

**Thirty-seventh annual report of the Suffolk Lunatic Asylum : December, 1874.**

**Contributors**

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THIRTY-SEVENTH ANNUAL REPORT  
OF THE  
SUFFOLK LUNATIC ASYLUM.

DECEMBER 1874.

1875.



## Visiting Magistrates.

F. G. DOUGHTY, Esq. *Chairman.*

BERNERS, C. H. ESQ.

BEVAN, W. R. ESQ.

CHEVALIER, DR.

CORRANCE, F. S. ESQ.

DOUGHTY, F. G. ESQ.

HEIGHAM, J. H. ESQ.

HUDDLESTON, P. ESQ.

LOMAX, THOMAS, ESQ.

PRETYMAN, A. C. ESQ.

RODWELL, B. B. H. ESQ.

ROUSE, ROLLA, ESQ.

ROWLEY, J. T. ESQ.

STEEL, REV. T. J.

THORNHILL, T. ESQ. JUN.

WALFORD, CHARLES, ESQ.

WILSON, F. M. ESQ.

## REPORT.

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At the close of last year, the number of patients in the Asylum was—

Patients in the House, December 31, 1873.....				Males.	Females.	Total.
,, Admitted during 1874.....				183	253	436
				56	72	128
				239	325	564
				M.	F.	Total.
Discharged during 1874.....				44	47	91
Died				30	28	58
				74	75	149
In the House this day .....				165	250	415
Admitted				2 more than last year.		
Discharged				41 more „ „		
Died				2 less than last year.		
There are now 21 patients less in the House than on this date last year.						

Post-mortem examinations have been made in 16 cases, particulars of several of these are given in an appendix.

The admissions have been of the usual character, weak and infirm old men and women. One woman survived only a few hours after admission: her death was probably accelerated by her removal from her Parish. The Commissioners in Lunacy sought information from the Parochial Authorities in this case. When weak and feeble patients are sent by railway, they are exposed to a double trial: they are taken it may be from the workhouse to the nearest station in a cab, and brought from the station in another. This may in some cases be unavoidable, but it must be injurious to any patient in a debilitated state. One female, having been in the House 16 years, emigrated to America under the charge of her sister.



The past year has been a very anxious one from various causes and illness of officers and servants. The death of the gardener, an old servant of 33 years standing, has been seriously felt. He had always a number of patients under his charge, and till his health failed him, kept the garden well; and the produce sufficed to allow of a variable diet being given to the patients, which is always acknowledged by them with thanks.

When the Commissioners investigated the diet table as they saw the patients at dinner, they suggested some trifling alteration, with an additional meat dinner. They had however one serious complaint from a woman who said that the allowance (not of food but) of physic was much too little, she never could get antibilious pills enough. It has been remarked in some of the largest Asylums that epileptic patients have a strong *propensity* for medicine. This woman however is not an epileptic: such patients with *depraved* appetite may occasionally be observed; but with this solitary exception, we have no such morbid craving for physic here. It may be well to notice a suggestion of the Commissioners in regard to this class of patients. It is "that arrangements should be made for the care of epileptic and suicidal patients at night, in special wards, under the constant supervision of night attendants having no other duties." There are many objections, independently of the structural and defective arrangements of this House, to this proposed association of very distinct classes. On the probable curability of suicidal patients, to be shut up all night with incurable epileptics would hardly tend to their recovery, or to the safety of the required attendant: the experiment would be hazardous. There are 56 epileptics in the House out of our present numbers. Many of the patients watch over the more afflicted epileptics with as much care as the most vigilant attendant could bestow: they are in reality the best night watchers.



Scheme however follows scheme now-a-days in such rapid succession that it is well to be guarded against merely tentative practices. It is not always easy to separate what is really valuable from what is too often comparatively useless. The various novelties of opinion and practice growing up with the love of change, has led to what Sir Henry Holland describes as "mental aberration:" "the present state of physical science becomes burdened (he says) with its weight of discoveries."

The comfort of the House and the health of the patients have been satisfactory and good throughout the year: there has been no contagious or epidemic disease, and very few accidents have taken place. With the exception of accidental falls in the cases of two women whose legs were broken, no injury of a serious character has occurred. The attendants have been generally vigilant and careful, and to their constant oversight may be attributed this preservation from injuries and accidents.

The patients have enjoyed their usual gratifications beyond the Asylum precincts, pleasure parties, associate meetings, dances at home, and sea-side picnics. In the newly-erected Asylums, entertainments of different kinds are more extensively encouraged, upon the true principle that they form part of the most salutary treatment of the insane.

There has been a great deal of work done throughout the year: an old drying-house has been converted into a wash-house on the male side; it is made conveniently accessible to the old men in the infirmary. Better bath rooms and increased water-closet accommodation have been made on each side of the House; the decayed roofing on the long back passage on the female side has been entirely removed; new roofing to the broken and decayed covered-way on the male side. The old roof of the House always needs repair: on stripping the tiles the beams have been found to



be sound but the rafters rotten. A room on the male side has been altered and converted into an improved padded room ; and very much has been done both inside and outside, which has given constant employment both to the patients and their attendants.

It has always been understood by the working staff of this Asylum, and recognised by the Committee many a time in the past, that one of our most practical and practicable elements of constitution and treatment, is that of domestic arrangement and reciprocal sympathy. Patients take delight in doing work with and for their attendants ; and as a necessary consequence, attendants pay it back in affectionate regard towards those who have long helped them, and thus harmony is promoted among all workers, paid and unpaid, sane and insane. This distributed magnetic influence of hearty interest and desire of welfare for others ; is felt at a thousand points, in things both small and great. An excessive rigidity of routine and formality always diminishes it, and threatens almost to destroy it. The best of all work whether mental or manual, is that which is done for love, and not with calculation of pay, or the "lore, of nicely calculated less or more." The most *minutely* described formal duties, are better covered over by good will and personal attachment. The continued employment of unpaid insane labourers, if not an incalculable, is at least an *uncalculated* saving to the rate-payers. The patching up of imperfect dormitories into comfortable homely places, makes them characteristics which have not been forgotten by many who have been benefitted by them, and have enjoyed quicker restoration to health, or consolation in sickness and sorrow *through* them. The care which the attendants and patients working together in their gardens and airing courts shew, has been repeatedly noticed with very gratifying commendation, by Commissioners and visitors. Their cultivation, in addition to



their labour on the farm and in the fields, has been one chief agent in the cure of patients. The mind needs to be rescued from brooding on itself, and nothing can do this so well as healthy exercise out of doors.

Since the enlargement of the Asylum which was made by contract with Messrs. Scott and Moffatt in the year 1844, to the amount of £5000 for 80 patients, with £200 for furniture, no additional demand has been made to Quarter Sessions for money. All the required accommodation, alterations and improvements, the building of the Chapel, &c. have been done by home labour. Though this was well known to, and recognised by, the earlier visitors of the Asylum, it may not be thought undesirable or superfluous to say for future guidance, that these different works by insane artists have been purchased by the anxious solicitude of a life approaching to nearly half a century, as the old house and its earlier inhabitants have been gradually passing from renovation to decay.

It was during the work of pointing the bricks, and repairing the outer wall, that a patient escaped; the only one who got away for any length of time throughout the year. He was engaged with several other patients, when he evaded the vigilance of the attendant who was with them, abused a confidence which had been long placed in him, and ran off. Every effort was made to find him, ineffectually: and at the end of a fortnight his name was erased from the books. Upon his re-capture he was sent to Ipswich Gaol, failing to obtain securities to keep the peace towards his wife. This man, the subject of recurrent hereditary mania, had been for many years employed in the Asylum as a bricklayer, but he did not betray symptoms of insanity before the magistrate who committed him, or the medical man who examined him. In the Gaol his maniacal symptoms very clearly appeared: other men refused to work with him, and he was re-admitted by order of the Secretary of State, on the 30th



of June. He is now at large again, occasionally suppressing and occasionally exhibiting symptoms of mania. The failure to detect the true state of a patient's mind, or to discover what would shew the latent mischief of the brain, is not very uncommon. Symptoms not obvious to the ordinary observer or even suspected by him, may be discovered by careful examination made with the requisite knowledge of the manifestations of gradual and insidious disease of the brain. To those unaccustomed to insane people a few rational answers might indicate sound mind; but the psychological physician, who is in possession of the habits and peculiar turn of the patient's thoughts, would lead him to disclose them; or by a continuance of careful examination find that they would spontaneously break forth. There is not always moreover a well defined line of demarcation between reason and irrationality; one does not necessarily exclude the other: frequently it is very much otherwise: there is what may be called a *mixed* condition, which may render the question difficult to solve either way. An individual may be deranged in his actions feelings and thoughts, and yet entertain a consciousness of it, and stifle and struggle for a time against its prevailing influence, and be able to keep it very much under control. A beautiful illustration of this, as mentioned by Dr. Haslam, is contained in Dr. Johnson's *Rasselas*, where the astronomer is admired as of sound intellect and great acquirements, by Imlac who is himself a philosopher and a man of the world. His intercourse with the astronomer is frequent, and he always finds in his society information and delight. At length he receives Imlac into the most unbounded confidence, and imparts to him the momentous secret. "Hear Imlac what thou wilt not without difficulty credit. I have possessed for five years the regulation of weather, and the distribution of the seasons. The sun has listened to my dictates, and passed from tropic to tropic by my direction. The clouds at my call have



poured their waters, and the Nile has overflowed at my command. I have restrained the rage of the Dog-star, and mitigated the fervours of the Crab."

Twelve patients, five male and seven females, have been discharged at the urgency of their relatives *on trial* for different short periods. This power of discharging on trial as sanctioned by the Legislature has many advantages; it is a convincing proof to the friends of the patient's actual position, and to the patients themselves of the necessity or wisdom of their remaining at home. Where these persons can be properly provided for and generously fed, their cure may be perfected at home: but if they are subjected to deprivations and low diet they are sure to come back worse than they went. As a guard against this hazard, the Act of Parliament sanctions a temporary allowance equivalent to what would be the charge of such patient if in the Asylum. It is this conviction that makes the Commissioners so imperative in their demands as to diet in the Union House, and to assimilate it to the tables of nourishment of every well regulated Asylum. In some Asylums extra diet has been largely prescribed, and in irritability, all medical authorities agree that liberal diet is more efficacious than all the so called sedative drugs.

At the close of the last Quarter the House became inconveniently full, and knowing the impossibility of obtaining further accommodation by home labour, it was not without reluctance that under the sanction of the House Committee thirteen patients were selected by the medical officer as fit to be removed to the Ipswich Borough Asylum. The transfer of patients from one Asylum to another has been necessitated in several instances. Application was made from the Essex Asylum for the admission of some Essex paupers during the completion of the enlargements at Brentwood, at the very time that our own patients were being sent away. Other Asylums have been obliged to seek relief from their over-



crowded wards, by adopting similar transfers. However inconvenient this mode of relief may be, it has the advantage of securing for those who have to change places, able professional care and treatment; and where from any cause it may not be desirable to enlarge by building, it is by far the most economical plan. The repeated urgency to make room for recent cases (which are not very readily obtained) by sending chronic patients to the Union House is not very satisfactorily carried out. It is easier to read recommendations on paper, than to carry them out in practice. By the thirteen patients sent to Ipswich the hazardous pressure here was relieved. One patient from the Borough of Bury was among the number of those who were sent away. Though he was disposed to be too energetic and sometimes boisterous, he was a general favourite with us all.

The best recollection of a life spent in happy labour among the insane, will be in the permanent adoption of those feelings and principles which will not cease because one man's labours or life may come to an end. Science can never be taken by storm: and medical science beyond every other, whether in the extended culture of its more ample fields, or in that more limited sphere of action to which an Asylum Officer is called, will force the remembrance upon him, that the morbid *mind* and disturbed *affections* of each patient he has to treat, require as much caution as a diseased *body*. There are inmates of the Asylum *now* whose peculiar position needs every possible protection against even a *coarseness of expression* to which they may be unavoidably exposed. Indifference of manner even seriously affects Hypochondriacs and Melancholics, and adds too often to a resigned but rooted sorrow. Whoever may in future time succeed your Superintendent, he may perhaps be allowed as an old physician among diseased minds to echo the apostolic resolve in the endeavour that "after my decease you may be able to have these things always in remembrance."



Dr. Harris, the late Assistant Medical Officer, on his appointment of Superintendent of the Norwich Borough Asylum, has been succeeded by Mr. Sargent, a gentleman of professional attainments: and the Superintendent has to acknowledge the relief from many cares by the attention he has paid to the patients, and his ceaseless endeavours to promote their comfort. To all the officers indeed, he wishes to acknowledge his continued obligations.

If the ancient aphorism "union is strength" is applicable anywhere, it is in a Lunatic Asylum: and it has been the Superintendent's pleasing duty throughout his many years of office, to keep the domestic nature of this Asylum in view, and to secure the undivided friendship of the household. With this desire he is deeply sensible of the support he has had, and the uniform kindness and consideration he has experienced from the Committee with whom he has acted and been associated for so very many years, and to express to *them* his gratitude and thanks. He can conscientiously say that he has endeavoured to do his duty in an anxious and sometimes very harassing position, and in as far as he *has* done it, he desires to express his conviction, at the closing period of a life prolonged beyond the usual span granted to an individual, that it has been by a guidance superior to his own.

JOHN KIRKMAN, M. D.



## Appendix.

C. R. Married at 52, a woman of medium height, spare frame, latterly in a state of dementia.

She had an enormous abdominal tumour: girth round the umbilicus 48in.

The abdominal walls were uniformly distended and did not move with respiration. Palpation could detect no irregularity, and fluctuation was not certainly present. The tumour was uniformly resistant to light pressure; heavier could not be borne. There was percussion-dulness over the whole of the tumour except a small patch in the right flank, and also in the umbilical region. Little or no change was produced in the physical signs by change of posture.

The tumour had arisen gradually: an exploratory trochar was thought of but the idea was relinquished. Nourishment was freely administered and an occasional purgative given.

The patient gradually sank, and died on the 23rd of April, 1874. An examination of the abdomen was made 18 hours after death. On cutting into the abdominal parietes a large tumour became visible which occupied the whole of the abdominal cavity except a small part of the right iliac region. It proved on close examination to be the rectum and sigmoid flexure of the descending colon, enormously dilated and hypertrophied. The remaining portions of the colon and the rest of the intestines, together with the omentum were behind the tumour and much matted together, adhering in several places to the abdominal walls. There was no cancerous or other discoverable stricture in the rectum. The mesenteric glands were enlarged and rather harder than normal. The dilated bowel was occupied by a mass of soft faeces. Great regret was experienced that circumstances prevented an examination of the nervous centres.



A. C. Married, a small dark woman, suffering from suicidal mania. Ascites had been present for some time, fluctuation well marked. Girth round the umbilicus 39in. There appeared to be a distinct mass in the umbilical region, but its characters were not constant. She was continually begging for active interference in her case; she found it impossible to lie down in bed and her distress was very great.

Hydragogue purgatives were administered which afforded her some small and temporary relief, but in a short time they had to be discontinued on account of the great weakness they produced.

At length on the 29th of June, her request was acceded to, and in the presence of the Superintendent paracentesis was performed, and six gallons and a half of brownish grumous fluid was withdrawn. The patient expressed great thankfulness for her relief. She could sleep well and take her meals with more relish.

The wound continued to discharge a clear liquid now and then slightly tinged with blood: no attempt was made to close it. The abdomen was supported by a thick flannel binder. She continued to go on well till the 10th of July, when she was suddenly seized with faintness and died. On examining the abdomen a multilocular ovarian cyst was found involving both ovaries, together with much ascitic fluid.

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An instance of symmetry of disease is to be seen in the case of J. B. a man suffering from acute mania: the second toe of each foot is in a state of incipient gangrene. The rest of each foot is sound, and there has been no injury to either.



TABLE I.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, during the year 1874.

	Male.	Female.	Total.
In the Asylum January 1st, 1874 -	183	253	436
Admitted for the first time during the year	50	51	101
Re-admitted during the year - - -	6	21	27
	56	72	128
Total under care during the year - - -	239	325	564
Discharged or removed—			
Recovered - - -	21	35	56
*Relieved - - -	23	12	35
Not improved - - -	-	-	-
Died - - -	30	28	58
Total discharged and died during the year - - -	74	75	149
Remaining in the Asylum, 31st December, 1874, (inclusive of absent on trial—males and females) -	165	250	415
Average numbers resident during the year - - -	178	251	429

\* In this and the following Tables 13 male patients sent to Ipswich Asylum are included in the "Relieved."

TABLE II.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, from the opening of the Asylum to the present date, December 31, 1874.

	Male.	Female.	Total.
Persons admitted during the period of 46 years - - - -	1776	2109	3885
Re-admissions - - - -	190	255	445
Total of cases admitted - - -	1966	2364	4330
Discharged or removed—			
Recovered - - - -	804	1125	1929
Relieved - - - -	190	213	403
Not improved - - - -	21	22	43
Died - - - -	786	754	1540
Total discharged and died during the 46 years -	1801	2114	3915
Remaining, 31st December, 1874 -	165	250	415
Average numbers resident during the 46 years - - - -	117	147	264



TABLE III.—Showing the Causes of DEATH during the year 1874.

Causes of Death.	Male.	Fem.	Total
CEREBRAL OR SPINAL DISEASE :			
Apoplexy and Paralysis - - - -	6	2	8
Epilepsy and Convulsions - - - -	1	2	3
General Paralysis - - - -	6		6
Maniacal or melancholic exhaustion -	5	8	13
Tetanus - - - -		1	1
THORACIC DISEASE :			
Pneumonia - - - -	2		2
Phthisis Pulmonalis - - - -	3	3	6
Heart Disease - - - -		1	1
Strumous inflammation and Abscess -	1		1
ABDOMINAL DISEASE :			
Dysentery and Diarrhœa - - - -		2	2
Bright's disease - - - -		1	1
Paralytic dilatation of bowel - - -		1	1
Compound ovarian cysts - - - -		1	1
OTHER CAUSES :			
Exhaustion from fractured thigh - -		1	1
Exhaustion from fractured leg - - -		1	1
Senile decay - - - -	6	2	8
Dying when admitted - - - -		2	2
TOTAL - - - -	30	28	58

TABLE IV.—Showing the Length of Residence in those Discharged RECOVERED and RELIEVED, and in those who have DIED during the year 1874.

Length of Residence.	Recovered and Relieved.			Died.		
	Male.	Fem.	Total	Male.	Fem.	Total
Under 1 month - - -	2		2	4	5	9
From 1 to 3 months - -	3	2	5	4	1	5
„ 3 „ 6 „ - - -	6	13	19	5	7	12
„ 6 „ 9 „ - - -	6	6	12	6	2	8
„ 9 „ 12 „ - - -	4	7	11	2		2
„ 1 „ 2 years - - -	8	7	15	1	1	2
„ 2 „ 3 „ - - -	3	3	6	3	3	6
„ 3 „ 5 „ - - -	4	4	8	1		1
„ 5 „ 7 „ - - -	2		2	1	3	4
„ 7 „ 10 „ - - -	4	4	8			
„ 10 „ 12 „ - - -				1	2	3
„ 12 „ 15 „ - - -		1	1		2	2
„ 15 „ 20 „ - - -					1	1
„ 20 „ 30 „ - - -	1		1	1		1
„ 30 „ 40 „ - - -	1		1	1	1	2
TOTAL - - -	44	47	91	30	28	58



TABLE V.—Shewing the ADMISSIONS, DISCHARGES, and DEATHS; with the Admissions, for each Year

YEARS.	Admitted.			Discharged.						
				Recovered.			Relieved.			Not Improved.
	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	
From the opening of the Asylum to 31st Dec. 1867	1603	1861	3464	672	887	1559	148	168	316	17
1868 - - - -	57	75	132	19	21	40	6	13	19	
1869 - - - -	45	62	107	18	36	54	4	8	12	
1870 - - - -	50	71	121	24	40	64	4	3	7	1
1871 - - - -	56	77	133	17	40	57	1	1	2	1
1872 - - - -	46	73	119	18	35	53	3	6	9	1
1873 - - - -	53	73	126	15	31	46	1	2	3	1
1874 - - - -	56	72	128	21	35	56	23	12	35	
TOTALS (46 years) and Averages -	1966	2364	4330	804	1125	1929	190	213	403	21

TABLE VI.—Showing the History of the ANNUAL ADMISSIONS since the first Year remaining in the Asylum

YEAR.	Admitted.					Of each Year's Admissions Discharged and Improved.								
	New Cases.		Relapsed Cases.		Total.	Recovered.			Relieved.			Not Improved.		
	Males.	Fem.	Males.	Fem.		Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.
From 1828 to														
1867 -	1479	1725	123	137	3464	1	2	3	7	3	10			
1868 -	49	58	9	16	132		1	1	1		1			
1869 -	44	58	1	4	107									
1870 -	45	65	5	6	121	2		2	2		2			
1871 -	39	52	17	25	133	1	2	3		2	2			
1872 -	31	47	15	26	119	2	5	7	3		3			
1873 -	39	53	14	20	126	10	13	23	5	6	11			
1874 -	50	51	6	21	128	5	12	17	5	1	6			
TOTAL.	1776	2109	190	255	4330	21	35	56	23	12	35			

## SUMMARY of the Total Admissions

Per centage of Cases	Recovered -
"	Relieved
"	Not Improved
"	Dead -
"	Remaining



mean Annual Mortality and the proportion of Recoveries per Cent. of the opening of the Asylum.

Died.			Remaining 31st December, in each Year.			Average Numbers Resi- dent.			Per-centage of Recoveries on Admissions.			Per-centage of Deaths on Average Numbers Resident.		
Male	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Mean.	Male.	Fem.	Mean.
601	568	1169	4276	5237	9513	4177	5105	9282	42	48	45	14	11	12.5
19	22	41	198	236	414	177	232	409	34	30	32	11	9	10
37	24	61	164	230	394	172	232	404	40	58	49	21	10	15.5
19	23	42	166	234	400	165	235	400	48	56	52	11	10	10.5
22	27	49	181	243	424	174	244	418	31	52	41.5	12	11	11.5
27	33	60	178	242	420	182	248	430	40	48	44	14.5	13.5	14
31	29	60	183	253	436	182	237	419	28	42	35	17	12	14.5
30	28	58	165	250	415	178	251	429	37	48	42.5	16	11	13.5
786	754	1540				5407	6784	12191						

ing of the Asylum, with the DISCHARGES and DEATHS, and the Numbers of the 31st December, 1874.

1874.		Total Discharged and Died of each Year's Admissions.											Remaining of each Year's Admissions 31st December.			
ed.		Recovered.			Relieved.			Not Im- proved.			Died.					
rem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males	Fem.	Total.
7	10	695	928	1623	164	184	348	17	22	39	658	614	1272	69	113	182
2	3	20	30	50	4	4	8				23	33	56	10	8	18
	1	11	28	39	2	7	9				24	21	45	8	6	14
		23	32	55	5	1	6	1		1	13	27	40	8	11	19
1	4	16	39	55	1	3	4	2		2	21	15	36	16	20	36
2	2	15	31	46	3	6	9				16	15	31	12	21	33
7	11	19	25	44	6	7	13	1		1	13	20	33	14	21	35
9	27	5	12	17	5	1	6				18	9	27	28	50	78
28	58	804	1125	1929	190	213	403	21	22	43	786	754	1540	165	250	415

ns.	Males.	Females.	Mean of both Sexes.
- - -	40.90	47.59	44.25
- - -	9.66	9.01	9.33
- - -	1.07	0.93	1.00
- - -	39.98	31.89	35.94
- - -	8.39	10.58	9.48
	100.00	100.00	100.00



The Gruel is made in the following proportions, *viz*.—10lbs. of Groats to 6 gallons of Milk for 100 Patients. Soup is thickened with Peas, Pearl Barley, Rice, and Vegetables. Tea 1lb. Sugar 4lb. Milk 3 gallons for 100 Patients. The Patients employed, both Males and Females, have full generous diet. Dietetic regulations are subject to Medical opinion.