

Various alterations in the food arrangements have been made from time to time, and may be regarded from two aspects—(a) As contributing to the well-being of the patients, (b) as economic measures.

The quantity of new milk and eggs supplied to invalid patients may be taken as an index of the dietetic treatment of special cases, and I therefore give the following list, showing the consumption of those articles in March, 1889 (the month prior to my taking charge), March, 1890, and March, 1891:—

				Pints New Milk.	Eggs.
March, 1889	...	...	...	280	116
March, 1890	...	...	...	1,738	420
March, 1891	...	...	...	3,483	741

A careful check upon the consumption of such articles is kept by having a form, which was specially printed for the purpose, laid upon my table daily for revision. (*Vide* Appendix B.) Further, special dietaries are provided for recent and recoverable cases.

The first alteration in the *general* food arrangements was an economic measure carried out in September, 1889—namely, the centralising of the cooking at the lower building, whereby a saving of two salaries and one maintenance, amounting to more than £120 per annum, was effected, and a considerable simplification of meal arrangements attained.

Early in 1890 a radical change, involving hygienic and economic considerations, was effected; and, as the system then introduced has been carried out since with few modifications and with the best results, it may be well to give an outline of the principles involved in the change. In comparing the Seacliff dietary with those of the asylums of other countries, especially with the English asylum dietary, it was found that patients here received an undue proportion of meat—almost double the Home allowance. This appeared not only unnecessary, but even objectionable, on the ground that the consumption of flesh by the insane should be limited as compared with that used by the general community, because it is desirable to lessen rather than to foster the animal propensities. On the other hand, the *volume* of the food, while comparing favourably with the English dietary, was decidedly inferior in that respect to the Irish. Dr. E. Maziere Courtenay, in an article on "Irish Asylum Dietary," published in the "Journal of Mental Science," April, 1886, says, "I cannot but think that the food given in Irish asylums is to be commended on one point, and that is, for its bulk. My belief is, that in institutions of the kind bulk of simple food, such as porridge, bread, milk, and potatoes, gives much more general satisfaction than a highly concentrated diet."

The economic purpose of the change was mainly to include in the new dietary a larger proportion of vegetable substances, which could for the most part be grown on the estate, and the culture of which would form a useful, healthy, and interesting outlet for the energies of the patients. The net result of this change, disregarding the alteration in potatoes, was a saving of about £250 per annum, in spite of the fact that the new dietary was much more nutritious and satisfying than that which it replaced, and infinitely more generous in all respects than the English dietary. Thus meat was more than one-third higher than at Home, cereals more than one-fifth higher, potatoes and other vegetables more than double, and milk more than double. As to ultimate chemical constituents: the comparative quantities of carbon and nitrogen in the daily ration per patient are shown in the following table:—

				Carbon.	Nitrogen.
Seacliff original	...	...	...	4,953	263
Seacliff modified	...	...	...	5,498	283
English asylums	...	...	...	4,125	188

For detailed table, see Appendix C. Various extras are not included in the above Seacliff dietaries, and no allowance is made for eggs, sago, rice, &c., given to invalids. The English dietary is the average of fourteen scales tabulated in Dr. Courtenay's article above referred to, and I have added extra bread, cheese, and beer, usually issued to working patients at Home. The English scale certainly appears somewhat meagre, and I was therefore not entirely guided by it; but probably six years ago there was considerably less work done by patients at Home than is now carried out at Seacliff. Further, the conditions at an asylum seem to resemble in certain respects those reported by the Committee on Prison Dietaries quoted by Dr. Burney Yeo in his recent book on "Foods." "Imprisonment, as now generally conducted (in England), is a condition more or less akin to that of 'physiological rest.' The struggle for survival is suspended, and the prisoner appears to feel that the prayer for daily bread is rendered unnecessary by the solicitude of his custodians. Tranquillity of mind and freedom from anxiety are leading characteristics of his life. From the moment that the prison gates close behind him the tendency in most cases is to lessen waste of tissue. He lives, in fact, less rapidly than before.

He is sensibly subdued
To settled quiet,

and finds, in many instances, a peace and repose to which, as a law-abiding citizen, he was perchance a stranger!"

I feel that I might be called upon with more reason to defend our dietary because of its excess rather than on account of its insufficiency; but this is easily justified. (1.) In changes of dietary to meet local circumstances the greatest care should always be exercised to safeguard the health of those who may be said in the meantime to be the subjects, in one sense, of a hygienic experiment. (2.) The appetite of the insane, and especially of chronic demented patients (a class largely represented at Seacliff), is on the whole decidedly greater than that of sane persons placed in similar surroundings. (3.) The greatest safeguard against the onset of insanity, and a very important factor in inducing tranquillity of mind in those actually insane, is to maintain a high standard of bodily nutrition.

However, I am not disposed to uphold our dietary scale as an absolutely ideal one. It is decidedly better than the average, but it is in the experimental stage, and needs modification in at