

1887.

NEW ZEALAND.

## LUNATIC ASYLUMS OF THE COLONY

(REPORT ON) FOR 1886.

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

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

SIR,—

15th March, 1887.

I have the honour to lay before you the following report on the lunatic asylums of the colony for the year 1886 :—

The number of registered insane on the 31st December, 1886, was 1,613. These are distributed as follows :—

Asylums.	Males.	Females.	Total.
Auckland ... ..	235	129	364
Christchurch ... ..	207	133	340
Dunedin (Seacliff) ... ..	301	171	472
Hokitika ... ..	70	29	99
Napier ... ..	0	0	0
Nelson ... ..	57	42	99
Wellington ... ..	122	90	212
Ashburn Hall (private asylum) ... ..	17	10	27
Total ... ..	1,009	604	1,613

The returns for 1886 from the United Kingdom and the Australian Colonies are not yet obtainable, but at the close of 1885

New Zealand had ... ..	1 lunatic for every 401 of the population.
New South Wales ... ..	1 " 374 "
Queensland ... ..	1 " 416 "
South Australia ... ..	1 " 439 "
Victoria ... ..	1 " 297 "
England and Wales ... ..	1 " 339 "

This year in New Zealand the proportion is 1 in 370 of the population.

Before any useful idea of the proportion of lunatics in any country can be gained from statistics other considerations must be admitted. By referring to Table IX. it will be seen that there is a very large accumulation of old people in our asylums. Many of these are harmless chronic cases, and in many more mental weakness is simply a manifestation of senile decay. In England these people would be accommodated in poorhouses or other refuges, with a great saving both as regards expensive buildings and costly attendance. Here, if these persons were got rid of, there would be a great difference, not merely in the total population of our asylums, but also in the annual admissions, the recoveries, and deaths. The rapid accumulation of these helpless and friendless people in our asylums is mainly due to two causes: first, to the fact that their maintenance is thrown on the General Government, instead of being a heavy local charge as in England; and, second, to the disproportionate numbers of our population who at this stage of our history have grown old without contracting family ties. As might be expected from the similarity of conditions, the Victorian asylums are greatly hampered in the same way.

I have noticed also, that, even in the short time that has elapsed since the burden of hospitals was laid on the local bodies, there is growing up a tendency to shunt as many as possible of their chronic paralytics into the asylums. These people have always, more or less, mental weakness often just enough to enable the doctors to sign certificates, and they are very troublesome to nurse. I heard with great satisfaction when in Auckland that the Costley trustees mean to provide in the Old Men's Home, which they are going to build, a ward for such cases as I have been speaking of—harmless and friendless old people, who are merely suffering from senile decay.

Having thus called attention to the way in which the number of our lunatics is increased by the accumulation in our asylums of chronic lunatics who are harmless and easily managed, and old persons who are merely friendless, I would point out that the number of those who are annually judged to be insane will naturally tend to increase, though there be no absolute increase of insanity. Our increasing knowledge of the physiology and pathology of mind is rapidly widening the professional and popular conceptions of mental disease. It is being steadily recognized that insanity

must be treated like any other disease, and that therefore to deal with it successfully we must counteract it in its earliest stages. Under the influence of the same ideas asylums for the safe-keeping of lunatics are being transformed into hospitals, whose main object must be by early treatment to prevent mental diseases from becoming chronic and inveterate. In this way insanity must go on relatively increasing—relatively, that is, to the widening knowledge of doctors as to the premonitory symptoms of mental disease, and the vital necessity for taking them in time, and relatively also to the improvement of asylums and the consequent lessening of the horror which they formerly inspired, thus inducing the friends of patients to have recourse to timely treatment.

Again, the fact that our asylums are maintained by the General Government, which, as I have already pointed out, causes a general tendency to convert our asylums into receptacles for the flotsam and jetsam of society, leads further to an increase of our returns from the way in which it stimulates mean and selfish relatives to endeavour to thrust the care of many who are merely expensive and troublesome at home upon the hands of the State. It is becoming alarmingly easy in this country to convince persons of influence that payments for their insane relatives ought not to be rigorously exacted from the people. It is surprising what a difference this one consideration makes, not indeed in the numbers of the insane, but in the number of persons who, being in the debatable land of mental deficiency, are discovered to be fit subjects for an asylum; but who, if they had to be inevitably paid for, might safely be kept at home. It may be also that the unusual proportion of idiot and imbecile children admitted is due to the commercial and pastoral depression which has prevailed so long. In prosperous times people are not so anxious to get rid of their imbecile and helpless relatives, for abundance of work makes it easier to find some kind of employment for such persons.

There is yet another class of cases with regard to which popular feeling is being largely modified by our widening conceptions of nervous disease and social duty. Drunkards are now regarded as not merely vicious and criminal, but as the victims of disease and hereditary neuroses. The lunacy returns of New Zealand are greatly increased by the admission into our asylums of persons in various stages of alcoholic poisoning. Many and many a so-called lunatic is cured for the time being by careful feeding and judicious purgation in a week, and our recoveries are high in consequence. How most wisely to deal with these people is just at present one of our most perplexing and urgent problems.

The practice of sending these cases to the asylum is open to grave objections on two main grounds. First, it is the most expensive way of dealing with them, for, besides the cost of the two medical certificates, they needlessly cumber our most expensive institutions, and divert them from their proper functions; second, a needless stigma is affixed for life to the man who has been officially declared a lunatic, and the prospects of his children, especially of his daughters, are ruined thereby.

I believe the time has come when the social organizations of temperance, backed by the influences of morality and religion, should be supplemented by systematic action on the part of the State. The dictum of a distinguished bishop, that he would rather see England free than England sober, marks the highest reach of the tide of individualism, that is now visibly receding all over the world. This fetich of the "liberty of the subject" has been permitted long enough to stultify all our State dealings with drunkenness. Our magistrates go on gravely, year after year, sending drunkards to gaol just long enough to let them get sober, careless of the fact that in all our large towns there are persons against whom as many as fifty or sixty previous convictions have been recorded.

I believe that the time has come when the State, instead of dealing with drunkards in this indiscriminate and irrational manner, should, in its turn, like the medical profession, and even the general public, reflect the most enlightened ideas on this subject. What it has to deal with is a progressive enfeeblement of will and accompanying cerebral degeneration, caused by excess in the use of alcohol. No hard-and-fast line can be drawn between the man who is still capable of reformation by the effort of concentrating his attention on the consequences of his conduct, and the man who has gone so far on the down gradient that his own will is powerless to arrest his descent, and must therefore be supplemented by compulsion. The difference between the two classes is one of degree only. There is no sudden irrevocable plunge before which persuasion and moral influences can alone be permitted, and after which State compulsion must be applied. The truth is that the limit of freedom in regard to this vice is like the debatable margin between day and night. Who shall say when the one begins and the other ends, or shall forbid us to despair of the sun and have recourse to gas-light, with its inevitable evils and discomforts, until the exact point of transition has been determined? The State must boldly resolve to do rough justice here as elsewhere, by placing in one class those whose self-control has not hopelessly gone, and it must proceed tentatively by the method of experiment to discover them. They are a large class, from whom it must be remembered that our gaols, our hospitals, and asylums are being steadily recruited, and under the present practice must continue to be so. Yet at this stage many of them can be plucked like brands from the burning. They know as well as the most earnest preacher that there is only one end to their course. The evil is that their brains are so saturated and sodden with poison that they have lost all sense of moral perspective, and all argument and persuasion are useless. There is but one rational method of dealing with them, and the fetich of the liberty of the subject stops the way. They must be deprived of freedom and removed from their usual surroundings for a sufficient time to let their systems get rid of the poison, and made to work until the will has had a chance to recover its tone.

To fix in a practical way the definition of this first class of drunkards is the great difficulty. Mere accidental or casual drunkenness, not the outcome of long-continued indulgence, must be eliminated under observation after sentence, so that a rough separation may be effected of all those whose sodden systems and weakened wills require simply imprisonment and compulsory work, say, for one month at least. In their case actual disease has not yet supervened, and punishment is still rational as giving force to failing motive.

The second class will consist of those in whom degeneration has gone the length of actual disease, revealing itself by an explosion of *Delirium Tremens*. These must, in the first instance, be taken into a Remand Ward attached to each of our larger hospitals. From there they should be removed on recovery to gaol, where they should be kept at work, on a liberal diet, for at least three months.

The third class ought to consist of those in whom the degenerative process has gone so far that, even after the more immediate effects of the poison have been got rid of in the Remand Ward, their minds are still so affected as to enable a doctor to give a certificate of insanity. These drunkards, and these only, should be admitted into our asylums, and once there they ought not to be set free like ordinary patients as soon as they have become sane. This, which is the existing practice, simply leads in our asylums to the same absurdity as I pointed out in our gaols. Time after time the discharged lunatic comes back, only to be made fit for another drinking bout, causing great expense to the State every time. Such persons ought to be kept at regular work for such a time as will give them some chance of recovering their impaired volition.

But it will be said this is quite impracticable; people will not send their friends where they can be treated in such a fashion. I grant it is so at present, and will continue to be so so long as we allow our fear of trenching on the liberty of the subject to stultify our State dealings with drunkards.

The fourth class, Dipsomaniacs, I would define to be those persons whose insane drunkenness, whether caused by hereditary taint or latent insanity, disappears with the withdrawal of alcohol, *which, even in small quantities, produces it*.

These persons at present constitute a class by themselves, distinguishable—but, of course, only roughly distinguishable—from the previous classes. Such persons are sent to our asylums by order of a Judge of the Supreme Court. The Act requires that they shall be kept “in a ward or division thereof in which lunatics are not detained.” There is not one of our asylums in which this provision of the Act can be carried out. Feeling this difficulty, the Government have determined to make suitable arrangements for the reception of this class at the new Farm Asylum at Porirua. Here it is intended to gather these cases from the whole colony, for it is utterly impossible to afford special accommodation at each of our asylums. It is further intended that the patients shall work regularly on the farm, instead of being allowed, as heretofore, to live in destructive idleness. The number of dipsomaniacs confined in our asylums last year under a Judge’s order was six.

*Assistant Medical Officers.*—It has been urged on me, by some of the Deputy-Inspectors and others, that there ought to be assistants in all our larger asylums. I do not recommend this at present on two grounds: (1.) The time is not opportune for going to any expense that can possibly be avoided. (2.) I contemplate a general measure for the relieving of our asylums from the large population of chronic harmless cases, the merely feeble from age, and idiots and imbeciles, which at present so cumber our asylums, and prevent their true function—namely, the proper treatment of acute cases—from being fulfilled. I am sure that, if I can carry such a scheme out, the number of inmates in our asylums would be so reduced that a thorough-going treatment of acute cases, at present hopeless, will become possible—a thing very different from granting one junior assistant. Another reason which weighs with me is *that, as things are at present in our asylums*, the appointment of assistants would mean simply this: the assistants, young under-paid men, would be left to treat the patients, while the senior, well-paid officers, would absorb themselves in merely administrative work. The reason of this is apparent, and it is this, that, so long as our asylums are so largely mere receptacles of the detritus of society, and not hospitals for the treatment of curable cases of insanity, the medical superintendents will find their proper work very unsatisfactory, and will be glad to escape consciousness of the fact by devoting themselves to the successful management of our asylums considered as places for the detention and kindly treatment of the insane. At present, therefore, I think that an assistant medical officer in each of our larger asylums would be a mistake, and that for the reason that when a proper system of classification is secured a much more effective and systematic treatment of acute cases, involving a much greater cost than the country is willing to face as yet, must be aimed at.

The question of reducing our chronic asylum population by means of the boarding-out system, so largely resorted to in Scotland, must be considered as a part of the general scheme which I have indicated; and our experience of the working of the Hospitals and Charitable Institutions Act is still too short to enable me to obtain reliable data as yet.

Another matter that I postpone for the present is the erection of such workshops as are indispensable in any properly-equipped asylum. It is more urgent that decent sleeping and feeding arrangements should be provided than that model workshops should be built. All in good time I hope to get them.

#### ABOLITION OF NAPIER ASYLUM.

This asylum was closed on the 1st August, 1886. Its existence could be tolerated no longer. From its situation it could never be made anything better than simply a part of the gaol. The result of keeping open such a place as a lunatic asylum was that its inmates were the most intractable lunatics in the colony, and the cost per head for 1885 was £99 14s. 5½d., as against £27 9s. in Wellington. To obviate any difficulty in dealing with remand cases, an arrangement was made with the Prisons Department that, in consideration of our handing over the asylum and all its accessories to them, and our continuing to pay the Gaoler £35 a year, the asylum accommodation would still be available for the care of such cases until the arrangements for providing a Remand Ward at the hospital could be carried out.

#### ADMISSIONS.

On the 1st January, 1886, the number of registered lunatics was 1,524: males 981, and females 543. Those admitted during the year for the first time numbered 302: males 170, females 132. The readmissions amounted to 70: males 37, and females 33.

## 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

place to a sober satisfaction. Tenders for the long-looked-for gasworks are now being called for, and before another year I hope to see this great improvement in full operation. There is reason to believe also that a suitable wooden house will be built for the doctor, and that all the other *desiderata* will be attended to. I am sure that great advantages will follow from the improvement in classification effected by placing the working patients in the auxiliary building; and, once we get the farm as well as the building and grounds into something like order, I hope that the cost of maintenance will diminish in consequence of the increasing production of the farm.

*Sunnyside Asylum.*—The central block of this asylum is now in course of rapid erection, and soon therefore the chief difficulties that hampered so severely the management will be at an end. These difficulties were so great that I found it impossible to allocate the blame for the present unsatisfactory state of affairs fairly between the results of deficient accommodation on the one hand and the officers of the asylum on the other. A very great improvement has been already effected by the inclusion of a previously useless space in the female refractory day-room, and the throwing out of a large bow-window where formerly there was only a blank wall. The unsightly main entrance and the fence along the Lincoln Road, that have so often been complained of, are soon to be rebuilt, and, when the old buildings in front are removed, it will be possible to make the grounds and approaches something more like what they ought to be.

*Wellington Asylum.*—In April the new farm asylum at Porirua will be ready for occupation, and the great crowding of this asylum will be relieved. The cultivation of the 130 acres belonging to the farm will not merely be an invaluable aid in the treatment of convalescent patients, and a means of maintaining the health of chronic cases, but will also produce a great variety of supplies for asylum use. When the additional rooms for inebriates are provided there will be accommodation at the farm for 40 working patients. The overcrowding on the female side must be met by additions at the back of the female wing, for which a sum is put down on the estimates. The repairs so urgently needed in the refractory wards and dormitories must also be provided for. Considerable improvements have been made under Dr. Levinge's superintendence in various parts of the old buildings, and, except for the repairs and additions which are still required, the condition of the whole is very satisfactory.

*Auckland Asylum.*—This asylum, which has hitherto been the opprobrium of the department, is now undergoing such a process of reconstruction and extension as will, I trust, allay the public indignation which its condition provoked. On the female side an entirely new block, to accommodate one hundred patients, is being built on the site of the old refractory division. The kitchen block is being enlarged so as to give ample space for separate male and female dining-halls. The kitchen itself is to be fitted up in the completest manner, and abundant provision has been made for stores, pantries, scullery, and servants' rooms. A new boiler-house is being erected to supply steam for the kitchen and laundry. The old drying-closet has been removed, having been proved to be perfectly useless; and in order to insure that, if possible, at any rate, one of our asylum drying-closets shall answer its purpose, Bradford and Co., of London, have been ordered to construct one of their patent closets to suit our wants. In addition to the two large blocks now being built, a sum of £4,500 was appropriated for a new male wing. It has, however, been found impossible to proceed simultaneously with new buildings both on the male and female side, so that this cannot be taken in hand till the other contract is well advanced. In the meantime the pressure on the male side will be relieved by occupying the large hall of the auxiliary asylum as a dormitory for twenty-five male patients, just as the large hall of the main asylum has already been converted into a dormitory during the erection of the female wing. The common bath-room for the female side, which is included in the present contract, will be a great boon in simplifying the complicated system of bathing, which has hitherto been unavoidable. A great deal less labour will be required, and the results will be much more satisfactory.

*Nelson and Hokitika Asylums.*—With regard to these two smaller asylums I am able to judge of their normal state without making allowances for extraneous difficulties, and it gives me great pleasure to testify that both are well managed. At Nelson the farm so long coveted has been purchased at a reasonable price, and it will be a great gain to the institution. It is with great regret that I find that no increase of Mr. White's salary can be made this year; next year I hope circumstances will be more favourable.

*Ashburn Hall.*—My reports on Ashburn Hall Private Asylum will show how highly I think of that institution and its management.

#### MANAGEMENT OF ASYLUMS.

In all our large asylums (except Wellington) the Superintendents have had to contend with such difficulties during the past year, caused by new works either in process of erection or left incomplete, that I have found it very difficult to judge fairly of their management.

In the Auckland Asylum these difficulties culminated, on Dr. James Young's resignation, in an organized conspiracy against Dr. Cremonini, his successor.\* Dr. Cremonini was chosen in this emergency because of his long experience and high testimonials as head of a large asylum in England. Owing to the almost insuperable difficulties of the position from defective buildings and overcrowding, and the impending aggravation of the evil by extensive building operations, Dr. Cremonini found it necessary to make stringent regulations with a view to minimizing the inevitable dangers he had to face during the building operations. The leading members and certain others of the staff, who, in consequence of the previous rapid changes of Superintendents, began to think themselves masters of the situation, resented these necessary restrictions, and determined to unseat the new doctor before he had fully grasped the reins. The following is the note which I made on the situation at the time:—

\* A subsequent visit this year has satisfied me that Dr. Cremonini's energy and devotion to duty in a position of such extreme difficulty merit the fullest acknowledgment, and that his efforts to secure discipline among the attendants must be encouraged to the utmost.

“1st December, 1886.—I arrived here on Monday, 15th November, in answer to a telegram from Dr. Cremonini, representing that some of the attendants were causing trouble in the asylum. Immediately on my entrance the clerk (Mr. Thompson) and Chief Attendant Hardy, together with eight male and eleven female attendants, including Miss Woonton, the Matron, sent in their resignations. I examined on oath all who had anything to say, and came to the conclusion that it was simply a conspiracy against Dr. Cremonini, inasmuch as I found no intelligible grievances. The action of the doctor in taking away from the eight male attendants who had them the keys which gave them access to the female side in case of fire, as well as his objecting to the clerk's selling dripping to Hardy, and his withdrawal of the Saturday afternoon once a month, which the attendants had been in the habit of getting, I thoroughly approved of. These were the only grievances complained of, and in each case Dr. Cremonini was in the right, as Thompson and Hardy were both obliged to admit.

“The complaints of the doctor's overbearing manner, and his insisting on being saluted by the officers, I found to be unworthy of notice; on the other hand I found the clearest proof that a general scheme of organized resistance had been determined on, in the hope of making it impossible for Dr. Cremonini to successfully manage the asylum, and that the majority of those who had resigned had been misled by misrepresentations of the doctor's intentions. It had been diligently whispered among the staff that they were all going to be replaced, and that it would be better to resign than wait to be dismissed.

“On Tuesday, the 16th, I accepted Hardy's resignation, and told him to leave at once, giving as my reason that, ‘in my opinion, the interests of the asylum made it necessary that he should go at once.’ Next morning I left for Rotorua and the Thames, intending to be absent a week, and hoping that when I returned the members of the staff who had been misled would withdraw their resignations.

“I again visited the asylum on Thursday, the 26th, and found the clerk and six attendants—Strahan, O'Connor, Samuel, Boyd, Byrne, Leydon, and Farrell all defiant, apparently trusting to outside support. Thompson, the clerk, was under the influence of drink, and I dismissed him on the spot, having previously sent for a police officer to take delivery of the stores. The others I sent away at once to prevent their doing further mischief among the staff, agreeing to give them their usual wages in lieu of notice.

“I found this morning (1st December) that all was going on quietly, and that eight of the female attendants had withdrawn their resignations.

“I made a general inspection of the asylum. The number of male patients is 160; females, 127; males in the auxiliary asylum, 66; absent on trial, 2 males and 4 females.”

At Sunnyside Asylum I found only a less unsatisfactory state of affairs than at Auckland, caused by the delay in building the central block, and aggravated to some extent by the false position in which the leading members of the staff were placed with regard to each other.

At Seacliff the public feeling of insecurity about the building, the confusion arising from the want of properly laid-out grounds and airing-courts, the want of a doctor's house, which compels the back to be used as the front of the asylum, and the desolate appearance inseparable from the transformation of dense bush into farm land, made it difficult to do justice to the management. As will be seen, however, from the accompanying entries made in the Inspector's book, at my regular visits, I think it reasonable to conclude that our asylums are carefully and economically managed. In all, without exception, the medical treatment of patients in the acute stage of the disease is greatly hampered by the impossibility of thorough-going classification, while as regards their food and clothing, and immunity from restraint, there is little or nothing to be desired.

As regards the Wellington Asylum I thought it would be unfair to express my unqualified satisfaction with Dr. Levinge's management of it until I had explained why I had found it so difficult to do justice to the other Superintendents.

I beg to return my hearty thanks for the important assistance I have received from the Deputy-Inspectors and Official Visitors. I consider their presence at the various asylums a very important means of keeping up the public confidence in the management of these institutions, and dispelling the mystery that surrounds them in public estimation.

The following are the entries I made in the Inspector's Book at each asylum at the time of my visits:—

#### ENTRIES OF VISITS TO THE DIFFERENT ASYLUMS.

##### *Seacliff.*

29th May, 1886.—I made my first inspection of Seacliff Asylum on the 20th, 24th, 26th, 27th, and 28th May. On the day of my last visit the number of patients in the asylum was 453: males, 297; females, 156. One male and three females were out on trial, and there was one dipsomaniac in the asylum. I made a careful individual inspection of all the inmates, and made a special examination of any cases that seemed to require particular attention. I found no one improperly detained. There was one old man of eighty, suffering from senile decay, placed here by the Judge merely because he could not be properly managed at home. I found no one in actual seclusion, and only a few who, at intervals, and for short periods, require to be confined to their rooms. One female patient was wearing locked gloves, for reasons that seemed to me sufficient.

All the inmates of this asylum are well and kindly treated, being well fed, well clothed, and well lodged, while their medical treatment is carefully attended to by Dr. Neill and his assistant, Dr. Macandrew. There are, however, great defects, which at present, and for some time to come, must greatly detract from the undoubted advantages of this asylum. These advantages, which in the present state of feeling about the asylum are apt to be overlooked, are nevertheless such as very few, if any, institutions of the kind possess. There is a magnificent estate of 900 acres of first-class bush land, unsurpassed in fertility, beauty of situation, and accessibility when we consider the

province as a whole. There is a railway-station at the gate, and the only difficulty arises from the fact that the trains are run at hours very unsuitable for the wants of the asylum.

The drawbacks, with which the public mind is so occupied just now, arise from two sets of circumstances. First, the whole external aspect of the place is inexpressibly dreary and dispiriting, because it is dense bush land just in process of being cleared, and the laying-out of the grounds about the building is at present in a state of chaos; second, the building itself has become the subject of such an embittered controversy that there exist great doubt and anxiety regarding its actual condition.

Concerning the former point I have no hesitation in saying that, in a very few years, when this asylum is surrounded with beautiful grounds and fertile fields, the present feeling of disgust and indignation will give place to one of satisfaction: for, in judging of this asylum, it must not be forgotten that what was meant for a farm asylum, the great majority of whose inmates should be all day occupied in out-door work, is for the present unavoidably transformed into a closed asylum, with dismal surroundings and sunless high-walled airing-courts, where none such were ever meant to be.

The drawbacks arising from the character of the building must be owing either to bad plans or bad workmanship. The plan, I believe, is on the model of the Norwich County Asylum, built, I think, in 1877. It is defective chiefly in these respects: (1.) The day-rooms are too much narrowed under a desire to provide the greater number of sleeping-rooms required by the dislike of associated dormitories among the well-to-do population of this colony without greatly increasing the cost. (2.) The dormitory window-sills are so high that no view is possible. There is no doubt that in this matter the architect blundered; at any rate, he sacrificed the usefulness to the appearance of the building. He is entitled, however, to the admission that the inmates are seldom or never in the rooms except when they are in bed, and that the loss of the view, therefore, is no great matter. (3.) The most serious defect of all is one which, so far as I know, no one has called attention to: a considerable part of the ground-floor is utterly useless from being placed close up against a concrete wall facing a solid bank of clay, on which the kitchen block and other back premises rest at the level of the first floor. No doubt this also is due to anxiety to diminish the cost of excavation; but it has the effect of making a part of the ground-floor very damp, and, I fear, incurably so. I am of opinion that, in other respects, the building is well adapted for its purpose; and, further, that some of the objections so strenuously urged against it are either inseparable from such large buildings, or are due to the temporarily wretched surroundings and the merely provisional airing-courts, which had to be erected until the proper airing-courts could be laid out.

As regards the alleged defective workmanship, it is a matter for the experts of the Public Works Department, more especially as it is so covered up or so remedied by recent repairs that I, at any rate, cannot venture an opinion on the matter. There is, however, one point that calls for remark from me. The doors of the single rooms were not properly fastened to the walls, so that several of them were knocked out, and had to be subsequently fastened by iron bands. The responsibility for the great diversity of locks rests with the Lunacy Department, so far as I can judge. Some of the minor matters which have been made so serious seem to me to indicate a disposition to magnify trifles and make the most of difficulties. The cracks in the north wing, which were at one time so alarming, appear to be due to settlement. I must state, however, that the cracks have been repaired and the fallen plaster restored, so that it is impossible for one who is not an expert to speak definitely in the matter.

Whatever the defects of the building, no one can deny that the greatest care must be exercised in looking after its maintenance. I was very sorry, therefore, to observe the sloppy condition of the lavatories, especially those in No. 3 male ward (refractory), on the second floor. I found that here not one of the basins had a plug attached, and that the screws under the taps were gone, so that every time they were used the water spouted over the floor, which was swimming as a usual thing. The water, accordingly, was actually dropping from the ceiling of the room below, and so on to the ground floor, disfiguring and rotting everything in its course.

I was surprised to find that there was no plumber on the staff, so that these expensive tradesmen have to be brought from Dunedin every time a tap or a pipe goes wrong in this extensive building, and often after much damage is done. The leaky hot-water cistern at the top of the house should at once be replaced by a copper one. The laundry boiler is much too small; the furnace is ill-adapted for burning wood, and the drying-closets must be made more effective.

I expect, when I next visit the asylum, to find a great deal more despatch in serving out the dinner; that much more rapid progress than hitherto has been made in laying out the grounds; and that a larger proportion of the patients are regularly employed out of doors.

After careful consideration, I have come to the conclusion that the storekeeper is utterly unfit for his business. His stores-book is absolutely bristling with errors. Not a single column of it can be taken on trust, without previously adding it up, so that it is useless, except to mislead. I am also of the opinion that one good man can easily perform all the duties of clerk and storekeeper, provided that the stores are methodically issued at a set hour each day.

The magnificent dining- and amusement-hall are entirely unused, to the great loss of the patients and the confounding of the whole working of the asylum, owing to there being no provision made for lighting. I earnestly urge that this matter may be taken in hand without any further delay.

I regret to find that no steps have been taken to organize amusements for this large asylum, the reason given being that until the place is lighted nothing can be done. It seems to me, however, that a great deal more might have been attempted, and I would suggest that in choosing members of the staff a preference should be given to such persons as can take a part in getting up entertainments for the patients. I also think that the beautiful billiard-table now standing unused in the dining-hall might be brought into use with great advantage, especially on wet days.

I have made a careful investigation into the charges of neglect in the case of J. C.,

brought against against Dr. Neill by ex-Warders Dundas and Sutherland. I can find no evidence in support of their allegations, while they are directly contradicted by Chief Warder Macdonald and Warder Pullar, as well as by Dr. Neill himself, and the evidence of the case-book. The fact that Dundas was under notice of dismissal before the charge was made, and that Sutherland has been dismissed since, taken together with the length of time, nearly three months from now, that has been allowed to elapse, leads me to conclude that there is nothing in it.

I was engaged in inspecting Seacliff Asylum on the 28th and 29th December, 1886, and the 21st and 22nd January, 1887.

I found that the heavy rains of last winter had caused considerable damage to the building in the line of the old cracks which had been repaired before my last visit. It is now quite evident that the injury is caused by subsidence of the foundations over what appears to have been an old deep-lying drainage-channel passing transversely under the female wing. In every other part the building is quite sound. There is one main crack through the wing in its narrowest part, with smaller cracks radiating from it on both sides. So far as I can judge, the measures taken to remedy the evil by the Public Works officers promise to be successful in preventing any further damage. The downward thrust over the weak place in the foundations has been distributed by means of concrete blocks and iron rails laid across it, as well as by building up some open archways, so that the wall is now one solid continuous mass, resting on a solid basis. In addition to these precautions a deep trench has been carried across the drainage-line behind and right round the northern wing. Since the first appearance of the new cracks no further movement has taken place, and I am hopeful that the difficulty has now been overcome.

The general health and appearance of the patients I found to be admirable. All were able to be outside, except five females and four males. Of these, five were confined to bed with slight ailments, and only for a short time; the others were allowed to remain in or out of their room as they pleased. One woman was wearing a canvas dress and another locked gloves. Except these, I found none under any form of restraint, and an examination of the medical journal showed that since my last visit there has been surprisingly little necessity for this form of control. During my visits there was a remarkable absence of noise and excitement, and I found evidence on every hand that the greatest care and kindness are exercised habitually by Dr. Neill himself, and that his example is followed by all the officers of the institution in dealing with the patients.

It gives me great pleasure to report that the staff as a whole is excellent, and that the order, discipline, and harmony of the asylum are very gratifying.

The total number of patients at present is 474. Of these, 303 are males and 171 females. Three are out on trial.

A large proportion, viz., 97 males, are usefully occupied every fine day in working about the farm, besides a large number who are at work indoors. On the female side I found 21 patients engaged in the laundry, and every effort is made to employ as many as possible in sewing, knitting, or other light work. I am very much gratified to find the progress that has been made since my last visit in laying out the grounds, and I hope that within two or three months the large space in front and both sides of the building will be laid down as a lawn and shrubbery, where all but acute cases and those who cannot be trusted can spend most of their time, instead of being confined, as at present, in the dismal airing-courts behind. When this is done I am sure most of the misgivings with which the public have regarded this asylum will be entirely dissipated.

It gives me great satisfaction to find that, as soon as the requisite alterations are made, all the working male patients will be removed to the auxiliary asylum. In this way much time will be saved, and many other advantages will result from the improved classification.

Since my last visit the Government have issued an order that every one of the staff shall be entitled to one clear month's holiday in the year. This is a most enlightened and necessary provision, and I am glad to find that, owing to Dr. Neill's excellent arrangements, this great advantage has been secured at the cost of only one extra attendant. For the other officers of course special arrangements must be made.

Divine service is regularly held once a fortnight by Mr. Torrance and Father Burke, of Port Chalmers. From May to October there are entertainments every second week, at which about 250 patients are present.

The Public Works Department has been instructed to get ready plans for the lighting of this asylum by gas, so that the many difficulties which have hitherto been caused by having to use kerosene will be removed.

An examination of the farm, live-stock, implements, and crops showed all to be in good condition and intelligently cared for. I am of opinion, however, that the time has come when it is necessary to appoint a farm-bailiff, who shall be responsible for the efficient and economical working of the farm.

One of the greatest difficulties in the management of this institution is caused by the time and expense which the railway-travelling costs the attendants. At present Dr. Neill gets four annual tickets at a cost of £100, but it sometimes happens that six or seven attendants require tickets. It would, therefore, be much more convenient that Dr. Neill should be allowed to issue what passes are necessary, keeping a careful record of the dates on which and the persons to whom they are given.

The most pressing requirements for the present are a second boiler for the laundry, which will make the drying-closet more effective, and enable steam to be supplied to the built-in boilers in the washing-room.

*Christchurch.*

5th June, 1886.—My first visit to this asylum was made on the 16th May. I found the whole place covered with water, and it would have moved any one to indignation to see the misery caused to the officers and patients. The rainfall of the surrounding fields and public roads is allowed to



swamp the asylum grounds, and after every heavy rain the aspect of the whole place is truly pitiable.

Through an inexplicable combination of circumstances the whole administration of this large asylum is centred in a dilapidated wooden building, leaking at every corner, and separated from the asylum by a field, across which I saw the attendants and patients wading to fetch the dinner. It is true that I visited the asylum after a very heavy flood, but it must be remembered that, owing to the low-lying site of the building, and the absence of any proper drainage channels along the Riccarton Junction Road, every heavy rain converts the grounds into a puddle. This makes the remoteness of the kitchen, in itself an intolerable evil, to have the effect of paralysing the successful working of the institution.

I resumed my examination of the asylum on the 2nd June, and continued it on the 3rd and 4th. On the day of my last visit the number of patients was 321: males, 202; females, 118; and 1 male inebriate. I examined every part of the main and outlying buildings, and made an individual inspection of every inmate. I found none in seclusion or under restraint.

I was greatly impressed by the fact that all the male patients, except four, who were too feeble, were ranged and drilled in the most orderly manner, ward by ward, on the green, with their attendants at their head. The care and perseverance on the part of Dr. Hacon and his staff, which such a fact implies, show an enthusiasm and energy from which I anticipate the most satisfactory results when the recent purchases of land are added to the farm, and make it easier to turn them to the employment of the patients in productive work. Even as things are, and in spite of the difficulties caused by the proximity of two public roads, and the absence of any proper fence, I am of opinion that, by a better organization of the staff, and by a more painstaking distribution of the patients in working-parties under their charge, many who are now condemned to pass most of their time pacing a barred court-yard might be usefully employed in the open air. I do not forget that a great deal is done by means of walking-parties, drives, &c., to let the patients out as much as possible; but I hold that the chief point in the successful conduct of any asylum is the proportion who are occupied in regular labour out of doors. Rather than have them shut up, as some now are, for want of suitable productive work, I would gladly see them employed in transporting soil from one part of a field to another, so that they might benefit by that greatest of all curative influences, regular labour, producing healthy sleep.

The sin that most easily besets asylum superintendents and their warders is the tendency to shirk the constant care and watchfulness required to look after patients employed in the fields and workshops. There is no more signal proof of a medical superintendent's faculty than the firmness and watchfulness with which he combats the natural inclination of warders to magnify the risks and difficulties attaching to the out-door employment of the insane.

I found the food well cooked, abundant, and good. The clothing was suitable as regards material and make, and sufficient for comfort. The whole of the apartments were well furnished and scrupulously clean; two especially of the female wards struck me as being particularly bright and cheerful, while all the beds were clean and comfortable.

The asylum is quite full, and indeed the female side is greatly crowded; some of the patients had to sleep on the floor in day-room and passages; one bed was actually made up in what was meant for a lift, a closed box not long enough to stretch in.

There was a remarkable absence of excitement in all the wards except the female refractory ward. Here I found a badly-lighted day-room excessively crowded with noisy and restless women, and the effect on a wet day was very painful. I wish our rulers could see them in such circumstances. A great improvement could easily be effected in this ward at little cost by taking in a considerable space at one end, which is wasted, and throwing out a large bow-window where now there is only a blank wall.

I cannot think it possible that the building of the central administrative block, the vital part of the whole institution, can be put off any longer. Surely neglect and delay cannot go much farther. The cost of the block as designed may be greatly reduced by leaving out for the present all but the kitchen and offices, with the dining-hall and the single rooms, that are so urgently required. The instalment of the block, for which tenders have just been called, is a mere mockery. The piecemeal process adopted will be found greatly to increase the cost of the whole, and the results can never be satisfactory.

The long and valuable services of Mr. Seager excuse if they do not justify the cost of the office and stores department; but I think that merely looking after the stores does not give sufficient scope for Mr. Seager's energies, and I should be glad to see that his services are utilized, and, if possible, turned to account in other directions, as, for instance, in looking after, under the Medical Superintendent's directions, the out-door working-parties.

I have carefully examined all the statutory books and documents and found them all properly kept. The case-book in particular was very carefully kept, and furnishes abundant evidence of the care and attention which Dr. Hacon bestows on his medical duties. I destroyed a number of patients' letters, which had been properly detained. The staff as a whole struck me as being a highly efficient body, and Head Attendant Clarke in particular seems an experienced, attentive, and highly-capable man, while the Matron is all that could be desired. Dr. Hacon's enthusiastic devotion to his work and his kindly anxiety for the proper treatment and welfare of his patients I very heartily commend. The amusement of the patients is here most systematically and successfully attended to.

22nd October, 1886.—During my last visit to this asylum I was very painfully impressed with the misery resulting from the delay in building the central block. What has struck me most forcibly during my present visit is that, after all allowances have been made for Government neglect and delay, the whole surroundings of the asylum look much more like the leasehold of a bankrupt farmer than the grounds of a well-managed public institution. No doubt a great deal of the squalor and slovenliness is due to the fact that the absence of a proper fence has paralysed and

disheartened all efforts that have been made to keep the place in proper order. No efforts of mine have been or will be spared to remove this difficulty, and I hope on my next visit to find a very different state of things.

It is a great satisfaction to be able to say that the internal organization and management of this asylum is highly creditable to Dr. Hacon and his staff, except in so far as it is necessarily dependent on and paralysed by the miserable surroundings. In a wonderfully short time the amount of labour available ought, if properly directed, to be sufficient to keep the grounds like a garden without unduly fatiguing either the patients or their attendants.

The total number of patients at present is 337 : males, 210 ; females, 127. Four are out on trial, 2 males and 2 females.

As regards the feeding, bedding, and clothing of the patients this asylum is all that can be desired. Part of the beef for dinner on one of the days I was present was badly cooked, but I am assured that such a thing seldom or never happened before, and in this instance I found it was due to a defect in the steam-supply.

I saw no restraint of any kind in use, and found ample evidence on all hands of its absence. Indeed, it is impossible for any one to go through the asylum without being convinced that the utmost that constant kindly care and skill can do is done by the doctor and his staff to secure the comfort of the patients.

I made a special examination of all the sick and infirm who were under medical treatment, as well as of all the recent and acute cases, and found that they were all most carefully and skilfully treated. I had all the male patients, except eleven who were feeble or confined to bed, paraded for my inspection, and it was most gratifying to find how clean and orderly their appearance was.

I made a careful examination of the fire-extinguishing apparatus, and had "fire-drill" both on the male and female side. The result was very impressive, confirming in every respect the condemnation so frequently expressed in the official reports of Colonel Lean, the Deputy-Inspector.

I examined all the books and found them all properly kept. I am glad to be able to say here that I find Mr. Harrap, the clerk, most careful and conscientious in the discharge of his duties. I read and destroyed a great many patients' letters, which had all been properly detained.

Tenders for the central block will be accepted in a few days. During the progress of this work a great deal of care and watchfulness will be required of the whole staff, but the effect of providing suitable means of administration will be to make their work very much more satisfactory and pleasant for the future, and mark a new departure in the history of the asylum.

The grievous overcrowding on the female side has been met for the present by erecting six temporary wooden rooms, and the day-room of the female refractory ward is being greatly improved by the additions now in progress.

*Wellington.*

7th August, 1886.—I inspected the Wellington Asylum on the 1st and 30th July, and on the 6th August. The number of patients at present is 114 males and 88 females ; total, 202.

I saw and examined every inmate and found none improperly detained. Five males and five females confined to bed were carefully examined, and found to be receiving proper care and attention. One of these, a case of puerperal mania, with symptoms of peritoneal mischief, who on my previous visit I feared was dying, is now progressing towards recovery (Mrs. A). T. W. is in a very prostrate condition, from what seems to be miliary apoplexy ; J. P. S. has a slight attack of erysipelas in the face, and A. M. is suffering from a recent apoplectic attack, probably induced by heavy drinking. The others were slight and temporary cases ; two of them were patients lately transferred from Napier, and had to be secluded and dressed in canvas. One man, who was in the habit of biting and otherwise injuring himself, had his hands fastened by the wrists to a waist-belt, himself approving. One old epileptic woman and two idiot children were confined in arm-chairs. I found no others under any kind of restraint. Some of the more excitable and violent cases are secluded for short periods, and I quite approve of Dr. Levinge's practice in such cases, for it is a much more rational mode of treatment than securing quiet by what has been called "chemical restraint."

I am delighted to find that in this asylum every effort is made to provide some suitable employment for all who are capable of profiting by it. Nothing in my opinion is a better test of the skill and energy of an asylum superintendent than his success in getting his patients interested in any kind of work that will distract their morbid feelings and procure natural sleep. Thirty-two of the male patients are regular outside workers. I found eleven females engaged in sewing in the work-room, while from sixteen to eighteen women are regularly employed in the laundry.

The dietetic arrangements of this asylum are most admirable. Every day there is a change of dinner, and it is abundant in quantity, excellent in quality, and admirably cooked. The tables are neatly laid ; the basins, plates, spoons, knives, and forks are all scrupulously clean, and the organization is such that no time is lost in distributing the food while it is warm and stimulating to the appetite. Owing to the difficulty of procuring suitable earthenware in the colony the crockery is not what I should like to see, but this I understand will soon be remedied by means of supplies already ordered from home.

The clothing of the patients is carefully attended to. This was a cold, raw morning, and I found all the patients who were in the airing-courts well and suitably clad. The women had, all of them, shawls, cloaks, or jackets, and I found none outside who were not properly shod. The sleeping-rooms were all clean and comfortable, and the supply of bed-clothes was ample ; each bed had three single blankets and a coloured quilt, with a sheet and blanket underneath.

All the patients are regularly bathed, and their persons are kept very clean. The kitchen appliances, ample in some respects, are yet so badly designed that, while cooking is going on, the place is enveloped in clouds of steam. The gardening and farming operations are evidently well

conducted, and with the most satisfactory results. I shall, however, have a better opportunity of fully appreciating these at my next inspection.

I have formed a highly favourable opinion of the staff and its organization, and I must here express my thanks for the care and ability with which Head Attendant Wood, under Dr. Levinge's instructions, transferred the whole of the inmates of the Napier Asylum to Wellington.

I have examined the books required by the Act, and found them all properly kept. I was surprised, however, to find that there was no proper record kept of the receipt and issue of provisions. No doubt, the system of weekly supplies introduced has answered well, as the Auditor reports, notwithstanding this neglect, and as the result shows, there has been no waste or extravagance; but under such a system we must *assume* an honest management, for we should have little or no check upon a rogue. For the future both a provision-book and a general stores ledger must be kept.

Divine service is held every week, and there is a fortnightly dance for the amusement of the patients.

As regards the general aspect of the institution nothing could be more pleasing than the effect of the chronic and infirmary wards, both on the male and female side, by means of pictures and ornamental brackets, crowned at this season with pots of exquisitely beautiful primulas of various colours, and here and there a tub of ornamental plants, which render the hall and day-rooms very attractive. The improvements in progress and already completed both in the building itself and its surroundings are unmistakable proof that Dr. Levinge takes a great interest in his work, and has the faculty of producing surprising results with very little outlay. He has transformed a miserable, melancholy, ill-paved court on the female side into a little garden, and he is doing the same with a similar court on the male side. He has for the first time properly drained the surface-water from the back of the buildings, which formerly was left to percolate under the floors, rot the timber, and chill the patients. He has skilfully lighted up dark passages, and transformed cold and draughty verandahs into conservatories. To the left of the entrance-walk a huge, unsightly clay-bank has just been covered with turf, and the steep face of it will soon be covered with ivy. I regret that I was not able to complete my inspection of this asylum before the year's estimates were made up, for I am so impressed with the admirable way in which it is managed that I should have felt compelled to recommend that some acknowledgment should be made of Dr. Levinge's devotion and energy. The salary of £400 which he receives is not a sufficient remuneration for such services, especially when it is considered that the number of patients is considerably increased in consequence of the abolition of the Napier Asylum. I have to recommend, therefore, if it can yet be done, that the Colonial Secretary, by means of bonus or increase of salary, make his remuneration £500 per annum. The new asylum at Porirua will soon relieve the overcrowding of this institution.

#### *Auckland.*

28th April, 1886.—I have been engaged in my first inspection of the Auckland Asylum on the 20th, 21st, 22nd, and 27th April.

The general impression left on my mind is that the building of the main asylum is badly planned in two most important respects. Firstly, it is badly lighted (the windows being too small), this giving the whole a gloomy and depressing effect. Secondly, the arrangement of the closets, &c., with the required drainage is very bad, especially in No. 2 female ward, where the state of things is absolutely alarming. When, in addition to this, it is considered that the whole building is greatly overcrowded, that day-rooms have to be used as dormitories, and that on wet days almost every available space is filled with excitable patients, many of them unavoidably damp and uncomfortable, it is clear that some remedy must be found at once for a state of things which has become intolerable.

The actual accommodation, as ascertained by measurements made by Dr. Young, is found to be as follows: Actual dormitory space—On the male side: Ward No. 1, 329 cubic feet per patient; Ward No. 2 (the hospital ward, the day-room also used for dining-room), 325 cubic feet; Ward No. 3 (refractory ward and day-room, used as dining-room), 251.5 cubic feet per patient; Ward No. 4, 218.7 cubic feet per patient; Ward No. 5, 551.4 cubic feet per patient. On the female side: Ward No. 1, 389.73 cubic feet per patient; Ward No. 2, 463 cubic feet per patient; Ward No. 3, 380 cubic feet per patient.

Twenty years ago the Commissioners in Lunacy for England and Wales laid down the following standard: "The separate sleeping-rooms should be of not less than the following dimensions: 9ft. by 7ft. and 11ft. high, and the associated dormitories should not contain less than 50 superficial feet and 11ft. high to each patient." The juxtaposition of these two sets of figures speaks for itself.

With regard to No. 3 Ward on the female side so much rhetoric has been already expended on it that I content myself with hoping and recommending that it be speedily demolished. Looking at the great difficulty of managing such an asylum, I am of opinion that great credit is due to Dr. Young and his staff that the condition of affairs is not worse than it actually is. I have called Dr. Young's attention to certain defects, which are remediable at once, and I feel confident they will have been rectified before my next visit.

I find the food is abundant and of good quality, but the cooking has been indifferent, and I hope in future to see a greater variety in the diet. Wearing apparel and bedding are sufficient, though the quality of the clothing as well as of the boots has been so markedly inferior that notice has already been given to determine the contracts.

The investigation which at Dr. Young's instance has recently been made into the whole management of the stores department by Mr. Stevenson, an officer of the Audit Office, has revealed such an amount of incapacity and carelessness on the part of the clerk and storekeeper that I have felt it my duty to telegraph to the Colonial Secretary for authority to dismiss him at once. I am confident that this step will greatly reduce the difficulty of Dr. Young's otherwise sufficiently arduous and anxious duties. Considering the circumstances, I found a remarkable absence of noise and excite-

ment in all the wards, the only case of restraint during my visit was that of a destructive female patient, who wore locked gloves. All the wards and their offices are kept very clean. The single rooms on the male side, which at present look very gloomy, can be made to look quite cheerful by means of a coat or two of paint; this work can be carried out by the patients themselves, so that only the materials have to be provided. The kitchen block and the laundry must be included in any scheme that is fixed on for the new buildings.

I am greatly relieved to find that it is still possible, by using the amusement-hall for an associated dormitory, to tide over the five or six months required for building. Any further delay, however, in undertaking this work will make it impossible to erect new buildings at all without previously providing some temporary means of accommodating the female patients. It is a great relief to pass from the main asylum to the auxiliary buildings in which the working male patients are lodged; it is admirably designed, and the arrangements leave little to be desired. The patients are looking well and healthy, their food and clothing are carefully attended to, and the general impression is excellent.

Owing to the bad weather and the season of the year I put off a careful examination of the farm until my next visit, but I saw enough to satisfy me that Mr. Boyd does his work well, and is earnest and energetic in the discharge of his duties. The number of patients unemployed in an asylum is probably the best test that can be applied to the management, and I hope to see a steady reduction of their number in this asylum in proportion as the means is provided.

I cannot conclude this report without stating how greatly my anxiety regarding this asylum is relieved by the opinion I have formed of the high qualifications and conscientious devotion to duty of Dr. Young, who, although he is new to this special department of medicine, seems to me to combine in a high degree the sympathetic intelligence and integrity which cannot fail to make him a successful superintendent. It is due also to Mr. Hardy, the chief attendant, to say that he, more than any other, successfully exerted himself to keep everything right during the last illness of the late Superintendent and until the appointment of his successor. I heartily concur in the recommendation of Dr. Grabham that some acknowledgment should be made of his services.

At present there are in the main asylum 159 males and 117 females. In the auxiliary buildings there are 67 working male patients. I made a careful examination of them all, and found none of them improperly detained.

In the new buildings, which I hope to see put in hand at once, provision must be made for alterations in the kitchen and laundry, and for an entirely new garden airing-court beyond the return wing on the male side. Nothing can justify our continuing to keep so many men unemployed, and at the same time shut them all up promiscuously in one court, as is done at present.

*Nelson.*

31st August, 1886. I have spent the 27th, 28th, and 30th August in examining this asylum. The patients this day are 62 males and 37 females. There is one inebriate female for whom no proper accommodation exists.

I found a remarkable absence of noise and excitement, attributable to the large proportion of the patients who are occupied in some sort of useful work. Only two were confined to their rooms: one being an unusually violent and maniacal female, very dangerous and suicidal; the other an old man, who was resting.

I examined the clothing with great care and found it warm and very clean. All the outside workers were warmly clad, and had good boots and stockings. I examined all the beds and found them clean and comfortable.

The food is abundant, of good quality, and well cooked, and there is evidence of great care and attention in the way in which the dietary is altered from day to day. I observed, however, that a few had considerable difficulty in mastication owing to loss of teeth, and Mr. White has undertaken that all such patients will have their meat minced for the future.

The general health and condition of the patients is very satisfactory. I was astonished to find a great prevalence of goitre, no less than eight males and twelve females are suffering from this affection. Six males and two females are epileptic, three males and four females are suicidal.

I find from examination of the journal that restraint and seclusion are reduced to a minimum in this asylum, and it is evident that the secret of this gratifying fact is to be found in the unusually large proportion who are employed in the open air.

On the first day of my examination I found 49 out of a total of 62 male patients at some kind of work; two were chopping wood, seven were planting trees in front of the asylum, two were engaged in the carpenter's shop, seventeen were working in the orchard digging and cleaning, one was looking after the pigs, another the cows, several were weeding and cleaning about the grounds, and four were busy inside. All the females except nine were also occupied, some helping in the kitchen and scullery, some in cleaning up the wards and dormitories, while the rest were engaged in the sewing-room. This high proportion of working is the great feature of the asylum, and there can be no better proof of the energy and ability with which it is managed.

The wards, dormitories, and corridors were bright and airy, and as clean and tidy as they could possibly be made. There is a great lack of store-rooms; the laundry is unsuitable, and the female attendants' dining-room is badly lighted and dismal-looking. A little expenditure in paper and paint would have a great effect in brightening up this part of the building.

The vexed question of the water-supply can, I have no doubt, be satisfactorily settled if proper representations are made to the City Council. At any rate we cannot lay all the blame on them in case of fire, seeing that at this moment there does not exist in the asylum a single hose or hydrant, by means of which the water could be supplied if we had it. I have made careful inquiry regarding this matter, and I find that the undoubted deficiency of the water-supply can easily be remedied for the present, at any rate, if only the Council can be induced to prevent the great waste that is permitted in the town.

I was greatly pleased to find a large party of female patients were allowed to be present at the football match on Saturday, and I am informed that no opportunity of such an outing is neglected. There is a weekly dance, and parties are always sent to the theatre and circus when the opportunity offers. It is gratifying to find that so large a proportion of the inmates are paying patients. Since the 1st January Mr. White has collected from this source £566.

I hope the Government may be induced to purchase the thirty acres of hill land just behind the asylum, so that an independent water-supply can be obtained, besides securing grazing ground. Another immense advantage could thus be gained, inasmuch as the road which passes right through the ground close to the buildings could then be closed, thus securing the privacy which is so essential to the proper working of the institution. The old barracks, known as Taranaki Buildings, should be pulled down at once, and such of the materials as are still serviceable used for workshops and other outhouses.

I examined all the books and medical certificates, and found them all in proper order except the case-book, which I hope will be written up before my next visit.

The beautiful site of this asylum, the condition of the grounds, and the excellence of the management are gratifying in the highest degree, and the pride and interest that are taken in the asylum by so many of the people of Nelson cannot be too thankfully acknowledged. Indeed, I have no doubt that it is just this local interest in all its concerns which has stimulated its officers to make the asylum a credit to Nelson.

#### *Hokitika.*

28th October, 1886.—I inspected this asylum to-day, and made a careful examination of each patient. I had often heard of the admirable way in which it was conducted, but the half had not been told me. I find that Mr. Gribben's wonderful faculty for rule and organization, combined with Dr. King's conscientious devotion to his duty, manifestly result in a most satisfactory way. As regards the condition of the patients, their treatment, and their surroundings generally, I found nothing to blame, and a great deal to commend in the very highest terms. With the one fundamental and inevitable drawback—the loss of liberty—I find it very difficult to indicate any important respect in which their state could be improved. They are suitably lodged, in the best-kept grounds and in the finest situation in the district; they are fed and clothed abundantly, and carefully and skilfully treated. In other asylums the natural thing to do is, in stating the proportion who work in the open air, to say how many do so; here, it is easier to give an account of the few who do not. Out of 70 male patients all but eleven are regularly engaged in some sort of employment, and the consequence is apparent that they look well, eat well, and sleep well. Of the 29 female patients, eleven do nothing at all. Of these, two are physically unable to work in any way, and the rest are unwilling. The universal difficulty in asylums is felt here, as elsewhere, namely, the relatively large proportion of women for whom no suitable work can be found.

There is some overcrowding on the male side, but Mr. Gribben says he can get over this year without any further building.

I should be glad to find, by the time of my next visit, that the townspeople have made an effort to increase the supply of books and papers to the patients. It would be a great boon, that might be conferred at little cost, on an institution of which the district has reason to be proud.

#### *Ashburn Hall.*

19th January, 1887.—I have this day carefully examined every patient in Ashburn Hall Asylum. I found that all except one female patient (Mrs. A.) were able to be outside. This patient was in a state of acute mania, violent and restless, refusing all food, and requiring to be restrained and fed. Her case seems to be a very unpromising one. All the other patients were well clad and well cared for in every way. Their rooms were clean and comfortable, and evidently every attention was given to make the asylum as much like a home as possible. This homelike life is the great characteristic of this institution, and nothing like it is possible in the large public asylums of the colony. The ability and kindness both of Mr. Hume and Miss Fergusson, together with their long experience, have enabled them to bring the place into such a condition that little or nothing is left to be desired.

Dr. Alexander is regular in his attendance and most attentive to the proper treatment of the patients. In short, the friends of the inmates may rest assured that nothing that care, kindness, and skill can do is omitted.

There is no patient here detained whose condition does not make it necessary. Mrs. A., whose case I remarked on in my previous report, is still undoubtedly insane, and at intervals is very violent and unmanageable. There are at present in the asylum 14 males and 9 females, total 23; dipsomaniacs, 3 males and 1 female, total 4. There are none "out on trial."

The situation of the asylum and the beauty of the grounds and fields are such that it would be hard to find any site so suitable, and the management is admirable.

I found all the statutory books and documents in legal form. Mr. Hume has explained to me his plans for enlarging the asylum to accommodate the increasing numbers, and he proposes to use the water-power of the stream behind to light the house with electricity. Regular work in the open air, and sleep thus healthfully earned, are here systematically employed, and with the very best results.

In closing this report I desire to acknowledge the zeal and alacrity with which Mr. L. W. Loveday, the Clerk and Accountant, helped me on taking charge of the department.

I have, &c.,

D. MACGREGOR,

Inspector of Asylums.

The Hon. the Colonial Secretary.

APPENDIX.

TABLE I.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS in ASYLUMS during the year 1886.

	M.	F.	T.	M.	F.	T.
In asylums 1st January, 1886 .. .. .	..	..	..	981	543	1,524
Admitted for the first time .. .. .	170	132	302	} 207	165	372
Readmitted .. .. .	37	33	70			
Total under care during the year .. .. .	..	..	..	1,188	708	1,896
Discharged and removed—						
Recovered .. .. .	*99	60	159			
Relieved .. .. .	11	17	28			
Not improved .. .. .	12	8	20			
Died .. .. .	57	19	76	179	104	283
Remaining in asylums 31st December, 1886 .. .. .	..	..	..	1,009	604	1,613
Increase over 31st December, 1885 .. .. .	..	..	..	28	61	89
Average number resident during the year .. .. .	..	..	..	984	559	1,543

\* Two of these patients were committed to the Wellington Asylum and were found not to be insane.

TABLE II.—ADMISSIONS, DISCHARGES, and DEATHS, with the MEAN ANNUAL MORTALITY and PROPORTION OF RECOVERIES, &c., PER CENT. on the ADMISSIONS, &c., during the Year 1886.

Asylums.	In Asylums on 1st January, 1886.			Admissions in 1886.									Total Number of Patients under Care.		
	M.	F.	T.	Admitted for the First Time.			Readmitted.			Total.			M.	F.	T.
Auckland .. .. .	231	116	347	32	23	60	12	6	13	44	34	78	275	150	425
Christchurch .. .. .	209	109	318	28	32	60	6	10	16	34	42	76	243	151	394
Dunedin (Seacliff) .. .. .	292	158	450	36	26	62	9	12	21	45	38	83	337	196	533
Hokitika .. .. .	69	32	101	11	5	16	2	0	2	13	5	18	82	37	119
Napier .. .. .	4	3	7	1	4	5	3	2	5	4	6	10	8	9	17
Nelson .. .. .	63	37	100	11	6	17	0	1	1	11	7	18	74	44	118
Wellington .. .. .	101	81	182	40	25	65	5	2	7	45	27	72	146	108	254
Ashburn Hall (private asylum)	12	7	19	11	6	17	..	..	..	11	6	17	23	13	36
Totals .. .. .	981	543	1,524	170	132	302	37	33	70	207	165	372	1,188	708	1,896

TABLE II.—continued.

Asylums.	Patients discharged and died.												In Asylums on 31st December 1886.		
	Discharged recovered.			Discharged not recovered.			Died.			Total discharged and died.			M.	F.	T.
Auckland .. .. .	21	15	36	3	2	5	16	4	20	40	21	61	235	129	364
Christchurch .. .. .	20	12	32	6	3	9	10	3	13	36	18	54	207	133	340
Dunedin (Seacliff) .. .. .	22	16	38	1	2	3	13	7	20	36	25	61	301	171	472
Hokitika .. .. .	8	2	10	0	4	4	4	..	6	12	8	20	70	29	99
Napier .. .. .	2	0	2	6	9	15	..	..	..	8	9	17	*0	0	0
Nelson .. .. .	7	0	7	2	0	2	8	2	10	17	2	19	57	42	99
Wellington .. .. .	†13	13	26	5	4	9	6	1	7	24	18	42	122	90	212
Ashburn Hall (private asylum)	6	2	8	0	1	1	..	..	..	6	3	9	17	10	27
Totals .. .. .	99	60	159	23	25	48	57	19	76	179	104	283	1,009	604	1,613

\* Asylum closed and Patients transferred to Wellington Asylum. † Two of these were not insane.

TABLE II.—continued.

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 the Number under care.			Percentage of Deaths on the Admissions.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland .. .. .	229	120	349	47.72	44.11	46.15	6.98	3.33	5.88	5.81	2.66	4.70	3.63	1.17	2.56
Christchurch .. .. .	205	120	325	58.82	28.57	42.10	4.87	2.50	4.00	4.11	1.98	3.29	2.94	7.14	1.71
Dunedin (Seacliff) .. .. .	298	162	460	48.88	42.10	45.78	4.69	4.32	4.34	3.85	3.57	3.75	2.88	1.84	2.40
Hokitika .. .. .	69	29	98	61.53	40.00	55.55	5.94	6.89	6.12	4.87	5.40	5.04	3.07	4.00	3.33
Napier .. .. .	..	..	..	50.00	00.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nelson .. .. .	63	38	101	63.63	00.00	38.88	1.39	5.23	9.99	1.08	4.54	8.47	7.27	2.85	5.55
Wellington .. .. .	109	83	192	28.88	48.14	36.11	5.50	1.20	3.64	4.90	0.92	2.75	1.33	3.70	9.72
Ashburn Hall (private asylum) .. .. .	..	..	..	..	..	..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals .. .. .	984	559	1,543	47.82	36.36	42.74	5.79	3.39	4.91	4.80	2.68	1.37	2.75	1.15	2.04

TABLE III.—AGES of the ADMISSIONS.

Ages.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Napier.	Nelson.	Wellington.	Ashburn Hall (Private Asylum).	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.	M. F. T.	
Under 5 years ..	..	..	..	..	..	..	..	..	..	..	..
From 5 to 10 years ..	..	1 0 1	0 1 1	..	..	1 0 1	1 0 1	..	3	1	4
" 10 " 15 ..	..	0 1 1	1 1 2	..	..	1 0 1	1 0 1	..	3	2	5
" 15 " 20 ..	1 6 7	1 3 4	4 2 6	0 1 1	0 3 3	0 1 1	4 3 7	..	10	19	29
" 20 " 30 ..	12 9 21	7 12 19	10 13 23	..	2 0 2	1 1 2	10 5 15	6 0 6	48	40	88
" 30 " 40 ..	11 7 18	7 13 20	10 4 14	2 2 4	2 2 4	4 3 7	10 9 19	1 3 4	47	43	90
" 40 " 50 ..	6 4 10	9 7 16	12 9 21	8 1 9	..	2 2 4	9 5 14	1 1 2	47	29	76
" 50 " 60 ..	9 4 13	4 4 8	5 4 9	1 1 2	0 1 1	2 0 2	4 3 7	3 2 5	28	19	47
" 60 " 70 ..	3 2 5	5 1 6	1 3 4	2 0 2	..	..	3 0 3	..	14	6	20
" 70 " 80 ..	0 1 1	..	1 1 2	..	..	..	..	..	1	2	3
" 80 " 90 ..	..	..	1 0 1	..	..	..	..	..	1	0	1
Unknown ..	2 1 3	0 1 1	..	..	..	..	3 2 5	..	5	4	9
Totals ..	44 34 78	34 42 76	45 38 83	13 5 18	4 6 10	11 7 18	45 27 72	11 6 17	207	165	372

TABLE IV.—DURATION of DISORDER.

—	Auckland.	Christchurch.	Dunedin (Seacliff)	Hokitika.	Napier.	Nelson.	Wellington.	Ashburn Hall (Private Asylum).	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.	M. F. T.	
First Class (first attack and within 3 months on admission) ..	13 7 20	13 20 33	25 15 40	7 11	1 4 5	4 4 8	18 9 27	2 1 3	83	64	147
Second Class (first attack above 3 months and within 12 months on admission) ..	7 8 15	4 6 10	5 4 9	3 1 4	..	2 0 2	7 4 11	2 1 3	30	24	54
Third Class (not first attack, and within 12 months on admission) ..	7 8 15	4 8 12	9 12 21	2 0 2	3 2 5	2 3 5	12 9 21	3 2 5	42	44	86
Fourth Class (first attack or not, but of more than 12 months on admission) ..	3 9 12	9 6 15	6 7 13	1 0 1	..	3 0 3	4 1 5	4 2 6	30	25	55
Unknown ..	14 2 16	4 2 6	..	..	..	..	4 4 8	..	22	8	30
Totals ..	44 34 78	34 42 76	45 38 83	13 5 18	4 6 10	11 7 18	45 27 72	11 6 17	207	165	372

TABLE V.—AGES OF PATIENTS DISCHARGED "RECOVERED" and "NOT RECOVERED," during the Year 1886.

Ages.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Total.	
	Recovered	Not recovered	Recovered	Not recovered	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.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
From 5 to 10 ..	..	..	..	1 0 1	..	..	..	..	..	1 0 1
" 10 " 15 ..	..	..	0 1 1	..	..	..	..	..	1 0 1	..
" 15 " 20 ..	1 4 5	..	2 3 5	1 0 1	2 0 2	0 1 1	..	..	5 7 12	1 1 2
" 20 " 30 ..	6 3 9	..	3 2 5	3 2 5	4 6 10	..	0 1 1	0 1 1	13 12 25	3 3 6
" 30 " 40 ..	2 1 3	3 0 3	10 4 14	0 1 1	8 3 11	0 1 1	1 0 1	0 3 3	21 8 29	3 5 8
" 40 " 50 ..	7 2 9	0 1 1	1 2 3	1 0 1	4 6 10	1 0 1	5 0 5	..	17 10 27	2 1 3
" 50 " 60 ..	4 2 6	0 1 1	4 0 4	..	3 1 4	..	1 1 2	..	12 4 16	0 1 1
" 60 " 70 ..	1 0 1	..	..	..	..	..	1 0 1	..	2 0 2	..
" 70 " 80 ..	0 1 1	..	..	..	..	..	..	..	0 1 1	..
" 80 " 90 ..	..	..	..	..	1 0 1	..	..	..	1 0 1	..
Unknown ..	0 2 2	..	..	..	..	..	..	..	0 2 2	..
Totals ..	21 15 36	3 2 5	20 12 32	6 3 9	22 16 38	1 2 3	8 2 10	0 4 4	71 45 116	10 11 21

TABLE V.—continued.

Ages.	Napier.		Nelson.		Wellington.		Ashburn Hall (Private Asylum).		Total.	
	Recovered	Not recovered	Recovered	Not recovered	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.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
From 5 to 10 ..	..	..	..	..	..	1 0 1	..	..	..	1 0 1
" 10 " 15 ..	..	..	..	..	..	..	..	..	..	..
" 15 " 20 ..	0 3 3	..	1 0 1	1 0 1	0 1 1	..	..	..	1 1 2	1 3 4
" 20 " 30 ..	3 2 5	..	2 0 2	1 0 1	4 5 9	..	3 0 3	..	9 5 14	4 2 6
" 30 " 40 ..	2 0 2	1 3 4	2 0 2	..	5 7 12	1 1 2	1 1 2	..	10 8 18	2 4 6
" 40 " 50 ..	..	1 0 1	..	..	2 0 2	2 2 4	..	0 1 1	2 0 2	3 3 6
" 50 " 60 ..	..	0 1 1	..	..	..	0 1 1	..	..	..	0 2 2
" 60 " 70 ..	..	1 0 1	2 0 2	..	..	1 0 1	2 1 3	..	4 1 5	2 0 2
" 70 " 80 ..	..	..	..	..	..	..	..	..	..	..
" 80 " 90 ..	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	2 0 2	..	..	..	2 0 2	..
Totals ..	2 0 2	*6 9 15	7 0 7	2 0 2	13 13 26	5 4 9	6 2 8	0 1 1	28 15 43	13 14 27

\* Of these 4 males and 7 females were removed to Wellington on closing of asylum.

TABLE VI.—AGES of the PATIENTS who DIED.

Ages.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Napier.	Nelson.	Wellington.	Ashburn Hall (Private Asylum).	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.
From 5 to 10 years	..	..	..	..	..	..	..	..	..
" 10 " 15 "	..	..	0 1 1	..	..	..	..	..	0 1 1
" 15 " 20 "	..	..	1 0 1	0 1 1	..	..	..	..	1 1 2
" 20 " 30 "	..	1 1 2	3 1 4	..	..	..	..	..	4 2 6
" 30 " 40 "	2 1 3	2 0 2	3 1 4	..	..	..	3 0 3	..	10 2 12
" 40 " 50 "	7 2 9	3 1 4	5 1 6	2 0 2	..	3 1 4	..	..	20 5 25
" 50 " 60 "	2 0 2	0 1 1	1 2 3	2 1 3	..	2 1 3	2 0 2	..	9 5 14
" 60 " 70 "	2 0 2	4 0 4	..	..	..	2 0 2	0 1 1	..	8 1 9
" 70 " 80 "	2 1 3	..	0 1 1	..	..	..	..	..	2 2 4
" 80 " 90 "	..	..	..	..	..	1 0 1	..	..	1 0 1
Unknown	1 0 1	..	..	..	..	..	1 0 1	..	2 0 2
Totals	16 4 20	10 3 13	13 7 20	4 2 6	..	8 2 10	6 1 7	..	57 19 76

TABLE VII.—CONDITION as to MARRIAGE.

—	Admissions.			Discharges.			Deaths.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.			
<b>AUCKLAND—</b>												
Single ..	..	..	..	30	17	47	12	7	19	5	1	6
Married ..	..	..	..	8	14	22	10	6	16	10	3	13
Widowed ..	..	..	..	4	3	7	0	4	4	1	0	1
Unknown ..	..	..	..	2	0	2	2	0	2	..	..	..
Totals	..	..	..	44	36	78	24	17	41	16	4	20
<b>CHRISTCHURCH—</b>												
Single ..	..	..	..	20	16	36	23	10	33	3	1	4
Married ..	..	..	..	10	22	32	3	5	8	7	2	9
Widowed ..	..	..	..	4	4	8	..	..	..	..	..	..
Totals	..	..	..	34	42	76	26	15	41	10	3	13
<b>DUNEDIN (Seacliff)—</b>												
Single ..	..	..	..	32	15	47	15	6	21	7	1	8
Married ..	..	..	..	9	17	26	7	9	16	6	3	9
Widowed ..	..	..	..	4	6	10	1	3	4	0	3	3
Totals	..	..	..	45	38	83	23	18	41	13	7	20
<b>HOKITIKA—</b>												
Single ..	..	..	..	6	1	7	5	2	7	3	1	4
Married ..	..	..	..	3	4	7	2	4	6	1	1	2
Widowed ..	..	..	..	3	0	3	1	0	1	..	..	..
Unknown ..	..	..	..	1	0	1	..	..	..	..	..	..
Totals	..	..	..	13	5	18	8	6	14	4	2	6
<b>NAPIER—</b>												
Single ..	..	..	..	2	3	5	2	1	3	..	..	..
Married ..	..	..	..	2	3	5	2	1	3	..	..	..
Widowed ..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	..	..	4	7	11	..	..	..
Totals	..	..	..	4	6	10	8	9	17	..	..	..
<b>NELSON—</b>												
Single ..	..	..	..	6	3	9	7	0	7	5	1	6
Married ..	..	..	..	4	3	7	2	0	2	2	0	2
Widowed ..	..	..	..	1	1	2	..	..	..	1	1	2
Totals	..	..	..	11	7	18	9	0	9	8	2	10
<b>WELLINGTON—</b>												
Single ..	..	..	..	29	12	41	11	4	15	4	0	4
Married ..	..	..	..	15	14	29	7	12	19	2	1	3
Widowed ..	..	..	..	1	1	2	0	1	1	..	..	..
Totals	..	..	..	45	27	72	18	17	35	6	1	7
<b>ASHBURN HALL (Private Asylum)</b>												
Single ..	..	..	..	8	1	9	5	1	6	..	..	..
Married ..	..	..	..	3	3	6	1	1	2	..	..	..
Widowed ..	..	..	..	0	2	2	0	1	1	..	..	..
Totals	..	..	..	11	6	17	6	3	9	..	..	..
<b>TOTALS—</b>												
Single ..	..	..	..	133	68	201	80	31	111	27	5	32
Married ..	..	..	..	54	80	134	34	38	72	23	10	33
Widowed ..	..	..	..	17	17	34	2	9	11	2	4	6
Unknown ..	..	..	..	3	0	3	6	7	13	..	..	..
Totals	..	..	..	207	165	372	122	85	207	57	19	76



TABLE VIII.—NATIVE COUNTRIES.

Total.			Countries.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Napier.	Nelson.	Wellington.	Ashburn Hall (Private Asylum).
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.
363	199	562	England ..	118 55 173	84 57 141	81 37 118	16 9 25		20 11 31	39 27 66	5 3 8
160	105	265	Scotland ..	18 11 29	23 16 39	74 60 134	11 2 13		8 4 12	20 8 28	6 4 10
262	213	475	Ireland ..	47 46 93	65 44 109	72 59 131	24 16 40		15 11 26	39 36 75	0 1 1
69	42	111	New Zealand	24 14 38	15 4 19	9 3 12	2 0 2		9 11 20	6 10 16	4 0 4
13	8	21	Australia ..	1 0 1	2 2 4	4 4 8	1 1 2		..	3 0 3	2 1 3
8	5	13	France ..	3 0 3	1 0 1	2 3 5	1 0 1		0 2 2	1 0 1	..
27	10	37	Germany ..	3 0 3	5 2 7	7 4 11	4 1 5		1 1 2	7 2 9	..
4	1	5	Norway ..	..	1 1 2	3 0 3	..	Asylum closed.	..	..	..
14	1	15	Sweden ..	2 0 2	..	9 0 9	..		2 1 3	1 0 1	..
9	5	14	Denmark ..	1 0 1	..	5 0 5	2 0 2		0 1 1	1 4 5	..
9	0	9	Italy ..	..	2 0 2	5 0 5	1 0 1		1 0 1	..	..
21	0	21	China ..	2 0 2	..	15 0 15	3 0 3		..	1 0 1	..
16	5	21	Maoris ..	7 3 10	..	..	4 0 4		1 0 1	4 2 6	..
4	3	7	America ..	..	3 2 5	..	1 0 1		..	..	0 1 1
1	3	4	Wales ..	..	1 3 4	..	..		..	..	..
2	0	2	Tasmania ..	..	2 0 2	..	..		..	..	..
2	1	3	Guernsey & Jersey ..	..	2 1 3	..	..		..	..	..
1	1	2	West Indies	..	1 1 2	..	..		..	..	..
24	2	26	Other coun- tries ..	9 0 9	..	15 1 16	..		..	0 1 1	..
1009	604	1,613	Totals ..	235 129 364	207 133 340	301 171 472	70 29 99	..	57 42 99	122 90 212	17 10 27

TABLE IX.—AGES of PATIENTS at 31st December, 1886.

Ages.	Auckland.	Christ- church.	Dunedin (Seacliff).	Hokitika.	Napier.	Nelson.	Wellington.	Ashburn Hall (Private Asylum).	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.
1 to 5 years	..	..	..	..	..	..	..	..	..
5 " 10 "	0 2 2	3 0 3	3 1 4	..	..	1 0 1	0 1 1	..	7 4 11
10 " 15 "	1 1 2	..	5 2 7	..	..	1 0 1	2 0 2	..	9 3 12
15 " 20 "	3 2 5	6 5 11	6 8 14	2 0 2	..	2 2 4	2 5 7	..	21 22 43
20 " 30 "	22 20 42	27 17 44	45 38 83	5 2 7	..	6 10 16	14 12 26	5 1 6	124 100 224
30 " 40 "	56 30 86	45 42 87	89 43 132	13 8 21	..	12 11 23	48 23 71	5 4 9	268 161 429
40 " 50 "	80 32 112	63 34 97	101 55 156	30 13 43	..	23 12 35	23 20 43	2 3 5	322 169 491
50 " 60 "	51 23 74	47 25 72	38 17 55	15 2 17	..	10 4 14	17 14 31	4 2 6	182 87 269
60 " 70 "	14 16 30	12 8 20	8 6 14	4 2 6	..	1 3 4	11 7 18	1 0 1	51 42 93
70 " 80 "	7 2 9	4 0 4	2 1 3	..	..	1 0 1	2 3 5	..	16 6 22
80 " 90 "	1 1 2	..	1 0 1	..	..	..	..	..	2 1 3
Unknown ..	..	0 2 2	3 0 3	1 2 3	..	..	3 5 8	..	7 9 16
Totals ..	235 129 364	207 133 340	301 171 472	70 29 99	..	57 42 99	122 90 212	17 10 27	1009 604 1613

TABLE X.—LENGTH of RESIDENCE of PATIENTS who DIED during 1886.

Length of Residence.	Auckland.	Christ- church.	Dunedin (Seacliff).	Hokitika.	Napier.	Nelson.	Wellington.	Ashburn Hall (Private Asylum).	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 0 1	1 0 1	0 1 1	1 0 1	..	1 0 1	1 0 1	..	5 1 6
1 to 3 months	..	1 1 2	1 0 1	1 0 1	..	..	..	..	3 1 4
3 " 6 "	1 0 1	2 1 3	3 2 5	..	..	..	..	..	6 3 9
6 " 9 "	1 0 1	0 1 1	..	..	..	0 1 1	1 0 1	..	2 2 4
9 " 12 "	..	2 0 2	0 1 1	..	..	1 0 1	..	..	3 1 4
1 " 2 years	4 0 4	1 0 1	3 1 4	1 1 2	..	2 0 2	..	..	11 2 13
2 " 3 "	5 1 6	1 0 1	1 0 1	..	..	2 0 2	2 0 2	..	11 1 12
3 " 5 "	1 1 2	1 0 1	2 2 4	1 0 1	..	..	1 0 1	..	6 3 9
5 " 7 "	1 0 1	1 0 1	..	..	..	..	1 0 1	..	3 0 3
7 " 10 "	..	..	3 0 3	..	..	..	..	..	3 0 3
10 " 12 "	0 1 1	..	..	..	..	2 0 2	..	..	2 1 3
12 " 15 "	2 0 2	..	..	0 1 1	..	..	..	..	2 1 3
Over 15 "	..	..	..	..	..	0 1 1	0 1 1	..	0 2 2
While on trial ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Totals ..	16 4 20	10 3 13	13 7 20	4 2 6	..	8 2 10	6 1 7	..	57 19 76

TABLE XI.—LENGTH of RESIDENCE of PATIENTS DISCHARGED “RECOVERED” during 1886.

Length of Residence.	Auckland.	Christ-church.	Dunedin (Seacliff).	Hokitika.	Napier.	Nelson.	Wellington.	Ashburn Hall (Private Asylum).	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 0 1	3 0 3	1 1 2	1 0 1	..	1 0 1	*5 0 5	0 1 1	12 2 14
From 1 to 3 months	4 1 5	3 2 5	2 3 5	3 1 4	2 0 2	2 0 2	2 2 4	..	18 9 27
" 3 " 6 "	2 4 6	1 3 4	7 5 12	2 1 3	..	2 0 2	1 2 3	2 0 2	17 15 32
" 6 " 9 "	5 2 7	2 1 3	2 2 4	..	..	1 0 1	1 4 5	3 0 3	14 9 23
" 9 " 12 "	1 4 5	3 3 6	5 2 7	..	..	..	1 2 3	0 1 1	10 12 22
" 1 " 2 years	5 3 8	4 3 7	3 2 5	..	..	1 0 1	3 3 6	1 0 1	17 11 28
" 2 " 3 "	2 0 2	4 0 4	0 1 1	..	..	..	..	..	6 1 7
" 3 " 5 "	1 1 2	..	1 0 1	..	..	..	..	..	2 1 3
" 5 " 7 "	..	..	..	..	..	..	..	..	..
" 7 " 10 "	..	..	..	1 0 1	..	..	..	..	1 0 1
" 10 " 12 "	..	..	..	..	..	..	..	..	..
" 12 " 15 "	..	..	1 0 1	..	..	..	..	..	1 0 1
Over 15 ..	..	..	..	1 0 1	..	..	..	..	1 0 1
Totals ..	21 15 36	20 12 32	22 16 38	8 2 10	2 0 2	7 0 7	13 13 26	6 2 8	99 60 159

\* Two of these were found “Not insane.”

TABLE XII.—CAUSES of DEATH.

Total.	Causes.	Auckland.	Christ-church.	Dunedin (Seacliff).	Hokitika.	Napier.	Nelson.	Wellington.	Ashburn Hall (Private Asylum).
		M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
2 0 2	Diseases of the Nervous System—								
5 1 6	Brain disease ..	1 0 1	..	..	..	..	..	1 0 1	..
19 0 19	Apoplexy ..	2 1 3	1 0 1	1 0 1	..	..	..	1 0 1	..
0 1 1	General paralysis ..	7 0 7	5 0 5	1 0 1	2 0 2	..	4 0 4	..	..
1 0 1	Serous effusion ..	..	0 1 1	..	..	..	..	..	..
0 1 1	Hemiplegia ..	..	1 0 1	..	..	..	..	..	..
0 1 1	Exhaustion from mania ..	..	..	0 1 1	..	..	..	..	..
1 0 1	paralysis ..	..	..	1 0 1	..	..	..	..	..
0 3 3	Epilepsy ..	..	..	0 2 2	0 1 1	..	..	..	..
1 0 1	Acute mania ..	..	..	1 0 1	..	..	..	..	..
1 0 1	Atrophy of brain ..	..	..	..	..	..	1 0 1	..	..
3 0 3	Diseases of the Respiratory System—								
7 1 8	Pneumonia ..	2 0 2	..	1 0 1	..	..	..	..	..
6 1 7	Phthisis ..	2 0 2	..	1 0 1	1 1 2	..	..	3 0 3	..
1 0 1	Pulmonary Congestion ..	1 0 1	2 0 2	2 0 2	1 0 1	..	0 1 1	..	..
1 0 1	Bronchitis ..	..	..	1 0 1	..	..	..	..	..
1 1 2	Diseases of the Circulatory System—								
3 1 4	Syncope ..	..	..	1 1 2	..	..	..	..	..
..	Heart-disease ..	..	..	1 0 1	..	..	2 1 3	..	..
1 0 1	Diseases of the Digestive System—								
..	Congestion of bowels ..	..	..	..	..	..	1 0 1	..	..
0 1 1	General atrophy from disease of stomach ..	..	..	..	..	..	..	..	..
0 1 1	Chronic diarrhoea ..	..	..	0 1 1	..	..	..	..	..
0 1 1	Other Diseases—								
2 3 5	Atrophy ..	0 1 1	..	..	..	..	..	1 1 2	..
0 1 1	Senile decay ..	1 1 2	..	0 1 1	..	..	..	..	..
0 1 1	Drowned while on trial ..	0 1 1	..	..	..	..	..	..	..
0 1 1	Erysipelas ..	..	0 1 1	..	..	..	..	..	..
0 1 1	Exophthalmic Goitre ..	..	0 1 1	..	..	..	..	..	..
1 0 1	Hepatitis ..	..	..	1 0 1	..	..	..	..	..
1 0 1	Exhaustion from Chronic suppuration ..	..	..	1 0 1	..	..	..	..	..
0 1 1	Cancer Uteri ..	..	..	0 1 1	..	..	..	..	..
1 0 1	Marasmus ..	..	1 0 1	..	..	..	..	..	..
57 19 76	Totals ..	16 4 20	10 3 13	13 7 20	4 2 6	..	8 2 10	6 1 7	..

TABLE XIII.—CAUSES OF INSANITY.

Total.	Causes.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Napier.	Nelson.	Wellington.	Ashburn Hall (Private Asylum).
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.
6 0 6	Apoplexy .. ..	1 0 1	..	1 0 1	..	..	..	4 0 4	..
7 3 10	Adverse circumstances	3 1 4	1 1 2	..	0 1 1	..	..	1 0 1	2 0 2
3 6 9	Anxiety .. ..	0 2 2	0 3 3	..	1 0 1	..	..	1 1 2	1 0 1
5 1 6	Brain disease ..	1 0 1	2 0 2	..	..	..	..	2 1 3	..
1 0 1	Brain fever.. ..	..	..	..	..	..	1 0 1	..	..
11 5 16	Congenital .. ..	3 0 3	0 2 2	1 2 3	..	..	..	7 1 8	..
1 9 10	Climacteric .. ..	..	..	0 6 6	..	..	..	0 1 1	1 2 3
29 8 37	Drink .. ..	5 4 9	2 1 3	6 2 8	4 0 4	..	2 0 2	6 0 6	4 1 5
4 5 9	Domestic troubles	2 2 4	..	..	1 0 1	1 0 1	..	0 3 3	..
0 1 1	Debility .. ..	..	0 1 1	..	..	..	..	..	..
4 1 5	Epilepsy .. ..	2 1 3	1 0 1	..	..	..	..	1 0 1	..
2 0 2	Exposure .. ..	1 0 1	..	..	1 0 1	..	..	..	..
1 0 1	Excessive use of opium	..	..	1 0 1	..	..	..	..	..
0 2 2	Fright .. ..	..	0 1 1	..	..	..	..	0 1 1	..
0 1 1	Grief .. ..	..	0 1 1	..	..	..	..	..	..
15 20 35	Hereditary .. ..	0 1 1	2 2 4	11 10 21	..	1 3 4	..	0 2 2	1 2 3
1 1 2	Injury to head ..	1 0 1	..	..	0 1 1	..	..	..	..
1 0 1	Injuries .. ..	..	..	1 0 1	..	..	..	..	..
1 0 1	Idiocy .. ..	..	..	..	..	..	1 0 1	..	..
1 1 2	Jealousy .. ..	..	..	..	..	0 1 1	..	1 0 1	..
0 6 6	Love affairs .. ..	0 3 3	0 3 3	..	..	..	..	..	..
11 1 12	Masturbation .. ..	1 0 1	4 0 4	1 1 2	..	1 0 1	1 0 1	2 0 2	1 0 1
1 1 2	Malnutrition .. ..	1 1 2	..	..	..	..	..	..	..
5 5 10	Old age .. ..	0 2 2	2 0 2	3 3 6	..	..	..	..	..
1 1 2	Overwork .. ..	..	..	..	..	..	..	0 1 1	1 0 1
1 0 1	Overstudy .. ..	..	..	..	..	..	..	1 0 1	..
12 4 16	Previous attack ..	12 4 16	..	..	..	..	..	..	..
0 9 9	Puerperal .. ..	0 1 1	0 2 2	0 2 2	..	0 1 1	..	0 3 3	..
0 2 2	Phthisis .. ..	..	..	0 2 2	..	..	..	..	..
5 1 6	Paralysis .. ..	..	..	5 1 6	..	..	..	..	..
4 3 7	Poverty .. ..	..	..	3 2 5	..	..	1 1 2	..	..
4 3 7	Religion .. ..	1 0 1	0 2 2	0 1 1	..	1 0 1	..	2 0 2	..
2 1 3	Recurrent mania ..	..	..	..	..	..	..	2 1 3	..
7 0 7	Solitary life .. ..	2 0 2	..	2 0 2	1 0 1	..	..	2 0 2	..
3 2 5	Sunstroke .. ..	1 1 2	2 1 3	..	..	..	..	..	..
2 1 3	Softening of brain	..	..	..	2 0 2	0 1 1	..	..	..
0 1 1	Seduction .. ..	..	..	..	..	..	0 1 1	..	..
0 4 4	Uterine .. ..	..	0 4 4	..	..	..	..	..	..
56 56 112	Unknown .. ..	7 11 18	18 18 36	10 6 16	3 3 6	..	5 5 10	13 12 25	0 1 1
207 165 372	Totals .. ..	44 34 78	34 42 76	45 38 83	13 5 18	4 6 10	11 7 18	45 27 72	11 6 17

TABLE XIV.—FORMER OCCUPATION of PATIENTS.

Total.			Occupations.	Auckland.	Christ- church.	Dunedin (Seacliff).	Hokitika.	Napier.	Nelson.	Wellington.	Ashburn Hall (Private Asylum).																
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.																
<b>MALES.</b>																											
2	0	2	Barristers ..	1	0	1	..	..	..	..	1	0	1														
3	0	3	Blacksmiths..	1	0	1	1	0	1	..	..	..															
1	0	1	Book Agent ..	..	..	..	1	0	1	..	..	..															
1	0	1	Boots ..	..	..	1	0	1	..	..	..																
1	0	1	Bootmaker ..	..	..	..	..	..	..	1	0	1															
4	0	4	Boys ..	..	..	..	..	..	2	0	2	2	0	2													
1	0	1	Brewer ..	..	..	..	1	0	1	..	..	..															
1	0	1	Brickmaker ..	..	..	..	..	..	..	1	0	1															
7	0	7	Bushmen ..	5	0	5	..	1	0	1	..	1	0	1													
2	0	2	Butchers ..	..	..	..	1	0	1	..	1	0	1														
1	0	1	Cabdriver ..	..	..	..	..	..	..	1	0	1															
4	0	4	Cabinetmakers	3	0	3	..	1	0	1	..	..															
8	0	8	Carpenters ..	2	0	2	3	0	3	1	0	1	..														
4	0	4	Clerks ..	..	..	2	0	2	1	0	1	..	1	0	1												
2	0	2	Cooks ..	..	..	1	0	1	..	..	1	0	1														
2	0	2	Drapers ..	1	0	1	..	1	0	1	..	..															
1	0	1	Engine-driver	..	..	1	0	1	..	..	..																
16	0	16	Farmers ..	5	0	5	4	0	4	2	0	2	..	3	0	3	2	0	2								
5	0	5	Farm labourers	..	..	..	5	0	5	..	..	..															
1	0	1	Fireman ..	1	0	1	..	..	..	..	..																
1	0	1	Fisherman ..	..	..	1	0	1	..	..	..																
3	0	3	Gardeners ..	..	..	1	0	1	1	0	1	..	1	0	1												
2	0	2	Gentlemen ..	..	..	2	0	2	..	..	..																
11	0	11	Goldminers ..	1	0	1	..	3	0	3	4	0	4	..	3	0	3										
3	0	3	Gumdiggers ..	3	0	3	..	..	..	..	..																
1	0	1	Horsebreaker	..	..	1	0	1	..	..	..																
3	0	3	Hotelkeepers	..	..	..	..	..	..	1	0	1	2	0	2												
1	0	1	Idiot ..	..	..	..	..	..	..	1	0	1	..														
69	0	69	Labourers ..	14	0	14	11	0	11	15	0	15	3	0	3	1	0	1	3	0	3	22	0	22			
7	0	7	Maoris ..	3	0	3	..	..	..	3	0	3	1	0	1	..											
1	0	1	Miller ..	..	..	..	..	..	..	..	..	1	0	1													
1	0	1	Musician ..	..	..	..	..	..	..	..	1	0	1														
2	0	2	Painters ..	..	..	1	0	1	..	..	1	0	1														
1	0	1	Plasterer ..	..	..	1	0	1	..	..	..																
2	0	2	Ploughmen ..	..	..	1	0	1	..	..	..																
2	0	2	Porters ..	..	..	1	0	1	..	..	1	0	1														
1	0	1	Prisoner ..	..	..	..	1	0	1	..	..																
1	0	1	Rabbitter ..	..	..	1	0	1	..	..	..																
1	0	1	Schoolmaster	..	..	..	..	..	..	..	1	0	1														
7	0	7	Seamen ..	..	..	1	0	1	1	0	1	..	1	0	1	4	0	4									
1	0	1	Servant ..	1	0	1	..	..	..	..	..																
4	0	4	Settlers ..	..	..	1	0	1	..	..	1	0	1	2	0	2											
5	0	5	Shepherds ..	..	..	4	0	4	1	0	1	..	..														
1	0	1	Stockman ..	1	0	1	..	..	..	..	..																
1	0	1	Storekeeper ..	..	..	..	..	..	..	..	1	0	1														
2	0	2	Vagrants ..	..	..	2	0	2	..	..	..																
<b>FEMALES.</b>																											
0	1	1	Charwoman ..	..	..	0	1	1	..	..	..																
0	1	1	Cotton-spinner	0	1	1	..	..	..	..	..																
0	48	48	Domestic duties	..	..	0	6	6	0	25	25	0	2	2	0	2	2	0	7	7	0	6	6				
0	29	29	Domestic servants	0	9	9	0	7	7	0	5	5	..	0	1	1	..	0	7	7	..						
0	9	9	Dressmakers	0	2	2	0	2	2	0	2	2	..	0	1	1	..	0	2	2	..						
0	1	1	Factory hand	..	..	0	1	1	..	..	..																
0	52	52	Household duties	0	16	16	0	19	19	..	..	..	0	17	17	..											
0	1	1	Housekeeper	..	..	0	1	1	..	..	..																
0	3	3	Maoris ..	0	1	1	..	..	..	0	2	2	..														
0	1	1	Matron ..	..	..	0	1	1	..	..	..																
0	1	1	Prisoner ..	..	..	..	0	1	1	..	..																
0	1	1	Schoolmistress	..	..	..	..	..	..	0	1	1	..														
0	3	3	Washerwomen	..	..	0	2	2	0	1	1	..	..														
6	14	20	No occupation	2	5	7	2	6	8	2	2	4	0	1	1	..											
..	..	..	Unknown ..	..	..	..	..	..	..	..	..																
207	165	372	<b>Totals</b> ..	44	84	78	34	42	76	45	38	83	18	5	18	4	6	10	11	7	18	45	27	72	11	6	17

TABLE XV.—SHOWING THE EXPENDITURE FOR THE YEAR 1886.

Total.	Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	+ Napier.	Nelson.	Wellington.	Total.
£ s. d.		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1,000 0 0	Inspector ..	..	..	..	..	..	..	..	1,000 0 0
250 0 0	Accountant ..	..	..	..	..	..	..	..	250 0 0
932 0 6	Medical fees ..	..	..	..	..	..	..	..	932 0 6
944 5 5	Contingencies ..	..	..	..	..	..	..	..	944 5 5
165 0 0	Deputy Inspectors ..	..	50 0 0	50 0 0	7 10 0	17 10 0	200 0 0	40 0 0	165 0 0
354 3 4	Visiting Medical Officers ..	..	..	..	125 0 0	29 3 4	..	..	354 3 4
188 6 8	Assistant Medical Officers ..	..	..	138 6 8	..	..	..	..	188 6 8
2,465 0 0	Superintendents ..	400 0 0	600 0 0	600 0 0	300 0 0	35 0 0	130 0 0	400 0 0	2,465 0 0
300 0 0	House-steward ..	..	300 0 0	..	..	..	..	..	300 0 0
605 4 1	Clerks ..	105 4 1	150 0 0	150 0 0	..	..	..	..	605 4 1
535 0 0	Matrons ..	80 0 0	100 0 0	100 0 0	85 0 0	..	70 0 0	200 0 0	535 0 0
12,233 9 7	Attendants and servants ..	2,628 17 9	2,606 1 6	3,267 4 5	957 9 10	101 3 4	860 2 5	1,814 10 4	12,233 9 7
13,846 16 3	Rations ..	3,074 4 6	2,922 18 6	4,034 11 1	972 11 2	48 12 2	982 0 0	1,811 18 10	13,846 16 3
2,029 11 8	Fuel and light ..	423 13 2	927 7 0	344 4 0	6 13 9	20 10 2	75 14 10	228 8 9	2,029 11 8
4,536 13 5	Bedding and clothing ..	1,160 9 9	602 16 8	1,568 6 3	290 3 6	2 15 0	323 8 8	588 13 7	4,536 13 5
194 0 2	Surgery and dispensary ..	19 4 1	65 9 5	46 7 11	20 2 5	0 15 6	13 2 4	28 18 6	194 0 2
70 8 4	Wines, spirits, ale, and porter ..	17 12 6	..	15 4 4	5 18 0	..	11 0 0	20 13 6	70 8 4
695 12 11	Farm ..	348 13 5	103 13 7	178 1 8	34 8 4	..	30 16 11	..	695 12 11
5,348 13 3	Necessaries, incidental and miscellaneous ..	877 6 9	948 0 2	2,380 19 5	273 16 4	6 7 3	334 0 11	518 2 5	5,348 13 3
46,644 5 7	Totals ..	9,135 5 0	9,376 6 10	12,883 5 9	3,078 13 4	261 16 9	3,030 6 1	5,751 5 11	46,644 5 7
5,407 14 2	Repayments ..	793 12 6	1,482 9 10	1,097 13 10	187 6 8	26 11 5	674 17 2	1,145 2 9	5,407 14 2
41,236 11 5	Actual expenditure ..	8,342 12 6	7,893 17 0	11,785 11 11	2,891 6 8	235 5 4	2,355 8 11	4,606 3 2	41,236 11 5

\* Not included in Table XVI. † Asylum closed on 1st August, 1886.

TABLE XVI.—AVERAGE COST OF EACH PATIENT PER ANNUM.

Asylums.	Provisions.	Salaries.	Bedding and Clothing.	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 Repayments.	Cost per Head previous Year.	Increase in 1886.	Decrease in 1886.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland ..	8 8 10 <sup>3</sup>	8 16 5 <sup>2</sup>	3 3 9	1 3 5 <sup>4</sup>	0 1 0 <sup>3</sup>	0 0 11 <sup>1</sup>	3 7 4 <sup>1</sup>	25 2 0	2 3 7 <sup>1</sup>	22 18 4 <sup>3</sup>	21 3 0	..	..
Christchurch ..	8 11 11	11 0 11 <sup>1</sup>	1 15 5 <sup>1</sup>	2 14 6 <sup>3</sup>	0 3 10	..	3 1 10 <sup>1</sup>	27 11 6 <sup>3</sup>	4 4 7	23 4 4 <sup>1</sup>	22 2 7	..	..
Dunedin (Seacliff) ..	8 10 11	9 0 4 <sup>1</sup>	3 6 5 <sup>1</sup>	0 14 7	0 1 11 <sup>1</sup>	0 7 <sup>1</sup>	5 8 10 <sup>1</sup>	27 5 10 <sup>3</sup>	2 6 6	24 19 4 <sup>3</sup>	23 4 6 <sup>3</sup>	..	..
Hokitika ..	9 16 5 <sup>1</sup>	14 16 5 <sup>2</sup>	2 13 7 <sup>1</sup>	0 1 4	0 4 0 <sup>3</sup>	0 1 2 <sup>1</sup>	3 2 3	31 1 11 <sup>1</sup>	1 17 10	29 4 1 <sup>1</sup>	26 14 11 <sup>3</sup>	..	..
Napier (Asylum closed on 1st Aug., 1886)	9 18 4 <sup>1</sup>	12 14 6 <sup>2</sup>	3 5 4	0 4 1 <sup>1</sup>	0 2 7 <sup>2</sup>	0 2 2 <sup>1</sup>	3 13 8 <sup>1</sup>	30 12 2	6 16 4	23 15 10	21 3 2 <sup>1</sup>	..	..
Nelson ..	8 10 11 <sup>1</sup>	12 0 11 <sup>1</sup>	2 15 6 <sup>1</sup>	1 1 6	0 2 8 <sup>1</sup>	0 1 11 <sup>1</sup>	2 8 10 <sup>2</sup>	27 2 6 <sup>3</sup>	5 8 0 <sup>1</sup>	21 14 6 <sup>1</sup>	27 9 0	5 19 5 <sup>1</sup>	..
Wellington ..	..	..	..	..	..	..	..	27 8 9 <sup>1</sup>	3 8 3 <sup>1</sup>	24 0 5 <sup>1</sup>	24 5 3 <sup>1</sup>	0 4 10	..
Averages ..	..	..	..	..	..	..	..	..	..	..	..	..	..

\* Includes farm.

TABLE XVII.—SHOWING AMOUNTS RECEIVED ON ACCOUNT OF MAINTENANCE, &amp;c., during the Year 1886.

Total.	Asylums.	Produce or Articles sold.	Repayment for Maintenance.	Washing done for Hospital.	Total.
£ s. d.		£ s. d.	£ s. d.	£ s. d.	£ s. d.
793 12 6	Auckland .. .. .	27 8 9	766 3 9	..	793 12 6
1,482 9 10	Christchurch .. .. .	56 0 2	1,426 9 8	..	1,482 9 10
1,097 13 10	Dunedin (Seacliff) .. .. .	60 15 11	1,036 17 11	..	1,097 13 10
187 6 8	Hokitika .. .. .	19 15 0	167 11 8	..	187 6 8
26 11 5	Napier .. .. .	9 16 6	16 14 11	..	26 11 5
674 17 2	Nelson .. .. .	23 17 10	650 19 4	..	674 17 2
1,145 2 9	Wellington .. .. .	111 4 8	738 2 9	295 15 4	1,145 2 9
5,407 14 2	Totals .. .. .	308 18 10	4,803 0 0	295 15 4	5,407 14 2

TABLE XVIII.—EXPENDITURE, out of Immigration and Public Works Loan, on ASYLUM BUILDINGS during the Financial Year ended 31st March, 1887, and LIABILITIES for the same.

Asylums.	Net Expenditure to 31st March, 1887.	Liabilities on 31st March, 1887.
	£ s. d.	£ s. d.
Auckland .. .. .	2,723 7 4	11,058 18 7
Wellington .. .. .	241 1 10	9 18 2
Porirua .. .. .	1,466 7 0	535 0 0
Christchurch .. .. .	6,107 2 7	10,954 0 7
Dunedin (Seacliff) .. .. .	1,744 15 11	207 9 11
Nelson .. .. .	1,306 11 1	119 1 3
Hokitika .. .. .	..	..
Totals .. .. .	13,594 5 9	22,884 8 6

TABLE XIX.—TOTAL EXPENDITURE, out of Immigration and Public Works Loan, for REPAIRS and BUILDINGS at each ASYLUM, from 1st July, 1877, to 31st March, 1887.

Asylums.	1877-78.	1878-79.	1879-80.	1880-81.	1881-82.	1882-83.	1883-84.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland .. .. .	4,183 1 4	5,150 15 7	11,559 7 6	8,144 11 8	6,132 13 10	1,218 10 7	9,341 7 6
Wellington .. .. .	90 0 0	3,797 15 11	1,453 17 10	6,517 10 11	1,305 18 2	630 19 8	4,633 3 1
Wellington (Porirua Road Asylum)	..	..	..	..	..	..	2,750 0 0
Christchurch .. .. .	205 7 3	1,239 11 6	7,255 17 3	18,590 3 4	7,110 17 10	1,776 3 10	8,584 9 1
Dunedin (Seacliff) .. .. .	..	2,690 10 2	6,447 10 10	6,185 5	8,12,037 11	27,260 12 0	32,128 5 8
Napier .. .. .	..	..	..	87 0 0	60 0 0	..	..
Hokitika .. .. .	..	275 19 0	722 1 11	44 17 11	..	..	..
Nelson .. .. .	..	..	..	34 16 0	51 18 6	765 19 1	609 13 5
Totals .. .. .	4,478 8 7	13,154 12 2	27,438 15 4	39,604 5 6	26,698 19 6	31,652 5 2	58,046 18 9

TABLE XIX.—continued.

Asylums.	1884-85.	1885-86.	1886-87.	Total Expenditure.	Less Amounts recovered since 1st July, 1877.	Net Expenditure.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland .. .. .	3,216 14 8	138 6 3	2,723 7 4	51,803 16 3	..	51,803 16 3
Wellington .. .. .	1,204 16 9	..	241 1 10	19,875 4 2	20 12 6	19,854 11 8
Wellington (Porirua Road Asylum)	..	..	1,466 7 0	4,216 7 0	..	4,216 7 0
Christchurch .. .. .	5,490 7 10	2,131 17 2	6,107 2 7	58,491 17 8	..	58,491 17 8
Dunedin (Seacliff) .. .. .	15,081 1 6	1,729 5 6	1,744 15 11	105,304 18 5	20 13 6	105,284 4 11
Napier .. .. .	..	..	..	147 0 0	..	147 0 0
Hokitika .. .. .	..	16 11 9	..	1,059 10 7	..	1,059 10 7
Nelson .. .. .	..	7 15 6	1,306 11 1	2,776 13 7	..	2,776 13 7
Totals .. .. .	24,993 0 9	4,023 16 2	13,594 5 9	243,675 7 8	41 6 0	243,634 1 8

[Approximate Cost of Paper.—Preparation, nil; printing (1,500 copies), £21 12s. 3d.]