

DISCHARGES.

I have already explained why, from the large proportion of *Delirium-Tremens* cases sent to our asylums, the proportion of recoveries is larger than it otherwise would be. The accumulation, however, of chronic cases, who form a standing asylum population, is gradually lowering our results, and we shall no doubt steadily approximate the figures of older countries in this respect.

The proportion of recoveries to admissions for the year was 42·74. The following figures show the recoveries for 1885 in England and Wales and the neighbouring colonies:—

England and Wales	... 40·33	South Australia	... 39·71
Victoria	... 52·40	New South Wales	... 36·91
New Zealand	... 37·66		

DEATHS.

The deaths in 1885 were 73 males and 22 females, in all 95. In 1886 they were 57 males and 19 females, in all 76; none of these were due to any infectious disease, and no case occurred requiring any comment from me except that of a patient, J. C., who died at Seacliff on the 27th February, before I became Inspector. I made a careful inquiry into the charge of neglect of this patient made against Dr. Neill by ex-Warders Dundas and Sutherland. This had been previously been done by the Deputy-Inspector, Mr. W. P. Street, and we both independently were driven to conclude that Messrs. Dundas and Sutherland had failed to prove their case. The following were the grounds on which I came to this conclusion:—

1. The delay in making the charge. The patient died on the 27th February, and nothing was heard of the complaint till the 10th May, while in the meantime Dundas was told he must leave on account of his marriage, as there was no house for him; and Sutherland, intending to get married, felt he must leave also unless Dr. Neill's resolution changed.

2. The direct contradiction on all material points given to Dundas and Sutherland by Head Warder MacDonald and Attendant Pullar, as well as by Dr. Neill himself, who produced his entries in the case-book, which were as follows:—2nd May, 1885: "C. continues in fair health" (this is the last entry before final the illness came on). 23rd February, 1886: "In bed to-day; complains of nothing special; pulse steady and regular; tongue clean; skin cool; no treatment required, but remains in bed for observation." 24th February: "Usual diet, and to get up in afternoon." 26th February: "Again in bed, but nothing as yet apparent to indicate any illness beyond his not caring for food" (the charge was that Dr. Neill had not seen C. from Thursday, the 25th February, till he died on Saturday, the 27th). 27th February: "Died suddenly and unexpectedly at about 9.45 p.m.; cause, apparently the heart hypertrophied."

All these circumstances, together with the fact that I could find no corroboration of the allegations made by the ex-attendants, led me to conclude that there was nothing in them.

In July Messrs. Stanford and Milne, on behalf of Sutherland and Dundas, gave notice of action against the Government for a month's wages claimed by them in lieu of notice, and claiming £25 damages for wrongful dismissal. To avoid all appearance of punishing these men merely for complaining of Dr. Neill, and in the belief that they would be satisfied, the month's wages was given on condition that the action for wrongful dismissal was given up.

MAINTENANCE.

Full particulars of the average cost of patients in our asylums will be found in Table XVI. As compared with the average cost per head for the previous year there is a decrease of 4s. 10d. in 1886. I wish particularly to point out that Dr. Levinge, of the Wellington Asylum, occupies the post of honour, although his is the smallest of the metropolitan asylums; while Dr. Neill, of Seacliff, the largest of all our asylums, has nevertheless the highest average cost per head. I except, of course, Hokitika, where the cost of living is exceptionally high.

The fact that the cost per head is less this year than last, notwithstanding the new departure which has been made in giving a full month's holiday in the year on full pay to every person on our asylum staff, is, I think, a very gratifying result. I look on this as a very important step in advance, as all will admit who have any idea of the depressing effect of long-continued contact with the insane.

CASUALTIES.

It is satisfactory to find that no accidents of a serious kind have been reported, and that in no case was there any ground to suspect violence or ill-treatment of the patients by any of the attendants. There have been a good many escapes; but, so far as I can ascertain, no harm has followed. The public is gradually coming to realize that the comparative frequency of escapes now-a-days is the price that must be paid for the diminution of restraint and the work in the open air that we are so anxious to encourage in all our asylums. To do away to the utmost with restraint in our asylums, and to insist at the same time that no lunatics shall be allowed to escape, means that we must greatly increase the staff of attendants. Given a sufficient staff and ample accommodation, and we can increase liberty without giving facilities for escape; but for the present we must consider the taxes.

ACCOMMODATION.

Seacliff Asylum.—I am thankful to report that Seacliff Asylum is undergoing a rapid transformation from a dismal prison into what it will soon be acknowledged to be the handsomest building in New Zealand, standing on one of the finest sites in the country. I am assured by the Public Works Department and by Dr. Neill that there is not the slightest change for the worse in the weak part of the building since the measures which were taken for distributing the pressure over and beyond the weak place in the foundation. With the completion of the large garden courts in front, the natural advantages of the site will be more easily appreciated, and the rooted dissatisfaction with which the public have hitherto regarded this institution will gradually give