

SESS. II.—1879.
NEW ZEALAND.

LUNATIC ASYLUMS OF NEW ZEALAND
(ANNUAL REPORT ON).

Presented to both Houses of the General Assembly by Command of His Excellency.

No. 1.

The INSPECTOR of LUNATIC ASYLUMS to the Hon. the COLONIAL SECRETARY.

SIR,— Inspector of Lunatic Asylums' Office, Wellington, 6th July, 1879.

I have the honor to lay before you my third annual report on the condition and management of lunatics and lunatic asylums in New Zealand.

The number of registered lunatics on the 31st December, 1878, was 957. The distribution of these, and the increase in the number at each asylum, is shown in the following tabular statement:—

ASYLUMS.	PATIENTS.			Increase over 1877.
	Male.	Female.	Total.	
Auckland	132	64	196	15
New Plymouth	2	1	3	1
Napier	17	6	23	5
Wellington	69	48	117	18
Nelson	38	21	59	9
Hokitika	51	19	70	3
Christchurch	152	84	236	32
Dunedin	177	76	253	4
Total	638	319	957	87
Increase over previous year	58	29	87	...

These figures show a total increase of 87 over the number at the end of the preceding year. The increase at the end of each of the last six years has been as follows:—

Year.	Increase.
1873	55
1874	77
1875	56
1876	61
1877	81
1878	87
Total	417

The proportion of lunatics to the estimated general population at the end of the year was 1 in 451; and at 3rd March, the day for which the census returns were made, 1 in 471—Maoris being excluded.

There is a considerable difference in the proportion in the colony among people of different nationalities. At the date of last census 1 in 311 of the English population was insane, 1 in 264 of the Scotch, 1 in 205 of the Irish, 1 in 221 of the Germans, 1 in 184 of the Scandinavians, and 1 in 5121 of Europeans born in the colony. The fact that insanity is chiefly a disease of adult life will largely explain why the last of these proportions is so comparatively small, and why the others are greater than that in England, and may perhaps to a certain extent explain why they differ so much from each other.

The proportion in England at 31st December last was 1 in 362; and, at the end of 1877, it was—in the Colony of Victoria, 1 in 313; in Tasmania, 1 in 317; in New South Wales, 1 in 362. Although the proportion in New Zealand is thus seen to be smaller than in these countries at present, there can be no doubt that after a lapse of a few years it will begin to increase, owing to the accumulation of chronic cases. The proportion of persons admitted into asylums in the course of the year to the general population is a more accurate test of the extent to which insanity prevails in a community. The admissions during the year into asylums in this colony are in the ratio, to the population at 31st December, 1878, of 1 in 1,144: from this calculation are excluded Maoris, and also all cases of mere temporary derangement from drink, remanded for medical treatment and observation. This ratio is higher than that which obtains in England, where it was, for the year 1878, only 1 in 1,888. In Victoria, in 1877, it was 1 in 1,260; and in New South Wales, for the same year, 1 in 1,449. Such calculations as these, although they tend to show how common a disease insanity is, yet fail to bring this out as distinctly as has been recently done by statistics collected by the English Commissioners in Lunacy. Dr. Algernon Chapman, in an elaborate analysis of these in the *Journal of Mental Science* (April number, 1879,) shows that, “3·5 per cent. of those who attain the age of twenty ultimately become inmates of Asylums;” and he adds the remark “that, in the course of their lives, 1 in 30 of the adult population are, according to the present practice, sent to asylums is a fact that will be startling to some. What the proportion is of those who become insane I cannot say, but it must be larger than this, probably nearly double.”

The comparatively large number of admissions in New Zealand asylums is partly explained by the frequency with which persons suffering from *delirium tremens* are committed as lunatics, especially at Dunedin—a thing which rarely happens, except by mistake, in England—and by the absurd practice sanctioned by the 21st section of “The Lunatics Act, 1868,” of sending habitual drunkards to lunatic asylums, where, as a rule, they get no good, and do much harm. Ten such cases were admitted at Christchurch, and two at Dunedin. The fact that so many as 9 patients were admitted within a month after their arrival in the colony, 3 of whom were sent straight from their ships, also suggests a partial explanation.

The causes of insanity in the admissions, so far as they could be ascertained, are shown in Table IX. It is, however, quite impossible to state these with precision in a tabular form, even where the histories of the patients are well-known, there being generally several combined together either as predisposing or exciting causes. There are, nevertheless, a few facts clearly enough brought out by this Table, despite its defects. It shows that the alleged causes are all physical or moral, none being intellectual; that 30 per cent. of the cases among males were due, more or less directly, to intemperance—which is, in all probability, much within the mark; and it shows, above all, to how large an extent insanity would prove to be a preventible disease, were people properly educated and trained to habits of intelligent self-control. “Were men with one consent,” says Dr. Maudsley, “to give up alcohol and other excesses—were they to live temperately, soberly, and chastely, or, what is fundamentally the same thing, holily, that is healthily—there can be no doubt that there would soon be a vast diminution in the amount of insanity in the world. It would be lessened in this generation, but still more so in the next generation; a part of which, as matters stand, will be begotten and bred under the pernicious auspices of parental excesses, and the infirmities and diseases engendered by them. But it is quite certain that men will not abandon their excesses in this day or generation; that they will not adopt self-denying ordinances; that they will not be at the pains to cherish their bodies, so as to develop their powers to the best advantage, and to make them the ready servants of an enlightened and well-developed will. They will go on as before, producing insanity from lack of self-denial; and, when admonished of the steep and arduous path which they should follow, will go away, like one of old, sorrowful, because they have many passions. It is to the perfecting of mankind by the thorough application of a true system of education that we must look for the development of the knowledge and the power of self-restraint which shall enable them, not only to protect themselves from much insanity in one generation, but to check the propagation of it from generation to generation.”*

Discharges.—The number of patients discharged recovered during the year 1878 was 189, which is in the ratio of 50 per cent. on the admissions. In the Wellington and Christchurch Asylums the ratio was 56 per cent., and in those of Hokitika and Dunedin 64 and 67 per cent. respectively. The high rate of recovery in the asylums of this colony as compared with that of asylums at Home is to a slight extent explained by the fact that many discharged patients are returned as recovered who certainly would not be considered to be recovered in the sense in which that word is used by the medical officers of English asylums. One instance which happened this year will serve to illustrate this: that of a patient who was examined by three medical men and discharged as recovered, one of the doctors certifying that he was not insane, and that “the only subject on which he could be suspected of insanity was a delusion that his wife was the Holy Virgin, Elias, daughter of the Empress of Russia.” The chief cause, however, undoubtedly lies in the very favourable nature of the cases admitted, and the rapidity with which, as a rule, they are placed under treatment. In the annual reports of English asylums it is usual to divide the admissions into four classes, according to the duration of the disease, in the manner shown in Table IV.; and such a table generally gives a very accurate idea of the curability of the cases received. The first class of cases includes only those in which the insanity has been of less than three months’ duration on admission, and the fourth class includes those in which it has lasted for more than a year. If we examine from this point of view the admissions of the Dunedin Asylum and those of an English county asylum, such as that, for example, of Cumberland and Westmorland, the annual report of which for 1878 has just come to hand, we shall at once see that a much higher recovery-rate is to be looked for in the former than in the latter; for, of the Dunedin admissions, 79 per cent. come under the first or most curable class, and only 5 per cent. come under the fourth or worst class; whereas at the Cumberland and Westmorland Asylum only 36 per cent. are found in the first class, while as many as 23 per cent. are in the fourth; and accordingly the recoveries at the former asylum are 8 per cent. more numerous than those at the latter, which is well known as one of the very best in England.

* “Responsibility in Mental Disease;” by Henry Maudsley, M.D., page 286.

Much more striking instances of the comparatively unfavourable nature of the admissions in English asylums than the one just given could be adduced, such as that of the Cheshire County Asylum, at Macclesfield, where, in 1873, the last year for which I have its report, only 30 per cent. belonged to the first class, and as many as 43 per cent. belonged to the fourth. As time goes on an increasing number of relapsed and long-standing cases will be found among the annual admissions in New Zealand asylums, and the proportion of recoveries will dwindle down to that of older countries.

Deaths.—There were 68 deaths during the year; and the rate of mortality, calculated on the average number resident, was 7·52, which is almost the same as that of the previous year, and considerably lower than that of country and borough asylums in England in 1877, which, in the report of the Commissioners, is stated to have been 10·31. The causes of death are shown in Table X. As in the preceding year, about two-thirds of the deaths were due to diseases of the nervous system. Two suicides by strangulation occurred, one at Dunedin—in which case the patient was apparently not even suspected of being suicidal by the Asylum officers—and one at Wellington, in which case the inclination to self-destruction was believed to have subsided. The number of deaths from diseases of the lungs, though small in comparison with that which is usual in other asylums, is greater than in the two previous years. This was partly due to the severity of the winter, which was especially felt at Dunedin Asylum, where the mortality was nearly double that of the previous year.

ASYLUMS.

Christchurch Asylum.—The number of patients in this Asylum on the 1st of January was 204. During the year 99 were admitted, inclusive of 10 habitual drunkards. Fifty-six were discharged as recovered, 8 of whom were habitual drunkards; 2 were discharged as relieved; and 9 died; leaving, at 31st December, 236, of whom 152 were males and 84 were females.

The following is the report which was made on the asylum when it was visited in December last:—

“This Asylum has been inspected on the 11th, 12th, 17th, and 18th instant. It now contains 145 males and 82 females, which is 24 more males and 6 more females than at last visit. The overcrowding of the male department is such that it is in a very dangerous condition indeed, and its proper management is quite impossible. Every day-room is used as a dormitory, and excited, discontented, and violent patients are strewn about in all directions as thick as they can lie, on the floors, on the tops of tables, and underneath the tables; and the atmosphere is disgusting in spite of open windows. The building is in an advanced state of decay, and the flooring in many rooms is dangerously rotten, bending freely beneath one’s tread. In two places I put my foot right through it. It is patched right and left with boards or large plates of zinc, to keep out the rats. The wood of which it is made appears to have been originally bad and soft; and everywhere its surface has become incurably dirty by constant cleaning, and incessant tramping up and down of the patients. The patients do not appear to be nearly so much confined to the airing-courts as formerly; and to this must be ascribed the marked diminution in that clamorous excitement which was so painfully characteristic of them as a community at last visit. Their quietness, however, was in many cases seen to be quite superficial on attempting to converse with them, when irritability and downright savageness of temper were discovered, which are certainly due to the overcrowding, with its attendant evils of enforced idleness and loss of individual treatment.

The bedding in the dormitories was mostly found in good condition, but much of that which is used for shakedown in the day-rooms and asphalted cells which surround the yards is worn out, or soiled and destroyed by the ill-usage to which it is unavoidably exposed.

The clothing of the patients is very clean and tidy, and made of good material. Their persons also were noticed to be very clean.

The female department was found in excellent order. Several of the rooms have been oil-painted by one of the attendants, which has greatly improved them.

The patients, as a rule, were quiet and well-behaved during the visit, but there are among them some very troublesome and unmanageable cases—notably, one of acute mania, which has evidently been aggravated by the foolish interference of affectionate friends; and an exceedingly mischievous and turbulent woman, who defies every officer in the establishment, and devotes all her energy and endless volubility to inciting others to follow her example. It was very obvious that the fear of plausible misrepresentations and injurious accusations of ill-treatment on the part of this unhappy woman, who is even more deluded than long-winded, effectually deterred the matron from exercising towards her that firmness which was requisite both in her own treatment and for the sake of the well-disposed patients, and which can hardly be looked for in officers unsupported by the authority of an experienced resident medical superintendent.

The clothing of the women is, for the most part, very neat and of good quality; but that of several in the refractory ward appears old and worn out. Two sewing-machines which have lately been got should allow a better stock to be kept up.

The women enjoy a great deal more liberty than can safely be accorded to the majority of the men in their present circumstances; and this has doubtless much to do with their comparatively quiet, contented condition. In two of the wards all the doors are left unlocked during the day, and the inmates can go into their rooms or out into the garden at pleasure.

The north house, intended for the use of inebriates, is at present tenanted by two such patients only, the rest of the accommodation being occupied by private or quiet patients for whom there is no room in the main building. It and the nice garden attached to it were found in good order.

One of the inebriates preferred an amazing charge of the most outrageous cruelty to a patient by four male attendants, men of good character and antecedents. The charge was carefully investigated in his presence, and found to be utterly false. It was evident, however, that another complaint made by the same person was well founded: it appeared that a female attendant, who bears a high character, but is new to her work, about two months ago, while vainly and most foolishly attempting without assistance to bring into the house against her will an excited and violent patient, lost her temper in the struggle and gave her a blow, and then pushed her with unnecessary roughness towards the house.

Since the registers were examined in November, last year, there have been 107 patients admitted, 56 discharged as recovered, 3 unrecovered (one of whom has been sent home to his relatives in England), and 10 have died. Among the admissions were ten inebriates, committed for medical treatment under the 21st section of the Lunatics Act, and three criminal lunatics, one of whom was a man sentenced to ten years' imprisonment for burglary, another a man sentenced to two years for theft, and the third was a woman who committed infanticide while insane. It is very doubtful if the two former of these are now more insane than most criminals. Among those discharged as recovered were eight inebriates, two at least of whom appear to have benefited by their seclusion. The mortality is low, and the fact that only two of the deaths were due to phthisis is remarkable.

The patients, as a rule, enjoy much better health than could be expected. Only three were found in bed, one of whom is a bedridden cripple. Only two patients in the whole establishment are receiving alcoholic stimulants, and the quantity of medicine used appears to be very small. Only one patient was under restraint—a woman, who had the sleeves of her dress fastened on account of her destructive propensities. No patient was in seclusion. It appears from the medical journal that both seclusion and restraint of any kind are used to a very small extent, especially when the unnatural difficulties at present to be contended with are taken into consideration. A patient who, on account of his violent disposition, was an object of dread to all around him, and used to be kept always separate from the rest, is now greatly improved, and enjoys the same liberty as the others. Great credit is due to the attendant who had the tact and courage to effect this change.

Much attention continues to be paid to recreation; but there is a great want of what is far more important—healthy and interesting employments for the bulk of the patients. There are no workshops in which the men can be engaged in a variety of useful occupations; and the grounds are too small to afford constant work to a large number.

At present about 20 acres of the Asylum land is laid down in grass, 6 are sown with potatoes, 3 with oats, 1 with carrots, and $2\frac{1}{2}$ are occupied by the garden, which is very well stocked with vegetables; the rest is covered by the buildings and airing-courts and pleasure-grounds. A new piggery, erected by one of the patients, contains upwards of seventy pigs, and a large quantity of pork and bacon has been supplied to the institution.

It is exceedingly desirable that more land should be attached to the Asylum, both for the employment of the patients and for the sake of privacy. When the building is completed it will extend across the section on which it is placed in such a manner as to leave only a very narrow strip of ground on either side of it; and this will be a source of annoyance both to the inmates and the public, which will become worse as the population increases. It also seems very doubtful if the Asylum sewage can be disposed of in any other way than by utilizing it on the ground, and for this purpose more will be required.

The drainage from the laundry, &c., which was formerly conveyed into an open ditch, is now carried into a neighbouring stream, and a great improvement has thus been effected so far as the Asylum is concerned; but the difficulty of providing a complete system of sewerage has not yet been overcome, and the offensive closets, requiring daily to be cleaned, are still in use, and give rise to much discomfort.

In concluding this report I have again to call attention to the urgent necessity of appointing a medical superintendent. No rational being, having any knowledge of asylums, can have confidence in the management of one so large as this by any person but a highly-qualified medical man, devoting his whole time to his duties."

The Asylum was also inspected on 29th January, and again on the 10th and 11th June. On the last of these visits it was noticed that there was decidedly less excitement among the patients of the male refractory ward, and that the male department was, generally speaking, in a more satisfactory condition. This improvement is the result of the increased attention which has latterly been paid to the industrial employment of the patients, and to the fact that not nearly so many of them are confined to the exercise-yards as formerly. The clothing of the patients did not appear to be sufficiently warm for the season. Very few of them had on flannels, which should certainly be supplied to them all, and more especially to the poor demented ones of feeble circulation, many of whom take no exercise beyond a listless saunter up and down the yards. The floors throughout the male department were found in even worse condition than formerly, as was to be expected at such a time of the year. They are so soft and worn out that the scrubbing to which they are subjected does them more harm than good, saturating them with moisture, which takes several hours to evaporate into the already sufficiently unhealthy atmosphere of the overcrowded wards. The number of inmates had, at the date of this visit, fortunately been reduced from 245 to 222.

The building of a portion of the new male wing, sufficient to accommodate 50 patients, was commenced in April, and it is expected that this will be finished in about eighteen months from that date.

Nothing beyond what has already been reported has been done towards providing a proper system of drainage; and it is to be feared that, on account of many difficulties, this cannot be done without considerable expense.

It appears that, owing to the hitherto defective ventilation beneath the ground floor of the female wing, which has only been built a few years, the joists have already begun to decay. This matter is now being attended to.

It would be a great boon to this Asylum if it could be lighted with gas, which is now conducted out as far as the gate; kerosene-lamps, which are at present in use, being both inconvenient and very dangerous.

Dunedin Asylum.—There were in this Asylum on the 1st January 249 patients. During the year 93 were admitted, including 2 inebriates; 63 were discharged as recovered, 1 of whom was an inebriate; and 26 died; leaving, at 31st December, 252. The Asylum was inspected on the 24th and 26th December, and the following is the greater part of the report made on its condition at that time:—

"The patients were quiet and well behaved during the visit, and none made any complaints.

About fifty of the men are usefully employed, principally out of doors; and upwards of thirty of the women are usefully employed in various active duties.

Restraint by means of strong canvas dresses without sleeves is being used in the case of four exceptionally dangerous or suicidal patients. No one was found in seclusion; but owing to the present circumstances of the Asylum it is found absolutely necessary to resort to seclusion very frequently, chiefly for short periods, in the treatment of several exceedingly violent and dangerous patients in the male department.

On Christmas Day an uncommonly good dinner was served out to the patients, and it was quite a pleasure to see how much they enjoyed it. Their usual diet is abundant, and great attention is paid to the cooking of it in a tempting manner, and to varying it as much as possible.

The garden is in a high state of cultivation, and contributes largely to the comfort of the inmates by the variety and large quantity of vegetables it is made to supply.

The general amusements consist of a regular weekly dance, frequent concerts and theatrical performances, and occasional lectures. Divine service is performed every Sunday.

A comfortable little building has now been erected at the Blueskin Reserve to accommodate a party of fourteen patients and two attendants who are busily engaged in clearing bush, and have already got nearly two acres of ground in crop. Adjoining this a site is being prepared by contractors for a building designed to afford temporary accommodation for sixty patients and afterwards be converted into farm offices. It is very desirable that this building should be completed as soon as possible. It will greatly relieve the overcrowded Asylum.

The registers are very carefully and neatly kept, but the entries in the Medical Journal are greatly in arrear. The medical case-books, which are written fully up to date, contain much valuable information, but it is impossible to keep them in such a manner as to render the journal unnecessary. It supplies a concise tabulated record of the general state of the establishment; and it is required by the statute. It would be better if the entries in it were made daily instead of weekly.

The condition of this Asylum is, so far as circumstances will permit, very satisfactory, and such as to reflect great credit on the officers. Two additional male attendants are required to supply the place of those now in charge of the working party at the reserve."

This Asylum was next visited on the 25th January, and again on the 30th May, and 2nd and 5th June. At this last inspection the attention of the Superintendent was directed to the fact that the clothing of the patients was not warm enough for the time of the year, as they were not supplied with flannels. It is obvious that, if strong healthy attendants, engaged in active occupations, find it necessary for their comfort to wear these, lunatics, whose circulation is enfeebled by their disease, and who lounge about in airing-courts, must require them still more. It is unreasonable to suppose that the absence of complaints on the part of the patients, and of any manifest indications of injury, such as colds, &c., is proof that they are suffering no harm from insufficient clothing. The mortality was unusually great last year, and one can hardly doubt that it was affected by the severity of the winter weather, even though none of the deaths could be directly ascribed to it.

The temporary accommodation for 60 patients at Seacliff is now nearly ready, and this, along with the cottage already in occupation there by fourteen, will greatly relieve the excessively-crowded condition of the Asylum.

The remarkable ability which has always characterized the management of this Asylum by Mr. Hume, amidst unusual difficulties, and the fact that the medical officer, though not actually resident, lived close at hand, and, not being engaged in general practice, had ample time to attend to his duties at the Asylum, for the performance of which he has undoubtedly the highest qualifications, have hitherto prevented me from pressing for the appointment of a Resident Medical Superintendent. The time has now, however, come when such an appointment cannot properly be longer delayed. The management of an Asylum of 250 patients, many of whom are exceptionally violent and dangerous, and a very large proportion of whom are at all times recent and acute cases requiring great skill in their treatment, is a task which in no other country would be trusted to any one but a Resident Medical Superintendent. But, in addition to this, the present non-medical Superintendent is about to have the supervision of a branch establishment at Seacliff, containing 74 patients, who are to be employed in clearing the bush, and gradually bringing the splendid reserve which has there been made for the permanent Asylum about to be erected into a state fit for cultivation. This of itself is work sufficient to occupy the undivided attention of an able, experienced, and thoroughly reliable officer, and will increase the duties and responsibilities of Mr. Hume much beyond what he should be asked to undertake.

Hokitika Asylum.—On the 1st January there were in this Asylum 67 patients. During the year 25 were admitted; 16 were discharged recovered; and 6 died; leaving, on 31st December, 70, of whom 51 were males and 19 were females. The Asylum was inspected on the 7th and 8th January, and found, as usual, in excellent order. The management continues to be very satisfactory, though unavoidably expensive.

A detached house, to accommodate 12 male patients, is now being built on the five-acre section adjoining the Asylum grounds, which was procured for this purpose last year. This building will readily admit of being afterwards added to and enlarged by the patients to the extent necessary to relieve the crowded state of the male wards.

Auckland Asylum.—There were 181 patients in this Asylum on the 1st of January. During the year 73 were admitted, 41 were discharged as recovered or relieved, and 17 died; leaving 196 on the 31st December, of whom 132 were males and 64 were females. The following is the entry which was made in the Inspector's book on the 11th April last:—

"Since inspection in September, when Dr. Aickin resigned, this Asylum has, in the absence of a Resident Medical Superintendent, been under the charge of Dr. Philson, as Visiting Medical Officer, Mr. George Hardy, as Acting Superintendent, and of Mrs. Martin, who was at that time appointed Matron. In several important respects, the condition and management of the Asylum are strikingly improved, and are such as to reflect great credit on these officers. On the 1st of this month

Dr. Philson was relieved of his duties by the appointment of Dr. J. G. Thornley as Medical Superintendent, and Mr. Hardy resumed his former place as Head Male Attendant. It is not desirable that in addition to the Medical Superintendent there should be, as formerly, a keeper,—an officer unknown in English public asylums, and sure to be a cause of weakness in management, by dividing authority and responsibility.

The Asylum has been repeatedly visited since the beginning of the month up to this date, at which the number of inmates is 195, of whom 138 are males and 57 females. Both male and female departments are clean and in good order: the health of the patients is good, and none are at this date confined to bed. Their clothing is much tidier and more comfortable than formerly, and there is, generally speaking, a marked improvement in their appearance and demeanour. Overcrowding, though still existing, especially in the male department, was greatly lessened when the women were, in consequence of the fire, removed to the old hospital, and latterly it has been still further reduced among the men by the restoration of the burnt portion of the Asylum, which is now in their occupation. The comparative tranquillity now prevailing is largely to be ascribed to the relief thus obtained, as well as to the greater amount of liberty now enjoyed by the patients, of whom much fewer than formerly are restrained to the airing-yards for exercise, and to the increased attention paid to industrial occupation. No patient is at present in seclusion or under restraint, but during the first few days of the month two women were wearing jackets on account of violent or destructive propensities. For some months past there has been hardly any use of restraint in the male department.

Owing to the separation of the two departments there is no weekly entertainment. Some kindly-disposed ladies visit the female patients once a fortnight, and play and sing to them. This, with almost daily walks beyond the Asylum grounds, and employment in sewing and house-work, relieves the monotony of their lives—to a large proportion of them. A few of the men find amusement in football and quoits, and reading books and journals, of which the supply is extremely meagre. Now that the Asylum has been placed under the charge of a Medical Superintendent of ample experience, gained in a large English asylum, it is hoped that recreation, and, above all, useful and interesting employment, will receive a greater amount of attention than hitherto.

The patients are now supplied with clean white table-cloths at their meals, which are more tidily served than they used to be; but another much-required improvement still remains to be made—that of supplying them with knives and forks, instead of allowing them all to eat with their fingers, as at present.

There is almost a total want of furniture throughout the male department, and upwards of fifty patients sleep on the floor for want of bedsteads.

A very serious defect in this Asylum is the want of gas, which results in the patients spending far too much time in bed, to their manifest injury.

The want of a washing-house and laundry is also a most annoying defect. At present the washing is done at the gaol; but this is an extremely unsatisfactory arrangement, both because it deprives the female patients of their most beneficial occupation, and, because the appliances at the gaol being apparently quite inadequate, the washing is not well done.

The male airing-court, which is laid down with scoria ashes, is a continual source of trouble, being so muddy in wet weather and dusty in dry, that the patients and the floors of the wards cannot be kept clean. The closets and urinals also in the court, though now well attended to, are an insufferable nuisance, and always will be until completely altered. The court should be gravelled or asphalted; the closets and urinals enlarged, lighted, ventilated, and properly drained; and a verandah should be erected along the whole length of one of the walls as a protection to the patients from sun and rain.

A new register of admissions has been opened since last visit, and the entries in the old and wonderfully-confused one are being corrected and transferred into it. The clerk deserves credit for the care with which he has been doing this. Even the new register, however, has not been kept quite in the manner obviously intended by the statute, but as this appears to be now fully understood by the clerk there is not likely to be cause again to complain.

The new wing now in course of erection will likely be ready in about eighteen months; it is intended for the men, being considerably larger than the one they now occupy, which will suffice for the women, whose number is much smaller. It will only, however, provide proper accommodation for 108, whereas there are already thirty over that number; so that, although overcrowding will be enormously reduced, it will still exist when the new wing is finished."

The appointment of Dr. Thomley did not result in the satisfactory manner which had been expected; and on the 30th June last he resigned on account of his health. He has been succeeded by Dr. Alexander Young, of Auckland, a gentleman of high standing in his profession.

Napier Asylum.—There were in this asylum on 1st January 18 patients. During the year 9 were admitted, 2 were discharged, and 2 died; and at 31st December there remained 23, of whom 17 were males and 6 were females. Among these numbers certified lunatics only are included; persons remanded for medical observation on suspicion of lunacy being now received into the jail instead of the asylum as formerly, and not being entered on the register of lunatics. The asylum was inspected on the 28th of September, and again on the 17th April, at both of which times it was found, as usual, in good order, very clean, but very bare of objects to interest the patients. The bedding and clothing have been much improved. The engagement of an additional attendant now permits of as many of the male patients as are capable of work—about half their number—being usefully employed out of doors, and of all of them, with the exception of three or four, enjoying frequent walks beyond the narrow confines of the asylum. At the last visit the drains were noticed to be in a very offensive condition, owing to the want of sufficient water. It was also stated that much inconvenience in other respects had been suffered from a prolonged scarcity of water. This was about to be remedied by the asylum being supplied from the town reservoir, instead of, as hitherto, being left dependent on rain water; and a concrete tank capable of holding 7,000 gallons has been built by prison labour at the rear of the asylum. A great improvement was in course of being effected by levelling the high ground which shuts out the view of the sea; and by filling up the deep hollow in front of the Asylum, so as to enable it to be converted into a garden.

The inmates of this little asylum, such as it is, appear to be very kindly treated.

Nelson Asylum.—On the 1st of January there were 50 patients. During the year 23 were admitted, 9 were discharged recovered, and 5 died; and on the 31st December there remained 38 men and 21 women. The following is the report made on the condition of this asylum when inspected on the 8th November:—

“The house was found very clean and in excellent order.

Since last inspection the recreation hall and main corridors have been tastefully painted, and the windows have been furnished with blinds. It is very desirable that these improvements should be speedily effected in the remaining portion of the building. The iron bars have been removed from the bedroom windows, which are being altered so as to open freely and admit abundance of fresh air, and suitable wooden shutters are being substituted for the odious and dangerous iron bars. The wards are still almost destitute of furniture. What they will principally require after the painting has been completed, in order to bring them up to a proper standard of comfort, is a plentiful supply of tables and chairs, a few stuffed benches, a strip of linoleum down the centre, coloured pictures, flower-stands, window-curtains, &c., and a few singing birds or other pets in which the patients could take an interest. It is absurd to expect that the inmates can feel at ease in these empty echoing corridors, which do not contain a single one of the simple articles of furniture to be found in every working-man's cottage. The bedding and clothing are being gradually increased in quantity and improved in quality, and sheets are being supplied to the male patients.

The general health of the patients appears to be good. They were seen partaking of an abundant, well-cooked, and neatly-served dinner. Both men and women have ordinary knives and forks and earthenware dishes. All, with one exception, were very quiet and well behaved. Rather more than half of them engage in industrial occupation; the men principally in the garden, which is in a forward state of cultivation. Only one man is at present restricted for exercise to the small yard at the back of the house; he is very destructive to clothing, &c., and on this account is wearing canvas clothing and fingerless gloves. No other patient is wearing a special kind of dress, or is subjected to any kind of mechanical restraint. No patient was found in seclusion, a resource in treatment which appears from the medical journal to be not unduly resorted to. It was very gratifying to observe that three male patients who, on former visits, were found confined to the backyard above mentioned, on account of their seemingly incorrigible dirtiness and untidiness, were much improved in their manners and appearance, and associating with the other inmates. Improvements effected in the condition of patients of this kind, long sunk into filthy and destructive habits, are a certain indication of conscientious and painstaking management.

According to the recommendations formerly made a piece of ground has been fenced off for the use of the women, and is going to be laid out as a garden.

Divine service is now performed every Sunday by a clergyman of the Church of England, or by a lay reader in his absence. About fifteen of the men and ten of the women attend. These numbers should be considerably increased. There is a regular weekly dance for the amusement of the patients, to which some twenty men and seventeen women go; visitors are admitted who join in the dance and help to make it a success. There can be no doubt that their assistance is necessary for this, and that their presence is a source of pleasure to the patients; but they appear to be sometimes admitted in too great numbers, and this should be carefully guarded against.

Parties of fifteen to twenty men and eight to ten women go out for a walk beyond the Asylum grounds once a week.

The registers are carefully and neatly kept; but no case-book was produced.

The water supply is still very inconveniently and dangerously deficient, as formerly pointed out.”

Wellington Asylum.—On the 1st of January the number of patients was 99. During the year 51 were admitted, 29 were discharged as recovered and 1 as relieved; and 3 died, leaving 117 at the 31st December. The following is the report made on this Asylum after inspection on 25th and 29th November and 6th December:—

“The numbers now in the Asylum are—males, 66; females, 46: total, 112; being 40 more than when I first drew attention to its overcrowded condition. This has now reached a pitch which is quite unendurable, and baffles all attempts at good management. Almost all the bedrooms, intended for the use of one patient only, are occupied by two or three. There is consequently no possibility of safely disposing of excited and violent patients, and the risk of serious accidents, even murders, is very great indeed, not to speak of the abominable vices which are liable to be encouraged by such distribution of persons of disordered passions and bereft of self-control. The passages and lavatories are used as sleeping places. Most of the associated dormitories are crowded with beds, to which less than half the minimum cubic space thought consistent with good health is allotted. The solitary day-room of the male “back ward” is even more crowded than the dormitories. This room is 20 feet by 15 feet, and, when visited on the 29th inst., a rainy day, on which the patients could not get out to the grounds, it contained thirty patients, packed so closely together on benches that they had not room to move their elbows. Although three windows and the door were open, the atmosphere was close and offensive; but the Superintendent explained it was nothing to what it usually was in wet weather, when it is occupied by thirty-five patients and two attendants, and the windows have to be kept shut on account of the strong cold winds. It is absurd to pretend that this place, in its present condition, has any claim to be considered “an asylum”; it would be an undeserved compliment to call it “a prison.” It is not morally justifiable to continue week after week adding to the numbers of its inmates. Whatever difficulty there may be in otherwise disposing of the insane, it appears to me necessary that a circular should be sent to all Resident Magistrates and acting Justices in the provincial district informing them that no more patients can be received into the Asylum until the building has been enlarged or a reduction has by some means been effected in the number now resident. Unless some such step as this be taken, it seems certain that some dreadful catastrophe will happen. It cannot be too distinctly stated that this Asylum is already in a dangerous and unmanageable condition.

An excellent new kitchen-range is now being built in, and water is being laid on to the house from the city pipes. These improvements will tend greatly to promote comfort, cleanliness, and safety, and will do away with much annoying and needless labour. Meantime, while these and some other much-required alterations are being carried on, a good deal of confusion exists, as well as extra difficulty in the management of the patients, several of the more troublesome of whom are secluded, for fear of accident or mischief. The roof of the whole building is in a very dilapidated condition, and when the wind is blowing from certain directions the rain gets into almost every room in the house. It gets very freely into the front male ward, where five or six buckets have to be carefully adjusted so as to catch it; but even this does not hinder a large area of the floor being wet, as I observed on the 29th.

The wards and bedding were clean, and in good order. The day-room of the front female ward is greatly improved by having been re-papered. The corresponding room on the male side is very dingy, and much in need of being re-papered; but it is obviously no use doing this until the roof is repaired.

Since last report the Asylum has been completely re-painted on the outside, principally by a convalescent patient, and a great improvement has thus been effected in its appearance.

With a few exceptions, the patients were quiet and orderly. Most of them, as in all asylum communities, are incurable, and this is too obviously the case with a large portion of the recent admissions, among whom recoveries are principally looked for. The general health of the patients is surprisingly good; their diet is abundant. A considerable majority, especially of the men, are usefully employed, and get plenty of fresh air when the weather permits. The clothing of many of the men was noticed to be evidently insufficient for this inclement season. This should be remedied at once. The patients should be dressed at least as warmly as the attendants—strong, active men constantly moving about—and should each be supplied with flannels, and a coat and waistcoat of stout tweed. It is too late to wait till they have the sense to complain of the cold, and it must not be assumed that, since they do not suffer from bronchitis, &c., they are not injuriously affected by it. A little more attention might with advantage be bestowed on neatness and tidiness of dress, both among the men and the women.

One male and two female patients are at present under restraint, on account of mischievous and dangerous propensities. The male patient, in addition to having his arms restrained, had, for some time previous to the first day of this inspection, been fastened into his bed during the night, owing to his prolonged want of sleep, and filthy and destructive habits. But, on disapproval of this treatment being expressed, it was discontinued. To restrain a patient in this way can hardly ever be beneficial or necessary, except for surgical reasons. It is apt to result in serious accidents, and, if remembered by the patient when recovered, and unable to believe it was ever requisite, may become the foundation for a charge of ill-usage against his attendant which it may be impossible to disprove.

It was observed with much pleasure that a patient who for years had been accustomed to being fastened by a belt into a specially-made chair, owing to her violent and impulsive disposition, is now managed entirely without restraint of any kind during the day. She is, at present, however, subjected to restraint at night, though this also had been abandoned until recently, when it had to be resumed as one of the many evil consequences of excessive crowding.

It appears from the medical journal that, considering the adverse circumstances amidst which the management is conducted, both restraint and seclusion are used to a very limited extent, though much more than would be requisite under ordinary conditions. Seventeen men and eight women are restricted for exercise to the airing-grounds. Though these numbers are not great, and are largely made up of feeble, demented cases; still, in view of the wretched places which these yards are, they are much greater than is desirable, and every effort should be made to reduce them.

Of the three imbecile children whose cases were formerly commented on as being unsuitable for a lunatic asylum—one has been discharged greatly improved; another, who was bedridden, has been happily released by death from a life of pain; and the third, a cheerful little boy, is learning gardening and bad language under the good and evil influences to which he is exposed.

Since last report in February there have been thirty-nine admissions, twenty-four discharges, and three deaths. Two of the patients admitted were immigrants, who were committed as lunatics on their arrival. Another is an epileptic imbecile, who is occasionally violent, and who was received on an order by the Colonial Secretary under the 50th section of the Lunatics Act. This appears to be the first instance of a patient being committed to an asylum under this clause, and the publicity which has been given to the case appears likely to reveal the existence of a larger number of idiots and imbeciles whose management is undertaken by their relatives than has hitherto been suspected. The last admission on the list is that of an imbecile, one of a family of eight, all of whom are said to be more or less weak-minded.

One of the deaths is ascribed to general paralysis and apoplexy, another to constitutional debility and paralysis. The third, that of a female suffering from insanity brought on by excessive drinking, was a suicide. At the coroner's inquest held in this case the jury appended a rider to their verdict, to the effect that the construction of the asylum did not admit of proper supervision being maintained, with which every one acquainted with the asylum must entirely agree. The patient had been suicidal on admission, but was recovering, and the officers, having ceased to be apprehensive of her attempting self-destruction, had placed her, on account of her quarrelsomeness, in a room by herself, where she was found in the morning suspended from the iron bar of the window by a strip of calico. Accidents of this sort show that one cannot be too much on one's guard against the cunning and dissimulation of suicidal patients, who, if really bent on their purpose, are almost sure to accomplish it by some means or other, unless mechanically restrained, or kept under observation which is not remitted for a single minute night or day.

The staff of officers has been increased since last report by a laundress and additional female attendant, and is now in the proportion to the numbers of the inmates usually considered sufficient; but the extraordinary construction of the building throws most provoking obstacles in the way, and prevents a thoroughly satisfactory supervision being maintained over the patients. It is feared that an unfortunate accident which befell the matron has caused a certain amount of permanent lameness,

which can hardly fail to interfere to some extent with the discharge of her duties; and it is learned with much regret that the female head attendant, a very active and efficient officer, is suffering in health in consequence of over-work, and has been advised that she ought to resign.

There is an entertainment for the amusement of the patients regularly every week, which lasts about two hours. It generally consists chiefly of dancing, but its nature is varied when opportunity occurs. The number of visitors is kept within judicious limits. At the last one, which was held this week, an exhibition of dissolving views was given by a friend of the superintendent. Fifty of the men and twenty-three of the women were present, and seven visitors. A good many of the patients find in-door amusements in books, draughts, billiards, &c.; but it is impossible that recreation can be attended to as it ought in an asylum of this kind. Hitherto there have been no out-door amusements, but a good bowling-green has now been made, and will soon be ready for playing on. The various registers are carefully written up to date.

In concluding this report, I desire to take the opportunity of again calling attention to the fact that it is necessary, without delay, both to make an addition to this temporary asylum sufficient to relieve the dangerous and unjustifiable extent to which it is crowded, and at the same time to commence the erection of a new asylum for three hundred patients on a suitable site of at least one hundred acres. I understand that the Colonial Architect has been instructed to prepare plans for an addition to this asylum to accommodate fifty male patients. This would relieve the male department, and, if no time were lost in pushing on the building of the new asylum, might suffice for the men till that were ready. But the female department is over-crowded, and it is out of the question to suppose that it will be possible to avoid making an addition of some kind to it as a temporary provision till the new asylum, the plans of which are not even prepared, is erected. It appears to me that the wisest thing to do would be to build an addition for fifty women also. There need be no fear that this would be too much. If not fully occupied by patients from this district, it could be only too easily filled up by patients from some of the other crowded asylums. If the existing building had its roof renewed, and were kept in good repair, it, together with the proposed new wings, might, on being vacated by the patients, be converted into some other charitable institution, such as an orphanage or old man's refuge.

The Asylum was visited again this day (6th December), and the superintendent has been recommended to use the recreation-hall as a dormitory for males, and the day-room of the front female ward for females, and in this way do entirely away with the existing arrangement of allowing two patients to sleep in the same room. This will, no doubt, be extremely inconvenient, and cause much extra trouble; but it is evident that an accident must occur sooner or later if the present arrangement is continued, and that the superintendent would be blamed if it could be shown that another less dangerous, however objectionable in itself, might have been adopted."

The Asylum has been repeatedly inspected since the above was written, and always, so far as permitted by obstacles over which the Superintendent had no control, found in a highly satisfactory condition.

It is a great pleasure to be able to record that a new block of buildings for 50 male patients has been put up, and is now ready for occupation; and that the roof of the old building is about to be completely renewed, galvanized iron being substituted for the worn-out shingles. The new wing referred to will not only entirely do away with all crowding on the male side of the house, but also allow of a portion of the female side, hitherto occupied by the men, being again taken possession of by the women, and so relieve overcrowding on their side also.

INCREASED ACCOMMODATION.

Since this time last year additional accommodation for male patients has been provided by the erection of a new wing for 50 at the Wellington Asylum, a detached house for 12 at Hokitika, and a cottage and farm-buildings at Seacliffe, in Otago, which afford excellent quarters for a party of 74 working patients. There is thus, at this date, asylum accommodation—of one kind or another: good, bad, and indifferent—for 494 males, 281 females—total, 775; and, the number of patients being 656 males, 329 females—total, 985, there is an excess of 162 males, 48 females—total, 210, over the total amount of asylum accommodation in the colony. Much of the above accommodation, however, is of such a nature that it has to be entirely discounted in estimating what additional buildings it is necessary to provide. This is the case with the whole of the present Dunedin Asylum, which originally was never intended to be other than a temporary one, and occupies a site reserved for another purpose; and which, owing to the plan on which it is constructed, its utterly insufficient quantity of land (10 acres), and the extreme publicity of its situation, is altogether an exceedingly unsuitable place for the care and detention of lunatics. The building at present occupied by the male patients at Sunnyside, Christchurch, was also only intended to be temporary, and is fast decaying. The whole of the "back ward" of the Wellington Asylum is quite unfitted for its purpose. The Napier Asylum is merely a separate building within the gaol grounds, and the site on which it stands will shortly be required for an extension of the gaol. The New Plymouth Asylum consists only of a few cells attached to the hospital. The old hospital at Auckland, which forms the temporary quarters of the female patients there, is in no respect suited for them, and is urgently required for another class of persons. Setting aside these unsuitable buildings, the total amount of satisfactory accommodation, and its insufficiency, are shown as follows:—

	Males.	Females.	Total.
At Christchurch	—	80	80
Hokitika	43	9	52
Nelson	30	30	60
Dunedin (at Seacliff)	74	—	74
Wellington (temporary)	70	20	90
Auckland (at Whau)	50	—	50
Total	267	139	406

	Males.	Females.	Total.
Present number of patients	656	329	985
Deficiency of proper accommodation	389	190	579

The works already undertaken towards supplying this deficiency are—the new wing of the Auckland Asylum (which will provide for 107 male patients, and, according to contract, should be completed in May, 1880), and a portion of the male wing of the new Christchurch Asylum, sufficient for 50, and which, according to contract should be completed in September, 1880. In determining what buildings should be undertaken in addition to those now in course of erection in Christchurch and Auckland, the number for whom provision is required should at least be reckoned at what it is likely to be within the shortest period at which any new building of a suitable kind could be got ready, and this may be stated as fully two years hence. The increase in the number of lunatics last year was 87, and the previous year 81, and the average increase for the last six years was 69; and we may safely conclude that the annual increase will continue to be at least 70. At this rate, there will be in July, 1881, 1,125 patients, or 562 in excess of proper accommodation, including that now being provided at Christchurch and Auckland.

By far the most important works to push on with, in order to make the necessary provision, are the building of the new Asylum at Blueskin, and the completion of the male wing of the Christchurch Asylum. A magnificent reserve of 900 acres has been made at Blueskin, about twenty-seven miles from Dunedin, on the line of railway; and it is proposed to set aside 500 of this as a farm for the exclusive use of the Asylum. A site for the building has already been cleared, and appears to be all that could be desired; and the plans of a commodious and well-arranged Asylum for 300 patients are now ready. I understand that tenders are to be called for in such a manner that a contract can be made either for the erection of the whole building, so far as at present designed, or of one or more portions of it at a time. I would strongly recommend that the whole building should be gone on with at once, and be got ready for occupation as soon as possible. This would apparently take two years, and it must be remembered that the buildings now designed are far from being complete. Nothing is to be gained by building the Asylum bit by bit, and its occupation in that manner by the patients, which would add greatly to the difficulties and expense of management. On the other hand, its speedy completion would both enable the erection of another and equally expensive Asylum, which will ultimately be required for Wellington, to be deferred for some time, till the colony is in a better position to undertake another work of such magnitude, and at the same time save the waste of some thousands of pounds which would require to be flung away in temporary buildings were the present Dunedin Asylum not vacated in time to serve as such. It is not only on account of increased accommodation being required that it is of importance to hasten on the building of the Seacliff Asylum. There can be no doubt that the possession of 500 acres of good land will greatly reduce the cost of the patients' maintenance, and, by affording them the means of abundant, cheerful, and healthy employment, tend to promote the cure of those who are curable, and greatly to increase the comfort and happiness of them all. It will also, in future, be possible, with so large an extent of land, to provide increased accommodation of a comparatively, cheap and simple kind, by means of cottages placed here and there for the use of harmless and industrious patients, who, as a rule, much prefer the more natural and homely life they are thus permitted to lead to dwelling in a vast Asylum.

As regards the Christchurch Asylum, the necessity of finishing the male wing, the building of a portion of which has already been begun, must be sufficiently obvious to every one. The building at present occupied by the male patients is altogether too bad to be described in official language; and, while it can hardly be expected to last until the new one is ready, it causes the continual frittering away of considerable sums of money in repairs and temporary makeshifts. Supposing these two buildings to be completed by July, 1881, at which time I have assumed that the number of patients in excess of present satisfactory accommodation will be 562, there would still be a deficiency for 162. No doubt, if the colony is prepared to embark in further expenditure than is implied in undertaking the works already mentioned as most urgently required, the proper thing to do, in order fully to meet the deficiency in accommodation, would be to proceed at once to build a permanent asylum in the neighbourhood of Wellington, as recommended in previous reports. It is quite certain that this will ultimately require to be done. But the evil of overcrowding, so much complained of in the Wellington Asylum, is in the meantime being overcome by the erection of a block of buildings for 50 patients, and, if there is no delay in proceeding with the works already entered upon, it will be quite possible, and probably wiser, to avoid the great expense of this additional one at Wellington until some time after these have been finished; the present Asylum at Dunedin, which, with all its defects, is in a state of good repair, being continued in the interval in use by the excess of patients over satisfactory and permanent accommodation, as previously suggested.

In the Appendix will be found two tabular statements supplied by the Public Works Department, showing the amounts expended on asylum buildings during the year ended 30th June, the liabilities at that date, and the contract prices for additions in course of being made. From these it will be seen that the expenditure on buildings has been £13,359 15s. 9d.; and that the liabilities, which include the cost of the new wing to the Auckland Asylum, and the portion of the male wing of the Christchurch, already contracted for, amount to £17,485 17s. 1d. The Seacliff Asylum, the plans of which, so far as at present designed, do not include a Superintendent's house, workshops, and washing-house, which will afterwards have to be provided, will probably cost, by the time it is completed, fully £65,000. To complete the male wing of the Christchurch Asylum will likely cost £18,000 at least. These estimates, together with the liabilities, make a total of over £100,000, which will probably be required to complete the works already on hand or recommended to be undertaken.

COST OF MAINTENANCE.

The total expenditure on the management and maintenance of the insane during the year 1878 was, as shown in Table XII., £35,267 4s. 6½d., which is £509 8s. 10½d. more than it was in the previous year. From this has to be deducted £2,680 19s. 2d. paid into the Treasury on account of private patients and a certain amount of asylum produce sold; so that the actual cost to the Government was £32,568 5s. 4½d. The average cost per head, exclusive of general expenses, was less by £1 18s. 9½d. than that of the preceding year, being £33 1s. 5¼d. per annum, or 12s. 8½d. a week, which is less than that in the asylums of Victoria in 1877, where it was 13s. 6¼d., and in those of New South Wales, where it was 12s. 9½d., as stated in the Inspectors' reports for that year. Taken for the financial year, the total expenditure was £33,903 5s., or £2,298 15s. 6d. within the vote.

I have, &c.,

FRED. W. A. SKAE.
Inspector, Lunatic Asylums.

The Hon. the Colonial Secretary, Wellington.

APPENDIX.

TABLE I., showing the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS in ASYLUMS during the Year 1878.

	M.	F.	Total.
In Asylums 1st January, 1878	580	290	870
Admitted for the first time	205	108	313
Readmitted	42	23	65
Total admitted	247	131	378
Total under care during the year	827	421	1,248
<i>Discharged or Removed.</i>			
	M.	F.	Total.
Recovered	121	68	189
Relieved	14	14	28
Not improved	3	3	6
Died	51	17	68
Total discharged and died during the year	189	102	291
Remaining in Asylums 31st December, 1878	638	319	957
Increase over 31st December, 1877	58	29	87
Average number resident during the year	601	303	904

TABLE II., showing the AGES of PATIENTS in ASYLUMS at 31st December, 1878.

Ages.	Auckland.			New Plymouth.			Napier.			Wellington.			Nelson.			Hokitika.			Christchurch.			Dunedin.			Total.				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
Under 5 years...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
From 5 to 10 yrs.	1	1	1	1	...	1	1	...	1	1	...	1	3	1	4
" 10 ,, 15 "	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	2	3	5	1	1	2	5	4	4	9
" 15 ,, 20 "	2	4	6	...	...	...	2	2	4	1	4	5	2	1	3	...	1	1	2	3	5	4	...	4	11	15	26	
" 20 ,, 30 "	19	8	27	...	...	...	3	4	7	12	8	20	6	2	8	5	1	6	23	11	34	20	8	28	88	42	130	
" 30 ,, 40 "	52	23	75	1	1	2	9	...	9	32	13	45	10	11	21	23	11	34	48	29	77	51	31	82	226	119	345		
" 40 ,, 50 "	28	16	44	1	...	1	3	...	3	16	12	28	9	3	12	17	3	20	59	24	83	61	24	85	194	82	276		
" 50 ,, 60 "	20	9	29	...	...	...	2	...	2	4	5	9	7	3	10	5	...	5	13	11	24	27	11	38	78	39	117	
" 60 ,, 70 "	8	1	9	...	...	...	...	...	...	1	3	4	2	...	2	...	1	1	4	1	5	9	1	10	24	7	31	
" 70 ,, 80 "	2	3	5	...	...	...	...	...	...	1	2	3	1	1	2	...	...	...	1	1	2	2	...	2	7	7	14	
" 80 ,, 90 "	1	0	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	
Unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	1	1	2	3
Totals	132	64	196	2	1	3	17	6	23	69	48	117	38	21	59	51	19	70	152	84	236	177	76	253	638	319	957		

TABLE III., showing the AGES of the ADMISSIONS in the different ASYLUMS.

Ages.	Auckland.			New Plymouth.			Napier.			Wellington.			Hokitika.			Christchurch.			Dunedin.			Nelson.			Total.				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
Under 5 years...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
From 5 to 10 yrs.	1	...	1	1	...	1	2	...	2
" 10 ,, 15 "	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	3	4	...	1	1	1	...	1	1	3	4	7
" 15 ,, 20 "	2	4	6	...	...	...	...	...	...	3	3	...	1	1	4	1	5	2	1	3	3	1	4	11	11	22		
" 20 ,, 30 "	10	6	16	1	1	...	...	...	...	12	4	16	3	1	4	19	12	31	9	9	18	3	2	5	56	35	91	
" 30 ,, 40 "	11	6	17	1	1	2	7	1	8	12	4	16	8	5	13	23	10	33	25	8	33	4	2	6	91	37	128		
" 40 ,, 50 "	9	4	13	1	...	1	...	...	...	5	6	11	5	1	6	12	4	16	20	4	24	5	1	6	57	20	77	
" 50 ,, 60 "	5	6	11	1	...	1	1	...	1	4	...	4	...	...	...	3	5	8	5	5	10	...	...	...	19	16	35	
" 60 ,, 70 "	1	3	4	...	...	...	...	...	...	1	1	...	...	...	...	2	...	2	2	...	2	...	...	...	5	4	9	
" 70 ,, 80 "	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	3	5		
" 80 ,, 90 "	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
Unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	1	
Totals	41	32	73	3	2	5	8	1	9	33	18	51	17	8	25	64	35	99	65	28	93	16	7	23	247	131	378		

TABLE IV., showing the DURATION of DISORDER on ADMISSIONS during the Year 1878.

	Auckland.			New Plymouth.			Napier.			Wellington.			Nelson.			Hokitika.			Christchurch.			Dunedin.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Class— First attack, and within 3 months on admission ...	24	28	52	1	...	1	...	...	...	22	6	28	4	3	7	6	2	8	53	25	78	55	20	75	165	84	249
Second Class— First attack above 3 mos. and within 12 months on admission ...	2	1	3	2	1	3	3	...	3	4	1	5	6	2	8	...	...	...	2	...	2	1	2	3	20	7	27
Third Class— Not first attack, and within 12 months on admission ...	6	2	8	...	...	...	...	...	...	6	9	15	...	1	1	4	...	4	8	7	15	4	6	10	28	25	53
Fourth Class— First attack or not, but of more than 12 months on admission ...	9	1	10	...	1	1	5	1	6	1	2	3	6	1	7	1	2	3	1	3	4	5	...	5	28	11	39
Unknown ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	4	10	...	...	...	...	...	...	6	4	10
Totals ...	41	32	73	3	2	5	8	1	9	33	18	51	16	7	23	17	8	25	64	35	99	65	28	93	247	131	378

TABLE V., showing LENGTH of RESIDENCE of PATIENTS DISCHARGED RECOVERED during the Year 1878.

Length of Residence.	Auckland.			New Plymouth.			Napier.			Wellington.			Nelson.			Hokitika.			Christchurch.			Dunedin.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 month	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3	6	3	9	5	3	8	9	2	11	22	9	31
From 1 to 3 mos.	4	1	5	1	...	1	...	1	1	1	2	3	...	1	1	2	0	2	13	7	20	9	9	18	30	21	51
" 3 " 6 "	2	...	2	...	...	...	...	...	...	8	2	10	...	1	1	1	1	2	6	4	10	9	6	15	26	14	40
" 6 " 9 "	2	1	3	...	...	...	...	...	...	2	...	2	...	1	1	1	...	1	1	5	6	7	1	8	13	8	21
" 9 " 12 "	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	1	1	2	6	8	3	1	4	7	8	15	15
" 1 " 2 yrs.	...	...	...	...	...	...	...	...	...	7	3	10	1	...	1	...	...	...	...	1	1	5	2	7	13	6	19
" 2 " 3 "	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	1	...	1	...	...	...	3	...	3
" 3 " 5 "	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	1	...	1	1	...	...	...	...	1	2	3
" 5 " 7 "	3	...	3	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	4	...	4
" 7 " 10 "	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	2	...	2
" 10 " 12 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 12 " 15 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Over 15 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	12	2	14	1	...	1	...	1	1	22	7	29	5	4	9	10	6	16	29	27	56	42	21	63	121	68	189

TABLE VI., showing LENGTH of RESIDENCE of PATIENTS who DIED during the Year 1878.

Length of Residence.	Auckland.			New Plymouth.			Napier.			Wellington.			Nelson.			Hokitika.			Christchurch.			Dunedin.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 month...	...	1	1	...	...	...	...	...	...	1	1	2	...	2	...	...	...	...	1	...	1	4	...	4	7	2	9
From 1 to 3 mos.	1	2	3	...	...	...	1	...	1	...	...	...	1	...	1	...	...	2	3	...	3	3	1	4	9	3	12
" 3 " 6 "	1	1	2	...	...	...	...	...	...	1	...	1	...	...	...	...	...	2	1	...	1	1	4	2	6	...	6
" 6 " 9 "	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	1	1	2	...	2	...	2
" 9 " 12 "	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	1	1	...	1	2	1	3	4	1	5
" 1 " 2 yrs.	6	1	7	...	...	...	1	...	1	...	...	...	1	...	1	1	1	2	...	...	...	...	...	1	10	2	12
" 2 " 3 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	4	2	2	2	4
" 3 " 5 "	...	1	1	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1	...	...	2	1	3	4	2	6	5
" 5 " 7 "	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	...	3	4	1	6	...	6
" 7 " 10 "	2	...	2	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	3	3	...	3
" 10 " 12 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	1	...	1
" 12 " 15 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	1	1	1	2
Over 15 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	...	1
Totals ...	11	6	17	...	...	...	2	...	2	2	1	3	5	...	5	5	1	6	7	2	9	19	7	26	51	17	68

TABLE VII., showing the Condition as to MARRIAGE of PATIENTS Admitted, Discharged, and Died during the Year 1878.

	Admissions.			Discharges.			Deaths.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
AUCKLAND—									
Single	27	11	38	18	6	24	5	2	7
Married	10	13	23	7	7	14	6	1	7
Unknown	...	...	...	...	...	...	...	...	...
Widowed	4	8	12	...	3	3	...	3	3
Total	41	32	73	25	16	41	11	6	17
NEW PLYMOUTH—									
Single	1	1	2	2	1	3	...	...	...
Married	1	1	2	...	1	1	...	...	...
Widowed	1	...	1	...	...	...	...	...	...
Total	3	2	5	2	2	4	...	...	...
NAPIER—									
Single	4	...	4	...	1	1	...	...	...
Married	4	1	5	...	1	1	...	2	2
Widowed	...	...	...	...	...	...	...	...	...
Total	8	1	9	...	2	2	...	2	2
WELLINGTON—									
Single	22	11	33	13	4	17	1	...	1
Married	10	7	17	10	3	13	1	1	2
Widowed	1	...	1	...	...	...	...	...	...
Total	33	18	51	23	7	30	2	1	3
NELSON—									
Single	11	3	14	4	1	5	3	...	3
Married	5	3	8	1	3	4	2	...	2
Widowed	...	1	1	...	...	...	...	...	...
Total	16	7	23	5	4	9	5	...	5
HOKITIKA—									
Single	15	2	17	8	...	8	2	...	2
Married	1	5	6	2	6	8	2	1	3
Widowed	1	1	2	...	...	...	1	...	1
Total	17	8	25	10	6	16	5	1	6
CHRISTCHURCH—									
Single	46	17	63	20	8	28	6	...	6
Married	15	17	32	9	19	28	1	1	2
Widowed	3	1	4	2	...	2	...	1	1
Total	64	35	99	31	27	58	7	2	9
DUNEDIN—									
Single	38	10	48	23	7	30	11	2	13
Married	22	17	39	17	13	30	6	4	10
Widowed	5	1	6	2	1	3	2	1	3
Total	65	28	93	42	21	63	19	7	26
TOTALS—									
Single	164	55	219	88	28	116	28	4	32
Married	68	64	132	46	53	99	20	8	28
Widowed	15	12	27	4	4	8	3	5	8
Total	247	131	378	138	85	223	51	17	68

TABLE VIII., showing the AGES of PATIENTS who DIED during the Year 1878.

Ages.	Auckland.			New Plymouth.			Napier.			Wellington.			Nelson.			Hokitika.			Christchurch.			Dunedin.			Total.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
10 to 15 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	1	...	1
15 " 20 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20 " 30 "	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	2	...	4
30 " 40 "	4	...	4	...	...	...	2	...	2	1	...	1	1	...	1	...	1	3	1	4	7	3	10	19	4	23	...	
40 " 50 "	4	1	5	...	...	...	...	...	...	1	1	2	3	...	3	2	1	3	1	...	1	11	3	14	22	6	28	
50 " 60 "	2	...	2	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	1	...	1	1	1	2	6	1	7	
60 " 70 "	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
70 " 80 "	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2
80 " 90 "	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1
Unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	1	1
Totals	11	6	17	...	...	...	2	...	2	2	1	3	5	...	5	5	1	6	7	2	9	19	7	26	51	17	68	

TABLE IX., showing CAUSES of INSANITY in the Admissions.

Cause.	Auckland.		New Plymouth.		Napier.		Wellington.		Nelson.		Hokitika.		Christchurch.		Dunedin.		Total.										
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.									
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.									
Hereditary predisposition									
Congenital (idiocy and imbecility)									
Intemperance									
Epilepsy									
Pubescence									
Uterine affections									
Solitary vice									
Heart disease									
Parturition and lactation									
Climacteric									
Injury to head									
Sunstroke									
Fever									
Old age									
Exposure and want									
Syphilis									
Paralysis repens									
Domestic troubles, jealousy, disappointment, and worry									
Religious anxiety or brooding									
Wrench of emigration and congenital weakness									
Solitude									
Seduction									
Fright									
Criminal humatics (congenital imbecility)									
Unknown									
Total	41	32	73	8	2	5	8	1	9	83	18	51	16	7	23	17	8	25	64	35	99	65	28	93	247	131	378

TABLE X., showing CAUSES of DEATH.

CAUSES.	Auckland		Napier.		Wellington.		Nelson.		Hokitika.		Christchurch.		Dunedin.		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
<i>Diseases of the Nervous System :</i>																	
General paralysis ...	4	...	...	...	2	...	3	...	1	...	...	...	5	1	15	1	16
Epilepsy ...	1	1	1	...	...	...	...	...	1	1	...	...	...	1	3	3	6
Apoplexy ...	1	...	...	...	...	...	...	...	1	...	2	...	1	...	5	...	5
Exhaustion from mania ...	...	2	...	...	...	...	...	...	...	...	...	...	1	1	1	3	4
Myelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1
Chronic disease of the brain ...	1	...	...	...	...	...	...	...	...	...	...	...	5	...	6	...	6
Chronic syphilitic mania ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1
Softening of the brain ...	...	...	1	...	...	...	1	...	1	...	...	...	...	3	...	3	3
Inflammation of the brain ...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	1
<i>Thoracic Diseases :</i>																	
Pneumonia ...	2	...	...	...	...	...	...	...	...	...	1	...	1	...	4	...	4
Abscess of the lung ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1
Phthisis pulmonalis ...	...	...	...	...	...	...	...	...	...	...	1	1	1	2	2	3	5
Cardiac disease ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1
<i>Other Causes :</i>																	
Marasmus ...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	2
Inflammation of bowels ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1
Diarrhoea ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1
Old age ...	1	3	...	...	...	...	...	...	...	...	1	1	2	...	4	4	8
Strangulation, suicidal ...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	2	2
Totals ...	11	6	2	...	2	1	5	...	5	1	7	2	19	7	51	17	68

TABLE XI., showing the NATIVE COUNTRIES of PATIENTS in ASYLUMS at 31st December, 1879.

Country.	Auckland.			New Plymouth.			Napier.			Wellington.			Nelson.			Hokitika.			Christchurch.			Dunedin.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
England ...	59	23	87	1	...	1	5	2	7	24	20	44	10	9	19	15	4	19	71	43	114	45	14	59	230	120	350
Scotland ...	17	4	21	2	2	4	18	13	31	9	2	11	7	2	9	15	10	25	58	40	98	126	73	199
Ireland ...	26	24	50	7	1	8	18	10	28	13	3	16	18	13	31	53	25	78	35	18	53	170	94	264
New Zealand ...	11	3	14	...	...	...	...	...	1	...	1	5	6	11	...	...	...	...	1	1	3	1	4	20	11	31
Australia ...	2	...	2	...	...	...	...	...	...	...	...	...	...	2	...	2	1	1	2	4	2	6	9	3	12	
France ...	3	...	3	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2	...	2	1	...	1	6	1	7
Germany ...	2	...	2	...	1	1	...	...	4	2	6	...	...	5	...	5	5	1	6	4	1	5	20	5	25	
Norway ...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	1	2	...	2	3	1	4
Sweden ...	1	...	1	...	...	...	1	1	2	1	...	1	...	...	1	...	1	...	...	...	4	...	4	8	1	9
Denmark ...	1	...	1	1	...	1	1	...	1	2	1	3	...	...	1	...	1	1	...	1	4	...	4	11	1	12
Italy ...	1	...	1	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	5	...	5	8	...	8
China ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...	8	8	...	8
Other Countries	3	1	4	...	...	...	1	...	1	...	...	...	...	...	...	4	2	6	1	...	1	...	1	9	3	12
Maoris ...	6	4	10	...	...	...	...	...	1	2	3	...	...	...	...	...	...	...	...	...	3	...	3	10	6	16
Totals ...	132	64	196	2	1	3	17	6	23	69	48	117	38	21	59	51	19	70	152	84	236	177	76	253	638	319	957

TABLE XII., showing the EXPENDITURE for the Year 1878.

Items.	Auckland.		Christchurch.		Dunedin.		Hokitika.		Napier.		Nelson.		New Plymouth.		Wellington.		Total.	
	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Inspector
Record Clerk and Accountant
Medical fees
General contingencies
Medical officers
Superintendents
Clerks
Matrons
Attendant and servants
Rations
Fuel and light
Bedding and clothing
Surgery and dispensary
Wines, spirits, ale, and porter
Necessaries, incidental and miscellaneous
Totals	6,287	8 4 $\frac{1}{2}$	7,708	15 8 $\frac{1}{2}$	7,520	11 0	2,993	17 6 $\frac{1}{2}$	854	2 1 $\frac{1}{2}$	2,211	1 6	69	19 10	4,919	6 1 $\frac{1}{2}$	35,267	4 6
Moneys received for maintenance and produce sold	518	11 6	885	7 5	859	12 11	32	11 0	...	...	93	17 3	...	...	290	19 1	2,680	19 2
Total actual expenditure	5,766	16 10 $\frac{1}{2}$	6,823	8 3 $\frac{1}{2}$	6,670	19 1	2,961	6 6 $\frac{1}{2}$	854	2 1 $\frac{1}{2}$	2,117	4 3	69	19 10	4,628	7 0 $\frac{1}{2}$	32,586	5 4 $\frac{1}{2}$

TABLE XIII., showing AVERAGE COST of MAINTENANCE of each PATIENT per ANNUM.

Asylum.	Provisions.	Salaries and Wages.	Clothing and Bedding.	Fuel and Light.	Surgery and Dispensary.	Wines, Spirits, Ale, and Porter.	Necessaries, Incidental and Miscellaneous.	Total Cost per Patient.	Repayment for Maintenance.	Cost per Head, less Payments.	Cost per Head previous Year.	Decrease in Cost, 1878.	Increase in 1878.
Dunedin...	8 18 1 $\frac{1}{2}$	10 7 6 $\frac{1}{2}$	2 10 0 $\frac{1}{2}$	£ 1 13 8 $\frac{1}{2}$	£ 0 3 5 $\frac{1}{2}$	£ 0 12 2 $\frac{1}{2}$	£ 5 12 10 $\frac{1}{2}$	£ 29 16 10 $\frac{1}{2}$	£ 3 18 2 $\frac{1}{2}$	£ 23 18 7 $\frac{1}{2}$	£ 23 9 3 $\frac{1}{2}$	£ ...	£ 2 9 4 $\frac{1}{2}$
Napier ...	13 9 4 $\frac{1}{2}$	11 10 14 $\frac{1}{2}$	7 1 4 $\frac{1}{2}$	3 6 0 $\frac{1}{2}$	0 7 3	0 5 3	4 13 3 $\frac{1}{2}$	40 13 5	...	40 13 5	29 0 3 $\frac{1}{2}$	...	11 13 1 $\frac{1}{2}$
Christchurch	11 9 7 $\frac{1}{2}$	15 10 7 $\frac{1}{2}$	2 10 4	2 12 3 $\frac{1}{2}$	0 0 8 $\frac{1}{2}$	0 1 10 $\frac{1}{2}$	2 13 5	35 3 11 $\frac{1}{2}$	4 0 10 $\frac{1}{2}$	31 3 1 $\frac{1}{2}$	36 15 7 $\frac{1}{2}$	5 12 6 $\frac{1}{2}$	...
Auckland	13 6 14 $\frac{1}{2}$	10 9 2 $\frac{1}{2}$	4 2 7	1 13 5 $\frac{1}{2}$	0 3 1 $\frac{1}{2}$	0 19 1 $\frac{1}{2}$	3 0 3 $\frac{1}{2}$	33 16 0 $\frac{1}{2}$	2 15 9	31 0 3 $\frac{1}{2}$	36 16 6 $\frac{1}{2}$	5 16 2 $\frac{1}{2}$	...
Nelson ...	14 14 5	15 3 10	4 5 10 $\frac{1}{2}$	4 15 9 $\frac{1}{2}$	0 5 3	0 5 3	3 5 2	42 10 4 $\frac{1}{2}$	1 16 1	40 14 3 $\frac{1}{2}$	38 9 5	...	2 4 10 $\frac{1}{2}$
Wellington	11 16 11	15 16 7 $\frac{1}{2}$	5 11 11 $\frac{1}{2}$	3 2 2 $\frac{1}{2}$	0 12 8 $\frac{1}{2}$	0 9 4	8 1 10 $\frac{1}{2}$	46 5 9 $\frac{1}{2}$	2 13 10 $\frac{1}{2}$	43 11 11	44 1 3 $\frac{1}{2}$	...	...
Hokitika	14 17 6 $\frac{1}{2}$	22 18 9	3 15 5 $\frac{1}{2}$	0 14 10 $\frac{1}{2}$	0 8 5 $\frac{1}{2}$	0 1 10 $\frac{1}{2}$	5 10 3 $\frac{1}{2}$	46 15 7	0 10 2	46 5 5	52 3 4	5 17 11	...
New Plymouth	...	...	...	...	...	...	...	34 19 11	2 0 0	...	...	...	...
Averages	...	...	...	...	...	...	...	39 0 2 $\frac{1}{2}$	2 19 3 $\frac{1}{2}$	36 0 11	37 8 11 $\frac{1}{2}$	1 8 0 $\frac{1}{2}$	...

TABLE XIV., showing the SUMS received on account of LUNATIC ASYLUMS during the Year ended 31st December, 1878.

Asylums.			Maintenance.	Produce or Articles Sold.	Bread supplied Gaol.	Bread supplied Hospital.	Total.
			£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	...	...	445 11 10	72 19 8	...	...	518 11 6
Christchurch	...	...	885 7 5	...	...	...	885 7 5
Dunedin	...	...	859 12 11	...	*297 11 11	*178 19 2	1,336 4 0
Hokitika	...	...	19 0 0	13 11 0	...	...	32 11 0
Napier	...	...	...	...	...	...	...
Nelson	...	...	78 17 0	15 0 3	...	...	93 17 3
New Plymouth	...	...	...	...	...	...	...
Wellington	...	...	250 0 1	40 19 0	...	...	290 19 1
Totals	...	...	2,538 9 3	142 9 11	297 11 11	178 19 2	3,157 10 3

* These sums are not included in amount of repayments for maintenance, &c., as shown in Table XII., but are deducted from cost of rations in Dunedin Asylum.

TABLE XV., showing the AGES of PATIENTS DISCHARGED during the Year.

Ages.	Auckland.			New Plymouth.			Napier.			Wellington.														
	Recovered.			Not Recovered.			Recovered.			Not Recovered.			Recovered.			Not Recovered.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
From 5 to 10	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...		
" 10 " 15	...	...	...	4	2	6	...	...	...	...	...	...	...	...	...	...	...	...	...
" 15 " 20	...	...	...	3	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...
" 20 " 30	4	...	4	3	3	6	...	...	1	1	2	...	...	...	7	3	10	...	...			
" 30 " 40	3	1	4	4	2	6	...	...	...	...	...	1	1	...	1	8	1	9	...
" 40 " 50	3	...	3	1	3	4	...	...	1	1	...	...	...	...	3	2	5	1	1
" 50 " 60	1	1	2	...	2	2	1	...	1	...	...	...	...	...	4	...	4	...	...			
" 60 " 70	1	...	1	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...
" 70 " 80	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 80 " 90	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	12	2	14	13	14	27	1	...	1	1	2	3	...	1	1	...	1	1	22	7	29	1	...	1

TABLE XV., showing the AGES of PATIENTS DISCHARGED during the Year—continued.

Ages.	Nelson.			Hokitika.			Christchurch.			Dunedin.									
	Recovered.			Not Recovered.			Recovered.			Not Recovered.			Recovered.			Not Recovered.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	F.	
From 5 to 10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 10 " 15	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...
" 15 " 20	...	1	1	...	...	...	...	...	...	2	...	2	1	...	1	2	3	5	...
" 20 " 30	1	1	2	...	...	...	2	2	4	8	9	17	...	...	4	6	10	...	...
" 30 " 40	3	1	4	...	...	...	4	3	7	9	11	20	1	...	1	13	3	16	...
" 40 " 50	1	1	2	...	...	...	4	1	5	7	3	10	...	...	17	4	21	...	...
" 50 " 60	...	...	...	...	...	...	...	...	...	2	3	5	...	...	3	4	7	...	...
" 60 " 70	...	...	...	...	...	...	...	...	...	1	...	1	...	...	2	...	2	...	...
" 70 " 80	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...
" 80 " 90	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
Totals	5	4	9	...	...	...	10	6	16	29	27	56	2	...	2	42	21	63	...

TABLE XVI., STATEMENT of EXPENDITURE on ASYLUM BUILDINGS during the Year ended 30th June, 1879, and LIABILITIES for the same.

	Expended to June 30.			Liabilities, June 30.		
	£	s.	d.	£	s.	d.
AUCKLAND	3,149	15	2	14,837	19	2
AUCKLAND (RESTORATION OF BURNED PORTION)	2,214	0	2	...	...	...
WELLINGTON	3,797	17	9	787	10	0
HOKITIKA	268	1	0	641	15	0
CHRISTCHURCH	1,239	11	6	10,018	12	11
BLUESKIN RESERVE ... ..	...	...	...	...	...	...
BLUESKIN TEMPORARY BUILDINGS	2,690	10	2	1,400	0	0
TOTAL	13,359	15	9	17,485	17	1

TABLE XVII., CONTRACTS for ASYLUM BUILDINGS.

Buildings.	Tender Accepted.	Date fixed for Completion.	Contract Price.		Extras.	
			£	s. d.	£	s. d.
CHRISTCHURCH	April 3, 1879	Sep. 30, 1880	10,690	12 11	400	0 0
AUCKLAND (new wing)	Nov. 5, 1878	May 21, 1880	16,933	0 0	137	10 3
HOKITIKA (additions)	May 2, 1879	July 2, 1879	697	15 0	200	0 0
WELLINGTON (new wing)	Feb. 21, 1879	Completed	3,225	0 0	...	...
SEACLIFF (temporary building)	Nov. 6, 1878	Mar. 6, 1879	3,048	10 0	50	0 0

TABLE XVIII., showing ACCOMMODATION of all KINDS, and NUMBER of PATIENTS, at 28th June, 1879.

ASYLUMS.	Number of Patients.			Accommodation.		
	M.	F.	Total.	M.	F.	Total.
	Auckland (Asylum and Hospital)	140	61	201	50	50	100
Napier	17	7	24	17	6	23
New Plymouth	1	1	2	6	3	9
Wellington	72	47	119	82	27	109
Nelson	33	23	56	30	30	60
Christchurch	143	79	222	60	80	140
Hokitika	55	19	74	43	9	52
Dunedin	195	92	287	206	76	282
Total	656	329	985	494	281	775

TABLE XIX., showing the ADMISSIONS, DISCHARGES, and DEATHS, with the Mean Annual Mortality, and Proportion of Recoveries, &c., per cent. on the Admissions, &c., in Asylums during the Year 1878.

ASYLUMS.	In the Asylums, 1st January, 1878.			ADMISSIONS IN THE YEAR 1878.									Total Number of Patients under care.		
				Admitted for First Time.			Readmitted.			Total.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	127	54	181	28	27	55	13	5	18	41	32	73	168	86	254
New Plymouth	1	1	2	3	2	5	...	...	...	3	2	5	4	3	7
Napier	11	7	18	7	1	8	1	...	1	8	1	9	19	8	27
Wellington	61	38	99	28	13	41	5	5	10	33	18	51	94	56	150
Nelson	32	18	50	15	6	21	1	1	2	16	7	23	48	25	73
Hokitika	49	18	67	16	8	24	1	...	1	17	8	25	66	26	92
Christchurch	126	78	204	54	28	82	10	7	17	64	35	99	190	113	303
Dunedin	173	76	249	54	23	77	11	5	16	65	28	93	238	104	342
Totals	580	290	870	205	108	313	42	23	65	247	131	378	827	421	1,248

TABLE XIX., showing ADMISSIONS, DISCHARGES, and DEATHS, &c.—*continued.*

ASYLUMS.	PATIENTS DISCHARGED AND DIED.												Remaining in Asylums, 31st December, 1878.		
	Discharged Recovered.			Discharged not Recovered.			Died.			Total Discharged and Died.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland ...	12	2	14	13	14	27	11	6	17	36	22	58	132	64	196
New Plymouth ...	1	...	1	1	2	3	...	...	...	2	2	4	2	1	3
Napier ...	...	1	1	...	1	1	2	...	2	2	4	17	6	23	
Wellington ...	22	7	29	1	...	1	2	1	3	25	8	33	69	48	117
Nelson ...	5	4	9	...	...	...	5	...	5	10	4	14	38	21	59
Hokitika ...	10	6	16	...	...	...	5	1	6	15	7	22	51	19	70
Christchurch ...	29	27	56	2	...	2	7	2	9	38	29	67	152	84	236
Dunedin ...	42	21	63	...	...	...	19	7	26	61	28	89	177	76	253
Totals ...	121	68	189	17	17	34	51	17	68	189	102	291	638	319	957

ASYLUMS.	Average Number resident during the Year.			Percentage of Recoveries on Admissions during the Year.			Percentage of Deaths on Average Number resident during the Year.			Percentage of Deaths on Number under care.			Percentage of Deaths on Admissions.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland ...	126	60	186	29.26	6.25	19.17	8.73	10.00	9.13	6.54	6.97	6.69	2.82	18.75	23.28
New Plymouth...	1	1	2	33.33	...	20.00	...	...	...	...	...	...	...	...	...
Napier ...	15	6	21	...	100.00	11.11	13.33	...	9.52	10.52	...	7.40	25.00	...	22.22
Wellington ...	65	43	108	66.66	38.88	56.86	3.07	2.32	2.77	2.12	1.78	2.00	6.06	5.55	5.88
Nelson ...	33	19	52	31.25	57.14	39.13	15.15	...	9.61	10.41	...	6.84	31.25	...	21.73
Hokitika ...	48	16	64	58.82	75.00	64.00	10.41	6.25	9.23	7.57	3.84	6.41	29.41	12.50	24.00
Christchurch ...	138	81	219	45.31	77.14	56.56	5.07	2.46	4.10	3.68	1.76	2.97	10.93	5.71	9.09
Dunedin ...	175	77	252	64.61	75.00	67.74	10.85	9.09	10.31	7.98	6.73	7.60	29.23	25.00	27.95
Totals ...	601	303	904	48.98	51.90	50.00	8.48	5.61	7.52	6.16	4.08	5.44	24.87	12.97	17.98

By Authority: GEORGE DIDSBURY, Government Printer, Wellington.—1879.