

Fourth annual report of the Manchester Royal Lunatic Hospital, (situate near Cheadle, Cheshire,) for the year June, 1853, to June, 1854.

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FOURTH

ANNUAL REPORT

OF

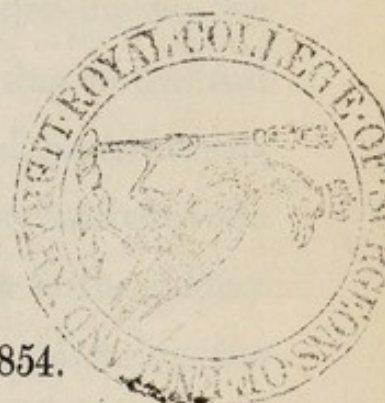
THE MANCHESTER

ROYAL LUNATIC HOSPITAL,

(SITUATE NEAR CHEADLE, CHESHIRE,)

FOR

THE YEAR JUNE, 1853, TO JUNE, 1854.



MANCHESTER:

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1854.

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REPORT OF THE COMMITTEE

OF THE

Manchester Royal Lunatic Hospital.

For the details of the history of this Institution during the past year, the Committee refer with satisfaction to the full and interesting Report of the Resident Medical Superintendent, Dr. Dickson, in which the nature and the results of the treatment adopted by him are very minutely set forth. They cannot, however, forego the pleasure of congratulating the many friends and benefactors of the Hospital upon the steady and marked progress which it has made since its first establishment in its present locality, and upon the amount of benefit it is bestowing upon those for whose relief more especially it was designed.

In each year there has been an increase in the number of patients admitted, and at the present time there are sixty-three persons under treatment.

The Committee beg to call the attention of those who may have friends or relatives afflicted with insanity, to some

of the advantages which they conceive belong to this Institution.

The situation is agreeable and healthy; its gardens and pleasure grounds are extensive, and the farming operations which are carried on prove a constant source of amusement and interest to the patients.

Its distance from Manchester, (eight miles) is great enough to insure the retirement and freedom from interruption, which are so desirable, but not too great to deprive it of any of the obvious advantages of a reasonable proximity to a large town.

While its promoters have desired to afford the best possible accommodation to high class patients, they have made it one of their principal objects to combine the greatest amount of comfortable accommodation, with the most reasonable rates of payment, in the case of those whose means are more limited.

In connection with the Institution, there is a Benevolent Fund established by the liberality of the late Treasurer, Salis Schwabe, Esq., and applicable to the still further reduction of the rates of payment, in cases where such assistance may seem desirable.

The Committee have reason to speak in strong terms of approbation, of the zeal and ability with which the Resident Medical Superintendent has discharged the responsible duties of his office, and which have confirmed them in the opinion they formerly expressed of his efficient and valuable services.

The satisfactory results of his labours are seen in the many cases in which complete cures have been effected, and great relief given under his judicious treatment.

Some new farm buildings have been erected during the year, and others are in contemplation. The labours of the farm have been carried on with advantage to the Institution in many ways, and the pecuniary return therefrom has been satisfactory.

The Committee take this opportunity of acquainting those who may not be aware of the circumstances of the Hospital, that by its rules the Committee are precluded from applying any profit that might ever arise from it to any other purpose than that of extending the usefulness of the Institution; their desire is to furnish to the higher and middle classes of society afflicted with the malady of insanity, the largest amount of comfort and accommodation at the most reasonable cost; and they confidently hope that the system in which the establishment is at present conducted, is calculated to answer all the ends which its promoters have had in view, and to minister substantial consolation and relief under one of the most distressing classes of disorders to which human nature is subject.

R. C. CLIFTON, M.A.,

Treasurer and Chairman of the Committee.

Jan. 26th, 1855.

FOURTH ANNUAL REPORT

OF

The Manchester Royal Lunatic Hospital,

FOR THE YEAR 1853-54.

BY THOMAS DICKSON, M.D., SUPERINTENDENT.

It is with a feeling of gratification that I submit to you my Report for the year 1853-54.

Since the date of my last Report a new Act of Parliament has been passed "for the Regulation of the Care and Treatment of Lunatics," by which some important alterations have been brought into operation; amongst others the following may be enumerated.

It prescribes amended forms of orders and certificates, of notices of admission, and of the weekly medical journal. By the form of the Medical certificate, in particular, the person certifying is required to set forth a qualification, entitling him to practice as a Physician, Surgeon, or Apothecary, in the United Kingdom; to state where and when the patient was examined by him; and to specify therein facts indicating insanity, distinguishing facts which he himself has observed, from those communicated by other persons.

It authorizes the amendment of any order or certificate within fourteen days after the reception of any patient.

It directs that notice of the recovery of every patient shall be sent to the friends, and if not discharged within fourteen days, to the Commissioners in Lunacy; and in case of the death of a patient, a statement of the time and cause of death to be transmitted to the Coroner.

It authorises the transfer of a private patient (with the consent of two of the Commissioners in Lunacy) from one asylum or hospital to another without any fresh order or certificate.

The following Tables, with the accompanying explanatory remarks, will, I trust, furnish you with full and accurate information as to the management of the Hospital during the past year; and will, at the same time, shew you that the results of the treatment have been attended with as much success as in previous years.

The number of patients admitted during the year amounts to 54; there remained in the Hospital at the date of my last Report 47, making together a total of 101 patients who have been under treatment during the year.

Of this number 43 have been discharged; leaving at this date 58 patients in the Hospital. The average number daily resident throughout the year has been 53. Of the patients discharged 26 were cured, being in the ratio of 48.15 per cent. on the number admitted, and 49 per cent. on the average number resident.

The total number of patients admitted since the Hospital was re-opened is 187; of these 76 have been discharged cured; being 40.64 per cent. on the total admissions, and 58.91 per cent. deducting therefrom those still remaining under treatment.

This statement does not convey an adequate idea of the curative results attained; an analysis of the condition of the patients admitted shews that 68 of them when admitted were in such an advanced state of disease as to afford no hope of recovery, while the remaining 119 were admitted within twelve months from the time they were first attacked with disease; as it is out of the latter class only that cures have been effected, the results shew the recoveries to have been 64 per cent. on the number admitted, or, deducting those still under treatment,

82.6 per cent. These figures add another testimony to the generally received opinion, that insanity if subjected to treatment in its earlier stages is as curable as other diseases, the reports of this and other asylums shewing that fully 80 per cent. of those so treated recover.

TABLE 1.—GENERAL RESULTS OF THE YEAR.

	M.	F.	Tot.
Remaining under Treatment, June, 1853	29	18	47
Admitted from June 25, 1853, to June 25, 1854.	35	19	54
Total Number under Treatment.....	64	37	101
	M.	F.	Tot.
Discharged—Cured	15	11	26
Relieved	3	2	5
Dead	8	4	12
	38	20	58

The above Table shews the general results of the year; but the two following Tables shews the results of the cases classified as confirmed and recent cases.

TABLE 2.—CONFIRMED CASES.

	M.	F.	Tot.
Remaining under Treatment, June, 1853	12	9	21
Admitted	15	7	22
	27	16	43
	M.	F.	Tot.
Discharged—Relieved	3	2	5
Dead	5	2	7
	8	4	12
	19	12	31

This Table shews more clearly the number of those cases in which the disease had existed for a period longer than twelve months prior to admission.

TABLE 3.—RECENT CASES.

	M.	F.	Tot.
Remaining under Treatment, June, 1853	17	9	26
Admitted	20	12	32
	37	21	58
	M.	F.	Tot.
Discharged—Recovered	15	11	26
Dead	3	2	5
	18	13	31
	19	8	27

This Table shews the numbers of those cases in which the patient had been labouring under disease for periods less than twelve months before admission, this being the line drawn, irrespective of the mental state, and physical condition of the patient altogether.

The patients admitted presented all the marked forms, and features of insanity, and in all their varying degrees of intensity, or aggravation. If we regard them as arranged in four classes, (see Table 7) according to the more prominent characteristics manifested by the patients at the time of their admission, we shall find the first class to comprise 31 individuals who were in a state of maniacal excitement; some of them, it is true, were in a state of exhaustion at the time of their admission, from which they never rallied; but others exhibited all the ordinary forms of excitement, loud declamation, an almost entire want of sleep, impulses of violent ungovernable temper, neglect of all the proprieties of humanity, &c.; and in many instances shewed astonishing powers of muscular activity, energy, and endurance: one of the latter continued in this state for nearly two months after admission, during the whole of the time, with rare exceptions, shouting at the top of his voice, with violent gesticulations, and when requested to cease, his reply was, he dare not be quiet, "God ordered him to shout, and shout he would."

The Second Class comprises five individuals in whom melancholy and despair were the leading characteristics. Incapable of hope or enjoyment, indifferent alike to the darkness of night or the light of day, continually absorbed in the contemplation of the delusions under which they suffer, whether that be the supposed commission of some dreadful crime, or of having rejected salvation and cursed God, or of having been the cause of war, or some other indefinite and fearful catastrophe, they abandon themselves to the despair which possesses them, and actuated by the feeling of present agony, they constitute a class who generally seek in self-destruction to avoid that greater distress which they imagine to be inevitable.

The next class, viz. monomaniacs, are a more numerous class, and are distinguished as being dangerous alike to themselves and others. Capable of reasoning correctly within certain limits, insane only on one or more subjects, frequently violent under the influence of their delusions, ready for any measures of offence or defence which they consider requisite, they are the objects of much care and anxiety. A hatred or excessive jealousy of their nearest relatives—the thought that they have again recovered their youth, and are capable of all its activities and pleasures—a belief that an evil spirit enters their body every night during sleep, and must be cut out from their side every morning—a conviction that they are to be killed and eaten—that wherever they go poison drops from them to the certain destruction of others—that whatever is touched by them becomes poison—that they are either ruined or deeply embarrassed in their pecuniary affairs, although possessed of competency—that they see people; hear voices calling them opprobrious names, or have messages conveyed to them by an invisible telegraph—that they have acquired high honor or distinction;—have been the leading features or characteristics of this class of the patients admitted.

The Fourth Class consists of four individuals in whom a certain amount of failure or decay of the intellectual faculties was manifested. Some of this class retain a portion of their

powers of enjoyment and exertion, whilst others are helpless alike in mind and body, and are incapable of attending to their own necessary wants.

Such have been the prominent and general characteristics of the individuals admitted during the past year, presenting a mass of affliction which we have been enabled in some degree to remove and to relieve. The variety of the delusions, the desperate nature of the tendencies to which the patients were subject, would almost make us feel at first sight, that it would be impossible to arrange any mode by which order, moral control, or means of occupation could be established, or the necessary medical treatment employed. The causes of non-success are numerous; to ensure success, demands all that patience and watchfulness, which a sense of duty only can impart. It is not enough that the medical visit be paid at due hours, or to give orders that certain things are to be done, but it is necessary to see that these are properly and correctly carried out; that no unkindness is shewn, and that the attendant does not lose his temper or self-command in the discharge of his very arduous duties; but in all these matters I am able to report, that in no previous year has there existed greater order or efficiency in the occupation and moral control of the patients.

TABLE 4.—AGES OF PATIENTS ADMITTED AND THOSE CURED AND DISCHARGED FOR THE YEAR 1853-54.

	Admitted.			Cured.			Per Centage of Recoveries.
	M.	F.	Tot.	M.	F.	Tot.	
Under 20	2	1	3	1	0	1	33.3
From 20 to 30	8	4	12	3	1	4	33.3
„ 30 to 40	9	3	12	3	3	6	50
„ 40 to 50	4	3	7	5	2	7	100
„ 50 to 60	7	5	12	2	2	4	33.3
„ 60 to 80	5	3	8	1	3	4	50
	35	19	54	15	11	26	

This Table shews the ages of those admitted, and also of those discharged recovered during the year, with the per centages of recoveries, as against the number admitted.

TABLE 5.—AGES OF THE TOTAL NUMBER OF PATIENTS ADMITTED, AND THOSE DISCHARGED CURED, SINCE THE OPENING OF THE HOSPITAL.

	Admitted.			Cured.			Per Centage of Recoveries.
	M.	F.	Tot.	M.	F.	Tot.	
Under 20	6	2	8	2	0	2	25
From 20 to 30.....	20	12	32	11	7	18	56.8
„ 30 to 40.....	25	20	45	9	9	18	40
„ 40 to 50.....	26	14	40	13	9	22	55
„ 50 to 60.....	20	17	37	4	6	10	29.27
„ 60 to 80.....	16	9	25	3	3	6	24
	113	74	187	42	34	76	

This Table exhibits the total number of patients admitted since the re-opening of the Institution, classed according to their ages, the number and ages of those recovered, as against the total admissions, with a per centage table of the recoveries.

TABLE 6.—SHOWING THE NUMBER OF THE RECENT CASES ADMITTED, AND THE AGES OF THOSE DISCHARGED CURED, AND DIED, WITH THE PER CENTAGES OF CURES AND DEATHS, SINCE THE OPENING OF THE HOSPITAL.

	Admitted.			Cured.			Died.			Per Centage of Cures.	Per Centage of Deaths.
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.		
Under 20 ...	4	2	6	2	2	4	0	1	1	66.4	16.4
From 20 to 30	15	10	25	11	7	18	1	0	1	72	4
„ 30 to 40	17	13	30	9	9	18	1	1	2	60	6.6
„ 40 to 50	19	10	29	13	9	22	1	1	2	75.4	6.66
„ 50 to 60	9	8	17	4	6	10	2	1	3	64.12	17.64
„ 60 to 80	8	4	12	3	3	6	0	1	1	50	8.4
	72	47	119	42	36	78	5	5	10		

This Table is a more instructive one; it exhibits, in a tabular view the total admissions, recoveries, and deaths of the recent

cases admitted into the Hospital since its re-opening; it shews also the chances of recovery of those afflicted with insanity at the various ages in the table. We there find that those under 20, and those from 50 to 60 years of age, bear nearly a relative proportion in the numbers of recoveries and deaths. This similarity in the number of deaths in both tables, arises from causes which may be thus explained. In both classes there is the same liability to acute attacks of mania, which in the younger manifests itself more in the excitement consequent on increased vascular action, ending in effusion on the brain. In the elder we find that many of those from 50 to 60 years of age are those who have passed through much family distress, or have suffered from reverse of fortune, or great application to business and its consequent excitement; and who, from the long continued effect of these causes suffer from such a relaxed or over excited condition of the brain and its membranes, as causes that slow but certain effusion so apt to terminate fatally, independent of the consideration of the fact that these may also labour under chronic affections of other organs which may be the cause of death. The class from 20 to 30, and that from 40 to 50 years of age, bear also a nearly equal proportion in their recoveries, this proportion being the highest in the table; this may be attributed to the circumstance that in the younger there is more nervous energy in the system, enabling it to throw off the effects of this, as well as other diseases; and in the elder class that they are in the very prime of life, equally balanced between the vigour and excitement of youth, and the natural declension of the vital powers. This reasoning does not, however, apply to those from 30 to 40, in whom we find the chances of recovery again to decline; this may be accounted for by the circumstance that these, generally speaking, are at that age when the development of the feelings and passions is at the highest point, and the effects on the system generally, or on the brain itself, from disease, are more hurtful in their consequences.

The number of deaths does not, however in these classes bear the same relative proportion to the recoveries; the chances of life being greater in the younger than in the older. Thus we find that of those patients from 20 to 30 years of age, 4 per cent. only have died, whilst from 30 to 40 and from 40 to 50 the number who die is fully $6\frac{1}{2}$ per cent.; nature in this respect coming under its ordinary laws, and death following from this disease as from others, according to the age of the individuals. Those who present the highest per centage of deaths are from 50 to 60 years of age, and suffer not only from natural decay, but, as we have already stated, from the effects or consequences of distress or excitement.

When a person has passed the age of 60, the excitement of the passions, feelings, and affections, is found to have decayed in a greater or less degree. The feeling of old age, with its diminution of excitability keeps creeping on, and along with its feebleness and helplessness, the future life of the individual may, in many instances, be more correctly characterized as a vegetable life, than that of a man animated by the hopes, joys, and anticipations of early or matured manhood. It is well known that this condition of the aged, requires a great amount of care, attention, warmth, and good nursing, in order that life may be prolonged, and daily observation shews us, that with such appliances, life may be, and sometimes is prolonged to a great age. What, in this respect is found to be the case with the sane, is equally, if not more so, with the insane; with regular and nourishing food, warmth, cleanliness, proper exercise, regulation of the general health, and the existence of no organic disease in the thorax or abdomen, the insane patient of ripe age, frequently attains a high comparative degree of robust health, and lives on even after his mental faculties have nearly all left him; hence it is that the per centage of those aged persons who have died in the hospital between 60 and 80 years of age, is only about eight and a-half per cent.

TABLE 7.—FORMS OF DISEASE IN THOSE ADMITTED.

	M.	F.	Total.
Mania Acute	11	6	17
Mania Chronic	5	4	9
Mania Puerperal	0	1	1
Mania a Potu	4	0	4
Melancholia	3	2	5
Monomania	10	4	14
Dementia	2	2	4
	35	19	54

The forms of disease in the admissions bear nearly a relative proportion to those of former years; the cases of acute mania being about one-third of the entire number. I have found that the number admitted under this form of insanity, is comparatively greater than in other Asylums, and is consequently attended by a greater proportionate number of recoveries.

The delusions under which the patients laboured, have, under the various characteristics of their diseases, exhibited all their usual variety and extravagance. The wards have generally been quiet and orderly; but, when on rare occasions they were otherwise, it was interesting to observe the promptitude which some of the other patients evinced in rendering assistance to the attendants in repressing it. The existence of a good feeling and understanding between the patients and those who more immediately attend upon them, is what no Superintendent should fail to inculcate; nothing conduces more to the establishment of this good understanding than the enforcement of kindness and forbearance, tempered with civility and firmness, in the mode of treatment adopted towards the patients; and, it is to the existence of this feeling of mutual good will, that we owe much of the assistance rendered to us *by* the insane *to* the insane. In this manner, it is no unusual thing for us to give

a quiet patient the charge of sitting beside and quieting an excited one, or to allow an excited patient to walk with another whose habits would prevent him from walking at all; a judicious association of those whose propensities are so diametrically opposed, appears to act as a kind of safety-valve, by which much of the superabundant excitement may be let off, or much of what has already, or may yet become stolidity, may be broken up, and therefore produces advantages of a very decided nature. I have generally found composure and comparative calmness follow upon such association. It would almost appear as if the insane were, in certain cases, better adapted for the details of this duty than the sane; nor do I wonder at the apparent discrepancy of this belief, when it is considered, that in such cases, an excited patient is not only personally abusive, but is generally so talkative, gross, insulting, and overbearing in his language, that it is not every attendant who has that command of temper, or who has his feelings under such a state of discipline, as to prevent him from, instinctively as it were, in some degree, resenting it, whilst the slightest shew of any such feelings on the part of the attendant, produces renewed excitement in the patient, the insane in the majority of cases being acute observers of the thoughts of others.

TABLE 8.—ILLUSTRATIVE OF SUICIDAL TENDENCIES
IN THOSE ADMITTED.

	Male.	Female.	Total.
Mania	7	6	13
„ A Potu	1	0	1
Melancholia	2	1	3
Monomania	5	4	9
	15	11	26

I am much gratified in being again able to record that no death by suicide has yet occurred in this Hospital. Of the total patients admitted nearly one-half had either attempted

or meditated suicide previous to or after their admission; many of them manifested a strong determination to die, and used every variety of mode in endeavours to effect their purpose, but happily, owing to strict surveillance, without having accomplished their purpose.

TABLE 9 —CAUSES OF DISEASE IN THOSE ADMITTED.

	Male.	Female.	Total.
Anxiety	6	1	7
Grief	4	2	6
Disappointment.....	3	2	5
Religious Excitement	3	3	6
Intemperance	6	2	8
Child Bed	0	2	2
Mental Excitement	3	4	7
Speculation	6	0	6
Injuries on Head	1	0	1
Uncertain or unknown	3	3	6
	35	19	54

In very many cases there exists considerable difficulty in ascertaining correctly what may have been the original cause of the attack. In filling up the forms of admission, relatives are too apt to give as the cause of the existing attack, some statement, which upon inquiry is found to be only a symptom of recent development, but of more prominence than the other characteristics of the disease; further inquiry almost invariably bringing to our knowledge, that for a shorter or longer time the patient has laboured under the disease in its incipient stages. It is not difficult, indeed, for the Psychologist to determine that the disease has existed for a period considerably antecedent to that stated by the relatives as its commencement, nor is it difficult for him, from the history he obtains from the relatives, to form a prognosis unfavorable to the probability of the patient's recovery, of which he might have formed more reasonable hopes if the patient had been at an earlier period brought under his care and observation.

There are several reasons which conduce to this unfortunate delay of relatives in placing their friends under treatment. Amongst others may be named the following, namely, their ignorance of what the disease is under which the patient labours, or even that it is a disease at all,—that the manifestation of some feeling varying from his usual habits may be ascribed to some annoyance or vexation in the ordinary affairs of life or business,—that even when a suspicion arises in the minds of the relatives that their friend *may* not be sane, it is accompanied with a hope, a despairing earnest hope, that they may be mistaken, and when this suspicion has, reluctantly, been forced upon their conviction, and become a confirmed fact, they continue to hope that he will yet recover. But without entering further into detail on this subject, I cannot do better than quote a passage from the Eighth Report of the Commissioners in Lunacy, which may tend to remove one ground of prejudice with which we frequently have to contend:—“We think it very important that
 “Asylums should be, in fact and character, considered and
 “managed simply as *hospitals for the medical and moral*
 “*treatment of insanity*. Residence therein should *not* be
 “associated in the minds of the inmates, or their relatives,
 “with the degrading ideas of *criminality or imprisonment*.
 “All the inmates should be taught to feel that *the object of*
 “*their being placed there is recovery from mental disease*,
 “for which temporary seclusion from general society is one of
 “the means of treatment.”

However desirable it is that this view should be generally adopted, it is to be feared that until the public cease to regard asylums as a species of prison, and believe them to be, what in reality they are, Hospitals, for the proper treatment of an insidious disease, the insane will continue to suffer more or less from the existence of this prejudice, so disastrous in its consequences to the sufferers who labour under this afflicting malady.

Insanity is a disease which is no respecter of persons; it is a true cosmopolite, it attacks all ranks and classes of society. The man of rank, of fortune, of letters, of the professions, the banker, the clerk, the mechanic, and the labourer are alike its victims; neither is the lady of quality and fashion, the female teacher, the female domestic, or the female labourer exempt from its visitations.

It is strange that a disease which demands such urgent attention; which entitles the sufferer to the greatest amount of sympathy, whether that may be shewn to himself or to his relatives; which is of the most serious importance from the deprivation of happiness it causes to a family; which is not only attended with present distress and danger, but has too often a fatal termination; which when incurable (if the patient's life is prolonged) is tantamount to a living death to him, cutting him off from friends, home, and family for ever; it is strange that this disease is still regarded by society as a crime, and the sufferer as a degraded outcast, affecting even in his degradation the friends he has left behind in the world, who also claim our sympathy, deprived, as they may have been, of station, influence, or perhaps the means of existence itself, by the calamity which has overtaken them.

The reason why this prejudice still exists is, that for a long, long series of years, the insane were regarded in the light of beings who voluntarily and wilfully thought, spoke, and acted in a manner contrary to the dictates of sound reason, they were treated as if they possessed the power to become sane at will, and that as they did not do so, it was thought necessary to control them by the operation of brute force, and by the infliction of cruelties which, even in those days, would have excited an outcry, had they been practised on the lower animals. It is only within the last thirty or forty years that a different spirit has arisen, and that the insane are now treated as human beings, beings labouring under a most serious and severe disease, demanding alike our warmest sympathies and

utmost care. But the spirit which has effected this reform in our asylums has not, as yet, succeeded in indoctrinating the public mind with the same feelings and amount of knowledge. The public are still too apt to regard the Asylum as a place surrounded with much of the horrors of the madhouse of by-gone days, and its inmates, with a certain degree of indefinite feeling of dread, and fear, that renders them individually anxious to avoid all contact with or thought of them, and unfortunately for the best interests of those related to them, also leads them to regard the placing of a patient in an asylum as a degradation, instead of looking upon it in the light it ought to be regarded, that of sending him to an asylum to be cured of his disease, in the same manner as sending a patient away from his home to be treated for any other disease.

This prejudice has its influence not only on the early admission of patients, but it also influences their position and prospects in after life, and thus it is, that society converts an attack of disease inflicted by the hand of Providence into a crime.

If we look at a body of patients we shall find amongst them the man of independent fortune—the man who has acquired wealth by his own exertions, rendered subject to diseased brain from the result of such exertions; the man of education and of the professions, insane from over study and deep research, or from non-success, as well as from too great success and hard work in his profession, or from over anxiety in the management of complicated cases; the merchant insane either from losses in trade, or the excitement attendant on the management of widely extended business; the academician insane from too intense and long continued application to the routine of his duties; the shopkeeper, farmer, and clerk insane from over anxiety, disappointment, or family griefs; this lady insane from over anxiety; this lady from disappointed affection; that from fear of an abusive neighbour, &c. These have all suffered, or are suffering, from disease of the brain, induced

by causes, praiseworthy and commendable in themselves, but which being accompanied with certain symptoms rendering treatment *at home* unadvisable, have been sent to an "hospital for the treatment of diseases of the brain" to be cured.

Are these parties when cured to be regarded as outcasts from society? is the finger of curiosity always to be pointed at them? are they always to be watched and looked upon with suspicion and a certain amount of wonder? If the causes which produced disease of the brain had had in them the effect of engendering some dangerous, if not fatal disease of the heart, or developed some incipient affection of the lungs followed by consumption, or produced such an affection of other important or vital organs, as would have ended fatally, how much would they have been sympathized with and cherished by their friends, their sick bed attended by those nearest and dearest to them, surrounded by all the comforts and appliances which affection could devise, and soothed by all the consolations which religion could impart, they would have sunk in death in the midst of their sorrowing family, or if they recovered, their recovery would have been hailed with joy by their relatives, and the congratulations of all their friends and acquaintances. But, because the disease has chanced to affect that other, and nobler organ, that of thought, sentiment, and feeling, the brain itself, the sufferer is subjected not only to a deprivation of all those attentions he would have received under other circumstances, but the earlier stages of his disease is tampered with, the proper treatment is delayed until treatment becomes nearly or altogether unavailing, and his death (if he dies) is looked upon as a "happy release" to himself and his friends; if he recovers, he meets with no congratulations, no one happy to see him restored once more to health and reason, but during all his after life encounters the full brunt of the prejudice already alluded to, affecting not himself alone, but influencing in some degree the future prospects of all related to him.

TABLE 10.—FORMS OF DISEASE IN THOSE DISCHARGED
RECOVERED.

	Male.	Female.	Total.
Mania.....	7	6	13
„ A Potu.....	0	1	1
„ Puerperal.....	0	1	1
Melancholia	3	1	4
Monomania	5	2	7
	15	11	26

The recoveries effected in acute mania bear a relative proportion to those admitted, and are fully above the average of former years; in the other forms of the disease the number of recoveries has increased.

TABLE 11.—DURATION OF DISEASE IN THOSE
DISCHARGED RECOVERED.

	Male.	Female.	Total.
From 3 to 6 months.....	5	5	10
„ 6 to 12 months	5	2	7
„ 12 to 24 months	4	3	7
„ 24 to 48 months	1	1	2
	15	11	26

This Table shews that while it is our duty never to despair of effecting a cure, the chances of recovery are greater for those who have been early placed under medical treatment.

TABLE 12.—PERIOD OF RESIDENCE OF THOSE
DISCHARGED.

	Recovered.			Relieved.			Dead.		
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
Under 1 month..	1	0	1	0	0	0	4	0	4
From 1 to 3 mos.	1	2	3	1	1	2	2	1	3
„ 3 to 6 „	7	2	9	1	1	2	0	2	2
„ 6 to 12 „	5	4	9	0	0	0	2	1	3
„ 12 to 24 „	1	2	3	1	0	1	0	0	0
„ 24 to 48 „	0	1	1	0	0	0	0	0	0
	15	11	26	3	2	5	8	4	12

This Table shews that of the 26 patients discharged reco-

vered, 22 were less than 12 months under treatment. It also shews that one-third of those who died were under treatment for periods of not less than one month after admission.

TABLE 13.—SHEWING THE STATE OF BODILY HEALTH OF THE 54 PATIENTS ADMITTED DURING THE YEAR, AND THE PRESENT CONDITION OF THE 58 PATIENTS REMAINING IN THE HOSPITAL.

	Bodily Health of the 54 Patients on Admission.				Bodily Health of the 58 Patients remaining under treatment.			
	Good.	Indiffrent.	Bad.	Total.	Good.	Indiffrent.	Bad.	Total.
35 Males	7	10	18	35	30	5	3	38
19 Females	2	7	10	19	12	6	2	20
	9	17	28	54	42	11	5	58

It is well known that the insane frequently labour under other diseases besides insanity, and it is equally well known that these diseases if not strictly attended to would terminate fatally. The above Table shews the state of bodily health of those admitted, and of those now in the hospital.

Table 14th shews the principal occurrences in each month during the year.

TABLE 14.—SHOWING THE PRINCIPAL OCCURRENCES OF EACH MONTH DURING THE YEAR.

	July.		August.		Sept.		October.		Nov.		Dec.		January.		February.		March.		April.		May.		June.		TOTAL.	
	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.
No. of Patients on 1st of each Month.....	29	18	30	19	32	20	32	21	31	22	32	21	33	20	34	21	32	23	34	21	38	22	38	21	38	20
" Admitted	5	2	3	2	0	4	2	2	3	1	4	1	3	2	2	2	3	1	6	2	2	0	2	0	35	19
" Discharged Recovered.....	1	0	1	1	0	2	2	0	2	2	2	0	0	1	3	0	1	2	1	1	1	1	1	1	15	11
" " Relieved.....	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	1	0	1	0	3	2
" " Dead	3	1	0	0	0	1	0	1	0	0	1	0	2	0	1	0	0	1	1	0	0	0	0	0	8	4
" Remaining 1st each Month	30	19	32	20	32	21	31	22	32	21	33	20	34	21	33	23	34	21	38	22	38	21	38	20	38	20
" In Seclusion each Month..	2	2	1	2	1	0	1	1	4	1	2	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Aggregate Hours of Seclusion each Month.	3	7	2	23	6	0	5	10	2	2	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Average Hours of Seclusion ditto ..	1½	3½	2	11½	6	0	5	10	½	2	½	½	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Average No. under Medical Treatment....	10	11	10	8	8	7	12	8	11	6	10	8	9	10	13	8	11	10	12	6	10	8	9	7	7	7
" Attnd. Chapel on Sundays....	25	14	27	15	28	16	24	12	25	13	26	15	30	16	31	18	31	19	34	20	37	20	38	20	38	20
" " Week Days....	20	14	21	13	19	16	24	13	20	12	27	15	30	16	31	18	31	19	32	16	29	17	35	16	35	16
No. of Patients Employed ditto.....	22	14	25	15	22	16	24	18	22	16	24	15	23	16	26	18	26	16	25	16	26	14	26	15	26	15
" Not Employed (sick, aged or infirm)....	8	5	6	5	10	5	7	4	8	5	9	6	11	5	7	3	7	5	11	6	12	7	12	5	12	5

MORTALITY.

The number of deaths during the past year, has been above our former average—twelve in all have died; the causes of death being as follows: viz., two from apoplexy, consequent on softening of the brain; three from effusion into the ventricles; three from exhaustion of the physical powers in old people; two from recent attacks of phrenitis or inflammation of the brain; one from asthma, and one from general dropsy.

Five of these cases were almost in a moribund state when admitted; one being only nine and another only fourteen days in the Hospital before they died, while two others were less than one month resident.

RELIGIOUS SERVICES.

Religious services are now common in every lunatic asylum in this country. In some, the patients daily assemble for prayers, while in all, public worship is attended on Sundays.

The practice of holding religious worship is supported by the authority and precedents of many years. As early as 1677, there was a chaplain at Bethlem Hospital, and more than thirty years since we read of public religious services at the Glasgow Asylum, and several years subsequently at the Nottingham Asylum.

The opportunities of benefiting patients by the more immediate spiritual duties of a clergyman are limited; yet, cases occasionally occur, in which great good may be effected, and which, if the patient were deprived of, might be very prejudicial, and in some instances might result in disastrous consequences. Since public worship was commenced in this Hospital in March, 1853, as a regular duty, I have observed in the patients less disposition to restlessness, suspicion, and mistaken ideas respecting their residence here. The public ser-

vice of the Sunday is, among other means, conducive to the physical, as well as the moral welfare of the patients. Every Sunday, at 3 p.m., besides the attendants and other servants employed in the establishment, fully four-fifths of the patients assemble for public worship in the chapel; to these services they look forward during the week with interest, affording as they do, occasion for effort and exercise, employing the time, occupying the attention, promoting habits of carefulness, of personal appearance, and relieving an otherwise wearisome day of its tediousness and monotony. In the chapel, deep attention is usually paid to the services; prominence is given to singing, accompanied by the organ, and most of the patients engage in it with much delight. The convalescent are directly benefited by the pulpit instructions of the chaplain, and for upwards of twelve months no instance of misconduct or the slightest confusion has arisen. The most of those who attend would consider it a great affliction to be deprived of the privilege. By referring to Table 14, the number of those attending chapel on Sundays and week-days, in comparison with the numbers resident, will be at once seen. Some of the patients who had been long insane, (about twenty-five years) had not during all that period once heard religious services; but gradually, these have been all one by one introduced into the chapel, and now attend regularly the Sunday services.

RECREATIONS AND AMUSEMENTS.

It has been my earnest endeavour to make these as varied and interesting as possible to the inmates, and to adapt them to their individual tastes or inclinations. The reading-room is well supplied with newspapers, magazines, &c. To this room those desirous of reading the newspapers or books selected by themselves, constantly resort. The reading tables are generally well filled; the keenest readers and most eager politicians,

being those who have also most out-door occupation, their absence leaves the room free for the use of those who are in a more excited state. By this arrangement, all the patients have an opportunity of frequenting the room, and I have much satisfaction in recording, that no instance of rudeness or violence has as yet occurred, but all has been conducted with order and decorum.

Painting in oil and water colours continues to occupy a full share of the leisure hours. Some of the patients have been very industrious in these branches; while one has executed three large paintings in oil of Dunham Park, Bramal Hall, and Benlomond; another has presented us with various views in water colours, all of which are now suspended in frames on the walls of our galleries.

Our library continues gradually to increase. Music, drawing, pic-nics, excursions, and shopping, continue as formerly, to afford a sufficient variety of amusement and recreation to interest and excite the great body of our patients. Carriage exercise is also given to all the patients regularly in rotation, two or three days of each week, while those who will be benefitted by it, or who are in a condition to require it, have it more frequently.

The state of the ladies' wards continue to afford the highest satisfaction; continual occupation in all the various and more elegant forms of needlework, together with the supplying of new articles, and the repairs of others, render their wards a scene of busy, and home-like industry.

Christmas and New Year's Day were marked in our calendar as special occasions, and were passed with much enjoyment; the decoration of our rooms and galleries, for an entire week previously, was a source of cheerful occupation, and anticipated pleasure which was fully realized.

Our singing birds and plants are the peculiar care of some of our inmates; and in no instance have any of them been interfered with or destroyed.

FARM OPERATIONS.

Since my last Report considerable improvements have been effected on the farm. Two additional fields have been placed under cultivation, and the returns have been very satisfactory. The crops this season consist of wheat, beans, turnips, and potatoes, all of which give promise of a good crop. Our live stock now consists of four milch cows and four stirks, two horses, sixteen pigs, &c., and a rather numerous assemblage of the feathered tribe. The requisite attention to these, and the daily employment of the horses, whether in ploughing, carting, or carriage, afford a constant variety of objects possessing sufficient interest to amuse and occupy the great majority of the inmates.

The usual harvest time has again been marked as a period of increased relaxation, variety, and pleasure. The hay-making, especially, has been a period productive of pleasure, unalloyed even by one circumstance of anxiety or excitement.

A great portion of the labour in the cultivation of the land is performed entirely by the patients; digging, raking, sowing, planting, hoeing, earthing-up, &c., all constituting part of the same; and it is to the constant occupation and exercise thus afforded in the open air that I attribute, in a great degree, the general state of good health which the patients enjoy.

The farm continues every year to become more and more productive; this year the amount I have been able to pay over to you amounts to £172.; this revenue is derived chiefly from the articles of consumption supplied by the farm to the Hospital; but it must also be borne in mind, that much improvement is annually going forward on the estate, in the extension of old or the formation of new walks, draining, &c.

A new manure tank has been put down in the course of the year, in such a convenient spot, as enables all the refuse from the Institution to be collected therein, and, by the usual appliances, all the meadow land of the farm will be well

manured this season ; our soil is a stiff clay, requiring a free use of lime dressing, and as much animal manure as we can supply, which will be now obtained.

A new set of farm buildings, with gardener's house, has been projected, and those parts of the buildings have been erected which were most urgently required, namely, a coach-house, harness room, and granary ; a new range of pigsties, on the most approved principle, has also been built during the summer ; these buildings have been erected (with the exception of the aid of one bricklayer) by the voluntary assistance of the patients ; all the wood, iron, plastering, and painting work having been done by them and the house staff ; the stable, shippon, and poultry-house are now in process of commencement, and we hope, ere Christmas, that they will be ready for use.

These operations may appear trifling in their nature, and unimportant in their amount to an ordinary observer, or to a person accustomed to business on an extensive scale ; but it must be borne in mind that the number of our patients by no means assimilates with those in a county Asylum, nor do their previous habits fit them for active exertions in such operations. Further, it is not my object or desire to accomplish all the improvements I propose to effect in one, or even in several years ; I wish, rather, that there should exist a continued and continual state of effective improvement, affording constant and varied means of occupation to the patients.

IN-DOOR OCCUPATIONS.

As in previous years our carpenter's shop has been a place possessed of great attractions, and has been a favourite resort of those patients having a taste for carpentering or turning. A large amount of work has this year been executed, amongst which I may mention a large gothic dining table ; all the car-

penters' work of the new farm buildings, coach-house, and greenhouse, a large number of gilt and oak picture frames for the galleries, &c., over and above all the daily requirements of alterations and repairs. Included in the same place is the painters' and glaziers' shops, and by the same parties all the painting, colouring, and whitewashing required in and about the Hospital have been executed. In connexion with the carpenter's shop is the engineer's workshop; all the varied repairs and alterations required in our very extended system of steam piping for cooking, washing, heating water, and heated air, is executed by the engineer, with the assistance of the carpenter and patients. The plumbing work, necessary in our net work of pipes, is all executed by the same parties. A patient writing to his son, says—"I am in excellent health, so much so, that I am able to work as well as ever. I am at it every day; sometimes joiner, carpenter, picture frame maker, painter, bricklayer, glazier," &c. By the improvements recently introduced in the manufacture of our gas, we now have it purer, and are not annoyed with the effluvia we were occasionally subjected to.

GARDENS.

These have now assumed an appearance gratifying to all interested in the use, to which they are applied. The trees and shrubs have increased in size, so as now to be ornamental. The size and extent of the gardens, and the keeping of them in order, necessarily involves much care; but they afford to many of our inmates a continued source of interesting employment.

Some of the patients take much pleasure and interest in the cultivation of flowers, tend them carefully, and will allow no one to injure or trample on them. This tendency to destroy is very rarely manifested here; and its absence affords another proof that the insane need not be restricted from the enjoy-

ment of what is beautiful in itself, by the dread of their violence; on the contrary, it is found that surrounding the patient with objects of order and beauty, is more conducive to the correction of destructive habits, than all the restraints and treatment of former times ever effected or could accomplish.

Our new green-house has now been completed, and the erection has been finished entirely by the patients and our own staff. It is heated by steam direct from the boiler. It occupies a prominent position in the rear of the Institution, and is in sight of all the patients in the Hospital. The orchard was very productive last autumn, so much so, that the whole staff and the patients were occupied two entire days in securing the crop, which has liberally supplied the Hospital during the season. The avenue, or principal entrance, continues to improve year by year.

GENERAL TREATMENT.

Several months ago a letter was addressed to me by the Commissioners in Lunacy, containing inquiries with regard to the treatment adopted to the patients, and especially with reference to the use of restraint and seclusion; to this letter I forwarded a reply, and, as it may be interesting to the Trustees, I subjoin the following copy of it:—

“The treatment adopted is twofold, medical and moral, the latter consisting principally in efforts to occupy continuously the mental and physical energies of the patients, and prevent them from dwelling upon or contemplating their delusions.

“For this purpose, there are the various occupations of the farm attached to the Hospital, the keeping in order of the flower gardens, and the cropping of the kitchen garden; we have also a carpenters’, painters’, glaziers’, and engineers’ workshops; a bowling green and cricket ground.

“ For in-door amusement and employment, there is a room for those accustomed to drawing, painting, or modelling, a library, music, chess, bagatelle, &c., &c. All the sewing and repairs required in the Hospital are done by the female patients.

“ Of all these occupations, I have invariably found those of the farm or the gardens the most beneficial. The society of their fellow patients, the comparative freedom, the entire appearance of free will except such as the presence of an attendant imposes, the enjoyment of being out in the open air, unsurrounded even by a wall, appears to engender feelings of trust and confidence in the mind, and rarely has a week elapsed before the nature of his occupations has tended to break in upon, and dissipate, in some degree at least, the delusions under which the patient labored. In very many instances the improvement has been so marked that each succeeding day exhibited some new phase of progressive improvement equally remarkable in cases of suicidal melancholia as of violent mania.

“ So impressed am I, with a sense of the benefits to be derived from out-door occupation, that I regard it as next in importance to medical treatment as a remedial measure; sedentary and in-door occupations, however beneficial in themselves, being inferior to them in the treatment of the insane.

“ Notwithstanding the sphere of life from which my patients are drawn, I find no difficulty in engaging them in these pursuits, and I have found amongst them as efficient gardeners, haymakers, thrashers, &c., as I could have hoped to have met with in an equal number of patients drawn from the labouring classes.

“ It is now generally admitted, by those conversant with the subject, that insanity is a symptom of the existence of cerebral disease, or of functional derangement, and however beneficial the results of moral treatment may be, the necessity

of medical treatment cannot be regarded in any other light than as of the most vital importance.

“ My treatment has mainly consisted in calming excitement, restoring to healthy action all functional derangement, promoting the secretions, &c., in combination with tonics, and the aid of a very liberal diet, with a free allowance of wine, porter, &c. I never use nostrums, nor have I found it necessary to experiment in the use of various drugs, iron, quinine, camphor, the several preparations of opium and mercury, with some of the warmer cathartics and purgatives, being the chief remedies used ; I have also found epispastics, frequently repeated, in many cases to be the best counter irritants.

“ With regard to mechanical restraint, I substitute for it exercise, under carefully selected attendants, on the grounds and fields belonging to the institution.

“ Seclusion I have almost entirely discontinued, and never, under any circumstances, do I resort to it for a longer period than ten or fifteen minutes at a time, having found by experience, that seclusion for short periods, once or twice repeated, is more effectual in restraining excitement than when continued for several hours continuously.”

REPORTS OF VISITORS.

The Hospital was visited on the 17th November, 1853, by the Right Honourable the Earl of Shaftesbury, who stated that he had “ visited this establishment to-day. I fully con-
 “ cur in the last report of my colleagues, and think the greatest
 “ credit is due to Dr. Dickson, and the conductors of the Insti-
 “ tution. It is peculiarly adapted to the exigences of society at
 “ present, and I sincerely hope that it may be enabled to extend
 “ its benefits more widely, and become a model for imitation in
 “ all parts of the kingdom.”

The Hospital was also visited on the 18th February, 1854, by the Commissioners in Lunacy, from whose report the following extracts are subjoined.

“ Since the last visit of the Commissioners, 72 patients
 “ have been admitted; 25 have been discharged, and 12 have
 “ died; 3 dying from exhaustion, 3 from effusion of the brain,
 “ 2 from apoplexy, and the rest from various other causes.
 “ There are now 57 patients in the Hospital, of whom 34 are
 “ males, and 23 are females. Eleven patients are registered as
 “ being under medical treatment.

“ We learn that 14 females and 7 males are this day em-
 “ ployed, and a much larger number of the latter in fair
 “ weather.

“ A chaplain has been appointed who reads the church
 “ service every Sunday to almost the entire body of the
 “ patients.

“ We have to-day seen all the patients in the Hospital,
 “ and have inspected the various rooms appropriated for their
 “ use. Since the last visit, a granary and coach-house has
 “ been added to the establishment.

“ The patients were tranquil at the time of our visit, and
 “ the rooms occupied by them were clean and free from any
 “ unpleasant smell. Several of the patients spoke of the
 “ kindness of the Superintending Physician, and expressed
 “ themselves satisfied with their treatment.

(Signed) “ B. W. PROCTOR, } *Commissioners*
 “ S. GASKELL, } *in Lunacy.*”

Since the preceding was written, the Hospital has been again visited by the Commissioners in Lunacy, from whose Report the following is subjoined.

“ 17th October, 1854.

“ There are now 57 persons residing in this Hospital as
 “ patients, of whom 35 are gentlemen and 22 are ladies. We

“ have seen and examined all of them, and found them, without
 “ exception, tranquil and orderly, and for the most part com-
 “ fortable and contented.

“ Since the visit of the Commissioners, seven months ago, 23
 “ new patients have been admitted, and 18 patients have been
 “ discharged, of whom 16 are stated as recovered. Within the
 “ same period 5 deaths have occurred, 4 of them ascribed to
 “ exhaustion and 1 to apoplexy.

“ The general health of the patients is very good at present.
 “ The names of 10 are registered as being under medical treat-
 “ ment, but their ailments are not of a serious kind, and none of
 “ them are keeping their beds.

“ Two instances only of the use of seclusion, and those for
 “ short periods, have occurred since the Commissioners’ last
 “ visit.

“ We found the different galleries and apartments clean and
 “ sufficiently ventilated, free from any offensive smell, and in
 “ good order ; that a large number of additional books, mostly
 “ of a light and entertaining class, have been provided for the
 “ patients’ use ; and that a variety of drawings, made by the
 “ pencils of the patients, and put into neat frames also made by
 “ their own hands, have been hung up in the corridors and day
 “ rooms which they tend materially to enliven.

“ We saw most of the patients at dinner, and observed that
 “ the viands were of excellent quality, well cooked, and sup-
 “ plied in abundance.

“ The patients generally spoke most favourably of the care
 “ and kindness with which they are treated, and from their
 “ appearance and condition, as well as from the state of the
 “ Hospital, we are satisfied that the Superintending Physician
 “ and Matron deserve their good opinion.

(Signed) “ J. W. MYLNE, } Commissioners
 “ T. TURNER, } in
 Lunacy.”

MANCHESTER ROYAL LUNATIC HOSPITAL,

NEAR CHEADLE, CHESHIRE.

Rules for the Admission, Visiting, and Discharge of Patients.

Applications for the admission of patients, or for information regarding the various rates of payment at which patients are received &c., must be addressed to the Resident Medical Superintendent, from whom may be obtained printed forms of the papers necessary to be completed and signed, before the patient can be admitted into the Hospital, and all other information required as to the means of conveying the patients, &c.

The papers above-mentioned are as follows :—

1st. An order for the admission of the patient to the Hospital, signed by one of the patient's relatives or friends.

2nd. Certificates to the effect that the patient is of unsound mind, but free from contagious disease, signed by two qualified medical practitioners, and who shall have separately visited and personally examined the patient.

3rd. An obligation for the regular payment of the patient's board and expenses, signed (unless otherwise specially agreed,) by a responsible person, who shall also bind himself, in case any cause arise to render residence in the Hospital objectionable, to remove the patient within one calendar month after notice to that effect shall have been given by the Committee, and in case of death, to remove the body, or defray the expenses of the funeral.

These papers being duly filled up, the patient will then be received into the Hospital.

In cases of emergency where inconvenience or danger might result from delay, the Resident Medical Superintendent has discretionary authority to admit the patient immediately, (but not without the medical certificates being properly filled up,) on receiving satisfactory assurance that the other paper above referred to will be completed and lodged with him within the space of twenty-four hours thereafter.

Patients will be received at various rates of payment for board, according to the accommodation supplied, particulars of which, together with the concomitant scale of the Physicians' fees, may be had on application at the Hospital or at the Manchester Royal Infirmary.

Payment of the patient's board at the rate agreed upon by the Committee must be made to the Treasurer quarterly, in advance; and on admission the whole amount chargeable up to next quarter-day, together with the Physician's fee, must be advanced; but if a patient be removed during the currency of any quarter, a proportion corresponding to the entire months which may not then have elapsed will be returned if applied for.

If the friends, or those who are security for the payment of the board wish to remove a patient, they shall give five days' notice in writing to the Secretary, who shall give the necessary instructions to the Resident Medical Superintendent, provided all sums due on account of the patient's board, fees, &c., have been paid up.

The Hospital will be open for the reception of patients at all hours; but when practicable, one day's notice should always be given of the hours at which patients may be expected to arrive, that the Resident Medical Superintendent may be better prepared for their reception.

With every patient a sufficient supply of suitable clothing must be brought to the Hospital, together with an inventory of the same and of any other property left with the patient. The inventory after having been compared with the clothing and property shall be signed by the Superintendent, the Matron, or the Attendant at the time of admission of the patient; and when a patient's clothes are worn out or destroyed, they must be renewed as often as necessary by the party responsible for the patient's board on notice to that effect being given, and should such notice not be attended to, the Resident Medical Superintendent may order the clothes necessary for the patient, the expense of which shall be charged in the next quarter's account.

All monies due in respect of any patient in the Hospital shall be paid to the Treasurer or Secretary, whose receipt alone shall be valid.

Near relatives of the patients, and also others with the consent of the Medical Superintendent, shall be allowed to visit the patient on the days and during the hours fixed for that purpose, viz., on Wednesday and Saturday from 10 to 3; but all such visits shall be under the direction and control of the Resident Medical Superintendent; and when a personal interview with the Resident Medical Superintendent is required by any friend or guardian of a patient, an appointment should be previously made for that purpose.

The utmost attention and care are exercised in the classification of patients according to their habits and different degrees of mental aberration, and to promote cheerfulness and recovery by suitable occupation and exercise in the open air whenever practicable.

Bibles and prayer books are provided for the various rooms of the Hospital. Divine service is performed every Sunday in the Chapel of the Hospital, and prayers are read during the week by the Chaplain.

A library is provided for the use of the patients, containing such publications of a cheerful and instructive character as have been determined upon by the Committee, in concurrence with the Resident Medical Superintendent. In the public rooms accommodation and provision are made for reading and other amusements, to which the patients are encouraged to resort.

Treasurer.—Rev. CANON CLIFTON, M.A.

Resident Medical Superintendent.—Dr. DICKSON, L.R.C.S., Edinb.

Visiting Physicians.—The PHYSICIANS to the MANCHESTER ROYAL INFIRMARY.

Secretary.—Mr. ROBT. THORPE RADFORD, Manchester Royal Infirmary.