

Ninth annual report of the medical superintendent of the lunatic asylum, for the counties of Salop and Montgomery, and for the boroughs of Much Wenlock, Shrewsbury, and Oswestry. 1853 / [Salop and Montgomeryshire Counties Lunatic Asylum].

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NINTH ANNUAL REPORT
OF THE
MEDICAL SUPERINTENDENT
OF THE
LUNATIC ASYLUM,


FOR THE COUNTIES OF
SALOP AND MONTGOMERY
AND FOR THE BOROUGHS OF
MUCH WENLOCK, SHREWSBURY, AND OSWESTRY.

1853.

SHREWSBURY:

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NINTH ANNUAL REPORT

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MEDICAL SUPERINTENDENT OF THE

LUNATIC ASYLUM FOR THE

COUNTIES OF SALOP AND MONTGOMERY,

AND THE ASSOCIATED BOROUGHES OF

MUCH WENLOCK, SHREWSBURY, & OSWESTRY.

ON the 1st. of January, 1853, the number of Patients in the Asylum was 228: (viz. 105 Males and 123 Females). In the course of the year 113 (viz. 45 Males and 68 Females) were admitted; 51 (viz. 19 Males and 32 Females) were discharged Recovered; 7 (viz. 4 Males and 3 Females) were discharged Relieved; 1 Male was discharged not improved; and 15 (viz. 5 Males and 10 Females) died.—The number of Patients remaining in the Asylum on the 31st of December, 1853, was consequently 267 (viz. 121 Males and 146 Females): an increase on the number resident at the end of the previous year of 16 Males and 23 Females, or an aggregate of 39.

The average number of Individuals resident during the year was 251·03 (viz. 114·78 Males and 136·25 Females.)

The subjoined Table, representing the average number of Patients resident during each of the four preceding years, as well as during the year 1853, may serve to show the rate at which the increase in the population of the Institution has gone on.

	Males.	Females.	Total.
1849.	80·	74·	154
1850.	95·	91·	186
1851.	103·	108·	212
1852.	104·	121·	226
1853.	115·	135·	251

Among the admissions in the course of the year are enumerated the cases of 19 Individuals: viz. 6 Males and 13 Females, who had previously been under treatment in this Institution, and having been discharged Recovered, were re-admitted after periods of absence varying as below.

MALES.			FEMALES.		
Register	756	11 Weeks.	Register	658	18 days.
"	710	18 months.	"	696	5 weeks.
"	668	2 years & 9 months.	"	730	13 weeks.
"	713	3 years & 11 "	"	699	5 months.
"	761	4 years & 3 "	"	735	6½ months.
"	657	5 years & 8 "	"	750	10 months.
			"	741	2 years.
			"	755	2 years & 8 months.
			"	655	3 years & 3 "
			"	694	3 years & 11 "
			"	733	4 years & 9 "
			"	742	6 years & 9 "
			"	711	7 years & 10 "

One Male and Two Females who are included in the foregoing list were twice admitted in the course of the year, so that the number of *individuals* admitted was 110 (viz. 44 Males and 66 Females), or 3 fewer than the actual number of registered Admissions.

Comparing the number of Recoveries with the average number of Patients resident during the year, the proportion is found to be not less than 20 per cent.; or 16.5 per cent. of Males, and 23.5 per cent. of Females.

The most remarkable circumstance connected with the statistics of the Institution during the past year is the exceedingly low rate of mortality, and more particularly among the men. The general percentage of Deaths on the average number of Patients resident is not more than 5.97; that of the men being 4.35, and that of the women 7.33. This is very little more than one half of the annual average of Deaths which have occurred since the opening of the Asylum; and may be fairly presumed upon as a proof that the sanatory arrangements of the Institution are not at present in a faulty state.

Notwithstanding the satisfactory nature of the foregoing statement, it is still exceedingly desirable that the means of affording employment for the Patients out of Doors, should be much

extended beyond their present limits. The entire area of the ground available for use in this way, exclusive of the front Shrubberies and the inclosed Courts, is very little more than six acres; whilst the number of Patients in the Institution is 267.

Looking at the gradual increase which has taken place in the course of the last five years, it may not be unreasonable to anticipate the necessity of being provided with accommodation for at least 150 Patients of each sex; as even at the present moment, notwithstanding the recent additions to the Building, it is very obvious that the means for properly housing the Females are quite inadequate to the requirements of the Institution. The utmost extent of room which is now available on either side of the Asylum would be fully occupied by 132 Patients, whilst the actual number of Women is 146.

The extent of Land required for the proper service of an Asylum containing about 300 Patients, most certainly ought not to be estimated at less than 30 acres; and whether such Land be purchased or merely rented, it is quite clear that the benefits accruing to the Patients will be equally important. There can be no doubt, indeed, that this is a most essential consideration in any right system of arrangements for the care and treatment of the Insane; nor that a large and liberal view of this matter, which might comprehend the occupation of a comparatively extensive farm, to the cultivation of which the labour of the Patients, and the application of a large quantity of the sewage which now runs to waste, might be profitably directed, would yield far more satisfactory results with regard both to the main object of the Institution and to its economical management, than can reasonably be expected under existing circumstances. At present it is impossible to find suitable employment out of Doors for many who might be most beneficially occupied in that way; and when it is known that the area of the Land belonging to this establishment is very much smaller than what is usual at other County Asylums, and especially at those which have been most recently erected, it is impossible to avoid expressing an earnest hope that this very serious defect may speedily be remedied.

In the course of the past year several very important improvements have been effected in the internal arrangements of the Institution. The acquisition of 26 single Bed Chambers has added very materially to the means of obtaining comfort and tranquillity during the nights; but as the increase in the number of

Patients has done more than keep pace with this advantage, the necessity for still further accommodation of this kind is felt at the present moment at least as much as it was at the end of the year 1852.

The Washhouse, which had been gradually becoming disproportionately small, in comparison with the number of the Inmates, has been considerably enlarged by including in it an apartment which was formerly used for another purpose, so that it now affords accommodation for more than twice the number of Women who were previously able to find room in it.

The House Drainage has been rectified in various places where it was found to be defective; and the policy of retaining the Sewage Pump was very distinctly proved on one occasion during the Summer, when the grating at the outlet of the main tank was discovered to be so much obstructed by fibrous material that, without the use of the Pump, there would have been no means of preventing the Sewage being backed up into the House Drains and ventilating Flues in the front basement of the Female Wing, where it could not have failed to produce very serious injury.

The most important improvement that has been effected in the course of the year is the establishment of the Gas Apparatus. The retorts were fixed, and the principal part of the fittings, with the gasometer, were completed so as to admit of the Institution being lighted with gas for the first time on the 31st of October. Since that period the greatest possible satisfaction has been derived from this source. The labour and inconvenience of having to attend to the preparation, lighting, extinguishing, and removing as many Camphine and Naphtha Lamps as were previously required for lighting the various Wards, had become exceedingly irksome to the Attendants, and the responsibility of preventing dangerous accidents from the use of the above mentioned materials was found to be very burdensome.

The conversion into Workshops of certain Rooms in the basement of the building which have hitherto been unusable, excepting as lumber rooms, will be a most important acquisition to the general conveniences of the Institution. The excavation whereby the apartments here referred to will be brought into light and usefulness have already been commenced.

Notwithstanding all that has been done from time to time in the

way of altering and improving the arrangements of the Asylum, so as as to admit of their adaptation to the increasing necessities of its Inmates, there are still points of importance which require to be attended to in this way.

The Chapel is far too small for its purpose, and the Kitchen is exceedingly inconvenient; but if the former Building were converted into a Kitchen, and a new Chapel were to be erected in a suitable situation, these serious impediments to the easy and quiet operation of the Establishment would be removed. It is in point of fact in the easy and quiet and orderly state of affairs, when these are established on a sufficiently complete foundation, that the successful management of an Institution of this nature in a great measure consists.

As to the means employed in the moral and domestic treatment of the Patients, there is nothing to report beyond the application of those principles of management which are now generally well understood. But there is one circumstance, relating to the medical treatment of certain cases, to which it may not be improper to direct attention here. This is the administration of opium in large doses; and as the Medical Superintendent has already had occasion to answer various inquiries on this subject, he conceives that it may not be inexpedient to reprint, as an appendix to this report, the fullest explanation which he has been able to give of his views respecting it, and which is contained in a Letter addressed to Professor Guy, of King's College, and published in the Medical Times and Gazette of July 16th, 1853.

Before concluding this Report, the Medical Superintendent would earnestly beg to direct the attention of all persons who are concerned in the administration of the Poor Laws within these Counties, to the policy as well as the necessity of taking a liberal view of the constitutional requirements of the Insane. Inquiries are frequently made as to whether it may not be expedient to allow such and such a Patient to leave the Asylum and return home,—too often a very poor place—just as if some strong reason existed for detaining persons after their recovery, or after they were sufficiently relieved to admit of their being safely set at liberty. The subjoined extracts from a short correspondence of this kind may perhaps suffice to put this matter in a proper light, and may possibly serve to prevent some future misconceptions of the same nature:—

“ Sir,—I beg to offer thanks for your Letter received this morning, and for the information politely sent therein. Both of the Patients alluded to were sent to the Asylum before my institution to this Benefice, and consequently, I do not profess to know anything of either of them personally, but the complaints of the Rate-payers in my Parish are both loud and deep as to the costs of the maintenance of the two in your Institution.” * *

“ The general impression in this Parish seems to be that the younger Patient, although subject to such delusions as you describe, is very harmless and inoffensive, and might most safely be permitted to go at large. ” * * *

“ *From the representations made to me, I cannot but think that if a situation as an Assistant Servant, (the Parish allowing something weekly towards her maintenance,) with a respectable aged couple or widow in a farm house could be procured for her, that she might do well. I am of opinion that such a trial of her ought to be made for the satisfaction of the Rate-payers. I would look out for a situation for her, and I would subsequently watch her conduct and proceedings. Your opinion of the scheme would oblige,*

“ Yours obediently,

“ _____ ”

To the foregoing observations the following Letter was written in reply :—

“ *Salop and Montgomery Counties Lunatic Asylum,
Shrewsbury, October 19th, 1853.* ”

“ Sir,—I beg to acknowledge the receipt of your Letter of the 17th, and to inform you, that if——— is in a fit state to be discharged from the Asylum at the next Meeting of the Visiting Justices, and her friends are prepared by that time with such a statement as to the sufficiency of the allowance which the Board of Guardians of the——— Union will make her, in the event of her being placed in such a situation as you describe, and particularly also, as to the care which will be bestowed upon her case, I shall have great pleasure in recommending the Visiting Justices to discharge her.”

“ When I consider that any Patient is fit to leave the Asylum, I have merely to give my advice to that effect to the

" Visiting Justices. It is not within the range of my duties to
 " enter into any arguments upon the points to which you refer,
 " With respect to the case of the young woman in question, however.
 " I think I told you that she had been twice sent home recovered ;
 " but I did not mention to you the state of debility and exhaustion
 " to which she was reduced at the periods of her re-admission. To
 " maintain the organic strength of a system like hers, it does not
 " seem to be generally understood that a generous Regimen is
 " absolutely necessary, as well as an extraordinary amount of
 " kindness and attention. The consequence is, that we not un-
 " frequently see persons brought back to the Asylum with their
 " moral and intellectual energies completely prostrated—or starved
 " out,—and with little beyond the mere animal part of their nature
 " left. It need be no wonder then that a great length of time is
 " often required to re-establish the strength that is thus ignorantly
 " or heedlessly wasted ; and if much expence is incurred by the
 " maintenance of such Patients in an Asylum, its true cause, I
 " apprehend, will generally be found amidst the circumstances in
 " which they were placed before their Admission.

" I am, Sir,

" Your faithful and obedient Servant,

" ————— "

Mistakes occasionally occur from the same kind of over-
 anxiety running in another direction. Cases are sometimes met
 with wherein the unreasonable or outrageous acts of an individual
 whose mind is really unsound, are not imputed to any insane impulse ;
 but because the conversation of the person is not actually absurd or
 incoherent, are put down to the score of mere moral depravity.
 Under circumstances of this kind, there is great risk of irremediable
 injury being inflicted upon a Prisoner who is really insane, when
 nothing is intended beyond the correction of a person who is ac-
 countable for his offences.

An inquiry was made a few weeks ago respecting the mental
 state of a Patient who had been brought to the Asylum after having
 repeatedly undergone the sentence of imprisonment on account of
 her refractory conduct in the Workhouse ; the fact of her insanity
 was stated in reply to be indubitable, and the following observations
 were added for the purpose of pointing out the necessity for caution
 in such cases :—

"This assurance, I trust, will satisfy you as to the propriety
 "of her admission here; but I must take leave to add an expression
 "of regret that this course had not been adopted in her case long
 "ago." * * *

"Understanding that she has been knocked about from one
 "place to another for many years, without having any regular home
 "or friends to fall back upon, it is not difficult to suppose how her
 "Malady has originated and been developed, although it may be so,
 "for persons who are unaccustomed to these matters, to distinguish
 "between the indications of mental unsoundness and the evidence
 "of mere moral depravity. Had this difference been clearly discerned
 "at a much earlier period in the present instance, and had she then
 "been taken" charge of and detained under care and treatment"
 "instead of being sent to Prison as a Misdemeanant, I think it is
 "very probable that she might have again been able to earn her
 "livelihood in a decent way, instead of being brought into a state
 "which leaves but little hope of her eventual recovery. The mistakes
 "which occur in this way are so frequent, that I cannot help thinking
 "how much better it would be if a broader view were taken of these
 "matters; and that *in all cases where there is a decided change in*
 "*the general character or conduct*, and even where unreasonable acts
 "form the only ground for suspecting the individual to be insane,
 "(which is not however the case in the present instance), the public
 "interest would be much more effectually promoted, even in a mere
 "pecuniary point of view, by the admission of a humane doubt,
 "than it is ever likely to be by such a course as appears to have
 "been followed in this case."

RICHARD OLIVER, M.D.

January 1st, 1854.

APPENDIX.

LETTER TO PROFESSOR GUY, OF KING'S COLLEGE, LONDON, ON THE USE OF LARGE DOSES OF OPIUM IN CASES OF MANIA & DEMENTIA.

DEAR SIR,—I owe you an apology for having so long deferred to answer your inquiry respecting the extent to which I am in the habit of occasionally carrying the administration of opium in certain cases of mania and dementia; and I beg you to believe, that this delay has not arisen from any disinclination on my part to communicate the information you wish for, but simply from my want of time and opportunity to collect such facts as are scattered over the Journal of this Institution, and to place some of them before you in such a form as may best serve to elucidate the practice to which I here refer.

On looking at my reply to an official circular from the Commissioners in Lunacy, containing an inquiry respecting the treatment usually adopted by the superintendents of lunatic asylums in various forms of mental disease, and dated January 14, 1847, I find the following passage;—

“In some instances where the irritability has been excessive, I have found the employment of opium also to be indispensable; and I have sometimes given it in very large doses before it has succeeded in procuring sleep. In one case, where the patient was not previously accustomed to its use, I found that ordinary doses were quite unavailing, and that one scruple of solid opium was no more than barely sufficient for the attainment of comfortable repose. This quantity was given nightly, for a considerable length of time, and was rather abruptly discontinued, without detriment to the patient, after the tendency to pervigilium was supposed to be materially diminished.”

I shall furnish you with the details, to a certain extent, of

the case here alluded to, as well as with an account of one or two other instances in which opium was thus employed; in order that you may readily comprehend the nature of the circumstances under which a practice so unusual may be beneficially adopted.

It might perhaps be sufficient for me to content myself with the statement of plain practical facts; but I do not feel disposed to lose this opportunity of expressing my views respecting the nature of that pathological condition, which not only admits, but justifies, the adoption of a course apparently so hazardous.

On the 23d of July, 1845, ——— “a puddler,” in the iron-works at ———— was admitted into this asylum. At that time he was 36 years of age. He had gone from this part of the country some months before, in search of employment, and after various unsuccessful applications, and exposure to much disappointment and privation, he eventually found work at Glasgow. Adversity had not induced him to reform the habit of intemperance, through which he lost his work at home, and his first earnings were soon spent in whiskey. Becoming desperate, he made a resolute but unsuccessful attempt to commit suicide; was then taken to the asylum at Gartnavel, and was subsequently placed here.

At the time of his removal from Scotland he was much depressed in spirits, and averse to any conversation or company; but, beyond this, he did not then manifest any decided aberration of intellect; and after the lapse of a few weeks, having become willing to work out of doors, there was an evident improvement in his physical, as well as in his mental, condition. By the time that he began to inquire about his wife and children, he had grown considerably stouter; and on the 10th of November, 1845, having become able-bodied, active, and cheerful, he was discharged, recovered. He obtained employment at his ordinary business immediately after his discharge, and for about a month he followed his occupation very steadily: at the end of that time he took to drinking again, left his situation soon afterwards, and proceeded “on tramp” into Staffordshire. Living in a most irregular manner, on such casual and scanty earnings as fell in his way, he speedily manifested such symptoms of insanity as rendered it necessary that he should be no longer allowed to go at large, and he was taken into the union workhouse at W———. From that place he was brought here, and was re-admitted on the 11th of April, 1846. The change that had taken place in his condition

and appearance during the period of his absence from the asylum, was exceedingly remarkable. In the shrivelled and emaciated figure which he presented on his return, it was not easy to recognise the same individual, whose appearance had been so sleek and comfortable at the time of the departure; and his conduct and deportment, which at the last-mentioned period were decent, orderly, and respectful, had also undergone a thorough change. There existed no wasting local disease to account for his emaciation; but there could be no doubt that the necessities of his system in the way of food had for some time been very imperfectly provided for. The circulating power, as in all such cases, was feeble; the general surface was cold, dry, and shrunken, while the temperature of the head was increased; the appetite was ravenous, and the odour of his excretions was excessively offensive. The most prominent features of his malady were watchfulness and violent delirium. On being placed in a room by himself, a very short time elapsed before he tore his night-dress to ribbons, and it became necessary to remove every article of furniture from the apartment. The coir-stuffing, and the tick of his mattress, soon shared the fate of his clothes; and every moveable thing within his reach was in a state of perpetual commotion. Immediately on his admission (about 8 p.m.) he was ordered a double ration of cold beef and bread, with a pint of strong ale. At 10 o'clock he took a grain and a-half of hydrochlorate of morphia, with a glass of warm gin and water.

About two o'clock in the morning of the 12th, it was discovered that he had wrenched the skirting-board from the wall, and had broken it into small pieces. The fragments were thrown into an imaginary gulph to feed a shoal of voracious fishes, which were otherwise bent on his destruction. It was soon ascertained that he was as filthy as he was violent, and it became necessary to watch him very closely, to prevent him swallowing his evacuations. Under the imperfect arrangements of the Institution, which was then unprovided with a regular night-watch, that was not very easily accomplished.

The voracity of his appetite, with the feebleness of his pulse, with other indications of anæmia, left no room for doubt that a regular supply of wholesome food was absolutely indispensable for his relief; and it was equally evident, from the exhausted energies of his nervous system, and the excessive agitation from which he was suffering, that sleep was no less necessary than food. He was at once put upon ample rations of meat, with a liberal allowance of ale in the course of the day, and a glass of spirit and water at bedtime.

At the commencement of his treatment, morphia or some ordinary preparation of opium was given in what is usually considered to be full doses,—such as two grains of hydrochlorate of morphia, or one drachm of tincture of opium; but after the lapse of between two and three weeks, during which, upon one occasion, a sickening dose of potassio-tartrate of antimony was administered, and upon another, three grains of calomel, without in any way tending to the mitigation of his excitement, a more decided course was resolved upon.

On the 28th of April, he took five grains of solid opium, with one grain of calomel at bedtime. In consequence of the inefficiency of this dose, seven grains of opium combined with three grains of calomel were administered in the morning of the 29th, and the same quantity of opium, without the calomel, was given to him at bedtime.

With some vague hope of inducing a perspirable condition of the skin, the seven grains of opium were given in the morning of the 30th, as 70 grains of Dover's powder; and in the evening the quantity of opium was increased to ten grains, and combined with twenty grains of camphor.

On the 1st of May, seven grains of opium were taken in the forenoon, and ten grains at bedtime, each of these doses being combined with twenty grains of camphor. On the 2nd, twelve grains of opium were administered in the morning, and the same quantity was given at bedtime.

On the 3rd, the dose was augmented to fifteen grains in the morning, and this was repeated at bedtime.

In this way he went on until the 10th, when the morning dose was dropped, and sixteen grains were given in the evening. The same quantity was given on the 11th, but only once as on the preceding day.

On the 12th, it was thought advisable to increase the dose still further, and a scruple was administered at bedtime. The same quantity was given at the same hour on the 13th, and again on the 14th. On the 15th, fifteen grains were given in the morning, and this dose was repeated in the evening. On the 16th, 17th, 18th, 19th, and 20th, twenty grains were exhibited each night. On the 21st, ten grains were given in the morning, ten in the afternoon, and twenty at night. On the 22nd he took the same quantity of

opium that he took on the 21st; but, as some tendency to constipation was now manifested, it was deemed expedient to give him four grains of calomel along with the night dose, and an ounce of castor oil on the following morning.

On the 23rd, he took twenty grains of opium at bedtime, and thus went on, with doses graduated according to the necessity for rest, generally taking a scruple of opium at bedtime until the 14th of June, when the dose was reduced to one drachm and a half of tincture of opium in the shape of a night draught.

On the 28th and 29th of May, it appears that brandy and ammonia had been required,—most probably to relieve the distress produced by the ill-advised exhibition of calomel a few days before.

From a memorandum of the 21st of June, it appears that he had being two nights without his draught, and on that morning was excessively irritable and violent.

Continuing the regular use of opium, in a moderate dose, every night at bedtime, and, for a period of many months, taking it in combination with hydrochloric acid during the day, he went on for a great length of time, without exhibiting any decided improvement of "condition," but still comparatively comfortable, and suffering little from mere watchfulness.

More than two years elapsed before he entirely relinquished his destructive habits, and ceased to keep his mouth filled with pebbles, or with fragments of glass, or any kind of filthy rubbish he could lay his hands on; and, as may be easily supposed, during the whole of the time that he was in this condition, he was so intractable as to be very seldom capable of anything like regular employment, or of executing a rational purpose of any kind.

The main indications of treatment were still the same as at first:—Plenty of nutritious food, with the use of such means as were calculated to tranquillise the organic irritation which interfered with the process of its conversion into healthy blood, and the subsequent transformation of its plastic elements into the substance of the various tissues,—the necessity, in fact, for nutrition. Exercise and eventual employment, as much as possible in the open air, were chiefly depended upon for this purpose; but the aid of opium was still indispensable for procuring sufficient sleep.

In time the change, of which the progress was so gradual as to have been at first, and for a long period, imperceptible, became evident and decisive. A perpetual and indefatigable propensity to turbulence and mischief at length subsided into a fondness for mere playfulness and fun; the tunic and trowsers of stout sailcloth—for a long time the only practicable means of dress—gave way to garments of less objectionable material and form. His will was not less active than it had been, but its dictates grew more rational as he became able, by degrees, to appreciate the relation between objects and their uses. It no longer seemed to be necessary, that he should tear his clothes to pieces, or destroy whatever else was permitted to fall within his reach, and the propensity here mentioned was finally superseded by a wish for active and useful employment.

Corresponding with the course of this improvement in his mental condition was the gradual alteration of his physical health. From the returning clearness of his complexion, and from the wrinkling condition of the skin on his previously swollen hands and fingers, it was evident that the cutaneous capillaries had regained a much greater degree of activity than they had manifested for a great length of time before.

The fluctuating progress of his improvement may be traced in the occasional alterations and modifications of the remedies employed. In August, 1847, the administration of nitrate of silver shows that his appetite, even at the time, was depraved; and the exhibition of compound powder of ipecacuanha as an opiate at the same period, points to the still existing inactivity of the transpiration through the skin. Under these circumstances, warm bathing was a matter of course.

In July, 1849, he took decoction of cinchona with hydrochloric acid and opium, and subsequently iodide of potassium, in eight grain doses three times a day, instead of the acid; but both before and after the above-mentioned periods, he was almost constantly taking opium in combination with tonic remedies, until the 27th of June, 1850,—more than four years after the date of his admission into the asylum,—when the administration of opium was found to be no longer necessary. His bodily health had become vigorous; his feelings were tranquil; his perceptive faculties had acquired to a considerable extent their original accuracy; his temper had become mild; his habits industrious, and his conduct and deportment were without a fault. No positive evidence of his derangement remained.

so that ever since that time he has seemed to be both sane and rational. This appearance, however, is not borne out by a closer examination of his condition. His acts are rational and consistent; but his foresight is limited to the immediate business of the day. After work hours he is not only capable of taking part in, but of enjoying a game of bowls or at cards; while his sensibility is blunted, and an originally warm and affectionate regard for his wife and children has been superseded by apathy and comparative indifference. His will appears to be no longer under the influence of passion, emotion, or desire; so that the elasticity of his mental constitution—if I may be permitted to use the phrase—would seem to be lost, and his actions to be now prompted only by a cold sense of what is decent and becoming. His character in this respect is completely changed; and his friends express their wonder at this, more particularly on account of their not being able to detect anything like a corresponding amount of alteration in the state of his intellectual faculties.

I have thought fit to give you this general account of one case, because it was the first in which I was induced to employ this remedy in doses so much larger than are usual. I do not wish you to understand, however, that I would again employ opium in reduced doses, after the acute symptoms of mania had subsided. Further experience has shown me the great advantage that results from persevering with the remedy in large doses, until the healthy state of the nutritive functions in such cases is completely re-established.

I might adduce evidence of the utility of this practice in a great number of instances, and in some where the quantity of opium administered was even much larger than that which I have mentioned. At the present moment, for instance, I have under my care a man who was admitted into this Asylum on the 17th March ult., and who, without having been previously accustomed to its use, commenced taking opium on the 18th, in a dose of five grains. On the following day he took ten grains; on the 20th, twelve grains; on the 21st, twenty grains; and from the 22nd March until the 2nd of May, he took twenty grains every morning, and twenty grains every evening without the intermission of a single day. At the last mentioned period the dose was reduced to ten grains; and, as he is fast regaining both his intellectual and his physical energy, there is every probability that he will soon cease to require it. It might, in fact, be dropped immediately in this instance without incurring any serious risk of a relapse; but I have always found it to be wiser in

such cases to continue the administration of the remedy beyond the period at which it might seem to be safe to leave it off, than to desist from its use too soon.

It would be needless to multiply mere individual examples. The efficacy of opium in doses proportioned to the degree of constitutional depression ought not to be a doubtful thing; and it is only after much experience of the practice here referred to that I have deemed it advisable to make these observations.

It is impossible to dwell among the insane for any great length of time, without having the attention very frequently directed to the fact, that the phenomena of mental alienation are invariably associated with a deviation from the healthy state of the organic functions, and to the almost universal prevalence of that condition which may, perhaps, not unfitly be described as one of organic debility; and I think it will scarcely be disputed by any person who has had much experience in these matters, that this fact is the true groundwork upon which all arrangements for the treatment of the insane ought to be based.

That there is a necessity for the maintenance and augmentation of the physical health of such Patients, is beyond a doubt; and it is equally certain that the moral regimen, or the provision for inducing mental tranquillity and comfort, tending, as it does, under favourable circumstances, to diminish the waste, and consequent want of organic power, which so prominently characterise almost every form of insanity, is merely a branch of the same sanitary process, and produces its beneficial effects in no other way.

Without wishing to encumber this statement by the admission of any theoretical arguments respecting the physiology of nutrition, I am not unsolicitous, that the practice to which I more particularly refer should be placed upon an intelligible and consistent footing, and it is upon this account that I would submit the following considerations to your notice.

I apprehend that manifestations of acute cerebral irritation; still more those of actual inflammation of the brain, leave no room for doubt, that the process of molecular transformation in the organ is more or less prominently and extensively interrupted or impaired; and that even in the tranquil forms of mental aberration there is almost invariably evidence of depression of the vital energies. The indications of atony, or defective innervation are, indeed, usually

conspicuous throughout the system, and the character of the residuary products of the organic processes is generally such as might be expected under these circumstances. If the cleansing of the chamber utensils in any ward of a Lunatic Asylum is not particularly attended to, it may soon be perceived that the bottoms of most of the vessels become incrustated by an abundant deposit of "white sand." From this fact, it would appear, that the phosphatic diathesis commonly prevails among the insane; and from numerous other observations, I have reason to believe, that the supposition thus roughly formed, will be borne out by a closer scrutiny into this matter.

Bearing in mind the power which opium has over the secretory functions, and the influence which it must consequently exercise upon the constitution of the blood,—its well-known efficacy, for instance, in controlling those misdirected affinities which give rise to the formation of sugar in diabetes, and the still more frequently witnessed benefit that accrues from its employment in all those affections which are accompanied by the presence of an undue proportion of phosphorus in the urine;—taking these circumstances into account, with the result of investigations which show that certain constituents of cerebral neurine (cerebric and oleo-phosphoric acids) exist most abundantly in the brains of adults, where the mental operations have been in full play, and least so in those of infants and idiots, whose faculties have never been developed,—it is certainly not unreasonable to suppose, that there is a direct physiological relation between the integrity of the intellectual functions, on the one hand, and the due supply and determinate appropriation of the materials here referred to on the other. I do not mean to say, that the peculiar deviation from the healthy state of the organic functions to which I have been directing your attention, is the exclusive proximate cause of mental aberration under all circumstances. My special object is to represent it as one of the leading general circumstances which are noticeable among the inmates of Lunatic Asylums; and, in attempting to establish this fact, I would hope to aid in correcting those false views which still unfortunately prevail far too extensively among medical practitioners respecting the nature of mental alienation.

In very many instances, the malady in its acute form is regarded as a purely local affection, and as controllable only by those means which are known to be efficacious in subduing phrenitis. The consequences of a practice founded on such views may be readily imagined.

Notwithstanding the sound opinions which are generally entertained respecting the character of that state of the nervous system which accompanies delirium tremens, the occurrence of acute delirium from any other cause than habitual inebriation is so liable to be ascribed to inflammatory disease of the brain, that I have known a case in which the vascular system had been almost emptied by profuse uterine hemorrhage, and where the delirium occasioned by this inanition was treated by venesection and a strict antiphlogistic regimen. The mistakes made in this way are, indeed, very common; but the case to which I here refer affords so striking an illustration of this kind of oversight, that I cannot forbear mentioning it more particularly.

The patient, a very little woman, was brought to this Institution on the 3rd July, 1849. She was 26 years of age, and had borne six children. At the period of her admission, her skin was cold, and as white as marble; her circulation was exceedingly feeble; and she had with difficulty borne the fatigue of the journey here. The faintness thereby produced was such as to excite an apprehension among the attendants that she was going to die immediately. Her constitutional power was so nearly abolished that food and stimulants had to be administered by compulsion.

From a very imperfect statement of her case which was left by her friends during my absence from home, I learned that she had been delivered of a child, at the full period of pregnancy, about three weeks before; that she had suffered from profuse hæmorrhage from the womb about two months previous to that period, and again very severely at the time of her delivery. These circumstances led me to suppose, that the hæmorrhage had been caused by a presentation of the placenta; and it was not without surprise that I found a still unhealed puncture in a vein at the bend of the arm. On writing to inquire particularly respecting the circumstances of this case, I obtained the following account from the surgeon who attended her:—

“Her mind has never been perfectly correct since her confinement, which took place some three weeks before she came to you. She had placental presentation, and sustained considerable hæmorrhage at the time. The child was turned, and she was delivered without any great difficulty. As soon as re-action came on, she was treated with gentle salines and Dover’s-powder at bedtime, and was bled about the eighth or ninth day from the arm, to about

eight or ten ounces. The hemorrhage had been considerable at times for some time before she was delivered, which, I suppose, were the dangerous symptoms you speak of. For the last week before she came to you she had been taking tinct. cannabis ind. each night."

Any comment upon this statement must be unnecessary. It is quite clear that the practice adopted was directly the reverse of what it ought to have been. I must not omit to mention, that the sleep of this patient was at first reported to be moderately good, and for this reason it was not then deemed necessary to resort to the use of opium. Strong beef-tea and sherry were regularly administered, and twenty grains of citrate of iron, with one drachm of compound spirit of ammonia, were given three times a day. Under this treatment her condition underwent no material improvement, and, after the lapse of a fortnight, it was ascertained that her sleep had entirely forsaken her. She had acquired some little amount of strength, but she was still to be fed by the nurse, and was constantly crouching through the night near the door of her bed-room, and either raving or muttering incoherently. On the 17th of July, one drachm and a-half of tincture of opium was given to her at bed-time. Between that date and the 2nd of August, she took two ounces and six drachms of tincture of opium, (or about a drachm and a-half every day); and between the 3rd of August and the 19th of October, she took two ounces and five drachms of solid opium, for the most part in a dose of one scruple every night at bed-time.

As in the instance first described, comparatively small doses were exhibited at the beginning, and the quantity was increased, but not with sufficient boldness, according to the apparent necessity for repose. Beyond the advantage afforded by the return of sleep, no decisive general improvement was visible until she had gone on for some time with the opium in scruple doses at bed-time, when she began gradually to acquire strength, self-control, and intelligence; and on the 3rd of November, just four months from the period of her admission, she was discharged, recovered.

I have occasionally heard of her since she left the asylum, and always that she was going on very well.

I must not omit to state, that, after she began to take opium in scruple doses, she took no other medicine until the 13th of October, when compound iron mixture was prescribed for her. On

the 21st, this was changed for decoction of cinchona with iodide of potassium. It was on the 19th that she ceased taking opium, and her last dose of it was twenty grains.

In concluding this letter, I must take care to correct any impression which you may have been led to form respecting either the infrequent occurrence of such cases as those to which I have referred, or the expediency of restricting the practice of which I have spoken to the acute forms of mania and dementia.

Besides other individuals who are taking opium in various forms and ordinary quantities, there are, at the present moment, in this asylum, not fewer than eleven patients, who are each regularly taking, on an average, between sixteen and seventeen grains of solid opium every day. With one exception only, the symptoms of the malady in each of these instances are not at present of an acute character. Several of these are cases of intermittent mania, in which I have long known the advantage of employing opium in large doses, not only for the purpose of controlling excitement during the paroxysms, but for improving the tone and energy of the system in the intervals, and in that way diminishing both the frequency and the violence of the acute attack.

I have no desire to lengthen this communication, as I trust I have made it sufficiently evident that the efficacy of opium depends much more upon its adaptation to the condition of the patient than upon any traditional maxim as to the limit of the quantity to be exhibited.

I am, dear Sir, very faithfully yours,

RICHARD OLIVER, M.D.

Salop and Montgomery Lunatic Asylum,
June, 11th, 1853.

To William Augustus Guy, Esq., M.D., Professor of Forensic Medicine, King's College, London; Physician to King's College Hospital, &c. &c.

POSTSCRIPT.

In the last Annual Report of this Institution it was stated that the arrangements for washing and drying such articles of Bedding, &c. as are unfit to be taken to the Laundry, had never been of a satisfactory kind; and it was suggested that the erection of a drying closet on each side of the Institution, would afford very great advantages in this way. Since that Report was made, the number of inmates has been considerably increased, and the difficulties and embarrassments occasioned by the defect here referred to, have been proportionately augmented. Up to the time when a fire occurred in the vault under the Men's Colonnade, the foul clothes from the Men's Infirmary were washed in the Bath Room, and dried in the Vault above-mentioned in a very make-shift sort of way. Since that period, the advantage of even this convenience, such as it was, has been wanting; and the consequence is that it has been impossible to keep all the Bedding of the Wet and Dirty Patients in anything like a satisfactory state. Under these circumstances, the most expedient course would seem to be that of converting the two sheds which already exist, in the Engine Yard and the Laundry Yard respectively, into the required conveniencies, by walling up their open sides, and furnishing them with steam pipes, &c.

During the uncertainty which still exists respecting the situation of the Kitchen and its appurtenances, it has been difficult to fix upon such sites for the Drying Closets in question, as might not be interfered with by other buildings. But as the necessity for their establishment can scarcely admit of longer delay, and as the places above specified are sufficiently remote from the probable site of any new building, whilst they are very convenient for the purpose here referred to, it will be advisable to turn them to this account forthwith, and give up their use as mere lumber sheds.

1. TABLE showing the number of Patients in the Asylum, with the number of Admissions, Discharges, and Deaths, in the year 1853.

	Remaining January 1st, 1853.	Admitted	Discharged Recovered.	Discharged Relieved.	Discharged Not Improved.	Died.	Remaining Dec. 31st, 1853
MALES.....	105	45	19	4	1	5	121
FEMALES	123	68	32	3	0	10	146
TOTAL.....	228	113	51	7	1	15	267

2. TABLE exhibiting the conditions of Celibacy, Marriage, and Widowhood of the Patients admitted during the year 1853.

	Males.	Females.	Total.
Single	18	34	52
Married	24	24	48
Widowed	3	10	13

3. TABLE showing the ages of the Patients admitted in the year 1853.

	Males.	Females.	Total.
Between 15 & 20	3	0	3
„ 20 & 25	2	7	9
„ 25 & 30	4	7	11
„ 30 & 35	4	12	16
„ 35 & 40	6	6	12
„ 40 & 45	7	8	15
„ 45 & 50	4	10	14
„ 50 & 55	2	7	9
„ 55 & 60	5	5	10
„ 60 & 65	3	2	5
„ 65 & 70	3	1	4
„ 70 & 75	1	2	3
„ 80 & 85	1	1	2

4. TABLE showing the Duration of the Disease at the time of Admission in the whole of the Patients received during the year 1853.

	Males.	Females.	Total.
Less than 1 month ...	16	22	38
" 2 " ...	7	5	12
" 3 " ...	4	5	9
" 6 " ..	1	5	6
" 9 " ...	3	5	8
" 12 " ..	2	2	4
More than 1 year ...	3	5	8
" 2 years ...	1	3	4
" 5 " ...	0	1	1
" 8 " ..	0	1	1
" 11 " ...	1	0	1
" 12 " ..	0	1	1
From Birth ...	1	4	5
Of uncertain date ...	6	9	15

5. TABLE showing the Duration of the Disease at the time of Admission in the Cases Discharged Recovered during the year 1853.

	Males.	Females.	Total.
Less than 1 month ...	10	19	29
" 2 " ...	3	4	7
" 3 " ...	1	2	3
" 6 " ...	1	3	4
" 9 " ..	1	2	3
" 12 " ..	0	2	2
More than 1 year ...	2	0	2
" 4 years ...	1	0	1

6. TABLE exhibiting the Occupations or Stations in Life of the Patients admitted during the year 1853.

MALES.	FEMALES.
Blacksmiths 2	Brickmaker's Widow..... 1
Bricklayer 1	Butchers' Wives 2
Cabinet Maker 1	Carpenter's Wife 1
Carpenters 2	Carpenter's Widow 1
Clergyman 1	Chartermaster's Wife..... 1
Colliers 2	Charwoman 1
Farmers 2	Druggist's Daughter 1
Farmer's Son 1	Engineer's Daughter, (Col- 1
Gamekeepers 2	liery)..... 1
Gatekeepers, (Turnpike) 3	Farmer's Wife 1
Grocer's Assistant 1	Farmers' Widows 2
Hatter 1	Farmers' Daughters 2
Hawkers 2	Gatekeeper's Wife, (Turn- 1
Iron Moulder..... 1	pike) 1
Labourers 14	Labourers' Wives 9
Paviour 1	Labourer's Widow..... 1
Plasterer 1	Labourers' Daughters ... 2
Schoolmasters 2	Laundresses 2
Stonemason 1	Millwright's Wife 1
Shoemaker 1	Miner's Daughter 1
Tailors..... 2	Painter's Wife 1
Tinman 1	Painter's Daughter 1
	Pattern Maker's Widow 1
	Schoolmistress 1
	Sempstresses 4
	Servants, (Domestic) 18
	Servant's Widow 1
	Shoemakers' Wives 3
	Shoebinder..... 1
	Tailors' Wives ... 3
	Turnkey's Wife 1
	Whitesmith's Daughter... 1
	Weaver's Widow 1

7. TABLE exhibiting the degrees of Education of the Patients admitted during the year 1853.

	Males.	Females.	Total.
Well educated	2	0	2
Moderately educated ...	4	3	7
Can read and write ...	28	35	63
Can read only	4	22	26
Cannot read	6	7	13
Unascertained	1	1	2

8. TABLE shewing the Forms of the Malady in the cases admitted during the year 1853,

	Males.	Females.	Total.
Mania	9	17	26
Monomania	6	13	19
Melancholia	8	11	19
Dementia	19	23	42
Hypochondriasis ...	1	0	1
Delirium Tremens ...	1	0	1
Imbecility	1	4	5

9. TABLE showing the number of Attacks suffered by the Patients admitted during the year 1853.

	1st.	2nd.	3rd.	4th.	5th.	9th.	10th.
Males....	35	8	0	0	1	1	0
Females...	47	10	6	1	2	1	1
Total	82	18	6	1	3	2	1

10. TABLE showing the conjectured principal Causes of the
Malady in the cases admitted during the year 1853.

	Males.	Females.	Total.
Abstinence, [fanatical]	0	1	1
Age and Poverty	2	4	6
Anæmia	4	8	12
Anxiety from Crosses in Love ...	1	2	3
" " Domestic Vexation	1	0	1
" " Perplexities in Busi- ness	5	1	6
" " Unsettled Prospects	1	0	1
Childbearing, [frequent]	0	1	1
Climacteric Debility	2	5	6
Constitutional Inheritance	2	6	8
" " and anxiety	1	1	2
" " and poverty	1	0	1
" " and previous attacks	2	7	9
Defective Developement	1	3	4
Epilepsy	4	3	7
Habits of Intemperance	5	0	5
" " Over-exertion	1	0	1
" " Solitude	1	1	2
Hæmorrhage, [puerperal]	0	1	1
Hysteria, [puerperal]	0	1	1
Poverty	1	5	6
" and Anxiety	2	2	4
" and Hard Usage	0	1	1
" and Lactation	0	1	1
Previous Attacks	1	2	3
" " and anxiety	0	2	2
" " and intemperance	2	0	2
" " and poverty	2	5	7
Unknown	4	5	9

11. TABLE exhibiting the Causes of Death, Duration of the Mental Malady, and Periods of Residence in the Asylum, in the Cases which terminated fatally in the year 1853.

No. of Case.	Form of Disease.	Duration of Insanity.	Period of Residence.	Age at Death.	Cause of Death.
MALES.					
724	Dementia	Old	49 Days	80	Aneurism of Aorta.
632	Ditto	Old	149 Ditto ...	17	Epilepsy, resulting in Meningitis.
683	Ditto	21 Months ..	90 Ditto	40	Paralysis General, resulting in Marasmus.
660	Melancholia ..	8 Months ..	181 Ditto	65	Phthisis.
745	Dementia	9 Weeks...	53 Ditto	52	Ulceration of Intestines.
FEMALES.					
614	Dementia	5 Months ..	53 Days ..	62	Anemia and consequent Marasmus.
608	Ditto	10 Months ..	263 Ditto	68	" connected with very remarkable Atrophy of the Brain and the existence of a large Tumour growing from the Dura Mater.
702	Ditto	Old	59 Ditto ..	74	" and consequent Marasmus.
737	Ditto ..	6 Months ..	47 Ditto	62	" Ditto ditto.
652	Ditto	1 Month	13 Ditto ..	72	Encephalitis.
667	Ditto	Old	74 Ditto	33	Epilepsy, resulting in Arachnitis.
185	Ditto	16 Years	2382 Ditto ...	31	" connected with Tumour of Dura Mater, and resulting in Marasmus.
583	Ditto	14 Months ..	414 Ditto ...	36	Paralysis General, resulting in Apoplexy.
576	Ditto ..	2 Years ..	540 Ditto	42	" " " " " " " "
659	Ditto	8 Months ..	18 Ditto	70	" " " " " " " "

AN ACCOUNT
OF ALL MONIES RECEIVED OR PAID
BY THE TREASURER,
OR OTHERWISE, ON ACCOUNT
OF THE
SALOP AND MONTGOMERY COUNTIES,
AND WENLOCK, SHREWSBURY, AND OSWESTRY
BOROUGH LUNATIC ASYLUM,
FOR THE YEAR ENDING DECEMBER, 31st. 1853.

RECEIPTS.

	£.	s.	d.	£.	s.	d.
Balance due from Treasurer, January 1st 1853				479	19	9
To Cash per Unions and Parishes for Maintenance, &c. of Patients.....				4830	10	7
Ditto per Salop County Treasurer for Patients chargeable to the County.....	56	10	0	79	6	3
Ditto Montgomery ditto for ditto	22	16	3			
To Cash per Salop County, Repairs				554	3	4
„ Ditto, Building				274	9	0
„ Montgomery County, Repairs				222	1	10
„ Ditto, Building				183	5	3
„ Wenlock Borough, Repairs				57	9	10
„ Ditto, Building				26	19	4
„ Shrewsbury Borough Rent				80	0	0
„ Oswestry Borough, Ditto				30	15	0
Carried forward				6819	0	2

PAYMENTS.

BY SALARIES AND WAGES.		£.	s.	d.	£.	s.	d.
Medical Superintendent and Matron (less charge for maintenance of family)	263	0	0				
Clerk.....	50	0	0				
Chaplain	40	0	0				
Steward and Semstress	59	6	0				
Engineer	52	0	0				
Nine Male Attendants, [£25 to £30].....	212	10	0				
Eight Female ditto, [£10 10s. to £12.]...	87	12	6				
Cook and Laundress, £13 each	26	0	0				
Laundry and Kitchen Maids	16	9	0				
Gate Keeper	6	10	0				
Assistants and Labourers	11	10	2				
Treasurer	20	0	0				
Dispenser, &c.	25	15	0				
Carpenter and Smith's Wages, &c.....	23	8	1				
PROVISIONS AND NECESSARIES.					894	0	9
Bread, Flour, and Oatmeal.....	627	17	6				
Butcher's Meat.....	681	19	1				
Butter and Cheese	392	4	6				
Grocery... ..	387	3	4				
Beer, Ale, and Porter	581	2	0				
Potatoes and other Vegetables	177	1	2				
Milk and Fresh Butter	76	9	10				
Wine and Spirits.....	50	12	0				
Fish, Fruit, Barm, Salt, &c.	27	8	0				
Coals, Coke, and Cordwood.....	397	4	9				
Oil and Camphine	122	8	10				
Soap, Starch, Candles, &c. ..	73	6	0				
CLOTHING AND BEDDING.					3594	17	0
Drapers, &c.	290	3	6				
Shoemakers and Leather.....	76	15	2				
Hats, Caps, and Bonnets	31	15	2				
Tailor's and Upholster's Work, &c....	54	11	10				
Waterproof Cloth and Flocks.....	15	11	5				
					468	17	1

	£.	s.	d.	£.	s.	d.
Brought forward				6819	0	2
Balance due to Treasurer, December 31st, 1853				430	2	10
				7249	3	0

MISCELLANEOUS.

	£.	s.	d.	£.	s.	d.
Drugs and Instruments	104	15	13			
Books, Printing, Newspapers, &c. ...	73	13	0			
Mats, Carpeting, Brooms, and Baskets ...	40	10	4			
Tin Goods.....	33	7	8			
Earthenware	15	15	0			
Funerals and Carpentry	82	15	10			
Cartage, Postage, Letter Bag, &c.	45	4	9			
Glazing and Glass	41	9	5			
Straw, Meal, Seeds, Plants, &c.	67	9	7			
Ironmongery and Paints....	67	9	7			
Wire Work, &c.	7	1	0			
Trenchers, Buckets, &c. ...	7	8	4			
Retaking and Removal of Patients, &c. ..	3	5	2			
Sundry small Bills & Payments for the year	33	12	10			
				623	18	7
Payments for New Buildings and Gas Works				1058	1	2
Charge to Counties for Repairs				609	8	5
				7249	3	0

Building and

	£.	s.	d.	£.	s.	d.
Builder—Balance of Account	473	0	3			
Fixtures and Extra Painting	31	18	3			
Furnishing	72	12	8			
				577	11	2
Gas Works as per contract				390	0	0
Addittional Furniture for Old Buildings	53	10	0			
Drying machine	12	0	0			
				65	10	0
Making New Culverts				25	0	0
				1058	1	2

Furnishing Account.

	£.	s.	d	£.	s	d
Balance in hand, January 1st, 1853				61	14	1
By Salop County Treasurer				274	9	0
„ Montgomery Ditto				183	5	3
„ Wenlock Borough Ditto				26	19	4
Salop County, charge for Gas Works ...	259	4	5	}	390	0 0
Montgomery, ditto ditto ...	103	17	9			
Wenlock Borough and ditto	26	17	10			
Balance remaining to apportion, Dec. 31st, 1853					121	13 6
					1058	1 2

General Repairs

	£.	s.	d.
To Mr. J. Cadman	180	18	5
„ Timber Merchant	92	0	11
„ Ironmonger, Locksmith, &c.	123	18	5
„ Plumber	135	7	0
„ Stone, Bricks, &c.	17	12	9
„ Gravel and Carriage	20	8	11
„ Repairing Drains	5	0	0
„ Surveyor's Salary	20	0	0
„ Treasurer, Part ditto	10	0	0
„ Insurance	4	2	0
	609	8	5

Account.

					£.	s.	d.
By Cash from Shrewsbury Borough, for Rent	...				80	0	0
„ Oswestry ditto ditto	..				30	15	0
Balance to apportion ...	...	...	...	...	498	13	5
					609	8	5

Claims and Liabilities of the

	£.	s.	d.	£.	s.	d.
To Maintenance for the Quarter ended December 31st, 1853				1633	5	0
Arrears due from						
* Cleobury Mortimer	30	1	3			
* Ellesmere	65	16	3			
Machynlleth	5	15	0			
* Market Drayton	69	0	0			
* Newtown	72	2	6			
Oswestry	150	2	6			
Pool, (Upper)	11	8	9			
* „ (Middle)	5	15	0			
„ (Lower)	5	15	0			
Worthen	5	15	0			
Montgomery Parish	1	10	0			
Buttington.. .. .	5	15	0			
Castle Caereinion	17	1	3			
* Uppington	23	11	3			
* Churchstoke	2	3	9			
* Berriew	5	12	6			
* Holy Cross	13	10	0			
* St. Julian	20	18	9			
* St. Alkmond.	11	10	0			
* Shrewsbury Borough	11	10	0			
Liskeard.....	11	8	9			
* Madeley, (Draft at 14 days not yet payable)	168	5	0			
				714	7	6
* Salop County for Gas Works	259	4	5			
* Montgomery ditto ditto	103	17	9			
Wenlock Borough ditto	26	17	10			
				590	0	0
Balance of Building account				121	13	6
Repairs, &c.				498	13	5
Shrewsbury, $\frac{1}{2}$ year's rent				50	0	0
Oswestry, ditto.....				10	5	0
				3418	4	5

The Arrears marked * were paid before this account was printed.

Institution, January 1st, 1854.

[illegible]

Adelaide Fund

	£.	s.	d.
To Receipts and Deposits in Savings' Bank, by John Arthur Lloyd, Esquire.			
For Royalty on Stone, by Sir. B. Leighton, Baronet,	49	7	6
Subscriptions and Donations	16	12	3
Interest on Deposits, &c.	3	13	5
To Receipts and Deposits by the late J. T. S. Edwardes, Esquire			
Subscriptions and Donations	44	8	6
Interest on Deposits to November, 1852	19	12	5
To Receipts and Deposits by Francis Harries, Esquire,	3	1	0
Interest on Deposits	3	18	9
	140	13	10

As the permanent character of this fund was deemed highly desirable, the Visitors resolved on using the proceeds only in extreme cases until sufficient capital had been obtained to ensure the object desired.—In addition to the payments inserted above, £2 15s. 0d. has been advanced during the past year by the Superintendent to three cases of discharged Patients, which remained due to him at the close of the account, and was not therefore inserted.—The Visitors hope by the liberal Contributions of the gentry to be able in future to make such grants from the fund as will promote the comfort of that class of discharged Patients for whom it was originally designed, and thereby to prevent the return of a malady not unfrequently reproduced by the anxiety consequent upon pecuniary difficulties.

Account.

By Payments to Discharged Patients	...	£.	s.	d.
		5	1	0
Balance of Fund in hand, December 31st, 1853	...	135	12	10
		140	13	10

**QUANTITIES & PRICES OF PROVISIONS,
&c. RECEIVED DURING THE YEAR 1853.**

			£.	s.	d.
Beef, Roasting, 711 lbs. at 5½d. to 6d.	...	...	17	4	7
„ Boiling, 27467 lbs. at 4½ to 5d.	...	..	544	5	11
Mutton, 6379 lbs. at 6d. to 6½d.	..	...	163	2	5
Other Meat, 329 lbs, at 6d. to 8½d.	...	...	6	17	6
Suet, 216 lbs. at 5½d.	...	...	4	19	0
Flour, 145 bushels, at 37s. 6d. to 60s.	...	...	66	18	0
Bread, 107817 lbs. at 1¼d. to 2½d.	..	...	746	11	3
Butter, Fresh, 147 lbs. at 13d. to 16d.	...	...	8	8	0
„ Salt, 5780 lbs, at 10d. to 1s.	...	...	274	0	5
Cheese, 7503 lbs at 4½d. to 8d.	...	...	185	2	11
Milk, New, 749 quarts, at 2d.	...	...	6	4	10
„ Skimmed, 16753 quarts, at 1¼d.	...	...	59	16	8
Sugar, Lump, 270 lbs. at 6d.	...	..	6	15	0
„ Brown, 6609 lbs. at 36s. to 36s. 6d.	...	...	106	9	6
Rice, 2016 lbs. at 15s. 6d. to 17s. 6d.	...	..	14	12	6
Tea, 406 lbs. at 3s. 3d. to 3s. 8d.	..	...	68	7	9
Coffee, 1904 lbs. at 1s. 1½d	...	...	107	2	0
Ale and Porter, 2484 galls. at 48s.	...	...	165	12	0
Beer, 12168 galls. at 27s. to 30s.	...	...	466	10	0
Wine and Spirits	...	..	59	15	0
Potatoes and Vegetables	...	...	168	11	3
Soap, 2575 lbs. 36s. to 45s.	...	...	48	9	5
Candles, 318 lbs. 5¼d. to 13d.	..	...	11	3	10
Coals, 667 tons, at 12s. 6d. to 15s.	...	...	454	14	2

Audited, FRANCIS HARRIES.

THOMAS EVEREST, Clerk of the Asylum.