

Report of the Manchester Royal Lunatic Hospital, (situate near Cheadle, Cheshire), from June 25th, 1859, to June 24th, 1860.

Contributors

Manchester Royal Lunatic Hospital.
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SOUTH EAST FRONT.

MANCHESTER ROYAL LUNATIC HOSPITAL, NEAR CHEADLE.

R E P O R T

OF

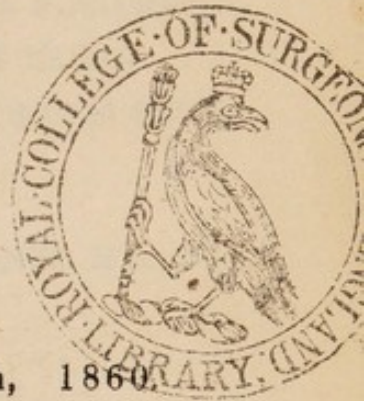
THE MANCHESTER

ROYAL LUNATIC HOSPITAL

(SITUATE NEAR CHEADLE, CHESHIRE),

FROM

JUNE 25th, 1859, TO JUNE 24th, 1860.



MANCHESTER :

PRINTED BY THOS. SOWLER AND SONS, ST. ANN'S SQUARE.

1860.

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OFFICERS FOR THE ENSUING YEAR.

Treasurer and Chairman of the Committee.

THE REVEREND CANON CLIFTON, M.A.

Deputy-Chairman.

Mr. JOHN BUTTERWORTH.

Deputy-Treasurers.

Mr. JAMES COLLIER HARTER,
Mr. JOSEPH ADSHEAD,
Mr. E. R. LE MARE,
The Rev. C. J. CUMMINGS, M.A.,
Mr. H. L. TRAFFORD,
Mr. JOHN FERNLEY,

Mr. H. P. REE,
Mr. SAMUEL TAYLOR,
Mr. T. H. BIRLEY,
Mr. THOMAS FLETCHER,
Mr. ERNEST REUSS,
Mr. JOHN THOMAS PRICE.

House-Stewards.

Mr. JOHN BUTTERWORTH; The Rev. C. J. CUMMINGS, M.A.,
Mr. ERNEST REUSS.

Auditors.

Mr. JOHN B. MARKLAND, Mr. JOSEPH ADSHEAD.

Visiting Physicians for the Year.

M. A. EASON WILKINSON, M.D.; HENRY BROWNE, M.D.

Resident Medical Superintendent.

HENRY MAUDSLEY, M.D.

Housekeeper.

Miss E. E. BENNETT.

Ladies' Companion.

Miss E. J. ORRELL.

Secretary.

Mr. ROBERT THORPE RADFORD.

STATE OF THE FUNDS OF THE MANCHESTER ROYAL LUNATIC HOSPITAL.

June 24th, 1860.

	£.	s.	d.	£.	s.	d.
Balance in the hands of Messrs. Loyd and Co.....	370	5	11			
Amount due from the Benevolent Fund	125	5	6			
Balance in the hands of the Resident Medical Superintendent	5	5	8			
Balance in the hands of the Housekeeper.....	15	11	1			
Amount due for the Board of Patients, &c.....	238	5	4			
						754 13 6
An Estate at Stockport Etchells						2767 7 3
Timber and Crops on the Land at Stockport Etchells	324	8	0			
Amount expended on account of the New Hospital at Stockport Etchells, including Furniture.....	2711	6	7			27440 15 1
						30962 15 10
Deduct Amount owing to the Manchester Royal Infirmary	1500	0	0			
Deduct Amount of Patients' Deposits	63	0	0			
Deduct Amount of Tradesmen's Accounts unpaid	1096	4	0			2659 4 0
						£28303 11 10

£331 2 6 Three per cent. Stock (late 3¼ per cent.), bequeathed by the late Robert Parker, Esq., of Heaton Norris, cost £300., the Interest only of which is available for the use of the Charity.

£270 5 5 Three per cent. Stock, bequeathed by the late Thomas Worthington, Esq., cost £250. 7s. 3d., the Interest only of which is available for the use of the Charity.

Manchester, August 15th, 1860.—Examined and found correct,

JOSEPH ADSHEAD, }
JOHN B. MARKLAND, } Auditors.
JOHN BROUGH, Public Accountant.

REPORT

OF THE

RESIDENT MEDICAL SUPERINTENDENT.

THE Annual Report of the Manchester Royal Lunatic Hospital, for the year ending June 24th, 1860, is satisfactory, as showing that it is still in a favourable position for continuing those benefits which it was established to afford; and is of interest further in furnishing some data for the solution of the problem as to how far institutions founded on the principles on which it has been founded can be rendered self-supporting.

On the 24th June, 1859, there were 65 patients in the Hospital; of these 37 were males and 28 females. There have been during the year 44 admissions, 22 males and 22 females; so that the whole number under treatment has been 109. Of these 26 have been discharged, and 4 have died. The facts are set forth in the subjoined Table.

TABLE I.

				Males	Fem.	Total.
Patients in Hospital, June 24th, 1860.....				37	28	65
Admitted from June 24, 1859, to June 24, 1860				22	22	44
Under treatment during the year				59	50	109
<i>Removed:</i>						
	Males	Fem.	Total.			
Recovered	4	6	10	13	17	30
Relieved	3	8	11			
Unimproved	4	1	5			
Died	2	2	4			
Remaining June 24th, 1860.....				46	33	79

The recoveries have taken place in those cases in which the insanity had been of short duration previous to the patient's admission into the Hospital. And as this is a constant result notable in the Reports of all Hospitals for the Insane, it should teach, were it duly appreciated, what a little kindness—what a great error—it is when the friends of an insane person keep him at his own house. Such a course, indeed, generally ends in his being ultimately sent to the Hospital incurable. Besides, even if all experience had not proved the advantages of constant medical and moral treatment in an institution specially devoted to the purpose, it might be questionable whether it is legitimate, with a due regard to the welfare of a family, to keep at home an insane member of it. The continual presence of one so afflicted can have no good effect, but is very likely to have a bad effect upon others; and at any rate it disturbs and makes miserable a home, without any corresponding benefit. To recommend that the patient should be sent away under the charge of an attendant is a serious responsibility, for there are grave reasons for believing that in such case he is not unfrequently either ill-treated or neglected. On this subject, of great weight and importance are the convictions which, as the result of their extensive knowledge and experience, the Commissioners in Lunacy express in their last Report presented to the Lord Chancellor:—"Patients under these circumstances are frequently exposed to treatment tending to aggravate rather than ameliorate their mental disorder; and their accommodation is often very objectionable. * * *

There can be little doubt that such patients are often exposed to harsh and improper treatment, more especially with reference to the use of restraint, which is employed in the majority of cases simply to save trouble and supersede personal care and watchfulness over the patient. Such abuses are more especially likely to take place in houses under attendants who have the uncontrolled care of the patients." And, "as

a general rule, indeed, patients of this class are usually under much less advantageous circumstances, so far as the chances of recovery are concerned, than if placed in a well-conducted Asylum."

The Table below gives the duration of the disease on admission, in those who recovered.

TABLE II.

Not exceeding 1 month	7
Between 1 and 2 months	2
„ 2 and 3 „	1
	<hr/>
	10

Of those who were discharged as completely recovered, not one had been resident for a year; and, with two exceptions, all left the Hospital within six months after their admission.

Five of those who were sent away as "relieved," were, as the event proved, really "recoveries;" but inasmuch as they were removed before a cure could be regarded as thoroughly established, they were on that account discharged only as relieved. On the whole, this is a fairer plan than it is to swell the number of recoveries by including in the list those of the continuance of whose convalescence, after removal, there may be some doubt. Such might, indeed, be allowed to remain with advantage in the Hospital until the system had regained its full tone after the attack, were their real welfare always consulted; but it occasionally happens, that the mistaken affection of friends, yielding to the natural desire of patients for freedom, releases them from a confinement which, however beneficial, is at all times more or less irksome. Unless a patient can be certified to be positively dangerous to others, there is no authority for detaining him in the Hospital when those who have sent him there require his discharge, however injurious a premature removal may seem likely to be. The consequences

of such removal are at times very disastrous. One instance has occurred during the year in which a young female, who had just recovered from a severe attack of melancholy, was removed in opposition to medical advice. Had she been left in the Hospital for a short time, there was every probability that the convalescence would have been complete and abiding; but, as it was, in the course of a few weeks she was brought back in a state of violent mania. Since her last admission, she has fallen from one attack into another, with slight intervals only of calmness; and it is impossible to say now whether she ever will recover. Another patient was removed in the same way, immediately upon recovering from a severe attack of acute mania; he relapsed in a very short time, and is now an incurable lunatic. There rests, indeed, a serious responsibility upon those who remove a patient from under control in opposition to the experienced advice of those who have no other interest in the matter but the patient's welfare; for a life-long loss of reason may be a heavy penalty to pay for a well-meaning acquiescence in the dictates of an unreasoning affection. It should be borne in mind, that it is for the most part those who are the least fit to be at home who make the most urgent appeals to be taken home.

On the other hand, it is of advantage in accelerating recovery, in some instances, in which convalescence is proceeding favourably, to try the effects of a change from the routine of hospital life; and, accordingly, the plan of sending patients out for a certain period on trial has been adopted during the year in all those cases in which there appeared a reasonable probability of its being beneficial. Only one patient with whom this course was adopted returned; the rest were all either going on so favourably at the expiration of their time of trial as to justify their discharge, or were reported as quite recovered. They were discharged as relieved only, simply because at the time of their discharge a sufficient period had not elapsed to establish the certainty

of recovery. Now, however, from communications received from some, and from the actual visits of others, we know that five have been restored to complete mental soundness, while two more have regained that condition in which they were previous to the attack for which they were sent to the Hospital,—a condition, namely, of slight weakness of mind, which had been natural to them from their birth. A candid experience in the treatment of insanity must teach the wisdom of a discreet scepticism with regard to very high percentages of so-called recoveries. For a careful and trustworthy writer on the statistics of the disease has said:—“In round numbers, then, of ten persons attacked by insanity, five recover, and five die sooner or later during the attack. Of the five who recover, not more than two remain well during the rest of their lives. But,” he adds, “although the picture is thus an unfavourable one, it is very far from justifying the popular prejudice, that insanity is virtually an incurable disease, and the view which it presents is much modified by the long intervals which frequently occur between the attacks, during which intervals of mental health (in many cases of from ten to twenty years’ duration) the individual has lived in all the enjoyments of social life.”

There is a point of view in which the removal of patients not recovered is of serious importance to a community. A woman who, after a severe attack of insanity, has calmed down so as to be no longer violent, is removed by her husband, although clearly still of unsound mind, because he is of opinion that he can now “do with her at home.” And home accordingly she goes, where, if not unmanageable, she remains, and in the process of time insanity is propagated through the next generation. This is no imaginary evil, for the year’s experience has painfully illustrated it. On one occasion an application was made for the admission of a patient who had been for some years insane, but who

had each year, or thereabouts, been delivered of a child. Of late, however, she had become so violent that it had been found necessary to tie her, a few weeks before her confinement again, to her bed; and it was then thought that they could no longer "do with her at home." It may be regarded as no unimportant evidence of the necessity and utility of public Hospitals for the Insane, if, when well supported, they are able to reduce to a minimum the expense of subjecting an insane relative to proper care and control; as that is often the real reason why such an one is kept at home by the family.

Of the five who left the Hospital unimproved, three were suffering from advanced softening of the brain, with more or less paralysis, and were on that account in a hopeless condition; one had resided for four years in an Asylum before coming here, and the other had been insane for years on admission, and was surely incurable.

The four deaths were all produced by softening of the brain; and in two instances, very soon after admission—in one after two weeks' and in the other after six weeks' residence. It not unfrequently happens that a patient afflicted with cerebral softening becomes exceedingly troublesome and unmanageable a short time before death; he is then sent to the Hospital, into which, in such case, he enters but to die. The average number resident during the year having been 69, the proportion of deaths is not great,—a mortality of seven per cent. being considered in all Asylums as very favourable. It must be remembered that the mortality is, as might be expected, always much greater amongst the insane than amongst the sane.

There are some of the insane who cause considerable doubt and anxiety to those who undertake the responsibility of placing and retaining them in confinement. They are those who are, as it were, curable up to a certain extent. Though for the most part pretty rational, they retain an

abnormal susceptibility to impressions, so that the slightest cause may throw them back into downright insanity. Exposed to the disquietudes of active life, they are sure to relapse, for they can sustain no moral shock; but secluded in the Hospital, they go on the even tenor of their way, and a monotonous routine of events preserves their equilibrium. It might seem a painful thing to deprive of liberty persons who appear so little ailing, were it not that a repeated experience has shown it to be really a vain folly, if not a positive cruelty, to send them forth into the trials of life, when they are utterly unable to encounter them.

The next Table gives the duration of the disease before admission, in those who were admitted during the year.

TABLE III.

	Males.	Females.	Total.
Not exceeding 1 month	4	6	10
Between 1 and 2 months	2	3	5
„ 2 and 3 „	4	3	7
„ 3 and 4 „	2	1	3
„ 4 and 5 „	0	0	0
„ 6 and 7 „	2	1	3
„ 7 and 8 „	0	1	1
„ 1 and 2 years	3	2	5
„ 2 and 3 „	1	2	3
For 4 years	0	1	1
„ 6 „	1	0	1
„ 10 „	0	1	1
„ 21 „	1	0	1
„ 23 „	0	1	1
„ 27 „	1	0	1
„ 36 „	1	0	1
	22	22	44

The list is remarkable for the number of cases in which the insanity had been of long standing, and is on that account very unfavourable as regards expectation of recoveries. People do not often get well who have been insane for more than two years. Those who had suffered so long

before admission were mostly transferred to the Hospital from private asylums where they had hitherto been confined. Of those who were admitted soon after the outbreak of the disease, one had had so many as five attacks before, three more had had three each, and with two others this was the second attack. Of course with every new attack the chances of recovery are diminished.

The duration assigned to the disease on admission cannot be strictly depended upon, inasmuch as it is often impossible to fix the time when it really did begin. A change in character or some peculiarity of behaviour may continue for a considerable period before there is any outbreak of violence, and yet such change is after all symptomatic of the impending affliction, and receives its interpretation in the insane outbreak. But it is from the latter event that the duration is generally dated; for there is an unwillingness to believe in the insanity as long as it can possibly be doubted, and when the acknowledgement of its existence can no longer be refused, there is a tendency to represent it of as short duration as possible.

No one who has not the fact brought constantly before him can believe in the strange, foolish, and unjust prejudice which exists with regard to this disease. Some will deplore the unfortunate event as passing strange, seeing that no such thing had ever been heard of in the family before, while all the time it is certain that such things have been, and while they themselves carry the fact marked in their own appearance and manner by an incontestable testimony. One might suppose that the slightest consideration would teach that an unavoidable affliction cannot be counted as a shame or disgrace. It may be accepted too as tolerably certain, that it is not for the most part the stupid member of a family who goes mad, that such an one has indeed a wonderful faculty of passivity whereby he is kept right in his sphere: it is often the individual who has been endowed with an in-

tense susceptibility of character, who has been noted perhaps by men as of brilliant promise, but who, wanting that control of reason which constitutes the real strength of any character, sinks in ruin before the painful experiences of life. Though they be far too onesided, there appears yet to be some truth in those remarks of an eloquent writer :—" I have a sympathy with these mad men. Were the world's ways wiser than they are, these unfortunates had not gone mad. It is chiefly the most thoughtful and best intentioned men amongst us, that now become demented, &c.

The next Table furnishes the ages of those who were admitted during the year, and the Table following the number admitted in each month of the year.

TABLE IV.—AGES OF PATIENTS ADMITTED.

	Males.	Females.	Total.
From 10 to 20 years	1	0	1
„ 20 to 30 „	2	2	4
„ 30 to 40 „	7	10	17
„ 40 to 50 „	6	7	13
„ 50 to 60 „	4	2	6
„ 60 to 70 „	2	1	3
	22	22	44

The Table is in accordance with general experience which has shown that the greatest number of people are admitted into asylums between 30 and 40.

TABLE V.—NUMBER ADMITTED IN EACH MONTH OF THE YEAR.

June	1	December	6
July	3	January	8
August	5	February	1
September	2	March	2
October	3	April	5
November	2	May	6

This Table does not, however, give results in accordance with general experience ; but it is of course too limited to

authorize any conclusions. In the summer quarter insanity has been found to be of most frequent occurrence, and the winter months are believed to have least influence in its production. The French have for some time entertained a delusion that Englishmen went mad in numbers in the gloomy month of November, and committed suicide. "The English furnish numerous examples of suicides committed openly, and with singular composure," says Esquirol, "They prepare for death as for a day of festivity." Recently, however, a French author has shown that acts of suicide are much more common in France than in England; and experience has, furthermore, conclusively proved that the greatest number of suicides occurs in England, not in the gloomy November, but in the brighter days of June and July.

TABLE VI.—SOCIAL CONDITION OF THOSE ADMITTED.

	Males.	Females.	Total.
Single.....	10	10	20
Married	10	9	19
Widowed	2	3	5
	22	22	44

From a careful consideration of the circumstances of each case, it may be asserted with some confidence that several of those who were single might have been saved from madness had they been married at a suitable period of life. It is a result which might be expected; for the statistics of insanity show that single people in proportion to their numbers furnish a considerably larger number of insane than the married. It is probable that one way in which civilization tends to increase insanity is that, by multiplying tastes and causing luxuries to be regarded as essentials of life, it prevents marriage at that period which would seem to be the most natural.

Much care has been needed and much anxiety caused during the year by reason of the large proportion of those admitted who had attempted to commit suicide. With some,

the attempts at self-destruction, even in the Hospital, were frequent and desperate. The motive for the act seems to have been different in the different cases. One lady was possessed with an uncontrollable impulse to do it, without being able to give any reason; she had a kind husband, a young family, a good home, and everything to make her happy; and but for this impulse to suicide she would have been happy. It was over this that she grieved; she knew the act to be wrong, she wept over her supposed wickedness, and yet watched most cunningly every opportunity to accomplish the deed. Happily she recovered, and the beginning of her convalescence dated from one of her many suicidal attempts which had just missed being successful. Another patient begged piteously that he might be boiled to death; and when he found that there was no probability of his wishes being gratified, he broke a basin, and made a desperate attempt to cut his throat with the fragments. With some suffering from profound melancholy, the desire for self-destruction appears to be the result of reflection—so great is their present misery, and so transitory seems the pain of dying, that they would rush anywhere, so it were out of life. To others, a fancied voice from heaven commands the deed, and the afflicted being willingly hazards eternal misery in supposed obedience to its dictates. One or two hysterical females have made the attempt apparently without any serious intention of actually accomplishing the act; they tie a string round their neck, or run up to their knees in water, to gratify their morbid desire for making a sensation, or to obtain the indulgence of some wish. And yet it would not be wise to trust to their unwillingness actually to do the deed,—for even they, rather than suffer in their vanity, might not unlikely make of simulation a reality. “Vanity,” says Esquirol, “often assists at the agony of the suicide. Witness that madman who causes high mass to be composed in music, has it performed, and blows out his

brains among the musicians while they are chanting the last requiescat in pace."

In the Table following is given the form of the disease in those admitted.

TABLE VII.

	Males.	Females.	Total.
Mania.....	13	9	22
Melancholia	3	10	13
Dementia	6	3	9
	22	22	44

In all those afflicted with melancholia the suicidal tendency was more or less strong. Four of them suffered from the same fearful delusion that their souls were for ever lost, that no happiness existed for them either here or hereafter.

The next Table supplies what were assigned as the causes of the disease in those who were admitted.

TABLE VIII.—SUPPOSED CAUSE OF INSANITY.

Softening of brain	4	Death of mother	1
Hereditary tendency and intemperance	3	Death of son	1
Hereditary tendency and business anxieties ..	1	Ambition	1
Debility from suckling..	1	Religion.....	2
Rheumatic fever	1	Disappointed affection ..	1
Indigestion	1	Over study.....	1
Self-abuse	2	Too great application to business	1
Intemperance	1	Gambling	1
Child-birth	1	Care and anxiety	1
Injury to head	1	Not known	16
Fever.....	1		—
Death of father.....	1		44

Seeing that of all known diseases insanity is most surely transmitted from parent to offspring, the presumption is warrantable that hereditary influence has been concerned in more than 4 out of 44 cases. Observation has shown that

as a rule we may rely upon hereditary predisposition having existed in one-fourth of those admitted into any asylum; and any conclusion drawn from the above Table must, therefore, be modified by the remembrance of that fact. Probably it might serve to explain some of those cases in which the cause was "not known." It is to be regretted that accurate information upon the subject cannot be obtained, but it is more perhaps to be wondered at, considering the strong popular prejudice which exists with regard to the acknowledgment of insanity in a family, that hereditary influence is ever recognized at all. As to the way in which it operates, it appears that madness is far more likely to be transmitted by the mother than the father, and by her more probably to the daughters than to the sons; while the latter are more likely to be affected by transmission from the father.

It is not easy to say which of the supposed exciting causes of insanity is most common. The Table given is remarkable for the large proportion of physical causes assigned, inasmuch as it is generally said that moral causes are about twice as frequent as physical causes. Of moral causes which in a given individual shall be the effectual one, would seem to depend much upon the inherited temperament and the circumstances in which it has been placed, that is, upon the education of it. As it might be possible for one who had given loose rein to a habit of introspection to go mad, as it were, of his own will; so it would be possible also for one who had acquired a power of will over the operations of his own mind to prevent himself from going mad. But the evil is that actions do not generally proceed from a balance of motives by the reason, but from the suddenly excited motive of the moment. That men do and must act from emotion seems to be true; still the will should not be the expression of the temporary emotion, but the resultant of the balance by reason of emotions. In that way only is a completely formed will attainable; and to such formation of character a true education directs

itself. But the fundamental mistake which so many make, and which would appear to be the great reason for the heavy penalty which in insanity civilization pays, is this, that they devote their lives to making a fortune instead of making themselves. There may be considerable force of will which can be summoned to the business of life; but with many there is nothing of what is the greatest exercise of the will's power—there is no control over the thoughts and feelings. Those who can say, “I will do this,” often cannot say, “I will think of this,” or “I will not think of, or feel acutely that,” which to some extent they could do were the will rightly developed. Consequently, they are very much at the mercy of circumstances; and, although sometimes dogmatic and seemingly strong-willed, they really are not strong. If success, or disappointment, or calamity produce great emotional activity, there is no strength of character to support it,—for the character has never been formed,—and either great passion, itself a temporary insanity, at once surges into lasting madness, or the individual gives way to introspection just when he ought not to do, broods persistently over his feelings, and in that way becomes insane. One important difference between a man of strong character, that is, of developed will, and a man of weak character, that is, of impulse, is that one exercises reflective consciousness before an act,—the other after it; and while the former, therefore, with his well-formed will, is not likely to become insane from moral causes, the latter is indebted much to circumstances, and little to himself, if he does not. A few typical cases from the year's experience may partially illustrate these general observations. The first instance is one in which hereditary predisposition to insanity was clearly traced. The patient was a person of considerable determination of character and of great energy of action; but then it was not a well-formed character. His aims were directed only to the attainment of wealth, and in the prosecution of

his efforts he was capable of great self-denial and intense industry. So long as the goal which he had established for himself was in view, there was the necessity of struggling, and the singleness of his purpose, and the activity of his efforts after it, occupied in his character the position which a properly developed will should do. But when the fortune was amassed, and the goal of his wishes thus attained, there was no longer any regulating principle; the natural feeling of satisfaction in a disposition originally very vain and self-opinionated, becomes exaggerated into excessive pride and self-conceit; the conviction gradually dawns upon him that he is a hero,—he finds his ancestors in history, and, in time, his home in the hospital. The insanity has been the gradual, and, as it were, natural development of such a character under such circumstances. The actual advent of an outbreak might be hastened by some exciting event, or it might be delayed; but with such an inheritance, such an education, and such an object in life, it must surely have sooner or later come. In another patient, about whose ancestry nothing was ascertainable, the attack appeared as the final development of excessive pride. When the mind is in a condition of exaggerated emotion, every object is tinged by it—nothing is seen in its true relations. Even if the occupation be that of a humble tradesman,—as in this case it was,—the individual is far too subjective to give that circumstance due consideration; self-consciousness reveals the morbid feeling, suggests to him that he is far above his business,—far above other men,—and so, in a while, he comes to think that he, so endowed and yet so situate, must be a sort of unrecognised prophet. He refuses any longer to humiliate himself by manual labour, allows his beard to grow, and proclaims himself a prophet. And here, it may be remarked, that a man appears sometimes to be seriously injured by the manner in which his wife believes in, and, as it were, worships him,—feeding his morbid emotion

by a contented acquiescence in the arrogant pretensions of a foolish vanity. It is not often that anyone is very heroic in the affairs of every-day life, even when they admit of heroism, and if he has a propensity to assert his importance in his own family, and a craving for adulation there, it might be well for him to beware in time, for "that way madness lies." If he himself escape, his children may not; for what was a comparatively innocent folly in him, may become in them a serious disease. For it is too true that "the weaknesses and defects, the bad passions, the mean tendencies, and the moral diseases which lead to crime, are handed down from one generation to another, by a far surer process of transmission than human law has been able to establish in respect to the riches and honours which it seeks to entail upon posterity."

Two patients have been admitted during the year, who illustrate a particular mode in which insanity sometimes manifests itself—it was in the form of an uncontrollable desire for intoxicating liquors. They both suffered from an hereditary taint. It has been well established that drunken parents are liable to have offspring insane or otherwise afflicted; and it appears that parental insanity may appear in the next generation in the form of an ineradicable propensity to drunkenness. This is what might be expected,—for inherited weakness of any kind, unless there has been the compensation of a good education, and a happy collocation of circumstances, must be exhibited in some form of weakness or other, whether it be as drunkenness, crime, immorality, or insanity.

The history of another case admitted, inevitably suggests the reflection that families, like trees, often grow till they have attained their greatest development, then begin to decay, and ultimately die out. The family culminates, as it were, in its greatest or most successful member, his offspring is feeble and simple, and of the next generation some perish

in infantile convulsions, some live on scrofulous or die so, and others may become insane. Ultimately there is the incapability of producing offspring, and then the end comes.

A typical case, several examples of which have been admitted into the Hospital, is that in which an individual, more often a woman, but not unfrequently a man, has been disturbed by some painful affliction or serious anxiety,—the death of a son, husband, or brother,—domestic unhappiness, or pecuniary embarrassment. Constantly brooding over the affliction, the feeling of grief increases, as every feeling does when indulged, and in time attains to monstrous proportions; the mind is in a state of fear, all its faculties being absorbed into this one condition. People so afflicted cannot give attention to external objects or events, for they are living in an internal world of which others can have no conception, for it has no relation with an external world. Sometimes they can give no account of their grief; it is so vast, gloomy, and indefinite that no words are known capable of expressing sorrow so great. But if they are able to give it articulation, most frequently it is in those words which do necessarily convey to the mind the most fearful idea of suffering possible; it is said that they have been guilty of the unpardonable sin, and that their souls are for ever lost. There have been admitted nine who belonged to this type. It is the form which insanity produced by religion often assumes. Of the two cases of which religion had been assumed as the cause, it was evident that in one it had been incorrectly so assigned; in the other, however, religious excitement had clearly been the exciting cause. The mother of a family, who was a member of the Church of England, had been induced to go and hear some revival preacher; and the immediate consequence was a very severe attack of insanity.

The next Table is added to show the occupation in each case of those who were admitted.

TABLE IX.—OCCUPATION (IF ANY) OF THOSE ADMITTED.

Joiner	1	Wheelwright	1
Farmer's pupil	1	Clergyman	1
Ladies	6	Coal merchant	1
Tradesmen's wives	7	Farmer	1
Tradesmen's daughters..	5	Foreman	1
Warehouseman	1	Stationer	1
Gentlemen	5	Bookkeeper	1
Farmer's wife	1	Bank clerk	1
Solicitor	1	Lodging-house keeper ..	1
Weaver	1	Merchant	1
Bleacher	1	Housekeeper	1
Tailor	1		—
Hairdresser	1		44
Corn merchant	1		

It has never been satisfactorily established that one occupation has more influence than another in the production of insanity; and on the whole the probabilities are not much in favour of any such special influence. To a person of well-regulated mind, no position in life can have more effect than another in predisposing to mental disorder, and to a person of feeble character that which entails upon him most anxiety and trouble, will probably be the most dangerous. Those who are possessed with the idea that the outer world should reconcile itself with their inward life, instead of striving to bring their life into harmony with circumstances, are not unlikely to break down in an unequal conflict with necessity. For when an individual cannot reconcile himself with circumstances, it often argues a dangerous vanity, and when he cannot in some measure bend circumstances to a reconciliation with himself, it is an argument of weakness, inherited or acquired. It is not to be wondered at that such a one, having pretension without power, and feebleness without humility, should be disastrously wrecked in the voyage of life. His fall shows, what the history of many a case of insanity shows also, that it is a greivous mistake to neglect the formation of character as an aim of existence. If such aim be one which

is at the mercy of accident, reason cannot but occupy a somewhat uncertain seat when troubles come; while to the man who has resolved to build up, as it were, into his character both success and disappointment, no event can communicate any very severe shock. The latter receives success if it come, as an accident, for that has not been the chief aim of his life, and quietly accepts disappointment as inevitable, for in that he finds material for self-formation; he therefore proceeds equably on his way, neither too self-confident nor yet self-distrustful. Such a one is not likely to become insane from moral causes, wherever he may be placed. He realises the truth of this observation, made by one philosopher, that "the history of a man is his character;" and this further one, made by another, that "a character is a completely fashioned will."

With regard to the moral treatment of the patients, it is only necessary to state here, that occupation and amusement, as aids thereof, have occupied the important position which they have always held in the Hospital. Theatrical entertainments have alternated with dances during the winter; and excursions to various parts of the country, such as, amongst others, Dunham Park, Alderley, Lyme Park, and Southport, have been the favourite pleasures of the summer. It is not unusual for those of the patients who have friends living near, to spend a day with them occasionally, returning to the Hospital in the evening. Such visits always produce much gratification, and appear to be advantageous, in some cases, in promoting recovery. Indeed, as the good of the patients is the only object of the Institution, its funds are never better spent than in increasing their comforts and in ministering to the cure or alleviation of their afflictions. It may be expected that if its present success continue, ample means will be available for carrying into effect any suggestion which those who are interested in the welfare of the insane can make with a view of promoting their happiness.

During a part of the year, our numbers on the male side of the house have been so great that it has been necessary to refuse several applications for admission. Arrangements have, however, been made which, it may be hoped, will obviate any such necessity arising again for some time to come.

It affords me much satisfaction and pleasure to acknowledge the zealous assistance which I have received in the management of the Hospital from the various officers, and to state that the conduct of the servants throughout the year has been such as to merit the approbation of the Committee.

And, in conclusion, I beg cordially to express my grateful acknowledgments for the support which has been so constantly afforded me by the Committee, and for the liberal kindness which I have uninterruptedly received since entering on duty as Superintendent.

HENRY MAUDSLEY, M.D. London.

SPEECH OF THE REV. CANON CLIFTON,

Treasurer and Chairman of the Committee,

DELIVERED AT THE ANNUAL MEETING, AND PRINTED AT
THE REQUEST OF THE TRUSTEES.

The Rev. Canon CLIFTON, M.A., on taking the Chair as Treasurer of the Royal Lunatic Hospital, said:—It now becomes my duty to lay before you a statement of the Lunatic Hospital during the past year. I am glad to be able to commence my statement by telling you that it is in such a state that we have reason to congratulate ourselves upon it; in fact, ever since its establishment, I can safely say—and I shall be borne out by the testimony of everyone connected with the Asylum—that we cannot look back upon any period in which its condition was more satisfactory. First, this is shown by the number of inmates having greatly increased during the last two years. In October, 1858, the average number of patients for the quarter was 53; in the quarters of 1859, the number rose from 57 in January, to 60 in April, 63 in July; while the number in the Hospital in July of this year was 79, showing an increase of 16 patients upon the year. I believe it is a principle which will bear any test, that institutions like ours will not become gradually filled unless the treatment of the patients is satisfactory to their friends. The strongest testimony we have of the ability with which the resident medical superintendent, and those connected with the Asylum, manage it, is the gradual increase in the number of patients, till it has reached that point now of 79, closely bordering upon the number which

the institution was originally built to accommodate, namely 80. We have had 80, and, in fact, I do not know whether I may not say that we have 80 now, for one or two are absent upon leave. There is a very wise provision of the law by which, if a patient is considered to be in a fit state to try a removal, he is allowed to be absent for a few weeks with friends, without being discharged from the Hospital. With regard to the income and expenditure: last year the income was £4,977., and the expenditure £5,021., making the actual expenditure £44. more than the income. On looking over the accounts, I find that there are certain expenses which ought properly to be put down to the account of capital; but as we have no capital at all, nothing beyond the building and land, we are obliged to meet all expenditure out of income; and if, notwithstanding these disadvantages, the Institution is able to pay its way, and afford great comfort to all the inmates, I think we may consider it in a satisfactory condition. The extraordinary expenses are £37. for manure, £38. for draining, £43. for the purchase of a horse for farming purposes, and £42., the amount of law expenses connected with the purchase and exchange of some land. Those items make £162., so that but for this the current expenses would have been about £160. less. Our improved condition has been the result of the last six months,—because, during the first six months, our receipts were not so great, and we had considerable expenses, such as “pointing” the building anew, &c., which rather crippled our funds for a time; but the increase in the number of our patients and receipts, has not only made up for that deficiency, but given us a surplus over expenditure. As regards the house expenditure, considering that we have sixteen patients upon an average more than we had during the previous year, and considering also the increase in the price of provisions, you will find that the expenses have been £1,948. this year against £1,786. last year, or an addition of about £160. £43. of that extra

expenditure is incurred for the article of coals; and those who remember what a severe time we had last winter, will easily understand why there should be this increase, if the comfort of the inmates was to be considered. There has also been a change in the mode of keeping the farming account, which is now separate. The total cost of the farm was £499. The gross outlay is £5,021. as against £4,977. last year, being a balance of expenditure over income of £44. I am glad to say that we were enabled, a few weeks ago, to make a very important change, by improving the remuneration of the resident medical superintendent and the two chief female officers of the Institution. We have always been of opinion that those who are engaged in such important duties ought to be well paid. It is a very bad economy to underpay persons who are in situations of great responsibility, and it is not always desirable to wait until an application for an increase of salary is made by the officers themselves. It is always better—looking of course to the condition of the funds of the Institution,—when you can consistently with justice to the Institution, do justice also to the paid officers of the Institution, and make their situation as advantageous as possible. We are fortunate in having the services of a most efficient resident medical superintendent. Those who visit the Institution—and more particularly Mr. Butterworth, who has paid the greatest attention to this Institution,—must be well aware that in Dr. Maudsley we have the services of a very valuable, and, I may say, a very distinguished man. I was not aware, when he was appointed, that he was a gentleman who had distinguished himself by carrying off the highest honours at his examinations in London University. I think he obtained [more than one gold medal by his abilities, as well as prizes and scholarships besides, which mark him as a man of great distinction. When he came here he had had experience in a large institution in Wakefield; and fortunately his name was suggested to Mr. Harter, through whose

recommendation they had been fortunate in obtaining the services of Dr. Maudsley. I can only say that however high may have been the opinion that we formed of Dr. Maudsley, when we appointed him, it has been fully realised and confirmed by all that we have known of him since. As the best proof we could give of our opinion of him, I may mention that when, at the expiration of the past year, we were taking stock, and had ascertained what our financial position was, and believed that we could do with safety that which our inclinations prompted us to do, the first thing that occurred to all who had been upon the Committee of the Institution was to increase the salary of Dr. Maudsley, which up to that time had been £200. a year. We never could expect, I will venture to say, in an institution like this, to secure for any length of time the services of a gentleman fully qualified to give satisfaction to the class of patients we hope to have always in that institution, for anything like a salary of £200. a year. We thought it best, therefore, first of all to consider carefully with ourselves, what we in our consciences believed his services to be worth to us, and what we had the means of giving; and having come to a unanimous conclusion upon that point, we sent to Dr. Maudsley without his being at all aware of our intention, and informed him that inasmuch as we were thoroughly satisfied, and in fact more than satisfied with the attention he had paid to his duties since he had filled the situation of resident medical superintendent, and finding that our funds now enabled us to do so, we were very glad to tell him that his salary would be increased to £300. a year, to commence from 24th June last. In regulating the scale of our housekeeping department, we all know that very much depends upon the kind of person who acts as matron. Miss Bennett undertakes that portion of the duties, and gentlemen who will go over the items of expenditure will be satisfied that she does exercise a very rigid economy in the management of the house. She is what we should always wish her to be,

liberal in her treatment of the patients. It is always our wish that every patient should have the comforts with us, or greater ones, that they enjoyed in their own home; it is not our desire that any patient should be abridged of one single comfort which that patient might have been in the habit of enjoying. Therefore our instructions always are to deal as regards the comforts of the table in a spirit of liberality; and she also, I believe, performs her duties with strict economy, and a desire to do justice to us as the holders of the purse. She came to us when we were not in a flourishing condition, when in fact we were in low water as regards funds, and the salary we were able to offer her was £40. a year. But having increased the salary of our resident medical officer, we thought it right to increase the salary of Miss Bennett, and we therefore made it £50. instead of £40. Then we have in the Institution a lady who fills an office suggested by the Commissioners of Lunacy, and I do not know that exactly the same office exists in any other institution. It was suggested by the Commissioners that in an institution where we propose to receive ladies, those who are of the upper and middle classes, as well as those below, it was very important we should engage some person not in the usual character of an attendant, but in the character of a companion to any ladies who would be benefited by her society. It is her business to sit with the ladies, to work with them, to walk with them, to read with them, in fact, to be their companion and friend, quite distinct from those who, as attendants, have the care of the patients in another character. We were fortunate in obtaining the services of a lady by birth and education and feeling, and who makes herself most acceptable, I believe, from her kindness and gentleness of manners to all who come in contact with her as patients. Miss Orrell came to us at what certainly at the time was a small salary for one who was to hold such a position as was assigned to her, namely £30. We have been able also to increase her salary from £30. to

£40. I may refer next to a transaction we have lately had in the purchase of some land, and another in the exchange of some land in connection with the Institution. At the time when our Institution was first established land was purchased, and it so happened that the land we were able to purchase did not enable us to build our Institution and surround it with a farm or property in a ring fence. It was intersected by land belonging to other persons, and if other persons had been in possession of that land, and occupied it close to the Institution, great inconvenience and nuisances might have arisen. Well, our late kind friend, whose memory we all respect so much, Mr. Salis Schwabe, and Mr. Harter, with that liberality for which they are both so remarkable, in order to do a service to the Institution, bought that intersecting land. They bought it not for their own advantage, for it was a disadvantage to possess a little property of that kind, but in order that they might let it at a rental to the Institution, and thus enable the Institution to have all the land in occupation around its own walls. They did more than this. After Mr. Schwabe's death, Mr. Harter became the possessor of the whole, and then Mr. Harter very kindly allowed this Institution to exchange with him certain outlying portions of our own land for such portions of his as should be a fair equivalent, and which should be contiguous to our building. That transaction had to be completed under the sanction of the Charity Commissioners, who are always exceedingly particular in seeing that no charity sustains any damage by any transaction of that kind. After considerable delay, that matter was brought to a final conclusion, and that exchange was ratified which now gives us our own land around our own buildings. But there was one other point upon which we wished to be upon a different footing. At the time our gas works were erected, the only convenient spot was upon land belonging to Mr. Harter and Mr. Schwabe. It was very desirable for us to obtain possession of that land. It was a

question of law whether we could legally become the holders of it. It is not necessary for me to enter into details upon that question, further than to state that the whole circumstances were laid before solicitors and conveyancers, that we have acted entirely under their advice, and that, in accordance with what they say, we can legally do, we have purchased a portion of that land upon which our own property was already placed, and to deprive us of which would have been an almost irreparable injury to the Institution. It involved also a question of right of road, which it was important that we should secure to the Institution. We had two sums left to us by two individuals as legacies, invested in stock, amounting to £601. The question was, inasmuch as those sums could not be used under the wills of the bequeathers as income, whether we could legally employ them for the purchase of property, which would stand to us in the same light as "stock." The lawyers were of opinion that the purchase would be legal. We sold out £601., which will cover the cost of the land and expenses, including the legal charges; and instead of having to pay for the future a rent for the land equivalent to the interest, we shall now have the land rent free, and be saved from the possibility of being put to any inconvenience by the sale or alienation of that land. I do not feel myself competent, in the absence of Dr. Maudsley, to enter minutely upon such questions as the condition and treatment of patients in an Institution like ours; but in a few weeks, I believe, Dr. Maudsley's report, in which he will give a full account of every case and its treatment, that has come under his notice, will be printed and circulated widely,—and, in fact, the more widely it is circulated the better we shall be pleased. Any gentlemen who are present, can, in a few weeks' time, by calling at the Infirmary, obtain copies of the Lunatic Hospital Report, for circulation. Our desire is to court the utmost publicity. We are, as you know, under the supervision of the Commis-

sioners of Lunacy; we do nothing which they are not cognisant of and they superintend or supervise all our proceedings. They have the power to make recommendations and suggestions; and if we were to do wrong in any way, they have the power to bring us to an account. We are anxious that our Institution should maintain a high position amongst the institutions of this country of a similar character by the way in which it is conducted, by the treatment which is accorded to patients, and by the comforts which we are enabled to give them. I believe there is no institution in this kingdom where greater comforts can be had at so little cost as in the Royal Lunatic Hospital, at Cheadle. It cannot be too widely known that there is no one who is interested in that Institution who has any pecuniary interest in its management. One of the fundamental rules of the Institution is, that if there is any surplus at any time, it shall go, not into the pockets of any person connected with either of these two Institutions, but to increase the comforts of the patients, and diminish the rates of charge made to them. It is our custom, whenever a patient leaves our institution, or dies, or is discharged for any cause, to send to the friends of that patient, requesting a written answer from him, her, or them, as to whether they are satisfied with the treatment the patient has received, or if they have any circumstance to point out which they desire to bring under the notice of the Committee. I am happy to say, that ever since the present medical superintendent has been with us, we have not had a single letter but what has spoken in the most satisfactory terms not only of the treatment of the patient, but of the kind and friendly spirit, of the more than professional care which is taken of those unfortunate persons who are placed under his charge. Nothing can be more satisfactory than this; and though on one account it is a lamentable thing to see an institution of this kind filled, it is lamentable to think that there are so many who require such assistance; but still,

it is a most gratifying thing to consider, that if any are, by the visitation of Providence, placed in such a position as to require that attention, there is an institution opened to them in which they may have every care and kindness, under the supervision of those whose only object is to see justice done to the patients, and where I believe they are as likely to be cured of their maladies, or at all events to be relieved as regards the severity of their maladies, as in any institution of the kind in the kingdom. (Applause.)

The CHAIRMAN next read the balance sheet.

Mr. EDMUND BUCKLEY expressed his satisfaction at these gratifying facts being made known.

The CHAIRMAN: We have at this moment a balance of something like £500. in the bank. It would surprise most persons to see the comforts our patients enjoy.

Major PEEL moved that the report of the receipts and expenditure be received and printed. He was sure that the statement of the Chairman must be very gratifying to all present, and would be so to the public when published.

ERNEST REUSS, Esq., seconded the motion, and it was adopted.

On the motion of Mr. BUTTERWORTH, thanks were given to the auditors, Mr. Markland and Mr. Adshead.

Mr. ADSHEAD moved the appointment of the officers. He had been a member of this board for 26 years, and was, he believed, its oldest member. He could say, with all sincerity, that he had not attended a meeting of the Lunatic Asylum Board for many years which had afforded him so much satisfaction as the one held that morning. The Rev. Chairman had entered into the economy, management, and administrative part of the Institution in that clear, lucid, and interesting way, that he did not think it would be right for such important statements to be lost, and he would beg to suggest that it be printed along with the Report, as an embodiment of the present state of the Institution, with all

its various tributary advantages. If the Rev. Canon Clifton would be kind enough to revise the transcript of his speech they would be much obliged to him.

Mr. ERNEST REUSS said its publication would be very useful.

Mr. ADSHEAD continued to say, that from the remarks made by the Rev. Canon Clifton, the Institution had entered on a new era in its history and administration. He (Mr. Adshead) thought at one time that there was no institution equal to it; but it had been greatly improved, and its management was now unequalled. He thought the admirable statements of the Chairman should, as before observed, be preserved in an enduring form to the public.

Mr. LE MARE seconded the motion, and it was carried.

On the motion of Major PEEL, seconded by Mr. PRICE, thanks were given to the Treasurer, Deputy-Treasurer, House Stewards, and other Officers, for the zeal and attention they had uniformly shown to the interests of this charity.

On the motion of J. C. HARTER, Esq., the grateful acknowledgments of the Board were given to Dr. Ainsworth and Dr. Watts, the retiring physicians.

Mr. BUTTERWORTH, in seconding the motion, explained that there were always two physicians in addition to the regular resident medical officer, who visited the Institution at stated times, and were consulted in case of emergency. Dr. Wilkinson and Dr. Browne had been appointed the visiting physicians for the ensuing year.

Mr. EDMUND BUCKLEY having been requested to occupy the chair,

Mr. HARTER moved that their best thanks be given to the Rev. Canon Clifton for presiding, and for the attention he had bestowed to the duties of his office as Treasurer during the past year.

Mr. LE MARE seconded the motion, and expressed his cordial satisfaction in reference to the sound financial working of the Institution. Each patient cost about 24s. per week. In days gone by, they depended very much upon high-class patients. He recollected the time when they had four patients who paid £1,000. a year, and they looked with considerable anxiety to that source of their income. They were now in as sound a condition as they well could be, having 79 patients, and about £94. coming in, which was just about what the patients cost them.

Mr. BUCKLEY, in putting the resolution, expressed his cordial approval of it. They all knew what pains their reverend friend took in the management of this Institution, and it was surprising to see how well it was conducted at so small an expense.

The Rev. Canon CLIFTON, in reply, expressed his thanks and his desire to do all in his power for this Institution as well as the Infirmary, more particularly when he was so well supported by the indefatigable gentlemen around him.

Thanks were also voted to Mr. Butterworth, the deputy-treasurer, with which the meeting closed.

R U L E S

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 Physicians' fees, may be had on application at the Hospital, or at the Manchester Royal Infirmary.

Payment of the patients' 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 moneys 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 Ten to Three; 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 concur-

rence 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.

RATES OF BOARD,

&c.

HIGH CLASS PATIENTS.

Per Week.				Quarterly Medical Fee. Payable in Advance		
£.	s.	d.		£.	s.	d.
3	3	0	—Use of Dining and Drawing Rooms with suitable attendance.	2	7	6
4	4	0	—Private Sitting Room, Private Bed Room, use of Dining and Drawing Rooms—one Attendant to two Patients.	3	3	0
6	6	0	—Private Sitting Room, Private Bed Room, use of Dining and Drawing Rooms & a Special Attendant.	4	14	6

A Carriage is provided at the expense of the Hospital, by means of which all those patients, whose condition will allow, or who will derive benefit from it, have carriage exercise.

MIDDLE CLASS.

2	2	0	—Use of Dining and Public Rooms with use of a Private Room when required, and suitable attendance.	1	11	6
1	11	6	—Use of Public Rooms, and suitable attendance.	0	15	9
1	1	0	—Use of Public Rooms, with suitable attendance.	0	15	9

Parties of respectability, but whose circumstances will not permit them to pay the lower rate of £1. 1s. per week, are admissible, on special application to the Trustees, at reduced rates, the balance being paid out of the Benevolent Fund of the Hospital.