

General report of the Royal Hospitals of Bridewell and Bethlem, and of King Edward's Schools, for the year ending 31st December, 1873 : printed for use of the governors / Bridewell Royal Hospital and Bethlem Royal Hospital.

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GENERAL REPORT

OF

THE ROYAL HOSPITALS

OF

BRIDEWELL AND BETHLEM,

AND OF

KING EDWARD'S SCHOOLS,

FOR THE YEAR ENDING 31ST DECEMBER,

1873.



PRINTED FOR THE USE OF THE GOVERNORS.

GENERAL REPORT

REPORT OF THE

COMMISSIONERS OF THE

NAVY

FOR THE YEAR 1871

BATTEN AND DAVIES, STEAM PRINTERS, LONDON. S.W.

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BRIDEWELL HOSPITAL.

APPRENTICES committed to Bridewell Hospital by the Chamberlain of the City of London in 1873.

3 for 21 days.

6 for 14 days.

1 for 7 days.

In four of these cases a part of the period for which the committal had been made was remitted.

A. M. JEAFFRESON,

Clerk, Receiver, &c.


BRIDEWELL HOSPITAL.

LIST OF OFFICERS AND SERVANTS.

	£	s.	d.
1 Surveyor.....	125	0	0
*1 Clerk, Receiver and Accountant.....	385	0	0
*†1 Beadle	78	0	0
2 Clerk's Assistants, at £87 10s. and £60.....	147	10	0
	<hr/>		
	£735	10	0
	<hr/>		

* Lodged and furnished with coals.

† The Beadle has a suit of clothes, and a hat, with twenty-one shillings every year for shoes, and a great coat every three years.



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KING EDWARD'S SCHOOLS.

CHAPLAIN'S REPORT, 1873.

To the Right Worshipful the PRESIDENT, the
Worshipful the TREASURER, and the
GOVERNORS of King Edward's Schools.

MY LORDS AND GENTLEMEN,

I have the honour to present to you my Annual Report
for the year 1873.

Between the 1st January and the 31st December there
were—

Admitted.					Discharged.				
Boys	..	..	..	75	Boys	..	..	..	76
Girls	..	..	..	42	Girls	..	..	..	40
				<hr/>					<hr/>
Total..	..	..	..	117	Total..	..	..	..	116

There were remaining in the two Schools at the end of the
year, 146 boys, and 151 girls, making a total of 297 inmates,
in addition to three pupil teachers (boys), and two pupil
teachers (girls).

No addition was made during the year to the ordinary number in residence, which remains as before 150 in each School.

The inmates discharged during the year have been disposed of as follows :—

BOYS.

To the Royal Navy.. .. .	23
To the Army	9
To Situations (various)	18
To Friends, at their request	22
Emigrated with their Friends	3
Died	1
	<hr/>
	76

GIRLS.

To Situations (various).. .. .	33
To Friends, at their request.. .. .	6
Sent home ill	1
	<hr/>
	40

It is a matter of sincere regret to me that no less than 22 boys and 6 girls have been removed by their friends without being provided with situations, and against my advice. I regret further to observe that the number so removed increases every year. I am quite able to account for the fact. As regards the boys, ever since the Admiralty raised the age of admission into the Royal Navy, from 14 to 15, I have remarked that there is a growing disinclination on the part of the parents to allow their sons to enter the service—a disinclination arising not so much from any positive objection to the service, but from a selfish and short-

sighted wish that they may obtain employment nearer home, and contribute a portion of their wages towards family expenses. The services of a boy of 14 are of little worth; but a boy 15 years of age, who has had from two to three years training, mental and industrial, such as we give in our School, can generally succeed in earning 8 or 10 shillings a week, which he can bring home to his mother. Such situations as the boys obtain through their friends are usually of a very temporary and unsatisfactory nature, and the boys lose, of course, the outfits of clothes which they would have received from the Governors, and the subsequent rewards for good conduct in their places. Moreover, it has not unfrequently happened that the ill-advised act of removing them from the School has been bitterly regretted afterwards, and I have been applied to by the very persons who rejected my counsel before, to use my interest in placing them in the Royal Navy. I am informed by Capt. Wilson, R.N., the Inspector of Training Ships, that he has also noticed a growing disinclination on the part of parents to sign the necessary papers of consent: and he attributes it to the same cause that I do.

As regards the girls, they have been removed from the School to assist their mothers in household work at home. The Sub-Committee, most properly, invariably discountenance this action on the part of the relations—I can hardly with propriety call them *friends*—but have no power to prevent it.

The Boys' School was inspected and examined in the presence of several Governors on 19th July, by E. C.

TUFNELL, Esq., one of Her Majesty's School Inspectors ; and the Girls' School, by the Chaplain of Magdalen Hospital on 26th June. We have been indebted to these gentlemen for their services in several previous years : and they have always made their examinations as searching as the short time at their disposal will allow. I transcribe their reports, which I trust you will consider perfectly satisfactory.

BOY'S SCHOOL, WITLEY.

[Copy of Inspector's Report.]

The School is in excellent order throughout, and I must especially remark on the healthy appearance of the children. The readiness and obvious desire of all to answer the questions I put to them, and their free and open manners, is a proof that they have been kindly treated. The examination they passed indicates no small skill and diligence in their teachers, and their geography, writing, and spelling were especially deserving of commendation ; but they were quite up to the average in the other subjects.

E. CARLETON TUFNELL,

H. M. Inspector of Schools."

19th July, 1873.

GIRL'S SCHOOL, LONDON.

THE MAGDALEN,

26th June, 1873.

MY DEAR SIR,

On Tuesday I inspected the domestic arrangements of King Edward's School (Girls), and found everything cleanly, neat, and wholesome. The Children looked bright and healthy. The examination of 1872 was a very satisfactory one, and I think the new mistress has quite kept things to the goal then attained ; and I think you have every reason to be satisfied with the state of things in the School.

Very truly yours,

J. WALLACE.

JOHN BAGGALLAY, Esq.

The late Bishop of Winchester had kindly expressed his intention of holding another Confirmation at the Girls' School, and we were preparing for his visit when the sad accident occurred which deprived the Church of the services of that most excellent and energetic Prelate. His Lordship, besides being Bishop of the Diocese in which our Schools are situated, was a Governor of the Royal Hospitals of Bridewell and Bethlehem, and always manifested a warm interest in their prosperity. His successor in the See most kindly undertook, (I am sure at much personal inconvenience) the duty which his lamented predecessor had promised, and performed his first episcopal act in his new Diocese by confirming in our Chapel 50 girls on Nov. 5th—singularly enough the anniversary of Bishop Wilberforce's last visit. On this occasion 57 former inmates attended and received the Sacrament with the newly confirmed.

The Annual Concert at Witley on the 23rd and 24th January brought a large number of our neighbours around us as usual, and I think I may say was as successful as in former years.

One hundred and thirty-three rewards were given by the Committee during the year to former inmates who had maintained good characters in their situations. 30 boys and 27 girls were rewarded for the first time, 25 boys and 19 girls for the second time, and 25 boys and 6 girls for the third and last time.

The health of the inmates has been remarkably good during the year; and I have had little to complain of in

their moral conduct. No serious breach of discipline has occurred, and punishment in either School is almost unknown.

I believe I have nothing more to add than the expression of my thanks to the Governors for the confidence and support with which they continue to honour me.

I remain,

My Lords and Gentlemen,

Your obedient Servant,

EDWARD RUDGE, LL.B.

Chaplain and Superintendent.

WITLEY, *January 17th*, 1874.

No. 1.

EXPENDITURE IN THE KING EDWARD'S SCHOOLS IN THE
YEARS 1872 AND 1873.

	1872.			1873.		
	£	s.	d.	£	s.	d.
Meat.....	870	13	4	904	3	6
Bread and Flour	954	3	4	1095	19	9
Potatoes, Oatmeal, &c.....	228	10	2	234	14	9
Milk	268	5	4	313	9	9
Cheesemongery, &c.....	797	10	10	862	18	5
Tea and Groceries.....	321	12	0	337	4	0
Beer	53	11	3	81	0	6
Total Cost of Provisions....	3494	6	3	3829	10	8
Clothing and Bedding	1148	19	0	1069	14	1
Soap, Oil, and Candles	176	7	4	214	6	4
Coals and Firewood.....	338	15	11	625	18	5
Medicine	68	13	3	74	10	10
Furniture and Repairs	511	8	0	678	4	11
Salaries of Officers, Wages of Servants, &c.	2004	2	9	2112	0	3
Rent and Taxes	501	13	4	506	0	7
Printing and Stationery	116	18	3	148	12	1
Workmen's Bills for Repairs	1537	4	1	1451	11	5
Casual Payments and Sundries	106	3	1	107	3	11
Outfit of Inmates, and Gratuities	869	5	4	976	13	3
Superannuation Annuities	195	0	0	205	0	0
Washing	75	15	0	267	16	0
	£11144	11	7	12267	2	9

No. 3.

ADMISSIONS.

Years.	Bridewell Hospital.			From Prisons or been in Prison			Hospitals.			Home.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 1830 to 1839 inclusive.	73	55	128	69	46	115	1	67	68	66	101	167	209	269	478
1840 to 1849 inclusive.	146	39	185	47	41	88	2	10	12	158	235	393	353	325	678
1850 to 1859 inclusive.	40	11	51	287	77	364	1	1	2	612	432	1044	941	521	1462
1860 to 1869 inclusive.	..	..	..	35	7	42	4	3	7	788	487	1275	827	497	1324
1870	..	..	..	1	..	1	..	..	..	56	47	103	57	47	104
1871	..	..	..	1	..	1	..	..	..	65	55	120	66	55	121
1872	..	..	..	1	..	1	..	..	..	74	74	148	75	74	149
1873	..	..	..	..	..	..	..	..	..	75	42	117	75	42	117
	259	105	364	441	171	612	8	81	89	1894	1473	3367	2603	1830	4433

GEO. H. HAYDON,

Steward, &c.

No. 4.

STATE OF SCHOOL for the Year ending 31st December, 1873.

OCCUPATIONS OF INMATES.

MONITORS.		OCCUPATIONS.	M.	F.	TOTAL.
M.	F.				
2	..	Tailors.. .. .	26	..	26
3	..	Shoemakers.. .. .	26	..	26
1	..	Engineers	6	..	6
3	..	Garden	22	..	22
..	1	Needlework.. .. .	..	38	38
..	2	Laundry and Washing .. .. .	..	25	25
2	6	Household	41	46	87
..	1	Kitchen	6	12	18
..	..	Gate Keepers	2	2	4
1	2	Attending School only	17	28	45
12	12	TOTAL	146	151	297

ABILITY OF INMATES TO READ ON ENTRY.

		M.	F.	* TOTAL.
Very Good Readers .. .. .	..	..	..	..
Good ditto .. .. .	..	7	6	13
Very Fair ditto .. .. .	..	17	13	30
Fair ditto .. .. .	..	41	34	75
Indifferent ditto .. .. .	..	36	28	64
Read Monosyllables only .. .. .	..	31	40	71
Knew Letters only .. .. .	..	10	14	24
Did not know their Letters .. .. .	..	4	16	20
TOTAL .. .. .	..	146	151	297

No. 4. — (continued.)

DEGREES OF ACQUIREMENTS of present Inmates, December 31st, 1873.

READING AND SPELLING.	WRITING.						ARITHMETIC.						CHURCH CATECHISM.				Learning English History.		Learning Geography.		Learning Singing for Church Service.												
	Good.		Fair.		Indifferent.		Learning.		Working Weights and Measures, Practice, Proportion, &c.		Working Compound Rules (money) and Reduction.		Working Simple Rules.		Learning.		Perfect.		Learning.		Learning English History.		Learning Geography.		Learning Singing for Church Service.								
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
54	54	55	61	24	29	13	7	48	53	48	56	49	38	1	4	41	40	41	39	48	56	17	15	119	118	27	33	72	79	146	151	146	151

Average present Age of Inmates . .	Males.		Females.	
	Years.	Months.	Years.	Months.
	13	6	13	11
Average Time of Stay in School . . .	Males.		Females.	
	Years.	Months.	Years.	Months.
	2	1	1	7

No. 5.

Dr.

SHOEMAKER'S ACCOUNT FOR 1873.

WITLEY.

	£	s.	d.
Stock on hand, Jan. 1st, 1873	34	7	6
Materials received during the year, and petty cash paid	184	16	5
	<hr/>		
Stock on hand Dec. 31st, 1873.....	£219	3	11
	64	7	8
	<hr/>		
Shoemaker's Wages	£154	16	3
Allowance for House-rent, Garden, &c.	66	0	0
Coals, Chandlery, Lights, and Sundries	15	0	0
Profit on the year	8	0	0
	15	13	1
	<hr/>		
	£259	9	4
	<hr/>		

No. 6.

Dr.

TAILOR'S ACCOUNT FOR 1873.

WITLEY.

	£	s.	d.
Stock on hand Jan. 1st, 1873	149	7	5
Goods received during the year, and petty cash payments.....	232	17	11
	<hr/>		
Stock on hand Dec. 31st, 1873.....	£382	5	4
	188	2	2
	<hr/>		
Tailor's Wages	£194	3	2
Allowance for House-rent, Garden, &c.	66	6	0
Coals, Chandlery, Lights, and Incidental Expenses	15	0	0
	8	0	0
	<hr/>		
	£283	9	2
	<hr/>		

No. 5.

Cr.

SHOEMAKER'S ACCOUNT FOR 1873.

WITLEY.

	£	s.	d.
Boots and Shoes supplied to Girls' King Edward's Schools, London, with repairs.....	231	19	4
Boots and Shoes supplied to Boys' King Edward's Schools, Witley, with repairs.....	27	10	0

AMOUNT OF WORK DONE.

	Made.	Repaired.
Boys' boots and shoes—pairs	226	2341
Girls' ditto	100	
Pairs of strings	—	—
Hammock straps	229	
Braces, boys'	48 pairs	

 £259 9 4

No. 6.

Cr.

TAILOR'S ACCOUNT FOR 1873.

WITLEY.

	£	s.	d.
Clothes supplied to Boys' King Edward's Schools, Witley, with repairs	279	11	10
Loss on the year	3	17	4
Pupil Teachers.—3 suits, 5 serge jackets, 3 vests, 1 pair trousers made.			

AMOUNT OF WORK DONE.

	Made.	Repaired.
Jackets	20	—
Vests.. .. .	40	—
Trousers	209	3062
Blue Serges	108	297
Canvas Jumpers	191	1461
Pairs Braces	—	132
Rugs.. .. .	—	57
Hammocks and Beds	—	3
Blankets	—	17
White shirts	—	266
Boys' caps	—	296

 £283 9 2

GIRLS' NEEDLEWORK, 1873.

No. 7.

NEW WORK.

					<i>s.</i>	<i>d.</i>			£	<i>s.</i>	<i>d.</i>	
591	Shirts	..	..	..	at	0	6	each	..	14	15	6
771	Handkerchiefs	..	..	..	"	0	1	"	..	3	4	3
446	Gowns	..	..	..	"	2	0	"	..	44	12	0
807	Aprons	..	..	..	"	0	2	"	..	6	14	6
443	Chemises	..	..	..	"	0	4	"	..	7	7	8
80	Nightgowns	..	..	..	"	0	4	"	..	1	6	8
551	Petticoats	..	..	..	"	0	3	"	..	6	17	9
589	Stockings, marked		..	..	"	0	1	"	..	2	9	1
29	Shoes, bound	..	..	..	"	0	1½	"	..	0	3	7
369	Sheets	..	..	..	"	0	1	"	..	1	10	9
2	Pillow Cases	..	..	..	"	0	1	"	..	0	0	2
14	Tablecloths	..	..	..	"	0	1	"	..	0	1	2
310	Towels	..	..	..	"	0	0½	"	..	0	12	11
173	Dusters	..	..	..	"	0	0½	"	..	0	7	2
102	Collars	..	..	..	"	0	0½	"	..	0	4	3
									£90	7	6	

REPAIRS.

1,443	Gowns	.	..	..	"	0	3	"	..	18	0	99
4,189	Aprons	..	..	..	"	0	1	"	..	17	9	11
787	Caps..	..	..	..	"	0	1	"	..	3	5	77
1,599	Chemises	..	..	..	"	0	1	"	..	6	13	33
309	Nightgowns..	..	..	..	"	0	1 $\frac{1}{2}$	"	..	1	18	77
1,979	Petticoats	..	..	..	"	0	1 $\frac{1}{2}$	"	..	12	7	41
7,131	Stockings	..	..	..	"	0	1	"	..	29	14	33
924	Sheets	..	..	..	"	0	2	"	..	7	14	C
1	Pillowcase	..	..	..	"	0	1	"	..	0	0	M
1	Tablecloth	..	:	..	"	0	1	"	..	0	0	I
98	Jackets	..	..	..	"	0	2	"	..	0	16	4
3,422	Mittens	..	..	..	"	0	1	"	..	14	5	33
										<hr/>		
										£112	4	7
New Work										90	7	0
										<hr/>		
Total										£202	12	I
Estimated Cost of Materials ..										64	5	8
										<hr/>		
Profit on Girls' Needlework ..										£138	6	51

LONDON AND WITLEY.

No. 8.

SUMMARY OF PROFITS ON TRADES AND NEEDLEWORK, 1873.

					£	s.	d.
Profit on Shoemaker's Work, Witley	..	..	..	..	15	13	1
Profit on Girls' Needlework, London	..	..	..	..	138	6	5
					153	19	6
Loss on Tailor's Work, Witley	..	..	..	..	3	17	4
					£150	2	2

KING EDWARD'S SCHOOL, WITLEY.

No. 9.

DAILY ROUTINE.

FROM	TO		DURATION.
H.M.	H. M.		H. M.
*6.0	6.30	Boys rise, Wash, be inspected, and marched to Shops, or other Employment.. ..	30
6.30	8.0	Boys employed in Shops or other Employment ..	1.30
8.0	9.0	Prayers, Breakfast, and Recreation ..	1.0
9.0	12.45	School, Shops, and other Employment. (School dismissed at 12 o'clock)	3.45
12.45	1.0	Preparation and Inspection for Dinner ..	15
1.0	2.0	Dinner and Recreation	1.0
2.0	5.45	School, Shops, and other Employment. (School dismissed at 4.30: and at 3.30 on Wednesdays) ..	3.45
5.45	6.0	Preparation and Inspection for Supper ..	15
6.0	7.45	Supper and Recreation (Night School Library open in Winter).. ..	1.45
7.45	8.0	Prayers and Bed	15

SUNDAY ROUTINE.

7.0	8.0	Boys rise, Wash, and prepare for the proper spending of Sunday	1.0
8.0	10.0	Prayers, Breakfast, and Walking in Grounds ..	2.0
10.0	11.0	All Boys in School	1.0
11.0	1.0	Divine Service	2.0
1.0	6.0	Dinner and Walking in Grounds (Sunday School Library open)	5.0
6.0	7.0	Supper and Walking in Grounds	1.0
7.0	8.0	Divine Service and Bed	1.0

REGULATIONS.

1. The Boys are in two divisions, which attend the Shops, &c., and the Schools, on alternate days, receiving on an average $15\frac{1}{2}$ hours Instruction in School, and 24 hours Industrial Employment per week.

2. Half Holiday every Saturday, from 12 a.m., when boys are to bathe.

3. Choir Practice, and Fife and Drum Band, on alternate days, from 12 to 12.45 p.m.

4. Drill for School Boys, in summer from 5 to 5.45; and in winter from 12 to 12.45, when weather will permit.

The whole School to Drill twice-a-week during summer months, after supper

* Half-an-hour later in Winter Months.

No. 10.

LONDON.

DAILY ROUTINE.

Hours of Rising.

Six o'clock in the summer months, and not later than 7 o'clock in the winter months.

After private prayer in each dormitory, washing, dressing, &c.

On Week-days.

The girls selected for employment in the Laundry and Kitchen, and in Household Work, to be engaged in their particular occupations, and the rest in making beds, and sweeping and cleaning the dormitories and other apartments on the female side.

From 8 to 9 o'clock.—Prayers, breakfast, and recreation.

Girls selected for particular employments to be at their respective occupations from 9 to 1 o'clock, as the Matron shall direct; and on alternate days at school during the same hours.

From 1 to 2 o'clock.—Dinner and recreation.

Girls selected for particular employments to be at their respective occupations, and the rest at needlework, from 2 till 5 o'clock, and in occupation from 5 till 6 o'clock, as the Matron shall direct.

From 6 to 7½ o'clock.—Supper and recreation.

From 7½ to 8 o'clock.—Prayer.

8 o'clock.—Bed-time.

On Saturdays.

No school to be kept, either in the morning or afternoon. The girls on this day to be engaged in cleaning the establishment, assorting and distributing clean linen, using the bath, and in such other occupations as the Matron shall direct. The recreation of the inmates to be, when the weather will permit, in the airing grounds, and at other times in the day-rooms, which are to be provided with suitable books for amusement and instruction.

On Sundays.

Until 8 o'clock.—The inmates to be occupied in *making beds, changing linen, and delivering up all that is dirty*, and preparing for the proper spending of the day.

From 8 to 10 o'clock.—Breakfast, and walking in the airing grounds, when the weather will permit

From 10 to 12 o'clock.—In school rooms, reading the Lessons for the day, repeating Catechism, and answering questions on scriptural subjects.

From 11 to 1 o'clock.—In Chapel for Morning Service and Sermon.

1 o'clock.—Dinner.

From 1½ to 3 o'clock.—In the day rooms, and airing courts.

3 o'clock.—Afternoon Service in Chapel and Sermon.

7 o'clock.—Supper.

8 o'clock.—Bed-time.

No. 11.

WITLEY.

DIETARY TABLE—BOYS.

	BREAKFAST.			DINNER.										SUPPER.			
	Bread.	Butter.	*Porridge.	†Roast Mutton.	†Boiled Beef.	†Roast Beef.	Bread.	Vegetables.	Baked Plum Pudding.	Baked Batter Pudding.	Baked Rice Pudding.	†Soup.	Cheese.	Butter.	Bread.	Cheese.	Milk.
	oz.	oz.	pt.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	pt.	oz.	oz.	oz.	oz.	pt.
Sunday	8	1	1	6	-	-	4	12	-	-	-	-	-	-	8	1½	½
Monday ..	8	1	1	-	-	-	4	-	Wtr. 16	Smr. 8	-	-	1	-	8	1½	½
Tuesday ..	8	1	1	-	6	-	4	12	-	-	-	-	-	-	8	1½	½
Wednesday	8	1	1	-	-	-	¶4	-	-	-	Smr. 8	Wtr. 1	-	Smr. 1	8	1½	½
Thursday ..	8	1	1	6	-	-	4	12	-	-	-	-	-	-	8	1½	½
Friday	8	1	1	-	-	6	4	12	-	-	-	-	-	-	8	1½	½
Saturday ..	8	1	1	-	-	-	4	-	Wtr. 16	Smr. 8	-	-	1	-	8	1½	½
	56	7	7	12	6	6	28	48	32	16	8	1	2	1	56	10½	3½

WEEKLY SUMMARY.

Summer ..	140	8	7	24	-	48	-	16	8	-	-	-	-	-	12½	3½
Winter	142	7	7	26	-	48	32	-	-	-	1	-	-	-	12½	3½

Males—Solid Food per head.. { Summer 256 oz. Weekly, or 36 oz. per day.
 { Winter 267 oz. Weekly, or 38 oz. per day.

Christmas Eve—1 lb. Plum Cake to each Boy, and Tea.

Christmas Day—8 oz. Cooked Roast Beef, free from bone, 1 lb. Plum Pudding, and 2 Oranges each.

New Year's Day—8 oz. Cooked Roast Beef, free from bone, and a large Mince Pie each

Annual Concert—1 lb. Plum Cake and Tea, 2 Oranges each.

The Sick are dieted at the discretion of the Medical Officer.

The Steward has liberty to vary the Diet occasionally by Fruit Pies, Fish, and Fruit, &c., when plentiful and good.

The above to be considered maximum allowances, and all quantities unconsumed are to be taken in diminution of the next supply from the Stores.

* *Porridge*—composed of 1½ oz. oatmeal, ½ oz. sugar, and ⅓ pint of new milk.

† *Meat*—cooked and free from bone.

‡ *Soup*—Liquor from boiled meat, with the addition of not less than 14 lbs. of leg of beef or other good meat, with Scotch Barley, rice, herbs, &c.

¶ Wednesday's Dinner, in winter, 6 oz. Bread in lieu of 4 oz.

No. 12.

LONDON.

DIETARY TABLE—GIRLS.

	BREAKFAST.			DINNER.										SUPPER.			
	Bread.	Butter.	Cocoa.	*Boiled Beef.	*Roast or Boiled Mutton.	Vegetables.	Plum or Batter Pudding.	Baked Rice Pudding.	Boiled Suet Pudding.	†Soup.	Cheese.	Bread.	Rice Milk.	Butter.	Bread.	Cheese.	Milk.
	oz.	oz.	pt.	oz.	oz.	oz.	oz.	oz.	oz.	pt.	oz.	oz.	pt.	oz.	oz.	oz.	pt.
Sunday	6	1	1	6	-	12	-	-	-	-	-	4	-	-	6	1½	½
Monday ..	6	1	1	-	-	-	8	-	-	-	1	4	-	-	6	1½	½
Tuesday ..	6	1	1	-	-	-	-	Smr. 7	-	Wtr. 1	-	4	-	-	6	1½	½
Wednesday	6	1	1	-	6	12	-	-	-	-	-	4	-	-	6	1½	½
Thursday ..	6	1	1	-	-	-	-	-	8	-	1	4	-	-	6	1½	½
Friday	6	1	1	-	6	12	-	-	-	-	-	4	-	-	6	1½	½
Saturday ..	6	1	1	-	-	-	-	-	-	-	-	4	1	1	6	1½	½
	42	7	7	6	12	36	8	7	8	1	2	28	1	1	42	10½	3½

WEEKLY SUMMARY.

Summer ..	112	8	7	18	36	8	7	8	-	-	-	1	-	-	12½	3½
Winter	112	8	7	18	36	8	-	8	1	-	-	1	-	-	12½	3½

Females—Solid Food per head, 209 oz. weekly, or 30 oz. per day, nearly.

The Six Kitchen Girls have Tea daily at 4 o'clock.

Twenty Laundry Girls have Tea on Monday and Tuesday.

Three Mangling Girls have Tea daily.

Christmas Day—7 oz. cooked Roast Beef, and a large Mince Pie each.

New Year's Day—Plum Pudding, 1 lb., and 7 oz. cooked Roast Beef.

The Sick are dieted at the discretion of the Medical Officer.

The Steward has liberty to vary the Diet occasionally by Fruit Pies, Fish, and Fruit, &c., when plentiful and good.

The above to be considered maximum allowances, and all quantities unconsumed are to be taken in diminution of the next supply from the Stores.

* *Meat*—Cooked, and free from bone.

† *Soup*—Liquor from boiled meat, with meat added, and Scotch barley, rice, herbs.

No. 13.

LIST OF OFFICERS AND SERVANTS.

KING EDWARD'S SCHOOLS,

WITLEY.**

	£	s.	d.
1 Chaplain and Superintendent (with residence partly furnished)	600	0	0
* 1 Steward	150	0	0
* 1 Storekeeper (furnished residence)	120	0	0
* 1 Schoolmaster (ditto)	160	0	0
† 1 Cook	30	0	0
† { 1 Gate Porter	10	0	0
† { 1 Drill Master 27s. per week	70	4	0
† 1 Assistant Drill Master 27s. per week	70	4	0
† 1 Engineer 30s. „	78	0	0
† 1 Shoemaker 27s. „	70	4	0
† 1 Tailor 27s. „	70	4	0
1 Gardener, share of £78 per annum	39	0	0
|| 3 Labourers (one at 17s., two at 16s. per week)	127	8	0
	<u>£1595</u>	<u>4</u>	<u>0</u>

KING EDWARD'S SCHOOLS,

LONDON.

	£	s.	d.
|| 1 Assistant Chaplain	150	0	0
|| 1 Clerk	40	0	0
|| 1 Steward's Clerk	45	0	0
† 1 Storekeeper	120	0	0
† 1 Matron	165	0	0
|| 1 Organist	20	0	0
† 1 Schoolmistress	50	0	0
† 1 Sewing Mistress	35	0	0
† 1 Cook	25	0	0
† 1 Laundress	30	0	0
† 1 Assistant ditto	12	0	0
† 1 House Maid	8	0	0
† 1 Gate Portress	12	10	0
	<u>£712</u>	<u>10</u>	<u>0</u>

* Furnished Apartments.

|| Neither boarded nor lodged.

† Lodged only and limited supply of coals and gas.

‡ Boarded and lodged.

LIST OF OFFICERS AND BREVETTES

THE NEW YORK PUBLIC LIBRARY

ASTEN LENOX TILDEN FOUNDATION

THE NEW YORK PUBLIC LIBRARY

ASTEN LENOX TILDEN FOUNDATION

THE NEW YORK PUBLIC LIBRARY

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BETHLEM HOSPITAL.

REPORT.

To the Right Worshipful the PRESIDENT, the
Worshipful the TREASURER, and the
GOVERNORS of the Royal Hospital of
Bethlem.

MY LORDS AND GENTLEMEN,

I have the honour to present you with the Report of this
Hospital, for the year 1873, accompanied by the usual
Statistical Tables.

During the year 208 patients were admitted, 199 were
discharged, and 19 died.

On the 1st January, 1874, 240 patients remained in the Hospital, classified as follows:—

	Males.	Females.	Total.
Curable	74	110	184
Incurable	25	30	55
Criminal .. ..	..	1	1
<hr/>			
Total	99	141	240

The 208 patients admitted were as follows:—

	Males.	Females.	Total.
Curable	88	119	207
Incurable	1	—	1
<hr/>			
Total	89	119	208

The 199 patients discharged were:—

	Males.	Females.	Total.
Cured	31	78	109
Uncured	30	34	64
For special reasons ..	15	11	26
<hr/>			
Total.. ..	76	123	199

The 19 patients who died were:—

	Males.	Females.	Total.
Curable	10	8	18
Incurable	1	—	1
<hr/>			
Total	11	8	19

The number cured is satisfactory as compared with former years, being nearly 53 per cent. on the admissions. The number of deaths is also below the average, being 8 per cent.

on the daily number resident in the Hospital, and 4 per cent. on the entire number under treatment.

I am quite aware that the statistics for a single year are not of much value; but it is gratifying to find that there has been no falling off as regards the general efficiency of the Institution.

Twenty-six patients are described as being discharged for "special reasons;" of this number, several were removed by their friends before recovery was complete, and contrary to medical advice. When so removed such patients are not eligible for re-admission, and help to swell our list of "uncured," when probably a short extension of residence in the Hospital would have enabled me to present them to the Committee as cured.

The number of females continues considerably in excess of males; and increased accommodation on the female side would be a great boon. It is, however, difficult to suggest how this could be obtained without considerable structural alteration; and there are many serious difficulties to be overcome before any portion of the male department could be utilized for females.

On the 26th of November, two of the Commissioners in Lunacy visited the Hospital, and left the following Report, which enters fully into the various alterations and improvements that have been made in the wards during the past twelve months:—

BETHLEM HOSPITAL. S.E.

November 26th, 1873.

(Copy from "Visitor's Book.")

The admissions into this Hospital since the last visit in January, 1872, have been 383, *i.e.*, 156 males and 227 females; and in the same period, 343 patients have been discharged, that is to say, 130 males and 213 females. Altogether 42 have died, *i.e.*, 22 males and 20 females. Amongst the deaths there were three suicides by hanging, and a male patient who was absent on leave destroyed himself by means of a pistol which he had obtained possession of. All the facts connected with these cases were duly reported to our Board. The chief causes of death in the other cases were—exhaustion after mania or melancholia in 17 instances; general paralysis, 7; and epilepsy, 5. Post mortem examinations are, as a general rule, made in all cases.

The patients now on the books are 243 in number, of whom 101 are males, and 142 are females. Of these, 26 are absent at Witley, and 5 males and 6 females are on leave with their friends. In the case of 2 females, whose names will be found in the Patients' Book, the leave of absence seems to have expired a long time since, and we have requested that notice of their discharge may be at once sent to our office.

In the Patients' Book we have also mentioned several patients who appear to be convalescent, and Dr. WILLIAMS informs us that a considerable number of those at Witley are

well, and will shortly be discharged. In reference to the Witley Home, we may here state that during the present year 92 patients of both sexes have had the advantage of going there for various periods. The testimony of all we spoke to was highly favourable to that branch establishment, and we trust that ultimately it will be extended and kept open and occupied throughout the year, and have its own staff of officers.

In the male division there was great freedom from excitement, but as usual, several of the females in No. 1 Ward were excited and noisy, and we are glad to find that arrangements are now nearly completed by which the subdivision of the patients in this ward will be effected, by bringing into use the "Back Ward," which has been fitted up with lavatory, scullery, sitting and dining room, so as to form a separate ward for about 15 patients. We have no doubt this will be found very useful, and a similar change on the male side will be desirable; but still every means should be adopted to render the basement ward in each division as cheerful and light as possible, and if there is no insuperable structural difficulties, we think that the removal of the wall between the dining room and corridor, and enlarging the windows as much as possible in the former, would be found very advantageous.

With reference to the recommendations last made by our colleagues, we can report that the single rooms in No. 1 Ward in each division are all now brought within the arrangements for heating, and the increase of provision for gas light in the male division is now in progress. Other

improvements since last visit comprise—lath and plaster to the ceilings in the bed rooms at east end of the female ward No. 4, which were formerly affected by damp; the substitution of open fire-places for hot water pipes in the sitting rooms of two wards on the female side; and the heating, by hot water apparatus, of bed rooms and recesses in No. 1 Ward in the male division.

The improvement effected by papering the wards in the basements has been very great, and if by degrees the walls of the dormitories and single rooms throughout the Hospital were plastered and papered, it would no doubt have a very beneficial influence on the patients.

With some exceptions amongst the worst class of females, the clothing and personal condition of the patients was to-day satisfactory, and we found the various rooms clean, and the beds in excellent order, and amply supplied with bedding. We doubt whether the night ventilation of the single rooms, and especially those in the female division, occupied by two patients, is sufficient; we suggested to Dr. WILLIAMS that a small opening near the floor, for the admission of fresh air, would be advisable.

We were present at dinner in one of the female wards; the conduct of the patients was orderly. The dinner comprised boiled mutton, vegetables, and beer.

Four patients only were to-day in bed. Of these 3 were infirm and paralysed, and the fourth was a young man sinking under consumption.

No patient was in seclusion or under restraint as we passed through the wards, there is no entry of restraint in the medical records, but we learn from them that seclusion has been employed with two males; altogether on 11 occasions, and with 14 females on 224 occasions, 163 of which were applicable to one patient, who is subject to attacks of excitement, and often passes a week or more at a time in her own room.

The means of occupation and amusement seem to us sufficient. A large number of the patients are permitted to walk beyond the Asylum grounds, which, we may observe, are well attended to; but no conveyance is kept for the use of such patients as are unable to take walking exercise. The customary evening entertainments are given. They include readings, concerts, dances, and whist parties, and it is proposed this winter to revive dramatic performances. A very good Racket Court has been erected, and the Billiard Room is always open for play.

The wages of the attendants, whose staff has been increased by the employment of 2 additional females, now range on the male side from £25 to £40; the women begin with £18 and advance to £30. 3 men and 2 women are generally on duty at Witley.

The patients attending Chapel on Sunday are on an average 100.

We had no complaint from any patient of harsh treatment on the part of the attendants, and we are satisfied that both

on the part of the Committee and Medical Superintendent every effort is made to counteract the evils incident to the structural defects of the old part of the building.

(Signed) CHAS. PALMER PHILLIPS, } *Commissioners*
JAMES WILKES. } *in Lunacy.*

The division of No. 1 Female Gallery into two wards has now been carried out, and already has produced most beneficial results in the increased comfort and freedom from excitement in each section. Two or three of the patients who, before the alteration, were constantly in seclusion, now occupy the smaller division; and it is rarely found necessary to separate them from the other inmates. This is, in a great measure, due to the increased number of attendants, and the greater care that is thus able to be given to this class of patients.

A similar change on the male side would, for some reasons, be desirable; but at present we have ample accommodation for all our male patients, and the increased day-room thus obtained is not required.

The Convalescent Establishment at Witley was occupied from May 13th to December 13th; and 102 patients were sent down for periods varying from one to four months.

The following table gives the average number of patients

resident daily at the Convalescent Establishment during the time it was open:—

				Males.	Females.	Total.
Curable	..	..	..	4	13	17
Incurable	.	..	..	2	7	9
				<hr/>	<hr/>	<hr/>
Total..	..			6	20	26

The change for a short time into the country during convalescence was, in most cases, of the greatest possible service to the patients; and although the privilege was extended to its utmost limits, in only three instances was it found necessary to curtail the holiday, and bring patients back to town.

During the summer several very enjoyable excursions were made in the neighbourhood of Witley, and a garden party was given, which was largely attended, some of the patients in London going down to it. By the kindness of the Rev. Mr. RUDGE, the band of the King Edward's Schools played during the afternoon, and the summer fête is still looked back to with pleasure by many who were present.

One female patient died suddenly whilst at Witley. She had long been suffering from heart disease, and no inquest was deemed necessary by the Coroner.

At Bethlem Hospital the amusements and occupation of the patients continue as in former years. Visits are frequent-

ly made to the Crystal Palace and other places of amusement, and we are often indebted to kind friends, who give their assistance in helping to make an evening pass agreeably.

I have this year refrained from adverting to medical topics in this portion of my Report, but with the able assistance of my colleague, Dr. SAVAGE, I have added an Appendix, which I trust may be interesting to some of the Governors and others who take part in the work that is being done in our public Lunatic Asylums.

I may here express my gratitude to the Committee for their liberality in placing every means of treatment at my disposal that can in any way be considered beneficial for the care or improvement of the inmates of this Hospital.

There have been very few changes in the staff of attendants during the year: and there has been no case of dismissal for misconduct of any kind.

I consider the present satisfactory state of the Hospital is mainly due to the cordial good feeling that exists between the officers and all who work with them. My thanks are especially due to Dr. SAVAGE, who is a most zealous and hard working colleague; and from Mr. HAYDON I have always obtained a ready and cheerful assistance in everything connected with the welfare of the patients.

In conclusion, I can only express my deep sense of the kind manner in which I have been invariably treated by the

Committee, and venture to hope that I may continue to enjoy their confidence for many years to come.

I have the honor to be,
My Lords and Gentlemen,
Your very obedient Servant,
W. RHYS WILLIAMS, M.D.

Bethlem Hospital,
January 24th, 1874.

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TABLES.

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No. 2.

AVERAGE NUMBER OF PATIENTS in the HOSPITAL, attending Chapel, and under restraint, during the last Fifty-three years.

During the Years	Number of Patients.	Sunday Chapel Attendance.	Weekly average of Patients under restraint.
1841 } to } 1850 } inclusive.	382	*113, or 29 per cent.	2 per cent.
1851 } to } 1860 } inclusive.	345	166, or 48 per cent.	None.
1861 } to } 1870 } inclusive.	278	†141, or 51 per cent.	None.
1871	242	‡108, or 40½ per cent.	None.
1872	232	‡102, or 43·9 per cent.	None.
1873	237	‡95, or 40 per cent.	None.

AVERAGE DAILY NUMBER OF PATIENTS EMPLOYED.

Males	76
Females	61

137

* Attendance partially suspended during the enlargement of the Chapel.

† Criminals being removed during the Years 1863 and 1864.

‡ September 7, 1870. From this date Patients have been sent annually to Bethlem Convalescent Hospital, Witley.

No. 3.

TOTAL NUMBER OF CURABLE PATIENTS admitted into BETHLEM HOSPITAL during One Hundred Years, ending the 31st December, 1873, with the amount of Cures and Deaths.

Total number of Patients admitted	19,698.
Discharged cured	8306, or 45.21 per cent.
Died	1321, or 6.70 per cent.

No. 4,

ANNUAL ADMISSIONS, CURES, and DEATHS of CURABLE
PATIENTS during the last Fifty-three years.

Years.	Admitted			Cured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 1821 to 1830 inclusive.	686	995	1681	303	488	791	37	40	77
1831 to 1840 inclusive.	983	1462	2445	463	816	1279	58	62	120
1841 to 1850 inclusive.	1191	1855	3046	639	1008	1647	76	94	170
1851 to 1860 inclusive.	784	1311	2095	426	732	1158	68	72	140
1861 to 1870 inclusive.	789	1147	1936	359	644	1003	101	84	185
1871	62	117	179	35	72	107	8	8	16
1872	78	109	187	29	56	85	12	12	24
1873	88	119	207	30	34	64	10	8	18
	4661	7115	11776	2284	3850	6134	370	380	750

No. 5.

FORMS of MENTAL DISEASE.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Acute Mania ..	39	51	90	19	34	53	9	9	18	..	3	3
Chronic Mania	..	..	..	..	..	..	7	4	11	1	2	3
Recurrent Ma..	3	1	4	..	6	6	..	1	1	1	..	1
Acute Melan- } cholia }	26	49	75	6	26	32	5	13	18	3	1	4
Dementia	4	3	7	5	3	8	5	5	10	1	..	1
Insanity of } Pregnancy, } Parturition, } & Lactation }	..	14	14	..	9	9	..	2	2	..	1	1
General Paralysis	10	..	10	1	..	1	3	..	3	4	..	4
Mania with } Epilepsy .. }	..	1	1	..	..	..	1	..	1	..	1	1
	82	119	201	31	78	109	30	34	64	10	8	18

No. 6.

TIME of ADMISSION and DISCHARGE of CURABLE PATIENTS.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
January	13	13	26	2	8	10	1	5	6	1	..	1
February .. .	8	8	16	1	9	10	2	4	6	1	2	3
March	8	15	23	3	3	6	2	2	4	2	..	2
April	10	5	15	5	7	12	3	2	5	2	..	2
May	4	4	8	..	8	8	3	9	12	..	..	..
June	6	8	14	4	5	9	2	2	4	..	1	1
July	5	10	15	1	7	8	5	1	6	..	1	1
August	6	7	13	4	5	9	2	2	4	1	..	1
September ..	2	11	13	2	8	10	..	..	..	2	..	2
October	8	18	26	2	2	4	7	4	11	1	3	4
November ..	2	9	11	1	3	4	2	3	5	..	..	..
December ..	10	11	21	6	13	19	1	..	1	..	1	1
	82	119	201	31	78	109	30	34	64	10	8	18

No. 7.

AGES.

Admitted				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years		1	1	..	..	..	..	..	..	..	..	..
From 15 to 20	6	11	17	1	7	8	..	4	4	..	..	..
— 20 to 25	17	18	35	11	14	25	6	5	11	1	..	1
— 25 to 30	6	21	27	5	17	22	4	6	10	1	..	1
— 30 to 35	13	21	34	6	11	17	6	2	8	2	2	4
— 35 to 40	5	12	17	4	11	15	6	5	11	..	..	..
— 40 to 45	9	11	20	3	4	7	2	6	8	..	1	1
— 45 to 50	6	9	15	..	4	4	2	3	5	..	..	..
— 50 to 55	10	5	15	..	6	6	1	..	1	2	1	3
— 55 to 60	5	6	11	1	1	2	2	3	5	1	1	2
— 60 to 65	2	3	5	..	3	3	1	..	1	1	3	4
— 65 to 70	2	..	2	..	..	..	..	..	..	1	..	1
— 70 to 75	1	1	2	..	..	..	..	..	..	1	..	1
	82	119	201	31	78	109	30	34	64	10	8	18

No. 8.

DURATION of DISEASE before Admission.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 month	36	43	79	18	40	58	14	9	23	5	2	7
— 2 — ..	14	25	39	4	16	20	4	5	9	1	1	2
— 3 — ..	12	22	34	3	9	12	4	5	9	..	3	3
— 4 — ..	10	11	21	3	3	6	4	2	6	2	2	4
— 5 — ..	..	5	5	1	..	1	..	3	3	1	..	1
— 6 — ..	7	8	15	1	6	7	1	5	6	..	..	..
— 7 — ..	..	2	2	..	1	1	..	..	..	..	..	..
— 8 — ..	3	1	4	1	1	2	2	2	4	..	..	..
— 9 — ..	..	..	..	..	1	1	..	1	1	..	..	..
— 10 — ..	..	1	1	..	1	1	1	2	3	..	..	..
— 11 — ..	..	..	..	..	..	..	..	..	..	..	..	..
Not stated ....	..	1	1	..	..	..	..	..	..	1	..	1
	82	119	201	31	78	109	30	34	64	10	8	18

No. 9.

DEGREE OF EDUCATION.

	Admitted.			Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Superior	7	15	22	1	10	11	1	3	4	1	1	2
Good	43	55	98	16	43	59	17	14	31	7	4	11
Moderate . . .	30	48	78	12	23	35	12	17	29	2	3	5
Indifferent ..	2	1	3	2	2	4	..	..	..	..	..	..
	82	119	201	31	78	109	30	34	64	10	8	18

No. 10.

RELIGIOUS PERSUASION.

	Admitted.			Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Church of } England }	61	70	131	24	41	65	24	19	43	5	5	10
Roman Ca- } tholic .. }	3	1	4	..	4	4	..	..	..	..	..	..
Wesleyan	1	6	7	..	4	4	..	1	1	..	1	1
Baptist	4	6	10	..	4	4	1	1	2	1	1	2
Independent . .	1	5	6	1	5	6	..	..	..	..	1	1
Dissenter	3	3	6	..	4	4	..	..	..	..	..	..
Jew . . . . .	..	3	3	..	1	1	..	1	1	..	..	..
Unitarian	1	..	1	..	2	2	..	..	..	1	..	1
Episcopalian . .	1	1	2	1	..	1	..	..	..	1	..	1
Plymouth } Brethren }	..	2	2	..	1	1	..	1	1	..	..	..
Protestant ..	7	21	28	5	12	17	5	11	16	2	..	2
Free Church } of Scot- } land }	..	1	1	..	..	..	..	..	..	..	..	..
	82	119	201	31	78	109	30	34	64	10	8	18

No. 11.

DOMESTIC CONDITION.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Married	42	52	94	13	28	41	16	12	28	6	4	10
Single	36	59	95	17	44	61	13	17	30	4	2	6
Widowed	4	8	12	1	6	7	1	5	6	..	2	2
	82	119	201	31	78	109	30	34	64	10	8	18

No. 12.

RESIDENCE.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
London Postal Dis- trict. }	57	64	121	24	46	70	19	21	40	7	6	13
Provinces	24	53	77	7	31	38	11	13	24	3	2	5
Abroad	1	2	3	..	1	1	..	..	..	..	..	..
	82	119	201	31	78	109	30	34	64	10	8	18

No. 13.

GENERAL HEALTH.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Good	45	61	106	15	38	53	17	19	36	4	..	4
Bad	37	58	95	16	40	56	13	15	28	6	8	14
	82	119	201	31	78	109	30	34	64	10	8	18

No. 14.

BEHAVIOUR.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dangerous or violent }	28	27	55	11	25	36	11	12	23	4	5	9
Not danger- ous or violent }	54	92	146	20	53	73	19	22	41	6	3	9
	82	119	201	31	78	109	30	34	64	10	8	18

No. 15.

SUICIDAL TENDENCY.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Suicidal	27	43	70	8	31	39	11	12	23	2	4	6
Non-Suicidal	55	76	131	23	47	70	19	22	41	8	4	12
	82	119	201	31	78	109	30	34	64	10	8	18

No. 16.

NUMBER OF PREVIOUS ATTACKS.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First.....	57	86	143	23	54	77	22	27	49	7	5	12
Second.....	18	18	36	5	14	19	5	4	9	2	2	4
Third	5	9	14	2	6	8	1	2	3	1	1	2
Fourth	1	4	5	1	4	5	1	1	2	..	..	..
Fifth.....	1	2	3	..	..	..	..	..	..	..	..	..
Sixth .....	..	..	..	..	..	..	..	..	..	..	..	..
Several.....	..	..	..	..	..	..	1	..	1	..	..	..
	82	119	201	31	78	109	30	34	64	10	8	18

No. 17.

APPARENT OR ASSIGNED CAUSES.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHICAL.												
Mental anxiety	8	7	15	5	5	10	1	1	2	5	1	6
Mental work	10	8	18	3	4	7	7	2	9	1	1	2
Religious excitement..	2	4	6	.	4	4	..	..	..	..	..	..
Pecuniary embarrass- ments.....	13	4	17	3	..	3	3	2	5	2	1	3
Love affairs	2	7	9	1	1	2	1	..	1	..	..	..
Domestic worry.....	2	5	7	4	3	7	1	2	3	..	..	..
Fright .....	.	4	4	1	5	6	..	1	1	..	..	..
Marriage .....	..	..	..	1	..	1	..	..	..	..	..	..
Grief and disappoint- ment	11	5	16	..	8	8	3	1	4	..	1	1
PHYSICAL.												
Intemperance	3	1	4	..	..	..	..	..	..	..	..	..
Dyspepsia and Hypo- chondriasis	3	..	3	..	..	..	..	..	..	..	..	..
Coup-de-soleil	3	..	3	1	1	2	..	..	..	..	..	..
Masturbation.....	3	..	3	1	..	1	3	1	4	..	..	..
Organic disease of the brain .....	..	..	..	..	..	..	..	..	..	..	..	..
General ill health....	..	..	..	..	..	..	..	..	..	..	..	..
Blow on head	2	..	2	1	..	1	..	..	..	..	..	..
Epilepsy.....	..	1	1	..	..	..	..	..	..	..	1	1
Venereal excess.....	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery .....	..	..	..	..	..	..	..	..	..	..	..	..
Climacteric .....	..	3	3	..	1	1	..	2	2	..	..	..
Uterine disturbance..	..	3	3	..	1	1	..	1	1	..	..	..
Pregnancy — parturi- tion and lactation..	..	19	19	..	9	9	..	4	4	..	2	2
Previous attacks ....	..	..	..	..	..	..	..	..	..	..	..	..
Hereditary.....	..	3	3	..	2	2	..	1	1	..	..	..
No cause, apparent or assigned.....	16	45	61	9	34	43	11	16	27	2	1	3
Lung Disease.....	2	..	2	1	..	1	..	..	..	..	..	..
Syphilis	1	..	1	..	..	..	..	..	..	..	..	..
Headache	1	..	1	..	..	..	..	..	..	..	..	..
	82	119	201	31	78	109	30	34	64	10	8	18

No. 18.

OCCUPATION OF CURABLE PATIENTS *admitted* during 1873.

MALES.

Accountants	4
Artist	1
Auctioneer	1
Bookbinder	1
Chemist	1
Clergymen	2
Clerks	20
Commercial Travellers	2
Draughtsmen.....	2
Draper	1
Farmers	4
Engineers	4
Engraver	1
Gardener	1
Hatter	1
House Agent.....	1
Mariner	1
Mechanics	4
Merchant	1
Missionary	1
Musician	1
Officer	1
Picture Dealer	1
Policemen	2
Printer	1
Solicitors	4
Surgeons	2
Tailor.....	1
Theological Student	1
Tutor..	1
Tradesmen	6
Upholsterer	1
Writer	1
Watchmaker.....	1
Of no Occupation	4

82

FEMALES.

Domestic Servants	9
Governesses	26
Housekeepers	9
Milliners	9
Shopwomen.....	4
Wives, widows, or daughters of professional men	6
Wives, widows, or daughters of clerks or tradesmen	31
Wives, widows, or daughters of servants, mechanics, and labourers	7
Of no occupation, or none stated	18

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No. 18.—*continued.*OCCUPATION OF CURABLE PATIENTS *discharged Cured* during 1873.

MALES.		FEMALES.	
Actor	1	Governesses	10
Clerks	9	Housekeepers	5
Engineer	1	Milliners	7
Engraver	1	Servants	5
Farmers	3	Shopwomen	5
Policemen	3	Wives, widows, or daughters of professional men	} 6
Solicitors	2	Wives, widows, or daughters of tradesmen	
Tradesmen	10	Wives, widows, or daughters of mechanics	} 15
Tuner	1	Wives, widows, or daughters of mechanics	
	<hr/> 31	None, or not stated	20
			<hr/> 78

No. 18—*continued.*OCCUPATION OF CURABLE PATIENTS *discharged Uncured* during 1873.

MALES.	FEMALES.
Accountant 1	Actress 1
Assayer 1	Authoress 1
Clergyman 1	Dressmakers 7
Clerks 8	Governesses 4
Commercial Traveller ... 1	Housekeepers 2
Engraver 1	Servant 1
Lawyer 1	Shopwomen 3
Medical Man 1	Wife of professional man . 1
Servant 1	Wives of clerks and trades- } 5
Soldier 1	men }
Students 2	Wife of mechanic 1
Tradesmen 9	None, or none stated 8
Of no occupation 2	
30	34

No. 18.—*continued.*OCCUPATION OF CURABLE PATIENTS who *Died* during 1873.

MALES.

Artist.....	1
Author	1
City Missionary.....	1
Clerks.....	3
Lawyer	1
Student	1
Tradesmen.....	2
	<hr/>
	10

FEMALES.

Governesses	2
Milliner	1
Wives of tradesmen	2
Wives of professional men	2
None, or none stated	1
	<hr/>
	8

No. 19,

PARTICULARS of PATIENTS who have DIED during the Year 1873,
as reported to the Bethlem Sub-Committee.

	Sex.	Age.	Condition.	Admitted.	Died.	Cause of Death.	Time in Hospital.
1	Male..	31	Curable	Sept. 4, 1872	January 21	Exhaustion; melan- cholia	4 mths.
2	Male..	27	"	June 6, 1872	February 26	Epileptiform fit; general paralysis	8 mths.
3	Male..	57	"	Sept. 21, 1872	March 6	General paralysis	8 mths.
4	Male..	32	"	Dec. 6, 1871	March 31	Pneumonia; general paralysis	16 mths.
5	Male..	67	"	Jan. 21, 1873	April 17	Pneumonia; general paralysis	3 mths.
6	Male..	62	Incurable	Dec. 1, 1837	September 13	Pneumonia	36 years
7	Male..	55	Curable	Jan. 31, 1873	April 4	Exhaustion; general paralysis	2 mths.
8	Male..	73	"	July 26, 1873	September 28	Congestion of lungs; acute mania	2 mths.
9	Male..	55	"	Jan. 30, 1873	October 4	Suicide by hanging	9 mths.
10	Male...	21	"	April 17, 1873	July 4	Suicide by shooting	3 mths.
11	Female	60	"	Feb. 5, 1873	February 12	Epilepsy	1 week
12	Female	38	"	Dec. 4, 1872	February 23	Exhaustion; ep- ileptic mania	15 mths.
13	Female	57	"	March 13, 1872	June 28	Chronic mania	15 mths.
14	Female	28	"	July 5, 1873	July 22	Exhaustion; acute mania	3 weeks
15	Female	26	"	Sept. 27, 1873	October 7	Puerperal mania	2 weeks
16	Female	53	"	Dec. 19, 1867	October 25	Bronchitis; chronic mania	6 years
17	Female	66	"	April 17, 1869	October 29	Syncope; chronic mania	4 years
18	Female	55	"	Oct. 31, 1873	December 8	Enteritis; acute mania	6 weeks

No. 20.

RETURN OF EMPLOYMENT, June 30th, 1873.

		GALLERIES.					
M.I.		1	Gardener. ^b				
M.I.		2	Mason.				
M.		3	Plasterer.				
M.		4	Bricklayer.				
			Plumber.				
			Painter and Glazier.				
			Carpenter.				
			Engineer & Smith.				
			Tailor.				
			Shoemaker.				
			Knitting and Glove Making.				
			Household Work.				
			Reading, Writing, Drawing, &c.				
			Lace Making.				
			Kitchen.				
			Straw Plaiting.				
			Cooper.				
			Baker.				
			Mattress Making.				
			Engraver.				
			Blanket Quilting.				
			Brush Making.				
			TOTAL.				

Employed... 61. | Unemployed... 39.

In Hospital... 100.

No. 21.

FEMALES EMPLOYED ON JUNE 30TH, 1873.

	Curables	Incurables	Criminals	TOTAL.
Needle Work	16	4	1	21
Fancy do.	4	2	..	6
Laundry and Household Work	16	3	..	19
Music, Reading, &c.	9	..	..	9
	45	9	1	55
Total employed	45	9	1	55
Ditto unemployed	35	17	..	52
Patients in Hospital	80	26	1	107

No. 22.

TIME IN HOSPITAL.

MONTHS.																																		
Discharged, and under	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.		11.		12. and upwards.			Total.								
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.								
Cured .....	..	..	4	10	14	3	12	15	2	6	8	2	4	6	3	6	9	2	2	4	3	4	7	2	4	6	2	20	22	31	78	109
For special reasons....	..	..	..	..	..	2	..	2	..	1	1	2	1	3	1	..	..	1	1	2	..	..	..	..	..	..	..	3	3	6	7	13
Disqualified..	6	26	32	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	26	32
Died.....	..	3	3	2	..	2	2	4	1	..	1	1	1	..	1	..	1	1	..	1	1	36	2	3	10	8	18
	12 or under.		13.		14.		15.		16.		17.		18.		19.		20.		21.		22.		23, and upwards.											
Unacured	12	23	35	..	1	1	2	..	2	2	1	3	4	3	7	1	1	2	..	2	2	6	2	8	30	34	64					

No. 23.
PATIENTS CURED.

Insane before Admission.			Under 1 Month.			2.			3.			4.			5.			6.			7.			8.			9.			10.			11.			12 or more.				
M.	F.	T.	Montbs.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
18	41	59	1.	4	6	10	2	5	7	1	3	4	2	2	4	1	4	5	2	3	5	2	2	1	3	1	1	2	1	3	4	1	12	13			
4	15	19	2.	..	..	..	..	..	..	..	3	3	..	2	2	1	..	1	..	1	1	..	..	..	1	2	3	1	2	3	..	..	..	1	5	6
3	9	12	3.	..	..	..	..	1	1	1	3	4	..	..	..	1	..	1	..	1	1	..	1	1	..	2	2	..	1	1	..	1	..	..	..	..
3	3	6	4.	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	1	1	..	1	..	1	..	1	..	1	1	1
1	..	1	5.	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1	6	7	6.	..	1	1	..	1	1	..	1	1	1	1	2	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1	1	1
..	1	1	7.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
1	1	2	8.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
..	1	1	9.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..
..	1	1	10.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
..	..	..	11.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	12.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
31	73	109		..	1	1	4	8	12	3	12	15	2	6	8	6	3	9	2	6	8	2	4	6	3	6	9	2	2	2	4	3	4	7	2	4	6	2	22	24

No. 25.

RETURN of the INCURABLE PATIENTS.

No-	Sex.	Age when Admitted.	Date of Admission.
1	Male	48	26th January, 1827.
2	Male	20	16th September, 1831.
3	Female	25	28th March, 1834.
4	Female	28	20th November, 1835.
5	Female	20	4th March, 1836.
6	Female	48	29th July, 1836.
7	Female	30	13th January, 1837.
8	Male	34	20th July, 1838.
9	Male	37	29th February, 1840.
10	Male	26	20th March, 1840.
11	Male	26	27th March, 1840.
12	Female	26	22nd May, 1840.
13	Male	27	24th June, 1840.
14	Female	48	20th November, 1840.
15	Male	28	15th January, 1841.
16	Male	31	30th April, 1841.
17	Female	35	22nd June, 1842.
18	Female	31	22nd March, 1844.
19	Female	36	21st June, 1844.
20	Male	28	19th July, 1844.
21	Male	21	20th September, 1844.
22	Female	34	13th December, 1844.
23	Male	29	20th December, 1844.

RETURN OF INCURABLE PATIENTS—*continued.*

No.	Sex.	Age when Admitted.	Date of Admission.
24	Male	29	28th February, 1845.
25	Female	38	7th March, 1845.
26	Male	46	13th June, 1845.
27	Female	29	10th October, 1845.
28	Male	50	21st November, 1845.
29	Male	32	2nd July, 1847.
30	Male	28	14th February, 1848.
31	Male	28	14th February, 1848.
32	Female	26	3rd January, 1851.
33	Female	40	4th July, 1851.
34	Female	41	18th July, 1851.
35	Female	48	16th July, 1852.
36	Male	30	6th August, 1852.
37	Female	35	13th August, 1852.
38	Male	56	29th April, 1853.
39	Male	31	27th October, 1854.
40	Male	36	27th October, 1854.
41	Female	29	15th December, 1854.
42	Female	49	22nd December, 1854.
43	Female	42	22nd June, 1855.
44	Female	31	21st November, 1856.
45	Female	27	9th January, 1857.
46	Male	41	6th March, 1857.

RETURN OF INCURABLE PATIENTS—*continued.*

No.	Sex.	Age when Admitted.	Date of Admission.
47	Female	20	11th December, 1857.
48	Female	40	11th December, 1857.
49	Male	32	21st May, 1858.
50	Female	43	18th February, 1859.
51	Female	44	11th March, 1859.
52	Female	23	29th April, 1859.
53	Female	25	27th May, 1859.
54	Female	63	30th May, 1860.
55	Male	27	6th June, 1867.

No. 26.

TIME the INCURABLE PATIENTS have been in the Hospital.

	Males.	Females.	Total.
Upwards of 30 years	6	4	10
— 20 —	8	8	16
— 15 —	4	5	9
— 10 —	2	6	8
Under 5 —	5	7	12
	25	30	55

No. 27.

DEGREE of EDUCATION of Incurable Patients in the Hospital.

	Males.	Females.	Total.
Good	11	20	31
Moderate.....	7	5	12
Imperfect.....	4	3	7
None	2	..	2
Not ascertained	1	2	3
	25	30	55

OBITUARY.—MALES.—1873.

No. 28.

Date of Death, 1873.	Date of last Admission.	Age at Death, Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES,		
						HEAD.	THORAX.	ABDOMEN.
Feb. 23.	June 6, 1872.	28 Single.	General Paralysis. Good health.	One month. Unknown.	Exhaustion. General Paralysis.	Dura mater thickened and congested, adherent posteriorly to skull. Pia mater much congested, sub-arachnoid fluid in excess. Puncta in excess. Brain firm throughout. Cerebrum 39½ oz. Cerebellum 5½ oz.	Heart fatty and flabby. 13 oz. Antemortem clot in right ventricle. No atheroma of vessels. Lungs healthy.	Liver nutmeggy, 49 oz. Kidneys healthy.
March 6.	Sept. 21, 1872.	58 Married.	General Paralysis. Bad.	Two months. Anxiety.	Exhaustion. General Paralysis.	Dura mater thickened and adherent posteriorly. Capillary extravasation on inner surface of dura mater. Excess of sub-arachnoid fluid. Wasting of frontal convolution. Asteroma of vessels at base. Cerebrum 43 oz. Cerebellum 6½ oz.	Not examined.	Not examined.
Jan. 29.	Sept. 4, 1873.	32 Single.	Acute melancholia. Bad.	Five months. Overwork.	Pneumonia. Melancholia.	Left side of calvarium much thickened. Dura mater thick and opaque. Lymph between posterior convolutions. Brain firm. Cysts in choroid plexus. Cerebrum 40½ oz. Cerebellum 5½ oz.	Right pleura adherent posteriorly and inferiorly (recent pleurisy). Right lung in a state of red hepatization. Scattered miliar tubercles in left lung. Right lung 31¼ oz.; left lung 29 oz.	Liver attached by recent lymph to diaphragm. Liver slightly fatty, 47½ oz.; right adrenal, soft, and pulpy,

OBITUARY.—MALES.—1873.

Date of Death, 1873.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES,		
						HEAD.	THORAX.	ABDOMEN.
March 30.	Dec. 6, 1871.	32 Married	General Paralysis. Good.	Two weeks. Overwork.	Pneumonia. General Paralysis.	Dura mater adherent to calvarium throughout. Excess of sub-arachnoid fluid. Yellow softening near right thalamus opticus. Brain 42 oz.	Heart fatty. Lungs in a state of grey hepatization.	Liver fatty, 50½ oz.
April 4.	Jan. 31.	55 Married	General Paralysis. Bad.	One month. Pecuniary trouble.	Exhaustion. General Paralysis.	Dura mater adherent. Arachnoid opaque. Excess of fluid, which was milky. Brain congested. Ventricles full of fluid. Brain soft and pulpy, 45 oz.	Not examined.	Not examined.
April 17.	Jan. 28, 1873.	67 Married	Acute mania. Weak.	Four months. Trouble.	Exhaustion. Acute mania.	Dura mater firmly adherent. Arachnoid congested. Several wasted convolutions. Excess of sub-arachnoid fluid. Atheroma of vessels at base. Spinal cord congested with numerous bony plates on arachnoid. Brain 53 oz.	Cavity in right apex of lung. Heart fatty, 16½ oz.	Kidneys slightly granular.

OBITUARY.—MALES.—1873.

Date of Death. 1873.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES,		
						HEAD.	THORAX.	ABDOMEN.
Sept. 28.	July 26, 1873.	73 Married.	Recurrent mania. Good.	Two weeks. Excitement.	Congestion of lungs. Recurrent mania.	Calvarium thickened and unsymmetrical. Arachnoid with many white patches. Dura mater normal. Brain 50 oz.	Lung much congested posteriorly. Heart large, fatty, 17 oz. Antemortem clot in right ventricle. Left lung 18¾ oz. Right lung 23 oz.	Liver and kidneys congested.
Oct. 4.	Jan. 30.	55 Married.	Melancholia. Weak.	Four months. Overwork.	Suicide by hanging.	Slight ring round throat. Abrasion of skin over thyroid. Scalp brawny and much congested. Skull thick and unsymmetrical. Dura mater adherent. Brain congested. Right lateral sinus full of black fluid blood. Lymph in arachnoid and three or four effusions of blood in arachnoid. Brain 49½ oz.	Heart large, fatty, 17½ oz. Much degeneration of muscle. Atheroma of aorta. Right lung with a circumscribed patch of effused blood.	Liver 63½ oz. Right kidney 5 oz.; left kidney 8½ oz.
Sept. 13.	1837.	62 Single.	Melancholia. Good.	Three months. Unknown.	Pneumonia. Chronic mania.	Dura mater healthy. Calvarium thin. Convolutions wasted. Cerebrum 42½ oz. Cerebellum 6¼ oz.	Old adhesions above left lung. Both lungs in a state of grey hepatization. Right lung 56 oz.; left lung 27 oz.	Liver fatty, 70 oz.

OBITUARY.—FEMALES.—1873.

Date of Death. 1873.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES,		
						HEAD.	THORAX.	ABDOMEN.
Feb. 12.	Feb. 5. 1873.	60 Widow	Acute mania Bad.	Four months. Epilepsy.	Epilepsy.	Calvarium dense. Dura mater adherent throughout and thickened. Right temporal convolution wasted, leaving a deep depression. Excess of sub-arachnoid fluid. Brain 41 oz.	Recent adhesions of both apices of lungs. Heart large, with much thickened base, 7½ oz. No valvular disease.	Liver congested, 40 oz. One large cholesterol gall stone, weight 110 grains.
Feb. 23.	Dec. 4, 1872.	38 Married.	Melancholia. Bad.	Three months. Anxiety.	Epilepsy. Acute Melancholia.	Grey matter pale. Excess of sub-arachnoid fluid. Spots of congestion in right pia mater at surface. Brain 40½ oz.	Fluid in right pleura. Normal.	
July 22.	July 5, 1873.	28 Married.	Acute mania. Bad.	Three weeks. Premature labour.	Pleurisy, Acute mania.	Dura mater adherent posteriorly. Vessels of surface engorged. Arachnoid thickened. Sinuses very full. Brain 41¾ oz.	Both lungs covered with recent lymph. Recent pericarditis.	Liver congested.

OBITUARY.—FEMALES.—1873.

Date of Death, 1873.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES,		
						HEAD.	THORAX.	ABDOMEN.
Oct. 25.	Dec. 19, 1867.	47 Single.	Acute mania. Good.	Three months. Unknown.	Chronic bronchitis. Chronic mania.	Calvarium thick. Dura mater very thick. Arachnoid with many milky patches, wasting grey matter. Excess of sub-arachnoid fluid. Atheroma of vessels at base. Brain 45½ oz.	Old pleuritic adhesions. Emphysema at anterior edges. Bronchial tubes dilated and thick.	Normal.
Oct. 6.	Sept. 27, 1873.	28 Married	Acute mania. Bad.	Two weeks. Puerperal.	Puerperal mania.	Slight congestion of dura mater. Brain unusually pale; very new puncta. Scalp bruised and hard. Brain 49 oz.	Other organs.	Healthy.
Dec. 8.	Oct. 31, 1873.	55 Single.	Acute mania. Bad.	Three months. Unknown.	Enteritis. Acute mania.	Calvarium thick. Membranes thickened. General congestion of arachnoid. Atheroma of arteries at base. Brain 45½ oz.	Lungs adherent at apices. Heart firmly contracted. Coronaries ossified.	An ovarian tumor on right side of size of cocoa nut, of two cysts. Colon and ileum congested, the former having dark, almost black, extravasations beneath mucous membrane.

DIETARY TABLE.

BREAKFAST.

Every Day.. Males .. Tea, with 7 oz. of Bread and Butter.

Females.. „ 6 ditto

DINNER.

Sunday Males { 6 oz. Boiled Beef } 4 oz. Bread, $\frac{3}{4}$ lb. Vegetables, 1 pt. Beer.
free from bone

Females.. 5 „ „ 4 „ $\frac{1}{2}$ „ $\frac{1}{2}$ „

Monday Males .. 6 „ Roast Mutton, 4 „ $\frac{3}{4}$ „ 1 „

Females.. 5 „ „ 4 „ $\frac{1}{2}$ „ $\frac{1}{2}$ „

Tuesday Males .. 6 „ Boiled Mutton 4 „ $\frac{3}{4}$ „ 1 „

Females.. 5 „ „ 4 „ $\frac{1}{2}$ „ $\frac{1}{2}$ „

Wednesday.. Males .. 6 „ Roast Beef, 4 „ $\frac{3}{4}$ „ 1 „

Females.. 5 „ „ 4 „ $\frac{1}{2}$ „ $\frac{1}{2}$ „

Thursday Same as Monday.

Friday Same as Tuesday.

Saturday Males .. 16 oz. Meat Pie, 4 oz. Bread, 1 oz. Cheese, 1 pt. Beer.

Females.. 14 „ „ 4 „ 1 „ $\frac{1}{2}$ „

SUPPER.

Sunday, Monday, Tuesday, }
Thursday, and Friday } Males .. Same as Breakfast.

Wednesday and Saturday Males .. 7 oz. Bread, 2 oz. Cheese, 1 pint Beer.

Every Day Females.. Same as at Breakfast,

Patients in employment in the Grounds, Workshops, or Laundry, to be allowed 4 oz. of Bread, 1 oz. of Cheese or $\frac{1}{2}$ oz. of Butter, and $\frac{1}{2}$ a pint of Beer for Luncheon, and $\frac{1}{2}$ a pint of Beer in the Afternoon.

Every Patient to be allowed $1\frac{3}{4}$ oz. Tea, 8 oz. of Sugar, 8 oz. of Butter, and $1\frac{1}{2}$ pints Milk weekly.

On Christmas Day the Dinner to be Roast Beef and Plum Pudding.

On New Year's Day, a Mince Pie to be added to the usual fare.

On Good Friday, a Bun.

On Easter and Whit Monday, 6 oz. of Roast Veal to be allowed instead of the usual Meat for the day.

The Dinners to be further varied by the occasional substitution of Pork and Bacon, when Peas and Beans are in season; and also by the occasional substitution of Fish, and Fruit Pies, when Fish and Fruit are plentiful and good.

The Sick to be dieted at the discretion of the Resident Physician.

The Attendants to have at all times the means of obtaining Gruel for such Patients as may require it.

The above to be considered maximum allowances, and all quantities unconsumed are to be taken in diminution of the next supply from the Stores of the Hospital.

No. 30.

BETHLEM HOSPITAL.

LIST OF OFFICERS, ATTENDANTS, AND SERVANTS.

PRINCIPAL OFFICERS.

	£	s.	d.
*1 Resident Physician	850	0	0
*1 Assistant Medical Officer.....	300	0	0
†1 Chaplain	220	0	0
†1 Surveyor	125	0	0
*1 Clerk, Receiver, and Accountant.....	425	0	0
*1 Steward	450	0	0
*1 Matron.....	175	0	0
	<hr/>		
	£2545	0	0
	<hr/>		

* Lodged and furnished with Coals, &c. † Neither boarded nor lodged.

No. 31.

OTHER OFFICERS, ATTENDANTS, AND SERVANTS,
MALES.

	£.	s.	d.
*2 Receiver's Clerks (£87 10s. and £60)	147	10	0
*1 Steward's Clerk	45	0	0
*1 Organist	25	0	0
1 Chapel Clerk	5	0	0
†1 Under Store-keeper	80	0	0
†1 House Porter, (a great coat once in three years) ..	39	0	0
†1 Assistant ditto (a great coat once in three years) ..	35	0	0
||1 Gate-keeper, (a great coat once in three years) ..	48	0	0
†1 Cutter of provisions	50	0	0
†1 Cook	38	0	0
†1 Assistant ditto	22	0	0
1 Head Attendant (boarded and lodged, and suit of uniform)	62	0	0
†1 Attendant (D.H.) .. at £42 per annum ..	42	0	0
†5 Attendants at £40 per annum each	200	0	0
†3 Do. £35 per annum each	105	0	0
†1 Do. £33 per annum ..	33	0	0
†1 Do. £31 per annum ..	31	0	0
†1 Do. £30 per annum ..	30	0	0
†1 Do. £29 per annum ..	29	0	0
†3 Do. £28 per annum each	84	0	0
†3 Do. £25 per annum each	75	0	0
*†1 Carpenter, Head of the Workshops, per annum ..	110	0	0
*†2 Do. (with occasional help) 30s. per week each	156	0	0
*†1 Plumber 30s. per week	78	0	0
*†1 Engineer 40s. per week	104	0	0
*†1 Bricklayer 30s. per week	78	0	0
*†1 Painter and Window Cleaner .. 30s. per week	78	0	0
*2 Window Cleaners, &c. .. 15s. per week each	78	0	0
*2 Stokers, &c. .. 27s. per week each	140	8	0
*†1 Labourer 25s. per week	65	0	0
*†4 Do. 20s. per week each (with occasional help)	208	0	0
†1 Gardener (with house and coals) 30s. per week	78	0	0
*†1 Assistant Gardener 20s. per week	52	0	0
*†1 Mattress maker 27s. per week	70	4	0
*†1 Shoemaker 26s. per week	67	12	0
*†1 Tailor 20s. per week	52	0	0
	<hr/>		
	£2640	14	0

* Neither boarded nor lodged.

† In addition to board and lodging, have each a suit of clothes, a hat, a cap, and two working blouses, which become their own after every completed year's service.

‡ Occasionally employed at, or for King Edward's Schools.

|| Lodged only, with a suit of clothes and a hat.

The Head Attendants of Male Ward 1, and Female Ward 1, are allowed a Donation at Christmas of £5 each.

No. 31—*continued*.

FEMALES.

					£	s.	d.
7	Attendants	..	..	.. £30 per annum each	210	0	0
1	Do.	..	..	.. £25 per annum ..	25	0	0
1	Do.	..	..	.. £24 per annum ..	24	0	0
2	Do.	..	..	.. £23 per annum each	46	0	0
1	Do.	..	..	.. £22 per annum ..	22	0	0
1	Do.	..	..	.. £21 per annum ..	21	0	0
2	Do.	..	..	.. £20 per annum each	40	0	0
3	Do.	..	..	.. £19 per annum each	57	0	0
6	Do.	..	..	.. £18 per annum each	108	0	0
1	Work-woman	..	..	.. .. ..	30	0	0
1	Night Watch	..	..	.. .. ..	25	0	0
1	Do.	..	..	.. .. ..	21	0	0
1	Housemaid	..	..	.. .. ..	25	0	0
1	Assistant ditto	..	..	.. .. ..	25	0	0
1	Laundrymaid	..	..	.. .. ..	30	0	0
1	Assistant do.	..	..	.. .. ..	19	0	0
1	Portress at K. E. S. Gate	..	..	.. .. ..	12	10	0
1	Students' Servant	..	..	.. .. ..	25	0	0
					<hr/>		
					£765	10	0
					<hr/>		

The wages of male attendants commence at £25 per annum, and they increase, if their conduct be satisfactory, not exceeding £3 per annum, afterwards, until they become £35 per annum, after which no further increase is allowed. Female attendants commence at any amount not exceeding £18 per annum and after they increase, with like restriction, until they become £25 per annum, after which no further increase is allowed. Attendants in charge of a Ward are allowed £5 per annum extra.

BETHLEM
CONVALESCENT ESTABLISHMENT,
WITLEY.

No. 32.

OFFICERS AND SERVANTS.

	£	s.	d.
*1 Deputy Superintendent per annum	140	0	0
†1 Cook „	20	0	0
†1 Kitchenmaid „	10	0	0
†1 Housemaid.. .. . „	10	0	0
‡1 Gardener (30s. per week and house—half to K. E. S., W)	39	0	0
‡2 Garden Labourers at 16s. per week.. .. .	83	4	0
	<hr/> £302 4 0 <hr/>		

* Furnished Apartments with coals.

† Lodged and Boarded.

‡ Neither boarded nor lodged.

APPENDIX

TO

REPORT OF BETHLEM HOSPITAL.

WE bring before the receivers of our Annual Report the present Appendix, not as a carefully digested study, but as a collection of facts that have been observed during the year.

We have at Bethlem great advantages for obtaining correct histories, (as the nearest relatives are always examined) and therefore we have taken some trouble to collect the facts as to hereditary taint, and as to the supposed cause.

In the accounts of the treatment used during the year there is nothing that pretends to novelty, but it is essential that, as we get instruments of greater precision and delicacy—such as the sphygmograph—we should renew our attempts at cure and relief, observing any changes, however small, in the general health or general symptoms. I fear that we must acknowledge that in the majority of cases the

drugs used simply quiet for a time, merely knocking the patients down, but in no way relieving the disease.

As yet we are quite at a loss to say why conium should quiet in one case and not have the least effect in another, in which digitalis acts with power; but by carefully recording the trials, with the failures and successes, we may ultimately reach to some degree of certainty as to what to give in certain conditions.

In this Appendix we give the results of galvanism and our comments thereon, and hope to continue this at some future period.

The sphygmograph has a share of our attention, and the general results will be found in the Appendix.

We have omitted much of what has been done during the year, as at present incomplete, and we hope in another year to have some communications to make on the microscopic pathology of the insane, and also on their excretions.

Trusting that the collection of facts will be of use to the students of insanity, and the compilers of books on the subject, we leave them.

During the year the continuous current has been tried. A Weiss' battery has been used. As a rule the negative has been applied to the nape of the neck, and the positive to the forehead. The poles have been reversed sometimes, when the pulse was lowered, or if no benefit resulted. The

sympathetic was galvanized in one case of hypochondriasis. We generally began with five cells for from five to ten minutes daily, but found that whereas some patients bore 14 cells without complaint, others could hardly bear five cells. As a rule the pulsations were slightly increased in frequency, and often considerably in power, as far as sensation to the fingers went; but we have been unable to verify this with the sphygmograph, which has been kept on during the galvanizing on several occasions.

The cases chosen were of various sorts, most of them cases of melancholia, hypochondriasis, or dementia. In several cases of acute mania we had to discontinue the application as the patients struggled so violently. In two cases of recurrent mania the attacks seemed to be accelerated by the galvanism.

The most satisfactory case was one of acute dementia, the result of fright; this patient's life was a blank for some months, and his first returning memory was the application of the galvanism.

Unfortunately one cannot say positively that the galvanism was the cause of cure, as such cases do so often recover, but the fact of his first recollection being of the galvanism, some days before any other symptoms of improvement showed themselves, lends weight to the opinion that the galvanism was the cause.

Another most satisfactory case was that of a lady, who having some time before broken her arm, and it having united badly owing to her maniacal condition, the muscles

had wasted, leaving her a withered fore-arm and griffin hand, quite useless. Continuous current applied to the muscles, and from the spine to the extremity, caused the limb to increase in bulk and in power, and within four months she was able to use the hand freely in needle and fancy work; however there was no mental improvement. In one or two cases the patients seemed to improve up to a certain point, and then made no further progress, or else slipped back into their old condition. One puerperal case with recurring fits of stupor, got quite well for a few days together, on some six occasions, and then relapsed.

Shower baths have produced the same temporary recovery. One case of melancholic stupor became much roused under galvanism, and on several occasions astonished us by sudden fits of violence. She seemed for a time to improve, but after six months of daily galvanism, we gave her up. In one case of neuralgia the continuous current relieved the pain, but in no other way improved the case.

We tried general galvanism in a case of melancholia, with great sexual irritability, the patient being covered with inflamed acne. The acne improved, but her mental state was unaltered.

In several cases of melancholia and hypochondriasis, the patients said they slept better after galvanism.

Galvanism seemed useful in cases already convalescing, but who were weak and nervous with dilated pupils.

We used galvanism in a case of obstinate constipation, but with little effect. On several patients inflamed boils occurred at the nape of the neck, after the application of the negative pole.

After a careful use of galvanism, almost daily since May, 1873, we have been rather disappointed in the direct results of the galvanism. Undoubtedly much good is done by the influence of a doctor brought directly to bear on a certain number of patients for some time daily, and I must own that I consider as much was due to the moral influence, and the repeated assurance that the galvanizing was done to cure them, as to the galvanism itself.

	Improved.	No change.	Temporary relief.	Made worse.	Caused violence.
Dementia	1	1	..	..	..
Acute mania	1	5	1	..	2
Melancholia	4	4	2	1	..
Hypochondriasis	2	2	..	..	..
Wasted Muscles, from injury	1	..	..	..	..
	—	—	—	—	—
Total ..	9	12	3	1	2—27

Among the more violent cases we have tried no very novel remedies, believing that in most cases the acute mania is a process to be gone through, and one that cannot at present be checked. We have tried—carefully watching with the sphygmograph—the effects of digitalis and conium, and undoubtedly you can quiet patients with either; but I regret to say that the ultimate cure does not seem hastened. Men seemed to tolerate digitalis better than women, and in several

cases in the latter the drug had to be given up, as it produced excessive depression, loss of appetite, and vomiting.

The digitalis was given in half-drachm doses of the tincture every four hours. As a rule three to six doses produced a calm, the pulse tracing falling from a full, rather rapid pulse, to little more than a straight line.

About a dozen cases of men were treated in this way, but not one improved mentally under the treatment. Digitalis was tried on a chronic case, who bawls all day long about his next meal, but he was not rendered one bit more quiet, either by that or by antimony.

Conium was given as succus in doses of three drachms to half-an-ounce every four hours; on the male side this drug in three cases had no effect; on the female side, however, several acute cases were quieter and would remain in bed, instead of tearing their clothes or knocking their bedroom door.

In one case of recurrent mania conium was given just at the time her next attack was due, and when she was suffering from the malaise that preceeds her attacks; the pulse tracing was taken then and found not to differ much from an ordinary pulse of a person of 60 years. Conium was given in three-drachm doses every four hours, and so far the patient has had no recurrence, her attack being two months over due. Her pulse was greatly reduced in power and continues still only just traceable, but her general health is perfect. This is but one case, but the patient has for many years

spent two-thirds of her time in seclusion, in consequence of her terrific fury and blasphemy, and now she herself gets nervous if her medicine be discontinued, and asserts that she feels it control her.

There is an observation Dr. SAVAGE has made that may or may not have value ; it is, that atropine seems to affect the iris much longer in cases of general paralysis than in any other form of mental disease. After dilating the pupils for the ophthalmoscope he has generally found, in general paralytics, the pupils remain dilated for much longer than in the others ; in several cases four and five days, still finding the pupils widely dilated.

At Bethlem we have but small opportunities for watching epileptics, and so we have not been able to benefit much by Dr. C. BROWNE's valuable contribution on the use of nitrate of amyl. We have tried it carefully on two cases of melancholy stupor, and in both cases we roused the patient out of her stupor for a time, the cases both speaking and looking about during the inhalation—the conversations being about their homes and friends. In one case the patient became, after two years of stupor, maniacal and destructive after inhalation. She changed, too, much in her habits, getting out of bed and dressing herself, which she had not done before since her admission. She took a rather too deep interest in scrubbing operations, and had to be watched carefully to prevent her upsetting water constantly. Since giving up the inhalations, which were continued daily for six weeks—ten minims being given at each dose—she has relapsed into her old state. We took pulse tracings from both cases

before, during, and after the inhalations, and found marked dilatation of the vessels, and the rapidity of pulse doubled. The effects were still visible in the tracing 20 minutes after the inhalation. We tried the inhalation with the use of the sphygmograph in two healthy persons, and showed the doubling of pulse rate and hyperdiastolicity as the first results, and found the effects to continue for more than a quarter of an hour. It seems possible that we may find cases in which some form of inhalation may act as a useful stimulant to an anæmic brain. It may be that compressed air in some cases of melancholia would do well.

It is a sufficiently acknowledged fact that insanity is hereditary, but it is a fact often difficult to get at. This year we have taken great pains to ascertain insane relationships; we have had on the female side 40 patients out of 119 with distinct history of others in their families suffering mentally. On the male side we have 26 out of 82 having insane relations. The 40 females have 49 insane relatives, and the 26 males, 31 insane relatives.

Of the 49 insane relations we subjoin a classification.

Mother's side.	Father's side.	Brother's.	Sister's.	Cousin's (?).
17	10	5	13	4

Of the 31 insane relations of the males, the following:—

Mother's side.	Father's side.	Brother's.	Sister's.	Cousin's (?).
5	11	2	9	4

I have been seeking any evidence as to a relationship between consumption and insanity, but at present I have not discovered much of novelty or interest. Possibly at present too few cases have been sufficiently sifted. Altogether about 50 cases on the female side were examined into, and these had lost 16 relations (parents, brothers, or sisters) of "consumption." On the male side fewer cases were examined into, and but few gave any history of phthisis. One case however is remarkable, the patient being one of 13 brothers, 12 of whom died of phthisis, and he is the only one who has suffered from insanity. In another case one patient has lost four sisters from consumption, he alone being insane. We have one history of a girl whose mother and father were both insane: as might be expected, she as well as her brother and sister, are sufferers. This unfortunate patient has also lost a maternal aunt from phthisis. The father of one female patient became a chronic maniac after an injury to his head, some time after the birth of this child. As a companion to this case, one may mention that of a patient now suffering from acute mania, who begot an idiot some 10 years ago, he being then supposed to be well.

In one case, the child of a mother subject to puerperal mania, suffers from recurrent mania.

We refrain from drawing any conclusion from the statistics given above, as we should prefer to have much more extended tables to work with.

On the whole the cases admitted on the *male* side have been of an unsatisfactory sort—but few of them being

genuine recent and acute attacks. An unusual number were in states of great mental and physical depression; and more than usual displayed symptoms of general paralysis, and these in a majority have been wanting in ideas of grandeur.

We shall refer to the general paralytics again, but at present merely intend to take in review some of the more interesting cases. One case of acute mania dependant upon pneumonia, was admitted. The patient, a young man of rather delicate appearance, with no history of neuroses in his family, was attacked after exposure to cold, with pneumonia. A week after the onset of this he became delirious, he had hallucinations, principally of sight; he saw moths and beetles everywhere. He had been a strictly sober man. This delirious state lasted for some days, and then he became violent—wanted to open his throat, as he said, “to cure him;” and on the 14th day was brought to Bethlem. He had all the appearances of acute mania: suspicion, restlessness, talkativeness, and sleeplessness. His skin hot and dry; tongue moist; bowels confined. He varied much; at one time we would find him quiet in bed, merely talking to imaginary persons, and I must say he was talking like an acute maniac, and not like one merely delirious. At other times he was most active in the pursuit of fancied vermin, boring with his head into his pillow, and scratching like a terrier with his feet. There was marked dulness of right base and centre of lung, small crepitation and bronchophony, little or no expectoration. He was very weak, but stimulants and fluid food were given freely, and he made a rapid recovery. He was somewhat lost for two or three weeks and then convalesced both of his pneumonia and mania.

This case of course resembles what is not very uncommon—acute delirium in pneumonia; but all who saw him were convinced that it was an undoubted case of mania.

We have had during the year four cases that were at the same time suffering from syphilis, but in only one was the insanity supposed to be due to the syphilis. This was a case of acute mania in a young man who had contracted the disease in China; he had several very large patches of fibroid, keloid-like masses in his skin; he had ulceration of his throat, and of one leg, with loss of bone. He had one previous attack of mania, and was sent from another asylum cured, but relapsed in a week. He has gradually improved in all ways, and is now convalescing.

A second case was one of acute mania that recovered up to a certain point, and then stopped in a dull apathetic state. It was found then that he had syphilitic nodules on his tongue, and a severely ulcerated throat. He was treated with iodide and then mercury, and improved considerably, but still does not give us perfect confidence in him. It seems to me that in this case the syphilis has a marked influence in retarding the cure.

Another case of acute mania showed also the stubbornness in yielding to treatment. He had ulceration of his *alæ-nasi*, which got well under iodides; but for months he remained apathetic, and it was only after a change home that he really became well enough to be discharged.

The last was in an old man who had syphilis in his youth;

he had coppery lepra, which we cured rapidly with iodide. He had run the risk of syphilis within a few months of his admission, but there had been no sore detected, and the history rather points to the persistence of the old attack. He was suffering from acute mania with hereditary taint, and I cannot trace any connexion with the syphilis.

This year the number of cases given to masturbation has been rather less, but unfortunately we still have many in which this appears as a cause or result of the disease. We have had it associated with cases of exaltation, both with general paralysis and in mania.

The worst case at present in the Asylum is in the morning hardly able to dress himself, his fingers seem so benumbed and senseless.

One interesting case of epilepsy with mania was admitted for a short time. The cause seemed clearly to be constant sexual irritation, without any gratification, owing to a want of a co-relation between his own and his wife's parts. This had continued for two years. He had been married before, and had then lived in comfort and without epilepsy.

Sunstroke was given as the cause of insanity, in three men and one woman. All the men were from abroad, and the woman was a foreigner, so that there was more likelihood of the given cause being the true one than in most cases that come before us. Two men are maniacal and noisy, the other is quietly and suspiciously maniacal. The girl suffered from kleptomania.

Two very good cases of acute dementia occurred among the males: one the result of fright, the other to worry at the delay of publication of the passes at the Preliminary College of Surgeons. The dementia and mental blank in each case were perfect—so perfect as at first to make us suspect we had rather idiocy than acute dementia to deal with. One has been discharged, and the other is rapidly getting well.

Drink does not bring us many cases yearly. We have had some three or four men in whom this was the undoubted cause; but in many others about whom there was suspicion, we found on closer examination that they only began to drink after they were already insane. We find it often absolutely impossible to say whether a patient be suffering from general paralysis or from alcoholism, and on several occasions have been startled by the rapid recovery of cases said to be paralytic. As a rule it will be found that the general paralytics slept well, whereas those suffering from alcoholism are sleepless, or at least restless and disturbed in sleep.

The following is a resumé of the cases of general paralysis under treatment during the year:—

No.	Age.	Civil state.	Hereditary taint.	Cause.	Exalted ideas.
1.	42.	Married.	None.	(?)	No.
2.	33.	„	„	Drink.	Yes; riches.
3.	70.	2nd wife.	„	Overwork.	No.
4.	50.	Married.	„	Trouble.	No.
5.	45.	„	„	Overwork.	Yes; God's messenger.
6.	35.	„	„	„	Buoyant.

No.	Age.	Civil state.	Hereditary taint.	Cause.	Exalted ideas.
7.	60.	Married.	None.	Losses.	Yes ; literary abilities.
8.	54.	Single.	„	(?)	Yes ; power.
9.	48.	Married.	„	Overwork.	
				(?) Injury.	Formerly.
10.	55.	„	„	„	No.
11.	39.	Single.	„	„	No.
12.	35.	Married.	„	Injury.	No.
13.	39.	„	„	„	Yes ; power.
14.	35.	„	„	Overwork.	Yes ; riches.
15.	27.	Single.	Sister.	Drink, (?)	
				Anxiety.	No.
16.	56.	Married.	None.	Overwork.	No.
17.	33.	„	„	Drink, (?)	Yes.

The table needs little explanation ; the ages agree for the most part with the common age for such degeneration. Most of the patients were married, and there is only one case in which any other of the family suffered mentally.

Drink was certainly the cause in one case, and this was the only case that left the hospital apparently cured ; but we have heard since that the paralysis had again shown itself, and this time there is no doubt it will end fatally. In another case drink was suspected, but the patient died, and we found no proof of excess in the state of liver or kidneys ; but as he was a young man, drink may have spoilt his nervous system, without leaving much organic trace behind. One case had been always teetotal.

In most of the cases, moral rather than physical causes, are given ; but in two, at least, and probably three, injuries to the back were traced as the beginning of the mischief. One

was thrown from a horse violently on his neck ; a second was knocked out of the saddle by a blow from a club ; and the third fell some distance, alighting on his feet. He suffered from temporary paraplegia.

Half the cases had exalted ideas.

With the ophthalmoscope we could make out nothing at all definite, in two cases the disc seemed congested.

The utter want of hereditary taint is interesting, and confirms the observations of others, though our opportunities for examining cases of general paralysis are very small compared with County Asylums. On several occasions the temperature was found to rise 2° or more, shortly before an epileptiform fit, when one's attention had already been called to the condition of the patient by other symptoms.

We will treat of pulse tracings in general paralysis when we give the results of the year's observation with the sphygmograph. As to general paralysis in women, we have very few examples indeed. We had, early in the year, one woman, with marked tremor of facial muscles, and thick speech ; her exalted idea being as to having triplets. She however got well enough to return home, and has continued well, but rather weak minded.

There are two male cases at present under treatment who have suffered from general paralysis for 18 months and 4 years respectively ; the former is stronger than on admission, and free from fits ; the latter is gradually sinking.

Five patients died from general paralysis during the year, fits being the cause of death in one, the others never having fits. Two died distinctly from pneumonia, which, I believe, the Germans recognise as the commonest cause of death.

Cases of insanity, due to injury to the head, are always of interest, and therefore I give the following short details:— A policeman, whose health was never robust, who suffered from neuralgia a great deal, was knocked down by a horse two years and a half before admission into Bethlem. He was taken to the Middlesex Hospital, and treated for concussion of the brain. Has suffered headache more or less ever since. Twelve months before admission he became quite deaf in left ear. His temper gradually changed, and he became violent and dangerous to his wife and family. With such a history, the prognosis did not seem good, but the rest and quiet made a most rapid improvement. He lost his suspicions, slept well, was freer from headache than for years, and was discharged in two months, well, and has continued so. Cases of injury to the head, with acute symptoms, are more often seen by the general physician than by the alienist. I have on two occasions seen anomalous symptoms arise from comparatively slight blows on the head. In one, a man received a blow from a fist that only staggered him. Within two hours I saw him, and he had all the appearances of drink. He staggered and stammered, but he had not had a drop of intoxicating drink the whole day. He spent an excited, restless night, wanting to get up and go to work. His speech was affected: he talked incoherently, but it seemed more the result of amnesia than delirium. There was no heat of head, his pulse natural; in

fact, no signs of inflammation about him. I gave him chloral, but this seemed to make him worse; and after trying it on several occasions, always with the same exciting effect, it was discontinued. The patient continued wild in looks and manner for about a fortnight, and then became more dull. He had great difficulty in understanding what was said to him, and got very confused when trying to explain his claims on a benefit society. The loss of memory of words continued for some months, even after he had returned to his employment.

On the male side we have had a fair number suffering from hallucination, those of hearing being most common. These have been of two types, either of voices accusing the patient of crimes, &c., or in several cases stimulating them to attack other patients. One violent patient has suffered both from hallucinations of sight and smell, his rest being disturbed by what he calls "magic lantern tricks"—hallucinations of light and shade. He at times sees hideous figures, which he accuses the doctors of producing on purpose to drive him mad. On other nights he thinks vapours of various stifling gases are poured into his room, and has on several occasions smashed the windows to get air. Chloral always quiets this patient for a time, but his madness and hallucinations return as much as ever.

We have several good examples of exaltation of ideas not general paralytic on the male side, besides several queens on the female. Two young men are at present at Bethhem: one, who considers himself Don Carlos; and the other, the Prince of Hanover. Both are suffering and acting similarly; they

will neither work nor associate, and spend most of their time in self-absorbed reverie. Many other cases, in which the patients seemed out of themselves, have occurred; one most interesting one being that of a man who was never tired looking for himself, under the bed or out of the window. Cases of fixed ideas of exaltation and such ideas seem to me almost always fixed, are very unsatisfactory, and seem to tend rapidly to mental weakness.

It is impossible to draw a very definite line between neuroses, and so we have cases that really belong to hysteria or hypochondriasis, and yet must be detained in an asylum. As to the hysterical cases, we leave their consideration for the present. We have had several most extreme cases of hypochondriasis. One man was rendered melancholy and miserable because he could feel not only his viscera doing their work, but even feel the blood circulating in his arteries. He was totally self-contained, and has not improved. Another case, who has given us a most elaborate description of the state of his abdomen, explains the gradual loss of kidneys, liver, and stomach, to the action of his bowels, which, after getting rid of the other viscera, escaped themselves, and now he believes he is without anything in the abdominal cavity. This case is of very great interest, as the patient lived for some weeks on nothing but brandy and lemonade. He vomited every particle of other food, and some even of this. His abdomen is flat, or rather deeply concave. There is no tumor of any part to be found. His bowels are most obstinately costive, once remaining unrelieved for ten weeks. Enemata were used twice, but on both occasions caused such profound collapse as to cause great alarm.

He fainted once when the bowels were relieved naturally. It seems fair to class the case with hypochondriasis, but it would be quite correct to give it the name Sir W. GULL gave to hysterical vomiting, viz., mad stomach, or mad sympathetic.

Two cases of hypochondriacal melancholy have complained much of the buzzing in their ears, which is a common symptom in states of nervous depression, and is excessively distressing in cases where it prevents sleep. I believe this buzzing may depend at least on one of three conditions: first, some plugging of the eustachian tube; second, some condition of the vascular system similar to that in which you get the venous murmur; and third, in states of nervous exhaustion or nervous irritability. The latter condition may be produced by excessive smoking.

Hæmatoma auris has occurred once on each side of the house, and in both in restless, excitable cases that were very likely to have got struck or injured by some other patient, as a reward for their restless worrying. One was a case of general paralysis, and the other a woman with acute mania.

One patient, after being on the incurable list for six years, astonished every one by appearing quite sane, and at once began to inquire about his friends and former business. For three weeks this continued, and he was urging his discharge, when signs of an acute attack showed themselves, and he developed a most acute attack of mania; and thus it seemed as if, in passing from a stage of mental weakness into a stage of mania, he had reached and maintained a state of health.

The acute attack continued with unbroken violence, and he gradually passed into a state of chronic, noisy, busy mania, utterly unlike his former state of simple weak-mindedness.

Besides several well-marked cases of heads having the hydrocephalic type, two cases have been under care in which the occipital bone had the feeling and appearance of an excrescence separated from the parietals by a deep groove. In these cases, too, the frontal were separated from parietals by a deep groove.

Volumetric analyses of the urine have been made by Dr. SAVAGE, but the difficulty in getting sufficient urine in the severe and acute cases has caused us to postpone publishing results till another year. In one case of chronic mania, in a youth, an attack of pneumonia was first brought to light by the absence of chlorides; but, strangely enough, the patient, who has got over his pneumonia, but is sinking from exhaustion, has never had a return to a normal discharge of chlorides.

The post mortem examinations made on the males showed nothing very striking, though in every case we saw enough to satisfy us that the nutrition of the delicate grey matter was interfered with. In three cases the calvarium was thickened and unsymmetrical; in three, too, there was distinct loss of substance from the surface of convolutions. In most cases the dura mater was attached to the calvarium posteriorly, and in one case throughout. The arachnoid thickened, the dura mater with effusions of blood on its inner surface in one case. The subarachnoid fluid in

excess, and the pia mater more adherent than natural; besides this, atheroma of the arteries at the base was found.

The spinal cord was removed in most cases, but externally nothing was noticed, except in one case, where there were hundreds of small bony scales and plates on the visceral arachnoid. There were no spinal symptoms. We have seen this condition, both in epileptics and in the healthy before, but never saw the plates so numerous and generally scattered. The patient was over 60 years old.

In four cases there was great congestion of lungs, or pneumonia; recent tubercle in one case, and old cavities in another.

The heart was large and fatty in an unusual number of cases.

During the year Dr. SAVAGE has taken sphygmographic tracing from nearly every patient admitted, and therefore we may be allowed to pass our judgment on the merits of the instrument as an elucidator of symptoms in the insane.

On the whole we have been disappointed, but not very greatly, for we did not look for finding certain tracing always in certain forms of mental disease. Cases of mania come into an asylum in the most different physical states—one full blooded and vigorous; another sallow or bloodless; and so we get tracings in acute mania and melancholia resembling those of health; but as a rule the character of the pulse is weak, the percussion up-stroke often short, and

sloping at the minimum pressure. We got the very weakest pulses in melancholia, but the tracings in mania also were never strong.

In general paralysis we got several utterly different types. In several cases a firm percussion-stroke; a rapid descent; a sharp tidal and dirotic wave. This pulse seemed to be produced by a vigorous ventricle, acting through only partially filled rigid vessels. In one case the pulse was irregular as to time. In cases where the stage of exaltation had passed, or was absent, and the dull listlessness remained, we got a dirotous pulse, with a rounded apex to the percussion-stroke. In these cases the pulse was slow. The arteries seemed fuller than in the last cases, and less rigid, and the up-stroke and wave-stroke running into one another.

In still more feeble cases, no doubt tracings similar to those shown by Drs. BUCKNILL and TUKE, would have been obtained. In some cases we had the pulse of perfect health, or, if any change, the pulse of a man of rather more years than the patient—a premature ageing.

In acute mania we got the following types; in very acute violent cases a rapid monocrotic pulse, easily compressible, and with more or less slanting up stroke, and not a sharp point.

This was but rarely got to perfection, as the patients were too wild to be quiet.

The next type is the dirotous, with a rounded point.

There were several varieties of this—some having a powerful up-stroke ; others being short.

This variety was the one most often found as soon as acute cases began to settle enough to allow themselves to be examined.

We next notice the pulse of health—the ordinary well marked tricrotic pulse ; and of this we had two chief varieties—the powerful and the weak : the former having a powerful up-stroke, bearing several ounces of pressure ; the latter having to be taken at the minimum, and then yielding only a feeble tracing.

In the last place we put those cases of more chronic nature—violent and destructive—but having continued in this condition, and with but little chance of recovery. Here we got short sloping up-strokes, and very rounded apices, similar in many respects to the tracings from chronic cases generally.

In melancholia the most common tracing was a feeble, slow one—almost monocrotic, though in most cases feeble waves could be traced.

A similar tracing to this was the general one in acute dementia.

The next most marked type was more rapid, and was dicrotous.

Besides these we had healthy tracings, but in most cases these were feeble, and in not a few the points rounded; in a few the tidal wave lifting the lever higher than at the percussion wave, and this occurred with the minimum of pressure.

In chronic mania and dementia we got a fair number of healthy tracings, but the chief number were characterised by clubbed apices, or by the wave exceeding or equalling the height of the percussion-stroke.

In a few cases we found in elderly persons a pulse that had a full rapid up-stroke, and as rapid a fall, and then a perfect series of waves; in these cases a vigorous left ventricle was manifest.

The sphygmograph has once or twice called our attention to the heart where it might otherwise have been overlooked. In one case of melancholia, the pulse-tracing indicated probably mitral mischief, though no murmur could be detected. This patient had had rheumatism and pericarditis.

Tracings were taken in several patients who were moribund, but are not of sufficient interest to quote.

There can be no doubt that the circulation in nearly all lunatics is unnatural. How often one sees an acute maniac wild and excited, with his nose and hands blue, though his head is hot.

Again, in chronic lunatics, as seen here at least, the faces

and noses get mapped out with congested capillaries ; and how often do chronically maniacal women develop hair above the face. This last occurred to a considerable extent in a man who had been beardless and whiskerless from boyhood to 60 years. All these things point to an interrupted circulation. This may be due to loss of nervous control from central system, or more probably to sympathetic.

Puerperal cases under care during 1873 :—

No. of attack.	No. of children.	Time of attack after delivery.	
2nd	9	4 months.	Mania.
3rd	2	2 months.	"
1st	1	2 days.	"
1st	3	6 weeks.	Melancholia.
1st	1	3 days.	"
1st	1	At 4th month of pregnancy.	"
1st	1	8 days.	Mania.
7th	3	10 days.	Acute dementia
1st	3	1 week.	Melancholia.
1st	1	10 days.	"
1st	1	3 months.	"
1st	1	1 week.	Dementia.
3rd	9	3 months.	Melancholia.
1st	1	3 days.	Mania.
1st	2	3 days.	"
1st	4	3 weeks.	Melancholia.
1st	5	4 month.	"
1st	1	1 month.	Mania.
1st	3	2 days.	"
1st	4	3 weeks.	Melancholia.
1st	1	1 month.	Mania.

The annexed list of cases will bear of some comments.

First it will be noticed that out of 21 cases, they were all first attacks but four: and that in two cases there had been two previous attacks, and in one six. Ten of the cases were primipara. In two, exhaustion from rapid child-bearing in young women seemed to be the exciting cause. I had been led to expect the cases coming on within a few days of delivery, more often suffer from mania than melancholia; but the difficulty of determining exactly the time of onset has prevented me examining into this relationship.

Of course first labors are more trying than later ones, and are more likely to disturb the nervous system. In two cases only do we find that labour was so difficult as to require instrumental aid, viz., in one case of a primipara, the other being a third child. Both these cases got well.

In one case the worry and pain caused by an inflamed breast was the exciting cause. In another, suckling for three months reduced the woman to a weak state, and she then became melancholic. One other attack was induced by loss of husband three months after delivery, she not having recovered from her delivery at the time.

One case showed symptoms at the fourth month of pregnancy, and these continued in a rather subdued degree till after delivery. She was well for a day or two, and then developed rapidly an attack of melancholia.

The only puerperal case that died had a history of small irregular placenta, recurrent hæmorrhages, and foetid discharge, which point to probably a partially retained placenta.

The hæmorrhage continued for a month after delivery, and when admitted the patient was bloodless and very weak. She was excessively violent, and sank exhausted.

Eight of the cases have been discharged well, four discharged uncured, and the rest are still under treatment.

Besides the above we had four other cases in which hyperlaction, or its equivalent of lactation, in a person already weak, was the assigned cause. All these cases were suffering from melancholia, and all got well on tonics and nourishing diet. These cases made very rapid recoveries.

Of the cases admitted during the year, 15 seem to be associated with the climacteric period; this is a large proportion. Most of such cases suffered from melancholia; many being extremely suspicious. The cases were about equal in married and in single women.

It will be noticed in Table 22, that 11 female patients were discharged cured, after residence in Bethlem of from 18 months to 5 years; whereas on the male side, we have no cures after 12 months' residence. We get here, to account for this, a class of quiet, ladylike, melancholy patients, whose mental condition alters so imperceptibly, that one really does not see when they are well. It is often exceedingly difficult to say when such patients are well enough to return home, for many of them are intensely suicidal, and their too early discharge would probably end seriously. One case was interesting, as after residence here for over three years, being in a low melancholy condition during the whole time, neither

speaking nor associating, suddenly woke up one night and on being visited in the morning by her attendant, spoke to her, wishing her "a good morning;" and from that time remained well, and was discharged.

As is usual, the causes of madness on the female side are chiefly due, after we exclude uterine or puerperal mischief, to moral rather than physical causes, love, grief, fright, as well as anxiety; taking the place of monetary troubles on the male side. One case was interesting from the fact that an attack of rheumatic fever preceded the attack of mania.

It will be seen from Table 18, that, as usual, a very great number of governesses have been admitted, almost one fourth of our female admissions being such. I rather take it that the number of young women who go out as teachers has increased very much, than that the duties of such are too onerous for them.

The number of recoveries on the female side has been satisfactory, being 65 per cent. of admissions; that on the male side being under 40 per cent.

We have several well-marked cases of hysterical mania, in which there seems simply to be an inertia that is very difficult to move. These patients seem to yield themselves up to habits of idleness and self-complacent contemplation, and nothing rouses them. Galvanism acts temporarily only, and if any treatment is effective, it seems shower baths and daily teasing has some effect. By insisting that the patient shall, against her will, walk up and down the gallery with you,

you rouse her to resist, and this daily rousing does good; in fact, galvanism acts in these cases in the same way.

Shower baths are used more frequently on the female side than on the male, and seem to have a better effect. As a rule, the shower bath is simply given as a shock, the patient only being under the shower for a second or two; this, and a good drying, improves the general condition, and in many cases hastens cure.

During the year only one or two cases have required forcible feeding; and at Bethlem, though both manners have been again tried, we prefer the feeding by means of the stomach pump, as more rapid, and less distressing to the patient. No doubt quiet, unresisting patients can be easily fed by the nose; and in some cases of great weakness, in which the patients refuse food, or seem insensible, then nasal feeding may be more useful.

It is of interest to know that after examination of the urine of over 100 patients, albumen was only found in one case, and in the same case granular casts were also discovered. One case under treatment for melancholia suffered before from a most acute attack of nephritis and continuous hæmaturia. Her urine now is perfectly normal. We found sugar in appreciable quantities in the urine of several cases, but in only one case can we say the patient suffers from diabetes, with its symptoms of polyuria and increased appetite.

Uric acid crystals were found much oftener in the urine of the insane patients than is natural, but we defer a full

consideration of this subject of urine in insanity till next year.

In one case of acute melancholia, in a young girl, we have a history of enuresis for three years, and the chances of recovery are but small. Belladonna and cold sponging have done no good.

Uterine troubles are often associated with insanity, sometimes acting as a cause, and at other times merely coming on as a result of the common cause. It is no unusual thing, however, to see a patient who is suffering from recurrent mania, or chronic mania, menstruating regularly and naturally: the climacteric comes and goes, leaving the patient as she was.

We have examined into the condition of 90 cases of patients in Bethlem who have not ceased to menstruate from age, and the results are as follows: that 57 were regular and natural, that in 24 the menses were absent, and in 6 they were irregular, having been absent for longer or shorter periods, and only having reappeared once. In three cases there was excessive loss, two of these being in cases of young girls of 17 years. In the six cases of irregularity, there was great pain at the period in 3 cases.

The subjoined table shows the above facts more clearly:—

MENSES.

Regular.	Irregular.	Absent.	Excessive.	Total.
57	6	24	3	90

As to the forms of disease associated with the menstrual irregularity, our statistics do not point out one form as more likely than another. One thing we noticed, and that is, that nearly all very acute cases, whether of mania or melancholia, suffer from amenorrhœa. In such cases one generally gets a feeble state of circulation and impaired health to account for this. Cases have occurred this year in which great mental disturbance has taken place before and at the periods. In one case the patient was tolerably well in the intervals, but the frequent attacks of acute mania at length gave way to a more permanent condition of chronic, noisy mania, with cessation of menses.

We have, of the 90 cases, 13 suffering from melancholia, with irregularity or absence of menses, 12 suffering from mania under similar conditions, 2 from puerperal mania, and 2 from acute dementia, besides one in whom decided signs of phthisis cause one to attribute to this the absence of menstruation.

Melancholia.	Mania.	Acute Dementia.	Puerperal Mania.	Phthisis.
13	15	2	2	1

In one case the patient suffering from acute mania had one severe epileptiform fit, and from the time of the fit—the first and only one she ever had—she began to recover. During the fit there were subconjunctival extravasations, and on both lower eyelids numerous capillary extravasations. Two patients have suffered from choreiform attacks; one, a case of acute mania, being generally affected so that her whole face and extremities twitched. She rapidly got well, galvanism helping her in her convalescence. The other case

had a peculiar twitching of the muscles of one side of the neck—a spasmodic torticollis. Galvanism removed this, but did not cure her melancholy.

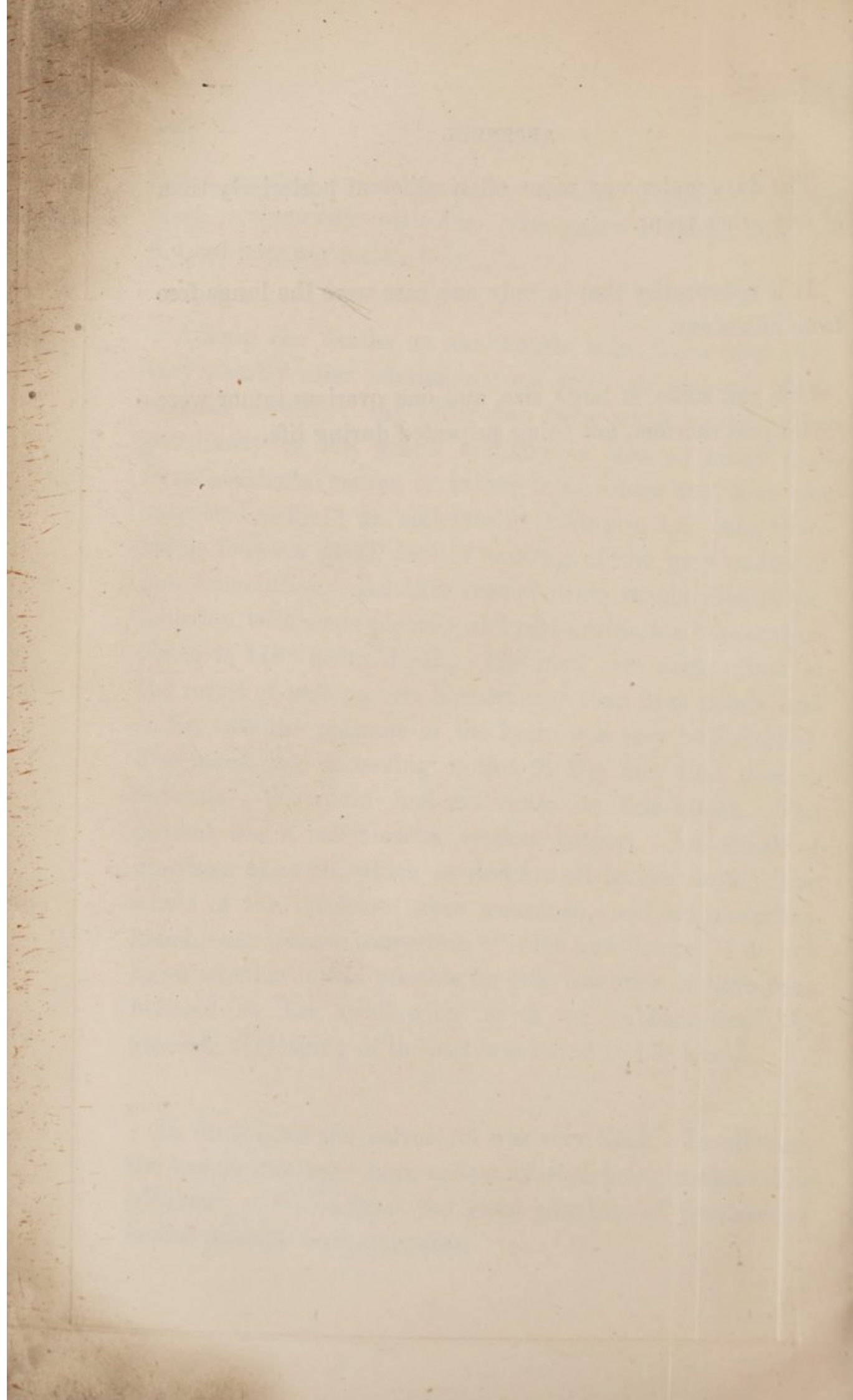
Among the deaths on the female side, three cases died very shortly after admission; one from an epileptic fit of unusual severity; the other two from acute mania. The peculiarity of this year's obituary is that so many died from accidental causes, or rather from causes that were not suspected at first; an epileptic fit killing in one case, there being found a great deal of wasting of the grey matter of one convolution. Another case of acute mania died of exhaustion, with acute pleurisy and pericarditis, the temperature rising to 110° before death. The next case sank rather as the result of post partum hæmorrhage than from mania, and in her case the paleness of the brain was very well marked. The next case deserving notice is the one that died of enteritis. We could find no cause for this attack. The patient was a mischievous, restless patient. An attack of diarrhoea came on, which carried her off in two days. The whole of the intestines were examined, and no ulceration found, only intense congestion of colon and ileum. I do not know whether it was possible for this condition to have been induced by her swallowing earth or rubbish from the grounds. Nothing of the sort was found in her bowels.

In three cases the calvarium was very thick. In all cases the membranes were more or less affected, being congested or adherent. We noticed the great numbers of pacchionian bodies present in several cases.

The dura mater was more often adherent posteriorly than at any other point.

It is noteworthy that in only one case were the lungs free from adhesions.

One gall stone of large size, and one ovarium tumor were found post mortem, not being suspected during life.



Dr.

GENERAL ACCOUNT OF RECEIPT AND EXPENDITURE OF BETHLEHEM HOSPITAL, FOR THE YEAR ENDING 31ST DEC., 1873.

Cr.

RECEIPT.

Total. Bethlehem. Incurables.

£ s. d. £ s. d. £ s. d.

1873
Jan 1 To Balance of Account ended to 31st December, 1872 2,014 11 0
To Rent, Land Tax, Rent-charges and Insurance, viz.—
BETHLEHEM—Arrears, 31st December, 1872 1,290 4 10
One Year's Rent, Land Tax, &c. from Mich., 1872 to Mich., 1873 11,217 0 3
£12,477 5 1

To RECEIVED, viz.—
Bishopsgate Street Without 229 19 8
Piccadilly, Duke Street, and Jermyn Street 4,250 8 10
Ormond Mews 118 14 0
Lane Street, Lane Street Square, &c. 2,310 18 7
Fowkes Court, Tower Street 466 10 3
Gardner's Terrace, Mile End 139 6 10
St. George's Fields 568 9 4
Moorgate 249 13 4
Shepherd's Bush 121 2 0
Waltham Cross 239 6 6
Kent 1,845 18 9
Lincolnshire 335 0 6
Rent Charges 86 1 11
£10,991 10 6
Property Tax allowed 165 10 11
Arrears of Rent to Mich., 1873, unpaid 31st Dec. 1873 1,320 3 8
£12,477 5 1

10,991 10 6

10,991 10 6

INCURABLES—Arrears 31st December, 1872.. .. 3,378 14 10
One Year's Rent of Estate in Lincolnshire to Mich., 1873.. .. 6,742 8 3
£10,121 3 1

3,378 14 10

6,742 8 3

To RECEIVED, viz.—
Wainfleet St. Mary £4,844 10 0
Wainfleet All Saints, Claxby, Mumby, &c. 1,783 7 5
£6,627 17 5
Property Tax allowed 107 11 7
Bed 5 18 10
Arrears to Mich., 1873, unpaid 31st Dec., 1873 3,379 15 3
£10,121 3 1

6,627 17 5

6,627 17 5

To Received Quits Rents 4 7 6
Tithe Rent-charge, Wainfleet St. Mary—
One Year to Michaelmas, 1873 686 17 8
To Received Tithe Rent Charge 686 17 8

4 7 6

4 7 6

686 17 8

686 17 8

To Dividends on Stock in the Public Funds, viz.—
£38,000 0 0 3 per Cent. Consols 1,140 0 0
17,000 0 0 New 3 per Cent. Stock 510 0 0
3,000 0 0 Bank Stock 300 0 0
9,755 18 4 3 per Cent. Consols (in Chancery) Tax £4 5s. 8d. 289 11 10
21,000 0 0 New 2 1/2 per Cent. Stock 525 0 0
64,688 14 9 3 per Cent. Consols (in Chancery) Tax £28 6s. 1,912 7 2
1,000 0 0 3 per Cent. Reduced Annuities, Wm. Hollins' Gift.. .. 30 0 0
Interest from Metropolitan Railway to Nov. 1873, Tax £90 5s. 1d. 2,414 14 7
One year's Interest and part of Principal of £2,000 money advanced on Wainfleet and Firsby Railway Shares 135 15 2

1,140 0 0

510 0 0

300 0 0

289 11 10

525 0 0

1,912 7 2

30 0 0

2,414 14 7

135 15 2

7,257 8 9

7,257 8 9

193 To Casual Receipts, viz.—
Received for Transfer of Leases 2 0 0
" Donation from Tuffen West, Esq. 25 0 0
" " Jonathan Hutchinson, Esq. F.R.C.S. 25 0 0
" " Hon. Pascoe C. Glynn 28 5 0
" from Accountant General, on account of Lord Henry Seymour's legacy 83 0 0
" Legacy and Interest from Estate of A. Y. B. Martinez 67 11 5
" Property Tax on Stocks to January, 1873 63 1 3
" on Rents, to March, 1873 256 15 1

538 12 9

538 12 9

To Casual Receipts—INCURABLES.
Received of Government on Account of Criminal Patients 42 15 0
" for Sale of Wood at Wainfleet 2 2 0
" Sermon at Christ's Hospital 178 10 6
Property Tax on Rents, to March, 1873 223 7 6

260 0 0

260 0 0

223 7 6

223 7 6

28,604 13 1 1/2

20,802 3 0 1/2

7,802 10 1 1/2

1,455 8 3

839 3 6

716 4 9

30,160 1 4 1/2

21,641 6 6 1/2

8,518 14 10

EXPENDITURE.

Total. Bethlehem. Incurables.

£ s. d. £ s. d. £ s. d.

1873
Ledg. Folio
By Meat 2,850 10 4
Beer 1,050 11 0
Bread and Flour 871 13 1
Rice, Oatmeal, &c. 648 19 4
Milk 298 18 0
Cheese, Bacon, Butter, &c. 1,010 9 8
Tea and Groceries 382 8 6
7,222 9 11
Clothing and Bedding 1,237 19 4
Soap, Oil, and Candles 449 15 4
Medicine, &c. 144 19 0
Wine, Spirits, &c. 480 18 2
Coal and Firewood 1,667 7 11
Washing 1,263 17 0
5,253 16 9
378 Salaries of Officers, Wages of Servants, &c. 4,901 7 2
369 Taxes, &c., on the Hospital 1,087 3 11
358 Repairs of Buildings, &c. 5,515 5 10
338 Printing and Stationery 273 9 10
356 Furniture and Repairs 1,941 11 8
374 Books, &c. 62 2 3
360 Incidental Expenses £122 5 3 1/2
Amusements, Excursions, &c. 322 7 4
444 12 7 1/2
373 Superannuation Annuities 9,324 6 1 1/2
346 Law Charges 187 15 6
350 Deductions from Rental—
Premiums of Insurance 72 9 5
Repairs of Houses 143 14 9
80 7 0
224 1 9
224 1 9

LINCOLNSHIRE.

396 Salaries, &c., Curate and Agent 557 10 0
394 School at Wainfleet 148 6 11
401 Plantations 38 19 8
397 Sea Bank 16 8 6
391 Deductions from Rental—
Premiums of Insurance, &c. 34 9 2
402 Casual Expenses 163 13 4
400 New Buildings and Repairs 1,308 2 0
390 Taxes and Rates 201 11 8
379 Law Charges 4 0 11
227 Quit Rent 0 12 6
2,473 2 3
0 12 6
30,160 1 4 1/2

A. M. JEAFFRESON,
Receiver, &c.

We, whose names are hereunto subscribed, have examined and Audited the preceding Account for the Year One Thousand Eight Hundred and Seventy-three, and find the same correct and the Balance as specified, this Twenty-second day of January, One Thousand Eight Hundred and Seventy-four.

JNO. BAGGALLAY, Treasurer.
EDWD. H. FENNELL,
GEO. WARE,
JOHN MILES,
JOSHUA W. BUTTERWORTH.

30,160 1 4 1/2 21,641 6 6 1/2 8,518 14 10

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CHICAGO, ILL., U.S.A.

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GENERAL ACCOUNT OF BOTH HOSPITALS, 1873.

BRIDEWELL HOSPITAL—Balance in favor of the Hospital	£6,123	2	0
BETHLEHEM HOSPITAL—Balance against the Hospital	..	..	..	..	1,555	8	3
					£4,567	13	9
Cash at Bankers, Messrs. Glyn & Co.	..	..			£4,567	13	9

INCURABLE FUND.

Debt and Interest 31st December, 1872	..	..	..	..	..	£26,053	14	11
One Year's Interest on Debt, at 4 per cent.	..	..	..	..	..	695	8	3
						£26,749	3	2
Excess of Expenditure over Receipts	..	..	..	..	..	716	4	9
						£27,465	7	11

BRIDEWELL HOSPITAL.

INCOME, 1874.

RENT—Rent-charges and Insurances	..	..	..	..	£15,416	16	9	
Deductions	..	..	..	..	779	0	10	
								14,637 15 11
DIVIDENDS ON Stock in the Public Funds, viz.—								
£48,000 0 0, New 3 per Cent. Stock	..	..	..	..	1,440	0	0	
28,713 5 11, 3 per Cent. Consols (in Chancery)	..	..	..	..	861	7	10	
7,447 8 3, 3 per Cent. Reduced Annuities (do.)	..	..	..	..	223	8	4	
								2,524 16 2
Net Annual Income	..	..	..	..	£17,162	12	1	

BETHLEHEM HOSPITAL.

INCOME, 1874.

CURABLES—Rent, Land-Tax, Rent-charges, and Insurances	£11,199	11	7
INCURABLES—Rent, Rent-charges, and Insurances	7,443	1	5
	£18,642	13	0
Deductions	178	4	0
	18,464	9	0
DIVIDENDS ON Stock in the Public Funds, viz.—			
£38,000 0 0, 3 per Cent. Consols	£1,140	0	0
17,000 0 0, New 3 per Cent. Stock	510	0	0
3,000 0 0, Bank Stock.. ..	300	0	0
21,000 0 0, New 2½ per Cent. Stock	525	0	0
64,688 14 9, 3 per Cent. Consols (in Chancery)	1,940	13	2
9,795 18 4, 3 per Cent. Consols „	293	17	6
1,000 0 0, 3 per Cent. Reduced Annuities, „ William Hollins' Gift”	30	0	0
42,780 15 0, 3 per Cent. Consols (in Chancery)	1,283	8	5
Wainfleet and Firsby Railway, One Year's Interest and portion of Principal of £2,000, for 25 years, from October, 1871.. ..	135	15	2
	6,158	14	3
Net Annual Income	£24,623	3	3

A. M. JEAFFRESON,

Receiver, &c.

