, when they are found eligible for the purpose, is approved of; this principle not, however, to be carried into operation so as to induce any inconvenience or disadvantage to the establishment.

The servants of the establishment are to obey the manager and matron as their master and mistress,

to whom is committed their controul and government, as they will be considered accountable to the governors for the manner in which the servants of the institution shall conduct themselves.

No officer, keeper, or servant, shall on any account accept of any present in money or value, either from a patient, or any one on account of a patient, nor from any person having dealings with the institution.

I have thought it better to state explicitly my opinions in regard to all matters connected with the establishment. In doing so, I have been only actuated by an anxious and conscientious desire to see it arranged on the best system. I have had, or can have, no personal views to advance by the measures which I propose, beyond the credit to be derived from a connection with a well regulated institution. The adoption of my suggestions must necessarily increase my own labour and responsibility, and cannot in any way advance my pecuniary interest; I hope, therefore, that it may not appear that I have exceeded what duty required of me, or that in respectfully offering these observations to the governors, I have been at all deficient in that deference which is so justly due to them; neither should it be supposed that I wish to reflect upon Mr. or Mrs. Abbot the manager and matron; on the contrary, I give them every credit for their arrangements, even though I propose some alterations. It is an arduous

undertaking to set in motion a new establishment of such extent. What has been already done by them, shows an acquaintance with the management of public institutions, which, I have no doubt, will be found very valuable in conducting the asylum; and the amiable private characters which they carried with them from the great establishment whence they came, will, I am satisfied, be enhanced by the opportunities for the indulgence of philanthropic sentiments, which the superintendence of an institution so peculiarly calculated to call into operation the best feelings of the heart affords.

We want only to have the respective duties of each officer distinctly defined, to secure permanently that mutual co-operation and unanimity so essential to the well being and efficiency of every public establishment.