

C A R M A R T H E N A S Y L U M.

REPORT.

Re *Rees Price*, late a Patient in the Carmarthen Asylum.

7 February 1870.

WE, the undersigned Commissioners in Lunacy, report that, in compliance with the directions of the Board, we have made a special investigation into the circumstances attending the death of a man named *Rees Price*, late a patient in the Carmarthen Asylum, who, having been removed from the Llandovery Workhouse to the asylum, on the 1st of January last, died therein on the eighth day after his admission. In the return made to the office of the Commissioners in Lunacy, it was stated, that the apparent cause of death was "cerebral disease and broncho-pneumonia;" but a *post-mortem* examination of the body, made three days after death, disclosed the fact that eight ribs, four on each side, were broken; and, at the coroner's inquest which was subsequently held, and which occupied two days, the following verdict was returned:—

"That on the 8th day of January," &c., "the said *Rees Price* died from pleurisy, the result of the fracture of eight of his ribs, but how or by what means the ribs of him, the said *Rees Price*, were fractured, is to the said jurors unknown."

In cases of this description, as well as in all others involving the ill-treatment of patients in asylums, there is always great difficulty in obtaining direct or satisfactory proof. The attendants very frequently endeavour to screen each other, and patients who may have witnessed an act of violence are often either tutored by them to support their statements, or are prevented, through fear of the consequences, from speaking openly. We have, therefore, in pursuing this investigation, thought it necessary to examine every person, who, in the remotest degree had charge of the deceased during the last month of his residence in the workhouse, and whilst subsequently an inmate of the asylum, with a view of discovering,—

1st. Whether the injuries were received before or after admission into the asylum.

2nd. Whether they were the result of an accident, or caused by violence and, if the latter, by whom inflicted.

3rd. Whether there existed any defects in the management of the asylum or the conduct of its officers, which might, in any degree, have tended to favour the occurrence of such injuries, or to prevent their immediate detection.

We visited the asylum, without previous notice, on the first and second days of the present month, the Llandovery Workhouse on the third, and completed the evidence at the asylum on the fourth day.

During the inquiry we examined the following persons:—

AT THE ASYLUM.

James Thomas	-	-	-	-	-	All patients in No. 1 Ward.
David Evans	-	-	-	-	-	
George Morgan	-	-	-	-	-	
Jenkin Davis	-	-	-	-	-	
Evan Jones	-	-	-	-	-	
James Jenkins	-	-	-	-	-	
Alexander McCormick	-	-	-	-	-	
John Thomas	-	-	-	-	-	
David Jenkins	-	-	-	-	-	Patient in No. 1 Ward.
James Fish	-	-	-	-	-	Porter.
Dr. Harder	-	-	-	-	-	Medical Superintendent.
Mr. Evan Henry Davis	-	-	-	-	-	Assistant Medical Officer.
James Straker	-	-	-	-	-	Head Attendant.
David Davies	-	-	-	-	-	Attendant in No. 1 Ward.
Benjamin Thomas	-	-	-	-	-	Attendant in No. 2 Ward.
Henry Davies	-	-	-	-	-	Attendant in No. 2 Ward.
Benjamin Davis	-	-	-	-	-	Messenger and Assistant Attendant in No. 1 Ward.
John Hughes	-	-	-	-	-	Attendant in No. 1 Ward.

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AT THE WORKHOUSE.

Daniel Williams	-	-	-	-	Relieving Officer.
Mr. G. G. L. Williams	-	-	-	-	Medical Officer of Workhouse.
Miss Sarah Beynon	-	-	-	-	Workhouse Matron.
Ann Morgan	-	-	-	-	A Pauper Nurse.
Eliza Hodgkin	-	-	-	-	Ditto.
John Jones	-	-	-	-	Police Serjeant.
William Jones	-	-	-	-	A man who assisted the serjeant in removing Price from the workhouse to the asylum.

With the exception of the nine patients, the asylum porter, and one of the pauper nurses at the workhouse, all these witnesses were examined on oath, and their evidence is appended to this report.

We hoped to have obtained valuable information from some of the patients, and with this view proceeded, in the first instance, to No. 1 Ward, in which the deceased remained during the whole time he was in the asylum, so as to select for examination, before they could be tutored or influenced by the attendants, such as appeared most likely to give reliable evidence. We found, however, that on week days all who possessed any intelligence were absent from the ward, employed on the land or in the workshops, and that on Sunday, during the time of Divine Service, those who remained were too imbecile to afford any satisfactory account of what they witnessed. It will be seen that it was unfortunately during this period that a circumstance occurred as to which it was most important to obtain information.

The following account of Rees Price, during his residence in the workhouse, his removal to the asylum, and his treatment therein, is compiled from the evidence.

The deceased, Rees Price, who was a labourer, and 69 years of age, had been an inmate of the Llandoverly Workhouse since June 1868. When admitted, he was not insane, but his eyesight was greatly impaired. About three months ago, when he had become totally blind, he began to show symptoms of unsoundness of mind, and a month before he was removed to the asylum, he became noisy and restless, and so troublesome to the other old men in the dormitory where he slept, that he was placed at night in an adjoining room by himself, and two pauper females were appointed to attend him. They deposed, that though restless he was never violent, and was managed without difficulty. There had never been any struggle with them, and the two old men who slept in the dormitory were quite incapable of injuring him, as one of them was bed-ridden, and the other paralysed. There had not been any able-bodied men in the house for some months, either as inmates or paid officers, and the master had been confined to his bed for many weeks. The bed-room occupied by Price was on the ground floor, on a level with the yard. He had no steps to ascend at any time, and no person had seen him fall; on the 30th December Mr. Williams, the surgeon of the workhouse, gave the usual notice to the relieving officer, that Price was a proper case for the asylum, and on the following day he was examined and certified before a justice of the peace, who then signed an order for his removal to the asylum. No examination of his chest was made before he left the workhouse, because, as Mr. Williams stated, his breathing was quite natural, and he had no cough. Mr. Williams says, "Considering his condition when I saw him, the day before his removal, the nature of his breathing, and the strength of his voice, I do not think it possible that the injuries found after his death could have existed when I examined him."

Price remained in the workhouse on the night of the 31st, and next day, the 1st January, at half-past 7 o'clock in the morning, Serjeant Jones, assisted by William Jones, took him from the ward to an omnibus, waiting at a distance of about 40 yards, to convey them to the station. He was helped along by both men, but more because he was blind than because he could not walk without support. There was a change of carriages at the Llandilo Junction, and here Serjeant Jones lifted the patient from the carriage to the platform. He carried him by placing both arms round him, so that the patient's chest rested on his own, and he asserted very positively—and in this he was confirmed by William Jones, who was present—that Price did not show the slightest indication of

being in pain, or seem in the least hurt or inconvenienced by the considerable pressure which must have necessarily been made on his ribs. He had been told by the police serjeant, in order to make him more willing to be removed, that they were going to take him to some works where he had formerly been employed, and where his brother lives; and, being pleased at this, he was cheerful and quiet, occasionally singing during the whole journey, in the course of which, according to the evidence, nothing whatever occurred which could by possibility have produced injuries to his ribs. They arrived at the asylum between 9 and 10 o'clock in the morning, where the patient was received by Dr. Harder, the medical superintendent, who saw him in the receiving-room, and ordered him to be taken to No. 1 Ward and bathed. He gave no special orders as to his treatment, either then or when he saw him an hour afterwards in the ward. He noticed no difficulty of breathing, and made no attempt to examine his chest, deeming it simply "a case of chronic paralysis from chronic brain disease." When bathed, his body was found to be quite free from bruises.

Dr. Harder being unwell on the following day, and absent on business for three days afterwards, did not again see Price until Thursday the 6th. In the meantime, Mr. Davies, the assistant surgeon, had medical charge of him, and he first came under his notice after morning service on Sunday the 2nd of January. He then observed that his right ear was much discoloured by a bruise, and he had a slight cut on the side of his head; his right hand was also discoloured, and much swollen on the back, and it was evident that all these injuries were quite of recent date. John Hughes, an attendant, who had been left in sole charge of the ward during the performance of the morning service in the chapel, then stated, that the patient, having dirtied himself, he had been obliged to take him to the bath-room to cleanse him and change his clothes, and having occasion to go to another part of the ward for the key of the clothes-press, he had left Price alone in the bath-room for a very short time, and as he returned he saw him, whilst attempting to take off his trowsers, falling back from the side of the bath against which he had been leaning. He struck his head against the wall, and when he picked him up, he noticed that he had injured his ear. After this he was sponged, dressed, and taken back to the day-room. Mr. Davies appears to have accepted this explanation as probable, and to have believed that the injuries on the head might have been inflicted in the manner described by Hughes, but not those on his hand. He noticed a slight difficulty of breathing; but he made no examination of the man's chest, and failed even to ascertain to what extent his hand was injured, as he was very restless.

On the following day, Monday, Mr. Davies found Price sitting by the fire, and John Hughes, who that morning had been appointed by the head attendant to take special charge of him, sitting by his side. He had recently broken a pane of glass, and cut the wrist of his left hand. His breathing was then "hurried;" but he was not particularly restless unless he was touched. Extra diet was then ordered, but no change of treatment, and again, notwithstanding the hurried breathing, no examination of his person was made. Mr. Davies states that the symptoms he observed did not suggest to his mind the idea of broken ribs.

On Tuesday morning, when again seen by the assistant medical officer, he had become much more restless. Hughes, the attendant, had still charge of him; but he was "buffeting himself about," and was ordered to be taken to the padded room. This order was neglected or misunderstood, for when, at six o'clock in the evening, Mr. Davies again visited the ward, he found Price in a single room, and in one of the ordinary bedsteads. He was, however, removed at once, and on the following morning was found in the padded room, the floor of which was also padded, "denuded of his bed-clothes, tossing himself about, and trying to stand up, but unable to do so from weakness." Mr. Davies then noticed that "his breathing was much more difficult," and there were "bronchial râles" and "spasmodic twitchings." These symptoms, and the position in which the patient lay, made Mr. Davies now suspect that he might have broken ribs, but although he appears to have made some attempt to examine his chest, he failed in doing so, because, as he states, the patient was too restless. Wine and a sedative were prescribed, and when, in the evening, Dr. Harder returned to the asylum, the patient's condition was reported to him;

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him; he did not, however, visit him until the following day. He was then weaker and scarcely able to move about. Although present on this occasion, Mr. Davies did not communicate to Dr. Hearder his suspicions as to the existence of fractured ribs, nor did he again see the patient until a short time before he died.

Dr. Hearder having then charge of the case, relates that, without placing his ear to the patient's chest, he could plainly hear the "bronchial râles," and that he tried, but without success, to feel his pulse and examine his tongue, because he was so restless. He thought him "in a very low and feeble state consequent upon passive congestion of the lungs, and the pouring out of serum into the bronchial tubes;" admitting, at the same time, that the symptoms must have suggested to his mind the possibility of some injury to the chest, because he remembered endeavouring to place his hand upon it, in which, however, owing to the patient's restlessness, he did not succeed; his reason for not persevering in the examination being the fear, did fractures exist, of causing further mischief. No binding with rollers, or other treatment for broken ribs, was therefore followed, and no further attempt was made to ascertain the existence of internal injuries, either by medical examination or by inquiries, whether the patient had fallen, or whether anything had occurred which would have been likely to produce them. The patient sank gradually, and died on the 8th January, and on the same day notices were forwarded to our office and to the coroner stating that the apparent cause of death was "cerebral disease and bronche-pneumonia."

The *post-mortem* examination of the body was not made until three days afterwards. Notwithstanding the previous statement of Dr. Hearder, that the symptoms during life must have suggested to his mind the "possibility of some injury to the walls of the chest," he afterwards said that the *post-mortem* examination was made, not because any injuries were suspected, but in accordance with a practice usual in the asylum. In his second notice to the coroner, however, detailing the injuries discovered after death, he further stated that the patient's case "was recognised as one in which broken ribs were likely to be found."

The record of the *post-mortem* appearances, a copy of which is appended, shows that there was chronic disease of the brain, and fatty deposit in the heart, liver, and one kidney; that eight ribs, four on each side, were broken, the position of the fractures being in the front part of the chest; and that there was no displacement of the broken ends of the bones.

Dr. Hearder, in his evidence before us, and in his depositions before the coroner, stated that there was no infiltration of matter round the points of fracture, and no rupture of the pleura, but there was "adhesive inflammation over the whole of both lungs," which were also congested.

Dr. Hearder further stated that he did not examine the fractured ends of the bones, and could not give any opinion when the fractures occurred, but that he "believed the inflammation had not lasted much more than a week, if so much;" adding, that he had not had much experience in *post-mortem* examinations. He considered that "Rees Price died from disease of the brain chiefly, but that the condition of the lungs hastened his death." Mr. Davies was also of opinion that the inflammation of the pleura was caused by the fractures, though that membrane itself was not ruptured.

Although in our recent investigation we have failed to obtain such direct and positive proof as to the time when the injuries of which Rees Price died were inflicted, and the manner in which they were caused as would justify a prosecution, the following analysis of the evidence will show the extreme probability which exists that they were received on the Sunday morning during Divine Service, when the patient was in No. 1 Ward, and further, that they were sustained in a struggle with John Hughes, the attendant.

During the whole time that Price was in the asylum he was unable to make any complaint, or to give a rational answer to a question. There is the strongest proof that, up to the time of his arrival at the asylum, the patient had received no injury; there were no bruises upon his person when admitted. Dr. Hearder, who received him, observed no difficulty of breathing, or other indications which led him to suspect the existence of fractured ribs, and throughout the whole of the evidence there is no allegation that Price received any injury at the hand of another patient.

On Sunday morning, the 2nd of January, being the day after his admission,
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whilst the assistant medical officer was going his rounds soon after Divine Service, he found recent bruises upon his hand and ear, and a slight cut upon the side of his head, and then, for the first time, it was observed that he had a slight difficulty of breathing. John Hughes, who was then the attendant in charge of No. 1 Ward, accounted for the injuries by saying that Price had fallen in the bath-room whilst he was being cleaned. From this time there is no allegation that the patient sustained any other fall or injury, except a cut on the hand from breaking a pane of glass, and the night attendants who visited him frequently gave evidence that during the first three nights when he slept in a room furnished with a bedstead, although often restless, he was never found out of bed.

The difficulty of breathing, however, continued to increase, and more urgent symptoms were observed from day to day. On Wednesday, the 5th, Mr Davies, the assistant medical officer, suspected there were fractured ribs, and the same suspicion arose in the mind of Dr. Hearder on the following day. Two days afterwards the patient died, and their suspicions were confirmed at the *post-mortem* examination.

It is the practice in the Carmarthen Asylum, during Divine Service on Sundays, to leave No. 1 Ward on the male side in the sole charge of one attendant whilst the others accompany the more intelligent patients to chapel. On the Sunday in question John Hughes had been so left without assistance in charge of the ward and 17 patients, amongst whom was Rees Price, the deceased. Most of them were quiet and harmless, but Price was of dirty habits, and is everywhere described as restless and troublesome, and inclined to kick and bite those who interfered with him. On the other hand Hughes, according to the evidence of both the medical officers, was of a hasty temper, and he had on one occasion been reprimanded by the superintendent for rough conduct towards a patient.

When Price had dirtied himself it became the duty of Hughes, who was without assistance of any kind, to clean him, and in the performance of this very disgusting task, he had, no doubt, to bear the restlessness and the attempted bites and kicks of the patient. In these circumstances, and bearing in mind Hughes' hasty temper, it is not difficult to understand how a struggle or scuffle may have arisen in which the ribs of the enfeebled old man were broken. On the contrary, Hughes' version of the circumstance is highly improbable, for supposing Price to have fallen in the bath-room as alleged, it is clear that such an accident would not only be insufficient to fracture his ribs, but it is physically impossible that a fall backwards, in the manner described by Hughes, could have produced the bruise on his ear. Hughes says, "He went backwards; he fell on the ground where there was no chair or seat. I saw his head come against the wall, about two feet from the ground."

It is for the above reasons that we think Rees Price's ribs were fractured in a struggle with the attendant, John Hughes, in the bath-room of No. 1 Ward, on Sunday morning, the 2nd January last.

We now proceed to consider whether there were any circumstances connected with the management of the asylum, or the conduct of its officers, which would be likely to give rise to or favour the occurrences of such an act of violence, or would tend to prevent the immediate detection of the injuries, or the discovery of the person by whom they were inflicted.

1. There can be no doubt that there has been a grave want of judgment in allowing No. 1 male ward to remain with only one attendant on Sunday during the hours of Divine Service. The same objection is to be made to the arrangements on week days, when, during the absence of the working patients, those remaining in the ward are also under the charge of only one responsible person. This fault in the management is the more obvious from the fact that it is in this ward all newly-admitted patients are first placed, and in which, therefore, there should at all times be ample means of supervision and care. Had there been two efficient attendants in the ward on the Sunday in question it is probable that the lamentable event now under consideration would never have occurred.

2. Dr. Hearder was to blame, because, although Rees Price on admission was feeble, blind, and partially paralysed, he gave no special directions that he should receive extra care or extra diet; and when he next saw him on Thursday

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day the 6th, and "the possibility of some injury to the walls of the chest" suggested itself to his mind, he did not make such an examination as he should have done to satisfy himself that such was or was not the fact.

The most serious fault in the medical management of this case, however, must be charged to Mr. Davies for not examining the patient's person, and especially his chest, on the Sunday morning after the alleged fall in the bath-room, when he observed a difficulty of breathing, and noticed the bruises upon his hand and ear. Also, for similar neglect when subsequently the symptoms of chest mischief became more marked, and when, as he admits, he suspected the existence of fractured ribs.

He was also to blame for not mentioning these suspicions to Dr. Hearder.

In the description given by the witnesses as to the restlessness shown by this patient, we cannot discover that there was any insuperable difficulty in making the necessary examination.

Owing to the absence of such examination by Mr. Davies on the Sunday, when the difficulty of breathing and the injuries were first noticed, and subsequently by both the medical officers, the fractures were not discovered, and the patient was deprived of the advantages he might have derived from appropriate surgical appliances and medical treatment.

Further, it is evident, had such examination been made, and had the superintendent satisfied himself as to the state of Price's chest on admission, it would have been possible to fix the period when the injuries were received with the utmost certainty.

We regret to have to allude to a circumstance affecting the accuracy of the records made by Mr. Davies in the case-book. In an entry purporting to have been made on the day of the patient's admission, he reported that he was "almost moribund," whilst in his evidence before us he admitted that this entry did not fairly represent the patient's condition at the time, and that it was not made until after his death.

In conclusion, we think it imperative—

1. That John Hughes be no longer retained as an attendant in the asylum.
2. That no ward, such as No. 1 in the male division, having therein a troublesome patient, be left at any time with only one attendant.
3. That, on the reception of a patient, a medical officer shall, immediately after admission, irrespectively of the existence of bruises or of pulmonary disturbance, satisfy himself by a careful medical examination of the patient's person whether or not the chest is free from injury; and also that the person who has accompanied the patient to the asylum shall not be suffered to depart until the result of such examination is communicated to him.

(signed) *W. G. Campbell.*
J. D. Cleaton.

NOTE as to a Newspaper Report of the Inquest.

Our attention having been directed to a report of the coroner's inquest contained in a Welsh newspaper, and subsequently copied and commented upon by the London Press, in which Mr. Davies is represented to have said, with reference to cases of broken ribs at the Carmarthen Asylum, "We have often seen such cases," we questioned him and also Dr. Hearder on the subject.

Dr. Davies denied that he had ever used the words quoted. He says, "What I said was, we have had one case which was not very satisfactorily accounted for, but was explained by the attendants as a scuffle between two patients. The man who was injured was treated for the broken ribs, and recovered."

Mr. Davies has held his present appointment for nearly five years.

In reference to the same subject, Dr. Hearder said that he did not agree in the statement. There had only been one case of fractured ribs during the two years he had been in the asylum. The patient was still alive. The injury was caused by fighting with another inmate.

(signed) *W. G. Campbell.*
J. D. Cleaton.

HANWELL AND CARMARTHEN LUNATIC
ASYLUMS.

COPY of REPORTS of COMMISSIONERS in LUNACY
made upon the Cases of *Santi Nistri*, a Pauper
Lunatic in the Hanwell Asylum, and *Rees Price*
in the Carmarthen Asylum, who recently died from
broken Ribs and other Injuries in these Insti-
tutions.

(*Mr. Cross.*)

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